NAG 5 - Policy and Procedure
Neurodiversity

Rationale and Outcome Statement

At Kamo Primary School we respect neurodiversity and embrace learners that present with it. We have a growing understanding that:

- Neurodiversity is a viewpoint that brain differences are normal, rather than deficits.
- Neurodiverse people experience, interact with, and interpret the world in unique ways.
- This concept can help reduce stigma around learning and thinking differences.
- It is important for everyone to notice the strengths that can come from these differences first, instead of the challenges.
- An inclusive classroom is vital for the student, the teacher and the whānau so all are aware of the progress and outcomes students are working towards.

What does an inclusive classroom look like at Kamo Primary School?

Teaching is tailored for all learners. This is known as differentiated instruction and is a teaching approach that tailors instruction to all students' learning needs. All the students have the same learning outcome, but the instruction varies based on students' interests, preferences, strengths, and struggles. Students have multiple options for taking in information, making sense of ideas, and expressing what they learn. Prominent practitioners in this area stress there are four areas where teachers can differentiate instruction:

- Figuring out what a student needs to learn, and which resources will help.
- Activities that help students make sense of what they learn.
- Ways for students to 'show what they know.'
- How the classroom 'feels' and how the class works together.

Differentiated instruction can play out differently from one classroom to the next – and from one school to the next. But there are a few key features:

- **Small work groups:** The students in each group rotate in and out. This gives them a chance to participate in many different groups. A group can include a pair of students or a larger group. In all cases, it's an opportunity for students to learn from each other.
- **Reciprocal learning:** Sometimes students become teachers, sharing what they've learned and asking classmates questions.
- **Continual assessment:** Teachers regularly monitor students' strengths and weaknesses (in both formal and informal ways) to make sure they're progressing in their knowledge and mastery of schoolwork.

At Kamo Primary School we will encourage independence for all students, but in particular neurodiverse learners by:

- **Providing choices** that allow them to connect, gain more control and show their advocacy for preferences.

- **Avoid doing things for them** as you cannot build capability with a belief of no ability. Practice produces improvement from good modelling and guidance.
- **Provide challenges**, do not provide tasks just so they succeed. Be strategic around effort and practice. The learning must be evident and have the potential to be built on. Adjust to independence, then reset the challenge and grow.
- **Use assistive devices as appropriate** as they are designed to support, foster independence and benefit development. Be careful of devices as rewards and devices as time fillers as this can lead to negative behaviours.
- **Set learning aspirations** and monitor what is making progress through motivation, responses and progress that is meaningful to the individual.
- **Collaborate** with others as you are not the sole person responsible for this child. The sharing of information and problem solving is caring and professional.

There a many presentations of neurodiversity we see at Kamo Primary School. Some examples are:

- **Dyslexia** – this is just one of the alternative thinking and learning styles that we encounter as part of neurodiversity in the workplace. Dyslexia's greatest difficulty is self-esteem – it only becomes a disability if not appropriately addressed. On the flipside, dyslexia can deliver great creative gifts, innovation and entrepreneurship. Dyslexic individuals tend to think in pictures rather than words, receiving and retrieving information in a different part of the brain to neurotypical, word-based thinkers. Dyslexia can also affect more than words alone, impacting skills such as auditory and information processing, planning and organising, motor skills, short-term memory and concentration.

- **Dyspraxia** – Developmental Dyspraxia (also known as Developmental Co-ordination Disorder, and the Clumsy Child Syndrome) is a neurologically based disorder of the processes involved in praxis or the planning of movement to achieve a predetermined idea or purpose, which may affect the acquisition of new skills and the execution of those already learned. More specifically, it is a disorder of praxis, or the process of ideation (forming an idea of using a known movement to achieve a planned purpose), motor planning (planning the action needed to achieve the idea), and execution (carrying out the planned movement).

  Dyspraxia may affect any or all areas of development – physical, intellectual, emotional, social, language, and sensory – and may impair the normal process of learning, thus is a learning difficulty. It is not a unitary disorder (like measles or chicken pox, where all those affected share a common set of symptoms), and affects each person in different ways at different ages and stages of development, and to different degrees. It is inconsistent, in that it may affect the child one day but not the next – as if sometimes information is 'put away in the wrong drawer' – and it may affect children in different ways at different ages and developmental stages.

