Brief Ideas No.32

September 2021

FALLING THROUGH THE CRACKS: Identifying Children with Learning Difficulties in Malaysian Schools

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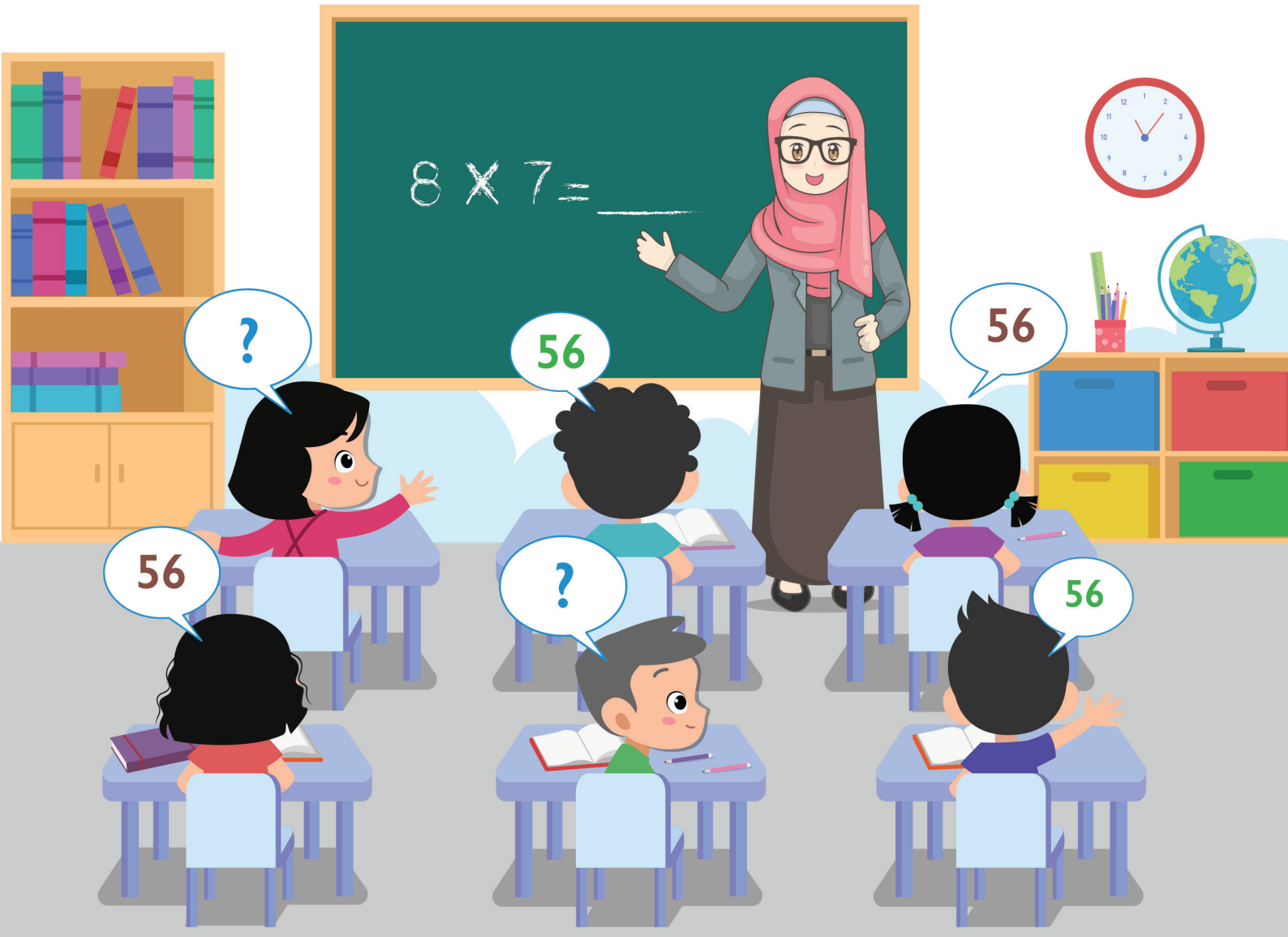

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** Thank you to Shobhana Wamb and Jochebed Isaacs for their insights and comments on this paper.*

Introduction

Adam[1] was a Senior Supervisor with a large supermarket chain. He left his job in 2019 at the age of 38 to pursue tertiary education. As part of his studies, he is required to take subjects such as philosophy, language and music.

