

Dyspraxia

Introduction

Dyspraxia is described as a neurodevelopmental disorder which affects coordination and movement in children when messages being sent to the muscles in the body are interrupted (Health Direct 2021). The Dyspraxia Foundation (2013) state that dyspraxia is becoming increasingly more common in children and affects their fine and gross motor skills coordination. Dyspraxia, sometimes referred to as Developmental coordination disorder, or , DCD can cause children to appear clumsy and under perform in relation to every day routine tasks and activities compared to their peers of the same age (NHS 2019). Nisbet (2020) suggests that in accordance with the definitions of additional support and needs, children with dyspraxia would be identified as having additional needs

Identification and Diagnosis

Early signs of DCD in infants can include delays in reaching expected developmental milestones. Children may take longer to roll over, sit up, crawl or walk in comparison to children of their age. They may also have an unusual body posture, have difficulty using cutlery and may also find playing with toys specifically targeted for good coordination difficult and frustrating (NHS 2019).

Beyond infancy some of the main symptoms of Dyspraxia include:

- children appearing to be clumsy or awkward
- difficulty with handwriting or drawing, with a tendency to avoid such tasks
- Limited self help skills in particular using buttons, zips, shoe laces.
- Difficulty with gross motor skills such as running , jumping, hopping, skipping or riding a bike
- Poor spacial awareness with a tendency to bump into people or objects frequently (The Dyspraxia Foundation 2022).

As children get older symptoms of dyspraxia can include , fatigue, continuing poor posture and balance , problems with perception and poor eye hand coordination (Medical News Today, no date). Indication of dyspraxia may be identified by various people in a child's life, for example, parents, teachers, family members or in some cases , the child themselves. However a visit to the G.P would be the initial starting point in order for the child to be referred to the relevant professionals. Although these professionals are unable to confirm a diagnosis of dyspraxia independently, they each contribute as a collective in the process of a diagnosis (Dyspraxia Foundation 2015).

For a definitive diagnosis of dyspraxia to be made children with signs and symptoms of dyspraxia will need to undergo a non-referenced assessment of their motor skills. This assessment uses the Motor ABC method to assess if their ability to coordinate and use both their fine and gross motor skills is within the expected range for a child of their age (NHS 2019).

Strategies

Outdoor learning can be an effective strategy to use to support children with dyspraxia. The outdoors and the natural activities it provides gives children opportunities to practice their skills such as:

- Balance
- Coordination
- Endurance
- Body awareness
- Movement planning.

It also encourages children to build their core strength benefiting their muscle movements and memory (Play world 2022). Thomas (2019) agrees, and suggests that children with Dyspraxia can feel anxious or isolated as they take longer to master skills that their peers may find unproblematic. She suggests that being exposed to an ever changing environment where everyone is a novice can ensure children feel that they are not being singled out and that they are being treated in the same way as their peers alongside working on their motor skills.

Similarly Bento and Dias (2017) state that the outdoors and the opportunities it presents has a positive impact on the healthy holistic development of children of all ages and abilities. Bright Heart Education (2022) states that children should be encouraged and enabled to practice their physical and movement skills in a variety of ways and in multiple contexts. The outdoor environment , being ever changing and with the support of enabling them to use these environments lends itself well to children with dyspraxia in order to master these skills.

Barriers

Sandseter *et al.* (2020) believes that one of the barriers associated with utilising the outdoor environment as a tool to support children's physical development is the level of practitioner involvement.

The Welsh Assembly Government (2009) suggests that some practitioners may view the outdoors as supervision rather than immersing and involving themselves within children's holistic learning opportunities.

In relation to specific intervention for children with Dyspraxia letting them play and explore their environment although beneficial, merely is not enough. Practitioners need to be enthusiastic and knowledgeable to support children in increasing their understanding of how their bodies move and work within their environment and within their capabilities (Macintyre and Mcvitty, 2004).

Rein (no date) believes that practitioners may be inclined to believe symptoms of dyspraxia may go away over time. They may not be very supportive and facilitating of children diagnosed with dyspraxia in the outdoor environment. Similarly, Froebels practice and principles support this. Tovey(no date)suggests that a practitioners role is not intended to play a supervising role but to to facilitate and support children with their curiosity, alongside creating and providing children with enabling accessible environments. She suggests that through this, all children, including those with dyspraxia can thrive to become capable learners.

Conclusion In conclusion, although dyspraxia can be difficult to identify and diagnose initially it is important that significant people around the child are aware of the indicators relating to dyspraxia. Once diagnosed it is clear that children should be provided with holistic learning opportunities from enthusiastic knowledgeable practitioners . Children with dyspraxia may be limited within their physical capabilities without practitioners intervening, supporting and creating enabling, inclusive environments for children to thrive.

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