

Parental perspectives on learning disabilities: Challenges, strategies and aspirations

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Abstract

This report explores the multifaceted experiences of parents raising children with learning disabilities (LD), offering insights into their challenges, strategies, and aspirations. Drawing from qualitative data collected through interviews, the study highlights key themes, including the early identification of LD, the impact on academic and social development, and the psychological and emotional well-being of both children and families. Parents reported various diagnoses for their children, such as Global Developmental Delay (GDD) and mild autism, often identified through early signs like communication delays and social withdrawal. In inclusive classroom settings, children with LD face barriers such as limited communication skills and difficulties engaging with peers, which can lead to isolation and frustration. Effective strategies identified by parents include therapeutic interventions, individualized educational adjustments, and fostering confidence through positive reinforcement. Parents emphasize the importance of maintaining a supportive home environment and nurturing emotional resilience in their children. The report also examines how LD influences family dynamics, with siblings playing an active role in fostering inclusiveness. Parents expressed aspirations for their children's independence and societal integration, highlighting the value of leveraging unique skills for future opportunities. This study underscores the critical importance of early intervention, tailored strategies, and holistic support systems in addressing the complexities of learning disabilities.

Keywords: Parental Perspectives; Learning Disabilities; Challenges; Strategies; Aspirations

1. Introduction

Learning disabilities (LD) encompasses a range of neurological disorders that affect how individuals process and understand information. These disabilities can lead to significant challenges in academic performance, social interactions, and personal development (Anpalagan et al., 2021). Early identification and intervention are crucial in addressing these barriers effectively. Research indicates that recognizing LD at an early age allows for tailored educational strategies that can significantly enhance outcomes for affected individuals (Auriemma et al., 2021).

This report synthesizes findings from interviews with parents of children diagnosed with learning disabilities, focusing on their experiences, challenges, and strategies for managing these conditions (Murdoch & Chang, 2022). Parents reported facing significant stress and challenges in supporting their children academically and emotionally, often requiring external support and tailored interventions (Pediotti et al., 2022). In many cases, a lack of awareness about LD among parents and educators contributed to delayed interventions and added emotional strain (Yadav & Yadav, 2024). However, with increased involvement and structured support systems, parents were able to develop effective strategies for managing their children's unique needs.

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The insights aim to provide a deeper understanding of the parental perspective on navigating the complexities associated with LD. These findings underscore the importance of early intervention, collaborative support, and tailored strategies to enhance outcomes for children with learning disabilities and their families.

The report is organized into thematic sections that address key aspects of learning disabilities shown in Figure 1.

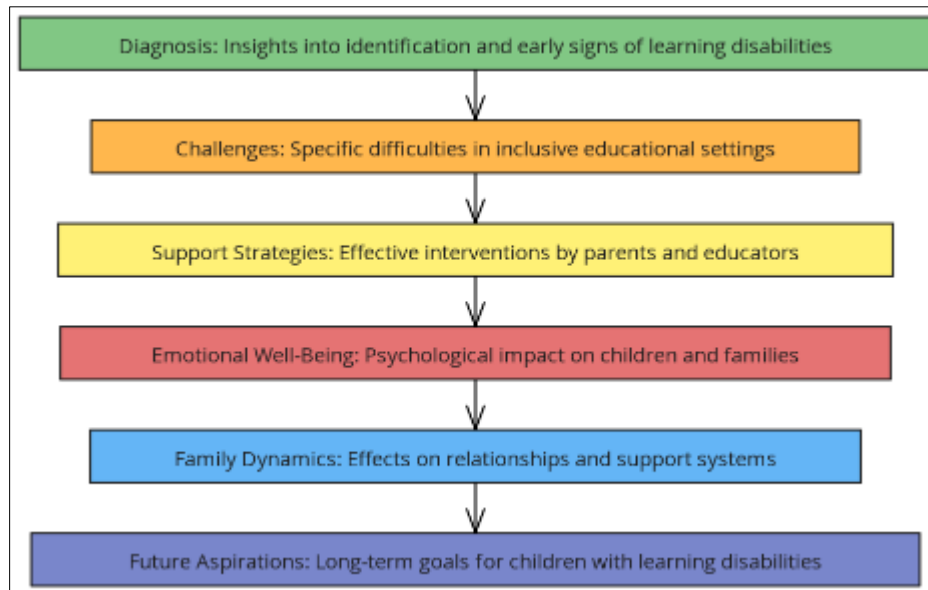


Figure 1 Key Aspects of Learning Disabilities

Each section draws upon qualitative data from interviews, highlighting the lived experiences of parents and their approaches to support their children's educational journeys. Parents reported various diagnoses for their children, including Global Development Delay (GDD) and mild autism. For instance, one parent noted that their child was diagnosed with GDD at 1 year and 6 months after observing developmental delays from six months old, such as difficulty sitting up independently.

Early signs often included communication delays and social withdrawal, which prompted parents to seek evaluations. Children with LD face numerous challenges in inclusive classroom environments. One parent described their son's struggle with communication in secondary school, noting that his limited vocabulary hindered peer interactions despite his proficiency in English. The parents highlighted that their child with GDD often required close monitoring during lessons due to a lack of engagement unless they were "in the mood" to learn. These difficulties can lead to feelings of isolation and frustration for both children and parents.

