



**DYSPRAXIA CENTRE OF  
EXCELLENCE  
(DCOE)**

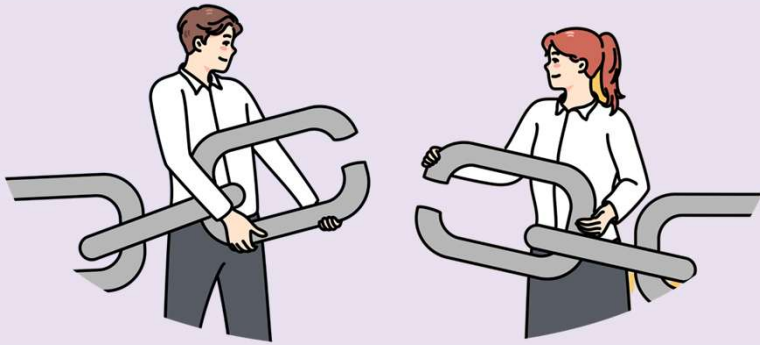


Every week, we meet individuals who have spent years, sometimes decades, being misunderstood. They've been told they're clumsy, disorganised, or not trying hard enough.

In reality, they are navigating undiagnosed dyspraxia and often multiple neurodivergent conditions, without coordinated support

Today, I'm proud to introduce a service that we believe will fundamentally change how dyspraxia and neurodivergence are understood and supported.

We are not just launching a service; we are redefining how dyspraxia and neurodivergence are understood and supported.



But it is not just the condition;  
there is a gap in the system,  
support today is fragmented.

People are sent from service to service, assessment to therapy, education to employment, repeating their story each time and hoping that the clinician has the knowledge and understanding they need.

We know that's exhausting; you really need to be viewed using a holistic lens, to be believed and to feel safe.

We don't look at a single diagnosis; we look at the individual as a whole. Our assessments consider dyspraxia alongside cognitive, sensory, physical, and communication needs, recognising that neurodivergence rarely exists in isolation

Our pioneering service is designed to provide coordinated, person-centred support across the lifespan.

The Dyspraxia Centre of Excellence is a fully integrated, multidisciplinary service that delivers comprehensive assessment, therapy, and real-world support, all in one place.

In simple terms, we bring everything together, so individuals don't have to navigate it alone.

# What Defines Us as a Centre of Excellence?

Whole Person  
Approach

Lived  
Experience

Skilled at Recognising  
Complex Neurodivergence

Multidisciplinary  
Team

Partnership  
Model



## Raising Awareness

Research exploring awareness indicates that Dyspraxia/ Developmental Coordination Disorder (DCD) is still not well recognised, even though it affects approximately 5% of the population (Li et al., 2024; Steenbergen et al., 2024; Gentle et al., 2024; Meachon & De Roubaix, 2025).

A Rose By Any Other Name?



DYSPRAXIA CENTRE OF EXCELLENCE

## Why Dyspraxia and not DCD?

Dyspraxia is associated with challenges in praxis and motor planning, while Developmental Coordination Disorder (DCD) is the clinical term used for diagnosis.

Although often used interchangeably but, many individuals with lived experience express a preference for the term "dyspraxia" over DCD for several reasons:

- Developmental suggests that they should have "outgrown" their difficulties by adulthood, whereas we know this is a lifelong condition.
- Coordination fails to capture the broad spectrum of challenges they face daily, encompassing both physical and non-physical aspects.
- Disorder implies a sense of abnormality; many see themselves as "different" rather than "disordered."

Many older teenagers and adults identify as "dyspraxic," viewing dyspraxia as a core aspect of their identity. We know positive self-identity and self-understanding are strongly linked to well-being (Dyspraxia Foundation, 2024; Elsherif, 2025; Rathbone, C. J., & Wilmot, K., 2025).

# Multi-Disciplinary Approach

DCOE: Everything you need in one place.

No more repeating your story to five different professionals.

People you can trust.

Our Specialist staff have a background in neuroscience, sensory integration, occupational therapy, speech and language therapy, clinical psychology and mental health, ensuring a holistic approach to assessment and care.

