Developmental Milestones and Red Flags 0-9 | Bloom

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Details:

Start with your GP or child and family health nurse, and ask about hearing and vision early, because both can look like attention or behaviour difficulties. You do not need a diagnosis to get help. For children under 6 with developmental delay, the NDIS early childhood approach does not require one, and the approach now covers children under 9. If you want to talk it through with a therapist first, phone Bloom Healthcare on 1300 771 465 , email hello@bloom-healthcare.com.au, or use the referral form . Bloom aims to respond to referrals within 24 hours.

The article above lists what to look for at each age. This section covers what happens next: who assesses, who diagnoses, what an assessment actually involves, how to get into the early childhood approach, what happens if your child is not eligible, and how the incoming Thriving Kids program changes things.

Before anything else: milestones are a guide, not a verdict

If you have just read a list of red flags and recognised your child in some of them, take a breath. Milestone lists describe what is typical for a group of children. They do not describe any individual child, and they are not a test you can score.

Some things worth holding on to:

Children develop in a similar order, but the timing varies a lot. A single late milestone often means nothing more than that your child is doing things in their own order.

What matters is the pattern, not the item. Persistence over weeks, showing up in more than one setting, and real impact on daily life are what make something worth acting on.

Noticing early is not the same as being certain. You are allowed to raise a concern that turns out to be nothing. That is how early identification is supposed to work.

No article can tell you whether your child has a condition. Diagnosis is made by qualified clinicians who assess your child directly. Nothing on this page, and nothing on any page like it, is a substitute for that.

The useful way to use a red flags list is as a prompt for a conversation, not as a self-assessment. If something on it made you pause, that is reason enough to ask someone.

Who assesses, and who diagnoses

These are different jobs, and confusing them costs families time.

GPs and child and family health nurses are the usual first point of contact. They do developmental check-ins, and they can refer for hearing and vision assessment and on to specialists.

Paediatricians, psychologists and multidisciplinary teams make formal diagnoses. An autism diagnosis, for example, may be made by a paediatrician, a psychologist, or a multidisciplinary team, based on direct assessment against diagnostic criteria.

Allied health professionals such as occupational therapists, speech pathologists, physiotherapists and psychologists assess function. They describe what your child can do, what is getting in the way, and

what would help. Some of them also contribute to a diagnostic process, but a therapy assessment is not itself a diagnosis.

Early Childhood Partners are local organisations funded by the NDIS to deliver the early childhood approach. Their teams have clinical expertise in early childhood and connect families to supports.

The practical consequence: therapy does not have to wait for a diagnosis. A functional assessment can clarify strengths, barriers and useful next steps with or without a diagnostic label, and for children under 6 the early childhood approach is built around exactly that.

Rule out hearing and vision early

This is worth doing near the start rather than after months of therapy. Limited response to sound or visual cues, difficulty following instructions, apparent inattention and some behaviour that looks like defiance can all have a sensory explanation. Your GP or child and family health nurse can arrange the checks. Ruling them out means everyone is working on the right problem.

What actually happens at a developmental assessment

Parents often picture a test in a clinic room. It is not usually that.

Getting to know you first. The therapist starts with your concerns, your family's priorities and strengths, and how you prefer to communicate. Practical matters such as the service agreement, consent, privacy and billing are covered here too, before anything clinical starts.

Observation in natural settings. Assessment information is gathered where children actually spend their time, at home, at childcare, at playgroup, preschool and in the community, not only in a clinic. The therapist watches your child play, move and interact.

A routines-based interview. You describe a typical day. This sounds simple and it is one of the most useful parts, because it shows where the friction is and where there are natural opportunities to build skills.

Standardised tools where they add something. Validated assessments may be used to measure specific areas such as fine motor skills, coordination or sensory processing.

Domains covered. Speech and language, fine and gross motor skills, cognitive ability, social and emotional skills, and daily living activities such as dressing, eating and toileting.

Goals set with you. Findings are summarised and discussed, then you set SMART goals together: specific, measurable, attainable, relevant and time-bound. Real examples look like "gets dressed independently on school mornings" or "joins in a game with another child at kindy", not clinical abstractions.

Documentation. Progress against each goal is tracked, as the NDIS requires, and families receive progress reports.

Developmental delay, global developmental delay and autism are not the same thing

These three terms get used loosely, including by people who should know better, and the differences matter for what support makes sense.

Developmental delay means a child is taking longer than expected to reach milestones in areas such as movement, communication, learning or social skills.

Global developmental delay (GDD) is a diagnosis usually given to children under 5 who show significant delays in two or more areas of development. It is not a lifelong diagnosis. It is often used

when a child is clearly behind but a more specific explanation is not yet clear. Some children with GDD catch up with their peers. Others later receive a more specific diagnosis.

