

Why teachers need to hear the voice and experience of the child with dyspraxia

Casey Edmonds

University of East London

Abstract

This article discusses the literature on children in research, pupil participation and the voice of the child. The need for individual experience and children's voice in research is explored, with the focus placed on children with dyspraxia in UK schools. The article addresses previous literature in the area which shows that teachers' knowledge and understanding of the disorder is generally poor, such that these children remain an 'educational underclass'. It is suggested that this can have some very significant outcomes for these children, such as low self-esteem and confidence, increased delinquency and increased unemployment. This paper argues that by gaining more knowledge and understanding by listening to the voices and lived experiences of children with dyspraxia, teachers will be better placed to provide an educational environment that is enriching and inclusive for all children, one in which those with dyspraxia will be actively able to participate and no longer remain an educational underclass.

Keywords: Dyspraxia; Lived Experience; Voice; Developmental Coordination Disorder (DCD).

Introduction

Dyspraxia (also known as developmental coordination disorder (DCD) in the US and Europe) is known to be a neurologically based developmental disorder (Portwood 2000). It affects the ability to perform skilled and coordinated movements, and causes difficulties with cognitive and perceptual processes. It is classified (referred to as DCD) in the *Diagnostic and statistical manual of mental disorders* (DSM-IV) as a developmental disorder in which the 'performance in daily activities that require motor co-ordination is substantially below that expected for the person's chronological age and measured intelligence' (DSM-IV 2000, p. 58). The contention surrounding the

terminology of dyspraxia is evident both in labelling the disorder and in defining it as a disorder (Henderson & Barnett 1998; Missiuna & Polatajko 1995; Polatajko 1999). The debate surrounding both of these issues is beyond the remit of this article; however, upon consideration of the debate, this paper will use the term dyspraxia as opposed to DCD. This decision has resulted from the suggestion that in the United Kingdom dyspraxia is the term preferred by teenagers (Dyspraxia Foundation 2011). As this paper is discussing the importance of listening to the voices of children it would be inexcusable to not use the terminology they prefer.

The prevalence rate of dyspraxia is relatively high, with 5–18% of the population being affected (Dixon 2003; Portwood 1996); however, it is also suggested that it remains an under-diagnosed and at times misdiagnosed disorder, and the prevalence rate could be even higher. As with many other developmental disorders, males have been found to account for a higher percentage of diagnoses, 70–80% according to Missiuna & Polatajko (1995). Co-morbidity levels are high, with dyspraxia being associated with dyslexia (Kaplan et al. 1998), autistic spectrum disorders and ADHD (Fliers et al. 2011; Portwood 1999; Ramussen & Gillberg 2000).

The literature on dyspraxia, while relatively extensive (Kirby & Drew, 2003; Kirby et al., 2008; Polatajko & Cantin, 2005;), has largely been associated with its medicalisation as a disorder and thus has been focused on symptomology, health, parental and professional views, etc. (Gibbs et al. 2007; Pless et al. 2001; Visser, 2003). The literature on dyspraxia in relation to education has remained sparse compared to that on other developmental disorders, particularly autism (Simpson 2005; Wing 1966; Zager 1999) and dyslexia (Farmer et al. 2002; Gabrieli 2009; Mortimore & Crozier 2006;). Furthermore there is a significant paucity of research that elicits the experiences of the child with dyspraxia and gives them a voice (Edmonds 2012).

This article therefore will draw on the available literature to highlight why it is so important that the lived experiences of these children are sought and why it is that teachers, in particular, need to hear their voices. Immediately following the writing of this article the researcher will be conducting qualitative research with children with dyspraxia in UK secondary schools in order to begin this much needed research.

The child in research

The vast body of social scientific literature and empirical research on children has historically tended to view children predominantly as objects of research (Green & Hogan 2005). Children's views and experiences appear to be seldom assessed and given weight in the literature due to the large array of perceived limitations of such data (Alderson & Morrow 2004; Harden et al. 2000;). Such issues include the assumption that the best interests of the child can best be served by decisions made by adults, particularly in arenas such as family courts; these assumptions may at times be referred to without eliciting the views of the child concerned or their particular needs (Piper 2000). When relative weight is given to what children want, particularly in certain arenas, again such as family courts, further issues present themselves such as issues of age and maturity. Generally, the younger the child, the less relative weight is given to their views and opinions; moreover, even if their views and opinions are taken into account, they are considered alongside the views and opinions of the adults in their lives which may be attributed greater weight, such that children remain largely marginalised. This risk is highlighted by Narvanen & Nasman (2007, p. 237) when they state that the reservation regarding age and maturity becomes 'part of a circular reasoning in which whatever children say that is not in line with adult views will be judged as coming from individuals too young or too immature to be listened to'. It is clear that children's rights and views, however well recognised they are, are still largely constrained by adult expectations, acceptances and power.

