# Understanding developmental delays: 0 - 5 years



#### What is a developmental delay?

Developmental delay means that a child or young person has not gained the skills that are expected by a certain age. Delays can happen with speech and language, thinking and learning, movement and balance, and social/emotional ability. A 'global' developmental delay means significant gaps in three or more of these areas. Some developmental delays will be visible from very early on but others might not be noticeable until children reach school age or beyond.

#### Why do developmental delays happen?

There are lots of reasons why a child might experience developmental delay including

- Genetic factors
- Disability
- Metabolic disorders
- Traumatic experiences
- Neglect
- Brain injury
- Exposure to toxic substances (like drugs and alcohol or lead poisoning)
- Serious infections

Children and young people under Guardianship are more likely to experience developmental delays and these are more likely to be identified later in life.

### Why is it important to check for developmental delays?

Early intervention is key so that children and young people with developmental delays can access the right treatments to grow their skills and thrive.

## How do I know and what do I do if a child in my care has a delay?

Every child is different and will reach some milestones earlier than others. For example, one child might learn how to talk really early but walk later than most children their age whereas another might do it the other way around.

Some variation is normal but <u>you know your</u> <u>child better than anybody else</u>. If you are seeing things in their development which worry you, check them against the list provided here and, if you think there may be a delay, let your child's caseworker know so that they can organise an assessment.

## If a child in my care has a delay, what help is available?

It is important to work with the case worker and the health professional providing assessment of the child's development around the supports and services the child requires. This may include therapy or supports within the home, childcare or education setting.

Some children with developmental delay may be eligible for support through the NDIS. Your child's caseworker can make referrals to the appropriate supports once a formal assessment has been completed.



#### Checking for delays: Potential signs of developmental delay in children aged 0-5 years

	aged 0-5 years								
	6 months	9 months	12 months	18 months	2 years	3 years	4 years	5 years	Major concerns at any age
Social emotional	☐ Does not smile or interact	Not sharing enjoyment with eyes through eye contact and facial expressions	□ Does not notice someone new □ Does not play turn taking games (peek a boo, rolling a ball with someone)	☐ Lacks interest in play and interactions with others	☐ Tends to bang, drop or throw a toy rather than using the toy for its purpose	□ Does not engage in pretend play or interacting with others □ Difficulty noticing feelings in self and others	☐ Unwilling or unable to engage in cooperative play	☐ Play looks different to peers	☐ Significant loss of skills ☐ Lack of response to sound or stimuli ☐ Poor or absent interaction with adults or children ☐ Lack of, or limited eye contact (NB this may not be a developmental concern for Aboriginal children as it can be culturally
Communication	□ Not starting to babble (eg. oooh, ahhh, gahh)	□ Not gesturing (eg. banging, clapping) □ Not using two part babble (eg. dada, mama)	Has no babbled phrases that sound like talking Does not respond to common and familiar words (eg. bottle, daddy)	□ Does not say any clear words □ Not able to understand simple sentences or requests (eg. where is the ball?)	□ Not developing new words □ Not putting related words together (eg. push car, close door)	Speech is difficult for familiar people to understand Not using simple sentences (eg. big car go, see the moon)	□ Speech is difficult to understand □ Can't follow two step directions (eg. put on your shoes then go outside)	Difficulty telling a parent what is wrong or what has happened Not able to answer simple questions (eg. what is your name?)	
Cognition, fine motor, self care	□ Not reaching for and grasping toys □ Hands often clenched □ Does not explore objects with hands, eyes and mouth □ Does not bring hands together at midline	<ul> <li>Does not hold objects</li> <li>Does not give an object on request</li> <li>Cannot pass an object from one hand to the other</li> </ul>	□ Cannot feed self or hold own bottle or cup □ Unable to pick up small object with index finger and thumb	□ Does not scribble with crayon □ Does not attempt to stack blocks when shown how to	Does not attempt to feed self with spoon or assist with dressing	□ Does not attempt everyday self care such as feeding and dressing □ Difficulty manipulating small objects with hands (eg. beads, craft objects)	<ul> <li>Not toilet trained by day</li> <li>Not able to draw lines or circles</li> </ul>	<ul> <li>Not toilet trained by day</li> <li>Not able to feed or dress self</li> <li>Not able to draw simple pictures</li> </ul>	appropriate)  Differences between strength, movement and tone on left and right side of body  Marked low tone (ie. child is floppy) or high tone (ie. child is rigid or tense) and inventions.
Gross motor	☐ Does not hold head and shoulders up with good control when lying on tummy ☐ Not holding head up when supported to sit	Not rolling Not sitting independently Not moving (eg. creeping, crawling, shuffling on bottom) Not bearing weight on legs when held in standing	■ Not moving independently ■ Not pulling to stand independently and holding on for support	□ Not standing independently     □ Not attempting to walk without support	<ul> <li>Not able to walk independently</li> <li>Not able to walk up and down stairs holding on</li> </ul>	□ Not able to walk up and down stairs independently     □ Not able to run or jump	■ Not able to walk, run, climb, jump or use stairs independently ■ Not able to catch, throw or kick a ball	■ Not able to walk, run, climb, jump or use stairs with confidence ■ Not able to hop five times on one leg and stand on one leg for five seconds	and impacting on motor skill development (NB In response to trauma, some children can become rigid in the presence of certain people. It is important to understand if the rigidity is in all
Potential impacts of trauma	Avoidant, anxious, clingy General fearfulness/new fears Helplessness, passive, low frustration tolerance Restless, impulsive, hyperactive Difficulty identifying what is bothering them Inattention, difficulty problem solving Irritability				Aggressive behaviour Sexualised behaviour Loss of recent developmental achievements Repetitive/post-traumatic play Talking about the traumatic events and reacting to reminders/trauma triggers Sadness/depression Poor peer relationships and social problems (controlling/over permissive) Overly friendly to strangers				environments or is situational).

Note that a single item on this list is not always a concern. The overall functioning of the child should be considered

This guide has been adapted from the Red Flags Early Identification Guide from the Child Development Program, Queensland Government (July 2016).