The effective support strategies identified by parents are included in Table 1:

Table 1 Effective support Strategy

Therapeutic Interventions	Parents reported utilizing therapy sessions focused on communication skills and social interaction, which have proven beneficial in enhancing their children's development ¹² .
Educational Adjustments	Teachers implemented individualized strategies such as teaching self-care skills and providing consistent guidance in social situations ²
Family Involvement	Parents emphasized treating their children as capable individuals without limitations, fostering confidence even amidst challenges

Moreover, the emotional health of children with LD is a significant concern. Parents indicated that their children often experience heightened sensitivity to stimuli, leading to emotional outbursts or tantrums when overwhelmed by loud noises (Aro et al., 2021). Strategies employed to support emotional resilience include maintaining a calm home environment and using play-based learning techniques to reduce stress during educational activities (Cristofani et al., 2023).

Thus, learning about disabilities can profoundly impact family dynamics. Parents reported that navigating these challenges has strengthened family bonds, as they collectively seek ways to support their child. Siblings often play an active role in ensuring inclusivity during family activities, which helps foster a supportive atmosphere at home (Staunton et al., 2020). Additionally, parents expressed hopes for their children's independence and integration into society. They noted the importance of regular school attendance, maintaining communication with teachers, and monitoring progress closely (Maiuri, 2020).

While some parents set modest expectations, they emphasized the value of leveraging their children's unique skills, such as multilingual proficiency, to prepare them for future opportunities (Stathopoulou & Karathanasi, 2023). Hence, the insights gathered from parent interviews highlight the multifaceted nature of learning disabilities and the critical importance of early intervention, tailored support strategies, and emotional well-being in fostering positive outcomes for affected children. Understanding these experiences can help educators, therapists, and policymakers better support families navigating the complexities associated with learning disabilities, ultimately enhancing educational success and personal growth for these individuals (Aro et al., 2021).

2. Diagnoses and Identification

Objective: Explore how learning disabilities are identified and diagnosed.

Key findings show in Table 2.

Table 2 Participants Answer

Questions	Answer - Respondent A	Answer - Respondent B
Can you tell me about the specific learning difficulties diagnosed in your child?	Participant A's child has been diagnosed with Global Development Delay (GDD).	Participant B's child has been diagnosed with mild autism and speech delay.
At what age or developmental stage were these learning difficulties first identified? Were there any early signs?	The confirmed diagnosis was only confirmed when the child was 1 year and 6 months old.	At the age of three, participant B noticed that he did not communicate but could already read. During his monthly checkups, it was also found that he hadn't reached the expected development milestone.

2.1. Comparison

Participant A explains that her child has been diagnosed with Global Development Delay (GDD). At the age of six months, Participant A noticed there are developmental delays in her child. A baby should be able to sit or crawl, but at that time the child is still not able to reach that stage. Her child also was unable to sit up independently or even with support, which is a critical milestone for a baby at that age. This issue has raised concerns about the child's development. As time went on, participant A saw increasing delays, such as trouble with walking, crawling, and other age-appropriate motor abilities.

Even though these problems were identified early, a doctor didn't formally diagnose it as Global Developmental Delay (GDD) until the kid was one year and six months old. The delay between observation and diagnosis may have resulted from the doctors' need for additional time to ensure that the delays were constant rather than merely a typical developmental fluctuation.

Meanwhile for Participant B, their child had been diagnosed with mild autism and speech delay. The early signs were noted when participant B's child demonstrated a unique pattern of development at the age of three years old. Even though the child can already read, which is an advanced skill for that age, the child seems to be struggling with social and communication skills. He also always avoided eye contact, liked to play by himself, and had limited communication skills which raised his parents' concerns because it was a common sign of autism spectrum disorders. It was diagnosed during his regular monthly checkups when the doctor noticed that he had not reached key development milestones in communication and social interactions for his age.

For the conclusions, both participants recognized their child's delays and sought professional help, leading to official diagnoses tailored with their child's specific challenges and disabilities. The kind of delays and how obvious they were

affected the diagnosis's time and procedure. While Respondent B's experience was molded by less obvious social and linguistic difficulties, Respondent A was impacted by noticeable physical delays.

3. Challenges In Inclusive Environments

Objective: Identify difficulties children with LD face in inclusive classroom settings

Key finding shows in Table 3.

Table 3 Participant's answer

Questions	Answer - Respondent A	Answer - Respondent B
What specific challenges does your child face in an inclusive classroom environment?	One of the challenges faced is adapting. The respondent's child must adjust to classmates, the surrounding environment, and the people around them.	Participant B's child has been diagnosed with mild autism and speech delay.
How does your child manage these challenges, with or without support? Are there any specific tools used?	No special tools are used to assist the child. However, regarding learning, the respondent's child will only participate in lessons if they desire or are in the "mood" to learn. It is further understood that if the child does not feel like learning, they usually wonder around but still need to be closely monitored by their parents to prevent injuries, even though their movements are slow.	At the age of three, participant B noticed that he did not communicate but could already read. During his monthly checkups, it was also found that he hadn't reached the expected development milestone.

3.1. Comparison

Participant A refers to the mainstreaming hassle and how the respondent's child has to adjust to peers, the new setting, and the people surrounding him. On the other hand, Participant B tells his story of his inability to adapt to and communicate with people. He had problems mixing at age 8, and he could not express himself well in high school because he did not have enough words. Even though he had good English skills, his Malay was basic, so he needed help to make friends.

Through the cases of Participant A and Participant B, it can be noted that there is quite a massive struggle in inclusive environments, especially in adaptation and communication. These insights show the complexity of moving through inclusive environments and the need to address individual needs to succeed in inclusion and social interaction.

Participant A indicated that no special tools are used to aid the child, and their participation in learning is conditional based on their mood or willingness. The child is said to move around when not interested in learning. Although the child moves slowly, close monitoring is essential to ensure that they do not get injured. Participant B also indicated that although no special tools are used, support is gained from teachers, family, and siblings.

