

AI Acknowledgement

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Script

Noswaith dda and croeso to our webinar this evening to discuss Additional Learning Needs that can affect children in the early years and beyond.

Hastings – Woodhouse (2023) who writes for Find a University discusses the benefits of using a webinar for knowledge and information sharing with some of the key benefits being the low cost factor and the accessibility for attendees from any location, as we are proving this evening, however, Hermitte (2024) does agree with Hastings – Woodhouse and the advantages of a Webinar, Hermitte does look further into the potential disadvantages of a webinar such as lack of human contact and technical issues which hopefully we will avoid this evening.

The Term Additional learning needs or ALN is used to “*describe learning difficulties or disabilities that make it harder for a child to learn compared to children of the same age. Approximately one in five learners in Wales have Additional Learning Needs*” Snap Cymru (2024). The term Additional Learning need was brought into Wales more recently; The Welsh Government moved from the term Special Educational Needs SEN to Additional Learning needs (ALN Hereafter) over the school year of 2021-2022 (Welsh Government 2021). The main change that occurred was that children and young people would be considered with the Additional Learning Needs and Education Tribunal Act (Wales) 2018 included children and young people from 0-25 years of age (Adyach Cymru 2018).

Thank you for taking the time to join the Webinar, would you like to take a moment to introduce yourselves?

I will be sharing information on Developmental Co-ordination Disorder (DCD hereafter) I have chosen this Additional Learning Need as in my setting I run some fundamental Movement skills sessions to develop fine and gross motor skills, but I have never really had an understanding what has led to the child needing the support or changes to their provision.

All three of these ALN's are something that practitioners may come across in their careers. Sarah, would you like to start off?

My Intro Swansea Bay University Health Board (2024) describes DCD as “*co-ordination difficulties that can affect a person’s ability to carry out with ease everyday activities for example, dressing, handwriting, playing (football), and balance.*” NHS choices go into more detail on how this may look for children in the Early years and what parents and carers should lookout for as early signs such as unusual posture and difficulty learning how to use cutlery. Typically, DCD affects more boys than girls with Oxford Health (2024) reporting that DCD could be around 3 or 4 times more common in boys than girls. Oxford Health continues to explore DCD and found that there is no clear reason why a child or young person may suffer from DCD but there are several factors that can put a child at higher risk of suffering DCD such as, “*Being born prematurely, before the 37th week of pregnancy. Having a family history of DCD, although it is not clear exactly which genes may be involved in the condition.*”

Diagnosis for DCD typically involves a comprehensive assessment by healthcare professionals, or trained practitioners that include evaluations of motor skills (fine and gross), medical history, and standardised tests which are normally the *Movement Assessment Battery for Children* (Hageman 2024), clinical observation, and detailed developmental history. However, diagnosing DCD is not always straightforward due to a range of challenges. to rule out other conditions. Early identification is crucial to provide appropriate interventions and support for the child and the family (Castellucci and Singla 2024)

Research and online surveys undertaken by Hunt *et al* (2020) found that understanding of DCD among key adults in a child’s life such as parents, carers, practitioners, and medical professionals is often limited, and found that DCD was one of the least known childhood disorders. Hunt *et al* conducted further research in Australia which revealed that approximately half of the participants were familiar with the term DCD, but every stakeholder group was more familiar with the term dyspraxia. Horowitz (ND) supports the research by Hunt, agreeing that DCD can often go undiagnosed because of lack of knowledge among parents and professionals and may often be thought that the young person is just clumsy or slow at following instructions.

