Identification and Support for learning for Children with Learning Disabilities in Primary Schools in the Harare Chitungwiza Metropolitan Area

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Abstract: This was a baseline survey to find out the identification and support being given to children with Learning Disabilities (LDs) in the Harare Chitungwiza Metropolitan area. Currently about 20% of a school has children with LDs. A qualitative research paradigm was employed to establish the identification processes and the support for learning being provided to these children. The sample consisted of all the Heads of Primary schools in the Harare Chitungwiza Metropolitan area. A questionnaire with both closed and open items was administered to the Heads to collect the data in the primary schools in the province. The key informants were Remedial Tutors based in the seven districts of the area. The findings show that schools identify and provide support for children with LDs as they have put in place various ways of identifying and supporting children with LDs. These range from clinical remediation as prescribed by the SPS and SNE; classroom remediation; remedial department to extra lessons. However of the 140 primary schools doing the prescribed clinical remediation only 26% of the schools were following the prescribed SPS and SNE way of identifying and supporting the children with LDs. The study recommends that authorities should not ignore the current identification and support for learning currently being used in the primary schools for other grades but should improve and strengthen it. Staff development of all remedial teachers in identification procedures should be conducted and support for learning should be acknowledged through appropriate incentives.

Keywords: identification, children with learning disabilities, support

INTRODUCTION

In Zimbabwe 20% of any given population have learning disabilities (LDs). Vargo and Young [1]also gave similar numbers in the United States of America. This also is not different from the British situation were 18% have learning disabilities according to Gipps, Gross and Goldstein[2]. Because children with LDs have average to above average intelligence some teachers in Zimbabwe have an impression that they can handle them in their classes. The Learning Disabilities category is an area where children can be helped effectively and efficiently provided the right environment is created. Evidence points out to the need to clearly identify the type of children with LDs and provide teachers with enough evidence that they will be doing the right thing as they identify the children.

In Zimbabwe children with learning disabilities or remedial children are defined ‘as the pupil of average and above average ability who is at least two years behind in a subject’ [3]. All educationists accept that many children experience difficulties in learning [4, 5]. Vargo and Young [1] say the difficulty can range from being specific, for example when a child has reading problems, or general as occurs when a child is slow in all areas. Central to the definitions above is the fact that LDs are specific in nature and highlight the need for a discrepancy between the student’s potential and achievement[5]. This is because the definitions try to pinpoint exactly where the problem is. However Dockrell and McShane [4] see it differently as they point out that the distinction between Specific Learning Difficulties (SLD) or LDs and general learning difficulties or mental retardation is not as straight forward as it might seem. This is because children said to have LDs “often experience difficulties with more than one type of subject matter without necessarily experiencing difficulties with all subject matters” [4].

Currently the SPS and SNE Remedial programme is the official way of identifying and providing support for learning to children with Learning Disabilities (LDs) at the grade four levels. By deduction from the literature not much has been documented on how schools are identifying and supporting children who are not at the grade 4 level. Mpofu [6] gives the rationale and an outline of the SPS and SNE identification process. He says that the class teacher is the one who determines if a child is average or above
average in intelligence. He points out those locally produced tests have been used in the identification of the children with LDs. However, he does not mention by whom and when. Mutepfa, Mpofu and Chataika’s [7] description of the identification in schools that classroom teachers are involved in the identification of children may need verification. The last writers are silent on the type of instruments that are used in the identification of children with LDs.

This situation is not uncommon in other countries which are still at the early stages of trying to provide for support for learning for children with sensory disabilities [8, 9]. Botswana, Namibia, Zambia, Kenya and South Africa have similar problems in identifying children with LDs because of their shared colonial legacy [10, 11, 12].

