

Identification and Diagnosis

Scherzer *et al.* (2012) state that early intervention has the most positive effect on children with GDD and it is up to a variety of organisations to make developmental checks a priority for early identification. Frederickson and Cline (2009) state that the monitoring of children's development has been carried out largely by differing health care services. However, this assortment of provision for monitoring means children easily fall through the gaps and more effort should be made for effective synchronization.

Kiing, Neilhart and Chan (2019) concur and state that even though health care services predominately are responsible for monitoring, only 10% of children experiencing delays get identified through these means. Under half of General Practitioners carry out screening with 80% voicing time is a constraint and therefore to identify a larger number of children with delays, there has to be involvement of others. King, Neilhart and Chan express with parents observation being as reliable as health care services screening their input into early identification is invaluable.

According to Habibullah, Albradie and Bashir (2019) children referred for a formal assessment and diagnosis undergo assessment by a multidisciplinary team consisting of a complete family history, physical examination and a developmental assessment such as The Griffiths Mental Development Scale. Samuel (2014) describes The Griffiths Scales as a tool that measures children's development comprehensively to identify any strengths and weaknesses and specifically any delays in development. By scoring across all the scales and detecting any specific delays it is a reliable tool that informs what intervention is needed and is widely used as a valid and reliable assessment measure globally.

Introduction

According to Blackburn, Read and Spencer (2012) just under 1 million children in the UK are affected by disability and neurodevelopmental disorders form the largest group. These disorders expose children to a complexity of issues and in line with Article 23 of the UNCRC practitioners must ensure these children have fulfilling lives with the support that they need (unicef, 1989).

What is Global Developmental Delay?

Mencapp (no date) say Global Developmental Delay (GDD) is a term used to describe a child whose development is lagging compared to the norm. Moreover, Pinchefskey and Shewell (2017) state that a child must be experiencing delays in more than two areas of their development.

Vasudevan and Suri (2017) comment that GDD can sometimes occur alongside other malformations or disorders such as Epilepsy, Autism and ADHD. It is a diagnosis that is typically given to children under the age of 5 as due to their age they can not undertake reliable systematic assessments on their intellectual ability and therefore they may not be classed as having a neuro development disability as they get older. However, Mosaic Early Intervention (2020) state that holistic assessments still need to be carried out to identify children's current needs for appropriate intervention to be sought. Moreover, Hamandi *et al.* (2017) say the World Health Organisation recognises developmental delays as a public health concern and includes it in their mental health gap action plan.

Barriers to Inclusion in Education

Collins *et al.* (2017) state that inconsistencies and inequality still continue in educational quality and opportunities for children with GDD. These children are experiencing exclusion from participation which is resulting in poor outcomes. They go on to say that inclusive and quality education for children with developmental delays can be critical in interrupting the poverty cycle and providing an inclusive education can also educate the peers of children with disabilities and enable understanding and interaction. Unicef and The World Health Organization (2012) support this view and state that children with delays represent one third of the children that drop out of school and this is due to during their schooling they were often grouped separately to peers of the same age and received poor quality teaching and opportunities.

According to Rieser (2013) it is the lack of training given to teachers to enable them to teach all abilities and the inflexibility of the curriculum that results in exclusion. Mader (2017) expresses that the ability for teachers to be able to teach children with additional needs or varying abilities is significant in promoting positive outcomes. However, teacher training is doing very little to enable this with perhaps just one class on 'special education' included on their course.

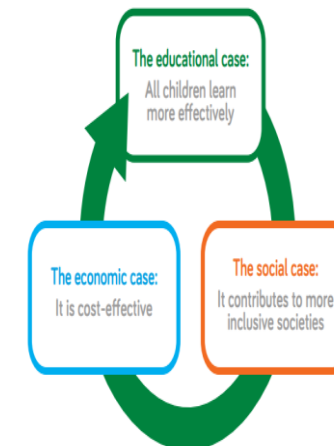
Lego Therapy

Williams (2022) describes Lego therapy as a 'play based intervention' that aids children's development. She says it has been designed as an intervention for children with additional learning needs and should be delivered by trained professionals.

Rust (2019) says the intervention helps to promote children's social communication, and language skills. She details that three children work together in the building project and play the roles of engineer, supplier and builder. The first child is the engineer who views the instructions and tells the supplier what bricks are needed and instructs them to give these to the builder. Next the supplier has to listen to the engineer's instructions and find the bricks that are needed, communicating with the engineer throughout to ensure the right pieces have been sought and pass those pieces to the builder. Finally, the builder has to communicate with the engineer and listen to their instruction to ensure they put the pieces together accurately and in the right place.

Williams (2022) states that the professionals role is to encourage the interaction that takes place and to promote social and communication skills between the children. Remind children of the rules, deal with challenging behaviour and reward good behaviours and ensure roles are alternated.

Why is inclusive education important?



(Source: Unicef, 2017)

Conclusion

GDD can be identified through a development lag in more than two areas. Early identification and intervention are critical to promote positive outcomes for children. Lego Therapy can help to improve social and communication skills in children with GDD. However, best results are seen when delivered by highly trained and knowledgeable professionals. The same is true for inclusion and in order for children with GDD to avoid exclusion there needs to be better training for practitioners.

Module Code: ECEY6006

Student No: 2009309

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