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Subject Area - Social Work Children with Learning Disabilities.

Introduction:

A learning disability is a neurological disorder that affects the brain's ability to process and respond to information. The term 'learning disability' describes the unexplained difficulty of person in acquiring basic academic skills of learning, although the person may be of average or above average intelligence. A person with learning disabilities may not have any major sensory problems like blindness or hearing impairment and yet struggle to keep up with people of their age in functions of learning and regular daily activities. However LD is not a single disorder but a group of disorders and as several social and legislative implications. In this essay we discuss the social implications of having learning disability and the policy frameworks that are in place to counter any anti-discriminatory practice against individuals with this condition.

Learning Disability – Issues, Causes and Approaches

When a person suffers from learning disabilities, there may be a distinct difference between the levels of achievement and the expectations of achievement and several difficulties in dealing with daily activities are manifested in different ways in different people. Difficulties in learning and achievement may be manifested through various phases of development and individuals also show difficulties in social and emotional skills and general behaviour. Learning disabilities in a person can affect a person's basic skills of listening, comprehension, writing, reading, speaking, reasoning or calculating (Brown, 2003; Geary 2005). Since learning disability is not a disease but possibly a genetically inherited or environmentally caused group of disorders and there are no cures for the conditions though it can controlled using identification, accommodation and modification. Identification is the recognition of the condition in the individuals so that adequate support from parents, teachers, doctors and others in contact can be provided. Seeking help from school or a learning specialist may also be recommended for complicated cases. Depending on the type of learning disability, severity and the person's age, different kinds of assistance can be provided. They also have right to assistance in the classroom and at school and workplace with special employment and educational benefits (Thompson, 1998).

From a legislative perspective, under the Individuals with Disabilities Education Act (IDEA) of 1997 and Americans with Disabilities Act (ADA) of 1990, people of all ages with learning disabilities are entitled to assistance and should be protected from all discrimination. This is also stated in the DDA or Disability Discrimination Act 2005 (UK) which forbids any discrimination based on disability. Thus the process of anti-discriminatory practice with regard to disability in universally accepted and has been a concern worldwide for social scientists, doctors and social workers alike (also see Thompson, 2001).

The causes of learning disabilities may be various and range from hereditary causes that are genetic. This is seen when learning difficulties run in the family and are found in many family members and sometimes people with learning difficulties may have parents or other relatives in the family with similar difficulties. The use of drugs and alcohol during pregnancy and complications such as low birth weight, lack of oxygen and premature or prolonged labour can cause brain damage and learning difficulties. Incidents after birth such as head injuries, nutritional deprivation, or exposure to toxic substances just after birth can cause or contribute to learning disabilities (Brown, 2003; Smith 2005). Instruction and support are planned for such individuals and this involves help from specialists as well as family members and carers.

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The Department of Health in the UK suggests that there are around 160,000 adults with severe and profound learning disabilities most of whom are living initially in their family homes and later on in appropriate residential accommodation. Research also suggests that between 0.45% and 0.6% of children will have a moderate to severe learning disability. This suggests that there are between 55,000 and 75,000 children with a moderate to severe learning disability, the majority of whom live at home with one or two parents within England (DoH, 2002). The research studies indicate that LD is not caused by economic disadvantage but harmful exposures to tobacco, alcohol or toxic substances at the early stages of development can be prevalent in low income communities and trigger learning difficulties in developing children.

LD can be tackled or controlled and does not necessarily stop a person from achieving goals set. If the condition is properly identified, help and support are also available for special educational or professional needs. However learning difficulties do not affect all individuals in similar way and different people might be affected differently with the condition ranging from mild to severe (Gates et al, 1997). People may even have more than one type of learning difficulty and one third of people with LD also show some sort of attention deficit hyperactivity disorder (AD/HD), and such associated conditions makes it difficult for these people to concentrate on any subject matter or to stay focused and manage attention in specific tasks leading to inability to learn, remember or pay attention.

Learning disabilities in Children is a special area of study as children with learning difficulties should be identified early at school to provide them with special provisions and aids. Thus early identification helps in recognising needs of such children to help them academically, socially and psychologically (Brown, 2003). If children display signs of learning disabilities or attention deficits and inability to learn or concentrate, it is advisable to contact school authorities who can provide for special needs of such children (Cambridge et al, 2005). Thus the way a child develops learning skills, language skills, motor coordination and social skills and behaviour should all be observed carefully as any symptoms of an LD should be detected early to avoid problems in the child's life and adequate support should be provided (Gates et al, 1997). Yet not all children who are slow learners develop learning disabilities and may develop certain skills gradually. If children do show learning disabilities symptoms, early intervention with specialised teachings strategies can help overcome difficulties for the children. Thus parents, and relatives or physicians of such children should help the children to understand that if they are struggling with their problems, help is not far away. Children with LD are subject to special legislative and social protection that emphasizes the necessity for provisions of special educational help and assistance at schools and social situations.