One challenge of seeing the diagnosis of DCD is the overlap of DCD symptoms with other neurodevelopmental disorders such as Autism. This overlap makes it difficult to distinguish DCD on its own, leading to frequent undiagnosed or misdiagnosis. Further study by Wilson *et al.* (2020) found that only 33% of medical professionals had identified DCD in their practice, and a significant number of reported test results were insufficient for making a reliable diagnosis. Furthermore, Gov.Wales (2015a) recognise in their report “*Screening, assessment and intervention*” that there are many testing and screening tools available but there is not there is not always a clear

testing tool to use. , it found that standardised diagnostic tools may not be universally accessible, especially in low-resource settings, resulting in limited early detection and intervention opportunities. From the image on the Poster by Blank *et al* (2019) we can see that DCD comes with many challenges that can also be present in other neurodiverse conditions.

Ofori (2024), who writes for The Guardian found that Cultural perceptions can significantly influence the recognition, management and diagnosis of neurodiverse conditions.

Sarah Is DCD negatively viewed in some cultures?

Yes, in some communities, neurodevelopmental disorders carry a negative stigma, leading to reluctance in families seeking diagnosis and support. Ofori further found that stigma within these communities prevents open discussion of neurodiversity, and misinterpretation of neurodiverse behavior. This highlights the need for culturally sensitive approaches to diagnosis and intervention.

Cleaton, Lorgelly and Kirby (2018) found the impact of DCD extends beyond the individual, affecting family dynamics and quality of life. The emotions on family quality of life were markedly negatively affected by DCD, with lack of support by medical and educational professionals recognised as a major source of stress. Parental mental health was also negatively affected. In many cases, the child's DCD impacts on parental work life, family social life, and siblings' well-being. However, Estyn (2020) claims that support for children in mainstream setting is comprehensive with practitioners providing suitable intervention though this report is dated 2020 and uses the term Special Educational Needs (SEN) which was dropped by the Welsh Government by August 2022 (Snap Cymru ND).

Barnett and Hill (2019) found that despite these challenges, an accurate diagnosis of DCD brings some benefits. It opens the door to targeted interventions, and educational accommodations, which can significantly improve motor skills, academic outcomes, and quality of life. Early diagnosis can also ease family stress. Parents often report improved understanding and reduced frustration once they know their children's difficulties are due to a neurodevelopmental condition rather than defiance or laziness. Magrid (2025) found if settings can work to create environments where children with DCD *“feel understood and supported. By focusing on strengths rather than limitations, students can navigate their challenges with greater ease, ultimately gaining the independence and self-assurance needed to succeed in both academics and everyday life.”*

Barriers

DCD is often approached through the lens of the medical model of disability, which focuses on the Child's neurological impairment and aims to “correct” or manage their motor coordination difficulties through diagnosis and therapeutic interventions (Blank et al, 2019). While this model is useful for identifying the condition and

providing targeted support such as occupational therapy, it can be criticised for overlooking the broader social and environmental factors that contribute to the child's challenges.

Gemma Can DCD also fit into the social model?

Yes, in contrast, the social model of disability looks at DCD as a condition that becomes disabling primarily due to systemic barriers, such as rigid educational expectations, a lack of inclusive practices, and limited awareness among educators and peers (Shakespeare, 2006). This model argues that it is not the motor impairment itself, but rather failure to adapt to and accommodate differences, which can create disadvantages. A combined approach is appropriate to recognise the medical diagnosis and support while also challenging and removing social and institutional barriers to inclusion (Oliver and Barnes, 2012).

Children with DCD experience two prominent and often interconnected barriers in both school and social settings, handwriting difficulties and limited social participation. According to Prunty (2013) handwriting is one of the most frequently reported academic challenges for children with DCD, handwriting skills will often be the reason a practitioner makes a referral. Due to impaired fine motor control, these children often struggle with pencil grip, letter formation, spacing, and writing fluency. As a result, their writing may be slow, illegible, and physically exhausting. This has a direct impact on their ability to complete tasks such as note-taking, written assignments, or standardised tests, leading to reduced academic performance and increased anxiety (Barnett and Hill 2019). Additionally, Leung et al (2019) found that children may become frustrated when their written work does not reflect their true understanding or ideas or align with the efforts of their peers, which can discourage them from participating in class discussions or attempting independent tasks. Over time, the constant effort required for basic written skills can lower their confidence, self-esteem, and overall engagement with learning.

