

The imperative for Manitoba to ensure children, youth and adults with Learning Disabilities like Dyslexia can learn to read



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Preface:

My interest in dyslexia began in 1970 when I was on an elective during my time at McGill University. In the last year of medical school, I was fortunate to have a three-month elective at Great Ormond Street Hospital for Children in London, England. My mentor was Professor John Soothill an internationally renowned clinician and researcher with a focus on research related to immunology. He spent an hour a week during my three months stay to teach me about children, their well-being and in particular about their immune system. The goal of pediatrics, he emphasized, was to optimize the health of children, with optimizing physical and mental well-being and preventing sickness being as important as being able to help those who were not well. On the first of these visits, he explained that he was dyslexic, that he was not able to read well and that reading was to him a very slow and painful process. He talked about his experience in medical school. He was never able to use a textbook. Notes were not helpful to him. Everything he learned was from listening to his teachers and remembering what he heard. I was amazed. It was also remarkable to me how innovative he was in his approach. Basically, as he explained, his approach was to look at where everyone else was going and then find a different direction for his research. To him, research had to be innovative and creative, not just following what others were doing. He also told me that he sat on the board of admissions to Oxford University. In that position he looked for any applicant who had dyslexia. He knew if the applicant had got as far as applying to Oxford, that they had struggled and overcome many obstacles to reach this point, and on this basis alone he felt they deserved to be admitted.

In the 54 years since, I have learned much more about dyslexia. I am still learning. I have been helped along the way by many individuals who have dyslexia and a number of people who have worked with and helped those who have dyslexia and/or other learning disabilities.

We have come a long way since 1970. Much is now well established in the scientific understanding of dyslexia, how to know someone has dyslexia and what are the optimum ways to help people who have dyslexia learn to read. I am thankful to the many people who have shared their stories with me to provide a better understanding of the lives of individuals with learning disabilities and insight into what has been helpful to them and what has been harmful to them.

I am particularly thankful, in the last several years, to have worked with my co-authors in putting together this report. They have been important in providing insight and helpful suggestions every step of the way.

Jon Gerrard
Former MLA River Heights.

Summary:

On November 9, 2012, the Supreme Court ruled, in the case of Jeffery Moore, that learning to read is a basic and essential human right and that the public education system needs to be able to provide this right to all children, including those with severe dyslexia even where this needs intensive intervention. The Supreme Court of Canada noted that *“For those with severe learning disabilities it is the ramp that provides access to the statutory commitment to education made to all children.”* In 1999, when the Supreme Court of Canada said that the equality rights of same-sex couples needed to be addressed, the government of Manitoba acted by producing and passing legislation two years later in 2001 to address this matter. Yet today, the rights of individuals with learning disabilities in Manitoba still have not been addressed 12 years later. **It is scandalous that successive NDP and PC governments in Manitoba have failed in these 12 years to act to ensure the basic rights for some of the most marginalized people in our province – individuals with learning disabilities.** Action is needed urgently to improve the life trajectory of all individuals with learning disabilities in Manitoba. Such action can reduce mental illness, reduce substance abuse, reduce homelessness, reduce suicide and reduce crime. The Association of Chiefs of Police of Canada have emphasized that improving literacy is an essential tool to decrease crime. The NDP has not presented an action plan. This report, which relies heavily on the lived experiences of neurodiverse individuals with learning disabilities, urges quick action and outlines important elements needed in such a plan including the need for classroom teacher training so that they can perform early screening, understand learning disabilities and, most importantly, implement essential instruction for early remediation and to give intervention for students who never received remediation. Where the public education system is not able to respond in a timely manner (within one month), the province must fund access to private services so that children’s access to screening and interventions is not delayed. The provincial government also needs to ensure that supports, instruction and accommodations can continue where needed as the child grows and becomes an adult. Making the changes suggested will help individual students with learning disabilities, but also help ensure all children better learn literacy skills. These actions will decrease behavioural and learning problems in school and make life easier for teachers, for parents, for school boards and for communities. Fundamentally it is a human right for Manitobans with neurobiological conditions, including learning disabilities, to be functionally literate.

Training of teachers: Responding to the Supreme Court ruling of 2012 in the case of Jeffery Moore, will require a province-wide plan so that the major changes needed are made to education in Manitoba to ensure every child, including children with learning disabilities, can learn to read. These major changes need to be accompanied by a plan to ensure all teachers are up to date on how to screen children and how to teach children with learning disabilities to read. The province is legally and morally responsible to make the changes needed and it must be accompanied by ensuring adequate training and certification of teachers who are on the front lines of improving the lives of children throughout our province. The provincial government should work with School Boards, First Nation Education Authorities, the Manitoba Teachers Society and post-secondary education institutions to implement the training needed as quickly as possible.

Screening: Preschool to grade 2:

Age four to seven is a critical age where there is the best opportunity for teaching children foundational reading skills. This is also when intervention is most effective. The research on screening for early

reading skills is advanced. Based on the OHRC “Right to Read” report, the government of Manitoba should mandate and standardize universal, evidence-based screening on foundational skills focusing on word-reading accuracy and fluency. Experience in Ontario suggests that teacher training is vital in this area as there was a lot of confusion over the screening approach when it was introduced in Ontario. Screening should be age-appropriate and should focus on phonological and orthographic awareness and reading comprehension. For example, Kindergarten screening should include measures assessing letter knowledge and phonemic awareness. By Grade 2 screening should include timed word and passage reading. Manitoba needs to have a test run of screening to ensure it will work better in Manitoba than it has done in Ontario. Based on the OHRC report, School Boards should be mandated to screen every student twice a year from Kindergarten to Grade 3. Valid and reliable screening tools must be used and school boards need to be provided with stable, enveloped yearly funding for screening. The tools selected should correspond to each specific grade and time in the year. The selected screening tools should have clear, reliable and valid interpretation and decision rules. It needs to be said, that with the current best estimate that 17-21% of school-aged children have dyslexia, that for Manitoba, with 15,873 children entering grade 1 in 2023 that for that year between 2698 and 3333 of these children can be expected to have dyslexia. It is urgent to move as quickly as possible to identify and help these children.

Interventions (Preschool to grade 8):

School boards need to be mandated to ensure every child has the “right to literacy” as per the Supreme Court of Canada ruling in 2012. The results of early screening by trained classroom teachers need to be used to get children who are found by screening as being behind their peers to identify and read words adequately or are at risk for reading difficulties, into immediate, evidence-based interventions to help them to read, spell, print, write and do maths. Decades of multidisciplinary research have shown that the best way to teach all students to read words is through direct, explicit, systematic instruction in foundational work-reading skills. An example of this approach is the Orton-Gillingham method. The Supreme Court ruling is clear that where intensive interventions are needed, as with a child with severe dyslexia, including orthographic dyslexia, that such intensive intervention needs to be provided.

Teachers need to be given adequate instruction to effectively implement screening and interventions and are given the necessary time to complete these.

An oversight panel including qualified neurodivergent Manitobans is needed to ensure screening and interventions are happening in all school divisions by trained classroom teachers. The panel needs to be set up so that parents of children with learning disabilities can appeal to the panel when these are not provided and the panel can provide an answer quickly.

Support: High School:

Special attention is needed to help children who are struggling in high school to ensure this is not the result of an undiagnosed learning disability and to ensure adequate remediation and/or an alternative learning approach is provided so that these children can do well. It is mission critical that youth in high school are helped because when youth are not diagnosed and not helped the future for them can be very negative. It is not appropriate for schools to develop Appropriate Education Plans (Aps), which are not helpful in addressing the learning disability and just saying “this child needs to take fewer courses because we have low expectations for her/him/they.” It is even worse, when the school writes such a plan and does not share it with the parents, as has happened with some parents in Manitoba. Parents need to be partners with the school division, not obstacles to be ignored or bypassed. Interventions should happen including to grade 12 where necessary.

Support and Accommodations: After Age 18:

It is essential that individuals with a learning disability, ADHD or autism receive the most effective support to address their individual situation after they turn 18, even if their IQ is above 70. (Currently support in Manitoba is only provided if an individual's IQ is below 70). For individuals who need a psychological assessment to get support at a post-secondary education institution, the cost of the assessment needs to be covered by Manitoba Health as a medically necessary requirement. It is never too late to identify and help an individual with a learning disability. Thus, an intervention including remediation and accommodations for adults with learning disabilities is important. For children who were not adequately helped in elementary and/or high school, it is essential that they have this help and that they are able to receive provincially funded counselling to deal with the trauma they experienced in Manitoba schools as a result of not receiving the education they should have received (see Marin's principle).

An expansion in the adult education and literacy program in Manitoba is badly needed (Sliver 2024). The adult education and literacy program needs to include specific approaches which will benefit individuals with learning disabilities.

A Task Force is needed to review the presently available accommodations and supports for adults with learning disabilities in post-secondary education, in the workplace, in the community, in health care, in the justice system and within municipal and provincial governments and to make recommendations as to what is needed. This may be as straightforward as providing remediation and interventions for adults to help them get their high school diploma. In some cases, it will be considerably more complicated.

Financing:

It is imperative that the provincial government provide the needed funding for the education initiatives outlined so that the Supreme Court ruling can be addressed. The initiatives will help the education system by decreasing behavioural problems in our schools and may in the long run decrease the need for educational assistants to help children with behavioural problems. In the short run stable enveloped funding for these initiatives is critical.

