

Global Developmental Delay

Introduction

Global Developmental Delay, often known as GDD, is a term used when a child takes longer to reach developmental milestones (Mencap, no datea). When babies and children learn skills, such as rolling over, crawling, and talking, these are known as developmental milestones. These milestones happen in a predictable order and more often at a predictable age (Turk, 2012). Global Developmental Delay affects 1-3% of children under the age of five, making it one of the most common conditions presenting in paediatric clinics (Mithyantha *et al.*, 2017; Hardimon, 2019). Global Developmental Delay can be caused by several factors, including hereditary, complications during pregnancy and premature birth (Pietrangelo, 2020).

Support Strategies

Children with Global Developmental Delay will have individual needs unique to them (Noah’s Ark Children’s Services Resource Unit, 2008). Practitioners in the early years must work in partnership with the families to gain an understanding of the child, their likes, dislikes, and capabilities. This will enable the setting to follow inclusion strategies (Stinton, 2018). According to Pierce (2017) inclusion should involve the child participating in experiences like their peers. Furthermore, Brodie (2015) believes that inclusion and inclusive practices should be reviewed and reflected upon regularly, this will ensure early years practitioners practice is as good as it can be. To support communication delays in early years, practitioners should ensure the environment promotes speech, language, and communication skills of all children (Stinton, 2018). Early Years Careers (2015) suggests when talking to a child with Global Developmental Delay it is vital for practitioners to ensure they are face to face with the child and keep eye contact. This promotes communication and language skills and gains the child’s full attention. Stinton (2018) points out that by providing clearly labelled resources which are early accessible will help the child become and independent learner. The use of visual timetables and labelling resources with pictures and words is used to enhance communication and understanding (Early year Careers, 2016).

Identification and Diagnosis

Global Developmental Delays are identified when the parent or carer raise concerns, during routine checks with the Health Visitor, with the primary care physician or through preschool. Assessments are then carried out which include plotting growth centiles, vision and hearing assessments and general examinations. Referrals are sometimes made to a specialist paediatrician (Choo *et al.*, 2019). Similarly, Turk (2012) agrees and says children’s developments are assessed regularly and if they are not meeting the developmental milestones which are expected, they will be referred for an assessment by a specialist. King, Neihard and Chan (2019) and Mosaic Early Intervention (2020) have stated that children’s brain capacity develops 80% by the time the child is three years of age, therefore, early identification is imperative to get the best outcomes. Similarly, Noritz *et al.* (2013) believe early identification allows for the timely referral for interventions, along with evaluations and planning for treatment. Mencap (no datea), Dornelas *et al.* (2016) and Southampton City Council (no date) have similar views that early diagnosis of Global Developmental Delay can ensure the right support is put in place and as soon as possible, this will enable the child to reach their full potential. Mencap (no dateb) have stated that a diagnosis is a formal process where a learning disability, such as Global Developmental Delay is identified. A specialist or developmental psychologist would provide a diagnosis of Global Developmental Delay. A delay would be present for at least six months before a diagnosis is given (Mosaic Early Intervention, 2020).

Barriers and Challenges

According to Government of Australia (2020) and DeHoff *et al.* (2016) it can be upsetting for families if their child’s development is delayed, or they have been given a diagnosis of Global Developmental Delay. When the families receive their child’s diagnosis, they encounter information they may not understand. This causes emotional stress which can be overwhelming as the families sort through medical information, resources, and services (DeHoff *et al.*, 2016). Logsdown (2022) have stated when parents discover their child has a learning disability, it could be one of life’s most significant stressors. Minnes, Perry and Weiss (2015) study have shown that parents of children who have Global Developmental Delay have been found to report more stress than parents without development delays. Furthermore, Logsdon (2022) points out some families will want to know exactly what is wrong and pursue the assessment process. However, Coffey (2013) argue that some families will play down the underdevelopment of their child through fear of the outcome of an assessment. Hafiz, Raidah and Bashir (2019), Hart *et al.* (2011) and Ali *et al.* (2015) have similar views that Magnetic Resonance Imaging (MRI) could be useful and is recommended as part of the investigation when assessing for Global Developmental Delay. MRI requires the child to lay still for between 60-90 minutes, therefore, general anaesthesia is needed to sedate the child. However, Alamri *et al.* (2020) argues that exposing the developing brain to sedating agents may have long-term consequences on neurodevelopmental outcomes, especially in children who have had general anaesthesia.

Conclusion

A Global Developmental Delay is when a child has not reached two or more of their developmental milestones (Turk, 2012). Early identification and diagnosis is paramount to ensure the right support is put in place and as soon as possible so ensure the child reaches their full potential (Mencap, no datea). Families should discuss any concerns with professionals and work in partnership with the early years to enable the setting to support the child.

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