All guest-facing support staff have undertaken Dyspraxia Workshops and taken part in bespoke training, so you can be sure that they understand the wider scope of this condition.





# Multi-Disciplinary Approach

## Dr Linda Buchan

Consultant Clinical Psychologist, qualified 1978.

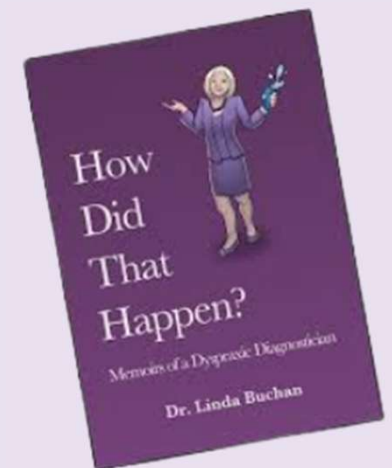
BSc Life Sciences (Distinction), BSc (Hons) Psychology (2.1),  
M.Psychol Doctorate of Clinical Psychology.

Chartered psychologist, Associate Fellow of the British  
Psychological Society.

Dr Buchan has both professional and lived experience of dyspraxia and fiercely advocates for the improved recognition of this condition, particularly noting the historical paucity of research into the cognitive and social elements of dyspraxia.

It is Dr Buchan's commitment to this aim that has brought about the Dyspraxia Centre of Excellence.

She is the author of the book "How Did That Happen? Memoirs of a Dyspraxic Diagnostician" in which she openly shares her various struggles and triumphs as a dyspraxic woman.





# Multi-Disciplinary Approach

## Jacqui Brett

Highly Specialist Occupational Therapist, Neurodevelopmental Diagnostician & Sensory Integration Practitioner. LLB (Law), BSc (OT), PG Cert Prof Dev (OT), PG Cert (SI), HCPC Registered.

Jacqui has undertaken specialist neurodivergent assessment study including training in ADOS, ADI-R, ACE, ACE+, and by UKAAN, Dyspraxia UK and SASC.

Jacqui is the Clinical Service Lead of the DCOE, developing the assessment pathway, conducting research, providing training and supporting materials for the service.

Jacqui is a professional member of The Royal College of Occupational Therapists (RCOT), International Society of Research and Advocacy for Developmental Coordination Disorder (ISRA-DCD), European Academy of Childhood-onset Disability (EACD), Dyspraxia/DCD Ireland and the Sensory Integration Education (SIE) Alumni Club (ASIP).

She has written for Dyspraxia Magazine 2025 and the RCOT OT News Magazine, 2026. She was involved in the James Lind Alliance (JLA) Developmental Coordination Disorder (DCD) / Dyspraxia Priority Setting Partnership (PSP), 2025 and nominated as an Advocate for the Dyspraxia Celebration December (DCD) Awards in 2025.



# Multi-Disciplinary Approach

## Ian Knowles

Advanced Physiotherapy and First Contact Practitioner, Injection therapist and independent prescriber, Neurodevelopmental diagnostician. BSc (Hons), PGCert, MSc, AACP, MCSP, HCPC

Advanced Physiotherapy Practitioner with 24 years of NHS experience spanning specialist Neurology and Neurosurgical / Spinal, Orthopedic, Musculoskeletal, Hydrotherapy, Sports Rehabilitative Medicine, Medico Legal and Primary Care Settings.

First contact practitioner across multiple Primary Care Networks and Neurodevelopmental Diagnostician at Axia ASD, Specialising in the intersection of MSK presentation and Neurodevelopmental conditions including Autism, Hypermobility, Tourette syndrome, ADHD, developmental coordination disorder (DCD) and Dyspraxia.

Contributor to clinical pathway development for hypermobility and DCD/ Dyspraxia services. Independent prescriber with an interest in ADHD Pharmacological treatment and complex musculoskeletal presentations in neurodivergent populations.



# Multi-Disciplinary Approach

## David Reiser

Highly Specialist Speech and Language Therapist and Neurodevelopmental Diagnostician.

