

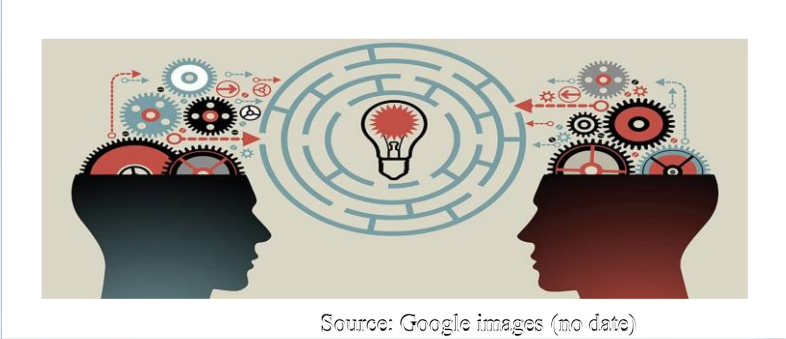
How is Global Development Delay defined?

According to Mencap (no date) they outline that if a young child takes longer than expected to meet their development milestones than that of other children of the same age, the term ‘global development delay’ will be used. Similarly, Southampton City Council (2021) outline that babies and young children will normally develop particular skills and abilities at relatively the same ages. However, young children will grow at varying rates and the variance for young children with a global development delay diagnosis is that they do not attain these skills and abilities until a much later age than is expected. The areas of development that are impacted upon include: motor skills; speech and language; cognitive skills and social and emotional skills. In order to understand the potential outcomes for a young child with a global development delay diagnosis further discussion is required in the areas of identification and diagnosis, barriers to learning and strategies that can be implemented to support the young child.

Identification and Diagnosis

Initially, global development delay may be identified by parents or carers combined with a Health Visitor as the young child may be displaying signs of delay in development, for example, being non verbal or unable to communicate their needs effectively and possibly delays in movement for example, crawling (Habibullah, Albradie and Bashir, 2019).

The National Health Service (NHS) (2020) highlight that a formal diagnosis of Global Development Delay will be undertaken by a specialist Paediatrician within Neurodevelopmental services and also a Clinical or Educational Psychologist may be part of the diagnostic team. Furthermore, during assessment of the young child, an historical medical history will be sought including a pre natal history and details of significant health events of both parents to identify genetic connections and causes for the condition. Nevertheless, Mithyantha *et al.* (2017) evidences in their research conducted that only 2% of young children presenting with global development delays are actually as a result of genetic disorders. In addition, Smith and Ram (2019) state that it is important that a definitive diagnosis is made following clinical findings as this enables the early commencement of treatment and therapies which may have a more positive outcome on the quality of



Source: Google images (no date)

Barriers to Learning with Global Development Delay

According to Fitriani and Prayogo (2020) young children with a global development delay may experience barriers to learning as a result of their language development being hindered since they are unable to build a resource of vocabulary required to communicate. However, some children may also experience disorder within the phases of language development, for example, in the form of speech delay. Furthermore, Sunderjan and Kanhere (2019) state that frequently speech delays in young children are not given as much attention by families before the age of three as they will wait until they begin school to see if practitioners identify a delay in order that a referral can be made by the setting. In addition, John and Wango (2022) outlines that global development delay increases the difficulty for a young child to make progress academically since they are unable to access the curriculum. Moreover, Pankaj (2015) identified that parents can find it difficult to accept a diagnosis of global development delay which may lead them to delaying available intervention for their child in respect of their learning needs, therefore, this impacts further on their potential progress

Strategies

In order to reduce or remove the barriers to learning in a young child with global development delay there a number of strategies that can be employed. However, in this instance the focus will be placed on the use of visual timetables by the learner. Early Years Educator (2016) outline that visual timetables are widely used to support young children n with global development delay diagnosis. They highlight the importance of the recognition of the development of communication and language in the early years is vital in supporting practice that is inclusive. In addition, Talking point (2013), state that visual timetables allow the young child to learn to understand routines, encourage independence and assist with decision making. Furthermore, they can reduce the level of anxiety in the young child during transitions. However, Fisher, Godwin and Seltnan (2014) highlight visual timetables can provide further complexity to the plethora of visual information already present in the learning environment. Furthermore, they state that this nature of visual displays of support can deter attention from the practitioner and reduce focus from the actual activity taking place. Although visual timetables may be evidenced as presenting a distraction for the young child whilst learning, Barrett *et al.* (2017) state that the positive effect of using this valuable resource outweighs any negative impact since they provide

Conclusion

Although a diagnosis of global development delay can be distressing for both parents and the young child concerned, with the appropriate early intervention from medical professionals, multi agency provision and practitioners, the potential for progress and outcomes developmentally for these young children can be still be positive. Furthermore, the combination of early intervention and a change in attitude from society where classifying the young child as a ‘disabled child’ to ‘a child with a disability’. This may break down the barriers for young children with a global development delay

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