Early Signs of Autism & NDIS Support | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/cracking-the-code-unveiling-the-signs-of-autism-with-government-support/

Details:

If you have noticed differences in how you or your child communicates, plays, learns or responds to the world, the useful next step is a formal assessment by a qualified clinician. There is no reliable way to identify autism from a list of traits on a web page. In Australia, autism is diagnosed by psychologists, paediatricians and other qualified health practitioners, often working in a multidisciplinary team, using developmental history, standardised assessment tools and direct observation against the criteria in the DSM-5. Funded support then depends on age and on functional impact, not on the diagnosis by itself. Children under 6 can get help through the NDIS early childhood approach with no diagnosis at all.

This page explains the assessment pathway, how NDIS access works at each age, what the NDIS actually pays for, and what changes with Thriving Kids from 1 October 2026.

Why this page is not a checklist

Autism presentation varies widely. Two autistic people can look very different from each other, and the same person can look different at home, at school and in a clinic room. Some people are identified in early childhood, others not until adolescence or adulthood.

That variation is exactly why self-scoring against a list of traits is unreliable in both directions. It can produce false reassurance when support would help, and it can produce months of worry when the picture turns out to be something else, such as a language delay, a hearing difficulty or a broader developmental delay.

So treat what you have observed as a reason to book an assessment, not as an answer. The observations still matter. Clinicians rely on what families notice day to day, because a clinician sees a child for hours and a parent sees them for years.

What is worth raising with a clinician

These are prompts for a conversation with your GP, paediatrician or child health nurse. They are not diagnostic criteria and no single one of them means anything on its own.

Differences in how your child uses or responds to spoken language, gestures, eye contact or facial expression

Delayed or unusual development of language and communication skills

Strong preferences for routine, and difficulty when routines change

Deep, focused interests

Repetitive movements or repeated ways of playing with objects

Sensory responses that are much stronger or much weaker than you would expect, to sound, light, textures, clothing, food or touch

Difficulty joining in with other children, or a clear preference for playing alone

Skills that seem to come and go, or that developed and then dropped away

If you are an adult wondering about yourself, the same principle applies. Bring what you have noticed about communication, sensory experience, routine and social energy to a clinician who does adult assessments.

Who can diagnose autism, and what an assessment involves

A diagnosis of autism spectrum disorder is made by a qualified clinician. In practice that usually means a psychologist, a paediatrician, or a multidisciplinary team of allied health professionals working together.

A comprehensive assessment generally covers:

Developmental history. A detailed account of early development, milestones, health history and family history, usually gathered from parents or carers.

Standardised assessment tools. Structured interviews and rating scales, chosen for the person's age and communication profile.

Direct observation. Watching how the person communicates, plays and responds, in a clinic room, at home, at school or over telehealth.

Information from other people who know the person. Teachers, educators and other therapists often contribute.

A feedback session. A conversation where the clinician explains what they found and what it means, in plain language.

A written report. This sets out the findings and the recommendations for support.

Good practice is for the report to be written in a neuro-affirming way. That means it describes how the person thinks, communicates and experiences the world, including strengths, and it recommends support rather than framing the person as a problem to be corrected.

Assessments can be delivered in clinic, in the home, or by telehealth. Telehealth matters for families in regional and remote areas who would otherwise wait longer or travel further.

NDIS access if your child is under 9: the early childhood approach

The NDIS early childhood approach is the pathway for young children with developmental delay or disability. From 1 July 2023 it was extended from children under 7 to children under 9 , phased in progressively over the following two years, which brought a larger group of young children into the pathway.

The critical point for families who are still waiting on an assessment: children younger than 6 do not need a formal diagnosis to get support through this pathway. Early connections are based on developmental concerns, not diagnostic labels. Children aged 6 to 9 with an identified disability, including autism, are also covered.

How it works in practice:

You contact an early childhood partner. These are local organisations funded by the NDIS to work with families of young children.

The partner talks with you and observes your child, to understand strengths, challenges and the goals that matter to your family.

Together you set out a plan for the support your child will receive.

Support may include speech pathology, occupational therapy, physiotherapy, psychology and positive behaviour support, along with connections to mainstream services such as childcare, kindergarten and playgroups.

The plan is reviewed as your child progresses, commonly every three to six months.

