Approach to School failure & learning difficulties Dr. A. Vetman-Mlomo

Information contained in the slides is for healthcare professionals only

School failure refers to a child's persistent difficulty to achieve age-appropriate academic milestones, resulting in poor performance, grade repetition, or risk of dropping out.

MEDICAL Considerations

Neuro-developmental disorders

Chronic illnesses

Neurological illnesses

Sleep disorders

Sensory deficiet

A study done in Qatar to look at factors contributing to school failure among school children in very fast developing Arab society in 2009





The study was performed on a total 699 children who were classified as school failures. Social reasons include living with one parent 26.9%, parental divorce (27%) parents showing no interest in their child's education and school system (41.6%), low income (19.3%), and smoking (19.6%). Frequent absence from school was a result in 33.3%; incomplete homework (45.9%) and teachers identified 63.7% of students to be hyperactive, inattentive and disruptive in classroom. Most frequent psychological disorders include examination phobia (68.8%), anxiety (49.4%), anger (32.5%), fear (43.2%) and learning disability (37.9%). The most prevalent health disorders included visual disorders (23.5%), asthma (14.9%), anemia (15.2%), and hearing deficiency (8.2%).

- Learning disabilities affect about 5% of all school going age children and have equal gender distribution
- Prognosis can be improved with timeous diagnosis and intervention.
- When a child fails at school with reading, arithmetic or written expressions that are below his/her expected level of intelligence, schooling and age – they probably have learning disabilities

- The causality is multifactorial (Environmental, genetic, brain structural abnormality)
- The failing student loses confidence & becomes discouraged
- Irrespective of its cause school failure is associated with adverse health outcomes
- Children who fail in school are more likely to engage in subsequently health impairing behaviours as adolescence such as smoking, drinking & drug abuse.

Social

- Poor family relations
- Age higher against grade mates
- Parents separated / divorced
- Single parent
- No parent
- Parents not interested in their child's education
- Screen time (NB for < 5y recommended screen time is Ihr a day)

Social factors continued

- -bullying
- -poverty
- Parents smoking & alcohol abuse

Psychological factors

- -Exam fear
- Anxiety
- Learning disability
- Low self esteem
- Sleep disturbance
- ADHD, behavioural issues
- Nocturnal enuresis

- Psychological factors cont..
- Family hx of Learning disorders
- ASD
- Depression

Medical

- Asthma
- Anaemia
- Visual problems
- Hearing problems
- Cardiac dz
- Epilepsy
- Diabetes

Medical causes cont..

- Renal dz
- Physical disability
- Cancer
- Certain medications & their side effects.
- Malnutrition, HIV
- Hx of CNS infections
- Chromosomal d/o (Fragile X, Klinefelter, Turner Sx)

- The child may be brought by the parent because they have noticed that he /she is behind peers at school, or refusing to go to school.
- May also be referred by the teacher
- Irrespective of referral there is no one size fits all.

PRESENTATION



Detailed Hx



PMHx, Medication and Family Hx



Thorough physical exam



Identify any obvious causes and refer patient to Paeds for further evaluation.



 $\\Multidisciplinary\ approach$



Depending on each child's condition may need Psychological evaluation, OT, Speech, Audio etc

WHAT NOW?

- Some conditions may have immediate results such as starting meds for ADHD, however some conditions may take long & be frustrating to parents & the child
- Once a Specific learning disorder has been identified, it is important to facilitate school placement, for instance some children may require special schooling, while others may cope in a remedial class
- In South African context always remember to refer children who meet the criteria for care dependency grant

HTTPS://WWW.GOV.ZA/SERVICES/SERVICES-RESIDENTS/PARENTING/CHILD-CARE/CARE-DEPENDENCY-GRANT

• I could not find any South African data on incidence of language and learning difficulties, this goes to show how little is done in this area in our country.

"South Africa is failing the children with disabilities. In the constitution [it] says "equality" is there – but there is no such thing. I still feel that discrimination of people with disabilities is there. They are also saying free education for everyone but for people with disabilities there is no such thing" by Maria Mashimbye (Advocate with a 16 year old in a school for children with special needs May 2019 Human Rights watch article.

• Learning disorders: are a heterogenous group of disorders that require individualized evaluation & intervention. Nonetheless patterns of learning problems often cluster together

Commonly recognised learning disorders

- I. Reading disability
- 2. Writing disability
- 3. Math learning d/o
- 4. Language -based learning d/o
- 5. Nonverbal learning d/o

Definitions

Specific Language impairment(SLI): is dx when oral language lags behind other areas of development for no apparent reason, and is not the result of known developmental concerns, sensory impairments or global developmental delay. It affects 3-10% of children entering school

Developmental dyslexia: is identified when a child has poor literacy skills despite adequate intelligence & opportunity to learn, prevalence also the same as SLI

NB it was initially thought that difficulties are in the visual perception domain, but it has now been established that they are in the linguistic domain- particularly categorising sounds, sound letter mapping &manipulating sound sequence in their first language

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Dyslexia (incidence 5-12% of school aged children)

Dyscalculia – weakness in number sense & in performing calculations
Language –based learning/do: (can affect phonology, articulation, vocab, sentences etc)
Nonverbal learning d/o: "socially odd" - weakness in visual-spatial organization

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