



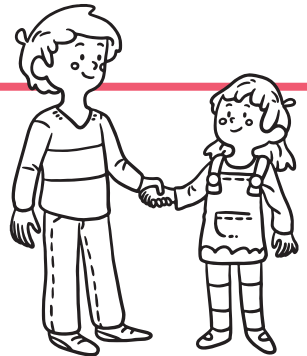
Supporting a Child with *Dyspraxia*:

A Guide for Parents



# Supporting a Child with **Dyspraxia**: A Guide for Parents

If your child has dyspraxia or you've noticed some of the symptoms and are unsure of what to do, use this guide to find out a bit more about the symptoms, how a diagnosis is made and how to support your child at home.



## What is dyspraxia?

Dyspraxia, also called developmental coordination disorder (DCD), is a condition which affects physical coordination and movement. It doesn't affect the intelligence of a person. The condition can start early in life and parents might notice signs of this when their child is a baby or toddler; however, it is hard to diagnose at such a young age because children develop at different rates. Dyspraxia can't be cured, but there are lots of ways to support someone with dyspraxia so that they can manage their symptoms.

## Signs

Even though it won't be diagnosed until a child is four to five years old, some of the signs of dyspraxia can be noticed from an early age. Signs to look out for include:

- unusual body positions or postures in the first year of a child's life
- not meeting developmental milestones, for example in crawling, self-feeding and walking (they might not even crawl but might use bottom shuffling or progress straight to walking)
- difficulty using cutlery (they might be a messy eater and have a preference for finger foods)
- difficulty with or avoiding stacking bricks and jigsaw puzzles
- difficulty dressing, including orientation of clothes and fastening of buttons, shoelaces or zips
- sports performance below that of their peers
- drawing and writing below age-related expectations and handwriting less developed than peers
- difficulties running, jumping or throwing and catching a ball and avoidance of these activities
- further difficulties when learning to ride a bike or swim
- hesitancy walking up and down stairs
- difficulty using scissors
- problems with balance and coordination
- clumsiness - dropping or spilling things, bumping into things and people or falling over frequently
- difficulty staying still
- poor understanding of spatial concepts such as 'on', 'in', 'under'



## Children with dyspraxia might also have additional difficulties:

- Poor concentration - they might find it hard to focus on one thing for more than a very short time.
- They might have difficulty following instructions, especially if they have more than one or two steps.
- Poor organisation skills - they might lose PE kit and equipment.
- Difficulty picking up new skills - they might need regular repetition over a longer period of time.
- Clumsy social skills - they might prefer talking to children much younger or older than them or adults, rather than children their own age.
- They might experience difficulty coordinating movements to produce clear speech.
- Behaviour problems, which occur as a result of frustration in their own ability - this leads to low self-esteem.
- Dyspraxia is linked to other conditions - some children may also have ADHD, dyslexia or be Autistic.

If your child is displaying one or more of these symptoms, don't panic - children all develop at different rates, so the chances are that your child will catch up. However, if you notice that they are still struggling with some of these after a prolonged period, it might be worth delving a bit deeper.

## What causes dyspraxia?

It is not known what causes dyspraxia, although there are some risk factors:

- low birth weight
- premature birth (before 37 weeks)
- use of illegal drugs or alcohol during pregnancy
- family history of dyspraxia

Dyspraxia affects three to four times as many boys as girls.



## Diagnosis

Because of the different developmental rates of young children, a diagnosis will not normally be considered until the child is four to five years of age.

If you think that your child has dyspraxia, it is beneficial to keep a written record of the difficulties your child is experiencing and the frequency. This will be useful to discuss with your doctor. Talk to your child's teacher or care worker about any signs they have noticed and record these too. Your child's school's **SENDCo** will be able to talk to you about your concerns and may be able to make some observations within school.

Discuss your findings with your doctor, who will talk about your observations and might then refer you to a **paediatrician**. Your child may also be referred to an **occupational therapist** or a **physiotherapist** for a standardised assessment of their skills. A paediatric neurologist might be requested to rule out any other conditions.

A diagnostic assessment for dyspraxia will include the assessment data from the occupational therapist or physiotherapist, as well as your own observations and any other information provided by yourself and your child. It will also include the results of the medical assessment to rule out other conditions which present with similar symptoms. The child's developmental and medical history will also be taken into consideration.

## Diagnosis Criteria

- Your child's motor skills are significantly below those of a child of similar age who has had a similar opportunity for development of skills.
- These difficulties significantly and persistently affect their daily life and school achievements.
- Symptoms were noticed in the early developmental stages of your child's life.
- Their difficulties are not a result of any other intellectual disability, visual impairment or neurological condition which affects movement, such as cerebral palsy, degenerative disorder or muscular dystrophy.



## The Next Steps

Dyspraxia can't be cured, but it can be managed. A very small number of children grow out of their symptoms, although most children need long-term support, as their symptoms will be apparent throughout their life.

After a diagnosis of dyspraxia, a treatment plan will be constructed, involving specialists who will be able to offer expert help:

- An **occupational therapist** will offer support to overcome barriers in your child's everyday life at home and school, including dressing, using the toilet and writing. They'll write up a therapy plan with some activities for you to complete with your child.
- A **paediatrician** will monitor their condition.
- A clinical psychologist might be involved with any mental health difficulties.
- An **educational psychologist** will be involved to assess the impact any social, emotional or behavioural difficulties exhibited as a result of their condition and how this affects their school progress.



## Types of Intervention

Your child might be offered intervention to help them to manage their diagnosis:

### Task-Oriented Approach

This is the identification of specific tasks your child finds difficult and providing support to overcome them. A task will be broken down into small steps and your child will be taught each of these steps and required to practise them. They'll also look at ways tasks can be adapted to make them easier and the use of different equipment, such as using Velcro instead of shoelaces. They may also suggest extra exercise.

