

Section 1

1. How well does the Education service meet the needs of children and students?

1(a) What improvements can be made within existing resources?

This submission is on behalf of The Dyspraxia Association Ireland, Carmichael Centre, North Brunswick Street, Dublin 7. The term 'children' is used to represent all pupils.

Dyspraxia /DCD is the label given by professionals that describes children who present with significant problems of motor function, problems that cause significant impairment and profoundly affect the quality of life of affected children and their families. It occurs in about 5-6 % of the population- (APA, 2000). Dyspraxia/ DCD is pervasive, enduring, and developmental and has numerous causes (Kirby, 2016). There also numerous secondary co-occurring consequences for the child, including social, emotional and behavioral consequences, DCD is also known as a hidden disorder , not often recognised and poorly understood by teachers, health professionals and parents (Missiuna, 2006). It can also co-occur with other conditions including (and not exclusive), ADHD, Speech and language disorders and ASD. It has lacked the research that has been given to other developmental disorders (Piek & Rigoli, 2015).

The needs of children with dyspraxia are not being met by the Department in several key areas. All existing resources are stretched for children with SEN. After the cutbacks, children with SEN had time allocations/ resources cut. The existing system where children need reports to access resources is inadequate and the reliance on this system is not in the best needs of the children with SEN. Teachers also need support and there is inadequate training for inclusion for classroom and support teachers. The need for assistive technology for children with physical disability is not always granted and the appeal system for resource hours is not objective.

With regard to existing resources, it is absolutely essential that children with dyspraxia retain their physical disability label to ensure they receive 3 hours of additional resource teaching.

1(b) What improvements can be made through new provision?

The new provisions set out in the Programme for government are welcome, however they seems very idealistic given that Ireland is in state of recovery and money is still not there to fund all the promises made. The commitments in the programme will require a lot of investment if they are to work and the vision of the government is to be achieved. It also lacks detail into the 'how' improvements will be made.

We welcome the government's plans to examine the adequacy of the current special education access and funding provision. We feel strongly that the needs of teachers and stakeholders need to be listened to and taken into account for the improvements to work

through the new provision. Much improvement can be made in the area of supporting inclusion and diversity.

Improvement could also be sought through reduced resource teacher ratios, the ideal being 1:1. Individual Education Plans should be made a legal entitlement for children with Specific Learning Difficulties (SpLDs) (as set out in the as yet unimplemented 2004 EPSEN Act.) Schools must do more to embrace assistive technology for children with dyspraxia. The Department must also consider the role of Occupational Therapists in schools, whose work could be invaluable in supporting children with dyspraxia and their families, assisting with skills for personal independence and socialisation.

2. Comment on work currently being undertaken by the Department in your area of interests and/or expertise. (What are we doing well, what could we do better?)

Currently children with a diagnosis of Dyspraxia/DCD are allocated hours under the Physical Disability category and must have a report(s) to receive those hours. We welcome that children can receive support from resource teachers.

However:

- There are long waiting lists for children to receive a diagnosis of Dyspraxia/ DCD and if parents decide to go down the private route, it is costly. Waiting on a Public waiting list means valuable time is lost when early intervention could be given. Often parents cannot afford the therapies recommended and teachers do not feel qualified to implement them.
- Assistive technology, whilst recommended is often not granted.
- There is a lack of awareness of Dyspraxia/DCD amongst teachers- classroom and support
- Teachers do not feel that initial SEN training is significant and this is especially true in relation to teachers dealing with children with dyspraxia/ DCD
- Teachers need more CPD for SEN and this should include training in Dyspraxia / DCD- identification and support
- Teachers need access to motor skills resources and equipment/ social skills training to support children with Dyspraxia/ DCD.
- Secondary teachers need more training in relation to SEN and pupils with Dyspraxia/ DCD
- More research/ funding is needed to support children with Dyspraxia/ DCD in Ireland.
- There is a gender bias in SEN, many girls and their difficulties are missed. (Kirby, 2016)
- Excellence and innovation can only occur with considerable investment.
- Are all teachers teaching children with SEN correctly placed in their schools? Do they have the ability to support teachers and pupils?

The Department could do more to map out to parents what their entitlements are in terms of supports for children with dyspraxia. It is not easy for parents to navigate the various

entitlements, and the Department should publish a simple, easily understood and widely available guide for parents of children with dyspraxia on what services they are entitled to access such as resource hours, assistive technology, subject exemptions and exam accommodations.

3. Are there opportunities (eg. new areas of work) which the Department should consider when developing the 2016-18 strategy which would advance the achievement of our mission, vision and objectives across the continuum of education and skills?

