

SECTION A

Developmental co-ordination disorder (DCD), is also known as dyspraxia by many people in the UK (dyspraxia foundation, 2020). According to Edutopia, (2019) Dyspraxia is a condition that effects your physical co-ordination, fine and gross motor development and can cause delays in normal developmental activities in about 10 percent of the population. A child may not perform their daily activities as well as would be expected for their age, they may appear to move clumsily. It is said that dyspraxia will affect 3 to 4 times more in boys than girls. The Dyspraxia Foundation, (2015) seem to think that girls are better at masking it and are a testament to the resilience, coping mechanisms and 'emotional intelligence' of females that they are seemingly able to disguise some of the difficulties that might be more obvious in boys. Dyspraxia can sometimes run in families. Dyspraxia also can cause continued problems into adulthood. (NHS, 2019).

Developmental co-ordination disorder is used as an overall term for motor co-ordination difficulties, dyspraxia covers additional problems such as, planning, organising, carrying out movements in the right order in everyday situations. Dyspraxia can also affect speech and thought process. (Dyspraxia Foundation, 2013a). However Boon, (2010) says that with Dyspraxia it is the way the brain processes the information and therefore the body does not get the correct message sent to it.

From the United Nations Convention on the Rights of the Child (UNCRC), Article 23 states that children who have any kind of disability should have special care and support so that they can lead full and independent lives. (Welsh Government, 2011). However the Dyspraxia Foundation, (2013) says that getting the right support and intervention may prove difficult because a child's functional abilities may be interpreted differently depending on their family background, culture and expectations—as well as the expectations of their school and peer group, so that two children with the same profile of motor difficulties may be labelled differently.

An advantage of having an early diagnosis can mean a better quality of life. (dyspraxia foundation, 2020a). According to the Code of Practice (2001) that greater awareness of the important benefits of identifying pupils' difficulties early, is even more crucial that the assessments are done. (Jones, 2005).

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Getting a correct diagnosis will allow parents, teachers and health professionals to access information to the relevant cluster of symptoms, certain behaviours can be interpreted differently in light of the diagnosis and access to funding and services that might otherwise not be available. (Lee Medical Practice, no date a).

Although dyspraxia may be suspected in the pre-school years, it is not usually possible to make a definite diagnosis before a child is aged 4 or 5 (NHS, 2019). Healthline, (2020) also state that symptoms can vary from child to child and sometimes the symptoms may not be apparent until a child is older and this meaning that a diagnosis may be delayed until a child is five years or older.

If it is suspected that a child has Dyspraxia then it is advised by nidirect, (2020) to contact the child's doctor, health visitor or schools SENCO/ALENC0. Getting the correct diagnosis is important to develop a better understanding of the child's problems and to make sure the appropriate support is available and can reduce stress experienced by parents and children. (NHS, 2019a). There are many health care professions who can carry out an assessment on Dyspraxia, they range from Paediatricians, paediatric occupational therapist and an educational psychologist. (NHS,2019b).

Early recognition of dyspraxia will enable early intervention and practical steps to help your child to achieve their potential. (Dyspraxia in Children, (2020a). Nutbrown,et al., (2013) states that early intervention is crucial to children's later education. Getting the right diagnosis can mean getting the right therapies such as medical, occupational therapy, speech and language therapy or psychology. (Lee Medical practice, no date b). Children whose dyspraxia is identified at an early stage are less likely to have problems with acceptance by their peers and with lowered self-esteem, speech and language difficulties and fine motor skills. (Dyspraxia in Children, 2020).

There is no cure for dyspraxia. However, with the right therapies, people with dyspraxia can learn to manage symptoms and improve their abilities (Healthline, (2020). If A child with dyspraxia for instance has speech and language issues, then getting a speech and language therapist to get an early intervention in place is important. The language therapist will need to put together an individual programme to meet the needs of each child devised from the latest evidence they receive about the child and from other professionals. All programmes must be child friendly and will usually involve using pictures and games to target the speech and sound. The speech and

language therapist will be in constant communication with parents and teachers in order to develop the child's speech. (Spectrum Speech, 2019).

Bruner's (1976) theory of Scaffolding is a very good way of supporting and using new concepts for children with dyspraxia as they require more support, by breaking big projects into smaller chunks. (edutopia, 2019a).

Addy, (2013) state that in addition to the support of a Speech and Language Therapist as part of the early intervention support, changes to practice are also introduced/encouraged as part of this intervention programme such as specific use of resources, such as a certain type of pencil grip, Addy states it is common to see children with dyspraxia holding the pencil awkwardly, and struggling to achieve a tripod grip which incorporates the thumb, index and middle finger. This is often due to poor sensory feedback and motor planning difficulties; the pencil grip would support the child with writing skills. In addition to resources, the child is also encouraged to think about his/her positioning, particularly in the sitting position where both feet are placed flat on the floor and knees and hips bent at a 90° angle to support posture. SEN Teacher, (2012) agrees with Abby and states that the encouragement of fine motor control such as puzzles, bead threading, Lego all support simple motor tasks to develop an ability to track and scan ahead. However play is important for children with dyspraxia, Thomas, (2019) states that children with dyspraxia are at a greater risk of isolation, depression and anxiety because they take longer to acquire skills like throwing and catching a ball, skipping, running and to learn the rules of more complex games.

