CHILDREN'S HEALTH & WELLBEING FACTSHEET

Understanding Early Development

A practical, inclusive guide to development, possible concerns and finding the right support

The short version

Development includes movement, communication, thinking, play, relationships, emotions and everyday skills. Children develop at different rates and may show an uneven profile—strong in one area and needing support in another. Milestones are guides, not pass-or-fail tests. Parents' concerns should be taken seriously. Early support can begin before a diagnosis, and families may use NHS, education and appropriately regulated private services together.

The whole child

Movement	Posture, balance, reaching, grasping, sitting, walking and coordinating larger and smaller movements.
Communication	Understanding language, gestures, sounds, words, conversation and all forms of communication—not speech alone.
Thinking and learning	Attention, memory, problem-solving, curiosity, imitation and learning from people and the environment.
Social and emotional	Connection, shared enjoyment, regulation, play, expressing needs and gradually understanding other people.
Everyday skills	Eating, dressing, sleep, toileting and participating at home, nursery and in the community.

Difference is not failure

Developmental difference, disability and neurodivergence are not signs of poor parenting. Support should build communication, access, confidence and wellbeing—not force a child to appear typical.

Milestones without the pressure

A milestone describes a skill many children develop within a broad period. It does not explain the child’s whole development or provide a diagnosis.

Use patterns	Notice progress over time, how skills are used in daily life and whether development is moving forward—not a single day or isolated task.
Corrected age	For children born prematurely, professionals may use corrected age when interpreting early development. Ask how long this should apply.
Context matters	Illness, hearing or vision, sleep, pain, opportunity, language exposure, stress and motor access can affect what a child shows.
Bilingual children	Learning more than one language does not cause a language disorder. Consider communication across all languages and settings.
Uneven profiles	A child may have advanced vocabulary but difficulty with play, movement, sensory regulation or everyday independence.
Tools are not diagnoses	Questionnaires and checklists can guide discussion, but government guidance says developmental tools should sit within a broader professional assessment.

Useful questions

- What new skills have appeared?
- Is the concern seen in more than one setting?
- What helps the child participate?
- Are any skills being lost?
- Could hearing, vision, pain or sleep contribute?
- What support can begin now?

Communication, interaction and play

Understanding	Notice response to familiar words, routines, gestures and context. Understanding may be stronger or weaker than spoken language.
Expressing needs	Children communicate through gaze, movement, gestures, sounds, signs, pictures, devices and speech. Support every effective method.
Shared attention	Observe whether the child shares interest in an object or event in their own way. Do not insist on eye contact as proof of attention.
Play	Play may be exploratory, physical, repetitive, imaginative, solitary or social. Follow the child’s interests and gently expand rather than control play.
Speech clarity	Some speech sound differences are expected early on. Persistent frustration, limited progress or difficulty being understood may justify speech and language advice.
Hearing	Glue ear and other hearing difficulties can affect speech, attention and behaviour. A child may hear some sounds but miss others.

Support communication now

- Get face-to-face without demanding eye contact; notice what the child is attending to.
- Use short language, gestures and pauses, giving extra processing time.
- Comment on play more often than testing with questions.
- Offer choices using objects, pictures, signs or words.
- Repeat and expand: if the child says “car”, respond “red car going”.
- Ask for speech and language advice when worried; support need not wait for diagnosis.

Movement, coordination and physical development

Gross motor	Head control, rolling, sitting, standing, walking, running, climbing and balance. Look at quality, symmetry and effort as well as timing.
Fine motor	Reaching, grasping, releasing, using both hands, manipulating toys, drawing, cutlery and fastenings.
Asymmetry	Very early hand preference, persistent one-sided use, stiffness or marked floppiness needs professional assessment.
Motor planning	Some children understand the goal but struggle to plan and sequence movement. Break tasks into steps and allow practice without pressure.
Persistent toe walking	It can have several causes. NICE recommends referral to a child development service when toe walking persists.
Access first	Equipment, seating, physiotherapy or occupational therapy may help a child participate while assessment continues.

Motor signs NICE highlights

NICE identifies not sitting by 8 months, not walking by 18 months and hand preference before 1 year—using corrected age where relevant—as signs requiring consideration of cerebral palsy and referral for assessment. These signs can have other explanations and are not a diagnosis by themselves.

Encourage safely

- floor play and free movement
- toys placed within achievable reach
- safe climbing and outdoor activity
- stable supported sitting
- both hands used in play
- praise effort rather than speed

Emotions, behaviour and sensory differences

Behaviour is communication. Before labelling behaviour as naughty, ask what need, skill, sensation or stress may sit underneath it.