We feel that there is potential for more work for effective CPD for teachers of pupils with Dyspraxia/ DCD. More emphasis should be given in initial teacher education with regard to inclusion/ diversity and differentiation to support children with SEN. Teachers of SEN also need support, as many are untrained and do not have the knowledge to support children with DCD/ Dyspraxia.

A link between the Dept. of Health and Dept. of Education could be made so that children who were identified with motor skills deficits could have their needs addressed early when they start school.

The Dept. should also be in a position to support pupils in the transition phases – Preschool-to primary and primary to secondary as work is only in initial stages here.

Teachers should be fully aware of the impact/consequences of a diagnosis of Dyspraxia/ DCD.

4. How should success on achieving our strategies be measured?

Success would be measured by a discernably greater awareness of Dyspraxia/ DCD, amongst teachers, pupils and parents. Better educational outcomes for the pupils with Dyspraxia/ DCD and increased parental satisfaction would be a good measure.

There would also be an effective plan in place to address the needs of pupils with Dyspraxia/ DCD and share best international practice with teacher training colleges.

5. Comment on any issues relating to the continuum of education and skills, in addition to your particular area of interest and or expertise.

Not all Primary teachers have an awareness of Dyspraxia /DCD. Secondary teachers are often not trained in the area of SEN but are put into the area of SEN to fill in hours as part of their contracts. CPD and an investment in initial teacher education are essential to promote SEN and the needs of children with Dyspraxia/ DCD. More effort is needed at third level to ensure students with dyspraxia can avail of the supports they need (see below).

6. Any other observations that you would suggest the Department should consider in the formulation of our strategy for education and skills 2016-18.

We would recommend that the current system of SEN provision is examined and investment is put into high quality initial teacher education and CPD. This would be monitored closely (e.g. by inspectors/ principals etc.) for its effectiveness so that the investment gets the best possible return for the children for whom it is intended.

When formulating the 2016-2018 strategy for education and skills the department should realise that in failing so far to adequately support pupils with dyspraxia the department is failing in its central mission to facilitate individuals through learning, to achieve their full potential and contribute to Ireland's social, cultural and economic development. With early diagnosis and intervention through a range of supports pupils with dyspraxia have so much to contribute to Ireland's social, cultural and economic development. The Department should acknowledge and embrace its role, in partnership with Dyspraxia Ireland, in unlocking the limitless potential of the thousands of pupils with dyspraxia in the education system.

A Programme for a Partnership Government- Chapter 10

1. Prioritising Early Years

1(a) Comment on the approach contained in the Programme for Partnership Government (are we capturing the essential issues, are there additional matters we should take into account).

Dyspraxia Ireland very much welcome the Programme's commitment to develop a new model of In-School Speech and Language Therapy. But the Partnership Programme needs to place much more of an emphasis on early detection of dyspraxia and other SpLDs.

Teachers of children in preschool should be trained to identify children with SEN as early as possible so that the best possible outcomes can result. We welcome the reduced pupil-teacher ratio for the infants, as this will have an impact on the education of pupils. The additional supports for speech and language and NEPS psychologists are welcome but Children with physical disabilities need access to Occupational therapy, physiotherapy etc. NEPS psychologists will similarly need to be trained in the area of physical disabilities and interventions and the secondary consequences of Dyspraxia/ DCD.

The approach contained in the Programme, while specifically mentioning NEPs psychologists and Speech and Language Therapy, neglects the role of the Occupational

Therapist in supporting infants with SpLDs and their families in working on skills for independence such as tying shoe laces, dressing and eating.

1(b) How should progress on Prioritising Early Years be measured?

Progress should be measured through greater awareness of Dyspraxia/ DCD amongst pre-school teachers and teachers of junior and senior infants, better interventions, earlier identification and greater satisfaction among parents. Progress should be measured by the number of children accessing services, which should increase.

1(c) What would you consider to be the priority actions and outcomes in this area?

A priority action would be addressing gaps in pre-school teacher training and primary school teacher training, which leave many teachers without any knowledge of what dyspraxia/DCD is, how to recognise it and how best to support children with dyspraxia.

The priority outcomes for children with Dyspraxia/ DCD are early identification so appropriate intervention can take place.

The priority outcome is children's needs are being met through teacher's awareness of Dyspraxia/DCD. Teachers can then talk to parents and professionals and seek help as soon as it is clear that pupils are struggling with motor skills.

7.Special Needs Education

7(a) Comment on the approach contained in the Programme for Partnership Government (are we capturing the essential issues, are there additional matters we should take into account).

Whilst some essential issues in relation to some aspects are being addressed, there does not seem to be a very clear outline of details. There is very little detail on the plan with regard to SEN.

When the system is reviewed dyspraxia/DCD must be seen as a special educational need that needs resources, research and greater awareness.

