HEALTH BASICS

Speech and language development

The gradual way children learn to understand language and communicate with others.

WHAT IT IS
Learning to understand language and communicate

WHERE IT COMES UP
Childhood development, health visits, childcare, and school

WHY IT MATTERS
Communication supports learning, relationships, safety, and independence

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A child health clinician or speech-language pathologist

HOW IT IS CHECKED
Developmental review, communication assessment, and hearing test

Overview

Speech and language development is the process through which children learn to communicate. It begins before spoken words. Babies pay attention to voices, take turns making sounds, use facial expressions, and learn that gestures or sounds can affect what happens.

"Speech" and "language" do not mean exactly the same thing. Speech is the physical production of sounds and words. Language is the system used to understand and share meaning. Language can be spoken, signed, written, or communicated through pictures and devices.

Understanding language is called receptive language . Using words, signs, or symbols to express meaning is called expressive language . A child may have different strengths in these areas.

Development follows a broad pattern, but children do not all reach each step on the same day. Developmental milestones describe skills that most children can do by a certain age. They are useful checkpoints, not an examination that a child passes or fails.

Children can learn more than one language. Exposure to multiple languages does not cause a language disorder. A multilingual child's vocabulary is best considered across all the languages

they use, rather than in only one language.

How it works

Communication develops through interaction between the brain, hearing, movement, attention, and social experience. Children learn by listening or watching, trying to communicate, and noticing how other people respond.

Early communication often includes eye contact, shared attention, crying, cooing, babbling, gestures, and imitation. Shared attention means that a child and another person focus on the same object or event. For example, a child may look toward a toy after an adult points to it.

Children gradually connect sounds, signs, and gestures with meaning. They begin to recognise familiar words, follow simple directions, use individual words or signs, combine them, and take part in longer conversations. The exact timing and form differ between children.

Clear speech develops over time. Young children commonly simplify difficult sounds while the muscles and movement patterns used for speech are still developing. People who know the child well may understand more than unfamiliar listeners.

Communication also changes with its setting. A child may speak freely at home but be quiet in an unfamiliar place. Fatigue, stress, illness, or limited familiarity with the language being used can affect what someone observes on a particular day.

Later language development supports storytelling, reading, writing, understanding humour, and explaining complex ideas. These abilities continue to develop through the school years and beyond.

Why it matters for your health

Communication allows a child to express needs, report pain, ask for help, and take part in relationships. It also supports learning and growing independence.

Watching development over time can identify when a child may benefit from a closer assessment. A communication concern may sometimes be related to hearing loss, a speech or language disorder, autism, a broader developmental difference, or another health condition. An assessment looks for these possibilities; a milestone checklist alone cannot diagnose them.

Hearing is especially important because a child may not show an obvious response to mild or intermittent hearing difficulty. Ear infections, fluid behind the eardrum, or permanent hearing loss can affect access to speech sounds. A hearing test is therefore often part of an

assessment.

Early discussion also helps families and education services understand what support may be useful. Support should be based on the child's needs, home languages, communication methods, and daily environment.

What can go wrong

Communication develops along many normal paths, but some patterns deserve assessment. Relevant conditions and situations include:

These cannot be distinguished reliably from a short description or an online checklist. Assessment may include observation, play, conversation, formal language activities, information from caregivers or teachers, and hearing testing.

Arrange a routine appointment if you are concerned that a child is not meeting communication milestones, does not seem to understand language as expected, is often difficult to understand, or has communication difficulties affecting daily life. You do not need to wait for a scheduled school assessment before raising a concern.

Loss of communication or other developmental skills should be discussed promptly with a child health clinician. Seek emergency help for a sudden new inability to speak or understand, especially with facial drooping, weakness, severe headache, confusion, loss of consciousness, or breathing difficulty. Those sudden features are different from a gradual developmental concern.

- Hearing loss , including temporary hearing difficulty from middle-ear fluid
- Speech sound disorder , which affects how speech sounds are produced or organised
- Developmental language disorder , which causes lasting difficulty learning or using language
- Stuttering , involving repeated sounds, stretched sounds, or blocks in speech flow
- Childhood apraxia of speech , a motor-planning disorder affecting speech movements
- Autism , which may involve differences in social communication and behaviour
- Intellectual or broader developmental disability
- Structural or movement problems involving the mouth, palate, or voice
- Limited access to communication because of environmental or educational barriers

What you can do

Notice how the child communicates in everyday situations, including through sounds, words, signs, gestures, pictures, or a communication device. Keep a brief dated record of examples rather than relying only on a total word count. If the child uses several languages, include examples from each one.

Ask childcare staff, teachers, or other regular caregivers what they observe. A child may communicate differently across settings.

If you have a concern, you can ask a child health clinician about:

A speech-language pathologist assesses speech, language, voice, fluency, and communication. The assessment should consider the languages the child hears and uses. An interpreter may be needed; a multilingual child should not be judged only by performance in an unfamiliar language.

During ordinary routines, respond to the child's attempts to communicate. Talk about what you are doing, share books, sing, pause to allow turns, and expand on the child's message. For example, if the child says "dog," you might answer, "Yes, the dog is running." These activities support interaction, but they do not replace an assessment when there is a concern.

There is no need to buy a special programme or device for typical development. Screen-based products should not be treated as substitutes for responsive interaction with other people.

- Reviewing developmental milestones and the child's wider development
- Arranging a hearing test
- Referral to a speech-language pathologist
- Whether a broader developmental assessment is appropriate
- Local early-intervention or education services

Common questions

Are speech and language delays the same thing?

No. Speech concerns involve producing sounds or speaking clearly. Language concerns involve understanding or expressing meaning. A child can have difficulty with one, both, or another area such as fluency.

Does learning two languages confuse a child?

No. Multilingual exposure does not cause a language disorder. Children may mix languages while learning how each one works. If a true language difficulty is present, it is usually evident

across the child's languages, although it may look different in each.

Should I compare my child with siblings?

Sibling comparisons provide limited information. Children develop at different rates and may have different hearing, health, learning, and communication experiences. Age-based milestones and direct assessment are more useful.

Can a hearing problem be missed at home?

Yes. A child may respond to some sounds, visual cues, or familiar routines while still having difficulty hearing parts of speech. A formal hearing test can assess this more reliably.

Is a milestone checklist a diagnosis?

No. A checklist can help you notice development and prepare questions. It cannot establish why a skill is absent or whether a disorder is present.

What if other people say to wait?

You can still request a routine developmental review, hearing test, or speech-language assessment. Raising a concern does not mean that a diagnosis will be made. It provides a chance to look more closely.

Sources

- Centers for Disease Control and Prevention: Developmental Milestones
- National Institute on Deafness and Other Communication Disorders: Speech and Language Developmental Milestones
- American Speech-Language-Hearing Association: Communication Milestones
- American Speech-Language-Hearing Association: Learning More Than One Language
- American Academy of Pediatrics, HealthyChildren.org: Language Delays in Toddlers
- U.S. Preventive Services Task Force: Speech and Language Delay and Disorders in Children-Screening