In Tanzania, Mbise and Kysela [13] report on their development of appropriate screening and assessment instrument in order to provide for the needs of children with learning disabilities. Kisanji [14] pointed out that an estimated one percent of children with disabilities in 13 Eastern and Southern African countries of which Tanzania is one, were being educated. Abosi [10] says that the increase of children with LDs in African schools is becoming alarming. Despite this, those who are in the school system find the environment unfriendly resulting in truants, absenteeism, dropping out and school failure. [15]. Even Abosi [10] writes that a similar situation prevails in Botswana where children with LDs are not adequately catered for by classroom teachers.

What is currently happening in the primary schools and how can this be improved to ensure that all children with LDs get enough support for learning? This study is based on the assumption that identification and support for learning are linked; thus any provision for children with LDs should contain both. The study was guided by the following research questions:

- How many schools are identifying and providing support for learning to children with LDs in the primary schools?
- What types of identification and support for learning are currently available in the primary schools?
- How is the support being implemented?

LITERATURE REVIEW

The category of learning disabilities is the fastest growing Special Needs area in the world [16, 17, 18]. According to Torgensen[17] it is the largest category of disability being catered for in Special Education in the developed world. Abosi [10] concurs that the category of learning disabilities is also causing concern in schools in Africa with as much as 8% of children having learning disabilities in each classroom. In Zimbabwe learning disabilities began receiving attention in 1982 after the country’s independence was attained through the remedial programme. Remedial education has been directed by the Department of the Schools Psychological Services and Special Needs Education (SPS&SNE) [3].

Conceptual Framework

Identification and support for Learning disabilities’ position in assessment is seen in Gearheart’s [19] conceptual framework of assessment as shown in Figure-1.

![Assessment, Identification and Educational Intervention](image)

**Fig-1: Assessment, Identification and Educational Intervention**

*Source: Gearheart [19]*

Figure 1 shows the how educational programs for students with LDs are initiated and developed. The three important steps are assessment, identification and planning educational intervention/support for learning. Assessment procedures should be implemented while gathering various types of information necessary for
identification. Assessment comprises the referral, screening and the determination of the learning disability. Support for learning in the form of placement, Individual Education Programme (IEP) development and intervention follow after the identification. In this conceptual framework the assessment is either ongoing or formative and also at the end of each intervention or summative.

How many schools are identifying and providing support for learning to children with LDs in the primary schools?

The number of schools identifying and providing support to children with LDs varies. However, in South Africa the number of schools equipped to support children with disabilities in the inclusive programme has increased from 2008 to 2011 with 110300 learners with disabilities attending the mainstream [20]. However, their dropout rates have also increased significantly as compared to their non-disabled peers. Those who remain in school their performance either has declined or stagnated as revealed by the 24.99% pass rate of the Zimbabwe grade 7 results in a study done by the Education Coordination Department [21]. Clearly schools are failing to retain or even support them due to poor provision in the form of lack of knowledge and expertise among teachers and psychologists [22]. The University Network of Psychology in Finland has partnered with Universities in Namibia, Kenya and Zambia to develop teachers by providing them with knowledge and skills in LDs in an African context [22]. This will ensure that many schools identify and provide support to children with LDs who in most cases are truant or have low achievements [20].

What types of identification and support for learning are currently available in the primary schools?

The issue of support using resources is the cornerstone of any identification model. Support for learning is mainly in two forms; human and material. The National Report on the Status of Education in Zimbabwe [23] presented at the 48th session of UNESCO International Conference on Education highlights the challenges facing Zimbabwe. The report identifies resources in the form of classroom and especially qualified teachers as a major player in supporting the learning of children. This is also applicable to special education where the need for resources is felt more critically. Peresuh [24] pointed out that the current training of teachers does not include disability which makes it difficult for teachers to provide for the students with LDs in their classrooms. There is need to introduce special needs education in all teachers colleges.

This situation is not unique to Zimbabwe as Berihun, Tesera, and Desta [25] in a study of Primary schools in Ethiopia found that the problem of quality of teaching is related to class size, resources and teacher qualifications.