Authors details:

Jon Gerrard was the Member of the Manitoba Legislature for River Heights (1999-2023), Member of Parliament for Portage-Interlake (1993-1997) and served in the cabinet of Prime Minister Jean Chretien as the Minister for Science, Research and Development (1993-1997) and the Minister for Western Economic Diversification (1996-1997). His extended family has several members with learning disabilities.

Twila Richards a teacher who is neurodivergent. She initiated "*Right to Read, Manitoba,*" has been at the forefront of drawing attention to the need for change and improvement in Manitoba to better identify and help children and adults with learning disabilities. The personal experiences of her and her family provide examples of the harm that has been done by practices which have been used for many years in Manitoba in relation to children and adults with learning disabilities. Her child (now an adult), Marin, has been the inspiration for Marin's principle - Marin's principle is for all children and adults to become functionally literate in reading, comprehension, spelling, written expression, and maths. If students struggle, they need to get the extra publicly funded private help regardless of how they are taught in public schools. This approach uses that of Jordan's principle where private services can be funded.

Tomas Ponzilius has struggled all his life with learning disabilities. In spite of this he has achieved a B.A. in Criminology from the University of Winnipeg and is now taking a second degree in Social Work. He has found that relatively few social workers are adequately trained to understand and help individuals with learning disabilities and others who are neurodiverse. He is determined to change the field recognizing that adults with learning disabilities are more likely to be poor, to be homeless, to be frustrated with life and to be misunderstood and in need of assistance from social workers. He hopes to improve broader institutional policies into the future.

Irina Voronin, who is neurodiverse, has shown leadership in recognizing that individuals with neurodiversity including those with learning disabilities need to be recognized and accommodated when they seek employment, and/or services in health care, in education and through various social service agencies. She has organized meetings with individuals across Canada and presented papers at conferences responding to the need for a specialized understanding of neurodiverse individuals in the delivery of health care.

Ian MacIntyre is a retired teacher with a special focus on helping children with disabilities, including learning disabilities. In 1998-99, he served as the President of the Manitoba Teachers Society.

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Background and Introduction:

"We live in the midst of an educational tragedy." (Siegel 2016)

While it used to be believed that 5 to 17% of school aged children have dyslexia (Shaywitz 1998), more recent careful studies provide good evidence that 17 to 20% of the population in the United States has dyslexia (Ferrer et al. 2010, 2015). The lower earlier numbers almost certainly result from many children not being diagnosed properly (Cassidy et al 2021). The higher numbers in a careful study in the United States are very likely also applicable in Canada.

It is important to recognize that learning disabilities are one of the most common of all disabilities. They can have profound effects on individuals and on society. Literacy skills are fundamental life skills. A person learns to read and then uses the ability to read to learn. A person who does not learn to read, is at great risk of a suboptimal future. Individuals with dyslexia and other learning disabilities who do not receive help often struggle in school, are too often bullied, discriminated against or seen as of low intelligence or lazy, can develop low self-esteem, and may go on to have mental health issues (including leading to suicide), substance abuse issues, and may become homeless or engage in juvenile delinquency and/or criminal activity (Siegal 2016; Fuller-Thompson et al. 2017)). Indeed, if a child becomes withdrawn or has tantrums, these can be a sign of a learning disability (Seigal 2016). Sadly, a disproportionate number of individuals with unidentified and untreated learning disabilities end up incarcerated (Moody 2000, Shelton 2006, Cassidy 2021). Attention to ensuring children with learning disabilities can do well is critical. Effective action to help people with dyslexia learn to read can effectively increase individual and societal successes and decrease anti-social behaviour. Focused and effective change to improve the current situation for those with learning disabilities who are functionally illiterate is needed. Because learning disabilities can co-occur with conditions like ADHD, Autism and other neurodivergences, this knowledge needs to be included in the approach taken.

People with dyslexia can be very intelligent. They are often capable or even gifted in fields like art, computer science, design, drama, electronics, math, mechanics, music, physics, sales, sports or politics. With early diagnosis and support, individuals with learning disabilities can make phenomenal contributions. For example, a disproportionate number of individuals who are successful entrepreneurs have dyslexia. These include Sir Richard Branson (billionaire entrepreneur), Walt Disney, Steven Spielberg, Steve Jobs, Barbara Corcoran (venture capitalist), Craig McCaw (cell phone pioneer), Imaan Javan (Suntuity Renewable Energy), David Needleman (founder of JetBlue) and many others (Gladwell 2013). It may be that the presence of dyslexia develops skills including innovation, creativity, persistence, the ability to delegate responsibilities and the ability to learn from and rebound from failures, all of which may be important to success as an entrepreneur. Individuals with dyslexia may also do well as creative artists like Pablo Picasso and Auguste Rodin, actors like Jennifer Aniston, Whoopi Goldberg and Octavia Spencer, activists like Erin Brockovich, politicians like George Washington and Gavin Newsom, sports stars like Mohammad Ali and Magic Johnson, and scientists like Nobel Laureate Carol Greider. Individuals with other learning disabilities have also made outstanding contributions including Winston Churchill (dyscalculia), Hans Christian Anderson (Non-verbal learning disability) and Agatha Christie (dysgraphia). Shaywitz (2020) points out that those who are dyslexic, while they have difficulty reading, very often have strengths in general knowledge, comprehension, concept formation, reasoning, empathy, critical thinking, vocabulary and problem solving. It needs to be stressed, however, that while we may strive for excellence, what is most critical for individuals with a learning disability is

that they can learn to read, have good self-esteem and self-confidence and have a happy and fulfilling life whether in work, in social life, in family life or other dimensions of their existence.

November 9, 2012 the Supreme Court ruled in a case involving Jeffery Moore, who had severe dyslexia, that learning to read is a basic and essential human right which needs to be delivered by the public education system saying that *“For those with severe learning disabilities it is the ramp that provides access to the statutory commitment to education made to all children.”* In Manitoba, we are far from achieving the ability to read in all children, including most particularly those with neurobiological learning disabilities. **This deficit in literacy instruction in Manitoba must be addressed so that all Manitoba students have the opportunity that the Supreme Court of Canada has said they must have.**

When Jeffery Moore was in grade four, he and his parents were told that the school board in the place where he lived and its public education system were not able to provide the help that Jeffery Moore needed to address his dyslexia so that he could learn to read. As a result, his family had no choice but to pay for Jeffery to attend a private school where he would be able to get the intensive help needed to learn to read. His family took the issue to court. The Supreme Court determined that the British Columbia education system must be designed to help all children learn to read. Since this is a ruling from the Supreme Court of Canada, it applies to similar situations in other provinces. Yet, inexplicably, Manitoba has failed to deliver a comprehensive plan to address this ruling in the 12 years since 2012.

Following the recommendations in this report and helping all children learn literacy skills will make life easier for each child and in so doing will reduce behavioural issues with children. This will decrease classroom behavioural issues for all children.

The Ontario Human Rights Commission (OHRC) has assessed the impact of the Supreme Court decision on education and has recommended the changes needed to ensure the Supreme Court decision is implemented in Ontario. The present report draws heavily on the work of the OHRC, while recognizing the unique and different aspects of education in Manitoba. To supplement the work of the Ontario Human Rights Commission, and indeed of many who have contributed research in this area, many families, teachers, school trustees and professionals who teach reading instruction in Manitoba have been contacted. Fundamentally, optimal help for children with learning disabilities is vital to helping individuals and society do well.

In Manitoba, there has been little action at the provincial level. Politicians need to be held accountable for their failure to implement the Supreme Court ruling of November 2012 and as well for the failure to deliver optimum help for children with learning disabilities in the years leading up to 2012. Indeed, **it is unconscionable and scandalous that no provincial action plan to address the Supreme Court has yet been presented in the twelve years since the ruling.** Though many school boards have made progress for their newest students, there are still far too many children who are falling through the cracks. Sadly, even with all the evidence that this is the best way for children to learn to read, teachers in Manitoba have at times been disciplined and/or punished for using phonics, instead of being supported in this effort.

Right to Read Manitoba is to be credited with its strong advocacy for children with learning disabilities (Right to Read 2024). The Manitoba Human Rights Commission has launched an inquiry into concerns about reading instruction, but has not yet reported (Karen Sharma MB HRC, personal communication 2024). The Supreme Court made abundantly clear in its ruling of November 2012 that public schools

need to be able to help children with learning disabilities learn to read, even if it requires intensive help. There is no excuse for public schools in Manitoba to avoid having the teaching capabilities and the resources needed to help all children learn to read, and/or when they cannot provide this to provide funding for the family to get such help privately.

Many children who did not receive appropriate or intensive enough instruction early enough have suffered as a result and have in essence, been harmed by Manitoba's education system. One parent was told that her child (now adult) was a casualty of the system as it was and there was now nothing that could be done. This is not acceptable. There needs to be, included in the comprehensive plan to address children, youth and adults with learning disabilities, a focus on helping such adults (see Marin's principle).

Resources: There are too many school boards which have not provided the optimum resources to help children learn to read. The Province of Manitoba needs to provide dedicated funding to ensure all children can learn to read, including those with severe learning disabilities. The provision of this funding will help all classroom teachers and all schools because it will enable all children to better participate in learning literacy. Providing the help in learning to read early on (ages 4 to 7) will decrease the number of children with reading difficulties later on and will decrease the extent of behavioural problems in the classroom as well as helping children to do better in school.