BSc (Hons) Speech Therapy and PGDip. Autism

Dave is a member of the Royal College of Speech and Language Therapists and the Association of Speech and Language Therapists in Independent Practice.

Dave is an expert in oral and verbal dyspraxia, who highlights the profound benefit of early intervention.

Co-founder of Autism Inclusive charity in Crewe and qualified to use ADOS, ADI-R and DISCO autism assessment tools.



## Multi-Disciplinary Approach

### Zhenya Budarahina

BA in Computational Linguistics, MSc Occupational Therapy,  
Neurodevelopmental Diagnostician and Occupational Therapist.

Zhenya is a multilingual therapist who has individuality and inclusion at the heart of her practice.

Experienced in the neurodevelopmental field and passionate about social justice, she recently added British sign language (BSL) and Comprehensive Behavioural Intervention for Tics (CBIT) to her repertoire.



# Multi-Disciplinary Approach

## Katie Montague

Specialist Administrative Support

Katie comes from a Psychology background and previously worked in NHS Talking Therapies and for charity helplines offering psychological and emotional support.

She has completed a number of short courses on Dyspraxia to better understand and support our guests on their journey to receiving a Dyspraxia diagnosis.



## Multi-Disciplinary Approach

### Ellie Whittaker

Assistant Psychologist, BA in Applied Psychology and Criminology, MSc in Forensic Psychology

Ellie is assisting Dr Buchan in conducting assessments and delivering interventions. She has experience with a range of different client groups, and in each, her passion for ensuring guests' needs are met was commended.

Ellie has been instrumental in analysing our research data and will be part of our planned service audit.



# Multi-Disciplinary Approach

## Amy Buchan

Dyspraxia Centre Of Excellence Service Manager

Amy combines her lived experience with a passion for supporting neurodivergent individuals.

Amy was diagnosed with dyspraxia at age twelve and is now our Service Manager at the Dyspraxia Centre of Excellence. As someone who is dyspraxic and a parent to a dyspraxic child, she remains committed to supporting others with genuine understanding and care.



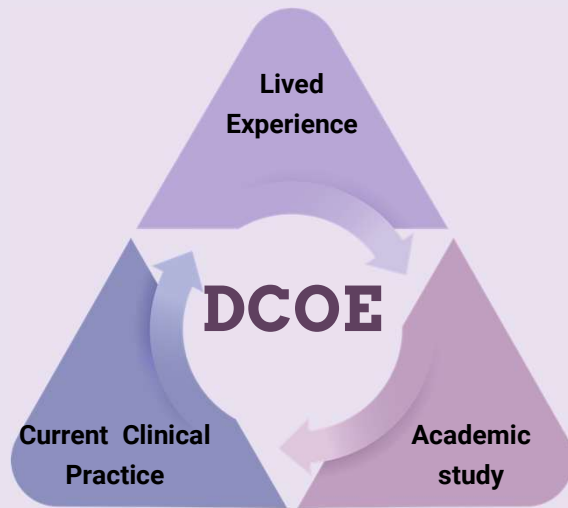
## Multi-Disciplinary Approach

### Dr Henry Seddon

MBChB (Warwick) BSc(Hons) Anatomical Science MRCP(UK) MRCPGP  
FRACGP(Aus) DFRSH DCH.

Henry has over ten years of specialist experience in first secondary hospital, and then primary community based, healthcare. He has worked in England, Wales and Australia.

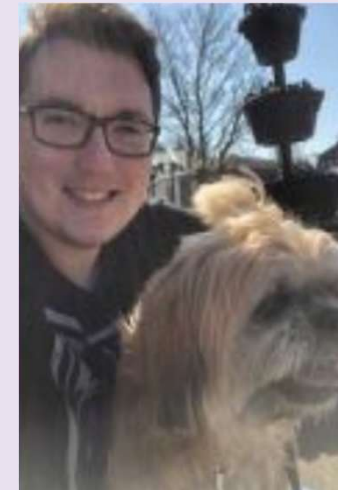
Henry's Family Medicine experience is complimented by his further accreditation in Biological Science, Hospital Medicine, Child/Adolescent Health, Family Planning and Sexual Healthcare. He is the Director and General Practitioner at Redwing Chester Family Doctors.



