SELF-ADVOCACY DEVELOPMENT IN ONTARIO ADOLESCENTS WITH LEARNING DISABILITIES

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ABSTRACT

Learning disabilities (LDs) affect 3.2% of children in Canada and encompass a range of conditions impacting an individual's psychological learning processes. Self-advocacy, an individual's ability to speak up for themself, is a critical component of accessing supports and accommodations to manage LDs, especially as a child transitions throughout and beyond secondary education. This review will explore the development of self-advocacy in children with LDs through Ontario's existing support and skill development programming, systemic barriers to accessing self-advocacy supports, as well as stigmatization towards LDs. Ontario's current support infrastructure is a mix of resources that aim to increase students' ability to navigate life with their LD. These aims align with well-documented barriers hindering students' development of self-advocacy, such as attitudinal and societal factors, which stem from a lack of understanding surrounding LDs. Widespread stereotyping and stigma manifesting in depersonalization and social rejection further impact their relationship with their LD diagnosis and their overall perception of self. Overall findings highlight the need for research to gain a nuanced understanding of the gaps within Ontario's current system to more effectively address the challenges that adolescents with LDs face in developing self-advocacy skills.

INTRODUCTION

Learning disabilities (LDs) are a broad classification of conditions impacting an individual's ability to perceive, think, remember, or learn [1,2]. LDs are distinct from intellectual disabilities, as the former impacts an individual's psychological learning processes while maintaining typical thinking and reasoning skills, whereas the latter does not [3]. 3.2% of children in Canada are reported to have a LD, which represents 59.8% of all children with a disability [4]. Dyslexia is the most prevalent LD, impacting one's phonological processing and decoding, which often, in turn, hinders one's reading comprehension skills [1]. Other examples of LDs include dysgraphia and dyscalculia, referring to impairments in an individual's handwriting and mathematical processes, respectively.

LDs can have a significant impact on a child's development. Treatment and interventions intended to support specific needs can help children better manage their LDs. Broad focuses of intervention approaches include accommodations, such as additional time for work, and self-advocacy development, where students learn to communicate their needs [3].

Within the Ontario education system, the Education Act requires school boards to provide special education programs and services to students identified as "exceptional pupils" [5]. The act defines exceptional pupils as students who have been determined by an identification, placement and review committee (IPRC) as having behavioural, communicational, intellectual, physical, or multiple exceptionalities. Ontario special education programs for these students are continually modified based on their assessment and evaluation results and include an Individual Education Plan (IEP), with specific objectives and an outline of educational services that meet their unique needs. In early education, assessment and accommodations for LDs are primarily decided by educators and caregivers [6,7]. As a child progresses throughout their elementary, secondary, and post-secondary schooling, they can take on a greater role in obtaining accommodations and resources for their LD in Ontario.

Self-advocacy, referring to an individual's ability to speak up for themselves, is a critical component of self-determination, one's ability to make meaningful, personal decisions [8]. In the context of individuals with LDs, self-advocacy entails educating others about one's LD and how it impacts one's life [8-10]. Becoming an effective self-advocate requires communicating their needs with confidence and appropriately explaining requested accommodations to assist in the classroom. Stigma, a broad term referring to negative beliefs about an individual based on a certain characteristic, can have implications on adolescents' desire and ability to self-advocate as it confirms stereotype threat, defined as a specific situation where an individual fears confirming those aforementioned negative beliefs [9]. Both stigma and stereotype threat are important factors to consider in the context of self-advocacy and with anything in relation to social development, given that they act as key drivers of influence within a increasingly social setting such as the grade-school system.

The transition many adolescents in Ontario experience from elementary, to secondary, to post-secondary education (PSE) encompasses a critical opportunity for the application of self-advocacy skills. These skills become central in navigating education systems with autonomy and increased decision-making opportunities, despite pre-existing stigma and stereotyping.