Adam's learning journey has been fraught with challenges as early as Primary 1. He recalls his struggle with reading, finding it difficult to read even commonly occurring words. His poor word recognition abilities made reading rather laborious. In school, teachers focused their efforts on children who were progressing quickly,and he was often left behind, scrambling to catch up with his peers. His parents, concerned by his difficulties yet not fully understanding his challenges, sent him for private tuition classes. These were of little help,and he continued to trudge through challenging schoolwork and lessons. He recalls a rather painful experience of being pulled by his ears for failing to read fluently. When confronted by his parents over the incident, the teacher was dismissive of his difficulties and instead labelled him as "handicapped" and suggested he be sent to a "handicap school".

As academic demands increased through his schooling years, Adam's struggle with reading remained. Although he was fortunate to have a teacher who took a personal interest in him in secondary school and put in extra effort to support him in his reading, little changed. He had to retake his PMR examinations after failing his first attempt and completed school a year later than his same-aged peers. He enjoyed subjects such as Art and Geography and harboured hopes of becoming an Interior Designer, but with reading still a significant challenge, he dropped the idea of pursuing tertiary education.

In contrast to his schooling years, he had a relatively stable and smooth career in the retail industry in Malaysia and Singapore. However, with his reading and writing difficulties at the back of his mind, he found himself turning down opportunities for promotions and career advancement, cognizant that his new roles would have also involved administrative tasks such as writing emails and reports.

Adam finally sought professional help a few years ago prior to enrolling for his studies. He first consulted a GP at a government clinic and was subsequently referred to the psychiatric clinic. He was told that as he had been able to hold a steady job and "appeared to be street smart", he should not "worry too much" about not being able to read well. He was asked to rethink his decision to pursue his studies as it was assumed that it would be "too challenging" for him. He continued seeking professional help, and a reading assessment at a private learning center revealed that he had "minor dyslexia". Unfortunately, support for adults was not available at the center.

Undeterred by the opinion of others, he enrolled for studies and soon after he was introduced to a speech and language therapist with experience in supporting persons with dyslexia. After almost a year of reading intervention, he progressed from about 25% reading accuracy to almost 90%. In addition, he takes advantage of technology and uses voice-to-text apps and audiobooks. Seeing his own progress is a huge motivator, and he is now more confident and motivated to learn. In his words: "I amaze myself".

[1] *This story is retold with consent.*

Stories like Adam's are not uncommon but sadly remain hidden, unacknowledged and misunderstood by society at large. Who are these children in our education system, and what can we do to make learning meaningful and effective for them?

Education for children with special needs

Malaysia is committed to ensuring all children have access to education and that children's right to education is met. It strives to educate all children, including children with special needs, via the most optimal educational pathway.

The public education system in Malaysia provides several school placement options for children with varying learning needs. In addition to mainstream primary and secondary schools, there are Special Education Schools, Special Education Integrated Programme and an Inclusive Education Programme, which come under the purview of the Ministry of Education. The Ministry of Women, Family and Community Development's Department of Social Welfare provides Community-based Rehabilitation Centers for children with learning disabilities, particularly those with severe disabilities.