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The medical model of disability for dyspraxia defines it as an impairment or immaturity of the organisation of movement. Associated with this, there may be problems of language, perception and thought. (edgehill, no date). Ncbi, (2007) states that Dyspraxia has been defined as "a breakdown of action" and "the inability to use voluntary motor abilities effectively in all aspects of life from play to structured skilled tasks". Addy and Dixon, (2004) states that from a child's point of view they are like salmon that has to put on an enormous effort to swim upstream against a fast flowing current simply to survive within society where tolerance against poor physical ability is

lacking. However according to Macintyre, (2009) states that you cannot assume if children with dyspraxia has motor difficulties when they are young, and that they will grow out of it. *(I acknowledge these to be dated and that despite development and research in other areas of additional needs, there is little evidence of current research.)*

According to Kids Sense, (2020) Dyspraxia has difficulty with organising and directing the body to perform a motor skill (movement) needed to correctly carry out the steps in a process and to ensure that a task is performed in the most efficient way. In order to do this the brain must receive and register sensory information from the environment and one's own body (e.g. tactile (touch), kinaesthetic (body position awareness), vestibular (balance awareness) and visual information). The brain must then process and interpret this information in order to generate an appropriate response: including how to interact with the environment, planning the movement necessary to proceed and finally executing the performance. Dyspraxia Foundation, 2015b).

Included in the organisation and planning of how to execute the task presented to the child, the child also requires the ability to effectively evaluate the success of the performance in order to refine it for next time. (Dyspraxia Foundation, 2015). Pestalozzi: UK, (2013) states that children learn best through observation and should be allowed to learn gradually and not be rushed.

Taking part in physical activities can be a barrier for a child with dyslexia, this involves movement, following instruction and sometimes working with other peers in a group. Kids Sense, (2020a) states that some children with dyspraxia avoid socialising with peers or are sometimes not included by their peers in physical games, on the playground or during physical education lessons for fear of failure or from an experience with failure. This then affecting their self-esteem which will have a knock-on effect with leaning and developing basic skills. (Lee Medical Practice, no date).

Haegele and Hodge, (2016) agree and state that individuals with a disability who are typically functioning believe that recreational or competitive physical activity including sports, is something that they are capable of but those with the disability would disagree. Self-esteem and confidence can be a social barrier for children with dyspraxia when they realise that their skills do not match their peers. As a child gets older, they become more aware of their surroundings, different situations and feelings. (Childlaw, no date). It is important to encourage sporting activities from a young age

to avoid an inactive lifestyle and increasing the risk of other health issues such as obesity and diabetes. Medicalnewstoday, (2020) agrees the more active play the better the child becomes at interacting and gaining confidence.

Giving too many instructions especially when teaching a new skill or sport can make things worse and can also cause anxiety issues which again would lead to low self-esteem and confidence. (edgehill, no date a). However according to the Dyspraxia Foundation, (2016) there is increasing evidence of associated anxiety, depression, behavioural disorders and low self-esteem children, teenagers and young adults with dyspraxia.

Children with dyspraxia struggle socially with their environment and in large classrooms. They find it easier to be in small groups and to have a routine. Not having too much clutter around in the classroom or too much furniture will help the child to have freedom of movement and for them to be able to concentrate and keep on task. (Dyspraxia Foundation, (2016). Not having a one to one support for some children with dyspraxia can be a social barrier and cause a lot of stress and anxiety, they require a knowledgeable adult to support and reassure them to meet their personal and individual needs. (read and spell. 2020).

SECTION C

Dyspraxia Foundation, (2014) states that a child with dyspraxia can have delayed speech and language development and may present with social communication difficulties. One of the best ways to support a child who may have delayed speech and language and who may present with social communication difficulties is to try and get the attention of the child before giving instruction and try and reduce any distraction. (Dyspraxia Foundation, (2016a).

Only give 1 or 2 instructions at a time and get the child to repeat back what has been said to them to make sure they have understood the instruction before carrying them out. (Dyspraxia Foundation, 2014a). Providing lots of praise and encouragement will give more confidence in their learning and themselves. (Kids Sense, 2020c).

Kids Sense, (2020b) says that you should be using simple language and try and use lots of visual prompts, allow time for the child to process the information that has been

given. John Dewey agreed stated that all human beings learn best through hands on approach, students interacting with their environment will help them adapt and learn. (study.com, 2020).

From my personal experience using a book called Toe by Toe (Highly Structured Multi-Sensory Reading Manual for Teachers and Parents) (Cowling & Cowling, no date) was very effective, all 3 children whom I worked with had dyspraxia and even though they were all at different levels of dyspraxia they worked through the book at their own pace and gained much support from the book. Kids Sense(2020c) states that you should allow the child extra time to process and learn when presenting the them with a new task. Toe by Toe broke everything down into small easy tasks allowing the child to process the work and store the information.

Sadly, whilst this was an effective tool it does not continue to run in schools in Carmarthenshire. According to the Welsh Government, (2012) DORE is a programme used for improving the literacy skills.

From my personal experience the best support for a child with additional learning needs is their one to one or someone who works closely with them daily to build up a happy and purposeful relationship and give them the support they need. Having a one to one can support the individual child giving time for both the adult and the child to get to know one another and gaining each other's trust. Bruner (1976) came up with the theory of scaffolding, giving children support along the way. (Edutopia, 2019b).

As a knowledgeable adult not only can you support the child but can also give your views and observations to other professionals working alongside a child with additional learning needs. Lev Vygotsky theory on the more knowledgably other said that children were given opportunities to work with the teacher or more skilled others. (Simple Psychology, 2018). NCC, (2018) states that there is no denying that the investment in robust training of teaching assistants to deliver structured help and support in the classroom has made for significant improvements and successfully support students. Article 28 of the UNCRC, (Welsh Government, 2011) states that all children have the right to access education – and some are only able to do so with the help, patience and understanding of their trained, experienced and talented teaching assistant.(Metro, 2012).

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