

Please add your targets from the previous assignment (Only relevant if you have completed an assignment)

Targed/Target 1	Try to expand your reading further and to be consistent in the depth of your discussion.
Targed/Target 2	Try to maintain and develop this criticality.
Targed/Target 3	Try to maintain and develop this element of your writing.

Choose an intervention that supports the learning and development of a pupil / group of pupils. Reflect critically on its potential for ensuring pupil progression and the possible challenges that may arise.

The purpose of this assignment is to identify an intervention that could be used to encourage the development and education of a chosen pupil. It will aim to promote a range of skills, in particular physical and social development. Also, the intervention will include a range of cross-curricular skills which the pupil will be able to transfer into everyday life and used to help the child develop into a more rounded individual. This in turn relates to Donaldson (2015) who states that we should “encourage children and young people to make connections across different aspects of their learning”.

The chosen child, (Child A), is an eight-year old boy currently in Year 4. Child A has been identified as having dyspraxia. The Dyspraxia foundation describe dyspraxia as “a form of development coordination disorder (DCD) affecting fine and/or gross motor coordination, in children and adults”. Therefore, an individual who possesses characteristics of dyspraxia may struggle performing straightforward tasks which other children find simple, for example catching and kicking a ball, holding a pencil and standing still. As a result, his handwriting is illegible, and he has trouble concentrating for long periods of time. However, his reading age is above average for his age and his mental arithmetic is excellent. Child A is a joyful individual but can become very frustrated if he is unable to complete a task. This can lead to outbursts of emotion and can distract the rest of the class. He finds it hard to socialise with other members of the class and he spends most break times with his sister. His parents are loving, caring and always support him with his schoolwork. He does not attend any extra-curricular clubs, but he enjoys going to watch his sister play tennis. The intervention chosen for the pupil aims to develop a full range of skills, but it could be argued that it particularly focuses on physical, cognitive and social development. This specific intervention is based around the use of sport in education and more specifically the introduction of a lunchtime table tennis club. It will span 10 weeks with each session aiming to target different skills.

This particular intervention was chosen to develop gross and fine motor skills in the form of an enjoyable activity. It could be argued that it is an ideal form of intervention for Child A as it will benefit their motor skills which can help them in the classroom. Also, it promotes life-long skills such as participation, teamwork and competition, improving Child A's ability to socialise with the other children. The club will be all inclusive for children aged 7-11 meaning that he is given the opportunity to mingle with children in other classes as well.

Every child is unique, and this means that they grow and develop at different rates and at different times. Meggitt (2006) suggests that "developmental norms are sometimes called milestones- they describe the recognised pattern of development that children are expected to follow". The purpose of this assignment is to explore how children develop particularly in a physical and social context. Firstly, in a social aspect McLeod (2018) argues "a child develops in a predetermined order through eight stages of psychosocial. During each stage the person experiences a psychosocial which could have a positive or negative outcome for personality development". This supports the research of Erikson (1958) who states that "these crises are of psychosocial nature because they involve physiological needs of an individual conflicting with the needs of society".

Approximate Age	Psychosocial Crisis/Task	Virtue Developed
Infant - 18 months	Trust vs Mistrust	Hope
18 months - 3 years	Autonomy vs Shame/Doubt	Will
3 - 5 years	Initiative vs Guilt	Purpose
5 -13 years	Industry vs Inferiority	Competency
13 -21 years	Identity vs Confusion	Fidelity
21- 39 years	Intimacy vs Isolation	Love
40 - 65 years	Generativity vs Stagnation	Care
65 and older	Integrity vs Despair	Wisdom

Figure 1- Erikson's (1958) Stages of Psychosocial Development

Figure 1 shows the different crises that an individual experiences in their lifetime. It is argued that "failure to successfully complete a phase can result in a reduced ability to complete additional stages and may result in an unhealthier sense of self" (McLeod, 2018). As stated previously the chosen child is 8 years old and should be in the process of the 'Industry vs Inferiority' crisis. At this stage of development, children are at the point where they will be learning to read and write and starting to do things independently. They start to develop a sense of accomplishment in their work, however, if the child is unable to complete a certain

task it may result in a feeling of inferiority. As a result, the child may struggle to progress onto the next phase. It could be argued that this feeling of inferiority could relate to Child A greatly. As the child struggles with simple tasks, such as handwriting, they become frustrated with themselves which could lead to a sense of inadequacy and may harm their development. Therefore, it is essential to ensure that every child receives the optimum support from their teacher which will significantly improve their development and will limit the chance of children feeling inferior.