Pupil participation and the voice of the child

It is clear from the literature that the participation of pupils has recently become a major focus in research and policy (Clark et al. 2003; Hulme et al. 2011; Kirby et al. 2003; Morgan, 2011; Rudduck & Flutter 2000, 2003). This focus has also been increased in the area of special educational needs (SEN) both in SEN legislation, such as the SEN Toolkit, section 4 enabling pupil participation (DfES 2001a) and the Special Educational Needs Code of Practice (DfES

2001b) and in research (Gersch 2001; Kelly et al. 2003; Norwich 1997). However, as described above, the possibilities for interpreting these policies and therefore the limitations placed upon the views of the child are potentially more powerful in the area of SEN. For example, taking age and maturity, as discussed above, the legislation promotes the issue of age by affording rights to young children as well as older children; however, maturity and understanding are also highlighted and as such remain open to interpretation by practitioners. Worryingly, those with SEN may be perceived to have less maturity or understanding, such that their participation may be refuted (May 2004).

The benefits of pupils' participation in their education have been cited as including increased participation, motivation, self-esteem and skills (Warwick 2007), while active participation and empowerment of individuals is deemed to be a key component in well-being and mental health (WHO 1986).

The need for individual experience and children's experiences

According to William James, 'individual experience defines the scope of psychology' (1990 [1890]: p. 361). Historically, mainstream psychology historically has been largely rooted in empirical data and as such defined as a science in the traditional sense of the word. Recently, there has been a very gradually growing interest in using psychology to examine the experiences of participants, and the importance of this is increasingly recognised (Smith 2004, 2011). However, there remains a significant paucity of literature that aims to develop a more in-depth understanding of *what* children experience, how they experience and how they make sense of their experiences, particularly in relation to dyspraxia and education. The emphasis in conducting such research would be to afford agency to the individual child through researching something of great significance to their lives and as such could contribute to mainstream psychological and educational knowledge surrounding children, in this case with dyspraxia, by adding a new dimension to developmental analysis.

In eliciting the experiences of children we are reflecting their positions as people rather than objects of scrutiny. The importance of the experience of a person in a given phenomenon was highlighted by Jerome Kagan when he commented that 'the person's interpretation of experience is simultaneously the most significant product of an encounter and the spur to the next' (Kagan 1984, p. 279) and that

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knowledge, even a scientific perspective could be deemed incomplete. Research focusing on the experiences of individuals has largely focused on adults, providing a more comprehensive and holistic picture in many areas, but as noted previously children have not been afforded such importance in the area of scientific knowledge, so our understanding and knowledge surrounding their experiences, particularly in dyspraxia and education, remains at the level of the scientific and experiences or reflections of adults in their lives. Furthermore, the importance of researching children's experiences can be considered a children's rights issue in which a moral perspective is sought 'on the role and status of children which respects and promotes their entitlement to being considered as persons of value and persons with rights' (Green & Hogan 2005, p. 3). It also provides children with their value in the present rather than looking to their potential value in the future.

The voice of the child and current SEN policy

The principle that children have rights to express themselves, express their views and be involved in decisions regarding their education has become an integral and significant part of UK SEN policy (Special Educational Needs Code of Practice (DfES 2001b)), and this position of children having rights is underpinned by policies such as the United Nations Convention on the Rights of the Child (1989) and the Children Act (1989). Research has looked at the issue of inclusion and whether children are being afforded such rights as set out in the legislation in the UK, but these again are largely from a parental perspective (Palmer et al. 2001) while inclusion in educational settings is portrayed largely from teachers' perspectives (Avramidis & Norwich 2002; Pearson 2007).

Recently there has appeared to be increased interest in research eliciting the views and experiences of those who are termed 'disabled' or as having 'special educational needs'; however, this has been a relatively recent and slowly progressing phenomenon which has been limited to the more well-known disabilities or disorders such as autism.

Why the voice of the child with dyspraxia?