The 2004 EPSEN Act needs to confer statutory rights to assessment, education plans and appeals. Whilst this will take considerable investment it is worth it to support the pupils with needs and support families who suffer considerable anxiety in accessing supports for their children.

Schools were encouraged to include pupils with SEN without adequate training and supports. The Government needs to input considerable additional resources into CPD and initial teacher education in the field of SEN across all primary and secondary education.

Without awareness and knowledge, the secondary consequences of Dyspraxia/ DCD will not be addressed adequately. Many children with DCD may experience negative psychosocial outcomes from an early age which will directly affect their mental health.

7(b) How should progress on Special Needs Education be measured?

Progress in the Area of SEN needs to occur as the current system is not efficient enough to deal with the pupils in which are presented on a day-to-day basis to schools. It should be measured by listening to the children, parents, teachers and stakeholders.

7(c) What would you consider to be the priority actions and outcomes in this area?

There are several priority actions the Department should pursue in this area:

-Individual Educational Plans (IEPS): In accordance with the 2004 EPSSEN Act, IEPs must be made a statutory requirement for pupils with SpLDs, they must be made a legal entitlement. Special Education Needs Organisers (SENOs) in collaboration with the school staff convene Individual Education Plan (IEP) meetings that would include parents, teachers, pupil, and any other relevant personnel. IEPs would be based on an in-depth profile of the difficulties and strengths of the pupil that was assembled through parental, teacher and pupil interviews coupled with results of informal and formal school assessments. It would be recommended that within the IEP arrangements are made for a professional educational psychologist and occupational therapist to be available to the pupil to support them in their successful inclusion in the school.

-Teacher training: The Department of Education and Skills in collaboration with colleges of education and other professional raining organisations must devise an increased number and variety of courses in Special Educational Needs for all primary school staff. Standardised courses should range from basic certificate to masters level. The theory and practice of the inclusion of all children and suitable information communications technology training should permeate all pre-service and in-service courses.

-Inclusion: It is recommended that the Primary Curriculum Support Programme undertake two actions

Firstly, it should provide exemplars of effective special educational needs policies to all primary schools. Representatives of the whole school community should be involved in devising a special educational needs policy suited to their school that should specify how good inclusion will be supported.

Secondly, it should deliver in-school training to all staff about collaboration and curriculum differentiation to achieve good inclusive practice. Another key element of good inclusive practice is parent collaboration (Dixon & Andy, 2004; EPSSEN Act, 2004).

-Exam accommodations: Pupils with dyspraxia can be at a disadvantage in state exams through a lack of understanding about dyspraxia/DCD which can mean due consideration is not given to how it effects their performance. To make the whole process less stressful for parents, pupils and teachers decisions need to be made earlier- RACE decisions should be

finalised in 5th year so pupils have peace of mind and know what to expect in their exams. Ideally early decisions would mean accommodations could be trialed during mock exams.

The SEC should make it clear to students what accommodations they can avail of and what documentary evidence is required to accompany their application. The current system of 'focusing on rigid enforcement of eligibility criteria, treating all candidates in precisely the same way rather than equally' (Halpin, 2016) is inflexible and needs to be reviewed. A more consultative process would involve an assessment of a pupils needs rather than offering them options from a set list. Parents of pupils with dyspraxia also shoulder considerable financial burdens to acquire the necessary reports privately due to the inadequacy of the public system.

-Third Level: We would like to see Common Educational Supports in place at Third Level for students with Dyspraxia/DCD. Unfortunately there is a huge lack of consistency between colleges as far as Dyspraxia/DCD goes .Some colleges are good and know about this condition whereas other colleges are lagging behind and do not offer the same supports .

We would like every college to be offering the same supports for Dyspraxia/DCD and to talk to each other and ourselves as to how to bring about a consistent approach to supporting Dyspraxia/DCD.

Supports should include

- Priority registration
- Reader service
- Use of audio-tape to record lectures and tutorials
- Assistive technology
- Materials in alternative formats
- Word-processing facilities
- Photocopying Facilities
- Copies of lecturer's notes and/or overheads
- Notetaker
- Time extension on out-of-lecture assignments
- Special Library Arrangements
- Counselling and Medical Services
- Study skills courses
- Examination provisions

-Transition from primary to secondary: In accordance with the mandate of the Special Education Council, the regional Special Educational Needs Organisers should assume direct responsibility for ensuring that the resources allocated to a DCD child at primary level should transfer automatically to second level.

The priority *outcomes* are that pupils and students with DCD/Dyspraxia being supported in the best way possible for their needs. This needs to take into account awareness of dyspraxia/DCD, specific training, early identification, assessment, and intervention.