Education for children with special needs or special educational needs (SEN) has long been on the fore, often calling for greater access and expansion of services. Special Education Schools, of which there are 28 primary schools and 6 secondary schools, mainly cater to children with sensory impairments (visual and hearing impairments). In recent times, enrollment in these schools have been extended to children with intellectual disabilities at primary and secondary levels (Ministry of Education, 2019). The Special Education Integrated Programme aims to provide a special education curriculum/alternative curriculum within mainstream schools with a holistic focus (combining academic, social and living skills). The majority of the Special Education Integrated Programmes are offered mainly in urban schools in 1,315 primary schools and 738 secondary schools across the country (Ministry of Education, 2013). Inclusive Education was introduced in 1996 (by the Education Act 1996) to allow children with SEN to be integrated into mainstream classes through either full inclusion or partial inclusion. The Malaysian Education Blueprint 2013-2025 targets 75% of students with SEN to be enrolled in Inclusive Education by 2025. As of 2019, 60.87% of students with SEN have been enrolled in Inclusive Education (Ministry of Education, 2019).

No child left behind?

While there has been growth in services for students with SEN within the Ministry of Education, services and school placement options are mainly catered for students with moderate to complex needs in special education classes or whose difficulties are more apparent and identifiable (Singh, 2013). These include developmental disabilities and disorders such as cerebral palsy, Down Syndrome, Autism Spectrum Disorder (ASD) and intellectual disabilities.

However, like the story of Louis, there exist a group of children whose difficulties are subtle that they often go unnoticed. These children have no apparent or diagnosed developmental disorders yet struggle with the basics of reading, writing, oral language or numeracy and typically co-present with behavioural difficulties and poor school performance. This group of children is estimated to constitute 10-15% of the student population (Singh, 2013). They are usually identified at a later age as their difficulties become more pronounced with increasing academic demands.

Ambiguity of terms

The Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) defines intellectual disability as a disorder that includes deficits in intellectual functioning (e.g. academic learning, reasoning, problem-solving), and adaptive functioning (ability to function in activities of daily living). It may co-occur with other neurodevelopmental conditions such as ASD and Attention Deficit Hyperactive Disorder (ADHD) among others. The DSM- 5 defines specific learning disorders as difficulties learning and using academic skills such as reading and writing.

In Malaysia, there is ambiguity over the terms 'learning difficulties' and 'learning disabilities'. Sometimes, these terms are used interchangeably with 'intellectual disabilities' or 'intellectual disorders'. A paper on The Right to Education for Children with Learning Disabilities- Focusing on Primary Education by The Human Rights Commission of Malaysia (SUHAKAM) in 2015 noted that there isn't one definitive classification of disabilities in Malaysia and that various definitions are adopted by different agencies. The Ministry of Education defines learning difficulties as students with Down Syndrome, autism, and specific learning disabilities such as dyslexia (Ministry of Education, 2013).

For the purpose of a coherent discussion in this paper, I will be using the term learning difficulties to refer to learning difficulties that can be explained by other diagnoses (e.g. ASD, Down Syndrome) and also children who do not have a clear diagnosis but still present with challenges in learning.

Common symptoms of learning difficulties

Children with learning difficulties more commonly present with difficulties in learning how to read and write, speech impairments or struggle with learning/accessing core curriculum. Some of these children may have experienced language delays in their early years. In school, they may be able to follow routine classroom instructions but may struggle with new or novel instruction (Paul, 2007). Their vocabulary may be limited for their age; they may speak in simple sentences or may sound "immature" and struggle with more complex aspects of language such as reasoning skills or understanding humour. They may also struggle to use language in their social interactions. For example, having difficulties in initiating interactions or clarifying miscommunication

Children with learning difficulties may also exhibit behavioural and emotional challenges. Teachers or parents may find them to be fidgety during lessons, disinterested or dreamy. Some may be disruptive during lessons, impulsive and find it difficult to manage their emotions. It is a challenge to identify children with learning difficulties, especially if they are quiet or cope by following other children's actions. Some may continue lagging behind their peers despite additional coaching and intensive tuition classes. Sadly, these children are often labelled as 'lazy', 'slow', 'stupid', 'forgetful' or lacking in motivation.

As a child progresses from one year to another, and as academic and social demands become increasingly complex and challenging, their difficulties may manifest in declining school performance, and behavioural and socio-emotional issues. As a result of their unmet and misunderstood needs, it is not uncommon to find children with learning difficulties developing a negative association with school. (Bryan et al. 2004).