In a physical development context, it is different for each child as well. Every child develops their physicality and develops different skills at distinctive rates. Therefore, it is key that every child is given the opportunity to develop a range of skills at any age. However, there are some factors that influence a child's physical development in particular genetics. A child's height and rate of growth is closely linked to that of their parents' (Malina & Bouchard, 1991). An individual's genes can affect the rate of growth as a result of the number of hormones being released which may encourage physical growth and development. Another key factor is nutrition. It is common knowledge that children and adults require a healthy and balanced diet, but some children do not maintain a healthy diet, and this can greatly affect their growth. Collins et al (2006) found that children in developed countries consume enough calories, though they often do not eat a sufficient amount of minerals and vitamins to encourage their growth. However, in developing countries some children do not have access to an excessive supply of food. This can lead to malnutrition and dietary deficiencies of vitamins, iron and calcium; this can hugely affect the growth of children around the world (Ramakrishnan, 2002). However, the main focus of physical development for this assignment is motor development. Adolph & Berger (2007) define motor development as "changes in children's ability to control their body's movements, from infants' first spontaneous waving and kicking movements to the adaptive control of reaching, locomotion and complex sport skills". As a result, a child's development of motor skills is important especially from a young age as it shapes their future selves. For many children the progression of motor skills appears throughout their childhood in specific phases which can be described as 'developmental milestones' (Kurtz, 2007). An individual's motor development falls into two categories: fine motor and gross motor. Gross motor skills are the abilities needed to regulate the larger muscles of the body, for example walking and running. Fine motor skills refer to the smaller movements of the body, for example holding an object. Both gross and fine motor skills typically progress at the same time as most activities require both to ensure that it is completed effectively. The development of gross motor skills can control physical growth and is directed by two concepts. Cephalocaudal development describes the way that areas near the neural area, for example the head develop before the

rest of the body. The second concept is proximodistal development which suggests that infants first develop the ability to control and move their torso and then control of the outer regions of the body, for example arms and legs. It is argued that once the child has conquered these motor skills, they will be able proceed to develop finer movements. Every child is singular, and their stages of development are different, however, there are distinctive sequences that a child will undertake during typical development. This means that if a child's development is delayed or advanced it can be identified (Kurtz, 2007). As Child A has been diagnosed as having dyspraxia his motor skills are substandard compared to the rest of the children in his class. Goodgold and Cermak (1990) found that "children with dyspraxia share some common problems, including impaired ability (a) to learn general rules or schemata about classes of motor actions, (b) to use appropriate perceptual cues within their environmental context". Dyspraxia is classified as a neurological disorder that affects a person's ability to process motor tasks. This is due to the fact that "the brain does not process information in a way that allows for a full transition of neural messages" (Newman, 2017). As a result, the individual acquires a motor skills deficit which, as mentioned, affects the way they complete tasks. A person with dyspraxia can often have language problems and many require speech therapy. It does not necessarily affect their understanding and knowledge. However, sometimes dyspraxia is accompanied by other learning disabilities, for example ADHD and autism spectrum disorders resulting in co-ordination complications amongst children in primary school (Polatajko, 1999).

The chosen intervention is centred around table tennis and it will take place during one lunch time a week. The thought behind a lunch time club is that it occurs during school time which suggests that more children will be able to take part as there will be no complications with getting picked up. However, it could be argued that there could be less time available during a lunchtime which could limit the amount that could be done in the session. The sessions will be led by an instructor from the local youth club who has a background in table tennis. The purpose of the instructor is to provide the children with a more knowledgeable other to help improve their skills. As a result of the links with the youth club the children will be able to access extra facilities outside of school if they desire. Conversely, there are economic problems that could feature as the instructor will need to be paid.