In summary, both respondents underline that there is no special aid to help the child. These narratives highlight the broad challenges that individuals face in inclusive settings, from being engaged in learning to barriers in communication, hence the need for tailored support and understanding to promote their well-being and development.

In conclusion, the experiences of Participant A and B highlight significant challenges within inclusive settings regarding adaptation, communication, and engagement in learning. Participant A discusses her child's difficulties adjusting to peers, new settings, and surroundings. She stresses that close monitoring is necessary because of the child's limited interest in learning and tendency to move around. Similarly, Participant B also shares difficulties with social interaction and the expression of self-due to problems with language barriers and poor vocabulary despite having highly developed skills in English.

Neither participant reported using special tools to support the children, but teachers, families, and siblings provided monitoring and support. These insights point out the complexity of inclusion and the pressing need for tailored strategies to address individual needs, fostering better adaptation, communication and overall development in inclusive settings.

4. Support strategy and intervention

Objective: Identify effective methods used by teachers, parents, and specialists.

Key findings show in Table 4.

Table 4 Participant's answer

Questions	Answer - Respondent A	Answer - Respondent B
How has your child's learning disability impacted on their emotional and mental well-being?	<p>The child finds it difficult to write, count, and read, therefore, these factors have very dangerous effects on the child's feelings and mind.</p> <p>The respondent takes the child through play to make sure that the learning Assessment is stress-free to the child.</p> <p>Strolling and walking around is fun and the emphasis is kept fun and fun for the child.</p>	<p>The child can have regular temper tantrums, and is very sensitive, especially to noise.</p> <p>At home he used loud voices and this makes him upset, he also feels sad.</p> <p>He is sensitive to mood, particularly to slow music because it makes him cry.</p>
How effective were these strategies in enhancing your child's academic and social development? Did you use therapy or services?	<p>They necessarily concentrate on being ready for being a parent mentally and emotionally for a child.</p> <p>They also focus on assuring that there is safety for the child, hence the ability of the child to fend for themselves and be healthy.</p> <p>It also does not put excessive pressure on the child to cause him stress which is good for the child's emotional state.</p>	<p>The family caters for the child's feelings and moods so that they are always on the side of the child and take the appropriate mood of the child as from this investigation it was clear that "go with the flow".</p> <p>To help them remain calm they do not raise their voices to avoid aggravating him.</p> <p>When the child is nervous outside, the family are always there to console and make him feel at ease.</p>

4.1. Comparison

Responses of the two participants differ and share some aspects of the strategies and interventions employed to enhance learning for their children. Critical components of therapy emerged as essential in both respondents' narratives, although the kinds and strategies deployed were quite different. Whilst Respondent A focused more on improving the child's ability to be independent, feed itself, dress and wash, hold smaller utensils and objects and crawl or walk properly. There were also services provided by teachers who were supposed to help children perform basic activities including brushing teeth, bathing and writing.

Also, the parents contributed to the progress of the child in putting them in therapy classes in a government hospital, which had been attended for four years. The respondent also made efforts to add traditional massage therapies to the child's therapy thus adding to the general development in fine motor movements and certain other physical aspects of the child. On the other hand, Respondent B limited his approach to the essence of communication as well as social skills. Very specific feedback, didactic, the family also contributed to building confidence by relating to the child as if they do not have the disorder.

This made it possible for the child to speak out even though the speech was like that of a 10-year-old. Private therapy, as well as therapy in government hospitals, added to this development. They gave home recommendations for the family to employ to improve the child's interaction and communication. These intervention strategies were also more effective than less effective. Respondent A saw essential improvements of the child's motor activity, and, therefore, made an emphasis on the efficacy of intense therapy alongside other methodologies, such as traditional massage.

On the other hand, Respondent B pointed at the increase of child's communication skills and interaction with peers as well as the role of environment and constant practice in therapy. As deduced from the cross-sectional interviews, whereas Respondent A has concentrated on the physical aspect, Respondent B focused on the emotional and social development indicating the niche of supporting children individually.

In conclusion, both respondents thus allied strategies somewhat different from each other but stamped within the child's needs as a way of perceiving and managing the development disability. The former, Respondent A, recommended physical/motor skills enhancement by therapy/massage and Respondent B recommended speech and assertiveness by speech therapy and family participation. Following both approaches proved productive, pointing out the significance and the potential of individualized programs for developmentally delayed children.

Advice and insight

Objective: Gather practical advice for stakeholders working with children with LD

Key findings show in Table 5.

Table 5 Participants answer

Questions	Answer - Respondent A	Answer - Respondent B
What advice would you give to other teachers or parents Working with children with similar learning disabilities?	To parents and teachers, patience is essential, as these special children have their own unique characteristics and categories. Furthermore, we must seek knowledge related to the child's condition. For instance, we should understand the challenges faced by the child and connect with other parents of special children to share knowledge and exchange opinions.	Accept the child as they are and do not feel embarrassed by the diagnosis. Always be patient with challenges and continue to enroll them in special education.
How do you measure progress or success in your child's learning journey?	For the respondent, they measure their child's success and progress through the small achievements their child has accomplished, such as learning to walk, talk, and crawl. The respondent further added that any development or achievement by their child makes them feel extremely proud because, to them, it represents their child's struggle	By staying in close contact with teachers and monitoring his activities at school and home. His progress is evident as he Now I enjoy writing, and his handwriting has significantly improved.

4.2. Comparison

Two of the respondents point out the time factor which is a crucial variable when handling children with LD. As much as on the individuality of each child respondent A portrays that, ' ' these special children have their own characteristics and categories'.