Types of Learning Disabilities: The Diagnostic Manual, the DSM-5, lists dyslexia is a subtype of a specific learning disorder with impairment in reading which includes possible deficits in Word reading accuracy, reading rate or fluency and/or reading comprehension. As well as dyslexia, the DSM-5 also includes dysgraphia, an impairment in written expression and dyscalculia, an impairment in mathematics under specific learning disorders. The U.S. National Institute of Child Health and Human Development includes Apraxia of speech (problems with speaking) and Central Auditory Processing Disorder (Difficulty understanding and remembering language related tasks), while the Learning Disabilities Association of America also includes Oral/Written Language disorder and specific reading comprehension deficit (disabilities that affect an individual's understanding of what they read or of spoken language). It is important to recognize that there are more types of learning disabilities than just dyslexia, which includes orthographic dyslexia, and while the "Right to Read" focuses on those with difficulty reading, it is important to be aware of and to help children with other learning disabilities including dysgraphia and dyscalculia along with other neurodivergent disabilities as well.

The science of reading – and the reason for dyslexia: There have been major advances in our knowledge of the process of reading, and of learning to read, and how dyslexics differ from typical readers. As Shaywitz (202) says "*Understanding that dyslexia reflects a problem in a specific component of the language system and not a general weakness in intelligence or a primary visual impairment represented a major step forward.*" Phonemes are the basic unit of sound made by a letter or combination of letters (t or th are examples). Units (in the case of language – phonemes) serve as the building blocks that give rise to a flexible and efficient hierarchical system which enables the brain to convert print into sound. In the case of language, phonemes come together to form words, words come together to form sentences, sentences come together to form paragraphs and paragraphs come together to form stories or chapters of books – etc. As Shaywitz (2020) explains "*In dyslexic children, a glitch within the language system, at the level of the phonologic module, impairs the child's phonemic awareness and therefore his ability to segment the spoken word into its underlying sounds. As a result of*

this deficit, children have difficulty breaking the reading code.” Current science is consistent with there being a centre in the back of the brain which can integrate *“the three essential components of the reading process (orthography – how the word looks), phonology (how the word sounds) and semantics (what the word means) and with practice, this process takes place virtually instantaneously”* so that a person can read fluently. In persons with dyslexia, there is a dysfunction in this centre in the back of the brain and as a result dyslexic readers develop ancillary brain areas when learning to read. The ancillary system(s) allows for accurate, albeit slower reading.

The scientific understanding of learning to read, and the needs of those with dyslexia, has been complemented by reports from the U.S. National Research Council (1998) and the U.S. National Reading Panel (2000) which laid out an in depth assessment of the science of learning to read and clearly established the scientific basis for an effective approach to learn to read which includes the importance of phonemic awareness, phonics, fluency, vocabulary and comprehension. More details are provided later in this report. Studies in Canada including the Ontario Expert Panel on Early Reading (2003) and in the United Kingdom, the Rose Report (2006), confirmed and built upon the US reports. Specifically, the Rose report (2006) said *“The impact of phonics instruction on reading was significantly greater...when phonics was the method used to start children out... These results show that early instruction in systematic phonics is especially beneficial for learning to read.”* And *“for most children, it is highly worthwhile and appropriate to begin a systematic programme of phonic work by the age of five.”* It is puzzling why more attention was not paid to these reports in Manitoba. Sadly, at least one teacher was even punished for using phonemic awareness and phonics approaches while teaching in Manitoba.

The need for urgency in acting to identify children early and to provide effective interventions early in life.

Action is urgent, because help can be provided. *“it is now possible to screen for and to identify with an extremely high degree of precision the children who are at highest risk for dyslexia – even in kindergarten, before they develop reading problems and to manage the disorder with highly effective evidence-based treatment programs. [as a result] **The possibilities for someone with dyslexia are just about limitless; the potential for success and for a happy, fulfilling life is greater than ever before. Applying all that we now know allows virtually every dyslexic child to dare to dream.**”* (Shaywitz 2020).

Action is urgent, because intervention is most effective when given early. Children with dyslexia are behind their peers as early as first grade (Ferrer et al 2015). Children who get off to a slow start rarely catch up (Torgesen 1998). Early intervention is easier and can achieve faster and better results than intervention when a child is older (Shaywitz 2020). There is what is called a Matthew effect operating in reading – children who read better, read more and progress faster; children who struggle to read, tend to read less and fall further and further behind. *“the consequences of a slow start in reading become monumental as they accumulate exponentially over time”* (Torgesen 1998). This is a major reason for early intervention – to help a child do well. In addition, the sooner a child can be identified and helped, the more effective it is in preventing a loss of self-esteem and self confidence which all too happens in a child with dyslexia.

The need for urgency is great because of the potential negative impacts of undiagnosed and untreated learning disabilities. The consequences of not identifying a child with dyslexia early and of not providing appropriate help with learning to read are severe. They include:

- 1) **Low self-esteem:** One of the worst consequences of undiagnosed and untreated dyslexia is low self-esteem. This is so important that Sheila Shaywitz (2020), after a lifetime of helping children with dyslexia, said *“parents (and teachers too) of children with dyslexia should make their number-one goal the preservation of their child’s self-esteem.”* Low self-esteem is the basis for many of the following complications of undiagnosed and untreated dyslexia.
- 2) **Mental Health issues:** As Shaywitz (2020) points out *“Virtually everyone who is diagnosed as dyslexic, whether it is a Yale student, an Uber driver, a physician, a middle-school boy or girl, a mom, or a retired senior citizen, comes with a full load of anxiety”*. Depression is also common.
- 3) **Dropping out (or being pushed out) of school:** Children with learning disabilities are more likely to struggle in school and to drop out or be pushed out of school without graduating from high school (Daniel et al. 2006). The phrase “pushed out” is used here for two reasons. The phrase “dropping out” has a sense of blaming the student with a learning disability for leaving school before completing grade 12. The phrase “pushed out” recognizes that in many instances it is factors in the school itself (the student is bullied and stigmatized and often called stupid) or a lack of a program for adequately helping a student in the early grades and later with learning to read. **Students are in fact too often harmed and traumatized when they are not diagnosed correctly early on and helped well early on.**
- 4) **Substance abuse:** Undiagnosed and untreated dyslexia may be associated with substance abuse, particularly if there is co-occurring ADHD.
- 5) **Suicide:** McBride and Siegal (1997) found that 89% of adolescents who die from suicide had evidence of a learning disability. Fuller-Thompson et al. (2017) found *“The prevalence of lifetime suicide attempts among those with an SLD [specific learning disorder] was much higher than those without (11.1% vs. 2.7%, $p < .001$).”*
- 6) **Difficulty getting a job:** Adults with a learning disability often find it more difficult to get and keep a job. In part, as a result, adults with a learning disability are more likely to have a low income.
- 7) **Homelessness:** Individuals with a learning disability which is not recognized early and not treated are more likely to become homeless. In one study, more than 80% of youths aged 16 to 21 years of age who were experiencing homelessness had a learning disability (Barwick and Siegal 1996). **Addressing learning disabilities and improving literacy may also be one of the most potent ways to reduce homelessness.**
- 8) **Anti-social behaviour:** Those with dyslexia report increased social problems, thought problems, attention problems, rule-breaking behaviour and aggressive behaviour (De Lima et al. 2020)
- 9) **Criminal activity:** A study in Louisiana in the United States found 47% of inmates have dyslexia (Cassidy et al 2021). A second study found that 48% of inmates in Texas had evidence of dyslexia (Moody et al 2000). These findings are consistent with a major reason for alleged or real criminal activity being undiagnosed and untreated dyslexia. The word “alleged” is included here because it is the experience of one of the authors that individuals with learning disabilities are sometimes falsely accused and are less able to defend themselves than people who are

articulate and are smooth talkers. The results from the United States are consistent with findings in Canada where 65% of people entering correctional facilities have less than a grade 8 level of literacy skills.

Observations of the OHRC: (Note quotes from the OHRC report in this and other sections are shown in italics).

- *Everyone wants and needs to be able to read words to function in school and life.” It “is not just about an equal right to read – it is about an equal right to a future.*
- *When students have difficulty learning to read, it can affect their confidence in their academic abilities and overall self-esteem, and lead to significant mental health concerns. The inquiry heard many students describe themselves as “stupid” because they cannot read, even though reading disabilities have nothing to do with intelligence. Consistent with findings in the academic research, many students and parents told the inquiry about depression and anxiety, school avoidance, acting out, being bullied or victimized, self-harming, and thinking about or even attempting suicide. Put succinctly, those who have dyslexia are more likely to report dramatically higher levels of stress, depression, anxiety and poor mental/physical health than the general population.*
- *Parents also reported impacts on the family... the financial effects [extra costs from assessments and tutoring, decreasing or giving up employment to support their child] and “the challenges of navigating the school system, negative effects on relationships and significant mental health burdens.*
- *Although dyslexia is assumed to be neurobiological in origin, there is evidence that with evidence-based reading instruction, early identification, and early evidence-based reading intervention, at-risk students will not develop a disability.... If the education system is working as it should, a reading disability can be prevented for almost all students.*
- *Word-level reading difficulties are the most common challenge for students who struggle to learn to read well. Most students who have issues with reading comprehension have word-level reading difficulties. ... Becoming fully literate also requires more than just the ability to read words. The ability to understand the words that are read and the sentences that contain these are important for strong reading comprehension. A comprehensive approach to early literacy recognizes that instruction that focuses on word-reading skills, or on language development, vocabulary and knowledge development, and writing are all important components of literacy. Robust evidence-based phonics programs should be one part of broader, evidence based rich classroom language arts instruction, including but not limited to story-telling, book reading, drama, and text analysis. Evidence-based direct explicit instruction for spelling and writing are also important to literacy. Many students, including students with reading disabilities, have difficulties with written expression. Explicit, evidence-based instruction in building background and vocabulary knowledge and in reading comprehension strategies, are all parts of comprehensive literacy instruction.*
- *Historically, students with learning disabilities have had a low level of achievement despite having average to above average intelligence. ...Students with reading disabilities often underachieve academically. They are more likely to drop out of school, less likely to go on to post-secondary education, and tend to take longer to finish programs they enroll in. The effects can continue past their schooling and can have a negative impact on employment, and lead to*

lower incomes, poverty and homelessness and higher rates of involvement in crime and incarceration. Adults with dyslexia told the [Ontario] inquiry about long-term effects of not learning to read, such as mental health and substance abuse issues and negative impacts on their employment.