An awareness of one's rights is vital to self-advocacy. It is important for adolescent students with LDs to be aware of their rights to maximize their learning experience, make decisions about pursuing PSE or other vocational training, seek career opportunities, manage daily living demands, and effectively advocate for their needs [10]. This article addresses the following research question: In adolescents (aged 10-19) with learning disabilities in Ontario, how might support programs, existing barriers, and stigmas influence the development of self-advocacy skills within their educational experiences? By exploring the development of self-advocacy skills in adolescents with LDs, the primary aim of this review is to act as an initial step towards guiding future research and system changes within students' self-advocacy skill development. Ultimately, this work contributes to a growing body of literature on inclusive education by identifying gaps in current support systems and offering insights for future research and systemic improvements.

METHODS

Searches for this review were individually conducted for the following elements: Ontario's support programming, barriers to self-advocacy, and stigma, with overarching terms including "learning disabilities" and "self-advocacy." The resources employed for this review were the Canadian Journal of Disability Studies, ERIC, Web of Science, Journal of Learning Disabilities, and OVID MEDLINE. Sources from grey literature searches, such as provincial governmental and Ontario school board reports, were also employed. Evidence was limited to English-language publications and focused on Ontario, but no limits were placed on the year of publication to gain a comprehensive view of LD treatment.

EXISTING PROGRAMS

The Learning Disabilities Association of Ontario (LDAO) provides resources catered to different learning styles and help develop self-advocacy in students with LDs [11]. For instance, the "Learning Styles for Youth" is an online course that enables adolescent students to identify methods that best support their learning inside and outside of school [11]. This workshop takes a broad approach to provide students with a foundational understanding of various learning styles, with a unit focusing on strengthening alternative ways of learning that might be unique to their LDs. Alternatively, the "Self-Advocacy for Youth" online workshop is a self-paced, self-directed resource to teach students how to effectively communicate the ways in which their LD affects them, and to self-advocate for the supports they need to optimize their learning [11]. To address misunderstandings of one's LD, unjust treatment, and discomfort with seeking help, this workshop provides students with information on their LDs, strategies to be an effective self-advocate, and their legal rights within the education system.

The transition between secondary and PSE is a pivotal stage for self-advocacy development, as system-level supports for LDs change significantly between these stages. Instead of mandated interventions present in earlier schooling, Ontario PSE requires students to identify and register themselves to receive accommodation [12]. Recognizing the need for self-advocacy in this process, the development of transition programming for students with LDs has been an ongoing process. The Summer Transition Program (STP), developed by the Learning Opportunities Task Force in 2006, is now carried out at all publicly funded Ontario colleges and universities [13]. The STP focuses on LD-specific campus orientation, awareness of one's condition, learning strategy skills, assistive technology training, and self-advocacy skill development [12]. Programming varies based on individual curriculums, with in-person and online options in addition to program lengths from one day to eight weeks. An evaluation of this program was conducted through a longitudinal cohort study with 151 postsecondary students at Durham College's and the University of Ontario Institute of Technology's Disability Centre [12]. Qualitative data from focus groups and interviews found positive perceptions of the STP, allowing students to become better acquainted with their institution's accessibility services, for example. Participation in the STP was overall correlated with an increased willingness for students to self-advocate and access student services. Thus, the intervention's focus on promoting self-awareness and awareness of their LD was particularly emphasized as significant in improving PSE students' self-advocacy skills [12].

SYSTEMS & BARRIERS

The Ontario Universities Accessible Campus defines

defines organizational and systemic barriers as practices and policies that impede individuals from participating fully. For students impacted by LDs, this can involve limited avenues by which students can showcase their understanding of course content [14]. Students with disabilities within the Ontario school system have expressed the need to address these persisting barriers [15]. The development of self-advocacy skills represents an area with several systemic gaps for students with LDs, including lack of involvement in students' IEP, lack of self-awareness of their disability, self-determination barriers, and teacher attitudes.

