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Literacy in school-aged children: a paediatric approach to advocacy and assessment – CPS Podcast

Developed by Doris Goubran, Dr. Kawamura, Dr. Orsino, and Dr. Mitchell for PedsCases.com.
September 25th, 2026

Introduction:

Hi everyone and welcome back to PedsCases. This is Doris Goubran, 3rd year medical student from University of Manitoba. Today, we will be discussing the CPS position statement titled "Literacy in school-aged children: A paediatric approach to advocacy and assessment**."** This podcast was co-authored by Dr. Kawamura and Dr. Orsino, Developmental Pediatricians from Holland Bloorview Kids Rehabilitation Hospital as well as Dr. Mitchell, a General Pediatrician from Stollery Children's Hospital.

Before jumping into our case, let's talk about a few definitions relevant to our podcast:

- The Canadian Pediatric Society (CPS) defines literacy as "The ability to read, write, and understand written text sufficiently to participate in society, achieve goals, develop knowledge, and fulfill potential"[1].
- A specific learning disorder is a neurodevelopmental difference in a child's ability in at least one academic domain such as reading or math[1].
- Phonics refers to the connection between written language and spoken language[1].
- Phonemic awareness is the ability to manipulate the smallest units of sounds, called phonemes, into words. For example, the word 'cat' has 3 phonemes: /k/, /a/, /t/[1].
- 'Whole language' is an approach to teaching reading that focuses on whole words and their meaning (as opposed to individual sounds)[1].

Now let's start our case.

Case:

Sam is a 6-year-old boy brought in by his mother, Leila, for a well-child visit at the mid-year point of grade 1. His mother, Leila, is a 25-year-old Syrian refugee. Sam was born in Canada, shortly after his parents were transferred from their refugee camp. Sam speaks Arabic at home with his parents and speaks English at school with his friends. He has met all expected motor, social, and cognitive milestones, but has had some concerns with language milestones which were brought up by his teacher and have not been assessed by a pediatrician yet. Otherwise, Sam has not had any significant medical issues.

On family history, you learn that Leila stopped attending school early and never learned how to read and write in her mother tongue language. When you ask Leila if anyone reads to Sam at home, Leila says that she sings with Sam but nobody at home reads with him, as she can not read and dad comes home from work late after Sam is asleep.

Sam enjoys school and has lots of friends, but Leila tells you that at the parent-teacher meeting earlier this year, she received feedback that Sam was not at the same level of reading as his peers and that the school has been using a portion of his recesses to work with him individually. The teacher recommends that the family may need to put in some extra effort at home to help Sam catch up.

When you ask Sam how school is going, he responds that he loves playing with his friends during recess, receiving snacks, and colouring. However, Sam does not like when teachers pull him to the side to do some extra work while his friends play. When that happens, Sam says it makes him feel like school isn't fun.

What are your next steps to assess Sam's literacy? How do you counsel his parents? What can you do at this point as an intervention? Let's go through our podcast objectives to work through this case.

Objectives:

Today's podcast will cover the following objectives:

1. Define literacy and identify why screening for early childhood literacy is important
2. Identify ways pediatric care providers can screen for literacy
3. Describe ways in which pediatricians can advocate for literacy development in children

Defining Literacy and its Importance

Literacy is not only the ability to read and write, but also the ability to understand written text and use it in a meaningful way to engage in society. Development of literacy begins in infancy and continues throughout childhood[1]. Research shows that the earlier literacy is introduced, the stronger the results. A 2022 study that analyzed data from five previous experimental studies demonstrated a correlation between earlier introduction of parents reading to their children and better literacy skills[2]. Children who read earlier with their parents were also more likely to continue reading with their parents later into childhood and had better grammar and vocabulary[2].

Children who are not reading proficiently by the end of grade 3 are less likely to thrive in other academic areas than peers with stronger literacy skills[1]. Those most at risk of low literacy include newcomers to Canada, Indigenous peoples, racialized and marginalized groups, people without English or French as a first language or those with a speech/language delay and learning difficulties[1].

Higher literacy leads to higher educational attainment, higher income, more political participation rates, and overall more positive social outcomes[3]. Since literacy allows children to reach their full potential and is a key determinant to their trajectory in adult life, early screening is essential to identify children who may need extra support and provide early intervention.

The Role of Pediatric Providers in Promoting Literacy

The CPS recommends screening for differences in literacy development in early childhood[1]. Some screening questions that providers can use include: (1) Did your child learn language at a slower pace compared to other children their age? (2) Does your child have difficulty rhyming? (3) Does your child depend on pictures in a story book to guess the words on a page? (4) Has anyone in your family been diagnosed with a reading disability[1]? Pediatricians can also administer validated literacy screening tools such as Dynamic Indicators of Basic Early Literacy Skills (DIBELS) or Acadience Reading [4,5].