- *The assumption that some students – including students with disabilities – will never learn to read well is a form of ableism. It is used to justify maintaining systemic barriers instead of making changes we know will help all students learn to read. Because of marginalization and structural inequality, Black and other racialized students, First Nations, Metis and Inuit students, multilingual students, or students from low-income backgrounds are also at increased risk for reading difficulties. Making sure all children are taught the necessary skills to read words fluently and accurately furthers and does not detract from equity, anti-racism and anti-oppression.*
- *For most students, but particularly vulnerable students, reading outcomes depend on the quality of reading instruction they receive. ... failing to prevent a word-reading disability in the vast majority of cases where this is possible, has serious life-long consequences.*
- *“foundational word-reading skills have not been effectively targeted in Ontario’s education system [and this also appears to be true in Manitoba’s public school system]. They have been largely overlooked in favour of an almost exclusive focus on contextual word-reading strategies and on socio-cultural perspectives on literacy. These are not substitutes for developing strong early word-reading skills in all students.*
- *Currently the Ontario education system only uses the term learning disability, which typically only includes students who have been formally identified with a learning disability through a process called an Identification Placement and Review Committee (IPRC). The education system does not identify if the learning disability affects word reading or another area such as mathematics and does not collect data about students who have not been formally identified. A lot of valuable information for planning and tracking is therefore lost. [In Manitoba, at least one school division has only used the term learning disability and does not use the term dyslexia].*
- *the Pediatricians Alliance of Ontario and the Physicians of Ontario for Neurodevelopmental Advocacy have recognized the relationship between literacy and health outcomes, and have called for curriculum and reading instruction that incorporated explicit, systematic instruction in phonics, early screening and early evidence-based intervention. [The Manitoba Pediatric Society -2024 - has issued a similar call to action.]*
- *Ontario’s approach to reading interventions is deficient resulting in many students failing to learn foundational word-reading skills. With few small exceptions, Ontario students are not being taught foundational word-reading skills using an explicit and systematic approach to teaching phonemic awareness, phonics, decoding and word reading fluency. When this happens, our education system has failed these students.*

Observations from other sources:

- Many of the points made in the OHRC report have been known for some time and are also emphasized in Moats (2020).
- Low literacy, of which dyslexia is one cause, is a personal, family, community and societal problem. Having a functionally literate society decreases poverty, unemployment, mental illness, other health issues and justice system (including inmate) expenses (Siegal 2016).

- *“Those who have dyslexia are more likely to report dramatically higher levels of stress, depression, anxiety and poor mental/physical health than the general population.”* (Ryan 2024).
- Approximately one third of people who reported childhood physical abuse have dyslexia (Fuller-Thomson and Hooper 2014). This rate, seven-fold higher than children who do not have dyslexia, is extraordinary and may speak to a drastic impact of dyslexia on how dyslexics who are not helped are treated by others.
- Female adults with a learning disability have a 46% higher odds of attempting suicide, even when many personal confounders are considered” (Fuller-Thompson 2017).
- The extraordinarily high percentage of those incarcerated who have dyslexia (47-48%) can be compared to the general population where it is 20%. These findings are consistent with a major reason for alleged or real criminal activity being undiagnosed and untreated dyslexia. The results are consistent with findings in Canada where 65% of people entering correctional facilities have less than a grade 8 level of literacy skills. The results are consistent with the position of the Canadian Association of Chiefs of Police which has identified improving literacy as an important tool to combat crime (Literacy and Policing in Canada 2024). It is to be noted that not all of the 65% of those entering correctional facilities in Canada with low literacy skills have learning disabilities. Some of those with poor literacy skills may have had poor instruction, or poor experiences in school, or had other brain (mental) health conditions. However, the plan outlined below will address almost all of these issues in enabling a much higher percentage of students to read well. **For this reason, helping those with learning disabilities and generally improving literacy are likely one of the most potent ways to reduce crime.**
- Having a learning disability which is not recognized early and treated is a major contributor to homelessness. Barwick and Siegel found that more than 80% of youths aged 16 to 21 years of age who were experiencing homelessness had a learning disability (52% a reading disability and 28.5% and arithmetic and/or written work disability). Addressing learning disabilities and improving literacy may also be one of the most potent ways to reduce homelessness.

Manitoba specific observations:

- Manitoba is not fulfilling its obligations under the Supreme Court ruling. This is clear from comments by numerous affected families, including one family which has had to pay \$10,000 a year for a private school when the public school in Manitoba could not help. Another family lost a son with a learning disability to suicide. Other families have struggled to get the help they need. One parent relocated within Manitoba hoping to have her children receive much-needed interventions in Manitoba public schools. The interventions needed never happened because there were no public schools with teachers trained to give the science-based interventions needed. Some change is happening in some Manitoba schools for the new generation; however, sadly, the public education system in Manitoba has largely and systematically failed many students with learning disabilities.
- Failure of Manitoba to implement actions to ensure every child has the right to read discriminates against children with dyslexia and other learning disabilities as they are denied public resources to allow them to learn to read, spell and perform math.
- For 2010 to 2014, 23-28% of students in the English stream were rated as needing help to meet Grade 3 entry expectations in reading and another 12-15% were in need of ongoing help to meet expectations (Manitoba Education and Advanced Learning 2015).

- An alarming number (almost 50%) of adult Manitobans score low-level three or below for literacy proficiency (Statistics Canada).
- Manitoba's EDI report for 2022/2023 shows that 29.8% of kindergarten students were rated as vulnerable or at risk of having difficulties in language and cognitive development (Government of Manitoba 2023)
- Manitoba had second highest school drop out rate in 2019-2020 (Statistics Canada 2022)
- The Manitoba Pediatric Society is now advocating for Access to evidence-based literacy instruction as a fundamental right for children in Manitoba.
<https://www.manitobapediatricsociety.com/advocacy>

The major recommendations of the OHRC with two additional ones:

The OHRC made 157 recommendations. To simplify the principal recommendations the OHRC sets out the essential needs to teach all students foundational word-reading skills.

The OHRC lists the key requirements needed to teach all students foundational word-reading skills. To these, we have added special attention to Indigenous children and supporting classroom teachers.

- 1) **Supporting Classroom teachers** is absolutely critical. Classroom teachers are central to success. They are on the front lines of helping children learn to read. A failure to give sufficient support to classroom teachers has been a shortcoming of changes to date in Ontario. On this subject the OHRC does say this: *“ALL teachers DESERVE training how to teach language (reading and writing) to all students. This works for ALL – and it should not be a matter of bringing in specialists to work with the students who are struggling. Every student deserves a well-trained teacher and you would not meet a teacher who doesn't want to be able to teach literacy.”*
- 2) **Curriculum and instruction** that reflects the scientific research on the best approaches to teach word reading. *This includes explicit and systematic instruction in phonemic awareness and phonics, which teaches grapheme to phoneme (letter – sound) relationships and using these to decode and spell words, and word-reading accuracy and fluency. It is critical to adequately prepare and support teachers to deliver this instruction.*
- 3) **Early screening** of all students using common, standardized evidence-based screening assessments twice a year from Kindergarten to Grade 2 [Ontario's early Kindergarten is equivalent to Manitoba's preschool], *to identify students at risk for reading difficulties for immediate, early tiered interventions.*
- 4) **Reading interventions** that are early, evidence-based, fully implemented and closely monitored and available to ALL students who need them, and ongoing interventions for all readers with word reading difficulties.
- 5) **Accommodations** (and modifications to curriculum expectations) *should not be used as a substitute for teaching students to read. Accommodations should always be provided along with evidence-based curriculum and reading interventions. When students need accommodations (for example, assistive technology), they should be timely, consistent, effective and supported in the classroom.*
- 6) **Professional Assessments**, particularly psychoeducational assessments, *should be timely and based on clear, transparent, written criteria that focus on the student's response to intervention. Criteria and requirements for professional assessments should account for the risk of bias for*

students who are culturally or linguistically diverse, racialized, who identify as First Nations, Metis or Inuit, or come from less economically privileged backgrounds. Professional assessments should never be required for interventions or accommodations.

- 7) **Special attention to First Nations, Metis and Inuit children:** *“First Nation, Metis and Inuit children and youth experience unique challenges and barriers in accessing education.... Particular attention needs to be paid to their intersectional needs to meet their equality rights, treaty rights and their rights under international law (such as the United Nations Declaration on the Rights of Indigenous Peoples).”*

A plan of action:

This plan of action builds on the key recommendations from the OHRC report. While Manitoba needs to look at implementing all the 157 recommendations made by the OHRC, the action plan below focuses on critical areas which need implementation as quickly as possible. It is the Ontario plan adapted to Manitoba. It will need sufficient provincial funding allocated specifically for the purpose of implementing this plan. However, over time, it is expected that as children are screened and helped well earlier, then there will be improvements in classroom functioning with fewer behavioural problems, when all students can read well. In some areas this plan is not prescriptive, but rather provides insight on key elements which need to be included in the plan.

