Dyspraxia in the workplace

THINKING DIFFERENTLY AT WORK
GMB is grateful to the Dyspraxia Foundation and Richard Todd for their assistance in producing this document.
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>2</td>
</tr>
<tr>
<td><strong>What is dyspraxia?</strong></td>
<td>3</td>
</tr>
<tr>
<td>Dyspraxia and age</td>
<td>4</td>
</tr>
<tr>
<td>What causes dyspraxia?</td>
<td>5</td>
</tr>
<tr>
<td>Verbal dyspraxia</td>
<td>5</td>
</tr>
<tr>
<td>Acquired dyspraxia</td>
<td>5</td>
</tr>
<tr>
<td>Overlap with other conditions</td>
<td>5</td>
</tr>
<tr>
<td>Dyspraxia and mental health</td>
<td>6</td>
</tr>
<tr>
<td><strong>Dyspraxia and the law at work</strong></td>
<td>7</td>
</tr>
<tr>
<td>Examples of reasonable adjustments</td>
<td>8</td>
</tr>
<tr>
<td>Reasonable adjustments and discrimination - case study</td>
<td>9</td>
</tr>
<tr>
<td><strong>Undiagnosed dyspraxia and support</strong></td>
<td>11</td>
</tr>
<tr>
<td>Checklists</td>
<td>11</td>
</tr>
<tr>
<td>Seeing your GP</td>
<td>12</td>
</tr>
<tr>
<td>Getting a diagnostic assessment</td>
<td>12</td>
</tr>
<tr>
<td>Occupational Therapist and workplace needs assessments</td>
<td>13</td>
</tr>
<tr>
<td><strong>Support groups and further reading</strong></td>
<td>14</td>
</tr>
<tr>
<td>Appendix - Dyspraxia Foundation adult checklist</td>
<td>15</td>
</tr>
<tr>
<td>References</td>
<td>17</td>
</tr>
</tbody>
</table>
FOREWORD

Dyspraxia is a workplace issue.

Around 5% of the population are estimated to have dyspraxic traits. This suggests that 1.6 million workers (and 31,000 GMB members) may be dyspraxic.

Too many of those workers face needless barriers within the workplace. Some are held back by crude stereotypes and a general lack of awareness. Others are forced to work in inflexible environments, or to follow inappropriate procedures that impair their performance and prevent them from making the full use of their talents. These are barriers that can often be broken down through raised awareness and inexpensive reasonable adjustments.

People who are dyspraxic can also bring significant benefits to their workplaces. Dyspraxic workers are often hardworking, creative, and strong lateral thinkers. Most dyspraxic workers will have had to overcome significant challenges to be in the position they are now in. GMB is proud to represent them.

Everyone has the right to be treated with respect and understanding at work. The Equality Act (2010) contains legal protections against discrimination for dyspraxic workers. The wider challenge – to change the culture of the world of work and raise awareness – is down to unions and employers.

GMB’s Thinking Differently at Work campaign celebrates the neurodiversity of our members and outlines the practical support that their union can offer.

This guidance note is intended to provide an introduction to the topic of dyspraxia at work. It is intended to be read alongside the GMB’s Neurodiversity in the Workplace Toolkit. We hope it is of use to our dyspraxic members and their workplace representatives alike.
WHAT IS DYSPRAXIA?

Dyspraxia (or DCD) is a condition that affects the way the brain processes and transmits information. Around 5% of people in the UK are believed to have dyspraxic traits.

Dyspraxia has been described as the ‘Cinderella of developmental disorders’ due to low levels of public awareness. This is despite the fact that dyspraxia is recognised by the NHS, the World Health Organisation, and the Government’s Office for Disabled Issues.

Although its effects on people may change over time, dyspraxia is a lifelong difference in the way the brain functions. Dyspraxia is not an illness that can be ‘cured’ and it does not affect intelligence.

Dyspraxic people may face significant challenges at work. Others have well-developed coping strategies and may not require changes or support. This could alter as circumstances change (such as starting a different job or getting a new manager). It is important that dyspraxic workers know they have their union and important legal protections on their side.

Dyspraxia is associated with problems of physical co-ordination. The condition often has broader and more complex characteristics than physical co-ordination alone, however. A diagnosis of dyspraxia is not compatible with certain other causes of co-ordination difficulties (such as cerebral palsy).