We are specially trained, grounded in evidence, and bring together decades of hands-on clinical experience.

More importantly, we genuinely understand your needs.

## Lived Experience




# Lived Experience Advisory Board Member



Bettina Hunt is an author and advocate who draws on her personal experiences of Dyspraxia.



 [bettinahunauthor](#) My first audiobook is out now! 🎧❤️  
A Girl Like Me is not your (neuro) typical boy meets girl story...  
A romantic comedy with neurodivergent representation.  
Olivia has dyspraxia, she just doesn't know it yet...  
Brought to life by the brilliant [@thecharliealbers](#)  
[#audiobook](#) [#agirllikeme](#) [#romcombooks](#) [#bookstagram](#) [#dyspraxia](#)



Bettina won Dyspraxia Magazine's Dyspraxic Advocate of the Year in 2025.

# DYSPRAXIA CENTRE OF EXCELLENCE

An investigation into the information gap; What the dyspraxic community wants to see from the DCOE.

Dyspraxia: more than

Bruised Legs & Disorganised Heads



Image Credit: Jacqui Brett

## What we did

- 01 We posted on social media for 7 days, asking for the lived experiences of the dyspraxic community.
- 02 There were 114 participants in total.
- 03 Data was collected anonymously and analysed using a mixed methods design, a thematic analysis and by formulating statistics.

## Cognition

53%

Wanted cognitive support for executive functioning and processing.



“

Executive function, information processing, that side of it is never talked about. I sometimes wish it was just physical! Not being able to articulate yourself when you need to, retain information, working memory issues

”

## What we found

## Education



Just under half (43%) of individuals said they don't feel any support from school, and schools would benefit from increased understanding.

“

Other kids just don't believe him and think he's weak, lazy and dramatic

”

$\frac{1}{4}$

Dyspraxia is a lifelong neurodevelopmental condition, yet just over a quarter (27%) of individuals noted a change in support between primary and secondary school.

## Mental Health



57%

57% of respondents wanted support around anxiety and self-esteem issues, while 27% of people said they felt misunderstood and viewed as lazy, clumsy and stupid.

“

For me the anxiety is the most difficult part. Next comes the guilt at not being able to do what's expected of me. The actual challenges of dyspraxia seem small compared with the mental impact.

”

## Conclusion

The main themes found were: Individuals feel there is a lack of understanding about the non-motor impacts of dyspraxia. Individuals require the most practical support around fine motor skills and learning to drive. Individuals require more support from school, and currently do not feel as though the condition is well understood. Our guides can help to bridge the gap in awareness and understanding as they come from research, lived experience and current therapeutic, clinical practice

## Key Sources & Acknowledgements

With thanks to the Dyspraxia UK and Dyspraxia Awareness Facebook groups for sharing their incredibly valuable lived experience. Data collection and presentation: Jacqui Brett, Supervision: Linda Buchan, Research Support: Ellie Whittaker

## Seeking Opinions Online

This lived experience research, conducted via social media, offered a valuable chance to understand our community in a way that may not be possible via formal testing environments.

This method is becoming more commonly utilised as social media integration into every day lives increases (Tamplain et al., 2023; Edwards et al., 2024.)

# Partnership Model



The Axia partnership model challenges traditional clinician-led frameworks by positioning individuals as experts in their own experiences.

This better aligns with neurodiversity affirming practice by reducing the often, deficit-based interpretations of neurodevelopmental conditions.

This allows for real understanding and a meaningful assessment and support process.



## Overlooked Groups and Intersectional Nuances

Research conducted by Gallegos et al. (2021), Barnard-Brak et al. (2021), Sapiets et al. (2024), Sapiets et al. (2021), Morgan et al. (2014), Weintraub et al. (2025) and Cleaton et al. (2021), along with Meachon et al. (2025) and Verbecque et al. (2025), collectively indicates that diagnostic systems relying primarily on standardised assessments and referral pathways may fail to recognise significant demographic disparities.