- 1) Teacher training:** It is imperative to move quickly to ensure teachers are prepared for changes in the curriculum including receiving instruction for screening children for learning disabilities and instruction for early intervention in cases where a child has a learning disability. It is important that teachers are helped to see the potential in children with dyslexia and other learning disabilities and are provided the knowledge and resources to help children with dyslexia and other learning disabilities learn to read.

A teacher, Ms Harris, saw the potential in a young boy, WR, in grade 1. He had difficulty learning to read. She had him stay after school every day for extra reading instruction using phonics as a core part of the program. For grades 1 through 5, she had him in a summer learning program. By grade 5 he was reading well. He went on to be a good reader, an excellent speaker, an outstanding professional football player and a mentor to young children and a leader in his community.

2) Curriculum and Instruction:

- **Supporting teachers:** The curriculum in Manitoba says for grades 1 to 4 “*Advance the artistry and clarity of writing*”. This is too vague and does not specify adequately where children are expected to be at the end of each grade, nor give examples of what should be achieved in each grade. The full ELA curriculum is not online; there is only a vague outline. Teachers who were consulted for the present report said that the instruction for teachers during post-secondary education and in continuing education programs needs to be more explicit in describing how children are taught to read.
- **Supporting children:** Teachers consulted for this report suggested the potential of grouping children by their current proficiency in reading rather than by age when it comes to teaching reading. The range of student abilities tends to be greater today than in previous decades and grouping by proficiency can make it easier for teachers to teach and for students to learn. This is already being done in some primary schools.

- **The five big ideas in learning to read:** There are “critical roles for instruction in each of the Five Big Ideas in Beginning Reading – phonemic awareness, phonics, fluency, vocabulary and reading comprehension.” National Reading Panel 2000.
- **A science-based curriculum and phonemic awareness:** *There is an enormous body of settled scientific research on how children learn to read and the most effective way to teach them. The best way for students to gain word-reading skills, beginning in Kindergarten, is with explicit and systematic instruction in phonemic awareness, phonics and word level decoding, learning grapheme-phoneme correspondences and how to use these to decode words, including blending sounds and segmenting words into sounds to read words and segmenting words into sound to write words (see also Ontario Government 2003, Rose 2006, Eunice Kennedy Shriver NICHD 2000). Explicit instruction includes more advanced skills as children progress, such as studying word structure and patterns (for example prefixes, word roots, suffixes). This explicit systematic approach based on reading science is also referred to as structured literacy.* In the investigations for the present report, the Orton-Gillingham Language approach was cited as one science and evidence-based approach for all ages to the explicit and systemic instruction advocated.
- **Phonics:** *“Children taught phonics systematically and explicitly make greater progress in reading than with any other type of instruction. Good evidence indicates that beginning teaching phonics in kindergarten or first grade produces the best results. Dyslexic children require much more intense, frequent, and extended phonics instruction (Shaywitz 2020).*

DB, with dyslexia, had great difficulty learning to read with the Manitoba curriculum. He succeeded in learning to read only when he learned about phonics and then taught himself to read using phonics.

- **Decoding:** *The goal of reading is to understand and make meaning from the text. The evidence is clear that one essential component of good reading comprehension is the ability to decode or read words quickly and efficiently. So, for students to understand what they read, they must learn to decode, to turn written words into the corresponding spoken word. Learning to decode our alphabetic system requires knowing letter-sound relationships (grapheme-phoneme correspondence) and being able to apply that knowledge to blend the individual sounds together to successfully identify written words (decoding).*
- **Fluency:** Fluency needs to be emphasized as a very important objective in helping a child learn to read. Below are several quotes from Shaywitz (2020). *“Children learn to read a word accurately, and then after sufficient practice, to read the print fluidly.” “Fluency, the ability to read a text accurately, quickly, and with good intonations (prosody), is the hallmark of a skilled reader.” “children are expected to develop into fluid readers by the end of second grade.” “the expected fluency rates for oral reading of passages are – spring first grade – 40 to 60 words per minutes, spring second grade 80 to 100 words per minutes, spring third grade 100 to 120 words per minute and fourth grade and above 120 to 180 words per minutes.” “a child who is reading accurately but not fluently, at grade level still requires intensive reading instruction.” “Comparisons showed that children who read aloud with their parents made substantially larger gains in fluency than those who didn’t. I urge parents of dyslexic children to make fluency training – repeated oral reading – their number one priority. Because it involves reinforcement rather than teaching a child a new concept, it is ideally suited for the home.”*

- **An emphasis on practice:** *When students are explicitly taught and practice skills involved in decoding words the process becomes quicker and with practice supports automatic word reading. Poor decoding skills work as a bottleneck to good reading comprehension. When a student must put a lot of time, effort and attention to reading words, it interferes with the flow of language in the text and uses up mental resources making it harder to understand what is read. To enable practice, it is important to have reading material that is relevant and meaningful to the reader (Shaywitz 2020). For a child who is dyslexic, Shaywitz (2020) comments “the instruction must be relentless, and amplified in every way possible so that it penetrates and takes hold.”*
- **Vocabulary and Comprehension:** *Vocabulary and background knowledge, the ability to understand spoken language, and the use of reading comprehension strategies are all also critical aspects of reading development. As Shaywitz (2020) points out “The size of a child’s vocabulary is one of the best predictors of his reading comprehension...A growing body of evidence suggests that increases in the quality and quantity of exposure to language and vocabulary in early childhood and verbal interaction with parents and caregivers are associated with improved language and vocabulary later in childhood.... parent-child interactions at a young age are far more important for language development, than, for example, incidental exposure to language through television.” And “While it is possible for teachers to introduce as many as ten new words each week, a more reasonable approach is to focus on five to seven words a week.” Shaywitz continues “robust teaching of vocabulary is best learned by multiple exposures to the word over time, usually about twelve encounters.” “A word is most likely to spring to life if a child can integrate it with familiar ideas or with his own past experiences... the intent is for the child to regard any new word as a fully formed idea.” While children in middle class families may acquire vocabulary due to their family environment, for “disadvantaged, often minority, students there may be a paucity of vocabulary from the adults around him which means that if vocabulary is to improve, it will need to be taught explicitly in school.” In teaching vocabulary “the lion’s share of the time spent teaching should be devoted to discussions of the ideas represented by specific words.”*

3) **Universal Early Screening:**

- *Age four to seven is a critical window of opportunity for teaching children foundational word-reading skills and is when intervention is most effective. Teachers can and should use their knowledge and skills to identify children, but screening is still needed to make sure no child is missed.*
- *Screening is an essential part of a systematic and comprehensive approach to meeting the right to read. The earlier we identify students needing more targeted instruction and intervention in foundational word-reading skills, the better. Investing the time and effort to conduct universal early screening and implement interventions will reduce the need for more costly and intensive services in the long run. Students will have better outcomes and educators will be better off when they have reliable and useful information about their students and are in a better position to respond.*
- *The purpose of screening is not to label or blame, but to help teachers understand the child’s strengths and weaknesses. Identifying children early and intervening early is critical, not only for the child. “It costs ten times as much to treat an older child with reading problems than to treat a younger one.” (Siegal 2016).*

- *A screening measure or instrument is a quick and informal evidence-based assessment that provides information about possible word-reading difficulties. It identifies students who are currently having or at risk for future word-reading difficulties so that they can receive more instruction or immediate intervention. All students should be screened using standardized evidence-based screening measures twice a year from preschool (age 4) through to grade 2. For Manitoba, for practical reasons, we may need to screen starting in Kindergarten as it may be difficult to screen all pre-school children. It feels wrong to have Manitoba a year behind Ontario, but it may be necessary for practical reasons of doing the screening.*
- *The research on screening for early reading skills is advanced, the financial cost is minimal and the impact of current practices on students is harmful.*
- *School Boards should be required to screen every student twice a year from pre-school to grade 2 with valid and reliable early screening tools. The provincial government must provide school boards with stable, enveloped yearly funding for screening.*
- *The tools that are selected should correspond to each specific grade and time in the school year. For example, pre-school screening should include measures assessing letter knowledge and phonemic awareness. By grade 2, screening should include timed word and passage reading. The selected screening tools should have clear, reliable and valid interpretation and decision rules.*
- *The results of early screening need to be used to identify students at risk of failing to learn to read words adequately, and to get these children into immediate, effective evidence-based interventions. “the longer schools wait, the harder it is to close reading gaps”*
- *Universal screening is important to protect the rights of all students, particularly students from many groups protected under the provincial human rights code. Mandatory screening instead of discretionary screening reduces the risk of bias in assessment or selecting students for interventions. It reduces the risk that students will fall through the cracks. Universal evidence-based screening ensures better decisions about which students need additional support and ultimately improves student outcomes. Data collected from screening is also valuable for board planning. Boards can compare results from common screening tools across schools or groups of students and direct resources where they are most needed.*
- *Experience from other jurisdictions that have implemented successful early screening programs indicates screening students takes 10-15 minutes per student. Educators must be given adequate time to do this important work, including recording the data from screening.*
- *“Collecting data from early screening is also very important, but the data should not be used for performance management or to blame educators for issues related to reading. Boards must also be very careful not to use or report the data in a way that stereotypes or further marginalizes any student, group of students or school.*
- *Communicating with parents is also a key part of successfully implementing early screening. Parents must understand that the screening is universal, their child is not being singled out, and the purpose of screening is to see if their child may need further supports or interventions. Some parents may be concerned that screening could lead to their child being labelled or stigmatized. Boards must explain that screening helps avoid the risk of a student developing a reading disability or needing more intensive special education supports later on.*

