



Hill West Primary School



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Reminders:

School closes for half term on Friday 24th May. School reopens on MONDAY 3rd June for all.



Pedagogical Newsletter – May 2024

Adverse Childhood Experiences

Research has shown that Adverse Childhood Experiences (or ACEs) can have a significant impact on a pupil's life outcomes. ACEs are traumatic experiences in a child's past that can affect their developing brains and nervous system.

The results can also affect a pupil's behaviour in school – impacting on their ability to manage their emotions, interact socially, delay gratification, engage with school routines or expectations, or form trusting relationships. They can feel under constant threat, living in a permanent state of 'fight or flight'.

Pupils who have experienced early trauma can present classroom behaviours that look similar to those more often associated with autism, ADHD or other medical conditions, but require different support strategies to be successful.

Important: Not all pupils who have experienced one of the ACEs will automatically go on to experience these difficulties. It simply increases the likelihood they will.



Attention Deficit and Hyper-Activity Disorder

ADHD affects the part of the brain responsible for executive functions. So it impacts on a child's ability to plan ahead, restrain their impulses, regulate emotions, organise tasks, and focus their attention, their working memory and more.

All pupils with ADHD are different. ADHD is caused by genetics. It is not caused by poor parenting or diet.

A child does **not** have to present attention deficit and hyper-activity to receive a diagnosis of ADHD. They can present with either or both.

When a child with ADHD is struggling with a task it is important that we break it down for them into smaller, manageable steps and consider the benefit of movement breaks. For children with ADHD it is important that we use de-escalation strategies as ADHD can affect a pupil's ability to regulate their emotions, so if we raise the emotional intensity of a behaviour incident, these children will follow our lead. **So always fight fire with water.**

Although pupils with ADHD may find it harder to focus, ADHD is not a learning disability.

ACEs

According to research by the Centres for Disease Prevention and Control (CDC) in America, there are 10 specific ACEs that have been linked to poor long-term outcomes.

Parental separation or divorce, or the death of a parent.

Family member with a difficulty with alcohol or drug use

Domestic violence

Family member affected by mental illness

Close relative in prison

Child's physical needs are not met for a time

Child has been threatened or hurt by a family member (including sexual abuse)

Child has been regularly sworn at, insulted or verbally abused

Child's emotional needs are not met.

Autism Spectrum Condition

Autism spectrum condition (ASC) is a set of conditions that can affect a child in a range of areas, including social interaction, communication, empathy, sensory needs, anxiety around transition and change and more. All autistic pupils are different. Their ASC affects them in different ways and so an individualised approach is necessary.

Children with autism can be highly anxious in school. Behaviours that may appear aggressive are often actually driven by anxiety and stress. Supporting pupils effectively often involves identifying and providing support around these stressors. Many children with autism are either over or under-sensitive to certain senses. If regulating these senses isn't addressed, it may drain a pupil's ability to regulate in other areas, like their emotions. Children with autism benefit from processing time when they have been given a verbal instruction. It can take a child with autism over 10 seconds to process and understand a request.

It is important for children with autism that we plan ahead. Children with autism can find transition anxiety-provoking and sometimes benefit from visual timetables (giving verbal reminders alongside this) to help them prepare for the necessary changes.

ASC is a life-long condition. There is no medication, diet or intervention that can 'reverse' autism. Many pupils with autism find social situations confusing, threatening or stressful. So we have to help them understand those situations using social stories, comic strip conversations, and by rehearsing common interactions.

Pathological Demand Avoidance Syndrome

Pathological demand avoidance syndrome (PDA) is a condition where children experience very high levels of anxiety when demands are placed on them, which can result in refusal or emotion-fuelled behaviours. PDA is actually a specific form of ASC, and is not issued as a diagnosis in its own right. However, it can present very differently to other forms of ASC in the classroom.

Pupils with PDA are often sociable on a surface level, but lack deeper social understanding. As babies, children with PDA are often placid and easy-going. But this changes when they reach their first birthday, and they become more resistant to adult demands. A child with PDA will often initially resist demands by negotiating, deflecting, delaying, task avoidance and quiet non-engagement. As young children, pupils with PDA are often late to acquire language, but make quick gains afterwards. The key to managing the behaviour of pupils with PDA is to remember it is driven by anxiety. Where possible direct instructions should be avoided and lots of choice built in for the pupil.



Developmental Language Disorder

The biggest predictor of whether a child will present SEMH needs in school is actually their level of language development.

DLD is a long-term condition where children have significant difficulties understanding or using spoken language. Because we use language to express our thoughts, and regulate our emotions, pupils with DLD can often present difficulties regulating their emotions and behaviour.

It is not clear what causes DLD, but it is not related to parenting or other medical conditions. Language is an essential part of social integration – which means pupils with DLD can find it harder to: interact socially with their peers; make and keep friends; and join in with games on the playground. Pupils with DLD need support through short, clear, specific instructions – often backed up with visual symbols.