These include variations in race, gender, culture, individuals who are multiply neurodivergent, and age.

- Academically Able
- Autistic
- Family unaware of Dyspraxia
- Teachers unaware of Dyspraxia
- Good fine motor skills
- Diagnostic overshadowing due to ASD
- Limited specialist services in her environment
- Limited financial resources
- Compensation and self-excluding

# More Than Physical

We use a Biopsychosocial Model - recommended by the International Classification of Functioning, Disability, and Health (ICF) considering your strengths and your environment.

We know there will be 'Oops' moments, but, Dyspraxia is so much more than that.



## Famous Dyspraxic Faces



Cara  
Delevingne



Adjoa  
Andoh



Daniel  
Radcliffe



David  
Bailey

Dyspraxic individuals often exhibit the following qualities:

- Creativity
- Empathy
- Resilience
- Humour



# More Than Physical



## Cognitive Impact

Orientation and perception, attention and concentration, planning, sequencing, and memory



## Impact of Environment

Access to assessment, professionals' understanding, cultural ideas about disability, physical spaces around you



## Social Emotional Impact

Low self-esteem, feelings of anxiety, inadequacy, otherness, frustration or low mood.

From our own research, we know there is a lack of reliable information for those impacted by Dyspraxia. It's important to be cautious about health information shared online (Yeung et al., 2022; Chakrabarty et al., 2024; Guler et al., 2022.) as this is not always accurate or safe.

Our FREE guides have been created with you in mind.

**What might help?**  
Reducing executive load, motor demands, and fatigue, while promoting autonomy, self-advocacy, and self-efficacy examples include:

- Alternative recording strategies, e.g. scribe, verbal responses or text
- Learn to use

**What is Dyspraxia?**  
Dyspraxia, also known as Developmental Coordination Disorder (DCD), is a neurodevelopmental condition and a recognised disability protected under the Equality Act 2010.

Dyspraxia impacts executive functioning, emotion, motor planning, motor coordination, and sensory processing.

Many Dyspraxic individuals are tenacious, creative and 'out of the box' thinkers.

**What might feel harder?**

**Living skills**

- Cutting food and keeping it on a fork or spoon
- Carrying drinks without spilling them
- Brushing teeth, toileting, getting washed
- Getting dressed, fastening buttons of zips and putting shoes on the right feet
- Climbing stairs, running, cycling and playing ball

**Education**

- Writing, copying shapes, using scissors, colouring, craft, jigsaws
- Getting changed for P.E.
- Playing at break and lunch, e.g., football or tag
- Organising and remembering belongings
- Having enough processing time to plan and carry out a task, try using a sand timer or an app

**Social-Emotional**

- Withdrawal from clubs or play due to frustration and anxiety
- Increased risk of emotional dysregulation and low self-esteem, feeling slower or less able than peers
- Fatigue from sustained motor or cognitive effort

**What might help?**  
Reducing executive load, motor demands, and fatigue, while promoting autonomy, self-advocacy, and self-efficacy examples include:

- Assistive technology, e.g. laptops, speech-to-text, audio recording
- Exam access arrangements

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**What might feel harder?**

**Living skills**

- Navigating bus routes, working out money, orienting around shopping centres or cities, and finding house keys
- Difficulty with makeup, shaving, personal grooming, dressing and fatigue impacting independence
- Difficulty learning complex motor skills (e.g. driving).