  It is a hidden handicap as, under normal circumstances, children with Dyspraxia may appear no different from their peers, until new skills are tried or known ones taken out of context, when difficulties may become apparent. In many affected children, Dyspraxia occurs with or as part of other neurological conditions so that defining common symptoms may be confusing. Therefore a diagnosis, naming the disorder, is often very difficult, and sometimes the closest may be 'shows some Dyspraxic tendencies'.

- **Dyscalculia** – is a specific learning disability we know very little about yet it affects around 6 percent of the population. People with dyscalculia have a huge struggle acquiring arithmetical skills in spite of a good learning environment at home and at school. People with dyscalculia may have these traits:
  - they can lack an 'intuitive feel' for numbers and struggle to learn basic number facts and procedures.
  - even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence.
  - there may be issues with long-term, short-term or working memory or with sequencing.
  - these difficulties can have an adverse effect on day-to-day activities such as following directions, keeping track of time and dealing with finances.

  We know where one specific learning disability exists, there is often a cluster. For example, a child with dyspraxia and dyslexia may well have difficulty with numerical concepts too.

  As with dyslexia, research indicates that dyscalculia is due to a difference in the function of certain brain pathways. What we know now, that we didn't in the past, is that the brain can change. Early identification and intervention will help students to acquire the mathematical skills they need to achieve success at school and beyond.

- **Autism Spectrum Disorder (ASD)** – this describes a range of conditions that includes autism and Asperger syndrome. People with ASD have a delay or difficulty in three areas of development:
  - Language skills – they have trouble understanding and using spoken language and non-verbal communication such as facial expressions and body language.
  - Social behaviour – they have trouble understanding social interactions, which affects their ability to play or interact with others.
  - Cognitive and thinking skills – they have trouble thinking and behaving flexibly, and may engage in restricted, obsessive or repetitive behaviours.

- **Attention Deficit Hyperactivity Disorder (ADHD)** – this describes the unique structure of your brain. A significant number of New Zealanders have ADHD. It's now clearly understood that the frontal lobe (prefrontal cortex to be specific) in the ADHD brain develops or matures at a slower rate. Generally, maturing is slowed by approximately three years in developing children and adolescents.

  The frontal lobe is responsible for:
  - filtering and controlling attention
  - behaviour
  - emotion
  - energy or motor control
  - judgement, and
  - executive functioning - which includes your ability to plan and organise.

  As the development of the frontal lobe is slower and less matured than 'typical' development it means the 'neurodevelopmental delay' to the prefrontal cortex makes *automatically* controlling and filtering attention, behaviours, emotions etc so much

harder. This means your ADHD brain has to work much harder to control aspects that come naturally to others the same age, and this is the nature of the "disordered" part. Under the general understanding/diagnosis of ADHD, individuals usually fit into one of three different 'subtypes' or groups. They are:

- ADHD predominantly Inattentive type
- ADHD predominantly Hyperactive and Impulsive type, and
- ADHD predominantly Combined type (a combination of the two above).

- **Tourette Syndrome** – this is a paediatric disorder and for a formal diagnosis to be given, both types of tics need to occur concurrently before the age of 18 – although diagnosis may not be made until adulthood.

  Tourette's is a combination of both physical (motor) and vocal tics that are involuntary and repetitive. The tics have to have been present for at least a year before the age of 18 for a formal diagnosis to be made.

  TS is neither a progressive nor degenerative disorder; rather, the tics tend to be changeable and will wax and wane over an otherwise normal life span. Each person will display different tics with varying frequency and severity.

  Motor and vocals tics are categorised into two types – simple and complex. Simple motor tics are fast and meaningless while complex motor tics tend to be slower and may appear purposeful. Simple vocal tics tend to be noises that often appear as just ordinary sounds like sniffing or coughing. Complex vocal tics meanwhile are more intrusive such as repeating certain words or phrases such as 'oh boy' or 'all right' or repeating a phrase until it sounds 'just right'.

Signed: ..... Principal

Signed: ..... BoT Chairperson

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