They also stress understanding of the disease in the child, as they propose getting acquainted with other parents as far as one can, in order to communicate and discuss. The use of this approach emphasizes integrated learning and community participation.

On the other hand, Respondent B has a more straightforward approach urging teachers and parents to just accept a child that has a mental illness diagnosis as nothing to be embarrassed about.

These recommendations emphasize feelings of acceptance and participation in special education without interruption, thus sharing a concern with emotional approach and encase social integration while making vast mention of and special education services.

Still, about patience, Respondent A has mentioned more resource-related concern learning and networking while Respondent B personally accepts the decisions made and continues learning throughout the educational process.

4.2.1. Checking the Profile of Development and Achievement

The respondents also differ in criteria and practices used for assessing the child's learning progress. For example, Respondent A watches over small development stages like walking, talking, crawling and the like.

To them everything is a big accomplishment since each success means that the child has conquered a challenge or obstacle. This approach is less rigid compared to Mass. Comm developed within a broader and personally oriented perspective pointing to developmental milestones as the sign of achievement. On the other hand, Respondent B uses structured observations from the teachers and observing the child's activities at home and at school. Mastery of specified academic content refers specifically within a given task, for example, better and more legible handwriting, enjoyment of writing tasks, etc.

Concerning this response focuses on the educational achievements and interaction with teachers in terms of evaluation. While Respondent A expressed improvement in developmental achievements and feeling proud of the child, Respondent B is more academic orientated and activity orientated, this explained why they focused on the improvements of their child skills.

Both respondents affirmed their concordance with the practices of supporting children with LD but use different strategies. Respondent A is shocking; it is centered on learning, community welfare, achievement, emotional and developmental progress.

On the other hand, Respondent B emphasizes acceptance, continuities in education and featuring numerical and/or academic accomplishment, insisting on the relevancy of orderly educational arrangements.

Taken together, these views help to offer a comprehensive picture to both families and educators about how they might overcome the hurdles and celebrate the successes of learners with LD. Hence, the integration of all these approaches- acceptance- motivation- emotion, and education- may result in comprehensive intervention models for children with ld.

Collaboration and Communication

Objective: Understand the role of teamwork in supporting LD children.

Key findings show in Table 6.

Table 6 Participants Answer

Questions	Answer - Respondent A	Answer - Respondent B
How do you work collaboratively with the school, therapists, or other professionals to support your child's development?	<p>The respondent's child has been diagnosed with Global Development Delay (GDD). GDD refers to a delay in a child's ability to achieve typical developmental milestones.</p> <p>The example given is that a one-year-old child would normally be able to walk, but a child with GDD may still not be able to reach that milestone. This context highlights the importance of external support from professionals, like therapists and educators, in helping children with GDD reach their potential.</p> <p>Although the response doesn't directly detail how the respondent collaborates, it emphasizes the critical role of professional intervention in managing developmental delays.</p>	<p>Respondent B's answer emphasizes the need for active involvement with professionals and staying connected with them to ensure progress.</p> <p>While not specific to any condition, this approach suggests a general commitment to maintaining communication with teachers, therapists, or other professionals to monitor progress and address any areas that need improvement.</p>
What are some key strategies for effective communication between parents, teachers, and specialists?	The key strategy mentioned is building a positive relationship between parents, teachers, and specialists.	Respondent B suggests staying in constant contact through WhatsApp or in-person meetings.

	<p>Trust is a central element in this relationship. Parents who trust their child's teachers and specialists are more likely to continue sending their children to school and be involved in school activities.</p> <p>Furthermore, the importance of encouragement and support from teachers and specialists is stressed, as it helps parents feel assured that their child is being given the appropriate attention.</p> <p>This approach focuses on emotional and relational support, creating a collaborative atmosphere where everyone feels valued.</p>	<p>Additionally, they stress the importance of not forgetting or neglecting appointments with specialists.</p> <p>This response highlights the practical aspect of maintaining regular communication and punctuality in keeping appointments, ensuring that the partnership between parents and professionals remains active and consistent.</p>
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Both respondents emphasize the importance of strong communication and involvement with professionals, but they focus on different aspects of the process. Respondent A highlights the relational aspect, emphasizing trust, encouragement, and emotional support as the foundation for effective communication.

This answer suggests that when parents feel confident in the professionals working with their child, they are more likely to engage in the child's educational journey actively. There is also a clear focus on the importance of building a collaborative, supportive relationship. Respondent B focuses more on practical aspects, such as regular communication via digital platforms (WhatsApp) and face-to-face meetings, and the importance of following through on appointments. Their response emphasizes the logistics of maintaining communication and ensuring consistency in actions to support the child's development.

In summary, Respondent A's answer addresses the emotional and relational foundation for effective collaboration, while Respondent B's response highlights the importance of consistent communication and keeping track of appointments and updates. Both approaches are complementary, showing that collaboration requires both emotional trust and practical consistency.

5. Impact on Social Development

Objective: Analyze how LD affects a child's social skills and relationships.

Key findings show in Table 7.

Table 7 Participants' answers

Questions	Answer - Respondent A	Answer - Respondent B
Does your child's learning difficulty affect their social development or interactions with peers?	The child tends to work alone and avoids group activities. Their poor gross and fine motor skills make it harder for them to join social play or physical tasks.	They noticed that it is hard for them to make friends and feel uncomfortable when there are so many people. They also have a lack of self-esteem.
What strategies have been used to help your child build strong social relationships?	The child only speaks when it is necessary for them to talk and struggle to answer a question or make and hold a conversation.	They also have a repetitive speech pattern that makes it difficult to stay in a conversation with others.