According to Regulation 181/98 of Ontario's Education Act, students at least 16 years of age have the right to participate in IPRC and be present in the committee's placement or identification [16]. Although the Ontario Minister of Education recognizes these meetings as a critical opportunity for students to develop self-advocacy, the development largely falls on students' willingness to participate [17]. Research suggests that adolescents with LDs face barriers during IEP meetings due to a lack of clarity surrounding educator's jargon-filled statements with minimal explanations and incomplete disability-related information [18]. Additional barriers for students to represent themselves at IEP or transition meetings stem from a lack of emphasis on preparing students to self-advocate and share their LD-related needs prior to said meetings [19,20].

The transition into PSE has further implications on self-advocacy. The Ontario Human Rights Commission's (OHRC) Disability Policy describes how students are responsible for registering with their institution's accessibility services office, participating in discussions surrounding accommodations, actively engaging in the accommodation process, and informing course instructors of their accommodations [21]. As students are typically 18 years of age during this transition, they are considered legal adults and can complete the process independently without requiring consent from a parent or guardian. However, they may choose to involve their parents or guardians, but this participation is allowed only with the student's consent. Students often face barriers in this process, primarily due to a lack of self-awareness about their LD and the need for self-advocacy. Without this awareness, they may struggle to recognize their specific challenges, articulate their needs, or seek appropriate support. These barriers can include difficulty recognizing their specific accommodations, fear of stigma, and uncertainty about the resources available to them [22]. This paper further expands on the implications of fostering a positive relationship with oneself, which can be enhanced by heightened self-awareness and understanding of one's own needs. An adolescent's understanding and comfort with their LD can shape their willingness to articulate their personal strengths and limitations within academic settings [22]. This can manifest as a heightened desire to complete academic work without assistance, where students may value independence to the extent that they are less willing to seek help or self-advocate. This reluctance to ask for support may stem from a belief that doing so could be perceived as a lack of capability or undermine their sense of self-reliance. Consequently, students might avoid using resources or accommodations that could aid their academic success [22]. Furthermore, the accessibility of programming designed to reduce these gaps is made complex through additional barriers. For example, thematic analysis from student evaluations of the STP identified time constraints and educator knowledge as significant factors influencing participation.11 Specifically, students who worked during summer or attended secondary schools with limited knowledge on transition programming faced more difficulty accessing these supports and subsequent opportunities for self-advocacy development [12].

The perspective of Canadian educators on the inclusion of children with developmental disabilities in educational settings was highlighted in a study by researchers from Ontario PSE institutions. Inclusion, in the context, refers to the practice of integrating students with developmental disabilities into general education classrooms and ensuring they receive appropriate support to participate fully in the learning environment [23]. Findings highlighted how teachers' attitudes surrounding disabilities have direct implications on their effectiveness at building inclusive classroom settings [23]. The research demonstrates that teachers with positive attitudes towards inclusion in the classroom have a greater likelihood of meeting the needs of students with disabilities. As primary and pertinent figures in students' lives, the evolving attitudes and awareness of educators have direct impact on students with LDs, thus translating to how students might view themselves and how they are motivated to obtain their needs as they develop. As teachers are equipped with different tools and perspectives, serving as a wealth of resources that students with LDs themselves might not be able to access, students might also come to know what works for them, and seek the same type of aid, with the greater hope that they would be able to voice these needs themselves. Therefore, it is important to foster knowledge and competence needed of classroom inclusion amongst teachers to appropriately support students with LDs and to minimize the barriers for students with respect to the improvement of their self-advocacy abilities [23].