4) Early and tiered evidence-based reading interventions:

- *Reading intervention is most effective when delivered in Kindergarten and Grade 1. Interventions need to be available promptly when needed and in a way that is accessible for all students.*
- *Good early intervention programs should be available to all students, regardless of where [in Manitoba] they go to school or which school they attend in a board.*
- *[Manitoba] needs to decrease the need for reading interventions by using explicit systematic instruction in foundational word reading skills in the classroom while simultaneously increasing access to proven interventions beginning in the earliest grades.*
- *Students in an intervention program need to receive the full program as intended, not a few days a week when every day is essential, and not a partial program when the full program is needed.*
- *Evidence-based reading interventions represent tier 2 and tier 3 in a tiered approach to supporting students with reading difficulties. Tier 2 reading interventions are for the approximately 15-20% of students who may still struggle with reading after receiving tier 1 science-based instruction. These students receive tier 2 support in smaller groups with increased intensity.*
- *Evidence-based tier 2 interventions in Kindergarten and Grade 1 will be effective for most students. Tier 3 supports are intended for the very small percentage who do not respond as expected with tier 1 instruction and tier 2 intervention. These students are at high risk for failing to learn to read words adequately, or have already experienced time in the classroom without being able to meet the reading demands. Intervention at this level means smaller groups of individual interventions of increased intensity.*
- *Reliable data on progress for an intervention should also be tracked and analyzed at a system level.... Many of the same issues with student progress monitoring also apply to how school boards examine program effectiveness. Boards need better data, based on standardized reading measures and not book-reading levels, to understand which intervention programs are leading to successful outcomes, for which students and in which schools. For example, a program that was promising may not be having good effects across most schools, or a family of schools may be getting exceptional results with a certain intervention and could offer lessons about implementation procedures for the board or province.*
- *Implementing the instruction and curriculum as above and ensuring the evidence-based interventions are there for students when needed, will reduce the need for accommodations and reduce the need for professional assessments.*
- *While early screening and intervention is optimum, it is important to note that it is never too late to receive a diagnosis and to receive an intervention, even though interventions later on may be more challenging and may need to be more intensive.*
- *The response to intervention is a critical measure to monitor progress and to determine whether intensive intervention is needed. The failure to provide remediation in kindergarten to grade 2 can result in the need for much more intensive interventions (Torgesen 2009)*
- *When children have a concurrent diagnosis of a learning disability coupled with ADHD, Autism or FASD, the right to read is still critically important to achieve, though it may need an approach which considers the concurrent diagnosis. It is important to note that “acting out behaviours” no matter the concurrent diagnosis, can be improved when a child learns to read and reads to learn. Aspects of acting out behaviours can be the result of a frustration of not being able to read and keep up with other students.*

- In general, extra attention to children in the early years can be helpful. For example, Seine River School Division found that half day kindergarten combined with half day “Kids at Play” (a form of early learning and childcare) was effective in helping children who were behind on reading to make up the learning deficit present on entry into the program. Sadly, a shortage of funding has meant this program has now ended. The Seine River School Division also found a benefit in increasing staff in schools in low-income areas of their division. This being said children with dyslexia and other learning disabilities can come from families of any income and need increased help early on. The Laureate Academy, a private school which helps children with learning disabilities has found these children need specially trained teachers and fewer children per teacher than for is needed for children who do not have learning disabilities. Allowing children n to read books on subjects that they are really interested in can be very helpful in stimulating children to read.

5) Accommodations:

- *Systematic, explicit instruction in foundational word-reading skills supplemented with evidence-based interventions for students who require more support to learn to read will result in many fewer students needing accommodations*
- *Providing accommodation should never be a substitute for the goal of teaching all students to read, but where students need access to accommodation it should be timely, effective and supported. Substituting technology for science-based reading instruction and intervention is simply unacceptable. Accommodations are like life jackets they help you bob, but you will never keep up with the swimmers*
- *Schools should be proactive in identifying students’ accommodation needs and providing accommodation without delay and without the need for parent or student advocacy. Accommodations must give students with reading disabilities meaningful access to the education all students receive. ...accommodation delayed is accommodation denied.*
- *Accommodations should be implemented consistently by all teachers and seamlessly when a student transitions from one school year to the next or to a different school.*
- *There should be clear communication with parents about accommodation, so they know if and how their child’s accommodation needs are being met.*
- *A common accommodation for students with reading disabilities is assistive technology. This can be a device, piece of equipment, software or system that helps students access grade level curriculum. Access to the curriculum means that students can take in and understand the material being taught in school, understand and complete assignments, and show what they have learned. Other typical accommodations include extra time for tests or assignments, teaching and assessment strategies (such as breaking tasks down into smaller components) and assistive services such as a note-taker or scribe (someone who writes down answers dictated by the student).*
- *Modifications are not the same as accommodations as they change curriculum expectations for students. Modification to lower grade-level expectations must be used very cautiously, and only as a last resort after all possible interventions and accommodations have been tried. Modification to expectations from a lower grade means that students may never be able to get back to working at grade level. This negatively affects the students’ future pathways (for example limiting their ability to take academic-level high school courses). Modifications should only ever be used when all other steps have been taken to make sure students can meet grade-level curriculum outcomes. Parents (and students where appropriate) should be fully aware of the modifications and the potential impact of modifying the student’s curriculum expectations.*

When curriculum expectations are modified, schools should provide evidence-based interventions and suitable accommodation to try to bring the student to the point where they can meet grade-level expectations.

- *Students should not be expected to self-advocate to receive their accommodations, nor should parents have to become involved to make sure their child receives the needed supports.*
- *Accommodations should address any intersecting needs, for example from other disabilities.*
- *Accommodations should respect dignity and privacy and not isolate students. Teachers and schools should be sensitive to this and take proactive steps to prevent any bullying or stigma associated with receiving accommodation.*
- *The Province of Manitoba needs to ensure there are standards set for accommodations and consistency is achieved throughout Manitoba.*
- *The Province of Manitoba needs to ensure there are resources for timely and effective accommodation,*
- *The Province of Manitoba, working together with School Boards need to make sure educators receive training related to accommodations and modifications and the use of assistive technology. Better professional development, ongoing coaching and resources for educators are also critically important. Educators are often doing their best but are stretched thin. Helping them understand how best to accommodate and providing them with the needed support will help make sure the duty to accommodate is better fulfilled.*

6) Professional Assessments

- *The OHRC makes the point that “Ontario’s current approach to teaching word reading and responding to these reading difficulties needlessly contributes to increased demand for costly professional assessments. Many students will not need professional assessments for dyslexia within a system with science-based classroom instruction, screening beginning in kindergarten for potential reading difficulties, and evidence-based tiered interventions in the earliest grades. The few students who do still have word-reading difficulties and need professional assessments, for example by board speech-language pathologists and psychologists, should have timely and equitable access. A professional psychoeducational assessment should never be required for a student to receive accommodations or interventions.*
- *Many students [now] are never referred [for professional assessment] and are only assessed if their families can afford costly private assessments.*
- *The one consistent criterion most boards [In Ontario] use is requiring a student with a suspected reading disability be in at least grade 3 before being considered for a psychoeducational assessment. This type of age/grade level requirement is problematic and inappropriate. Instead, referral for assessment should be based on response to intervention. Any student who has not responded appropriately (based on standardized reading test scores) to an intervention needs a full psychoeducational assessment. This may happen as early as grade 1.*
- *The criteria [for assessment] should make sure that multilingual students, culturally diverse students, racialized students, students who identify as First Nations, Metis or Inuit and students learning in French Immersion have equal access to assessments. The criteria should be based on a student’s academic functioning and response to*

intervention. Bias can play a role when referrals are not based on transparent and objective guidelines from the Board or the province.

- *In the current system, by the time a student receives a board professional assessment, if they receive one at all, they have been struggling for years..... they may be on a wait list for several years, particularly if they are not deemed to have high needs or be a high priority for assessment. Students who struggle in silence may be overlooked for assessment or may be moved down to the bottom of the list. They may not be assessed until Grade 5, 6 or even later. Many students are never referred, so their families pay for costly private psychoeducational assessments, if they can afford to. [Families should not have to pay for these assessments where there are delays at the school level. There needs to be provincial coverage of such assessments when done privately].*
- *The OHRC notes: “The latest research of principles for diagnosing word-reading disabilities/dyslexia in the DSM-5 do not require students to have at least average intelligence or a discrepancy between their ability and achievement. These criteria do not predict whether a student will respond to an evidence-based intervention. The current DSM-5 criteria for diagnosing a learning “disorder” simply requires finding: a) The student experiences difficulties in reading, writing or math skills, which have persisted for at least six months even through the student has received interventions that target the difficulties; b) The difficulties result in the affected academic skills being substantially and quantifiably below those expected for the student’s age, as determined through standardized achievement tests and clinical assessment; c) The learning difficulty started in school-age years (or even in preschool), although it may not become fully evident until young adulthood in some people. d) The problems are not solely due to intellectual disabilities, hearing or vision problems, other mental or neurological “disorders” adverse conditions or inadequate instruction (however reading disabilities/dyslexia can co-exist with other disabilities including mental and neurological “disorders”). If a child is found to have a low IQ, it is important that the IQ test given is not found to be low primarily because of difficulty reading.*
- *Assessments for suspected reading disabilities do not always need a battery of intelligence and cognitive processing tests. Instead, assessments for a learning disability or “disorder” in word reading/dyslexia should include a thorough assessment of reading and spelling skills, document the student’s response to interventions, and identify further interventions or accommodations for the student. If there are other concerns, a psychologist can also investigate and identify possible co-existing difficulties or disabilities such as attention issues, developmental language disabilities, or mental health issues. However, even if a student with dyslexia has other disabilities, they should not be disqualified from receiving reading interventions.*
- *When a learning disability is diagnosed, there should be a statement of what academic areas are impaired (for example, word-reading accuracy or fluency (dyslexia); reading comprehension; written expression, or math). If several areas are impaired, they should all be identified.*
- *Collecting information on specific learning disability areas, rather than learning disabilities in general, is more useful and will provide more clear and accurate information for students, parents and educators.*

