

Introduction

Recently within Wales there has been a reform of the curriculum which in turn saw a change in the special education needs (SEN) system where all existing legislation surrounding education was replaced with the additional learning needs (ALN) bill where this a framework is created to support individuals from 0-25 with additional needs previously known as SEN (Welsh Government, 2021). These changes have taken place in a response to the need for change within education bringing together all systems into a single learner centered system ensuring all learners are provided with the same as others their age. Additionally this new framework allow for an improvement in transitions through the child's life within settings and ensuring a fair and transparent system for everyone involved (Snap Cymru, no date). Torfaen County Borough Council (no date) outline this new change will allow for early identification of needs, addressing them and the support they require to allow the child to reach their potential, this change will also ensure professionals are skilled to enable them to identify needs and develop ways to aide learners overcome their barriers to the learning keep the child at the centre of all decisions in partnership with parents known as the person centered approach.

Dyspraxia is an example of ALN which presents as a developmental coordination disorder (DCD) impacting on the persons movement and coordination. Dyspraxia can effect skills such as balancing, playing sports, often appearing clumsy also their writing skills or using small object and developing fine motor skills (NHS, 2023).

Strategy

Once dyspraxia is suspected there are provisions as a practitioner that can be implemented to aid a child in their development. Foster-Cohen, and Mirfin-Veitch(2017) discuss there are often children within the classroom who are intellectually capable of learning and accessing the curriculum however are disadvantaged by their Dyspraxia which hinders them accessing the full curriculum in comparison to their peers due to their levels of need not meeting the criteria for additional support resulting in lower performance outcomes in comparison to those who have the support in place and not labelled difficult, clumsy or low cognitive ability (Dyspraxia Foundation, 2023b; Spittle, *et al.* 2018).

Dunford, (20211) highlight that occupational therapy an intervention strategy used to support children with DCD has proven to enrich the child's development when focused on the individual child's needs for progression. Furthermore Jackson, (1999) identified that children who are given opportunities to practise skills they need to improve within setting and at home retain the skills and progress at a steady rate in comparison to children who only access the intervention in setting, therefore consistency and communication between care givers and practitioners surrounding the strategy used to support will allow for a stronger outcome where both parties can share best practise and work together to deliver opportunities to enhance the skills that need strengthening.

Whilst the ALN bill within Wales outlines a person centred approach to learning using effective interventions, support and monitoring the child this is not without barriers. Often children with DCD have needs that require support, however do no qualify for funding for additional support, resulting in settings requiring to deliver interventions with no additional help towards providing a practitioner to undertake such therapy (. Foster-Cohen, and Mirfin-Veitch. 2017; Brown 2016; Welsh Government, 2021). Understanding participation and the impact the lack of it has on the health of an individual, despite the lack of funding, access to timely diagnosis inclusion is a right all children have and practitioners should seek to assist the child within their care to access the curriculum alongside their peers and not allow the barriers their difficulties bring impact the quality on inclusion and participation. This should be done providing universal provisions to enable an inclusive practice branching into targeted provisions should the individual require additional assistant through specific interventions designed to support the additional need in line with the additional needs framework set out to support children with ALN (Welsh Government, 2021).

Identification and diagnosis

Dyspraxia is an individually characterized condition where there are no set of symptoms and each individual is affected differently. Often parents and care givers may identify the difference in their child first observing missed or delayed milestones such as walking, sitting and often children with dyspraxia may never crawl. Similarly, children diagnosed with Dyslexia often didn't crawl either connecting the lack of early sequence skills with struggles to read and develop (Brookes, 2007). Identifying the difficulties that suggest dyspraxia within the early years either by parents of early years practitioners may then result in a referral to a paediatrician who can signpost the correct professionals through a special of children's development centre to assist with identifying and diagnosis the coordination disorder (Boon and Boon, 2010; Brookes, 2007).

Whilst identification is such difficulties are straight forward within the early years, diagnosis is rarely before the age of 5 years unless there are other co occurring conditions such as speech and language delay. Despite this delay in diagnosis there are Early Years Guidelines set out to begin helping the child (Dyspraxia Foundation, 2023).

Managing dyspraxia requires accurate diagnosis as discussed by Gibbs, Appleton and Appleton. (2007) this can be done via a paediatrician, occupational therapist or neurologist in line with the guidelines that NHS. (2023) discuss, where such professionals can begin to assess the motor skills of the child and whether they are below the level of the average child their age, any specific motor skills that are absent, how the child's day to day activities are impacted, when their motor skills deficit first became apparent and ensuring there is no other cause for skill deficit such as general learning disabilities or conditions such as cerebral palsy. Dyspraxia Foundation, (2015) highlight that early diagnosis is important and enables practitioners to understand how best to support children and the impact dyspraxia has on their every day activities, despite understanding this importance Dyspraxia Foundation, (2015) agree with Brookes, (2007) that earlier than seven or eight a diagnosis can be difficult due to other influencing factors contributing potential co ordination difficulties and it is only when the difference in ability with peers becomes more apparent is the identification and diagnosis sought after and shown to be beneficial.

Conclusion

In conclusion Dyspraxia should not hold individuals back and providing additional learning provisions regardless of diagnosis and more focused on individual need will enable children to learn and develop at their own pace, give them the same opportunities as their peers and ensure they are not disadvantages because of their additional learning need.

Challenges

Challenges that arise to those with dyspraxia is parental involvement, Motohide and Baxter, (2011) discuss that parents and care givers influence decisions made surrounding their child's health and often are the first to identify concerns, differences and challenges their child is facing as a result of DCD. Despite early identification the waiting times for formal diagnosis varies within health boards from 8 weeks plus. As a result of this often diagnosing DCD falls into adulthood where late diagnosis is becoming increasingly common through the NHS, or even through seeking private assessments (Dyspraxia Foundation, 2023c).

Additionally, the lack of diagnosis or lateness of diagnosis can lead to children with difficulties being labelled low cognitive ability, clumsy or lazy resulting in the incorrect support being given and children who are unsupported and their needs are not met are more susceptible to poor mental health, confidence and resilience causing a downward spiral of behavior and attainment (Dixon, Addy. and Addy, 2004).

Cairney. and Cairney. (2015) discuss that such negative perceptions of those with DCD can impact their levels of participation, through lack of confidence, feeling unable to access activities, or the physically being unable to partake. The World Health Organisation (WHO) (no date) outlines participation as a key factor in measuring health equity discussing to achieve true health particularly mental and social health individuals should be able to be included, participate and achieve without discrimination or barriers.

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