

**LEARNING THE HARD WAY: A COMPARATIVE POLICY ANALYSIS
OF INDIAN AND NORTH AMERICAN LEARNING DISABILITY
RESPONSE MODELS**

Mahika Singhal

The Shri Ram School, Aravali

INTRODUCTION

A learning disability, or a learning disorder, refers to a condition in the brain that causes significant difficulty and struggle in comprehending or processing information. People with learning disabilities have trouble performing specific types of tasks or acquiring specific skills, especially if they are left by themselves, or given conventional instructions. Education of individuals with learning disabilities thus involves incorporating special techniques and methodologies, such as classroom adjustments, education therapy, and use of special equipment such as talking calculators, text-to-speech and speech-to-text programs.

In India, there has been much debate and discussion over the inclusion and exclusion of disorders under the ambit of 'learning disabilities'. In 2002, the Learning Disabilities Roundtable defined Special Learning Disabilities as "disorders of learning and cognition that are intrinsic to the individual." Special Learning Disorders are specific, in the sense that these disorders each significantly affect a relatively narrow range of academic and performance outcomes. They may occur "in combination with other disabling conditions, but they are not primarily due to other conditions, such as intellectual disability, behavioral disturbance, lack of opportunities to learn, or primary sensory deficits" (Renee Bradley, Louis C. Danielson, Daniel P. Hallahan Routledge, 2002). Learning disabilities can be categorized by either the type of information processing affected by the disability, or by the specific difficulties caused by a processing deficit. Many learning disabilities are a compilation of a few types of abnormalities occurring at the same time, as well as with with social difficulties and emotional or behavioral disorders (Lyon, G. Reid 1996).

Furthermore, learning disabilities are stigmatized in society which in turn alienates students suffering from these disorders from their families, and more importantly, their peers at school. It has been said that there is a strong connection between children with a learning disability and their educational performance (Genizi, J 2013). Many studies have been done to assess the

correlation between learning disability and self-esteem. These studies have shown that an individual's self-esteem is indeed affected by his or her awareness of their learning disability. Students with a positive perception of their academic abilities generally tend to have higher self-esteem than those who do not, regardless of their actual academic achievement. It is therefore extremely important that students distinguish between intellectual capacity and academic skill, and understand that diagnosed learning disorders can be remediated through early and efficient introduction of educational therapies and techniques (Cisden, Merith; Elliot, Katherine; Noble, Sharon; Kelemen, Eve 1999).

LEARNING DISABILITY DIAGNOSIS IN NORTH AMERICA

To provide students with learning disabilities the attention they require and adopt the appropriate teaching methodologies in school, it is imperative to diagnose the learning disorders in the first place. In North America, the techniques implemented to diagnose disabilities are extremely nuanced and efficient. Two primary methods have been used for identifying them: the discrepancy model and the response to intervention model. The discrepancy model depends on the teacher noticing that the students' achievements are noticeably below what is expected - at which point, the teacher may make the decision for the student to receive support from a special education specialist. Before doing so, the teacher must show documentation of low academic achievement.

The discrepancy model has dominated the school system in the United States for many years; however, there has been substantial criticism of this approach (Flanagan and Mascolo 2005). One reason for criticism is that diagnosing SLDs on the basis of the discrepancy between achievement and IQ does not predict the effectiveness of treatment (Aaron, 1995). Low academic achievers who also have low IQ appear to benefit from treatment just as much as low academic achievers who have normal or high intelligence. Another valid criticism revolves around the subjectivity of performance-based evaluation; in having teacher input play a major role as a pre-diagnostic criteria, this diagnostic process therefore becomes subject to the same socioeconomic impacts than have been shown to influence classroom performance like race, income, and gender.

The response to the intervention model advocates early intervention. This identifies children who are having difficulties in school in their first or second year after starting school. They then receive additional assistance encouraging them to participate reading remediation programs and graphic representation exercises, or by increasing assessment matter in small quantities progressively. The response of the children to this intervention then determines whether they are designated as having a learning disability. Those who still have trouble may then receive

designation and further assistance in form of classroom assistants, special equipment, or a specialised individual education plan. It has been argued that early remediation can greatly reduce the number of children meeting diagnostic criteria for learning disabilities. It has also been suggested that the focus on learning disabilities and the provision of accommodation in school fails to acknowledge that people have a range of strengths and weaknesses and places undue emphasis on academic performance by insisting that students should be supported in this arena and not in music or sports.