Everyone is different and there is no such thing as a ‘typical’ dyspraxic person. As well as physical co-ordination, challenges that can be experienced by dyspraxic workers encompass, and are not limited to:

- Gross motor skills (such as running and balancing) and fine motor skills (such as handwriting and tying shoelaces)
- Planning, concentration and short-term or working memory
- Self-care (such as dressing)
- Posture, muscle development and muscle control
- Being more or less sensitive to sensory stimulation than average (this may manifest as an aversion to noise, light, heat/temperature or touch)
- Social skills and social interaction, especially in group settings such as meetings
Dyspraxia may not affect someone in the same way all of the time.

For example, a dyspraxic worker may feel comfortable driving on most days. On others, they may struggle to articulate their speech or complete certain physical tasks.

Many dyspraxic people are familiar with the feeling of having ‘good days and bad days.’ This can be influenced by factors such as stress and quality of sleep. This means that inappropriate capability proceedings often needlessly exacerbate problems at work – and leave employers liable for damages at a Tribunal.

Support, understanding and a willingness to make reasonable adjustments will always lead to the best outcomes for both workers and employers.

**Dyspraxia and age**

Someone who is dyspraxic will often have had a sense of being ‘different’ since childhood. Dyspraxia is often identified at an early stage as children encounter problems with activities such as catching balls and handwriting (although many people do not have their dyspraxia identified during childhood or adolescence).

Reports generated during childhood can be useful for demonstrating that someone has dyspraxia as an adult. These can include Statements of Special Educational Needs, Education Health and Care Plans (EHCPs), educational psychologists’ assessments, provision maps, or annual school reports.

To some extent, difficulties experienced as a child may become less apparent to the outside world as people age. This can be partly due to the development of coping strategies that can ‘mask’ dyspraxia, and people also have more choice over the activities they take part in.

‘The difference between being a child and an adult is that you can avoid some things. So you don’t have to play team games. You don’t have to write; you can use a computer. You can choose the environment you’re in to minimize your challenges.’

Amanda Kirby, Professor of Developmental Disorders, University of South Wales
Many people do not have control over their work environment, and even people who have developed effective coping strategies may be at risk of discrimination if their circumstances change. This could include a change of job, of line-management, or of an employer’s policies and performance measures.

**What causes dyspraxia?**

The idea of neurodiversity suggests that dyspraxia (and other neurodivergent conditions) are natural variations in the brain’s structure and development. Research suggests that there may be a hereditary factor to dyspraxia in some people (although no ‘dyspraxia gene’ has been identified).

MRI scans of dyslexic and autistic people have shown that their brains are structured differently to that of a typical person’s. Similar research suggests that this is also the case for dyspraxia. Further information on adult diagnosis/assessment is provided later in this note.

**Verbal dyspraxia**

Dyspraxia can impact on the control of individual muscle groups, including those connected to the eyes (affecting sight) and also those affecting speech. Dyspraxia can also have an impact on how the brain sequences the order of words.

While talking is a complex act, most people do not have to put constant thought into how they speak. Verbal dyspraxia, on the other hand, can make it difficult for some people to articulate their speech, which can impair their co-workers’ ability to understand them. This can lead to frustration and misunderstanding.

As with other forms of dyspraxia, verbal dyspraxia is lifelong, although many people find support from Speech and Language Therapists (SLTs) to be helpful.

**Acquired dyspraxia**

The majority of dyspraxic people have the condition from birth. In some cases, dyspraxic-type characteristics can emerge after a cerebral event such as an injury.

**Overlap with other conditions**

It is common for dyspraxia to co-exist with other neurodivergent conditions such as ADHD, autism, dyslexia and dyscalculia.
This potential for overlap between diagnostic labels contributes to the diversity of dyspraxic people. Every individual is unique, and each person is their own best expert on how their condition or conditions affects them.

In the past it was more typical for people to receive a single diagnosis. This means that there may be adults who would be better served by a dual diagnosis today. For more information on other neurodivergent conditions, please see GMB’s Neurodiversity in the Workplace Toolkit.

Many people who have a diagnosis for dyspraxia may also experience features that characteristic of other neurodivergent conditions without meeting the threshold for a dual diagnosis. For example, a dyspraxic person may experience problems with reading some text that are more commonly associated with dyslexia.

Issues relating to sensory processing – such as noise, heat, light and touch – are common across a range of neurodivergent conditions.

Recent research has focused on the social difficulties that can be experienced by people with dyspraxia, with can resemble those experienced by people on the autistic spectrum.

Although autism is a separate diagnosis, work by the University of Cambridge concluded in 2017 that many adults with dyspraxia experience social difficulties that mirror the difficulties experienced by adults with ASC [autistic spectrum conditions]. Some dyspraxic people may find some social interactions (such as making eye contact or sustaining group conversations) difficult.