Pediatricians should also encourage parents to read, tell stories, and sing to their child, as recommended by an educational point on the Rourke Baby Record starting from 1 week old all the way to 5 years old[6]. This educational point is based on a strong recommendation from a previous CPS statement that explains how reading, story-telling, and singing promotes literacy and also socio-emotional and relational maturity[7]. The Rourke Baby Record checklist can be downloaded from rourkebabyrecord.ca/downloads or integrated into your clinic's electronic medical record to be used as a checklist for every well-child visit[6]. Pediatricians can also educate parents on the importance of phonics-based reading approaches and share free resources that use phonics based reading strategies. These resources include websites such as Abracadabra, Play Roly, and Reading Rockets [8–10].

Other than encouraging caregivers to speak, read, and sing with their children starting in infancy, pediatric providers should be aware of local resources that parents can use to help their own children, including your community library[1]. Libraries may have free programs to support young children's reading development and pediatricians may share this information with families or refer as needed to ensure children receive support. A practical, unique intervention is promoted by the Canadian Children's Literacy foundation which highlights different sources where clinics can buy low cost, developmentally appropriate books to give to their patients at every well-child visit[11]. This is an affordable, simple intervention that can promote literacy and can alleviate the cost-barrier on patient families who can not afford books. In the event where a child is found to be struggling with literacy or is diagnosed with a learning disorder, the care provider should liaise with schools regarding possible literacy support[1].

Advocating for Literacy

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Pediatricians should advocate for increasing medical training on the topic of screening and supporting literacy in children[1]. Pediatric providers who are involved in medical student teaching can lecture about the questions used to screen for literacy discussed earlier. Pediatricians can also discuss literacy screening during department meetings and virtual clinic rounds.

Care providers should also advocate to the government to train and support teachers in integrating systematic phonics instruction into the reading curriculum, which has been shown to be more effective than whole-language approaches[1]. Phonics instruction focuses on relating written language to sounds of spoken language[1]. The whole-language method focuses on whole words and their meanings rather than individual sounds[1]. England first introduced a phonic check in 2012 for all grade 1 students[12]. A phonic check is an assessment that asks children to read 20 true words and 20 pseudo-words out loud, scored out of 40 based on the proper use of phonics[12]. In a 2016 analysis of over 4000 students in England, the strongest predictor of performance on the Progress in International Reading Literacy Study was student performance in the grade 1 phonics check[12]. The research continues to emerge for phonics instruction, but current data supports incorporating phonics in the classroom.

Finally, providers can advocate for more access to resources for equity-deserving populations including Indigenous peoples, newcomers, marginalized groups, and children living with poverty[1]. When providers identify children from equity-deserving groups they may choose to connect the patients to social work who can provide support on how to access libraries and other publicly-funded literacy resources.

Case conclusion

Let's return to 6 year old Sam. You educate Leila about the importance of reading with Sam and identify a library with pre-recorded e-books that is walking distance from her area. Leila says she says she can make arrangements with her family to make reading more of a priority and she writes down the address of the nearby library. Your clinic is also enrolled with a program you found on the Canadian Children's Literacy Foundation website which provided you with a supply of books at a low cost you give to every patient that comes for a well-child visit. You give the book to Sam who is already in love with the bright colours and is excited to go home with the book. You ask Leila if she would like you to write a letter to Sam's school with some suggestions and Leila agrees. You write a letter to the school and suggest to continue providing individualized support.

Sam comes back in 1 year for an annual check up. You learn that Leila has made a library card and takes Sam to the local library frequently to take out pre-recorded e-books. Also, many other family members have been reading to Sam at home. The school took your

recommendations and has been performing serial screening tests. You are pleased that Sam has made progress in his reading and provide him another book at the end of the visit.

Let's review some key points:

1. Screen for literacy in early childhood, as literacy is a key determinant of health, education, and societal engagement.
2. Apply simple screening questions at every visit to identify children who need more literacy support.
3. Utilize local and online resources, such as The Canadian Children's Literacy foundation which highlights low cost books that can be distributed at every well-child visit.
4. Liaise with schools to advocate for extra supports when you identify a child who is at risk for low literacy.
5. Advocate for increased medical training on screening for literacy.
6. Urge governments to implement evidence-based curriculum that includes systematic phonics instruction.

This episode was based on the CPS position statement "Literacy in school-aged children: A paediatric approach to advocacy and assessment." Thank you for listening! I'm Doris Goubran and this is PedsCases.

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