Regulation	Young children borrow an adult’s calm. Predictability, connection, sleep, food, movement and reduced demands can support regulation.
Sensory processing	A child may be unusually sensitive to—or seek—sound, touch, movement, light, smell, taste or internal body sensations.
Transitions	Stopping a preferred activity or facing uncertainty can be hard. Use warnings, visual cues, choices and a predictable next step.
Meltdowns	A meltdown is loss of regulation, not a calculated performance. Reduce danger and demands, use few words and discuss learning after recovery.
Anxiety and attachment	Separation, new settings, trauma and family stress can affect behaviour. Support safety and connection while considering wider assessment.
Strengths and joy	Record interests, humour, connection, persistence and what helps. Assessments should describe the child, not only deficits.

Do not force masking

Requiring stillness, eye contact, quiet hands or “normal” play can increase distress without improving understanding. Teach safety and participation while respecting harmless self-regulation.

Possible autism, ADHD and broader developmental needs

One feature does not establish a diagnosis. Consider the pattern across development, settings and daily life. Autism, ADHD, language disorder, developmental coordination disorder, learning disability, hearing or vision difficulty and other conditions can overlap.

Possible autism	Differences may involve social communication, sensory processing, flexibility, routines, intense interests and repetitive movement. Presentation varies widely, including in girls.
Possible ADHD	Persistent differences in attention, activity or impulse control must be understood in relation to age, settings, sleep, anxiety, language and other needs.
Global developmental delay	A term used in young children when significant delay affects two or more developmental areas. Assessment explores strengths, needs and possible causes.
Specific differences	Some children mainly need support with speech and language, movement, learning, feeding, hearing, vision or emotional regulation.
No diagnosis yet	Nursery and school support should respond to identified need. A diagnostic label is not required before reasonable strategies begin.

Parents must be heard

NICE says parents' and carers' concerns about development or behaviour should always be taken seriously, even when others do not share them. Autism-specific tools must not be used alone to diagnose autism.

Health, development and things that can be missed

Hearing and vision	Partial or fluctuating hearing loss and vision problems can affect language, movement, attention and confidence. Request assessment when suspected.
Sleep	Insufficient sleep, snoring and sleep apnoea can affect attention, learning, mood and behaviour.
Feeding and nutrition	Oral-motor difficulty, restricted intake, allergy, iron deficiency and growth concerns may influence energy and development and need appropriate review.
Pain and illness	Constipation, reflux, eczema, dental pain, seizures and long-term conditions can alter play, sleep, appetite and behaviour.
Mental and family wellbeing	Parental mental health, trauma, housing, poverty and access barriers affect family capacity. Support should be compassionate, not blaming.
Safeguarding	Unexplained injury, neglect, unsafe care, domestic abuse or concerning interaction requires appropriate safeguarding action while the child's developmental needs are supported.

Information worth gathering

- pregnancy, birth and prematurity
- hearing and vision results
- skills across different settings
- what improves participation
- family and medical history
- growth, feeding and sleep
- video of specific concerns if safe
- any loss of acquired skills

Reviews, referrals and support in England

Health reviews	The Healthy Child Programme includes reviews around 9–12 months and 2–2½ years. They cover development and are opportunities to raise concerns.
Early years check	Early years practitioners complete a progress check between ages 2 and 3 in the prime areas of learning and should work with parents and professionals where needs emerge.
First contacts	Health visitor, GP, nursery key person, SENCO or school can document concerns and start support. Some speech and language services accept self-referral.
Child development services	Community paediatrics and multidisciplinary teams may involve speech and language therapy, physiotherapy, occupational therapy, psychology, audiology and other specialists.
Education support	Settings should use a graduated approach: assess, plan, do and review. Parents can ask what support is being provided and how progress will be measured.
Social care	Families can request a children's services needs assessment when disability or significant support needs affect daily life.

Do not wait for the scheduled review

If you are worried, contact the health visiting team, nursery or another suitable professional now. You do not need to wait for a routine appointment or for every person to agree.