There is a significant paucity of literature that elicits the voice of the child with dyspraxia, and, as Dixon (2003) highlights in her study, the child's views may well differ greatly from the views of the parents and the professionals who support them. While the literature surrounding dyspraxia in education is not extensive, it

does allow us to infer that there are many educational challenges for those who live with it. The associated difficulties appear to affect all areas of school life and the ability to participate (Mancinni et al. 2000) and have been recognised as including handwriting, recreational, social and physical activities as well as school work and self-care (Dunford et al. 2005; Sugden 2006; Summers et al. 2008).

Stordy & Nicholl (2000) highlighted a further challenge for these children, identifying that teachers' knowledge and understanding of dyspraxia was very low and at times non-existent. This raises issues around their ability to provide support for the children they teach who have dyspraxia (Petersen et al. 2004). Furthermore, Kadesjo & Gillberg (1998) identified that children with dyspraxia had the same expectations placed upon them as their peers did. This lack of knowledge and understanding can be conceptualised by the hidden nature of the disorder (Kirby 1999) coupled with the discrepancy between intelligence that is average or above and the associated difficulties dyspraxia presents in an educational setting (Kirby 1999). Teachers have been reported as perceiving children with motor difficulties as being much less competent than their peers and as having more behavioural problems (Losse et al. 1991), while Portwood (1996) conceptualised this lack of knowledge and understanding as these children representing a 'significant educational underclass, largely misjudged, frequently maligned and extensively ignored' (Portwood 1996, p. 81). Research has suggested that the experiences of these children may lead to negative effects for the child due to persistent feelings of failing to meet expectations and, as a result, increased levels of educational disengagement and frustration (Parmenter & Knox 1991). Dixon (2003), while not specifically looking at education, found that the areas considered important by the children themselves included some which would be relevant in the education setting such as behavioural problems, participation in physical activities, low self-esteem and the need for early recognition.

For children in the UK aged between 5 and 16 (this age soon to rise to 18) the vast majority of their waking day during the week is spent at school. This is considered here to be a major life experience and one in which teachers and peers play a significant role: as Selikowitz (1992, p. 101) suggests, 'other children, teachers, relatives and society in general, play an important part in determining how a child sees himself and how well he copes'. Additionally research has identified that there is a potential risk of victimisation and resulting low self-worth for children with dyspraxia (Kalverboer et al. 1990; Rose et al.

1997; Skinner & Plek 2001). This may be explained by Harter's (1987) model of self-worth which postulates that a strong predictor of self-worth is the perceived regard of others. Kalliopuska & Kirila (1987) identified that children with dyspraxia had lower self-esteem when compared to controls. It is evident here that one major influence on the development of all children is the perceived regard of others and that for those with dyspraxia this could be said to be even more essential to their development. A previous study highlighted the negative impact that interactions with teachers had for some adults with dyspraxia reflecting back on their childhoods in school (Edmonds 2012).

Research has also identified correlations between peer rejection and higher rates of delinquency, arrest, violent behaviour and substance abuse (Kupersmidt & Coie 1990; Ollendick et al. 1992). Further longitudinal research has highlighted that 80% of children diagnosed with dyspraxia at the age of 7 were either unemployed, had a criminal record, were alcohol or drug users or had mental health issues by the age of 22. This starkly contrasted with the control group's data (those who did not have dyspraxia) where the statistic was only 13% (Rasmussen & Gillberg 2000).

Given that little is known about the experiences of children with dyspraxia, particularly within education, as well as the suggestion that there is a link between teachers and other people and the sense of self-worth that children develop, it is essential that teachers hear and listen to the experiences of the child with dyspraxia.

Conclusion

This paper has highlighted the paucity of research on the voices and experiences of children with dyspraxia while identifying clearly why this is an important area to be researched. The legacy of this lack of knowledge and understanding can have disastrous consequences for these children at worst, and at best just make their time at school, and interest in education, a difficult and arduous process. For these children to thrive and enjoy education, as well as have better outcomes beyond school, it seems essential that their teachers should develop a greater knowledge and understanding of their lived experiences, and, as Dixon's (2003) study shows, this needs to come from the children themselves.

Furthermore this article suggests that not only will research into the lived experiences of the child with dyspraxia better inform teachers in their educational practice, it will also be able to inform policy changes

through consultation with the children themselves, and raise much needed awareness of the disorder while dispelling any misconceptions at the same time.

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Contact: c.o.edmonds@uel.ac.uk