

Developmental Coordination Disorder (DCD): Leaflet for Parents



This leaflet was produced through a consensus process led by Movement Matters and involving relevant stakeholders and organisations from across the UK.

What is DCD?

Developmental Co-ordination Disorder (DCD), also known as Dyspraxia in the UK, is a common disorder affecting fine or gross motor co-ordination in children and adults. This lifelong condition is 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 experience.

An individual's co-ordination difficulties may affect participation and functioning of everyday life skills in education, work and employment.

Children may present with difficulties with self-care, writing, typing, riding a bike and play as well as other educational and recreational activities. In adulthood many of these difficulties will continue, as well as learning new skills at home, in education and work, such as driving a car and DIY.

There may be a range of co-occurring difficulties which can also have serious negative impacts on daily life. These include social and emotional difficulties, as well as problems with time management, planning and personal organisation. These difficulties may also affect an adult's education or employment experiences.

When and how is DCD identified?

Though formal identification of DCD rarely occurs prior to a child's 5th birthday, parents and teachers may notice that a very young child has co-ordination difficulties or delays in motor development when compared with peers. As soon as a child is old enough to be diagnosed, a paediatrician or occupational therapist can assess the child through observation and an evaluation of the child's motor performance via standardized parent questionnaires and tests.

Multiple sources of information should be used when assessing a child for DCD. These will be collated from parents, teachers and the child/young person. In addition, formal testing is often carried out by a health professional (e.g. Occupational or Physiotherapist) and confirmed by a medical practitioner. A diagnosis is made when there are significant motor difficulties that are not due to a visual impairment, neurological disorder or other medical condition.

How might DCD affect my child at home?

Your child's movements may generally appear awkward. S/he may have difficulties with some or all of the following:

- Self-care e.g. washing, toileting, dressing (doing up buttons, tying shoe laces, putting clothes on the right way around).
- Physical play and sports especially in playing team games, including ball skills.
- Handwriting and drawing.

- Using tools e.g. a toothbrush, cutlery, scissors.
- Doing crafts and playing with construction toys.
- Learning new motor tasks.

Some children may also experience:

- General organisation and planning difficulties relating to themselves and their belongings e.g. losing clothing and books.
- Social difficulties e.g. difficulty in groups especially maintaining friendships.
- Emotional difficulties e.g. low self-esteem.

DCD may exist with other conditions (such as ADHD, Autism, Dyslexia and Specific Language Impairment). In these cases, the child may have a complex profile and a range of difficulties.

Who should I talk to if I think there is a problem?

- GP: In the first instance you should discuss any concerns about your child's development with his/her GP for advice regarding further assessment and support.
- Teacher: Discuss concerns that you have about your child with his/her class teacher, to establish if they are having difficulties outside of the home environment.
- Teacher: Discuss your child's strengths and how to build on these to support your child's development.
- SENCo: Discuss specific strategies e.g. recording information in class, inclusive approaches for PE; assistance with planning and organisation.
- Local support groups: Who will provide support for children with DCD and their families.
- Local community sports facilities (e.g. judo clubs, swimming classes): Talk to coaches about your child's needs.
- Transition teams: Plan ahead with school staff for transitions at school and into employment.

What can I do to help my child?

There is much that you can do to help your child at home.

In order for your child to succeed, you will need to **support his/her learning** and **encourage him/her to participate** in activities.

- Make adjustments at home to encourage greater independence and participation (e.g. elasticated shoes, trousers, easier fastenings on clothes, strategies for organisation and time management).
- Provide opportunities for regular practice of activities and exercises by involving your child in everyday activities such as cooking (mixing, spreading), household chores (folding clothes, putting away cutlery, mopping the floor) and simple games (catching a ball, hop scotch).
- As your child practices and improves, gradually increase the demands of the task e.g. catching a smaller ball, cutting around more complex shapes.
- Let your child choose activities that they particularly enjoy or wish to try.
- Praise your child for effort, as well as achievement.
- Celebrate successes and attribute them to your child's hard work and effort.
- Try to make sure your child practices meaningful, 'functional' tasks that s/he will come across in everyday life e.g. decorating biscuits with icing rather than meaningless finger exercises.
- Use your child's interests as a focus for motivation e.g. cutting out newspaper pictures of their favourite sport.
- Encourage practice at every opportunity. 'Little and often' is best for learning – ten minutes every day rather than one long session each week.
- Try to ensure that your child practices movement skills in a variety of different ways so that they can generalise to new situations e.g. different activities for ball skills: throwing and catching with different size balls of different weights, with the child in different positions.

- Break down tasks into smaller units to be learned; make sure that your child knows what they are working towards and what the end goal looks like e.g. the different components in learning to tie a shoelace.
- Support your child when they are learning a task e.g. hold their coat as they do up the zip but gradually reduce this support as they become more confident and start to succeed on their own.
- Encourage the use of ‘thinking skills’ (cognitive strategies) such as goal setting, self monitoring, problem-solving activities e.g. ask your child to say what aspect of the task they need to focus on to be successful (throw the ball higher/harder to get it in the net).

What might health and educational professionals offer?

- Levels of intervention will be determined by the specific needs of your child and the impact this has on his/her everyday activities at home, school and in play.
- For intervention planning, individual goals should be agreed in consultation with you, your child and relevant professionals.
- The type of intervention will be informed by the individual needs of your child, agreed goals and the research evidence. Intervention may include school based activities and/or parent/teacher information sessions, Physiotherapy or Occupational Therapy in a group or individual setting.

Where else can I go for information?

www.movementmatters.org.uk