Poverty and learning difficulties

Research has found that children growing up in poverty are at risk of learning difficulties. These children experience chronic stress (stress sustained over time), affecting their physical, psychological, and cognitive development (Jensen, 2009). This leads to significant academic difficulties and poor social and behavioural competencies. Children from low-income families are more frequently exposed to stressors such as financial strain, nutritional deprivation, substandard housing, and familial violence, which exert significant stress on the child compared to a child from a middle-income family. Over time, these stressors impair the brain's ability to learn and remember (Jensen, 2009).

Low-income parents are often stressed in meeting their family's daily needs resulting in disengaged parenting and difficulties focusing on the needs of their children. A longitudinal study in the US on language exposure found that by the age of 3, a child from an average professional family would accumulate experience with almost 45 million words while a child from a welfare family would be exposed to 13 million words (Hart and Risely, 2003). This significant gap as a result of exposure and other sustained stressors may affect the development of academic skills such as reading and writing. Hence, children from low-income households are at greater risk of learning difficulties. Knowing this informs educators to pay greater attention to these children's learning needs.

Identifying children with learning difficulties

What happens when a child with learning difficulties enrolls into Primary 1 in a mainstream school? How will the child be identified, assuming that parents, preschool teachers or healthcare professionals did not observe or report concerns of learning difficulties at the preschool stage or earlier?

Several remedial and learning support programmes have been designed and implemented in past years in primary schools nationwide. These programmes aim to provide individualised instruction and support for children struggling to cope with their core curriculum, particularly with literacy and numeracy.

Program Pemulihan Khas (PPK)

Program Pemulihan Khas (PPK) or Special Remedial Programme was introduced by the Ministry of Education in the 1960s to support children with reading, writing and numeracy. It is targeted at children whose difficulties arise from environmental factors such as lack of exposure and poor health and nutrition and with no known underlying disorders that could affect learning (Ministry of Education, 2019).

Class teachers identify students as early as Primary 1 if they have been observed to make limited progress in Bahasa Malaysia and Mathematics. Once identified, a screening test is first administered to determine if a student meets the minimum literacy and numeracy criteria. If a student fails the screening, then further diagnostic tests are carried out in school. Based on the outcome of the tests, the remedial teacher or *Guru Pendidikan Khas (GPK)* would then prepare lesson plans for the students in *PPK*. Students participate in Bahasa Malaysia and Mathematics lessons (using a special syllabus) in a separate class and join the rest of their classmates for the other subjects. Only a maximum of 15

students is allowed for each remedial class. For students who struggle with literacy in English, the English teacher provides support in the mainstream class with direct instruction for the student. *PPK* is available up to Primary 3, after which students continue on to upper primary without support.

According to a *GPK* who was interviewed for this paper, only students who present with overt or observable symptoms of developmental disorders such as autism are referred to the hospital for further assessments. However, students without such symptoms are typically not referred for further evaluation.

Literacy and Numeracy Screening (LINUS)

Between 2009 and 2018, a literacy and numeracy screening programme, LINUS, was implemented in primary schools nationwide (Ministry of Education, 2013). Screening was carried out twice a year until students reached Primary 3. Its main purpose was to identify students who struggle with the basics of literacy and numeracy and provide remedial support for these children. All students were screened twice a year in March and September from Primary 1 to Primary 3. Based on the screening results, students who required remedial support were placed in remedial classes for 7 to 10 teaching periods per week (Azman, 2016). Students were expected to achieve 100% competency in literacy and numeracy by the end of Primary 3. (Ministry of Education, 2019). LINUS 2.0 was implemented in 2013 to include literacy skills in English. The 2018 final year achievement for the LINUS 2.0 Programme reported 97.9% of Year 3 students achieved Bahasa Melayu literacy, and 95.6% of Year 3 students mastered English literacy. LINUS has since been scrapped and replaced with Primary Literacy and Numeracy to give schools more autonomy to implement a suitable intervention programme (Ministry of Education, 2019).