Oppositional Defiant Disorder

Oppositional defiant disorder (ODD) is a condition that often occurs in children who also have a diagnosis of ASC or ADHD. ODD often affects children from their early years – but in some pupils, can develop in adolescence. It is not yet clear what causes students to develop oppositional defiant disorder. Whereas the refusal of pupils with PDA is usually driven by a need to escape anxiety, pupils with ODD are often seeking control. This can lead them to draw adults into power battles.

Giving a reason along with an instruction can be effective for pupils with ODD (e.g. put the crayons away now, because it's time to go out to play). Children with ODD are often very extrinsically motivated, so they respond well to positive reward systems, where good behaviour builds to a reward.... but we should try to avoid removing stickers and tokens from those charts for negative behaviour, as this can quickly lead to disengagement. When a child has ODD we need to think carefully about how we use praise, especially for when a pupil has followed an instruction. Delivered in the wrong way, praise can actually provoke a dysregulation in behaviour from pupils with ODD.

Foetal Alcohol Spectrum Disorder

Foetal alcohol spectrum disorder (FASD) is a set of conditions caused by alcohol crossing the blood-brain barrier of the developing foetus in the womb, when a pregnant woman consumes alcohol. The result is life-long damage that can impair the child's abilities in terms of memory, information processing, motor skills, special awareness, balance and co-ordination, and their social and emotional development.

All pupils with FASD are different. Their FASD affects them in different ways and so they all need different support at school. Although some pupils affected by the conditions will have special facial features associated with FASD (thin upper lip, smooth philtrum, small eye openings), this is thought to affect only 10% of children with FASD.

Sometimes children with FASD will answer a question with the first thing that springs to mind, even if it's untrue, especially when being questioned. Prompting them to take 20 seconds thinking time before giving their answer may help. Pupils with FASD often have problems retaining information they have learned and so need time to over-learn not just academic materials, but social experiences too.

Children with FASD benefit from a small number of expectations which are reinforced with 100% consistency. Promoting too many behaviours at once can be confusing (and anxiety-provoking) for them.



Global Development Delay

The term 'developmental delay' or 'global development delay' is used when a child takes longer to reach certain development milestones than other children their age.

This might include learning to walk or talk, movement skills, learning new things and interacting with others socially and emotionally.

For some people, the delay in their development will be short-term and can be overcome with additional support or therapy.

In other cases the delay may be more significant and the child will need ongoing support. This indicates they may also have a learning disability. Many children do not have an identifiable cause for their difficulties but this should not make any difference to how they are supported.

With thanks to
Beacon House
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Dyspraxia

Dyspraxia, or developmental co-ordination disorder (DCD) as it is also known, is a condition that affects movement and physical co-ordination so a child seems clumsy when they perform some daily activities. Some children with dyspraxia may have other conditions, such as autism, ADHD, and/or dyslexia.

Dyspraxia mainly causes difficulties with co-ordination and physical movement; the planning, organisation and carrying out of movements in the right order. It can be diagnosed by professionals such as a paediatrician, occupational therapist (OT), physiotherapist or an educational psychologist. When your child is very young, you may notice that he or she takes slightly longer than peers to reach developmental milestones such as rolling over, sitting up, crawling and walking. As your child grows, you may also notice that he or she has difficulties in the following areas.

Movement and co-ordination difficulties:

- Your child has difficulties with motor skills such as hopping, skipping, jumping and running. He or she may have poor hand-eye co-ordination, which means they may find activities such as catching a ball or riding a bike tricky
- He or she may have difficulties with fine motor skills such as holding a pencil, handwriting, cutting with scissors and using cutlery
- They may also find getting dressed, doing up zips and buttons and tying shoelaces difficult.

Although not all children with dyspraxia have issues in other areas, it can also cause difficulties with:

- concentration and memory
- organising and sequencing a set of instructions. This means your child may find it tricky to follow instructions, copy down information and organise their schoolwork
- clarity of speech, due to problems with co-ordinating movements to make speech sounds – this is known as verbal dyspraxia
- picking up new skills – your child may take longer to master it and may need more practice
- frustration and low self-esteem.

Dyslexia

Dyslexia is a neurological difference and can have a significant impact during education, in the workplace and in everyday life. As each person is unique, so is everyone's experience of dyslexia. It can range from mild to severe, and it can co-occur with other specific learning difficulties. It usually runs in families and is a life-long condition. Dyslexia is a specific learning difficulty which primarily affects reading and writing skills. However, it does not only affect these skills. Dyslexia is actually about information processing. Dyslexic people may have difficulty processing and remembering information they see and hear, which can affect learning and the acquisition of literacy skills. Dyslexia can also impact on other areas such as organisational skills.

It is important to remember that there are positives to thinking differently. Many dyslexic people show strengths in areas such as reasoning and in visual and creative fields.