



Dyspraxia/DCD in Secondary Schools

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 a paediatrician, occupational therapist, physiotherapist and/or speech and language therapist, depending on the child's 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/Guidance-for-parents-seeking-a-diagnosis.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 child was in junior school (please download factsheet Dyspraxia/DCD Junior Years on downloads on the Dyspraxia Foundation website). The difficulties seen in the younger child may continue and will have greater impact on daily life. In some cases, dyspraxia/DCD is not identified until the

child reaches secondary school. The child may have managed to cope through their previous schools with only minor difficulties. However, the structure of secondary schools may prove to be too difficult for the child and it is at this point that problems manifest themselves especially in view of the organisational skills that are required in secondary education. If dyspraxia/DCD is not identified and the child enters secondary education there can be such a high incidence of low self-esteem and disaffection that behavioural difficulties are evident

Although dyspraxia/DCD affects each individual differently some of the common difficulties noted for the child in secondary schools are listed below.

Motor difficulties

- Motor skills remain delayed in around 50% (*Cantell et al, 1994*)
- Movements appear awkward
- Continue to have difficulties with P.E /games and using sport equipment
- Difficulty with handwriting both speed and style
- Poor fine motor skills:, manipulating classroom equipment such as maths and science equipment
- 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 homework, 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

How this may be observed in the classroom:

- *Games/P.E. lessons are often difficult* - difficulty with activities that involve running, hopping, jumping, catching/kicking balls. There may be difficulty with using sports equipment and may have difficulty with team games, understanding and remembering rules, listening to instructions. The child tires easily.
- *Handwriting difficulties* - work is messy, poorly laid out and difficult to read and slow. Has difficulty keeping up in class, completing work, drawing diagrams, only able to write a few lines or sentences. Hand becomes easily tired.
- *Difficulty using classroom equipment* - includes rulers, scissors, compasses, protractor etc. Has poor control of computer mouse, difficulty pouring, measuring etc during science, technology and woodwork

- *Changing for PE./games* - slow at dressing/undressing in particular tying shoe laces, school tie, doing up buttons, loses clothes
- *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* – forgets to take homework/books/letters home or bring back to school and forgets games kit. Is generally messy, loses items, poor planning for essays. May struggle with timetable such as being late for lessons, misses special appointments or forgets where to go. Does not have the right equipment for lessons
- *Falls and trips over*
- *Poor spatial awareness* – has difficulty keeping to own space, work spreads out, knocks into objects in the classroom, knocks over items on the table or bumps into people
- *Poor short term memory* - difficulty remembering or following instructions, forgets what to do for homework, has difficulty copying from the board and with dictation.
- *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* - has extremes of emotions, highly excitable at times and evidence of significant mood swings.
- *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* – difficulty with maths, some children may have phobias

The Dyspraxia Foundation's Secondary Year classroom guidelines gives excellent helpful strategies and activities to assist the child in the classroom and may be downloaded from the Dyspraxia Foundation website at: http://dyspraxiafoundation.org.uk/wp-content/uploads/2014/12/a5_dyspraxia_secondary_school_leaflet-indd.pdf

KEY POINTS TO REMEMBER

- Give us much encouragement and positive feedback as possible. It is vital that the child does not lose their self-esteem.
- Seating should allow the child to rest both feet flat on the floor and the child be encouraged to sit with upright posture
- Never give the child more than 3 - 4 instructions at one time and ensure that they are prepared for the instructions before they are given
- Allow extra time for the completion of a task
- Liaise with the relevant medical professionals for further advice in the classroom and P.E. setting

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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