Choose one Specific Learning Difficulty (SpLD) and discuss its impact on learning and achievement for children and young people in schools.

Action Points

1. Set page alignment to justify

2. Include an introduction

> A physiotherapist would probably say that the child in question has impaired motor performance that is not linked to any known clinical cause. A speech and language therapist might say that the child has a motor difficulty that affects his or her initiating and sequencing of sounds and words. A teacher might well describe the dyspraxic child as inattentive and lacking in concentration skills. A parent might describe his or her child as clumsy and disorganized and having poor coordination. All might be descriptions of the same child. Boon (2010)

Sitting within the group labelled Specific Learning Difficulties (SpLDs), dyspraxia is often the quietly forgotten learning difficulty amongst children in mainstream schools. Alison Patrick (2015) states that it is thought that up to 10% of the population are affected by dyspraxia. This can lead to the perception that it has less of an impact on student's well-being and learning but it is most certainly not the case. Teachers can be under the illusion that it is a physical issue, that they cannot do anything to help with within the classroom setting. Having far greater effect than those immediately associated with, children with dyspraxia need and deserve careful consideration by teaching staff in order for them to reach their full potential. As with many additional learning needs, diagnosis has advanced in the last 20 years dramatically, giving us a far greater understanding of the many different aspects and their effects on children. Dyspraxia is also known as developmental coordination disorder and, is often the case with speech and language difficulties, there is a comorbidity between dyspraxia dyslexia ASD and AD(H)D, making each child even more unique to work with. The neurodiversity difficulties with dyspraxia can often be the most challenging in terms of learning new strategies and implementing them throughout their lives. Dyspraxia does not affect a person's intelligence, however, failing to provide appropriate support, can.

As a child develops it may become apparent that they are not achieving the physical milestones within the time expected and these may be the early signs of dyspraxia. Delays in sitting unaided, crawling and walking are some of the first clues that something may be amiss during this stage in life, with health visitors on hand for any queries parents may have. Later during the primary school years, parents may consult with teachers regarding development and progress and subsequently visit the doctors for a referral to a paediatrician. Who, after a diagnosis, may refer the child to an Occupational therapist or Physiotherapist for therapeutic interventions. As Boon (2010) suggests when working with very young children, therapists can give advice and guidance on daily living skills, such as dressing, toileting and the use of cutlery. The fine motor skills involved in buttoning clothes can prove a very frustrating start to the day and a time-consuming task when combined with the urgency of toileting. Many dyspraxic children prefer to eat with their fingers, finding cutlery cumbersome to hold and even more difficult to use in unison when cutting up food, leading to feeling different and embarrassed in the school canteen. When faced with such struggles, it can be easier to avoid them altogether, as Boon (2010) states “If we do not practise them or even actively avoid doing them they may become worse, and certainly an individual's confidence in carrying out these skills will diminish.” Trampolining has many benefits for children with poor coordination and muscle tone, helping to build stronger limbs, stamina and general coordination. Also improving spatial awareness, body awareness and perception of height and depth. Although the weightlessness and height might be sensations that individuals wouldn't normally enjoy, trampolining brings a fun element and a sense of freedom within the safety of the trampoline enclosure. Swimming can also have a positive impact as a therapeutic intervention, helping to develop breathing control, walking and jumping in a controlled manner, whilst being supported by water. It is important to encourage dyspraxic children to participate in physical activity, as it presents such a challenge to some, that they actively avoid it, creating more problems for their health. Enjoyable tasks such as putting on a pair of trainers and going out to ride a bike with friends, are filled with enormous difficulties. The fine motor skills and coordination involved in tying shoelaces alone, are enough of a challenge. Learning to ride a bike is considered one of the joys of childhood, however, for dyspraxic children it can be a lengthy and torturous affair. Impacting on their well-being in

different ways, from being included by peers, health benefits and the all-important cycling proficiency week at school.

Due to the complexities of this neurodiverse difficulty, dyspraxic students can struggle with having a growth mindset. Believing that their ability is fixed and that they cannot do anything to improve their skills. Dweck (2012) argues that intelligence is not fixed but that through interventions such as validation, learners can become whoever they want. Combining Dweck's (2012) growth mindset theory and Gardner's (1993) theory of multiple intelligences, (that intelligence is not fixed at birth but that it is multi-faceted and can be improved on using the individuals preferred learning style) has the potential to make educating dyspraxic children a more enjoyable experience for all. Learning in school can be an exhausting experience for students with poor perceptual motor skills. Moving from room to room, navigating corridors of people, steps and doorways, all whilst carrying a backpack laden with textbooks and struggling with spatial awareness. After getting ready for school at home and catching a bus to school, some dyspraxic students are tired before the first lesson has begun. Whilst at school, it is here that some dyspraxic traits have the most impact on children's learning. Poor time management, poor organisational skills, lacking in concentration and trouble sequencing have a profound impact on their learning. However, there are many small adjustments that can easily be made within the classroom setting, to combat these. A larger visual timetable using colours, symbols or pictures, is uncluttered and can be easily read saving time and confusion. Seating students away from any distractions, such as open windows, where they can have a clear, uninterrupted view of the board whilst seated on a comfortable, well supported chair. Allowing movement breaks between lessons, if students are staying in the same room for learning all day. Some children get little warning when needing the toilet due to poor muscle control in the bladder, in allowing students to leave the classroom promptly, accidents can be avoided. Although forgetting to come back within the appropriate timeframe sometimes might call for a member of staff to go looking for them, as they stand at the sink mesmerised by the feel and flow of the running water taps. Classroom routine is much preferred by dyspraxic students, reading books in on a Monday, PE kits on a Tuesday with letters home on a Friday, knowing what and when tasks are expected causes less confusion. Teachers can help students by identifying a preferred learning style and adapt their delivery

accordingly. Allowing extended pieces of writing to be completed on a laptop, or with a pen rather than a pencil, that constantly gets broken from misjudged force because of the need for hard feedback when writing. Reducing the volume of work tasked so that dyspraxic students can achieve success in the same amount of time as their peers. The setting of essential homework should be carefully given as dyspraxic students will be more tired at the end of the school day than others. As time management can be problematic, using timers on the desk can be a great visual aid, as well as clear task plans of the work expected. The satisfaction of achieving these small goals and checking them off will increase student's well-being. If children become frustrated, angry or sad, it is impacted on their self-esteem, motivation and behaviour. With well-being recognised as a key focus on the Welsh Curriculum (2020), helping dyspraxic students in the classroom will inevitably increase their well-being. With all of the difficulties that a child with dyspraxia may have, there are also some great strengths and attributes to. Creativity, determination, lateral thinking, inventiveness, verbal intelligence and empathy but to name a few. In theory, dyspraxic children in Wales should excel under the for purposes of the Welsh Curriculum, which focuses on producing ambitious capable learners, healthy confident individuals who are enterprising creative individuals. Whilst there is no cure for dyspraxia, schools can help by making reasonable adjustments for children to access the curriculum, removing barriers to learning and most importantly, allowing children the time they need to learn in a style that best suits them, so they may lead fulfilling lives as valued members of society.

1,456 words

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