5.1. Comparison

Participant A stated that her child learning disability, Global Developmental Delay (GDD) impacts his social communication and development because the delay in the skills creates barriers to making friends and engaging with his environment. The child also preferred to be alone and often liked to perform tasks individually without any interactions with others, which is avoiding group activities. His weak gross and fine motor skills exacerbate the issues, creating limits in participation in social play or physical activities. Participant A, strategy to address the social development challenges is by attending workshops to be more understanding about her child's social difficulties. She

also used online resources, such as YouTube or Telegram, to learn about techniques for fostering better social interactions.

For Participant B, the child's speech delay and moderate autism have a significant impact on their social development as well. The youngster hardly ever engages, only speaks when required, and finds it difficult to respond to inquiries or carry on discussions. They become isolated because of their repetitive speaking patterns, which make it hard for peers to relate to them. However, limited communication in controlled environments, like school, is made possible by the child's moderate Malay abilities and strong English competence.

Participant B used different strategies to address this matter by regularly taking the child for outdoor activities, including community events, for example, church gathering, to give them opportunities for social interactions. Their family also ensures that the child is not isolated at home and actively engaging with them through play and communication.

For conclusions, participant A's child struggles with physical and communication delays, preferring isolation and having difficulty engaging in social interactions. While participant B's child experiences communication difficulties and social skills issues, resulting in limited peer connections.

Participant A focuses on workshops and online resources to get to know better about their child's needs to solve it. Participant B on the other hand places more emphasis on exposing her child to social situations in the real world, such as community gatherings and events which appear to offer more useful chances for them to engage with others and develop their social skills.

6. Technology and accessibility

- Objective: Analyze the role of technology in enhancing learning.
- Key Findings in Table 8.

Table 8 Participants' answers

Questions	Answer - Respondent A	Answer - Respondent B
What role does technology play in supporting your child's learning and accessibility?	Among the roles of technology that have helped the respondent in supporting their child's learning and accessibility are enhancing general knowledge, facilitating communication, and saving time. In terms of education, technology has made it easier for students and has also assisted teachers in diversifying their teaching techniques.	He is interested in computers and laptops, so parents use these two tools to help him be more active.
Are there specific assistive technologies that have helped your child?	So far, the respondent has not used any assistive technology to help their child.	No special tools are used, but he needs earphones because he does not like loud sounds. Earphones help reduce noise even if they don't produce sound.

6.1. Comparison

Participant A explains how technology plays different roles in supporting the learning and access of their child, such as increasing general knowledge, enhancing communication, and saving time.

Technology is also credited with making education more accessible to students and helping teachers diversify their teaching approaches.

The parents of Participant B, who is specifically interested in computers and laptops, use these instruments to keep him engaged and active. These testimonies serve to show the very good effect technology has on learning and engagement, tailored according to one's preference and interest, hence improving the whole learning experience and encouraging the idea of accessibility for varied learners.

Additionally, Participant A makes the point that they are yet to employ the use of assistive technology to support their child. On the contrary, Participant B does not need special gears but instead needs earbuds because he is sensitive to loud noise.

Even when there is no noise, the earphones reduce the noise. In a nutshell, while Participant A has not used any assistive technology for their child, Participant B does utilize headphones as a practical approach for managing loud sounds sensitivity. That then underscores the importance of considering individual needs and preference in applying tools or tactics to help people in inclusive environments.

To conclude, the experiences of Participant A and B shows that technology provides a major boost in learning and access within inclusive settings. Participant A identifies that through technology, the child's knowledge expands, communication improves, time is saved, and differentiated instruction methods have been widened.

Participant B expresses a particular interest in computers and laptops and thus sustains his engagement through these means, showing how personalized application of technology might improve learning and access to diverse learners.

While Participant A has not used assistive technology with her child, Participant B uses earbuds for sensitivity to loud noises as a real-life application to accommodate sensory diversities. These stories show that when providing technological and adaptive support, individualized preferences and needs are imperative to create an inclusive and supportive learning environment for all.

7. Emotional and mental well-being

- Objective: Address the emotional impact of LD.
- Key Findings in Table 9.

Table 9 Participants' answers

Questions	Answer - Respondent A	Answer - Respondent B
How has your child's learning disability impacted their emotional and mental well-being?	The child has difficulties in writing, counting and reading and this has an effect on the child's emotional mental health.	The child gets angry quite often, is easily upset, and easily offended by noise.
	The respondent pointed out that while developing his or her learning methods, he or she incorporates play activities to make the learning process of the child effortless and stress free. I do not have to force the child to go for a walk or any exploration because he or she takes time to walk around and do the exploration happily.	Loud voices upset him when he is at home and he feels sad. He is characterized by affection to slow kinds of music and at one point had to be swept off his feet by some music.
	Parents pay attention to being physically and psychologically ready to take care of the child. They stress on providing security for the child to be on their own as well as to remain fit.	The rest of the family has to contain the child and make them "be happy" and support what he feels. They also ensure the demeanor in the house is low profile particularly in their tone so as not to agitate him.
	The approach helps to reduce pressure on the child and to prevent emotional fluctuations by not setting very high demands on the child.	When the child feels panicked outside; the family is there ready to soothe and comfort him.

7.1. Comparison

The responses of both participants also reveal different ways through which young children's learning disabilities impact on their emotions and mental health, and the interventions that surround them. Both respondents display a good awareness of their child's emotional requirements, but they have varying ways for dealing with these issues.

As it relates to emotional and mental health, respondent A highlights academic concerns; poor writing, counting, and reading skills all affect the child. To counter these effects the respondent uses what can be described as a play approach where learning is made to appear easy.

This approach is good for the child's personality type because the child enjoys playing and running around. The respondent most values the absence of stress, claiming that the main aim of a child attending an educational institution is the happiness and stability of the child's feelings.

