

## **Developmental Coordination Disorder (DCD): Leaflet for Primary School Teachers**



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 5<sup>th</sup> 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. 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 the condition affect the child at school?***

The child may generally appear awkward. S/he may have difficulties with some or all of the following:

- Physical play, PE, and school sports, especially in playing team games, including ball skills.
- Self-care e.g. dressing before/after PE e.g. tying shoe laces, putting clothes on the right way around.
- Handwriting and drawing.
- Using tools and equipment e.g. scissors, rulers.
- Learning new motor tasks.

Some children may also experience:

- Difficulties with general organisation and planning of themselves and their belongings e.g. losing pens and papers, forgetting books or sports equipment they need.
- Social difficulties e.g. difficulty in groups, especially maintaining friendships.
- Emotional difficulties e.g. low self-esteem.

### ***What can teachers do to help?***

There is much that teachers can do to help the child in school.

- Discuss concerns and strengths of the child with DCD with other members of staff and create an individual action plan and method of monitoring progress.
- Discuss with the child their individual goals within school and socially. Develop a plan with the child to work on these and set dates for follow up.
- Meet with parents to discuss concerns and learn about the child's experiences out of school. Set up a liaison between home and school to ensure the child is being supported emotionally and the 'whole' picture is being seen.
- Discuss with the SENCo specific strategies e.g. recording information in class, inclusive approaches for PE; assistance with planning and organisation.
- Make 'reasonable adjustments' in the school environment (i.e. School Action) - e.g. peer support in the playground, adaptation for PE to ensure child can be involved, using ICT for recording information, additional time for changing for games.
- Consider differentiated approaches to learning, teaching and assessment activities e.g. alternative forms of recording ideas and information in class and for tests and examinations; differentiated PE curriculum to encourage activity and participation.

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

You can *support learning* of skills in the following ways:

- Focus on functional tasks of everyday living e.g. helping to wash paint brushes rather than meaningless hand exercises.
- Use multiple and short sessions as 'little and often' is best for learning e.g. five minutes handwriting practice every day rather than one long session per week.
- Set up a variety of practice situations - e.g. different activities for fine motor skills: one handed tasks such as constructing jigsaws, picking up pegs; two-handed activities such as using scissors, handwriting, threading.
- Encourage the use of cognitive strategies such as goal setting, self monitoring, problem-solving activities e.g. encourage the child to think about what aspects of the task they need to focus on to achieve success.
- Break down tasks into smaller units to be learned; ensure that the child knows what they are working towards and what the end goal looks like e.g. the different components in learning to bat in a game of rounders.
- Use movement for other goals, moving to learn as in cooperative games for social skills - encourage socially appropriate opportunities for movement.

You can *encourage participation* in activities by changing the context in which the child is performing. This moves the focus from limitations just within the child towards consideration of how the environmental circumstances and context can be modified such that the child can participate.

- Make it easy for the child to join in appropriate activities at school.
- Adjust the demands of the task realigning them to the skill level of the child e.g. differentiate PE lessons.
- Grade activities so that they gradually increase in difficulty e.g. at first the child may catch a large ball with two hands then gradually reduce the size of the ball or increase the distance.
- Where support is available (e.g. from a teaching assistant), encourage progress by gradually reducing the level of support as the child becomes more confident and starts to succeed.
- Give the child choice of activities, recognising that this may require a greater range than we typically see e.g. dance or martial arts may be preferable to team games.
- Encourage partner work with a friend who is empathetic yet challenging.
- Praise the child for effort as well as achievement.
- Celebrate successes – when the child is successful attribute this to his/her hard work and effort.

#### ***What if difficulties continue to impede progress?***

Seek advice from the school SENCO and together:

- Seek advice from the special educational support services.
- Implement strategies as necessary on the child's IEP or its equivalent (via the Code of Practice) but ensure they are achievable and *meaningful* goals are set.

- Collaborate with the Health Service, seeking advice, typically from: Occupational therapist, Physiotherapist, Educational Psychologist. Ultimately it may be necessary to seek advice from the Community Paediatric Services, especially if there is a deterioration of function or if there is concern over the cause of the difficulties presented. This can usually be done through the GP.

***What happens next?***

Plan adequately for transition to secondary school. This should include passing on relevant information to the new school and arranging school visits for the child to meet the SENCo and to get used to the new surroundings.

***Where can I go for further information?***

[www.movementmatters.org.uk](http://www.movementmatters.org.uk)