**Dyspraxia and mental health**

Dyspraxia is not a mental health condition. People with dyspraxia may however be at a higher risk of developing mental health problems, including anxiety, depression and social withdrawal.

For more information on supporting members with mental health conditions, please see the GMB mental health at work guide: http://www.gmb.org.uk/gmbguide-mentalhealth.pdf
DYSPRAXIA AND THE LAW AT WORK

Workers who have been diagnosed or assessed as having dyspraxia are likely to satisfy the definition of disability, which is a protected characteristic, under the Equality Act (2010).

Not everyone who is dyspraxic will feel that they are disabled. It is important however that they know what their rights are and what protections the law affords them.

As discussed below, it is likely that dyspraxia will satisfy the legal definition of disability. This gives them legal protection against discrimination, victimisation and failure to make reasonable adjustments that are connected to their condition. These protections extend to external applicants.

For more information please see GMB’s guide to neurodiversity and the law at work: www.gmb.org.uk/neurodiversity-law-guide.html

Terminology: The terms dyspraxia and Developmental Co-ordination Disorder (DCD) are often used interchangeably. This guide uses the term dyspraxia throughout.

DCD is sometimes seen as the ‘official’ term for the condition, as reflected by its use in international diagnostic manuals such as the American Psychiatric Association’s DSM-V. The World Health Organisation’s ICD-11 manual uses the term Developmental Motor Coordination Disorder.

The diagnostic criteria for DCD focus on challenges of motor co-ordination. The term dyspraxia is sometimes preferred as it embraces the wider range of challenges that people with the condition can face.

The Dyspraxia Foundation says that:

‘Developmental Coordination Disorder (DCD), also known as dyspraxia, is a common disorder affecting fine and/or gross motor coordination in children and adults (Movementmatters.uk).

The Dyspraxia Foundation adds to the Movement Matters description, recognising the many non-motor difficulties that may also be experienced by people with the condition and which can have a significant impact on daily life activities.

These include memory, perception and processing as well as additional problems with planning, organising and carrying out movements in the right order in everyday situations. Dyspraxia can also affect articulation and speech.
Is dyspraxia a disability?

Dyspraxic workers are not obliged to think of themselves as being disabled (although they should be aware that statements to that end could be quoted against them by a hostile employer).

A person with dyspraxia is most likely to meet the criteria for disability in employment law.

To qualify as a disability under Section 6 of the Equality Act, a condition must be a ‘physical or mental impairment’ that ‘has a substantial and long-term adverse effect’ on their ‘ability to carry out normal day-to-day activities.’

For the purposes of the Act:

- ‘Long-term’ means a condition that lasts, or is likely to last, for 12 months or more – dyspraxia is likely to meet this definition as a lifelong difference
- ‘Substantial effect’ means something that is more than minor or trivial
- ‘Normal day-to-day activities’ does not necessarily mean the same thing as ‘regular.’ For example, while a decision on a person’s promotion is not something that would happen regularly, it is defined as a ‘normal’ activity by Tribunals

Dyspraxia has previously been recognised as a disability by Employment Tribunals (i.e. Billingsley v South Staffordshire & Shropshire Healthcare NHS Foundation Trust, 2016, Appeal No. UKEAT/0341/15/DM).

Examples of reasonable adjustments

Not everyone will require adjustments, and it should be noted that most adjustments are inexpensive or carry no financial costs for the employer.

All workers are different and reasonable adjustments should be made on the basis of the individual’s own understanding of their needs and/or an assessment by an appropriately qualified person.

The range of potential reasonable adjustments for dyspraxia is very wide: they can compass everything from changes to working practices, assistive technology, and retraining.
Examples of possible reasonable adjustments include, but are not limited to:

- Providing assistive technology
- Extra time to complete some tasks
- Sensory adjustments (such as reducing noise levels)
- Training for workers and managers
- Flexible variations to working patterns
- Providing instructions in writing
- Varying dress codes
- Support for structuring time and prioritising tasks

The Dyspraxia Foundation has published a very detailed list of examples of potential reasonable adjustments. These can be found in their publication Working with Dyspraxia – a Hidden Asset: Guide for Employers (from pages 17 to 49): https://dyspraxiafoundation.org.uk/wp-content/uploads/2016/06/Employer_guide_to_dyspraxia_1.0.pdf

------

Reasonable adjustments and discrimination - case study

This example is based on types of casework issues experienced by GMB members. It is not based on a single individual.

Kathy does not drive. She takes longer to get ready in the morning than most of her colleagues because of her dyspraxia. She can also find crowded public transport stressful. This has caused problems with arriving at work on time.

