

Dyspraxia in Early Years: From Hidden Barriers to Practical Support

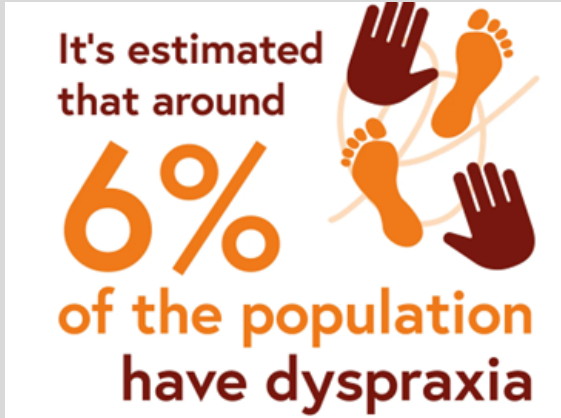


Image 1: (Institution of Engineering and Technology, n.d.)

Introduction

Dyspraxia, also known as Developmental Coordination Disorder (DCD), is relatively common, affecting an estimated 6–10% of the population (Nowak et al., 2015). Research by Medigold Health (2023), agree that around 6 % of people are dyspraxic, which is about as common as dyslexia and far more common than autism, yet the condition is still far less recognised. It often becomes apparent during the early school years, when children’s motor skills may differ noticeably from those of their peers. The Dyspraxia Foundation (n.d.) similarly estimates that around 5% of school-aged children are affected, with approximately 2% experiencing more severe symptoms. These motor difficulties are generally persistent and can continue into adolescence and adulthood. Although dyspraxia is more frequently diagnosed in males, females are often identified later. According to Fliers, Franke and Buitelaar (2011), motor-skill problems often sit alongside ADHD but are easily overlooked, which means signs of DCD can be masked or picked up much later.

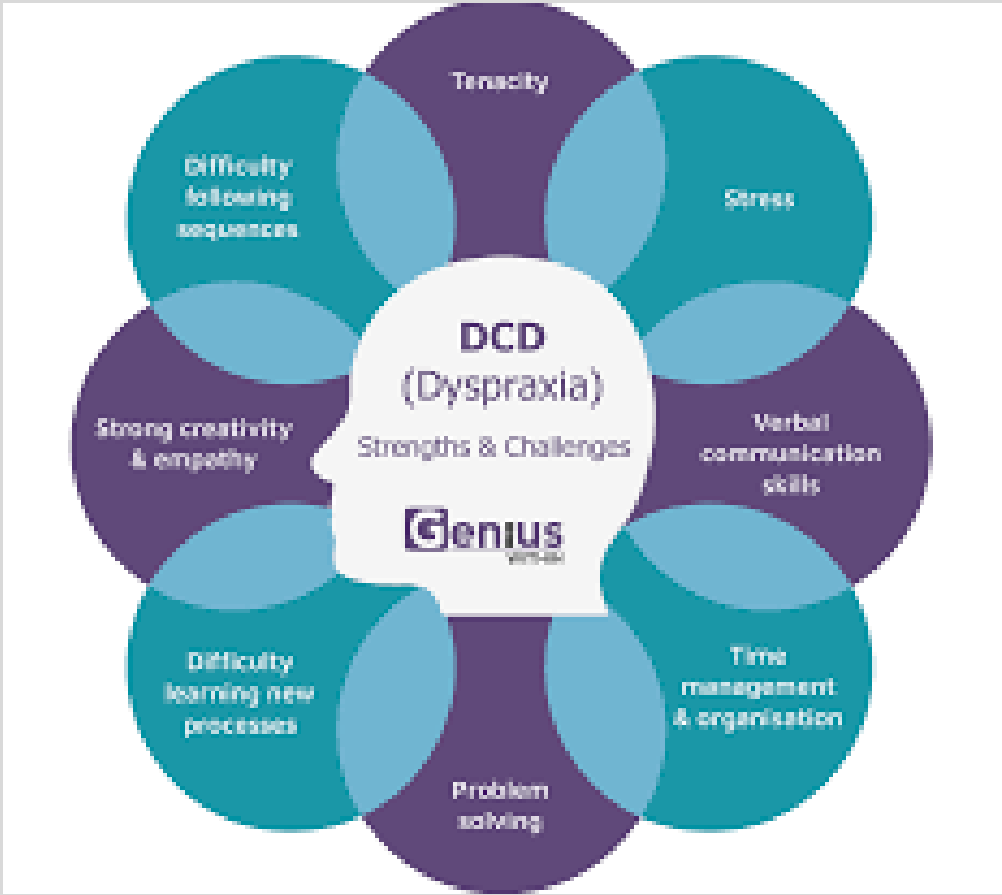


Image 2: Strengths & challenges of DCD (Genius Within, 2025)

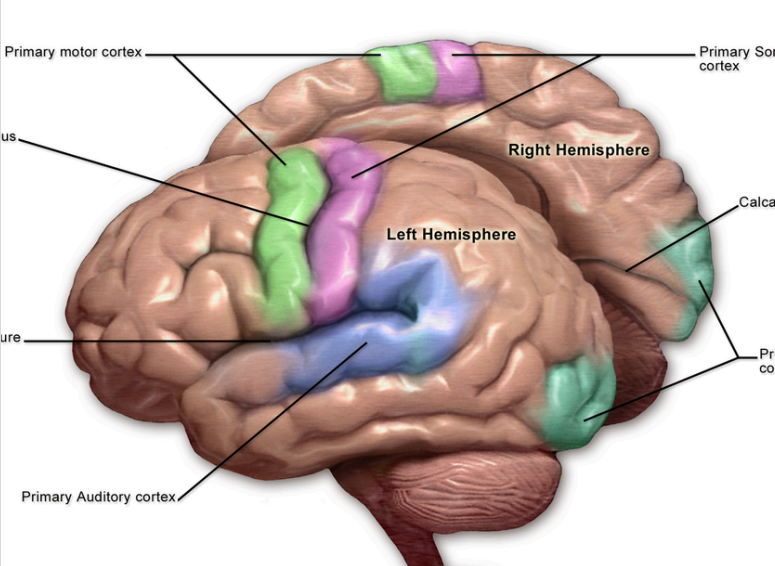


Image 3: Brain-signal hand-off in dyspraxia (Dyspraxia Kids, n.d.).

