

Inclusive Developmental and Therapy Center

Global Developmental Delay: Helping Your Child at Home

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✓ Can I help my child at home?

Yes, you really can. Help your child take the next small step in every area — talking, moving, playing, thinking and self-help — starting from where they are today, not from where their age says they should be. This free program breaks it down into simple weekly steps, built from proven therapy techniques — things any parent can do at home, in everyday moments, at no cost. It doesn't replace a professional assessment where one is needed, but for a lot of children it makes a real difference, and it never does any harm.

Go at your own pace — a new, gentle focus each week.

Download the whole program as a printable PDF to keep.

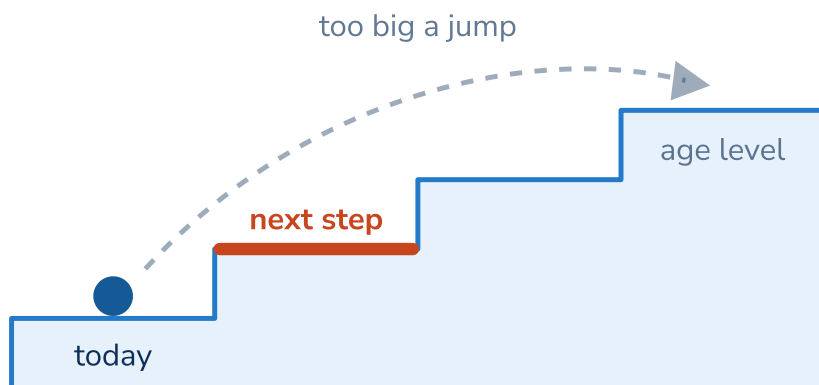
Includes the signs that mean it's worth getting a bit of extra help.

Global developmental delay means a child under five is behind what is usual for their age in two or more areas at once — communication, movement, play and thinking, or everyday self-help. It is a description of where a child is, not a diagnosis of why, and our page on **global developmental delay in children** sets out what the term does and does not tell you. If that is your child, the most useful thing you can do at home is narrower than it sounds: stop trying to close the whole gap, and help your child take the next small step in each area, starting from exactly where they are today.

Parents say the same thing to us in different words — “mera bacha har cheez mein peeche hai”, my child is behind in everything. The program below rests on one idea we come back to in every session: follow your child's developmental level, not their birthday. A five-year-old who plays like a two-year-old needs two-year-old play, offered warmly and without rush. Skills tend to build in the same order for

every child; delay usually changes the pace, not the order. If one area worries you far more than the rest, you can run a narrower plan from our library of **free home programs for parents** alongside this one.

Follow the level, not the birthday



One step above where your child is today — reachable, so success

The one thing a home program cannot do is tell you why. A **developmental assessment** can, and it matters — hearing loss, vision problems, seizures, thyroid problems and some genetic conditions are found this way, and several of them have specific medical treatment. Use this program while you wait for an assessment, or alongside the therapy your child already has. It is support, not a diagnosis, and it never replaces one.

♥ Who this program is for

- ✓ Children under five who are behind in two or more areas of development at once
- ✓ Older children whose skills still sit well below what is usual for their age
- ✓ Parents who feel unsure where to start and want a whole-child plan rather than five separate ones
- ✓ Families waiting for an assessment, or working in the gaps between therapy appointments
- ✓ Children with a known cause — cerebral palsy, for example, or Down syndrome, which has its own **step-by-step** home program — where the daily question is still “what do I work on next?”

- ✓ Anyone who wants to help without pressure, at their child's own level

Important – when to get professional help

This is a supportive home program — it isn't a diagnosis, and it doesn't replace a proper assessment. Please speak to a professional soon if:

Skills, words or movements your child once had start slipping away — tell a doctor promptly

No developmental assessment yet — ask for one, so any treatable cause can be found rather than assumed

Stiffness, floppiness, or movement that is much stronger on one side of the body

Any worry about hearing or vision — have both checked before you judge the delay itself

Staring spells, unusual stiffening or jerking, or anything you think might be a seizure

A feeling that progress has stalled or gone backwards — raise it sooner rather than later

Getting help where you live

Everything here is free to use **anywhere in the world**. If you'd like a professional to take a closer look, the best next step is someone local to you:

Work with us online, from anywhere. We offer **online sessions and parent coaching** worldwide — book an online consultation and we'll guide you and your child directly.

Talk to your child's **doctor, paediatrician, GP or health visitor** — share what you noticed.

Ask about **free early-childhood or early-intervention services** in your area — many countries offer them for young children (e.g. Early Intervention in the US, NHS referrals in the UK).

Search **“child speech & language therapist near me”**, or ask your doctor for a referral.

Near Multan, Pakistan? You're also warmly welcome in person at our centre — **contact us here.**

☆ Your step-by-step roadmap

Move at your child's pace, not the calendar's — the “weeks” are just a gentle order, not a race. Feel free to repeat any stage for as long as it's helping.

Stage 1 — Notice where your child is now

Map your child's current level in each area, so every target you set is one step away instead of a year away.

Over one ordinary week, watch five areas: how your child communicates, how they move, how they play, how they work things out, and how much of eating, dressing and washing they manage.

For each area, write down what your child can already do without help. That, not their age, is your real starting line.

Then write the very next step in each area. If you cannot picture your child doing it within a few weeks, it is too big — halve it.

Keep the list where you will see it. When we assess a child, this is close to what we are building too, and a parent's week of notes is often more accurate than anything we see in one clinic hour.

⚡ **Try** Aim just one step above where your child is right now — close enough **this:** to reach, so success comes often. If a blank page is hard to start from, our free 2-minute development check asks about the same areas and gives you a written summary to work from.

