

Introduction

Within Wales there is a legislation known as the *Additional Learning Needs Tribunal (Wales) Act 2018*, developed from the *Special Education Needs and Disability Act 2001*. Wales implemented a new legislation as they believed ages up to twenty-five should be covered by the legislation and there needed to be more in depth understanding of the expectations for individuals who work with children and young adults in relation to additional learning needs (Special Needs Jungle, 2018). Furthermore, Snap Cymru (2021) discusses examples of the changes include shortening the appeal process to diagnosis, enabling early intervention and professional training opportunities to inform practitioners of the diverse additional learning needs in which they are to be aware of.

The British Dyslexia Association (no date) state Dyspraxia is an additional learning need which impacts fine and gross motor coordination on differing levels, which can impact their day-to-day lives especially during their early stages of development.

Identification and diagnosis

Waber, *et al.* (2020) discusses that Dyspraxia and Developmental Coordination Disorder, also known as DCD, are synonymous to one another as they impact coordination. Dyspraxia can also impact children and young adults’ cognitive coordination negatively in ways such as their ability to absorb large amounts of information simultaneously, multitasking and planning (Waber, *et al.*, 2020).

According to Dyspraxia Foundation (2021) to identify Dyspraxia practitioners first must understand that early identification is important as it impacts everyday life including activities such as getting dressed, throwing, catching and kicking a ball and developing speech. However, the average age of diagnosis is between seven and eight years old, providing an understanding that early identification of Dyspraxia is uncommon before this age (Dyspraxia Foundation, 2015).

Udoh and Okoro (2013) agree as they state Dyspraxia is associated mostly with language, perception, and thought which influences the simplest of actions they make throughout their lives. Furthermore, Dyspraxia Foundation (2021) believes the symptoms of Dyspraxia include falling over and bumping into objects frequently, lack of hand-eye coordination, and struggling to process a large amount of information.

When a practitioner identifies that a child could have Dyspraxia, they can communicate with the head teacher with their concerns in which the headteacher will contact other agencies to make referrals for the child which enables early interventions to take place (Dyspraxia UK, 2021).

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During a possible identification of Dyspraxia, an occupational therapist will undertake a Norm-referenced assessment of motor skills, also known as the Motor ABC Test, as it includes a basic assessment of multiple additional learning needs, therefore assisting practitioners in understanding what support is best for the individual needs of the child (University of Cambridge, 2022).

Barriers and Challenges

Prunty (2016, p.1) believes the formally diagnosed Dyspraxia disorder ‘clumsy child syndrome’ influences society to believe children with Dyspraxia are “lazy, clumsy or unintelligent”, this statement can cause children to feel unrepresented and unsupported therefore leading to an influence on children’s mental health. During a study UKRI (2016) state 60% of children with DCD or Dyspraxia struggle with socialising with others and their mental health, they believe this originates from their early childhood development, starting when they first begin to have control over their head as they have more opportunities to interact with their environment. Spittle, *et al.* (2018) state this may contribute to children’s social and emotional development, however it is not solely due to this, it is also due to the negative influence that the perspective and assumption of the “clumsy child syndrome” has on children. Spittle, *et al.* (2018) believes practitioners assumption that Dyspraxia is only being clumsy can cause children to feel isolated and excluded from the setting in which they have the most social experiences and opportunities.

Additionally, O’Dea, *et al.* (2021) believes practitioners are less likely to provide the child with support as they may believe this is something that may go away overtime, however Dyspraxia is a disorder which a child will struggle with their whole life.

Conclusion

To conclude, children with Dyspraxia should be provided with enhanced equitable learning opportunities throughout their lives and to assist children in achieving this it is important for practitioners to utilise Vygotsky’s scaffolding theory to understand the importance of early identification (Shvarts and Bakker, 2019). During which, practitioners must be provided with the training to enable them to understand the signs and symptoms of Dyspraxia in children, therefore, enabling practitioners to provide early interventions such as occupational therapy which focuses on supporting children to strengthen their coordination and physical development (Liew, *et al.*, 2011).

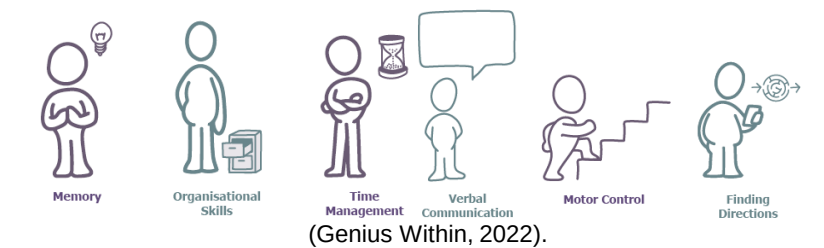
Strategy

Shvarts and Bakker (2019) states the Vygotskian theory believes children who are scaffolded throughout their early childhood are provided with a child-centred approach inclusive to the individual needs of the child, as it enables identification of additional learning needs and the unique challenges a child may face. During scaffolding practitioners can provided support strategies which enhance and scaffold the child’s learning. However, as discussed by Farrell (2012) without support and effective provision, consequently children may struggle and their development with decline because there is not a practitioner who can ensure they encourage, implement and adapt activities to suit the needs of a child.

A strategy of supporting children with Dyspraxia is occupational therapy which is a collection of activities which children participate in to maintain, develop or recover the skills they need for everyday life (NHS, 2022a). Willard, *et al.* (2013) state that occupational therapists focus on physical and sensory challenges which a child may have, in which they will include activities such as balancing on wobble boards which they can practice developing their coordination.

During occupational therapy, a child with Dyspraxia will continually practice specific activities which are catered to their needs, this enables child to develop their muscles, their core strength and coordination, causing this to be an advantage of occupational therapy because children are developing the skills, they need to access their needs and participate in leisure activities (Liew, *et al.*, 2011). Motor repetition enables children to understand how they should approach an activity, whilst also enabling a child to discover their own way of approaching challenges and understanding that it is okay if they do not get it right the first time; therefore, improving their resilience and overall emotional wellbeing (Jones, 2019).

However, whilst occupational therapy is beneficial for children with Dyspraxia, a challenge involved is delegating the time in a child’s life for it because if it takes place during their time within the setting, it can cause the child to miss out on holistic learning opportunities (Knowsley Children’s Social Care, 2021).



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