Studies on LD – Theories and Policies

From a more theoretical perspective Geary (2005) has discussed the role of cognitive theory in explaining learning disability in children. Basic research in mathematical disabilities is still in its nascent phase but the problem can be identified and the concepts used for remediation. Geary emphasizes the need for close links between theoretical and empirical research to understand the development of children's numerical, arithmetical, and mathematical competencies and general research on learning disabilities in mathematics. Thus empirical research can help in transforming experimental procedures to judge such problems into assessment measures and understand the roots of the problems through cognitive theory using the appraisals of cognitive strengths and weaknesses of children with different forms of learning disability and developing remedial approaches based on the patterns of these strengths and weaknesses for individual children.

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In another study Eisenmajer et al (2005) specify the characteristics of learning disabilities separating specific reading disabilities (SRD) and specific language impairments (SLI) and argue that many children who were tested for either SRD or SLI tend to demonstrate impairments both in reading and oral language development. The authors point out that there is a need to compare profiles of children with both oral language and reading impairments to groups of children showing SRD and SLI. To this effect, in a study conducted by Eisenmajer et al, reading, oral language, phonological processing, spelling, short-term auditory memory, and maths abilities of 151 children from 7-12 years were assessed in a Learning Disabilities Clinic. Within the groups, children who demonstrated either a specific reading disability or a specific language impairment and children who showed evidence of both reading and oral language impairments were compared and identified.

The results showed differences between the groups on maths, phonological processing, short-term auditory memory, and spelling measures, with the children who had both language and reading deficits performing at a lower level in these areas than the children with specific either reading or language deficits. The study concluded that children with both the disabilities are more likely to show difficulties in a wide range of learning activities than children who show either language impairment or a reading disability. Thus careful screening has been recommended in clinical and research settings that can accurately identify the nature of deficits in children with reading and oral language difficulties. A third category of children with mixed patterns of readings and language difficulties are identified.

One of the major areas of study is accessibility to health services and special educational services for disabled children. Wharton et al (2005) identified and studied mixed concerns about the accessibility of the general National Health Service (NHS) services for children with disabilities after recording conversations of members of a parent-run support organization. Representatives from a parent run support organisation prepared a questionnaire, aimed at examining the main issues related to general health services for children with disabilities and the questionnaires were administered as part of a semi-structured interview with 25 parents of children with disabilities (mainly showing learning disabilities). The 8 themes on which the questionnaire was based were 'preparation', 'flexibility', 'parking', 'physical space', 'waiting areas and consultation rooms', 'health professionals' understanding and knowledge of disabilities, particularly around communication', 'on the wards' and 'overseeing care' and such areas of services provided by the NHS. The themes were then presented with the parents' comments and suggestions and a general improvement of services for children with disabilities provided by the NHS has been recommended.

Considering governmental support for such individuals, a report by Foundation of People with Learning Disabilities, argues 'because of the lack of employment opportunities, most people with learning disabilities in the UK are still considered "economically inactive"....they rely on benefits, such as Income Support (IS) and Disability Living Allowance (DLA), as well as other non-disability specific benefits like educational or special needs support'. (FPLD, 2005).

There has been a call for policy changes and need for the Government to consider a radical reform, including abandoning 'incapacity' as an organising principle and benefit seeking criterion and replacing it with compensation for 'disadvantage in the labour market' (FPLD, 2005). This approach can help remove inherent contradiction between move or looking to work and receiving protection offered by the special benefit status as many fear that any form of job can actually threaten benefit status. This sort of approach is also important from an anti-discriminatory perspective and the recently passed Disability Discrimination Act, 2005 strengthens existing regulations and adds new protection for the disabled.

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The 2005 Act widens the definition of disability, extends protection offered to a larger group of people with mental health difficulties, places new duties on all public bodies, including schools, requiring them to promote positive attitudes towards disabled people and encourage their participation in public life; strengthens tenants' rights to make reasonable, disability related alterations to their homes; improves disabled people's access to trains and buses, including an end-date for modifications of 2020; and extends provision to private clubs of 25 or more members, including political parties (DDA, 2005). This Act is thus a step forward in anti-discriminatory practice and aims at inclusion of disabled individuals within mainstream society.

The Department of Health Learning Disability Task Force has emphasised on 'Rights, independence, choice and inclusion' for disabled individuals (DoH, 2005). Thus inclusion or active social participation is at the core of governmental and social policies to help children with learning disabilities lead a healthy independent life with considerable respect and attention from friends, family and society at large.

Conclusion:

In this essay we discussed the aetiology and signs of learning disability suggesting why an early diagnosis is important in providing equal rights and opportunities to a disabled individual. The social policies, frameworks and governmental initiatives as well as social work perspectives to counter any discrimination against such individuals have been discussed considering reports, legislative documents and research studies. We have highlighted the need for more inclusive policies, support in schools and identification and accommodation of children with learning disabilities to counter any discriminatory measures against such individuals.

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DDA – Disability Discrimination Act, 2005 from
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