

Dyspraxia - Developmental Coordination Disorder (DCD)

Identifying

Children with DCD aged between 6 and 12 years old may show obvious signs of DCD displaying difficulties with movement and coordination problems below the chronological age of the child such as, hopping, skipping, ball skills, writing, using scissors, poor organisational skills for daily activities such as getting dressed (Kirby, 2020, NHS, 2023a). These difficulties can have a direct impact on learning as well as daily life in school and at home (Abdulla, 2016).

Diagnosing

Parents play a key role in seeking identification (Hunt *et al.* 2020). However, Holland and Pell (2018) and Steenbergen *et al.* (2024) highlight the difficulties for parents to see a diagnosis for DCD can be long and frustrating. Kirby (2020) stresses the importance the history of the child plays when diagnosing DCD, for example, did the child walk late, or not crawl at all.

A psychologist will assess children's motor development and coordination skills using DSM-5 or Movement ABC to identify areas that are significantly below their chronological age, their exposure to the activities and learning opportunities, in addition to how it interferes with daily living (Kirby 2020; Ip, Mickelson and Zwicker, 2021). However, Steenbergen *et al.* (2024) raise the difficulty of obtaining a diagnosis of DCD stating it can be a long and frustrating process. This could be due to the lack of knowledge and understanding of DCD, additionally, limited understanding or familiarity with characteristics of DCD as they can co-occur with Dyslexia and ADHD (Hunt *et al.* 2020). However, Subara-Zukic *et al.* (2022) suggests DSM-5 is rigid stating it may exclude individuals with milder or atypical presentations of DCD.

NHS (2023a) identifies many NHS health practitioner's the child may be referred to for identifying and diagnosing. However, Holland and Pell (2018) highlights the difficulty of obtaining a diagnosis, leaving parents experiencing emotional stress and guilt. With 93% of parents seeking a private referral for professional guidance to identify DCD and to obtain a diagnosis (Soriano, Hill and Crane, 2015).

Parents

Klein *et al.* (2023) state parents experience frustration from the lack of understanding and awareness of DCD along with practitioners. This suggests, limited knowledge or awareness of DCD therefore, children are frequently underdiagnosed, due to lack of knowledge or awareness (Ip, Mickelson and Zwicker, 2021). However, Children diagnosed with DCD frequently have co-occurring conditions such as ADHD, autism spectrum disorder (ASD), specific learning difficulties and language impairments. Furthermore, families often struggle to access pre and post diagnosis support as DCD remains overlooked in education and healthcare systems (O'Kelly and Fourie, 2023).

Conclusion

DCD is a lifelong condition that affects motor coordination and organisation. Often leading to misconceptions and overlooked support needs (Kirby, 2020). However, being recognised as an ALN, awareness remains limited among educators and healthcare professionals, contributing to delayed diagnoses and insufficient interventions (Meachon, Melching and Alpers (2023). Children with DCD often face barriers in daily life, including academic, social and emotional (O'Dea *et al.* 2021). Addressing these challenges requires a holistic approach, ensuring that individuals with DCD receive the support, recognition and opportunities and are fully included (Chalise, 2024). Supporting children by empowering and supporting physical challenges in a fun and manageable way (Abdulla, 2016). Additionally, encouraging friendships, inclusive environments and adaptive strategies for improving self-esteem, mental health and physical well-being (O'Dea *et al.* 2021). With greater awareness and understanding, society can empower individuals with DCD to navigate life with confidence and resilience.

Introduction

Dyslexia or Developmental Coordination Disorder (DCD) is an impairment of motor skills, organisation and planning (Abdulla, 2016). Individuals experience varying levels of DCD, effecting more boys than girls. Affecting 5-6% of school children (O'Kelly and Fourie, 2023) This poster aims to draw attention to the lack of awareness, barriers, stigma and impact not only to the child but their families too. Along with a strategy to support the child.

Clumsy – Physical

Children often find DCD impacts on their physical abilities as well as coordination (Abdulla, 2016; NHS, 2023c). Looking at DCD through the medical model of disability which identifies it as an impairment (weakened, damaged, reduced value) and immaturity (not fully grown) (Abdullah, 2016).

During physical activities children's difficulties may present difficulties with movements due to poor muscle tone, posture, hand eye coordination as well as poor planning (Abdulla, 2016). Therefore, impairing motor coordination, causing slow and inaccurate movements and it also commonly negatively affects planning, organisation and time management (Abdulla, 2017; Kirby, 2020; Castellucci and Singla, 2024; Heath, 2025). Consequentially from the clumsy stigma, impacts negatively on mental health, and many children with DCD experience bullying, victimisation and exclusion from some competitive sports games within school settings (O'Dea *et al.* 2021).

Lack of Awareness

Second barrier, the lack of awareness within schools and with healthcare practitioners (Steenbergen *et al.* 2024) There are many misconceptions of DCD such as appearing as awkward or uncoordinated, or just clumsy rather than experiencing a neurological condition (Del Pozzo *et al.*, 2021). Despite DCD being a common childhood developmental disorder, DCD remains under recognised, placing it within a hidden group in society, reinforcing the need for training (Meachon, Melching and Alpers, 2023; Steenbergen *et al.*, 2024). Suggesting, children are not being supporting due to lack of awareness and knowledge (Harrowell *et al.* 2018). This implies the lack of importance and information shared through the social model of disability, which places responsibility on governments, organisations, businesses and individuals to remove barriers and promote equality (Disability Rights UK, no date).

Without awareness and training among educators and healthcare professionals, children with DCD will continue to be undiagnosed or unsupported, continuing to face bullying and victimization, reinforcing the urgent need for societal change (Meachon, Melching and Alpers, 2023; Steenbergen *et al.*, 2024). Addressing these challenges requires a holistic approach, ensuring that children with DCD receive the recognition, resources and support necessary to navigate daily life successfully (Chalise, 2024). As, Abdulla (2016) points out, can contribute to poor mental health, reduced physical fitness and low self-esteem.

Strategy

Developing fine and gross motor skills, modifying the classroom environment to support writing outcomes, or simplifying activities to enhance accessibility (Abdulla, 2016). However, O'Dea *et al.* (2021) emphasise that the focus should also be on fostering friendships and promoting social inclusion. Children with DCD often adapt the 'just do it' attitude, enabling development of own strategies to gain the sense of 'Fitting in' (O'Dea *et al.* 2021). However, many children with DCD tend to lack confidence in their ability to participate successfully, often tend to self-exclude in activities that could expose their difficulties (O'Dea *et al.* 2021).

Moreover, supporting children with DCD, by breaking the activity down into small bits, as well as making practising a new skill beforehand fun (Abdulla, 2016). Additionally, focusing on individual activities that have social opportunities and are not team focused will help support mental health and physical development such as, swimming, golf, Tae-kwon-doe (Abdulla, 2016; Ip, Mickelson and Zwicker, 2021).