Stage 2 – Connect and communicate

Build back-and-forth interaction first, because it is the ground everything else stands on.

Get down to eye level, find what your child is already interested in, and join that instead of redirecting them to what you had planned.

Treat every sound, look, reach or gesture as a whole message, and answer it as though your child had spoken.

Add a simple sign, gesture or picture alongside your words. Signs and pictures do not stop speech coming — for many children they give a way to communicate while speech catches up.

Keep your own sentences just above your child's level: if they use single words, you use two. Long sentences give a delayed child more to filter out, not more to learn from.

 **Try** Wait longer than feels natural after you speak — that quiet gap is often **this**: the moment your child steps in. Those shared moments have a name — **joint attention** — and early on they matter far more than how many words your child has.

Stage 3 – Move and explore

Support movement, because a child who can get to things gets far more chances to learn everything else.

Build short bursts of active play into each day at your child's level — reaching, rolling, sitting, pulling up, cruising or walking.

Put a favourite toy just beyond easy reach to invite the next movement, and support at the hips rather than the hands so your child does the work.

Break each new movement into small parts and practise the part your child nearly has, not the finished skill.

Floor time beats long stretches in a walker, a pram or a chair. Children learn to move by moving, and delayed children simply need more turns at it.

 **Try** Pop a favourite toy slightly out of reach — it gives your child a gentle, **this:** motivating reason to move towards it.

Stage 4 – Play and think

Grow play skills, because play is how young children do their thinking.

Match play to your child's level, in the usual order: cause-and-effect toys first, then posting and stacking, then simple pretend with real objects.

Show one new play idea, then sit back and let your child try it their own way — even when it looks wrong.

Use ordinary things — cups, boxes, spoons, a dupatta — to explore in, out, on, under and “what happens if...”.

Watch for the first pretend act: feeding a doll, holding a block to the ear like a phone. It often appears around the time language starts to move, so it is worth telling your therapist about.

 **Try** Repeat the same simple play many times before you add anything new **this:** — mastery first, variety later.

Stage 5 – Everyday self-help

Turn daily routines into learning, because they come round ten times a day without you having to plan them.

Break eating, dressing and washing into small steps, and hand your child the step they can very nearly manage already.

Keep the same order and the same few words every time — the repetition is doing the teaching, not the explaining.

Offer two real choices inside the routine so your child practises deciding and then telling you.

Expect self-help to be where families — and schools — notice the first honest change.

 **Try** Hand over the last step of a routine first — pulling the sock up the final **this:** inch, pressing the last popper. Finishing it gives a real “I did it”, and therapists use this backwards order on purpose. A picture sequence helps the order stick — our [free printable daily routine chart](#) is made for exactly this.

Stage 6 – Repeat, embed and generalise

Help new skills stick, and spread out of the one place they were learned.

Practise the same skill in different rooms, with different people and different objects.

Keep sessions short, frequent and playful rather than long and effortful — five minutes, five times a day.

Expect a new skill to appear, vanish for a while, then come back stronger. That wobble is ordinary learning, not a relapse.

Once a step is solid in more than one place, nudge the bar up to the next small step in that area.

 **Try** You know a skill is truly learned when your child uses it somewhere new **this:** without your help — that is your green light to move on. It is the same test we use in the clinic, and it is worth knowing how progress is measured in therapy so you can judge it the same way we do.

Stage 7 – Work with your team

Join home support up with assessment, therapy and school so everyone is pulling the same way.

Keep one running note of new skills, worries and questions, and take it to every appointment.

Ask your therapist which one or two goals are worth working on at home right now — not five.

Weave any exercises you are given into everyday play and routines rather than running them as drills at a table.

Ask for findings in writing and share a copy with your child's school. A school adjusts far more readily for a difficulty it has seen described.

 **Try** Take a short phone video of whatever worries you. Children rarely **this:** perform on cue in a clinic room, and thirty seconds of real footage often tells us more than an hour of description.

Little tricks that make it work

- ✓ Follow your child's developmental level, not their age — it keeps every task within reach.
- ✓ Short and frequent wins: five minutes, five times a day, beats one long weekend session.
- ✓ Say the praise out loud, for the effort as much as the result. Slow progress is still progress.
- ✓ One small step at a time, repeated often, beats trying to fix everything at once.
- ✓ Keep routines predictable — the same words in the same order help learning stick.
- ✓ If you have not had a developmental assessment yet, push for one — it can uncover a cause, and support, you did not know was there.

How you'll know it's working

- Your child moves up one small step in an area — often a step you would not have noticed a month ago
- New communication appears: a look, a point, a sign, a sound, a word or a picture used to reach you
- A skill learned in one place shows up in a new room, with a new person, or with a different object
- Daily routines get a little more independent — one more step of dressing or eating done alone
- Your child protests, chooses and asks more. Wanting things and telling you is a developmental gain, even when it is inconvenient



Is this based on real methods? This program follows standard developmental practice rather than any single branded method: start from the child's current level, break each skill into small graded steps, repeat them inside everyday routines, and coach the parent rather than working with the child alone. Parent-coaching of this kind is a normal part of early intervention services internationally. It makes no

attempt to diagnose, and it strongly encourages a proper developmental assessment, so it sits alongside professional care rather than in place of it.

✔ **Educational information, not a diagnosis.** Our guidance follows standard, research-based practice (CDC, NHS, ASHA and WHO), is written by our therapy team and **medically reviewed by a GMC-registered doctor**. Every child is different, so we can't promise specific results — always use your own judgement and speak to a qualified professional about your child. **Read our full disclaimer.**

— FAQ

Developmental Delay at Home: questions parents ask