### Process-Oriented Approach

The process-oriented approach focuses on your child's general movement skills rather than a particular task. It is based on the theory that your child's senses and perception of their own body contributes to their difficulties in movement. It is generally thought to be less effective than the task-oriented approach.

## What can I do to support my child?

### Have Patience

It can be frustrating when your child can't do something you deem to be easy or that they can't do something that they were able to do yesterday. However, it is important to be patient with them and not get angry. As your child matures, they will inevitably pick up on signs from you and, if they see that you're impatient with them, it can damage their self-esteem and their motivation to try. It is worth remembering that they are not acting on purpose and they would love to be able to do these tasks independently and easily.

### Physical Demonstrations and Planning

Your child will benefit from a physical demonstration of a task, rather than a series of instructions that they might not understand or remember. You might have to repeat the demonstration many times before your child can do it all. Break a task into small parts and get your child to do each one, gradually building up the sequence of small actions to complete a whole task. Demonstrate the thinking process - the planning of a task - so that your child can see that you are thinking of multiple things.

### Short Instructions

When giving instructions, ensure that you have your child's full attention before you start. Then, give only one or two instructions at a time. Ask your child to repeat them back so that they are more likely to remember them. Give your child time to process the instructions - don't expect them to act immediately.

### Don't Assume

You might have taught your child to put on a sandal with a buckle. Now you want them to put on a sandal with a button fastening. Don't assume that your child will be able to transfer the skills learnt during the first task to the second task. They might need to go all the way back to the beginning of the skill, including sitting down, finding the correct sandal for the foot, undoing the sandal, placing the foot in, holding the back of the heel to wiggle the foot into place and so on.



## What can I do to support my child?

### Practical Adaptations

Your child will have more success with some tasks if adaptations are made for them. For example, when choosing clothes, find loose-fitting items with a logo on the front to help them to dress more easily and orientate clothes correctly. Velcro can be much easier to use than fiddly buckles or shoelaces. Elasticated waists save difficulties with zips. These adaptations enable your child to be more independent and less reliant on adult support, which will build their confidence.

Practical support in other areas could include:

- writing slopes and pencil grips (or chunky pencils)
- playdough manipulation - pinching, kneading, rolling
- lines for writing on (bigger than usual lines if required)
- non-slip plate/bowl and cutlery with chunky handles



### Practical Activities

There are some simple games and activities you can do at home to support your child. These include:

- Encourage the proper posture for writing at a desk: feet on the floor and bottom to the back of the seat (this is also good for eating at a table).
- Draw some chalk lines outside and ask your child to move along the lines, staying as close to them as possible - try straight, curved and wavy or zigzag lines.
- Take photos to help your child to recall events and talk about these with them.
- When playing board games, model turn-taking and negotiating skills.
- Encourage your child to pass and throw items across their body's midline - items such as beanbags and small plastic balls work well.
- Practise catching slower-moving items, such as thin scarves or balloons, then move onto large balls and smaller balls for precision.
- Set up fun obstacle courses in the garden or inside which require your child to use a range of gross motor skills, such as climbing, jumping, hopping and balancing; you could also give them some precise instructions including prepositions such as 'on', 'in', 'under', 'around', 'on top of' and 'between'.
- Play target games such as rolling a ball and knocking over an empty bottle or throwing a beanbag into a hoop.

## Teach Them to ASK for Help

Children with dyspraxia can't always work out what they need to do. It might not even occur to them to ask someone. They might panic and give up, leading to a dip in confidence. To avoid this, teach your child to ask for help. Give them some questions they can ask someone so that they can then get going on the task:

I don't understand what to do.

How do I do this?

Can you show me?

I don't know how to do that - can you help?

## Help Them to Be Organised

The chances are, your child will find it hard to organise both their time and their belongings. Support them with a visual timetable for home, which shows the **order of activities to get ready for school**. Keep with a similar **routine during the holidays** and at weekends, such as getting up at the same time and following the usual bedtime routine.

Visual clues are also a great way to ensure your child is organised and they help develop independence. You could provide them with a visual aid for **packing a bag** or going on a **day trip** or use some **bag organiser labels** so they know what to organise and pack.



## What can I do to support my child?

### Develop Their Confidence and Acknowledge Success

Your child will become more aware of their difficulties as they get older, so it's important to tackle their difficulties with a positive mindset. Praise them for their efforts as well as their achievements: the mental load it takes them to achieve something that looks simple is great and warrants acknowledgement. Celebrate all successes and attribute them to your child's hard work and effort.

Use your child's interests to motivate them. For example, get them cutting out pictures of their favourite bands to create a collage or ask them to decorate a cake or biscuits. They could use their art interests to decorate a card for a family member, use a screwdriver to screw nails into an offcut of wood if they're a carpentry enthusiast or practise shooting hoops if they're a basketball fan. If you haven't got the equipment, improvise! Throwing screwed up paper into a wastepaper bin and calling it 'binball' will be just as fun as the real thing and will be developing those throwing skills.

As your child develops confidence, gradually reduce the support you give them to encourage independence.

### Be Kind to Yourself

Make sure that, in thinking about your child, you are not forgotten. It's very easy to lose your own identity when you have someone else who is relying on you to be their carer, advocate and teacher all in one. Give yourself time to process what your child's dyspraxia means and how it affects all of you. Talking to others with similar conditions and parents going through the same things can be a real help. Look out for support groups and ask your local GP practice or council of any community events for children with the same diagnosis. Always remember: you are not alone.

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