The implementation of such policies are a result of significant legislations which are informed by the basic moral and social imperative of providing universal education to students of all ability levels. The Individuals with Disabilities Education Act (IDEA (previously, Education for All Handicapped Children Act)) is a four-part piece of American legislation that ensures students with a disability are provided with Free Appropriate Public Education (FAPE) that is tailored to their individual needs. This, coupled with the Section 504 of the Rehabilitation Act of 1973 (initiated with the goal of giving certain rights to people with disabilities), serve as the point from which all state policies originate in the United States. Canada, on the other hand has opted for a more decentralised system of providing primary education to students with Special Learning Disabilities. Since education is largely the responsibility of each province and territory in Canada, provinces and territories have jurisdiction over the education of individuals with learning disabilities, which allows for the development of policies and support programs that reflect the unique multicultural, linguistic, and socioeconomic conditions of its area (Stegemann, K. C. 2016).

LEARNING DISABILITY DIAGNOSIS IN INDIA

In India, the moral and social imperative of 'Education for All' remains a distant dream. As per the Ministry of Human Resources, Government of India, there are currently 200 million students in secondary and primary education, spread through over 1.5 million schools. Given current estimates of learning disability incidence - as high as 13% for learning disabilities - there are potentially 26 million of students in India who experience learning disabilities of some type in school. This is an urgent policy and education crisis.

The outlook in India is bleak. A recent survey of the National Center for Promotion of Employment for Disabled People (NCPEDP) revealed that only 1.2 per cent of the disabled in India has had any form of education. In its efforts to conduct an all India school level survey, the NCPEDP found that 34 of the 89 schools did not have a single disabled student and unfortunately, 18 of them maintained a strict policy against giving admission. Estimates range as high as 20% of the population, but recent reports to Congress on IDEA usually show that about

5% of school-age children and youths are receiving services under the SLD category. IDEA prevalence rates vary from state to state and even school to school. The education system, as a whole, has failed the needs of students with special learning disabilities.

The reasons for this systematic failure are organisation, political, and social. Under the garb of meritocracy, schools systematically deny admission to such students by keeping admission procedures which are unfair to them. There is relatively little conversation about Learning Disabilities, which is why they are not considered a possible causal link for poor performance. In India, the Right to Education Act guarantees education to all children till they are fourteen years old. The policy implication of this is that students cannot be held back till they are in the 9th grade. However, beyond that, students who are performing poorly for more than a year are held back and their admission is soon terminated as well. The Annual Status of Education Report (ASER), 2012 indicates that in Std III 26.2%, in Std IV 17.6% and in Std V 12% of students only can read letters but not more. It means a significant percentage of children in the education system in India are not unable read at the most basic level in their mother tongue.

These facts suggest that the early diagnosis of learning disability in children is critically important to identify and suggest remedial learning solutions to parents and children. It is vitally important for the development of India's youth that an early awareness of learning disabilities - both on behalf of teachers and parents - are brought to the forefront of national educational policy dialogue. This will have the dual effect of simultaneously broadening access to diagnostic facilities - ideally using IQ-achievement discrepancy here, using the network of Indian Primary teachers - as well as defusing stigma and taboo associated with learning disorders. The only stigma should be attached to the current situation of education in India: the systematic exclusion of a whole section of students from the education system of the nation.

GOVERNMENT INITIATIVES

The discourse surrounding Learning Disabilities in India is a recent development. Historically, reports of lower incidences of Learning Disabilities in the Eastern world were attributed by Western scholars to the general lack of awareness and sensitivity among educationists with regards to the specific difficulties faced by children learning to read in overcrowded classrooms. The Nalanda Institute Report (2002) highlighted that over the last two decades, there has been an increasing awareness and identification of children with disabilities. Despite this growing interest, India still does not have a clear idea about their incidence and prevalence. The most recent scientific discoveries about learning disabilities have exciting implications for helping children, but they have not been translated quickly enough into appropriate interventions for students with learning disabilities, particularly in the education system. The field of learning

disabilities is somewhat fragmented across a number of academic and professional disciplines. Each of these groups has focused on different aspects of LD, which has led to disagreements and differences in priorities; there are few formal communication channels.

India lacks coherent legislation in terms of policies specifically related to learning disabilities. In the absence of such policy, children with Learning Disabilities cannot be rehabilitated in mainstream schools. Though isolating such children from mainstream schools for training at special schools is not a good precedent, this is still considered to be the best option. However by isolation, the propensity of diagnosis for students in schools decreases. Because of the onus of educating children with learning disabilities is placed on special schools only, it has been suggested that ability of other schools to diagnose students and then treat them decreases.