The intervention coincides Siedentop's (1994) Sports Education model which is "designed to provide students with authentic experiences that are thorough and enjoyable" (Siedentop et al, 2011). The children involved will be split into teams of four and they will stay in those groups for the duration. This will allow the children to fully connect with their teammates and develop a strong relationship. It could be argued that Child A would benefit greatly from

working with the same group of children for a sustained period of time as it will allow him to develop his social skills. This in turn corresponds with Siedentop et al (2011) who found that “a major benefit of Sports Education model is that students have to work together to achieve common goals”. This particular intervention looks to target the ‘Social Play’ aspect of ‘Parten’s (1932) stages of play’. This form of play is categorised by cooperative efforts between players. The ability to cooperative is an advanced skill and can be difficult for young children as a result the intervention chosen is aimed at Key Stage 2 pupils.

The purpose of the intervention is to ensure that it is enjoyable and that those participating become competent in the chosen sport. Table tennis was chosen as it is centred around hand-eye coordination and the ability to process information quickly in an effective way. The intervention is designed to tailor to the needs of Child A to develop their gross and fine motor skills, which they could transfer into classroom and outside of school life. Also, it was chosen as the child has a particular interest in tennis after attending his sister’s games, which may make him more inclined to participate in the club. However, the needs of the Key stage two pupils in the school are also being considered as it provides them with an entertaining action in which they could partake. It requires a range of skills and “some learners may want to challenge themselves in competitive and/or team situations” (Whitehead, 2013). Each session will be different and include cross-curricular activities. (A copy of the ten-week programme can be found in the appendix). The introductory session will include a range of skills. Firstly, the children will be tasked with designing and creating a cardboard net and their team’s paddles which provides them with a practical hands-on experience. This links with the Expressive Arts Area of Learning and Experience (AoLE). Welsh Government (2020) state that “learners will be given opportunities to be innovative, to create individual work... This learning and experience can foster resilience and flexibility to overcome challenges”. The children will be using the items they make, which might suggest that more time and attention will be afforded to ensure that the end result is of high quality. The children will work collaboratively to achieve a common goal. This aligns with Donaldson’s (2015) recommendation that “children and young people should develop as enterprising, creative contributors, ready to play a full part in life and work”. This session will be used to lay the foundations of the club and dedicating a full session to designing and creating will allow the children to fully express themselves productively. Throughout the ten-week programme the children will experience a range of roles, for example player, referee, coach etc. This will provide the children with a range of lifelong skills such as leadership and communication which they will be able to transfer into every day and maintain those skills in other sports as well. Johnson et al (1994) state that “working co-operatively is inherently more complex than competitive or individualistic learning” since the participating must

understand the concepts of leadership and conflict between team members that could arise. This provides children with more accountability and realisation that they play a role in ensuring that the team succeeds. This is in accordance to Rosenberg et al (1999) who believe that “the best way to learn responsibility is to be given responsibility”. It could be argued that a more responsible pupil would be more attentive in the classroom which will undoubtedly improve their academic progress. In relation to Child A the increased responsibility and inclusion of other skills could be seen as very beneficial. In a sporting context he is not the most talented child, however, this form of intervention “need not be limited to children who are labelled gifted but can be applied to all children”. The inclusive nature of the intervention will ensure that Child A will obtain help and support that will aid him in becoming more skilled in the sport.

The chosen intervention is centred around the use of small sided games and working in smaller groups. There are many reasons behind the use of small sided games and this method has been known to achieve positive results. Siedentop et al (2011) found that “using small-sided teams allows the students to get considerably more opportunities to learn the techniques and tactics”. This is a major benefit of implementing this form of physical education as it ensures that “all students participate equally” (Siedentop et al, 2011). It is an effective way to provide the pupils with optimum playing time to competently learn and understand the rules and tactics of the chosen sport. Also, the fact that the children are working in the smaller groups for a prolonged amount of time ensures that they become confident in that group and will become more proficient. Dyson and Casey (2016) agree, they found that “we quickly see the benefits of having children and young people working in smaller groups for sustained periods of time”. The use of smaller teams is an effective way of promoting new skills and developing existing skills and this has been found in other sports in particular football. FIFA (2015) found that “players are involved in three times as many one-on-one situations in 4-a-side and twice as many in 7-sided football games”. The argument here is that children have more chance to develop their skills in the smaller sided games. Also, they are given the opportunity to be more involved compared to a larger sided game which will undeniably improve their skills. The small sided teams will also prove valuable for Child A as it is less overwhelming compared to a larger team sport such as football. The Dyspraxia foundation (2018) found that “children with dyspraxia often find team sports particularly challenging. As team games are usually competitive it may lead the child to feel frustrated and have feelings of low self-esteem”. It may be argued that there is a trace of team sport in relation to this intervention, though compared to other sports (such as football or rugby) table tennis has more of an individualistic approach which would ensure