The problem which has confronted Special Educationists in Zimbabwe is that although the remedial programme has been in existence since 1982, little documentation has shown its nature and benefits. On the contrary the remedial programme has seen a drastic decline and shift towards parent initiated extra lessons. Meanwhile parents are paying teachers to teach their children outside ordinary teaching hours. Both professional and ethical issues are at stake here.

How is the support being implemented?

Vargo and Young [1] point out that with ‘accurate identification and help children with LDs can and do learn successfully. School authorities must endeavor to meet the needs of all the children using various means. These could be within the classroom or outside the classroom in line with the child’s needs.

Sometimes children with LDs may have non-academic problems that can occur together with the learning disability[26]. Educational Psychologists may be called to help with challenging behaviors that may be disrupting learning. Teams consisting of psychologists, remedial tutors, special teachers, speech therapists can develop Individual Education Programmers (IEPs) that will help the individual learn. This type of support for learning is crucial for children with LDs as it enables them to feel included.

METHODOLOGY

Research Paradigm

This study was guided by a quantitative research paradigm with some qualitative elements [27, 28]. There was need to find out what was prevailing in the primary schools so as to move forward.

Research Design

The research design was a case study of the Harare Metropolitan Province which included the town of Chitungwiza. It focused on the types of identification and the subsequent support for learning being provided to children with LDs in its primary schools. A survey was employed to get in depth knowledge of the phenomena under study. This is a characteristic of the case study design as Yin [29] says it can be explanatory, exploratory or descriptive.

The use of a case study implied that the whole population of the 221 primary schools in Harare Metropolitan province which included the town of Chitungwiza was liable to be selected into the study [30]. These schools consisted of heads, remedial teachers, classroom teachers and school children including those who had been identified as having...
learning disabilities. However the main participants were the Heads of the primary schools.

Triangulation using key informants was done to enhance the validity of the case study and allow generalisation [31]. Flick [28] describes triangulation as the combination of different methods in dealing with a phenomenon.

**Data Collection Instruments and Procedures**

The case study used questionnaires which had both closed and open ended items and document analysis. The items were generated from the literature and the researcher’s experience. The questionnaire was distributed to the Heads in their districts at a central place. These immediately collected upon completion by the participants. Others were sent to schools by hand and immediately collected upon completion.

**Data Presentation, Analysis and Interpretation Procedures**

Descriptive statistics were used to analyse the questionnaire data. Themes were generated from the open ended items. The Remedial tutors who were the key informants verified the authenticity of the data using various documents and their experience in the districts. This enhanced the validity and reliability of the results.

**Ethical considerations**

Permission to carry out the research was sought from the responsible Education Ministry and was granted. Specific units also were consulted and permission sought before going into the field. The principles of research ethics were adhered to: one of which is that during the entire research duration the researcher should conduct themselves professionally and respect all those participating, ensuring confidentiality and no harm to all [32].

**RESULTS**

According to the Provincial Education Director’s first Term report [33], Harare Metropolitan Province has 221 primary schools in seven districts as shown in Table 1. The case has seven districts each consisting of schools which are classified as government, uniformed services, council, trust, farm, church and satellite. These were found in low density, high density, and peri-urban areas. In this study the districts and schools have been given numbers to ensure confidentiality. The report shows that in 2012 when the study was carried out they were 138,304 boys and 136,483 girls translating to a total of 274,787 pupils in the province. The survey results show that out of the 221 primary schools, 172 (80%) of the schools responded to the survey. The results presented below show the schools which were identifying children with LDs and providing some type of support for learning to them.

How many schools are identifying and providing support for learning to children with LDs in the primary schools?

The findings show that all schools identify and provide support for children with LDs. All the 172 schools indicated that they had a remedial programme. The results showed that there is commitment to help children who are struggling in the school system. However, interviews with the key informants revealed a different position. It appears schools felt that they needed to show compliance by indicating on the questionnaire that they had a programme. This was due to fear of reprisals from ministry officials since the remedial programme is a policy requirement.