The stigma associated with learning disabilities in India effectively prohibits schools from wanting to associate with them, even at the cost of problems faced by their own students. Consequently, the acceptance of children suffering from Learning Disabilities in schools largely depends on the capability of the schools to provide necessary services to the children and the attitude of the teachers to put some sincere efforts to help these children. This has resulted in a form of selective inclusion of children with disabilities in mainstream education, especially in private schools. These children suffer from many behavioral problems and certain comorbid conditions such as ADHD - which are, again, not known to many. They are labeled as dull, lazy, mischievous, troublesome, with little attention paid to understanding the specific psychological or medical condition at work. Social attributes play a very important role in the overall course of illness. Acceptance from society, peers, teachers, and so on affect their successful inclusion.

However, there have been instances of programs being implemented at the local level which have a positive impact on the propensity of diagnosis of learning disabilities. These programmes include diagnosis through continuous assessment tests at early stages in some government schools. Recognising the importance and significance of such measures, a few districts have taken the responsibility to ensure that schools have adequate mechanisms to diagnose learning disabilities and take necessary steps thereafter. However, resource constraint continues to be a problem in a developing nation like India.

Beyond state policies, there has been significant growth in non-governmental and private sector initiatives of dealing with this problem. Last year, Doctors from Indian Academy for Pediatrics (IAP) have come up with the Tamilnadu Dyslexia Screening Tool (TSDS), a questionnaire, which they claim could help diagnose three types of learning difficulties – dyslexia, dysgraphia and dyscalculia – among children within half an hour. Presently available in English and Tamil only, researchers are formulating methods to translate them into Hindi and other regional

languages so that they are more accessible (Times of India). Such tests are cheaper than other alternatives, which ensure that a significant part of the population can access it and diagnosis is more broadly available for diverse resource-poor communities.

POLICY RECOMMENDATIONS

There is a clear need to eliminate the stigma attached to the condition of living with learning disabilities in India, so as to propagate proper diagnosis and treatment. The seriousness of these conditions is often ignored, and prevents them from being considered as legitimate causes of poor academic performance at school. The subsequent lack of educational attainment has disastrous personal immediate consequences in terms of employment access and learning potential, as well as other well-documented phenomena like access to healthcare, life expectancy, and personal wellbeing); in a more broad macroeconomic sense, this failure to include all segments of the Indian youth demographic suggests a missed opportunity to foster skill development and innovation training in the context of an increasingly globalised economy. Therefore, it is imperative that the government initiates comprehensive education and awareness programs for parents and teachers, especially in the socially and economically backward regions of the country - who are uniquely vulnerable to the ill effects of educational exclusion.

The Ministry of Human Resource Development, Ministry of Social Justice and Empowerment, Government of India, with the help and support of the country's academic community, have studied the instructional techniques, strategies and conditions that best enable students to learn critical skills, especially in the area of reading. This includes the use of student-oriented components, such as medical and educational assessment, provision of text-to-audio books, support services, assistive devices, therapeutic services, teaching learning materials and teacher oriented components such as appointment of special education teachers, allowances for general teachers for teaching such children, teacher training, orientation of school administrators and establishment of resource rooms.

However these techniques remain exclusive to only the most privileged sections of the society. It is imperative for governments at the local levels to fund schools so that the benefits of development of such diagnostic techniques transcend class barriers and reach all sections of society.

At the central government level, there is a need to formulate a constructive and coherent policy to provide broad support for clinicians and educators. This will not be an easy task: as a policy challenge, identifying and addressing learning disabilities is fundamentally inter-disciplinary, requiring inputs from health professionals, educational specialists, and community leaders. It is worth noting that any new legislation will also need to be integrated with other legislation in the

country related to education, especially and most importantly, The Right to Education Act. This will have three primary consequences: sweeping educational reform will provide better education to students and communities in need; it will permit the citizens hold the government responsible for any documentation implementation shortcomings; and it will mitigate the pre-existing and deeply entrenched taboos against learning disabilities in India by fostering a sense of true inclusion within the ubiquitous government narrative of “free and compulsory education for all”.

Since the challenges of universal education faces so many local obstacles, the solutions must also necessarily be local. Accordingly, it will be vitally important for the government to work with non-profit organizations to increase outreach and foster consciousness using local resources who know the specific challenges and obstacles within specific communities. The only solution is for the government to vest funding and power into local advocacy groups; Orkids and Samveda are examples of initiatives working in India to increase accessibility and availability of methods of diagnosis in India. Conglomerates such as the Tata group have also taken this initiative as a part of its corporate social responsibility programme.

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