that Child A is not overwhelmed. However, if Child A is not given the opportunity to mix with other children their social development would be inhibited.

The physical development aspect of the intervention is apparent. It provides children with interests outside the standard sports played in schools, such as football, rugby and netball and provides them with a safe, inclusive environment where they are able to express themselves through the medium of table tennis. The children will learn the basics of the sport and will experience a whole range of game situations, such as 1v1, 2v2, sustaining a rally etc. They will be given the opportunity to enhance their playing abilities and the repetitive nature of the model will provide them with the best chance of doing this. Lee et al (1991) state that “the problem-solving activity engaged in by a learner when repeating an event makes an important contribution to how well the skill is learned”. This supports Bruner (1960) who states that developing “basic ideas repeatedly build upon them until the student has grasped the full formal apparatus that goes with them”. Another positive is that the sessions are able to be differentiated and altered depending on the ability of the children. This is particularly important for the physical development of Child A. As the chosen child has dyspraxia, he may struggle with the fundamentals of hitting the ball with a paddle. Therefore, there are strategies that could be undertaken to ensure that his needs are being considered and he still feels part of the group. Lee (2001) states that “children who have great difficulty could have the ball thrown to them first. A balloon may be easier to bat than a ball”. The ability to integrate such strategies is an underlying reason why the use of this intervention is so effective as it is not tailored to the more abled children. In fact, Kinchin (2006) found that “lower skilled students seemed to particularly benefit from their Sport Education experience”. The model follows the ‘jigsaw’ approach as it splits the class into different mixed ability groups. Having mixed ability groups will ensure that the teams are structured in a way that competition is fair. However, “jigsaw moves the classroom away from a dependence on one expert and creates multiple experts” (Dyson and Casey, 2016). This implies that if the children desire success they need to rely on each other.

In order to measure the effectiveness of the intervention there needs to be a systematic way of tracking pupil progression. Great schools partnership (2014) describe progression as “the purposeful sequencing of teaching and learning expectations across multiple developmental stages and ages”. Education in Wales is undergoing a time of transformation and there is now more of a focus on progression. Welsh Government (2020) have outlined a series of principles for progression. These include:

- “Increasing breadth and depth of knowledge
- Deepening understanding of the ideas and disciplines

- Refinement and growing sophistication in the use and application of skills
- Making connections and transferring learning into new contexts”

These new principles emphasise the need for pupil progress. This is echoed by Marzano's (2001) Taxonomy which looks to provide understanding for the connection between mental processes and types of knowledge. Kendall and Marzano (2007) state that “a use of the New Taxonomy is as a framework for designing assessments... an objective establishes a goal, and an assessment helps determine progress toward that goal”. The new taxonomy consists of six levels and progression falls within level 5. This level is defined as ‘metacognition’ and it is split into four sub sections: specifying goals, process monitoring, monitoring clarity and monitoring accuracy. However, the ‘process monitoring’ section relates to the concept of progression in full. Kendall and Marzano (2007) state that “Process monitoring involves keeping track of how well progress is being made toward the accomplishment of a goal”. In addition to this, Costa and Kallick (2004) have found the “process monitoring usually involves direct commands toward the individuals involved”. This can be done through evaluation of performance and how they think they can improve, examining how close they are to achieving their goal and assessing whether their goals are improbable and are inhibiting progress. In line with this research, the importance of measuring progression is essential but also realistic goals should be set in order to show progression. Vygotsky's (1978) Zone of Proximal Development supports this theory. Vygotsky (1978) described this as “the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem-solving in collaboration with more capable peers”. It is believed that if the activity is too difficult or too straightforward then development will be minimal. Progression can be monitored in a series of ways and the intervention will aim to ensure that the participating children understand how they are doing. One example of monitoring progression is keeping a log of the children's results. The children could monitor their own progress by measuring certain aspects, such as for how long they can sustain a rally for and how many different types of shots they can play. This will provide the children with a role and promote independence and it will give them a score to improve on for future lessons. Another way to monitor progression is through celebrations and awards for attainment and effort equally, as a child needs both to be physically literate. Therefore, the last session of the intervention is a celebration event to commemorate performance. Also, there will be video feedback to illustrate how much the children have developed.

