Submission to the Australian Government – Thriving Kids Inquiry
Submitted by: DCD Australia

Subject: Supporting children with motor delays and those at risk of Developmental Coordination Disorder (DCD)

Introduction
DCD Australia welcomes the opportunity to provide input to the Thriving Kids Inquiry. While the initiative focuses on children with developmental delay and autism, we would like to highlight motor delay – a type of developmental delay that affects a child's ability to plan, coordinate, and execute movement.

While motor delay in some children resolves, for others it persists and can be an early indicator of motor disorders such as cerebral palsy or muscular dystrophy. It can also signal Developmental Coordination Disorder (DCD), a lifelong neurodevelopmental condition our organisation supports. DCD rarely occurs in isolation, with DCD occurring in 4 out of 5 children with autism (Bhat et al., 2020; Dong et al., 2024; Licari et al., 2020), 4 out of 5 children with speech-language disorders (Iuzzini-Seigel et al., 2022), and half of children with ADHD (Blanco-Martínez, 2025; Goulardins et al., 2017).

Recognising motor delay, whether it occurs in isolation, alongside other developmental delays or other neurodevelopmental disorders is important. All children with motor delay face challenges that significantly affect education, participation, and wellbeing at home, school, and in the community, which requires targeted recognition and intervention.

About Motor Skill Delays and DCD
DCD affects 1-2 children in every Australian classroom and is characterised by significant difficulties in learning and executing motor skills that cannot be explained by intellectual disability, visual impairment, or another medical condition affecting movement. Early signs often appear as delays in motor milestones such as crawling, walking, and balance. As children grow, challenges emerge in tasks like dressing, toileting, feeding, drawing and handwriting, as well as in playground games and sports such as running, jumping, climbing, throwing, and catching.

International guidelines recommend that DCD not be formally diagnosed until around 5 years of age, to ensure children have sufficient exposure to motor learning opportunities and reduce the

risk of misdiagnosis. However, it is important that a “watch and wait” approach is not adopted. Families should be supported with information to foster their child’s motor development and provided with targeted intervention when needed.

The impacts of motor skill delays – whether or not they result in a DCD diagnosis – are wide-ranging and can affect many areas of life. In education, difficulties with handwriting, organisation, and physical activities limit classroom achievement, playground engagement, and participation in sports (Reynolds et al., 2024). Socially, children may experience exclusion from games, sports, and group activities, which increases the risk of bullying and isolation. Emotionally, ongoing challenges often lead to frustration, low self-esteem, anxiety, and depression (Mancini et al., 2024). Difficulties with independence in everyday activities such as dressing and feeding can persist into adolescence and adulthood, contributing to later challenges with driving, employment, and independent living (Tal Saban et al., 2018).

Evidence-Based Interventions

Effective interventions for motor skill difficulties do exist. While the research base for infants with motor delay is still developing, there is consistent evidence that the most effective approaches are early, active, goal-directed, task-specific, and embedded into everyday routines. Parent coaching models that empower families to provide frequent opportunities for practice during play and daily activities are particularly effective.

For older children (5 years+), the strongest evidence supports the Cognitive Orientation to daily Occupational Performance (CO-OP) approach (Izadi-Najafabadi et al., 2022; Cantin et al., 2024; Madieu et al., 2023), typically delivered by trained movement specialists (e.g., occupational therapists, physiotherapists, exercise physiologists). Despite this evidence, Australian children currently have limited access to CO-OP, and service provision is patchy and inequitable, with many children instead receiving therapies that are not evidence-based or not recommended, such as sensory integration therapy (Novak & Honan, 2019).

International models show what is possible. In Canada, CO-OP has been embedded into schools, with occupational therapists working as part of the education system (Missiuna et al., 2012, 2015). This has been shown to benefit not only children with DCD but all students, as occupational therapists strengthen participation, inclusion, and functional skill development across the school community. Embedding occupational therapists within schools ensures timely access, reduces inequities, and builds capacity in teachers and students. Incorporating occupational therapy students to support service delivery in schools will also contribute to addressing the workforce shortfall.

Challenges Experienced by Children with Motor Delay and DCD

As Australia transitions to the Thriving Kids model, it is essential that children with motor delays, including those who may later receive a diagnosis of DCD, are not left behind. Without explicit inclusion, a substantial group of children risks missing out on critical support, despite clear evidence of need.

While many children have benefited from support under the NDIS Early Childhood Early Intervention model, others have struggled once they aged out of the system and failed to meet eligibility requirements. Because DCD is not recognised for NDIS funding, some families have felt compelled to pursue an autism diagnosis to secure support, placing additional pressure on an already stretched healthcare system. Many families have faced significant out-of-pocket costs for private services, while service providers have been geared towards children with NDIS funding, creating a substantial gap in support for older children.

With one of the Thriving Kids terms of reference focused on examining current and previous programs, there is a risk that the review may reinforce a diagnosis- and NDIS-driven perspective, given that these programs historically prioritised children who meet specific eligibility criteria. Without careful attention, this approach could overlook the existing gaps in support for children with motor delays and DCD.

Recommendations

1. **Include Motor Delays in Thriving Kids**: Recognise children with motor delays, including those likely to receive a DCD diagnosis, to ensure they receive timely support.

2. **Early Identification and Intervention**: Support all children with substantial motor delays, regardless of formal diagnosis, to prevent educational, social, and emotional impacts.

3. **Equitable Access to Evidence-Based Therapy**: Ensure children can access effective, evidence-based interventions delivered by trained allied health professionals, addressing gaps where services are limited.

4. **Embed Occupational Therapists in Schools**: Integrate therapists to provide motor-focused interventions, build teacher capacity, and promote inclusive participation.

5. **Strengthen Educator and Family Support**: Provide training and resources for teachers, and guidance for families to navigate services where gaps exist.

6. **Reduce Diagnosis-Driven Barriers**: Ensure support is based on functional need, not diagnostic labels, reducing reliance on autism diagnoses and easing pressure on families and the healthcare system.

Conclusion

Children with motor delays – including those who may later receive a diagnosis of DCD – face significant challenges across education, social participation, and daily living. Despite clear evidence of need, current systems often fail to provide timely, equitable support, leaving families to navigate complex pathways and, in some cases, seek alternative diagnoses to access services.

The Thriving Kids model presents a critical opportunity to address these gaps. By explicitly including children with motor delays, promoting early identification and intervention, supporting evidence-based therapies, embedding allied health in schools, and reducing reliance on

diagnosis-driven eligibility, Australia can ensure all children have the support they need to participate fully, thrive, and reach their potential.

If you would like to discuss this submission, please do not hesitate to get in touch.

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