Autism is a lifelong neurodevelopmental difference present from birth, involving differences in social communication and interaction, along with things like intense interests, sensory sensitivities and a preference for predictability.

Some useful distinctions:

GDD is typically identified under age 5 through screening and evaluation. Autism is usually identified from age 2 onwards, sometimes much later, through observation against diagnostic criteria.

GDD affects two or more developmental domains broadly. Autism centres on social communication and behaviour.

With GDD, communication tends to be broadly delayed. With autism, communication is more often different in character rather than simply behind.

Repetitive behaviours and intense interests are common in autism and are not a typical feature of GDD.

An important framing point. Autism is a difference in how a person experiences and responds to the world, not a disease and not a deficit to be cured. Support for an autistic child is about removing barriers, building communication, and making environments workable, so the child can take part on their own terms. It is not about making them look less autistic.

The NDIS early childhood approach, step by step

Who it covers. Children younger than 9. Children younger than 6 with developmental delay do not need a formal diagnosis. Children aged 6 to 9 with an identified disability are also covered. The age range expanded from under 7 to under 9 from 1 July 2023, phased in progressively over the following two years, aligning with the World Health Organisation's definition of young children as zero to 8 years, and following the ECEI Reset recommendations.

How to start. Contact an Early Childhood Partner in your area, or ask your GP, paediatrician, child and family health nurse, educator, support coordinator or a community service to point you there. Referral forms can be completed online or through the local partner.

What happens next.

You discuss what you are seeing with the Early Childhood Partner.

They suggest next steps, which may be short-term support, early intervention services, or applying for NDIS funding.

If your child is eligible, an NDIS plan sets out the funded supports.

The Early Childhood Coordinator is your key contact through this. Early supports can include information, early intervention strategies, family-based education and links to community services. For children under 6, short-term intervention and capacity building typically runs 3 to 12 months.

A key worker. Some families are supported through a key worker model, where one lead practitioner is the main contact and day-to-day therapist, and brings in other clinicians as the child's goals require. The benefit is continuity and fewer separate appointments to coordinate. The key worker also coaches the family, so strategies get used in ordinary routines rather than only in sessions.

If your child is not eligible for an NDIS plan

This is the part families most often do not know about. Early Connections is part of the early childhood approach and still helps you even when your child does not meet NDIS eligibility. It can include:

connections to community and mainstream supports and services

practical information relevant to your child's development

peer connections with other families

early supports for children younger than 6 with developmental concerns

help applying to the NDIS if your child's situation may meet the requirements

Mainstream and community options include childcare and early learning, kindergarten and preschool, playgroups and community programs, local family networks, and coordination with child health nurses and GPs. Children learn in the settings they are already in, so these are not a consolation prize.

Thriving Kids, and why it is a separate scheme

From 1 October 2026 , a national program called Thriving Kids begins rolling out for children aged 8 and under with developmental delay and/or autism who have low to moderate support needs, reaching full scale by 1 January 2028 .

It sits outside the NDIS , delivered through state and territory based services, so access pathways will vary by where you live and are being confirmed closer to the rollout.

Its service categories include early identification and developmental screening, information and advice, family and parenting support, targeted allied health supports, assistive technology, and workforce capability.

From 1 January 2028, children aged 8 and under with developmental delay or autism and low to moderate support needs will primarily be supported through Thriving Kids rather than the NDIS. Children already in the NDIS before that date with low to moderate needs will be reassessed under the eligibility criteria in place before it.

Children with high support needs, or permanent and significant disability, remain with the NDIS .

The NDIS and Thriving Kids have different rules, different eligibility and different access points. A rule from one does not carry over to the other. If you read something about one scheme, check which one it applies to before acting on it.

What if my child is 9 or older

The early childhood approach stops at 9. From there, access to the NDIS runs through the standard pathway, and evidence of how disability affects daily functioning becomes central to it. Therapy itself does not stop being available. Bloom supports children and young people through paediatrics across 0-9 and 10-17 age groups.

At primary school age, concerns often show up as a participation gap rather than a missing milestone: trouble following instructions, difficulty making friends, avoiding school because it is distressing, ongoing struggle with everyday independence. Treat a school raising concerns as a prompt to look into it, not as a label being applied to your child.

Preparing for the first appointment

Bring one page of notes covering:

what you are noticing, with two or three concrete examples

when it happens, and what makes it better or worse

which settings are affected, at home, at childcare, at school, in the community

any loss of skills your child previously had, or safety concerns

relevant medical history, and whether hearing and vision have been checked

supports already in place

what outcomes you want, described as everyday life rather than clinical goals

NDIS details if you have a plan, including dates, management type and goals

If you notice a loss of skills your child previously had, or there is a safety risk, do not wait for an appointment slot. Seek medical advice promptly.