Beyond the academic setting, social participation is another area of difficulty for a child with DCD. Having DCD can affect a child's ability to take part in physical activities such as sports, playground games, or even simple tasks like climbing or using playground equipment (NHS Choices 2019). This often results in children with DCD being excluded either by peers who do not understand their limitations or by their own choice to avoid embarrassment or failure. Such exclusion limits opportunities to build friendships and develop social skills which have been highlighted by Douglas (2019) and their comparative research that social skills are a key area of development to support other areas of learning. The emotional impact of being left out of groups in settings can cause social withdrawal, heightened self-consciousness, and long-term mental health challenges such as anxiety and depression (Cairney Rigoli and Piek 2013). In some cases, these difficulties may be fraught by a lack of awareness among parents, practitioners and sometimes even

health care workers, resulting in misinterpretation of the child's behavior as disinterest or laziness rather than a genuine developmental challenge.

Strategy

For a child with DCD to make developmental progress there needs to be targeted strategies put in place. This also aligns with the United Nations Convention on the Rights of the Child (UNCRC) (UNICEF 1989), In particular, Article 23 (rights of children with disabilities), Article 28 (right to education), and Article 12 (right to be heard) support the notion that every child has the right to a quality education and to participate fully in their learning journey and to achieve their full potential. The involvement of an Occupational Therapist (OT Hereafter) plays a vital role in supporting children with DCD, both within school settings and through community-based services. OTs help assess and address the specific motor coordination difficulties that impact a child's ability to perform everyday tasks, such as handwriting, dressing, and participating in classroom activities. Through targeted interventions, OTs develop personalised strategies and activities to improve fine and gross motor skills, promote independence, and boost confidence. They also work closely with teachers and families to adapt tasks and environments like using pencil grips, visual aids, or movement breaks to support the child's success at home and in school. Depending on the need of the child the OT strategy will vary slightly (Missluna and Pollock ND). In line with the Additional Learning Needs (ALN) Code for Wales 2021 (Welsh Government, 2021), schools and local authorities are required to collaborate with relevant health professionals, including OTs, to ensure that learners with ALN receive holistic and coordinated support (Welsh Government, 2021). Furthermore, the Specific Learning Difficulties Framework in Wales (Gov.wales 2015b) recognises DCD and encourages multidisciplinary approaches to support learners effectively. Research supports the effectiveness of OT intervention in improving motor function and participation outcomes in children with DCD (Blank *et al* 2019). The OT's role is not only therapeutic but also educational, helping families, practitioners, and peers better understand the child's needs and enabling them to create a more inclusive and supportive environment.

My closing paragraph It is evident that Developmental Co-ordination Disorder (DCD) is a complex and often under-recognised condition that can significantly impact a child's academic, social, and emotional development. Through early identification, increased awareness among practitioners and families, and the implementation of targeted support strategies of Occupational Therapists, children with DCD can be empowered to overcome barriers and reach their full potential. It is essential that we continue to promote understanding, and create inclusive environments where all children, regardless of their needs, feel supported, valued, and capable. By working collaboratively and compassionately, we can ensure that

children with DCD are not just accommodated but truly understood and celebrated for their strengths.

Are there any points that anyone would like clarification on?

Closing paragraph

To conclude this evening's webinar, we hope the information shared has deepened your understanding of some Additional Learning Needs (ALN) in the early years. As we have explored, early identification, multi-disciplinary collaboration, and inclusive, tailored interventions are essential to supporting children with ALN in reaching their full potential. Through discussions on Down's Syndrome, ADHD, and DCD, we have seen just how varied these needs can be and how vital it is for practitioners, parents, and professionals to be informed, empathetic, and proactive by supporting children to reach their educational potential. Thank you for your time and dedication to making a difference in the lives of children in the early years.

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