NHS, private and complementary support

NHS route	Health visitors and GPs can review health and development and refer to community paediatrics, therapies, audiology, ophthalmology or specialist assessment. Local criteria and waits vary.
Private route	Families may consult a private paediatrician, speech and language therapist, occupational therapist, physiotherapist, clinical psychologist, audiologist or other suitable specialist. Private assessment can be quicker but must be comprehensive and appropriately qualified.
Using both	Share reports—with consent—between private, NHS and education teams. Clarify which service will investigate medical causes, provide therapy, prescribe, monitor and review.
Complementary support	Relaxation, adapted movement and parent wellbeing support may sit alongside evidence-based care if safe and acceptable. They must not replace hearing, neurological, developmental or medical assessment.

Check a private provider

- Verify GMC, HCPC or other appropriate statutory registration and paediatric experience.
- Check CQC registration where the clinic or service is required to be regulated.
- Ask what information is gathered across settings and how alternative explanations are considered.
- Request a written report, clear recommendations, costs, follow-up and communication arrangements.
- Avoid guaranteed diagnoses, cure claims, coercive normalisation programmes or expensive supplement packages.

How Health Matters UK can support parents

Health Matters UK provides personalised health education and practical wellbeing support. We can help parents organise the developmental story, identify trusted information, prepare for NHS or private appointments and create realistic routines while formal assessment or therapy is awaited. We do not diagnose autism, ADHD, developmental delay or neurological conditions; conduct statutory assessments; prescribe; or replace paediatric and therapy services.

Clarify concerns	Turn a general feeling that “something is different” into specific observations about communication, movement, play, sensory needs and daily life.
Build a strengths profile	Record what the child enjoys, understands, does well and what helps them connect and participate.
Prepare evidence	Organise the timeline, Red Book information, nursery observations, videos, questions and previous reports.
Support at home	Develop visual routines, communication choices, sensory-aware activities and manageable wellbeing goals suited to the family.
Navigate options	Help families understand the roles of NHS, education and private professionals and choose an appropriate next step without unsafe promises.
Support the parent	Provide a listening space, reduce blame and help protect parental wellbeing through uncertainty and waiting.

Support can start before diagnosis

A child does not need to wait for a label before adults adapt communication, reduce barriers, support regulation and ask nursery or school for help based on current needs.

When to seek prompt or urgent help

Loss of skills	Any loss of movement, language, social or self-care skills needs prompt medical assessment. NICE recommends urgent specialist routes depending on the child's age and the type of regression.
Movement	New weakness, marked asymmetry, unusual stiffness or floppiness, persistent toe walking, unexplained falls or delayed motor milestones.
Possible seizures	Repeated staring with loss of response, stiffening, rhythmic jerking, colour change, collapse or unusual recovery needs clinical review.
Feeding and growth	Choking, recurrent chest infections, dehydration, significant weight or growth concern, extreme restriction or loss of feeding skills.
Hearing, vision and communication	Not responding to sound, suspected vision loss, severe communication frustration or development that has stopped progressing.
Family impact	Ask for help when care needs, distress, sleep loss or unsafe behaviour are overwhelming family capacity—even before a diagnosis.

Emergency help

Call 999 for a prolonged seizure, severe breathing difficulty, blue or grey colour, serious injury, sudden weakness, loss of consciousness or a child who is unresponsive or not recovering normally.

At the appointment

- What explanations are being considered?
- Which support can begin now?
- What should trigger faster review?
- Are hearing and vision checks needed?
- Who coordinates referrals?
- When and how will we follow up?

Children's health matters to us

Parents often notice subtle differences long before a short appointment can capture them. Their observations deserve respect. Children deserve support that recognises strengths, reduces barriers and responds early to genuine needs. Health Matters UK can stand alongside families as they organise concerns, find reliable information and navigate NHS, education and appropriate private care.

Important

This factsheet provides general education, not a diagnosis or individual medical advice. Developmental concerns should be assessed by appropriately qualified professionals. Call 999 in a life-threatening emergency.

Key sources

- NHS: Your baby's health and development reviews; Best Start in Life speech and language guidance; children and young people's care and support services (accessed 16 November 2026).
- Department of Health and Social Care: Healthy Child Programme—health visiting, ages 0 to 5 (accessed 16 November 2026).
- Department for Education: Progress check at age 2 and Early Years Foundation Stage guidance (accessed 16 November 2026).
- NICE CG128: Autism spectrum disorder in under 19s—recognition, referral and diagnosis; NICE NG62: Cerebral palsy in under 25s—assessment and management (accessed 16 November 2026).
- Health Matters UK Evidence and Editorial Standards page for our evidence, review and scope.

Prepared by Health Matters UK • Review date: November 2027

© 2026 Health Matters UK. All rights reserved. This original factsheet may not be reproduced or rebranded without permission.