- *It is critical that all students who need them have equal access to accommodations and interventions, regardless of their parents' means to pay for private assessments.*

7) First Nation, Metis and Inuit:

- An effective partnership between the Indigenous Schools and School Boards, the Province of Manitoba (providing access to the provincial curriculum and to approaches being taken by the province to ensure every child can learn to read) and the Government of Canada (to ensure the funding is in place to support the right to read for Indigenous students in a way that provides equity of access to Indigenous students).
- Indigenous Schools and School Boards are increasingly using culturally appropriate curricula and learning approaches which are sensitive to the needs of Indigenous students. The application of Jordan's principle must extend to all children who have difficulty learning to read so that Indigenous students can all learn to read and have an appropriate curriculum to learn to read, to learn culturally appropriate material, as well as receiving early screening and tiered interventions and accommodations.

8) Languages other than English

- The right to read where French is the language of instruction needs to be considered similarly to the right to read where English is the language of instruction so that there is equality of access to learning to read. This also applies with instruction in other languages including in Indigenous languages.
- It is easiest for a person with a learning disability to focus on one language when learning to read.

9) High School:

- It is the intent of the changes in educational approaches described above to screen and help individuals early (Pre-school to Grade 2) and intervene early when it is most effective. It is probably inevitable that some children may slip through the cracks, or only be identified in the more complex learning environment of high school. As with young children, assessments, interventions and accommodations should be done when students in high school are identified as having a learning disorder or disability. As with young ages, these should be carried out promptly. It is also important to ensure that high school teachers have up to date professional information about children with learning disabilities and the path to be followed when a student is identified. It is likely that children in high school will need more intensive intervention.
- Helping youth in high school is critical. The study of Barwick and Siegel (1996) found that 83 per cent of homeless youth had learning disabilities that were not properly diagnosed and helped. Manitoba has far too many homeless youth, and preventing youth from becoming homeless must be a top priority.
- Further Siegel (2016) makes the point that: "Undetected and untreated learning disabilities are a significant factor in anti-social behaviour". This is another reason why helping children with learning disabilities in high school is mission-critical.
- Students who are identified as having dyslexia who are in higher grades will likely need more intensive interventions from teachers who are dyslexia specialists.

Marin's Principle

Marin, now a young adult, has dyslexia, dyscalculia, and dysgraphia and she has autism. She faced significant challenges in learning to read, spell, comprehend written text, write, and master basic math in public school despite being intelligent and despite her family's advocacy for more than 14 years. In essence, Marin's Right to literacy was denied to her in Manitoba's public school system. As a result, her mental health was harmed, in part because the judgement of the Supreme Court of Canada on November 12, 2012, was essentially ignored for many years in Manitoba. In 2017, following a proper diagnosis for Marin's twin, Marin's mother checked around Manitoba and was unable to find a public school division offering literacy instruction for dyslexics, dysgraphics, and dyscalculics. There was no public school that did. Even though Marin's twin had learning disabilities; he never received an IEP or interventions in school. Marin struggled as well; her problems were exacerbated because she was misdiagnosed when school psychologists said she did not have learning disabilities. Manitoba Adolescent Treatment Centre (MATC) refused a diagnoses of autism.

Marin was properly diagnosed privately in 2024; the psychoeducational psychologist said, *"How on earth did they all miss this?"* Marin's mother responded, *"It's not that they miss [autism, dyslexia, dysgraphia, and dyscalculia]; they refused."* Marin is alive today because her mom removed her from school and did her best as a single full-time, working mom doing everything she could to help her.

Marin's principle is for all children, youth and adults to be supported to become functionally literate in reading, comprehension, spelling, written expression, and maths. If they struggle, they can get the extra publicly funded private help regardless of how they are taught in public schools. This must work like Jordan's principle where private services can be funded when public services are not available or adequate.

Marin and her family are calling on the government of Manitoba to ensure:

1. that the Provincial Government, including associated service providers, adopt Marin's Principle and comply with Supreme Court of Canada judgments, the Charter of Rights and Freedoms, and the Human Rights Code.
2. that the Provincial Government ensure MB public classroom teachers are fully trained in knowledge and approaches explicitly created for students with learning disabilities with no restriction to a single program or product.
3. that the Provincial Government fund private literacy services, (for children at their parent's discretion), for all who are currently learning-disabled (diagnosed/suspected), with no penalty of discontinued instruction in public school, so they can become functionally literate and gain knowledge and skills like their peers.
4. that the Provincial Government fund private counselling so each learning-disabled adult, diagnosed/suspected, has their choice of therapist to help overcome education trauma due to adverse MB curriculum and policies, for private literacy instruction, at their discretion, to become functionally literate and for access to evidence-aligned senior year classes that were missed so they can graduate with the education they have always had a right to receive.
5. that the provincial government provide compensation for harm and loss of income for Manitobans with learning disabilities who remain functionally illiterate (level two) after the age of 18.

- Persons with dyslexia are more likely to report dramatically higher levels of stress, depression, anxiety, and poor mental/physical health than the general population (Dr. Michael Ryan). This is of particular relevance in high school. The American high school dropout rate for students with learning disabilities is more than twice what it is for other students (National Center for Education Statistics).
- Manitoba has the 2nd highest drop-out rate in Canada (Statistics Canada, 2012).

10) Post-secondary education

- Students who have successfully made it through high school deserve to be helped to succeed when they are in post-secondary education. There is much that needs to be done to improve the environment for students with a learning disability attending post-secondary education. Studies to date have shown that across Canada, there are *“a confusing variety of assessment practices ... resulting in Canadian postsecondary accommodations practices being opaque and, therefore, discriminatory, and vulnerable to legal challenges.”* (Gyenes and Siegel 2014). One student with a learning disability attending post-secondary education in Manitoba found about 80% of his professors were able to provide appropriate accommodations, while 20% of professors failed to adequately appreciate the challenges resulting from a learning disability and were not helpful or even at times, demeaning of a student with a learning disability.
- Funding options do exist for persons with learning disabilities, but the process for obtaining them can be challenging. More needs to be done to ensure students with learning disabilities are aware of funding sources to help them.
- More research is needed to ensure optimum effective accommodations (Floyd 2012).

11) Adults

- In Manitoba, support for efforts to address adult literacy have been drastically underfunded (Silver 2024). Efforts are being made to change this. As well as funding, programs need to do better at identifying individuals with specific learning disabilities so that they can be best helped. Adults with learning disabilities often need help with accessing services.
- It is important to recognize that adults who have a combination of autism and a learning disability need more than assistance with literacy. They need individual-specific supports which are tailored to the specific issues an individual is facing, whether in employment, in receiving health care or in other areas of their lives. Whether the services are provided through the delivery of adult literacy services or through other social services, the support is needed and must be provided. It is not acceptable for agencies to say *“You are over 18; we can do nothing for you.”* Or *“Sorry your son or daughter is over 18; she is a casualty of the system as it has been. We cannot help your child.”* Or *“We are sorry your child was misdiagnosed when she was a child. Because she only received the proper diagnosis after she was 18, we cannot help you.”*
- Many adults were children whose parents tried to get proper diagnoses. They were wrongfully diagnosed and only received proper diagnoses later. They missed out on learning in public school, lost out on knowledge and skills, are functionally only poorly literate or illiterate, were pushed along without support, their mental health harmed, they were traumatized by their experience in public school and often dropped out, and are then expected to be productive members of society. The province of Manitoba needs to adopt and affirm Marin’s Principle and put in place the supports needed for those who have been poorly served and often harmed and traumatized by the public school system.
- The cracks in public schools were cracks for children who are now adults. The new generation are starting to get more help, but these adults deserve the help most of all because of the way they have been mistreated in the past. Such adults not only need help, in many cases there should be consideration of compensation for the harm resulting from the failure of Manitoba’s education system to provide them the instruction they should have had.

12) Employment:

- Experiences of individuals with learning disabilities in employment situations vary from satisfactory to challenging. There is a reluctance by some to disclose the learning disability for fear that they will be discriminated against. Some of these individuals have never been properly diagnosed. Understanding how to optimize accommodations to enable the employee to do well varies from business to business. Further, it has become apparent that various organizations are not adequately knowledgeable or prepared to help individuals with learning disabilities. Perhaps this is in part because they are “invisible” disabilities and not visible like physical disabilities. This situation must change. A broad education campaign about individuals with learning disabilities is badly needed so that there can be greater acceptance, understanding and help.
- There remains a stigma too often associated with those struggling with literacy. They are too often blamed instead of people recognizing that their problems resulted from their not being well supported by the education system and in the job market.
- There is still too much misinformation. Literacy in those with dyslexia and other learning disabilities is not related to intelligence. Many who are dyslexic are average to above-average in intelligence and have developed major strengths in areas outside of literacy.