The schools in the high density areas claimed that their remedial support was prescribed by the SPS and SNE department. However, this was not always correct upon scrutiny. Most of the government schools may have adjusted the assessment procedures to the schools shortcomings. Trust and government schools in some low-density areas tended to have their own assessment models for identifying children with learning disabilities. These were different from those offered by the SPS and SNE.

**What types of identification and support for learning are currently available in the primary schools?**

Schools have put in place various ways of identifying and supporting children with LDs. The survey revealed that schools are aware that they must carry out remedial programmes. Schools were equally aware that such programmes should start with an assessment of the children so as to identify those with learning disabilities. However of the 140 primary schools, in Table 1, claiming that they are doing the SPS and SNE prescribed clinical remediation only 36(26%) of the schools were following the prescribed SPS and SNE mean discrepancy identification model. Table1 shows the different types of support for learning programmes present in the schools. A significant percentage of schools in all the seven districts indicated that they had a school based remedial programme. The survey results show that the 172 schools’ support programmes can be grouped into four types, an indication that their ways of identifying children with learning disabilities in each type is different. These ranged from informal teacher identification methods, teacher made tests to standardized tests. The support was in the form of clinical remediation using SPS and SNE prescribed tests; classroom remediation using informal and formal teacher identification methods; remedial departments using standardized tests; extra lessons within the school especially during school break.

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Table 1: Types of Support Programs in Harare Metropolitan Province, Zimbabwe.

<table>
<thead>
<tr>
<th>District</th>
<th>Schools</th>
<th>Clinical Remediation</th>
<th>Classroom Remediation</th>
<th>Remedial class/dept.</th>
<th>Extra lessons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>27</td>
<td>23</td>
<td>20</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>18</td>
<td>18</td>
<td>14</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>16</td>
<td>18</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>24</td>
<td>20</td>
<td>22</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>27</td>
<td>26</td>
<td>26</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>24</td>
<td>15</td>
<td>15</td>
<td>5</td>
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<tr>
<td>7</td>
<td>31</td>
<td>22</td>
<td>22</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>172</td>
<td>140</td>
<td>137</td>
<td>18</td>
<td>32</td>
</tr>
</tbody>
</table>

Questionnaire data (2012) n=172

How is the support being implemented?
The open-ended section of the questionnaire generated the themes on the type of support children should get as shown in Table 2. The eight (8) themes show how schools feel the support for learning can be improved; as they have created various ways of teaching children in different settings. This has been a response to the SPS grade four clinical remediation programme. Schools feel that it has not benefitted other children who need support who are in the other grades especially those in grade seven. This shows that most schools were guided by their own policies rather than the national one.

There is no perfect way of identifying children and providing support for their learning. This is because what used to be the norm in the past is slowly giving way to new ways of identifying and helping children with LDs.

Table 2: Open ended Responses by Schools on their Types of Remedial Support

<table>
<thead>
<tr>
<th>Item</th>
<th>Types of Remedial Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grade based model</td>
</tr>
<tr>
<td>2</td>
<td>School based model</td>
</tr>
<tr>
<td>3</td>
<td>Classroom based model</td>
</tr>
<tr>
<td>4</td>
<td>Extra lessons in the school: Grade 7</td>
</tr>
<tr>
<td>5</td>
<td>Extra lessons outside the school.</td>
</tr>
<tr>
<td>6</td>
<td>Psychological assessment by psychologists</td>
</tr>
<tr>
<td>7</td>
<td>Assessment by other professionals</td>
</tr>
<tr>
<td>8</td>
<td>Coaching classes</td>
</tr>
</tbody>
</table>

The study categorically established that the teachers value the programme of teaching children with LDs wherever they are. They were all using different identification procedures depicting a lack of a clear policy. It is important to observe that regardless of the different models each had positive attributes. The authorities should not ignore the current identification and support for learning currently being used in the primary schools but should improve and strengthen them.