**Education**

- Note-taking, map reading, extended writing, graphs and diagrams
- Organising, planning, and completing long-term projects, judging time and capacity
- Managing transitions and workload demands

**Social-Emotional**

- Withdrawal from hobbies and groups due to stress or anxiety
- Increased risk of emotional dysregulation and low self-esteem
- Fatigue from sustained motor or cognitive effort

**What might help?**  
Reducing executive load, motor demands, and fatigue, while promoting autonomy, self-advocacy, and self-efficacy examples include:

- Academic and admin support, e.g. extra time, smaller or quieter

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**What might feel harder?**

**Living skills**

- Navigating bus routes, working out money such as student loans, an overdraft or salary
- Moving away from your childhood home, orienting yourself around new areas
- Difficulty with personal grooming, particularly if dressing to a required standard, e.g. work uniform or fashion-forward to fit in with peers
- Organising, planning, and sequencing when to do laundry, or food shopping and what products are needed, particularly in sharing a communal space, such as student halls or a house share

**Education and Employment**

- Note-taking, extended writing, and typing large documents, such as a dissertation or thesis
- Deciphering university seminar schedules and navigating the campus or the workplace
- Multitasking, remembering new skills, judging time, capacity and managing transitions

**Social-Emotional**

- Withdrawal from social groups due to stress, anxiety or fear of failure
- Increased risk of emotional dysregulation, low mood and low self-esteem
- Fatigue from sustained motor or cognitive effort

**What might help?**  
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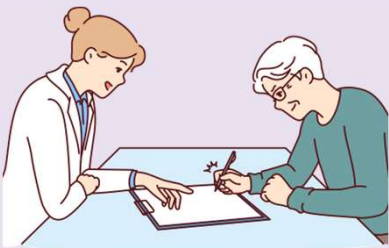
**What might feel harder?**

**Living skills**

- Navigating bus routes, working out money, orienting around shopping centres or cities, and finding house keys
- Difficulty with makeup, shaving, dressing, fastening buttons and styling hair
- Organising, planning, and sequencing, judging time and capacity
- Managing expected demands, such as providing childcare or juggling health appointments
- Carrying out household chores such as food shopping, meal preparation and cleaning

**Social-Emotional**

- Withdrawal from hobbies and groups due to anxiety or fear of injury, particularly where falls have occurred
- Increased risk of emotional dysregulation and low self-esteem
- Fatigue from sustained motor or cognitive effort, compounded by natural age-related decline



Our service includes a comprehensive range of assessments and support, this spans dyspraxia and cognitive assessments, occupational therapy, physiotherapy, speech and language therapy, psychology, sensory assessments, and coaching.

Alongside this, we provide reports and guidance, demonstrating strong clinical evidence, to support access to education, employment, and funding including :

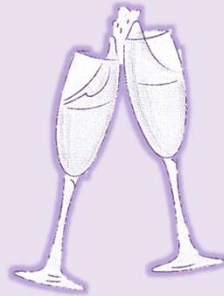
- Personal Independence Payments
- Disability Living Allowance
- Disabled Students' Allowance
- Access to Work
- Coaching and Post-Diagnostic Support

We are not just launching a service we are redefining understanding and the standard of care for dyspraxia and neurodivergence.

Today, we are asking for your support in bringing this vision to life whether through partnership, referral pathways or just spreading the word.



# Q&A



After The Break

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## DYSPRAXIA CENTRE OF EXCELLENCE

The Dyspraxia Centre of Excellence (DCOE) is a pioneering service dedicated to improving understanding, inclusion, and support for dyspraxic people across all ages.

We recognise that many individuals are multiply neurodivergent, so our approach focuses on coordinated, person-centred care rather than isolated support for individual conditions.

Our multidisciplinary team brings together psychology, physiotherapy, speech and language therapy, and occupational therapy to provide a pioneering and evidence-based service ensuring a truly holistic approach.

### Services include:

- Dyspraxia/Developmental Co-ordination Disorder and hypermobility Assessments
- Occupational Therapy Assessment
- Physiotherapy Assessment
- Speech and Language Therapy Assessment
- Psychology Assessment and Therapy
- Cognitive Assessments
- Dyslexia Assessment
- Sensory Assessment
- Reasonable adjustments in education and employment
- Reports to inform Personal Independence Payment (PIP)
- Reports to inform Disabled Students' Allowance (DSA)
- Reports to inform Disability Living Allowance (DLA)
- Access To Work Support
- Post Diagnostic Support for Neurodivergent Individuals
- Coaching
- Support for a range of neurodivergence including Tourette's and Dyscalculia
- Free guides
- Post diagnostic support groups



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