On the other hand, Respondent B genders emotional sensitivity as a core complaint. The child frequently throws a temper outburst, is easily disturbed by loud noises, and cries during slow music.

This sensitivity affects the strategy of the family, which is the lack of excitement or aggression in this case. The family plays an essential role of catering for the child's emotional reactions; for instance, not raising their voice at home or comforting the child whenever he/she experiences a panic attack outside.

Educationally and emotionally, Respondent A is again most emphatic about parental preparation combined with the development of a healthy, safe environment. The parents also agree with that approach as they think that minimizing the demands from the child prevents the formation of instability in their feelings.

While Respondent A actively tries to regulate the child's mood, Respondent B allows the child to have a tantrum and just follows the child's mood swings. They emphasize on their client's imperative needs for momentary comfort during uncomfortable occurrences.

All in all, the analysis provides two corresponding strategies. The result shows that Respondent A acts preventively, trying to manage all possible sources of stress so that work is organized to be as easy and fun as possible.

On the other hand, Respondent B is rather passive and reactive, which is concerned only with the direct regulation of a child's feelings. On the one hand, both strategies appear as reasonable approaches targeting children with LD and providing attention for their individual needs at the same time.

8. Family dynamics and support

- Objective: Examine the effects of LD on families.
- Key Findings in Table 10

Table 10 Participants' answers

Questions	Answer - Respondent A	Answer - Respondent B
How does your child's learning difficulty affect family dynamics and your support system?	For the respondent's family, as parents and siblings, they have come to understand and discuss ways to help and work together from various aspects. At this time, they prioritize self-care for their child and sibling who has GDD.	His condition has become a source of strength and inspiration for the family to explore the best ways to support him. It has fostered strong family bonds as everyone continuously observes, loves, and cares for him.
What roles do siblings, close family members, or community resources play in supporting your child?	The close family members and siblings also love and are very supportive in caring for their younger sibling without hesitating.	They avoid doing things he dislikes, play and joke with him as usual, and ensure he is not isolated.

8.1. Comparison

Each of the respondents describes how the child's condition changed family relationships, but strategies differ to some extent and address different concerns. Despite the problems that arise which are usually portrayed in the boxes Respondent A points to cooperation by individuals in the family to offer support.

This needs to be addressed since their family has participated in the conversations and contributed in managing the young child with learning disability mentioning that they normally put much emphasis on ensuring self care on the child. This means they are trying to find a pragmatic way of managing issues concerning their child with GDD.

On the other hand, Respondent B sees the learning difficulty of their child as something that challenges them. They term it as a chance to create better knit family ties with love and care as the support of their stand.

This perspective emphasizes the aspect of emotional strength and the post-traumatic stress syndrome emphasis on the positive things that the family comes together for.

The index was highest in Respondent B indicating that it is more family orientated while Respondent A is more organized and solution oriented.

8.2. Sibling Support, Family and Community Services

Both within each case, although the nature of the involvement and interactions are distinct, close family members and, in particular, siblings are involved.

According to Respondent A, one learns about siblings or close family's unconditional love and care. The focus in this case is that there should be no reluctance to take care of the child by the members who are expected to take care of him. This is evidence of a kind hearted and duty bound apparency within the family system.

Likewise, the proactivity of siblings and family members to an accident as noted by Respondent

B. However, their description includes certain behaviors like actions that the child frowns at or gestural signals that prevent the child from being lonely. Ironically, such a restriction shows that there is more attention being paid towards individual preference and the emotional state of the child.

In both respondents, relatives continue to be essential figures in a child's surrounding as are siblings and other kin. The family of Respondent A seems to have some degree of collectivism, while the family of Respondent B had some individualism oriented to meet the child's needs and want to be included as part of a group.

Respondent A and Respondent B show that families can be so flexible and strong when it comes to raising a child with EHL children. The first difference can be observed in the case of Respondent A who stresses the need for mutual work and relationship as well as division of the tasks; the second – is apparent in the matters that concern Respondent B where symbolically oriented stress is made on the feelings and care for the child.

In both cases, the siblings and other close family members participate, as supportive or reflected donors, with different forms of positive engagement with the child. These insights give expression to different forms that families can take in order to provide support to children with learning disabilities.

9. Future aspirations and goals

- Objective: Explore how families prepare for their children's future.
- Key Findings in Table 11

Table 11 Participants' answers

Questions	Answer - Respondent A	Answer - Respondent B
What hopes and aspirations do you have for your child's education and career in the future?	The respondent's hope for their child is that they will be able to take care of themselves, even while still under supervision. Additionally, the respondent hopes that their child will become more confident and courageous when facing crowded environments, especially in social interactions in the future. They also wish for their child to become an athlete, as the child enjoys playing football, in addition to becoming a musician. The respondent and their family will continue to provide	No high expectations are set, but we hope he can become independent, adapt to society, and live a life similar to other children.

	encouragement and support for everything their child does.	
How do you prepare your child for future success, considering their learning difficulties?	The respondent sends their child to attend the Community-Based Rehabilitation Program (PPDK), which helps children with issues like GDD as well as other related problems. Additionally, at home, the respondent provides engaging activities, conducts developmental stimulation exercises, increases communication activities, and incorporates learning through play, among other activities, to support their child's development. As a result, many positive developments have been observed.	Ensuring he attends classes regularly, staying in touch with teachers, and monitoring his progress. By leveraging his skills, such as proficiency in four languages, he is also being trained to develop his computer skills further.

