



Dyspraxia/DCD Post 16

Developmental coordination disorder (DCD), also known as Dyspraxia in the UK, is a common disorder affecting fine and/or gross motor coordination in children and adults. It can also affect speech. DCD is a lifelong condition, formally recognised by international organisations including the World Health Organisation. DCD is distinct from other motor disorders such as cerebral palsy and stroke, and occurs across the range of intellectual abilities. Individuals may vary in how their difficulties present: these may change over time depending on environmental demands and life experiences. (*movementmatters.uk,2013*)

Whilst dyspraxia/DCD is primarily a motor disorder, in many cases individuals may experience difficulties with memory, perception and processing along with poor planning, organisation and sequencing skills which can have a significant negative impact on everyday activities. Although, the condition may occur in isolation, it frequently coexists with other conditions such as ADHD (attention deficit hyperactive disorder), dyslexia, language disorders and social, emotional and behavioural impairments. (*Dyspraxia Foundation, 2015*)

The condition affects 5% of the population with a ratio of two boys to every one girl (Langham, 2009). This equates to at least one child in every classroom. Findings from a Dyspraxia Foundation survey (2015), suggests that girls are likely to be diagnosed later than boys, often not until adolescence or adulthood.

Dyspraxia/DCD is a medical condition with educational implications. Young people should be referred to their GP who may then refer on to the relevant professional such as a neurologist, clinical psychologist, an occupational therapist, physiotherapist and/or speech and language therapist, depending on the needs and the way that services are managed locally. For further information, please download the information sheet from the Dyspraxia Foundation website at:

<http://dyspraxiafoundation.org.uk/wp-content/uploads/2014/10/Late-diagnosis-1.pdf>

The exact causes of dyspraxia/DCD remain unknown – in fact it is likely that there is more than one cause. While dyspraxia/DCD is not the result of brain damage, it may have a neurological basis (: *Zwicker et al 2010*). Genetic factors may play a part in some cases

(Sugden et al 2008) while other risk factors include low birthweight and prematurity (Langham, 2009).

Difficulties may well have already been noted when the young person was at junior or secondary school. These may continue and will have greater impact on daily life. In some cases, dyspraxia/DCD is not identified until the young person reaches higher or further education. The young person may have managed to cope through their previous schools with only minor difficulties. However, the structure of higher and further education may prove to be too difficult for them and it is at this point that problems manifest themselves especially in view of learning new motor skills and the organisational skills that are required.

Although dyspraxia/DCD affects each individual differently some of the common difficulties noted for the young person in higher and further education are listed below.

Motor difficulties

- Motor skills remain delayed in around 50% (Cantell et al, 1994)
- Learning new skills such as DIY, cooking, driving
- Movements appear awkward
- Difficulty with handwriting both speed and style
- Poor fine motor skills:, manipulating equipment, controlling a computer mouse
- Difficulty with dressing and undressing e.g. tying shoe laces, tie, buttons
- Difficulty judging speed & distance
- Poor spatial awareness
- Poor stamina

Non motor difficulties

- Difficulties with organisational skills / handing in assignments, losing work, etc
- Poor short term memory/copying skills
- Poor social skills – at risk of social isolation/bullying
- Difficulty adapting to new situations
- Literal use of language
- Poor concentration skills, ability to focus
- Anxiety

How this may be observed in education:

- *Poor motor skills* - difficulty with balance, easily trips, poor stamina, managing stairs quickly

- *Handwriting difficulties* - work is messy, poorly laid out, difficult to read and slow. Has difficulty taking notes and does not write enough in lectures. Hand becomes easily tired. Has difficulty copying from the board/screen
- *Difficulty using subject specific tools* - difficulty stabilising materials with one hand whilst using equipment with the other e.g. scissors, in woodwork, engineering, laboratory, hairdressing. Has poor control of computer mouse or difficulty with pouring and measuring
- *Sitting still* - may have difficulty sitting still. Fidgets and may disturb others
- *Poor concentration skills* - has difficulty focusing on an activity or only manages to stay on task for a short time. Poor understanding of time
- *Poor organisation skills* - may struggle with timetable such as being late for lectures or misses special appointments. Does not have the right equipment for lecture, may hand work in late
- *Poor spatial awareness* – has difficulty keeping to own space, work spreads out, knocks into objects, knocks over items on the table or bumps into people
- *Poor short term memory* - difficulty remembering or following instructions, forgets what to do for assignments, has difficulty copying from the board/screen
- *Poor exercise tolerance* - tires easily and may require longer periods of rest and sleep
- *Poor social skills* – does not seem to have many friends, has difficulty working in a group, difficulty adapting to new situations, immature behaviour. Takes speech literally
- *Emotions* – may have anxiety difficulties and become overwhelmed, exam nerves
- *Lack of awareness of potential danger* - particularly relevant to practical and science subjects and poor road sense
- *Sensitive to external stimulation* -. different levels of light, sound and heat intensity
- *Other difficulties* some may have phobias

The Dyspraxia Foundation's Post 16 Strategies gives excellent helpful strategies and activities to assist the young person adapt to further and higher education. It may be downloaded from the Dyspraxia Foundation website at:

http://dyspraxiafoundation.org.uk/wp-content/uploads/2013/10/DYSP_12PP_2016.pdf

KEY POINTS TO REMEMBER

- Give us much encouragement and positive feedback as possible. It is vital that the young person does not lose their self-esteem.
- Ensure wherever possible that there is good seating –both feet should rest flat on the floor and the person be encouraged to sit with upright posture
- Never give more than 3 - 4 instructions at one time and ensure that they are prepared for the instructions before they are given
- Consider that the young person may need more time in processing the information given to them and may be slower in formulating a response due to their dyspraxia
- Allow extra time for the completion of a task
- Liaise with the relevant medical professionals for further advice

References:

Dyspraxia Foundation (2015) – Dyspraxia at a glance
www.dyspraxiafoundation.org.uk

Movement Matters UK (2012) <http://www.movementmattersuk.org>

LINGHAM R et al (2009) Prevalence of developmental coordination disorder using the DSM-IV at 7 years of age: a UK population-based study *Pediatrics*. 2009 Apr;123(4):e693-700

Sugden et al (2008) Issues Surrounding Children with Developmental Coordination Disorder, *International Journal of Disability, Development and Education* ,Volume 55, 2008 - Issue 2

Zwicker J et al (2010) Brain Activation of Children With Developmental Coordination Disorder is Different Than Peers. *Pediatrics* 2010;126(3) e678-686

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