In conclusion, the use of physical education as an intervention could be widely beneficial if utilised in a correct way and following a suitable model. The Sports Education model allows the children to experience an abundance of roles ranging from player to official. The variety

in roles offered means that a range of different skills are being targeted. The 10 week programme allows the coach to include an array of cross curricular problem solving skills. This aspect can be beneficial for all children especially some children who have additional learning needs, for example Child A. Goodgold et al (1990) state that they have “difficulty understanding the relationship between similar motor actions, particularly when adaptive or problem-solving behaviours are required”. Therefore, the ability to include cross-curricular activities into the intervention will undoubtedly help Child A. But there are some possible drawbacks that could occur. As only one sport is being offered, some children may start to disengage from the programme. Some children may not enjoy table tennis and the fact that it occurs at lunch time may affect the number of children attending. It could be argued that this specific model is not able to accommodate all activities as the coach would have to intervene with sports which carry more risk. To build on the intervention the school could incorporate the ‘Smart Moves’ initiative which “can be used as a specific catch up scheme to develop gross motor skills or as an integral part of the PE and games curriculum” (Smart Consultancy & Coaching, 2018). It is a complete bundle designed to support pupils from Reception to Key stage 2 who move and learn differently. It includes a profile tool which identifies gross motor skills and a range of PE curriculum-based activities tailored to the individual.

Nonetheless, the intervention allows a wide scope for developing all children, especially in relation to the four purposes outlined by Donaldson (2015). It provides them with the skills to become:

- “ambitious, capable learners, ready to learn throughout their lives
- enterprising, creative contributors, ready to play a full part in life and work
- ethical, informed citizens of Wales and the world
- healthy, confident individuals, ready to lead fulfilling lives as valued members of society”.

Donaldson (2015)

It promotes life-long skills such as teamwork, competition, fair play and encourages physical and social development. Also, the inclusive nature of the intervention means that any child can participate, even children with additional learning needs (i.e. Child A). Arguably these children benefit more from the intervention as it provides them with a safe learning environment where they can grow as an individual. Concluding, there are positive and negative factors that could transpire as a result of the intervention. However, the abundance of progressive elements may outweigh the negatives as there are many skills that the children will develop which they can transfer into the classroom and beyond.

Appendix

Week 1 Design and create a cardboard net and paddles.	Week 2 Bounce and strike ball over net - body 'ready' position. Sustain a rally (one pair counts-other plays) Convention – Observe 1 bounce rule. Help each other	Week 3 1v1- Keep a rally for 4 then try and win (play four points then swap) Defending – anticipating/returning over net	Week 4 Play competitive game 1v1 to 5/7 points (win by 2 clear points. Convention – Congratulate opponent for good play – thank opponent at the end. Winning and losing graciously	Week 5 Sustain a rally (with serve) in doubles format (each player to hit in turn) – group record? Technique – Strike and swap with partner, smoothly and quickly Rotate pairs to play (and count) until all are proficient
Week 6 Play competitive doubles to 5/7 points Decide on pairings for next week	Week 7 Arrange a play schedule so that each home team (two pairs) play a pair from all other teams. Play matches – record all scores and additional points for fair play, officiating, sportsmanship – good play etc.	Week 8 Play matches	Week 9 Play matches	Week 10 Results / prizes /awards etc Video feedback and review of learning.

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