Identifying and hurdles

- *Delayed milestones** – Children with dyspraxia often crawl, walk and dress themselves later than peers and struggle with drawing, writing and sport (NHS 2023).
- *Diagnosis comes late** – A formal DCD assessment usually happens only after age 5, once professionals have reviewed motor skills and daily routines (Dyspraxia Foundation n.d.).
- *Hidden hurdles** – Socio-economic background, teacher awareness and limited access to specialists all slow down referral and support (Summers et al. 2008).
- *Income matters** – However, Welsh Government (2018c) recognises that early identification is not just about spotting signs. It highlights how wider factors such as socio-economic background, teacher awareness, and access to specialist services all shape how quickly a child gets the help they need. Without addressing these systemic barriers, timely diagnosis remains uneven.
- *Wider systems at play** – Bronfenbrenner reminds us that family and school sit inside bigger systems, social services and local policy, which shape a child’s pathway to help (Bronfenbrenner 1979).
- *Welsh postcode effect** – Identification rates still vary sharply between local authorities, so access to early intervention can depend more on where a child lives than on their actual needs (Welsh Government 2015).

Support strategies

- *What IDPs are for** – In Wales, Individual Development Plans give tailored, in-school support to children with ALN, including dyspraxia (National Autistic Society 2020).
- *Why they matter** – The right plan helps pupils with dyspraxia reach their potential (Brain Charity 2024) and looks at the whole child—learning, emotional and social needs together (Tovey 2016).
- *Delay risk** – Children’s Commissioner for Wales (2025) warns many pupils wait too long for an IDP, which can hit both progress and wellbeing.
- *Role confusion** – The same report highlights uncertainty over whether schools or local authorities should write and manage IDPs, adding more delays (Children’s Commissioner for Wales 2025).
- *Specialist bottlenecks** – Annual Report 2023-24 shows long waits for educational-psychologist input and neurodivergent diagnoses, blocking access to the right provision, including specialist places (Children’s Commissioner for Wales 2024).

Barriers to recognition and support

Social model

- Awareness & Training Gaps (Social-Model Barrier)**
- *Low day-to-day recognition** – Dyspraxia is still missed by many parents, teachers and even health professionals, showing how subtle the signs can be (Bupa 2024).
- *Parents unsure where to turn** – A large group of families do not know what dyspraxia looks like or how to ask for help, so children may go unassessed for longer (Pedro et al. 2019).
- *Staff skills gap** – Initial teacher training and later CPD on ALN are patchy, leaving some schools without the confidence to spot or support dyspraxia early (Estyn 2023).
- *Home-school partnership suffers** – When staff feel unprepared, genuine collaboration with parents becomes difficult and families feel confused or unsupported (Estyn 2024a).
- *Uneven early-support practice** – Training quality and specialist input vary across Wales, despite national guidance calling for consistent early help (Welsh Gov 2018).
- *Postcode lottery in provision** – Access to IDPs and ALN services still depends on where a child lives; some authorities respond quickly, others face long delays (Welsh Gov 2015; Knight 2024).
- *Front-line strain** – Many teachers report feeling under-prepared for the current ALN reforms, which makes it hard to turn policy into practice in the classroom (ITV News 2024).

Until recognition is wider and training more consistent, children with dyspraxia will continue to be held back—not by their abilities, but by the systems meant to support them.

Medical model

- *Problem located in the child** – Disability is seen as something ‘wrong’ in the individual that needs fixing, not a need for wider support (Guevara 2021).
- *Generates pity & stereotypes** – This view can downplay the person’s strengths and fuel negative attitudes toward disability (Guevara 2021).
- *Stigma spills over to families** – Parents may feel judged or isolated when others see the child only through a medical lens (Holland & Pell 2018).
- *Biomedical example** – Dyspraxia is framed as faulty brain-to-muscle messages causing movement, speech and coordination issues (NHS 2023).
- *Risk factors named** – Prematurity, low birthweight or family history are highlighted as likely causes (NHS 2023).
- *Diagnosis can open doors** – Medical detail helps professionals understand the condition and may unlock support.
- *But labels can delay help** – A focus on meeting strict diagnostic criteria means children who don’t tick every box still struggle on without timely support (Miyahara 2024).

The medical model can explain how dyspraxia works, but when systems rely on labels before acting, support is often late and stigma grows.

Conclusion

- *Dyspraxia is common yet misunderstood**, affecting daily life, learning, and long-term prospects.
- *IDPs aim to give early, tailored support**, but delays, postcode gaps, and uneven staff training still get in the way.
- *Diagnosis bottlenecks and unequal access** mean the system often fails to meet real-world needs.
- *Medical and Social models** each explain part of the picture, yet the priority is clear: help must follow the child’s needs, not wait for labels or depend on location.
- *What has to change?** Better awareness, stronger and wider training, and consistent implementation.
- *Goal:** every child with dyspraxia receives timely, appropriate support and the opportunity to thrive.