DISCUSSION
How many schools are identifying and providing support for learning to children with LDs in the primary schools?
Many schools are aware of the presence of children with LDs in their schools and do claim that they identify and provide some form of support to them. What is in doubt is the quality of that identification and support. Sometimes teachers informally identify them but are at a loss on what to do. Whilst on one hand teachers claim that they can handle children with learning difficulties in their classes, they also claim failure to do so due to lack of expertise, large classes and underfunding. This dilemma emanates from two sources; first failure to clearly identify who exactly should be helped in the classroom and secondly teacher preparation. Improving both of the above can help the teacher to clearly identify who the child with LDs is and what type of provision they can create for them.

What types of identification and support for learning are currently available in the primary schools?
All schools were aware of clinical identification and were carrying it out. This was mainly...
in the government and peri-urban schools. However some of these models differed from the SPS and SNE model in that they did not follow the steps in it. The rest of the teachers used a variety of ways depending on the type of support. This clearly shows the need for proper training as proposed by The University Network of Psychology in Finland [22]

If schools were carrying out these programmes then why were children getting low grades in the grade seven tests as shown by the Zimbabwe Examinations Council’s (ZIMSEC) analysis of the 2011 tests. This indicated an average pass rate of 57% in the single subjects alone. The Education Coordination and Development Department [21] in its analysis report of the grade 7 results of the same year noted a pass rate of 24.99%, an insignificant increase from the previous year. They concluded that the pass rate indicated some decline and stagnation in children’s performance.

One possible reason for continued poor performance was that the schools may not really be providing any support for learning in the form of remedial programmes. This is confirmed by the Provincial Education Director’s (PED) termly report [33] which showed that very few schools were providing the SPS and SNE prescribed clinical remediation. The report shows only 29 children being identified in the mainstream, 94 being identified and placed in a special school. This translates to a total of 123 children with LDs having been identified in 2012 first term, in a province with an enrolment of 274,787 children. If we are to follow the SPS and SNE estimation of 20% of the primary school population having learning disabilities then we should have at least 800 children having been identified for the remedial programme focusing on the grade 4 level only. These are children who because they are intelligent only pass one or two of the grade seven tests. Potentially these 800 children if adequately supported should be able to pass all the grade seven tests; raising the province and Zimbabwe’s pass rate significantly. In a discussion with one Education Director of the same ministry they revealed that a significant number of children in both the primary and secondary schools had serious reading problems which were a concern to the ministry. Reading is a subject a lot of children with LDs have difficulties with.

**How is the support being implemented?**

The results clearly show that primary schools are identifying and supporting children with LDs in their schools. The schools have shown innovation by trying to support all the children with LDs in the school. This is supported by Vargo and [1] and The Australian Psychological Society [26]. The various means developed by the schools to support all the children facing difficulties should be encouraged and nurtured by experts from the ministry.

**CONCLUSIONS**

The following conclusions were made:

- Schools are identifying and providing different types of support to children with disabilities in their primary schools which need further verification.
- The most predominant is the remedial programme with a few following the stipulated government procedure.
- Schools have come with their own ways of identification and support for those children who have not benefitted from the stipulated ministry programme.
- Schools are not adequately supported in their endeavours to help children with LDs in the other types of support who are not in grade four.
- Most teachers do not have the expertise to identify and support children with LDs

**RECOMMENDATIONS**

The following recommendations were made:

- Authorities should not ignore the current identification and support for learning currently being used in the primary schools for other grades but should improve and strengthen it.
- The current identification and support for learning in the primary schools need to be improved in line with current trends for child friendly schools.
- Experts and officials from the ministry should also support schools in their programme for non-grade four children.
- Schools should set up identification and support for teaching and learning committees which will partner other government units to reach all the children with learning problems.
- Staff development of all class teachers in identification procedures should be conducted and support for learning should be acknowledged through appropriate incentives.

**REFERENCES**


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