A note on language

How this gets talked about shapes how a child comes to understand themselves. Children pick up far more of these conversations than adults expect.

A child does not "suffer from" autism or ADHD, and there is no such thing as a child who is not normal. Some children need more support to do certain things, some need the environment changed around them, and most need both at different times. Describing what a child finds hard and what helps is accurate. Describing a child as broken is not, and it makes the work harder for everyone including them.

Access and how to start with Bloom

Who can refer. Parents and carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers, support coordinators and community services. No formal referral is required for you to make contact.

How. Phone 1300 771 465 , email hello@bloom-healthcare.com.au, or use the online referral form . Bloom aims to respond within 24 hours.

Services. Occupational therapy , speech pathology , psychology and counselling , physiotherapy , and positive behaviour support where behaviour is affecting safety or participation.

Where. Mainly in the community, meaning home, school and community settings, with clinic sessions available case by case on request.

Telehealth. Virtual sessions, remote progress monitoring and written home programs, which matters most for regional and remote families.

Coverage. New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT, with telehealth beyond the hubs.

Hours. Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment.

NDIS registration. Registration 4-JR6F5KX, provider number 4050148863.

Fees and payment terms are set out in your service agreement before services start. Ask for the current terms on 1300 771 465 rather than relying on figures found online.

Common questions about child development and getting support

My child is late in one area. Is that a problem?

Usually not on its own. Milestone timing varies between children. What makes something worth acting on is whether it persists, shows up in more than one setting, or affects everyday participation such as meals, sleep, toileting, dressing, learning or friendships.

What is the one thing I should not wait on?

Loss of skills your child previously had. Regression should be treated as urgent, and you should seek medical advice promptly. The same goes for anything creating a safety risk.

Do I need a diagnosis before my child can get help?

No. Children younger than 6 do not need a formal diagnosis to access support through the NDIS early childhood approach where there are developmental concerns. Therapy assessments can also proceed without one.

Who can diagnose autism in Australia?

A paediatrician, a psychologist, or a multidisciplinary team, based on direct assessment against diagnostic criteria. A therapist's functional assessment is not a diagnosis, though it can be part of the picture a diagnostic team considers.

What ages does the NDIS early childhood approach cover?

Children younger than 9. Children under 6 with developmental delay do not need a diagnosis. Children aged 6 to 9 with an identified disability are also covered. The change from under 7 to under 9 took effect from 1 July 2023 and was phased in progressively over the following two years.

Is global developmental delay the same as autism?

No. GDD is a diagnosis usually given under age 5 for significant delay across two or more developmental areas, and it is not necessarily lifelong. Autism is a lifelong neurodevelopmental difference centred on social communication and interaction, with features such as intense interests and sensory sensitivities. Some children are given a GDD diagnosis first and a more specific one later.

What happens if my child is not eligible for the NDIS?

Early Connections, part of the early childhood approach, still helps. It connects families to community and mainstream services, provides practical information and peer connections, offers early supports for children under 6, and can guide an NDIS application if your child's situation may meet the requirements.

Should I get hearing and vision checked?

Yes, early. Hearing and vision problems can present as inattention or behaviour difficulties. Your GP or child and family health nurse can arrange the checks, and ruling them out clarifies everything that follows.

What will the assessment be like for my child?

Mostly observation and play in familiar settings, conversation with you about your routines, and standardised tools where they add something. It is designed to be low pressure. You are part of it rather than waiting outside.

Will Thriving Kids affect us?

Possibly, if your child is 8 or under with developmental delay or autism and low to moderate support needs. Rollout starts 1 October 2026 and access changes from 1 January 2028. Children with high support needs or permanent and significant disability stay with the NDIS. Local pathways will be confirmed closer to the rollout, so watch for state and territory information.

My child is 10. Is it too late?

No. Support is useful at any age, and the goals simply change with what matters to the young person. Bloom's paediatric services cover both 0-9 and 10-17. Access to NDIS funding after 9 runs through the standard pathway rather than the early childhood approach.

The school has raised concerns. What do I do with that?

Treat it as information worth investigating, not a diagnosis. Ask the school for specific examples and what they have already tried, then take that to your GP or a therapist. Concerns at school age can relate to communication, everyday skills, anxiety or attention, and the useful next step is working out which.

I feel like I am overreacting by asking.

Strong and persistent parental concern is itself listed among the signals worth acting on. Asking early costs a conversation. Waiting because you were worried about wasting someone's time costs more. Call 1300 771 465 or contact the team .

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