13) Health Care:

- It is the impression of individuals with learning disabilities that access to health care can be difficult for those with learning disabilities and that accommodations are often needed for those with learning disabilities.
- 48% of Manitobans have level two (or below) literacy skills, meaning they will struggle to read to learn and to write. Medical information and forms are at level three. The majority of Manitobans who have level three literacy skills struggle to read and fill out medical forms or to read and understand medical literature as they are at the bottom of level three. Mid-level three is functional literacy.
- Those who are functionally illiterate also struggle to understand and learn information regarding what is safe, and/or how to live better and healthier lives. There is the potential for huge risks here.

14) Child and Family Services:

- It is likely that children with learning disabilities are overrepresented in the child welfare system, though there is insufficient information to be certain. One study of the extent to which children with disabilities are present in the child welfare system in Manitoba, found that only 3% of children with disabilities had a learning disability (Fuchs et al 2007). In stark contrast to this finding, is evidence that approximately one third of people who reported childhood physical abuse have dyslexia (Fuller-Thomson and Hooper 2014), a rate seven times that of those without dyslexia. Foster parents are often not adequately informed about learning disabilities. Indeed, learning disabilities in Manitoba have been underdiagnosed for some time. It is an area where considerable attention is needed to improve the lives of children with learning disabilities who become involved with Manitoba’s child and family services system.

15) Justice:

- Children with learning disabilities are disproportionately involved with the justice system and disproportionately incarcerated. Low literacy has been identified as a risk

factor for individuals to become involved with the justice system with 65% of people entering correctional facilities in Canada having less than a grade 8 level of literacy skills (Literacy and Policing in Canada 2024). This is recognized as such a significant issue that literacy is recognized as a law enforcement problem as well as a personal, family, community and society problem (Literacy and Policing in Canada 2024). While there are special courts for individuals with FASD, individuals with learning disabilities are not selectively addressed in Manitoba. The court system tends to give greater credibility to those who are smooth talkers than is given to those who struggle due to a learning disability. While some judges and courts do well in their treatment and understanding of individuals with learning disabilities, there is no consistency and too often a person with a learning disability is treated or judged less well than an individual who is very articulate.

- Screening prisoners for a learning disability is essential. Cassidy et al (2021) note that one screening program which meets the required evidence-based criteria is the Shaywitz Dyslexia Screen Corrections Form. Cassidy et al. (2021) comment *“Now that a valid screener is commercially available, inmates can be easily screened and those at risk tested to confirm dyslexia.”*
- Interventions in prisons to improve reading are critical. *“Without interventions in prison focusing explicitly on their dyslexia, dyslexic inmates are forced to repeat an educational pattern that led to their dropping out of middle and high school.”* (Cassidy 2021). In the United States, interventions in prisons are seen as so critical that federal legislation (the First Step Act of 2018) *“requires the Bureau of Prisons ... to take steps to screen prisoners for dyslexia and to provide programs to treat prisoners who have it.”* These programs to treat dyslexia are to be incorporated into evidence-based recidivism reduction plans. (James 2019).

16) Education should be exciting, inspiring and challenging and reflect the needs for all children to achieve optimal physical and mental wellness

- Optimal physical and mental wellness requires access to and involvement with physical activities including team activities where students learn life skills like cooperation, coordination, communication, discipline etc. Access to land-based learning, community-based learning (as in Met schools), fine arts, music and theatre can help make school relevant, exciting and attractive to students.
- Where parents or other relatives have been in residential schools and have had a negative experience in school, extra efforts are needed to make school interesting, exciting and relevant to the lives of students.
- Students who struggle with literacy are often bullied, stigmatized and excluded in school and this can result in a very negative perception of school for these students who have been traumatized in school.
- Students with primary learning disabilities often have parents and family members who are also learning disabled and have experienced school and or education trauma. Extra effort is also needed here, as well as not expecting these parents to teach their children at home and to provide the student support for homework.

17) Education should be an equalizer for those who are disadvantaged.

- It must never be forgotten that public education is important because it provides equal opportunity to all students. Without all students having a right to read and the support so this right can be provided, including those who are struggling for whatever reason, the essential importance of a public education system will not be realized. When children learn to read, they can read to learn, and they will be happier as students because they can learn with their peers, and they will grow up to be adults who are better prepared for life, including with family and community, in work and in their ability to fully participate in our democratic processes.
- Education for adult literacy and education is badly needed to specifically address and help individuals with learning disabilities. It has been recognized that for some time, there is “chronic underfunding” of adult basic education (Silver 2024). This needs to change, and specific help for those with learning disabilities is particularly needed.
- The Mathew Effect operates when it comes to literacy. Those who can read, read more; those who struggle to read, read less. The rich stay rich and literate as they can afford private education; however, the low middle class stay poor and struggle with funding for private help, the poor get social services. Those who are illiterate or functionally illiterate struggle to get meaningful and financially adequate employment. The perpetual loop of poverty continues as many learning-disabled parents cannot afford private education for their children who are learning-disabled as well.
- Primary learning disabilities are neurobiological in origin. Learning disabilities can also be caused by trauma: head injury, strokes, dementia, fetal alcohol exposure, etc.

18) Provincial funding:

- For Ontario the OHRC recommends the province “*provide sufficient, stable, enveloped, yearly funding to meet the right to read. This includes funding for boards to hire extra staff such as literacy leads, provide comprehensive in-service professional development, conduct universal evidence-based early screening, provide evidence-based interventions to all students who need them, improve the access to accommodations and remove barriers to receiving professional services.*”
- “*The OHRC further recommends the Ministry provide additional funding and support where it is needed to make sure northern, remote, rural and small school boards can fully implement the recommendations, that the Ministry of Education should make sure money isn’t being spent on supports that are not validated or proven to be effective for students with reading disabilities, and that resources should not be taken away from supports for other vulnerable students to implement the recommendations.*”
- The above provincial financial supports are certainly similarly needed in Manitoba.
- Further, funding must be directed to classroom teacher training so that students will be taught in the classroom and teachers will not miss lessons by being pulled out of the classroom. Classroom teachers need to have manageable classes. Expecting a person to handle more than 20 students with different knowledge and skills is far too challenging when the class contains students with learning disabilities. Also, behavioural challenges must be supported to protect the class and teacher; everyone deserves a safe, respectful learning environment.

19) An Oversight Panel:

- During the preparation of this report, teachers mentioned that too often help requested by them for children with learning disabilities was promised but was never provided.

School Boards saying they are providing services is not enough. There needs to be an oversight panel to make sure that early screening and interventions are happening in all school divisions in Manitoba. As well as receiving reports from school divisions, the panel should receive concerns from teachers, educational assistants and parents of children with learning disabilities about areas where improvements are needed.

20) The Benefits of a major effort to ensure the right to read for Manitobans:

- In Manitoba, we are at a major crisis point with high rates of crime, high rates of poverty, high rates of homelessness, too many individuals with mental illness and substance abuse issues, and a health system which is under-resourced and over-stressed. Ensuring the right of Manitobans to read, including those with dyslexia, will mean individuals with dyslexia can become confident and productive members of our province, that graduation rates will increase, and that students with dyslexia will be able to gain more meaningful employment and be fully contributing members of our society. Overall mental, emotional and physical health for Manitobans will improve. Crime rates, including violent crime and intimate partner violence will decline. It is likely that there is no single action which can have greater societal benefits. It is scandalous that the Manitoba provincial government has so far failed to act in the 12 years following the release of the Supreme Court ruling on the right to read in 2012. How the present government addresses this critical issue will be a measure of its success or failure.
- Many do not know that they have dyslexia and feel inadequate in schools as they struggle with reading and spelling. They are denied proper assessments allowing them to know why they struggle. They are denied appropriate education. They are denied their right to be functionally literate. The result is compounding. Those who can read, read more; those who struggle to read, read less. Without interventions, students with dyslexia will struggle with reading too often leads to health, economic, family, community and/or legal issues.

Concluding comments:

For 12 years since the Supreme Court ruling, successive NDP and PC governments have failed to act. One must ask – How many children with learning disabilities have lost their potential? How many have been put in jail? How many have engaged in substance abuse? How many have died by suicide? How much in extra costs has the provincial government incurred in dealing with anti-social behaviour resulting from the government’s failure to act to implement the Supreme Court ruling?

Children have been denied proper education in the Manitoba education system. The lack of a comprehensive plan to help those with learning disabilities learn to read and the funding to support the plan is discriminating. Literacy needs to be a human right simply because:

- Students who have dyslexia will become confident learners when they are literate.
- Graduation rates will increase.
- Students with dyslexia will be able to gain more meaningful employment and will be able to be fully contributing members of society.
- Mental, emotional, and physical health will be improved.
- It will benefit individuals, families, communities and our society

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Appendix I: Definition of Dyslexia:

The First Step Act in the United States says:

The term “dyslexia” means an unexpected difficulty in reading for an individual who has the intelligence to be a much better reader, most commonly caused by a difficulty in the phonological processing (the appreciation of the individual sounds of spoken language), which affects the ability of an individual to speak, read, and spell.

The DSM – 5 defines dyslexia as

”a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities. It is important to note that dyslexia is included within the category of a “specific learning disorder with impairment in reading”, including with word accuracy, reading rate or fluency or with reading comprehension.