STIGMA & STEREOTYPES

The vulnerability of adolescents with LDs to stigmatization and stereotyping has significant implications on the development of their self-advocacy skills. As individuals begin to navigate the education system, a LD diagnosis itself can be labelled as 'inherently weaker' compared to students without a LD, providing a basis for differential treatment by peers and educators [9]. This stigmatization can lead parents and educators to have lower educational expectations of an adolescent with a LD compared to their peers, thereby perpetuating stigma consciousness. Haft et al. define stigma consciousness as individuals expecting to be treated differently due to pre-existing stigma [9]. Stigma consciousness encompasses an individual's perception of societal views of their identity and directly impacts the extent to which individuals internalize negative beliefs and stigmatized views. Similarly, pressure to conform to the stereotypes associated with LDs is shown to impair achievement motivation, thus hindering individuals' self-advocacy abilities. This internalized stigma can be even more harmful than discrimination and negative interactions with peers, as it is associated with demoralization, feelings of hopelessness, and deterred professional help and accommodation [24].

Stereotyping attitudes towards individuals with LDs are defined as overgeneralized and simplified perceptions about the attributes for a minority group, and are further broken down by Kourdotis et al. into categorization attitudes (viewing a minority group as homogenous), depersonalization attitudes (stripping individuals of human qualities), and denigration attitudes (stereotyping a group according to the stereotyper's values) [25]. In a 2010 study, students from two research universities were provided questionnaires about stereotypes in individuals with LDs [26]. Low ability was identified as the most consistent metastereotype (stereotypes made within stereotypes), and many of the metastereotypes from the study directly parallelled the attitudes highlighted by Kourdotis et al [25,26]. Nearly half of participants reported believing that the general population thought individuals with LD were less intelligent than those without [26].

Attitudes toward individuals with LDs are further complicated by the fact that they may be stigmatized as having decreased social and interpersonal skills, leading to social rejection.26 Societal labels further perpetuate stigma consciousness, since it is the consequences of the LD, rather than the LD itself, that are visible. According to a 2021 study by Pfeifer et al. on the self-advocacy of individuals with LDs in the fields of science, technology, engineering, and math, participants who positively view their disability and demonstrate agency are actively engaged in self-advocacy [28]. Examples include students being willing to seek information or accommodation when problems are encountered. Conversely, individuals who view their LD in a negative or conflicted manner may struggle to practice advocacy and find it difficult to accept or take initiative in accessing accommodations [27]. In fact, the implication that one must adopt a "disabled identity" and embrace an ascribed label has resulted in some adolescents choosing to reject this identity to cope with stigma [27]. Due to these beliefs, individuals with LDs may be reluctant to identify with their disorder and have hesitations about self-advocating. Although different within the narrative for each individual, this suggests that the extent to which individuals view their LD as a part of their identity may have a degree of impact on their engagement in self-advocacy behaviors.

A primary way that self-advocacy groups target stigma is by changing negative attitudes, beginning with the self, and then of others. Kimball et al. find that emerging capacity for activism in high school students is associated with a developing sense of purpose [29]. These authors offer two definitions of self-advocacy: (1) the ability to communicate needs and wants, as well as locate services, and (2) being able to obtain necessary supports, have knowledge of self and one's rights, the ability to communicate, and ability to be a leader [29-32]. Kimball et al. propose that activism is rooted in larger concepts of identity, stigma, and purpose [29]. They found that students with disabilities who understood their needs and requested accommodation had stronger advocacy skills than those who did not. With encouragement to pursue this understanding and accommodation, students would be able to act as examples for others and create awareness so that the cycle of stigmatization is no longer perpetuated.

In a grander sense, enhancing self-advocacy skills not only creates a sense of solidarity in the community of individuals with LDs, but also allows individuals to be better integrated into the community and raise awareness. Anderson & Bigby found that self-advocacy alleviated stigma by allowing individuals with LDs to see themselves as capable and skilled, as well as affirmed and regarded as equals by peers [27]. Overall, while stigmas and stereotypes of LDs may initially cause individuals to refrain from advocacy, the process of navigating such misconceptions also has the potential to empower and create positive change for impacted individuals, especially with regards to self-advocacy skill development.