Primary Literacy and Numeracy (PLaN)

PLaN is a literacy and numeracy support programme for students in Primary 2 and 3. It was introduced in March 2020 in selected primary schools in the country. Following a directive issued by the Ministry of Education in 2018, school-based assessments and screening for Primary 1 students have been scrapped. Now, schools are given the autonomy to identify and support Primary 1 students lagging in acquiring literacy and numeracy skills. PLaN was introduced in 2020 with a different focus and approach from LINUS 2.0. Under PLaN, a differentiated teaching approach is emphasised. While LINUS was a standardized screening and intervention programme, PLaN allows school leaders and teachers to create a suitable intervention programme based on the students' and schools' needs and abilities (Ministry of Education, 2020).

Screening tools to identify children with learning difficulties

At present, a screening test called *Instrumen Senarai Semak Disleksia (ISD)* or dyslexia Checklist/screening instrument is more commonly used to identify students who may be at risk of dyslexia, a learning difficulty specific to reading. According to the guidelines issued by the Ministry of Education in 2011, teachers or parents may flag a child who has been struggling with reading. The ISD is then administered and if a student is found to be at risk of dyslexia, the school refers the student to a hospital for further assessment.

When LINUS was introduced, the Ministry of Health and the Special Education Unit of the Ministry of Education issued guidelines to assist doctors in identifying children with learning difficulties. It recommended that students who failed LINUS be assessed using the ISD and a tool called *Instrumen Pengesanan Murid Bermasalah Dalam Pembelajaran* or Identification of Learning Difficulties Instrument. Students who do not meet the cut off scores were referred to hospitals. Doctors were expected to assess developmental domains such as motor skills, speech and language, cognitive abilities or refer to other healthcare professionals (e.g. psychologists and therapists) for further assessments if needed.

Challenges:

Though long-running and having achieved considerable success in improving literacy and numeracy outcomes, these programmes have not been without their challenges. In reviewing several research articles related to the implementation of these programmes (namely LINUS and PPK), three main issues have been identified.

- **Remedial programmes are focused on literacy and numeracy**

On the whole, programmes that are heavily focused on literacy and numeracy may benefit some students, particularly those whose difficulties are specific only to reading and writing. For example, the guidelines for teaching and learning Bahasa Malaysia under the remedial programme focuses on developing 32 specific literacy skills such as blending sounds, reading and writing simple sentences or texts (Ministry of Education, 2019). While this may benefit students with difficulties specific to reading and writing, children who struggle with other aspects of learning such as comprehension and expression may require a more holistic approach. In addition, many of the screening tools administered primarily involve assessment of reading and writing (with few test items on other developmental domains such as language and cognition). Often, children with learning difficulties have problems beyond written word identification. Underlying many learning difficulties are core issues that involve other developmental domains such as cognition, language and communication. Merely looking at surface difficulties or symptoms provides a very limited or narrow view of the child's abilities.

- **Teacher competencies and inconsistencies in implementation**

Several studies that gathered feedback from teachers in remedial programmes found that teachers struggle to provide quality instruction due to limited competencies. For example, Sani and Idris (2013) in a study of LINUS implementation found that teachers felt ill-equipped when dealing with children with very weak literacy skills. In addition to competency related issues, some teachers in remedial programmes must also teach mainstream classes. They also reported feeling burdened by the administrative requirements of these programmes. School leaders were also reported to have limited information and resources in implementing the programmes. Guidelines for implementation appeared to lack sufficient information, so some school leaders decided to devise new methods to meet students' needs. On the whole, there appear to be inconsistencies in the way programmes are implemented in schools.