Kathy has disclosed her dyspraxia to her line manager, although he does not seem to be aware of what dyspraxia is and he has not researched the condition. He has told Kathy that she ‘can’t make excuses for poor performance.’

Her employer says it has a strict policy on starting times, and her line manager says that he is considering disciplinary proceedings. A request for flexible working (by moving from a 9 to 5 to a 10 to 6 working pattern) has been refused. This is despite the fact that other employees who are not disabled have had variations to their working patterns approved to suit their personal circumstances.
Reasonable adjustments and discrimination - case study continued

When she is able to concentrate on her work, Kathy’s output matches or surpasses that of her co-workers. However, she finds the noisiness and the bright lighting of her workplace distracting. The employer has not commissioned an assessment of workplace needs. Kathy finds that she is increasingly working late and taking work home at weekends in order to catch up.

The threat of disciplinary action and the pressure to perform in a distracting environment is increasing the number of mistakes Kathy makes at work. She is considering asking her GP to sign her off work due to stress and anxiety.

In this scenario, the employer is leaving itself liable to claims of direct discrimination (because non-disabled workers had received favourable treatment when requesting flexible working), indirect discrimination (because her working environment disadvantages dyspraxic workers), and failure to make reasonable adjustments. A successful claim could expose the employer to unfavourable publicity and uncapped damages awards at an Employment Tribunal.

By contrast, simple reasonable adjustments in this case could have consisted of granting a request for flexible working, altering lighting intensity, and providing noise-cancelling headphones. If made, these reasonable adjustments would have raised Kathy’s performance to a level that matched or exceeded that of her colleagues.
UNDIAGNOSED DYSPRAXIA AND SUPPORT

People can be diagnosed with dyspraxia at any age. For many people, obtaining a diagnosis or an assessment can be a significant moment in their lives.

Some people draw comfort from having an explanation for why they have found certain tasks and environments difficult. An assessment can also help people to access support in the workplace.

GMB members should also be made aware that some people can find a diagnosis to be an emotional process. It can be difficult to be told as an adult that there is something ‘different’ about you, or that you have a condition that can negatively affect co-ordination and some thought processes. Workers may require more support than usual from their union and their employer during the period in which they are undertaking a diagnosis or assessment.

Points to be aware of

The NHS does not automatically fund dyspraxia assessments. You may have to seek private sources of funding for an assessment.

A formal assessment is not an absolute requirement for Equality Act protection, although it is likely to significantly improve your chances of success at a Tribunal if you do have one.

Support groups are usually self-organised and may not be available in

If you suspect that you may be dyspraxic, there are a number of steps you can take.

Checklists

GMB recommends two checklists for use by adults who think they may be dyspraxic. These checklists do not provide a diagnosis and they are not a substitutes for an assessment, but it may be helpful to have the results before you have an initial discussion with a GP, a union rep or your employer.

• An initial 24-question checklist has been produced by the Dyspraxia Foundation. The checklist is reproduced at the end of this note.
Dyspraxia in the workplace

- A more detailed checklist has been produced by the University of South Wales: http://psychology.research.southwales.ac.uk/media/files/documents/2014-04-04/ACD_checklist.pdf

Please also read the guidelines carefully before completing this checklist: http://psychology.research.southwales.ac.uk/media/files/documents/2014-04-04/ADC_Guidelines.pdf

**Seeing your GP**

The Dyspraxia Foundation advises that ‘if you think you have dyspraxia/DCD it is important to seek a medical opinion so that other possible causes of your symptoms can be eliminated.’

If you encounter immediate problems at work, it may help to mention these in your appointment.

**Getting a diagnostic assessment**

Unfortunately NHS financial support is not available in all areas and many people self-fund a diagnostic assessment. Access to Work does not fund diagnostic assessments.

You (or your union) should enter into a discussion with your employer to see if they are willing to meet the costs of an assessment.

Individual Occupational Therapists may charge different rates for such an assessment. The current cost of an adult dyspraxia assessment by Dyspraxia UK is £785 (plus £100 for travel costs if you are unable to travel to an assessment centre).

The British Dyslexia Association can provide workplace diagnostic assessments for dyspraxia in some areas of the country. At the time of writing, the British Dyslexia Association charges £540 for an assessment by a specialist teacher, and £720 for an assessment by a psychologist. The assessments take four hours and you will be provided with a written report within 15 days.