9.1. Comparison

9.1.1. Aspirations

The respondent A has particular goals for the child, desiring for the child to become responsible for themselves under direction but also be an athlete and a musician. This has a very high connotation of the beliefs formed on appreciating the child's choice of interest and or confidence in the social arena.

The concentration on the attempt to develop courage and confidence in areas where it is uncomfortable to be indicates a concern with individual progress as well as aesthetic imagination.

On the other hand, Respondent B's expectations are comparatively balanced; they hope their child will gain independence, manage societal expectations without laying down high goals.

And this alludes to the more rational and reasonable mode of rather living a life when a child is able to work and gets adjusted with society without aspiring for such high heights of achievement.

As for the choice of the career, Respondent A mentioned heuristic occupation fields related to the child's sphere of interest, while Respondent B focuses on self-sufficiency and adapting to society as the top values.

This difference goes to show that aspirations may therefore mean developing gifts and talents on the one extreme and on the other extreme; it may signify the skills and knowledge that the child will need in order to exist as an individual in the family.

9.2. Preparations for Future Success

Appeal to respondent A takes their child for developmental and social activities in the PPDK program commonly known as the Community-Based Rehabilitation Program.

This structured program, combined with home practice including developmental exercises, communication practice, and learning through play illustrates a range and clarity of intervention that has not been previously described in the literature.

It was bureaucratized and specific aspects towards overall development and encouraging the talent that the child has been responded to by Respondent A in the most affirmative manner.

However, Respondent B states that continuity and practice in academic work and skill building are the most important preparation approaches. Class attendance, contacts with the teachers and tracing the success lays emphasis on a school related and structured life mode.

Moreover, concentration on the language and computer skills will also depict an attempt to develop desirable and saleable attributes that can help the child achieve another form of independence in future.

Although both respondents want their children to be empowered, Respondent A is more inclined towards the social creativity, and rehabilitative kind of strengthening while Respondent B is inclined towards the academic and technical kind of strengthening so that the child is able to fend for himself/herself in the society.

9.3. Shared Commitments

Both respondents have the same concerns regarding their children and their futures, however, the approaches to achieving that goal are different. In both families, the value of helping the child to become independent is underlined: in terms of confidence by Respondent A and in terms of skills by Respondent

B. They also show proactivity in their children's development by offering support to the child based on his strengths and movement.

From the responses of Respondents A and B it can be seen that both have different yet very committed to the cause of the children with learning disabilities. Unfortunately, both Respondent A's vision to cultivate talents and confidence and Respondent B's focus on the abilities encompassed in functional independence were missing from the organization.

Combined, both views demonstrate different strategies that families employ in order to meet the requirements that define a particular family, a common goal they have – to provide the child with a satisfactory and happy life.

10. Transcription and data analysis

10.1. Objective

To document the process of capturing and analyzing interviews regarding the challenges, strategies, and aspirations of parents with children diagnosed with learning disabilities.

10.2. Transcription Process

The interviews were conducted using Google Meet and audio recordings. Transcriptions were completed manually to ensure accuracy, with verification processes applied to avoid misinterpretation of multilingual responses.

10.3. Challenges

Managing responses provided in multiple languages and ensuring clarity in translating technical or emotional narratives.

Understanding complex explanations from the participants, which required careful context interpretation.

10.4. Data Organization

Responses were coded into thematic categories, such as diagnosis and identification, support strategies, and future aspirations, based on recurring patterns and unique individual insights derived from the interview guide.

10.5. Analysis

Thematic analysis was applied to identify key themes like the impact of learning disabilities on social development, the role of family support, and strategies for resilience. Comparisons between Respondents A and B highlighted both commonalities, such as patience and therapy, and differences, such as the use of assistive technologies.

10.6. Reflections

The transcription and analysis process provided profound insights into the lived experiences of families managing learning disabilities. It fostered a deeper understanding of their resilience and emotional journeys, which were instrumental in crafting nuanced interpretations. Empathy developed through this process underscored the significance of personalized and inclusive support systems.

11. Discussion

This study delves into the multifaceted experiences of parents raising children with learning disabilities (LD), shedding light on the challenges, strategies, and aspirations associated with managing such conditions. Through interviews, themes such as diagnosis, inclusive environments, emotional well-being, social development, and the role of technology emerged, each offering critical insights into the parental perspective on LD.

11.1. Early Diagnosis and Identification

The findings underscore the significance of early diagnosis, as delays in identifying LD often exacerbate challenges for children and families. Parents observed early developmental concerns, such as delayed motor skills and social withdrawal. This aligns with research indicating that early identification allows for tailored strategies to mitigate the challenges of LD (Janius, Ishar, Yusof, Bang, Sid, & Wong, 2023). Differences in diagnosis timelines highlight variability in access to resources and parental awareness, which can significantly influence outcomes (Amdan, Janius, & Kasdiah, 2024). Additionally, understanding how early interventions contribute to reducing anxiety in children has been emphasized in other educational settings (bin Jarun, Kundayis, bt Michael, Yahya, & bin Damit, 2024).

11.2. Challenges in Inclusive Environments

Inclusive education remains a cornerstone of LD management, yet challenges persist in practice. Both respondents reported struggles with adaptation and communication in mainstream classrooms. Barriers such as limited communication skills and sensory sensitivities are well-documented, and tailored teaching strategies are critical for addressing these challenges (Mazlan, Ishar, Ariffin, & Janius, 2025). Effective inclusion depends on both policy implementation and classroom practices (Janius, Jahadi, Abdullah, & Ling, 2023). Moreover, the integration of diverse cultural perspectives into classroom teaching has been shown to enrich the inclusive education model (bin Jasman, Amdan, & bin Pansoi, 2024).