• Referrals to healthcare professionals, multidisciplinary assessment and diagnosis

At present, the onus is on remedial teachers and schools to refer a student to the hospital for further consultation. In most cases, teachers make these referrals when they find that a student makes minimal progress in learning or if the child presents with behavioural concerns that impede learning. There appears to be a lack of clear criteria and timeline for referrals to the hospital. This lack of clarity is because of the different programmes that have started and stopped over the years, each with its different processes (e.g. LINUS, PLaN). A lack of clear criteria for referral may result in students with learning difficulties not being referred for further assessment, thus not being identified.

The assessment and diagnosis process also appears to lack a multidisciplinary approach in which developmental specialists and allied healthcare professionals such as speech and language therapists and occupational therapists are involved. There are also concerns that many medical officers in both public and private healthcare settings (who are usually the first point of contact for families) are not sufficiently equipped to identify learning difficulties (Singh, 2013). From past guidelines, it appears that more subjective measures or assessments are used in diagnosing learning difficulties. However, both objective and subjective measures are needed for a more accurate diagnosis (which then has implications for intervention). Without proper assessments and diagnosis, students with learning difficulties run the risk of being labelled 'disabled' and being placed in special education schools, especially if identifying and assessing have such gaps (Singh, 2013).

Recommendations:

Address issues of competency and skills through training programmes and consider learning support specialists in mainstream schools

Relevant and continuous training for teachers in remedial programmes is a must. There could be new training programmes to produce learning support teachers and teacher assistants to be placed in mainstream classes to support children with learning needs. These teachers need to be supported with supervision and mentoring after completing their training to ensure systematic ongoing upskilling. With the push for inclusive education, teachers in the mainstream would benefit from professional support from specialist teachers or teacher assistants trained specifically to assist children with learning needs.

Greater collaboration between Ministry of Education (schools) and Ministry of Health (hospitals)

The nature of learning difficulties is complex. It involves multiple developmental domains and requires health professionals such as paediatricians, psychologists, speech-language therapists and occupational therapists for a holistic assessment, diagnosis and intervention. At present, allied health services under *Pusat Perkhidmatan Pendidikan Khas (3PK)* are available only in 12 Special Education Schools and one in the Special Education Division of the Ministry of Education (Ministry of Education, 2019) in the entire nation. Given the limited availability of allied health services in schools, hospitals have always been the referral point for children with learning difficulties. Until the capacity of allied health services is expanded within the Ministry of Education, there needs to be better collaborative efforts between schools and hospitals. This is to ensure that students who may be at risk of learning difficulties can be identified and assessed in a timely manner.

Expand allied health training programmes and provide allied health support in mainstream schools

The issue of limited allied health professionals such as educational psychologists, speech-language pathologists and occupational therapists, especially in the public health and education sectors has long been voiced by parent groups and stakeholders. At present, very few universities in Malaysia offer these professional courses, and student intake is small and insufficient to meet demands. For example, there are approximately 300 speech-language pathologists (SLP) in Malaysia. This is equivalent to about 1 SLP per 100,000 people (Chu, 2019). Only 3 public universities offer Speech and Language Pathology as an undergraduate programme and intake is limited to about 25 to 30 students per cohort (Chu, 2019). This is insufficient to meet current demands within the education system. Parents who rely on allied health support in the public healthcare system are met with long waitlists and infrequent sessions. This affects the efficacy of intervention. Not all families have the financial means to engage private therapists. Some families may be in locations where such services are not available. To meet immediate needs, the Ministry of Education could partner with private service providers to support teachers of students with learning needs and students themselves through direct therapy services and training/upskilling programmes.

Conclusion

This article is written to give voice to the children in our mainstream education system whose learning needs have not been adequately met. The Ministry of Education has invested resources into devising and implementing policies and programmes for students with learning difficulties in mainstream schools. However, gaps remain in the process and quality of identification, assessment and support services. There has been some success in improving literacy and numeracy achievement through remedial programmes. But these programmes may not sufficiently identify and address children whose learning difficulties are not just related to literacy and numeracy. Greater training of professionals, consistent and widespread implementation of education support throughout the school and hospital systems are urgently needed. No effort is too much in ensuring no child falls through the cracks.

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