**Useful links:**

https://www.dyspraxiauk.com/bookingcosts.php

https://www.bdadyslexia.org.uk/services/assessments
**Occupational Therapist and workplace needs assessments**

Reasonable adjustments do not have to be based on specialist recommendations, and in many cases reasonable adjustments are agreed based on a worker’s own view of their needs.

**NHS**

Although there are no official guidelines on NHS services for dyspraxic adults, the BMA advises GPs to refer over-16s with dyspraxia to an Occupational Therapist.

An Occupational Therapist’s assessment will also have a good understanding of the latest assistive technology that may be available to you.

Funding for an Occupational Therapist assessment will depend on the policy of your Clinical Commissioning Group. You can ask your GP to check the local policy on funding for assessments.

Information on local Occupational Therapists who specialise in dyspraxia can be found on the website of the Royal College of Occupational Therapists at: [https://www.rcotss-ip.org.uk/](https://www.rcotss-ip.org.uk/)

**Workplace needs assessments**

A workplace needs assessment can provide detailed recommendations for reasonable adjustment. These documents can also be useful supporting material at a Tribunal.

Dyspraxia UK offers commercial workplace needs assessments: [https://www.dyspraxiauk.com/workplaceassessments.php](https://www.dyspraxiauk.com/workplaceassessments.php)

It may be possible to secure a workplace needs assessment through the Government’s Access to Work scheme. If Access to Work offers to provide or fund a workplace needs assessment, you should check if the assessor has qualifications or prior experience of assessing dyspraxic workers.

More information regarding Access to Work can be found on page [CHECK] of the GMB’s toolkit on neurodiversity in the workplace: [https://www.gmb.org.uk/neurodiversity_workplace_toolkit.pdf](https://www.gmb.org.uk/neurodiversity_workplace_toolkit.pdf)
SUPPORT GROUPS AND FURTHER READING

The Dyspraxia Foundation is the UK’s largest dyspraxia charity. It supports adults, children and parents. Local groups are also run in various locations.

Contact details:
Dyspraxia Foundation
8 West Alley
Hitchin
SG5 1EG
Helpline: 01462 454986
www.dyspraxiafoundation.org.uk
info@dyspraxiafoundation.org.uk
Information on local groups can be found at: https://dyspraxiafoundation.org.uk/groups/

Further reading:
GMB Thinking Differently at Work pages
www.gmb.org.uk/thinking-differently-at-work

GMB neurodiversity at work toolkit
www.gmb.org.uk/neurodiversity_workplace_toolkit.pdf


### APPENDIX - DYSPRAXIA FOUNDATION ADULT CHECKLIST

The Dyspraxia Foundation has prepared a simple initial checklist. If you answer ‘yes’ to 12 or more questions then this may be indicative dyspraxia.

It should be stressed that this checklist is not a diagnostic tool. It may, however, provide a useful starting point for a discussion with an employer, union rep, GP or Occupational Therapist.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you bump into things?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Do you trip over often?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Would you describe yourself as clumsy?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you often spill or drop things?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Do you find it hard to judge heights and distance?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Is your writing difficult to read?</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Do you find it difficult telling left from right?</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Do you find it difficult to follow directions or find your way in a strange place?</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Are practical tasks hard for you?</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Do you find sports difficult especially team and ball games?</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Do you find a keyboard and/or mouse hard to use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>12.</td>
<td>Does it take you longer to work things out than others?</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Do you find it hard to do sums in your head?</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Do people sometimes find it hard to understand you?</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Do you find it hard to remember and follow instructions?</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Are you generally muddled in the way you operate?</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Do you find it hard to pronounce some words?</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Do words on a page seem to ‘jump out’?</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Are you extra sensitive to noise, touch, light and taste?</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Do you find it hard to concentrate for a period of time?</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Do you find it hard to make sense of information when listening/reading?</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Do you keep forgetting and losing things?</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Do you miss appointments?</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Is personal organisation hard for you?</td>
<td></td>
</tr>
</tbody>
</table>

REFERENCES

2. https://www.cardiff.ac.uk/events/view/dyspraxia-the-cinderella-of-
developmental-disorders
3. https://www.cardiff.ac.uk/events/view/dyspraxia-the-cinderella-of-
developmental-disorders
4. https://adc.bmj.com/content/103/2/185
5. http://www.psychiatry.cam.ac.uk/blog/2017/02/24/dyspraxia-
associated-with-autistic-traits-in-adulthood/
This guide was produced with GMB Neurodivergent Activists by the GMB Equality Through Inclusion department and the Industrial Research and Policy Team.

*Thinking differently at work:* Dyspraxia in the Workplace
Written by: Laurence Turner and Nell Andrew, 2018