

# Developmental Delay

## What is developmental delay?

Developmental delay is the term used when a young child is slower to reach milestones than other children. Delay may occur in the way a child moves, communicates, thinks, learns or behaves with others.

## What are the common features of developmental delay?

The features noted will vary according to the area(s) of delay, but can include:

- Difficulties producing controlled speech (e.g. making speech and/or sequencing sounds and words).
- Difficulty controlling breathing and phonation.
- Slow language development resulting in a language delay.
- Difficulties combining physical movements into a controlled sequence, learning basic movement patterns and/or remembering the next movement in a sequence.
- Difficulties establishing the correct pencil grip and age appropriate speed of writing.
- Poor balance (sometimes even falling over in mid-step).
- Problems with spatial awareness (e.g. fitting objects into appropriate sized spaces such as puzzles, and knowing left from right).
- Trouble picking up and holding onto simple objects due to poor muscle tone.
- Trouble with body awareness, such as applying more force than intended, determining the distance between themselves and objects and invading other people's personal space without recognising this.

- Difficulties achieving and maintaining continence (of bladder, bowel or both).
- Bed-wetting (nocturnal enuresis) is common.

## **Common difficulties often (but not always) experienced by the child with developmental delay:**

- A lack of hand-eye coordination, which causes problems with basic skills such as throwing and catching.
- Heavy reliance on seeing how things are done to learn movements (verbal input is often insufficient).
- Uncoordinated physical movements, awkward postures and running styles.
- Inadequate whole body (gross motor) control skills (e.g. they may find it difficult to stand on one leg or handle equipment like a bat or racquet).
- Requiring more than typical time and effort to master a new physical skill.
- May not retain the skill if practice ceases (e.g. swimming lessons that cease over the school holidays can see these children needing to relearn the skills gained before the holidays).
- Unable to anticipate what might happen next (e.g. in sport cannot 'read the play' to realise that the ball may be sent their way).
- Failure to respond quickly to their surroundings (e.g. may stand still when a ball is kicked to them).
- Has a lower level of athletic abilities compared to other children of the same age.
- Shows evidence of hand dexterity (fine motor) control problems, such as untidy writing.
- Understanding of the conventions of social interaction.

## **Management strategies that support the child with developmental delay (at preschool, school and/or home):**

- Encouragement to persist and attempt tasks.
- Set up an individualised plan with parents/carers that have small achievable speech goals to help develop the child's clarity of speech.
- Liaison between health professionals and educational staff to provide

information to be incorporated into an education plan and/or implementing ideas/suggestions/activities to help improve the child's speech skills and ability to access to the curriculum.

- Provide extra time to complete tasks.
- Recognise and reinforce the child's strengths.
- Opportunities to succeed
- Visuals such as signs or pictures can be used to facilitate and support a child's understanding.
- Visual aids (e.g. pictures, gestures, body language, facial expression) can be used to assist the child's comprehension and recall of the instruction.
- Using simple language whilst playing with your child.

## **Occupational Therapy approaches and activities that can support the child and/or their carers include:**

- **Underlying skills:** Developing the underlying skills necessary to support whole body (gross motor) and hand dexterity (fine motor) skills.
- **Confidence:** Building confidence to enable a child to willingly participate in activities.
- **Educating** the child's carers about appropriate expectations.
- **Task complexity:** Mastering a skill first and then gradually increasing the demands of it (much more slowly than with more typical learners).
- **'Just right' tasks:** Presenting the activities at the 'just right challenge' level (that is not too hard for the child) or lower than this to build self confidence and encourage task engagement (it is common for these children to shut down when they perceive a task to be too hard).
- **Simplifying tasks** to the smallest possible components.
- **Use specific language:** Use of simple and concise language.
- **Brief instructions** where the child is not required to remember a long list of things to do.
- **Non-verbal cues:** Use physical and visual models or instructions (wherever possible) not just verbal.
- **'Backwards chaining':** Mastering the last step of the activity first and then the second to last.
- **Chunking information:** Learning to perform or associate multiple steps together once the individual steps are mastered separately.

- **Developing attention:** Complete activities to support attention.

## **Speech Therapy approaches and activities that can support the child and/or their carers include:**

- **Speech and language assessment:** Looking in depth at and determining the child's strengths and weaknesses in all areas of communication including play and interaction, attention and listening, understanding words and language, using words and language, social communication, pronunciation and talking as well as pre-literacy skills where appropriate.
- **Communication strategies:** Working together with parents to devise goals and strategies to help develop areas of communication with which the child is having difficulty.
- **Daily activities:** Providing families with strategies and advice that can be utilised at home within daily activities and routines to help develop communication skills.
- **Step by step goals:** Making small step by step goals that are achievable and show the child's progression within the skill areas.
- **Visual strategies:** Incorporating extra visual information through the use of a more formalised gesture system, pictures, symbols to aid understanding and use of language where appropriate.
- **Positive reinforcement:** Providing lots of positive reinforcement and encouragement throughout therapy to help build confidence and self esteem.
- **Liaising with educational staff** where appropriate about the child's communication skills and providing information and ideas that can be used in the educational setting to help the child access the curriculum.
- **Simplifying language:** Using language that is appropriate to the child's level of understanding.

## **Why should I seek therapy for my child with developmental delay?**

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a

therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

### **If left untreated the child with developmental delay may have difficulties with:**

- Following instructions within the home, kindergarten or school environment.
- Vocabulary whereby a child cannot clearly get their message across due to limited word knowledge.
- Learning to talk, speech intelligibility and clarity.
- Managing a full school day due to poor strength and endurance.
- Participating in sporting activities leading to an inactive lifestyle, increasing the risks of other health related issues such as obesity, diabetes, cardiovascular disease or similar conditions.
- Self esteem and confidence when they realise their skills do not match their peers.
- Fine motor skills (e.g. writing, drawing and cutting) due to poor core stability, meaning they do not have a strong base to support the use of their arms and hands.
- Completing self-care tasks (e.g. doing up shoelaces, buttons, zips, using cutlery).
- Self regulation and behaviour, as the child is unable to regulate themselves appropriately to settle and attend to a task for extended periods of time.
- Accessing the curriculum because they are unable to attend to tasks long enough to complete assessment criteria.
- Social communication, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- Social isolation because they are unable to cope in group situations or

busy environments, impacting on their ability to form and maintain friendships.

- Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.
- Academic assessment: Completing tests, exams and academic tasks in higher education.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

*For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.*

## **What does the diagnosis of developmental delay really mean for the child?**

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child

on 1800 KID SENSE (1800 543 736)