11.3. Emotional and Psychological Well-being

The emotional health of children with LD emerged as a significant concern, with participants reporting heightened sensitivity to stimuli and emotional outbursts. Strategies employed by families, such as maintaining calm environments and incorporating play-based learning, have been shown to reduce stress and foster resilience (Ismawi, Ishar, & Janius, 2022). These findings emphasize the importance of holistic approaches that consider emotional and psychological needs alongside academic goals (Hassan, Janius, Atan, & Idris, 2018). Furthermore, research underscores the role of environmental factors, such as school infrastructure, in shaping emotional and academic outcomes (Kasdiah, Amdan, & Janius, 2024).

11.4. Family Dynamics and Support Systems

The role of family in supporting children with LD is pivotal. Both respondents highlighted collaborative efforts by family members, particularly siblings, in fostering a supportive home environment. These findings are consistent with literature showing that strong familial bonds enhance resilience and adaptability in managing LD (Fadel, Ishar, Jabor, Ahyan, & Janius, 2022). Differences in approach pragmatic versus emotionally driven illustrate the spectrum of familial adaptation strategies. Family dynamics can also benefit from integrating entrepreneurial education to foster resilience (Janius, Jahadi, Abdullah, & Ling, 2023).

11.5. Leveraging Technology

Technology's role in supporting LD was explored, revealing its potential in enhancing engagement and learning. While one participant noted a lack of assistive technologies, the other leveraged tools like computers and headphones to address specific needs. Personalized technological interventions can significantly improve educational outcomes and inclusivity (Janius, Ishar, Bang, Sid, & Wong, 2023). The importance of tailored applications for diverse learners is particularly critical in inclusive settings (Janius, Amdan, & Kasdiah, 2024). The use of AI tools in educational environments, particularly in supporting educators and students, has emerged as a transformative approach in higher learning contexts (Amdan, Jasman, Janius, Aidil, & Kasdiah, 2024; bin Jasman, Amdan, & bin Pansoi, 2024).

11.6. Parental Aspirations and Preparations for Independence

Parental aspirations varied, from fostering social confidence to developing academic and technical skills. These goals reflect the importance of balancing practical skills with emotional resilience to prepare children for societal integration (Janius, Aniq, & Amdan, 2024). Participation in community-based programs and developmental exercises further highlights the value of structured and holistic support systems (Amdan, Janius, Jasman, & Kasdiah, 2024). Additionally, families have reported success when incorporating structured sports and artistic activities as part of the child's development (Janius, Ishar, Bang, Sid, & Wong, 2023).

11.7. Collaborative Efforts with Professionals

Effective collaboration between parents, educators, and therapists is essential in managing LD. Both participants emphasized the importance of trust and communication with professionals. Digital tools were identified as effective for

maintaining communication and ensuring consistent monitoring of progress (Yakop, Ishar, & Janius, 2024). Trust-building and consistent interaction are foundational for successful partnerships (Janius, Jahadi, Abdullah, & Ling, 2023). Collaborative efforts have been shown to be especially impactful when addressing challenges in resource-limited environments, such as rural areas (Kasdiah, Amdan, & Janius, 2024).

11.8. Social Development and Peer Interactions

The challenges of social development were apparent, with participants reporting isolation and limited peer interactions among children with LD. Strategies such as exposure to community activities and structured social interactions were beneficial in fostering social skills (Janius, Ishar, Yusof, Bang, Sid, & Wong, 2023). Experiential learning remains a valuable approach for enhancing social competence. Other studies have suggested integrating music and creative arts into social learning to improve interaction and communication among children with developmental challenges (Janius, Ishar, Bang, Sid, & Wong, 2023).

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Objective

To document the process of capturing and analyzing interviews regarding the challenges, strategies, and aspirations of parents with children diagnosed with learning disabilities.

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The transcription and analysis process provided profound insights into the lived experiences of families managing learning disabilities. It fostered a deeper understanding of their resilience and emotional journeys, which were instrumental in crafting nuanced interpretations. Empathy developed through this process underscored the significance of personalized and inclusive support systems

12. Conclusion

This report looks at the experiences of parents with children who have learning disabilities (LD). It focuses on how these families deal with challenges and find ways to support their children. The main idea of the report is that early action and teamwork are very important. One of the big ideas in the report is the importance of early intervention. Parents said that noticing signs of learning disabilities early helped them get their children the right kind of help. For example, one parent noticed that their child was not meeting basic milestones like sitting or crawling. Another parent saw their child could read early but struggled with talking. Early support, like therapy, helped the children improve in areas like speaking, moving, and learning. Another important point is working together. The report shows that teamwork between parents, teachers, therapists, and even siblings can make a big difference. Parents said that they often worked closely with teachers and joined therapy programs to help their children. Siblings also played a role by being kind and supportive at home. This teamwork helps children feel more included and supported. The report also talks about holistic approaches. This means helping children in every way, not just focusing on school. Families worked to improve their children's emotional health by creating calm environments. They also used fun activities like playing games or attending community events to help their children socialize and reduce stress. Finally, the report gives recommendations to people like teachers, families, and decision-makers. For example, it suggests that teachers should use teaching methods that meet the needs of every child. Parents are encouraged to stay patient and learn more about their child's condition. Communities are also asked to provide resources like therapy programs and support groups for families.

Compliance with ethical standards*Acknowledgments*

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Statement of ethical approval

The researchers used the research ethics guidelines provided by the Universiti Kebangsaan Malaysia Research Ethics Committee (RECUKM). All procedures performed in this study involving human subjects were conducted in accordance with the ethical standards of the institutional research committee.

Statement of informed consent

Permission and consent to participate in the study were also obtained from all guardians of the study participants.

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