DISCUSSION

The intricate interactions between Ontario's existing support system, barriers, and societal stigmas are critical areas to investigate when examining skill development for adolescents with LDs. The benefits of existing programming aiming to foster self-advocacy through the LDAO and Ontario's education system are evident, encouraging an increased awareness for an adolescent's LD and ability to navigate the systemic processes. Despite these benefits, barriers continue to exist at the ground level, which could stem from the research gaps examined within this paper and previous research that was explored. By addressing these gaps and future areas for investigation, more insight into Ontario's climate on self-advocacy development in education can be strengthened, and students can be better supported as they navigate the provincial education system.

Current Research Gaps

When conducting a review examining the self-advocacy skill development of adolescents with LDs in Ontario, research was met with limitations as a result of the provincial scope. Currently, there is little evidence to support any conclusions relating to self-advocacy skill development among students with LDs, specifically across Ontario. On a broader and general level, the definition of self-advocacy may have posed a limitation in the review process. Self-advocacy is defined by a variety of terms throughout literature, including self-determination, goal setting, empowerment, self-assertion, and more.

We speculate some of these definitive inconsistencies to include different results being missed by authors due to various terminologies, slight deviations in definitions, or unverified/non-cited definitions, to name a few. Nonetheless, for the purposes of this review, the authors interpret “self-advocacy" based on a collective synthesis of the included literature. Additionally, the lack of longitudinal studies on this topic presents a methodological limitation, as it prevents researchers from capturing how adolescents’ motivation evolves over time as they navigate Ontario’s education system. Similarly, limited attention to comorbidities—despite the frequent co-occurrence of LDs with other conditions---hinders a comprehensive understanding of self-advocacy in these populations. 33 Although these limitations presented barriers within this review, they can be used to explore future developments within this area of research.

Potential Future Developments in the Field

A conceptual framework of self-advocacy provides avenues for development of these skills in adolescents, as well as improvements in student involvement throughout their educational experiences. Components of self-advocacy entail knowledge of oneself, such as strengths, weaknesses, interests, and attributes of one’s specific LD, and knowledge of one’s rights. While self-advocacy begins with understanding oneself and one’s rights, the ability to apply this self-knowledge in group settings is essential for effective advocacy. Recognizing one’s own needs and articulating them confidently enables individuals to navigate interactions with educators, support staff, and healthcare professionals, ensuring their voices are heard and their needs are met [34]. Moreover, a strong understanding of one’s rights and personal needs fosters awareness of the roles and perspectives of team members. This awareness enhances collaboration, making advocacy efforts more informed and effective. Targeted programs or courses can support the development of these foundational skills, equipping individuals with the tools needed to engage in meaningful self-advocacy [37].

Parents and guardians play a crucial role in advocacy for adolescents with LDs, particularly in the education of younger students [34-36]. This includes attending IPRC meetings, providing relevant information, and representing their child’s needs. A strong understanding of rights and responsibilities enables them to navigate the identification and accommodation process, including Ontario’s formal appeal procedures. Factors such as socioeconomic status, educational attainment, language barriers, and knowledge of the education system, however, influence their ability to advocate effectively [37]. Various programs, including LDAO chapters across Ontario, offer parental advocacy support through communication training, system navigation assistance, and representation at school meetings. Expanding these services to include more personalized consultations and language-specific resources could enhance accessibility and impact [38,39].

CONCLUSION

Self-advocacy is a fundamental skill, providing the opportunity for students with LDs to feel confident, capable, and comfortable with the necessary tools to advocate for their needs throughout educational and employment pursuits. Gaps within Ontario’s current programming still exist with respect to students’ comfort, ability to speak up, and stigma, with significant implications for their experiences with their LD. Increasing adolescents’ knowledge about their LD and understanding of the educational system are pivotal to self-advocacy skill development. Further research into Ontario-specific factors impacting self-advocacy is needed to build a system that adequately prepares students as they navigate the provincial education system and beyond.

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