Early childhood partners also help families who are not yet eligible for ongoing NDIS funding. They can provide information, short-term early supports, connections with other families, and guidance on whether and how to apply to the NDIS. You do not have to have made up your mind about the NDIS before you contact one.

Thriving Kids: what changes from October 2026

Thriving Kids is a new national system of supports for children aged 8 and under with developmental delay and autism who have low to moderate support needs. It is the first stage of the foundational supports reform, backed by a commitment of $4 billion over five years across governments.

Two dates matter:

1 October 2026 — state-based Thriving Kids services begin rolling out.

1 January 2028 — the program is expected to be at full national scale.

Thriving Kids is not an NDIS plan and not an individual funding package. It is a set of services delivered through states and territories in the places children already are, expected to cover early identification and developmental screening, information and advice, family and parenting support, targeted time-limited allied health, help with assistive technology, and workforce capability. Many of those services are expected to be available without a formal diagnosis.

From 1 January 2028, NDIS access arrangements change for children aged 8 and under with developmental delay or autism and low to moderate support needs, with Thriving Kids becoming the main pathway for that group. Children with permanent and significant disability, and children aged 8 and under with high support needs, remain eligible for the NDIS under the usual arrangements. Children already enrolled in the NDIS before 1 January 2028 will be reassessed under the eligibility criteria that applied before that date.

Until October 2026, nothing about the current pathway changes. If your child needs support now, the early childhood approach and the NDIS are still how you get it. Service lists and access details for each state and territory are still being finalised.

NDIS access from age 9 and up

For older children, teenagers and adults, an autism diagnosis is generally required, together with evidence that the person's functional capacity is substantially reduced.

The NDIA is assessing two things:

Whether the disability is permanent , meaning lifelong

Whether it has a significant effect on everyday functioning and participation

The diagnosis alone does not settle it. What settles it is the evidence about daily function: communication, self-care, mobility, learning, social interaction, and self-management. Two people with the same diagnosis can get very different outcomes, because their functional evidence is different.

To make an access request, contact the NDIA on 1800 800 110 and ask for an access request form. Submit it with your supporting evidence. The NDIA may ask for more information before deciding.

What the NDIS actually funds

Therapy supports for autistic participants are funded from the Capacity Building budget, mostly under the Improved Daily Living category. This category pays for assessment, training and therapy that build skills, independence and community participation.

In practice that covers:

Occupational therapy — daily living skills, sensory regulation, motor skills, executive function, emotional regulation and independence at school

Speech pathology — communication, including alternative and augmentative communication, and social communication

Psychology — emotional regulation, mental health and behaviour

Physiotherapy — where movement or coordination is affected

Positive behaviour support — practical strategies and routines that reduce distress and support participation

Capacity Building funding is tied to goals. If a support does not connect to a goal in the plan, it is difficult to fund. This is why the goals conversation at planning is worth preparing for, and why therapy reports should link recommendations directly to plan goals.

What a specific plan will cover depends on the individual plan, so confirm your own budgets with your planner, support coordinator or plan manager before committing to a service.

Evidence and reports: what actually moves a decision

The single most common reason families struggle with access or with plan funding is thin evidence about function.

A report that supports an NDIS decision usually includes:

Clear identification of the condition and how it meets diagnostic criteria

Functional impact, described concretely, across daily activities

Baseline measures, so progress can be tracked later

What has already been tried, and what did and did not work

Measurable outcomes and targets, linked to the person's goals

Recommended focus and frequency of support, connected to those goals

Safety considerations and current support needs

Plain language, so a decision maker who is not a clinician can follow it

Keep copies of everything. Reports do the work again at plan reassessment, and a functional capacity assessment written for access is often the same document that justifies the next plan.

If your access request is declined

A decline is not the end of the process.

The first step is to ask the NDIA for an internal review . This is a formal reconsideration by the agency. Use it to fill the gaps in the original application, usually with better functional evidence: specialist reports, therapy assessments and a functional capacity assessment that describes daily impact rather than restating the diagnosis.

If you are still not satisfied after the internal review, there is an external review pathway through the tribunal system. Strict time limits apply and they run from the date of the internal review decision, so read the decision letter carefully as soon as it arrives and check the current process with the NDIA on 1800 800 110.

Language matters

Most autistic Australians and autism-led organisations prefer identity-first language, that is, autistic person rather than person with autism. Preferences do vary, so ask the person or family what they use.

Other framing worth avoiding: autism is not something a person suffers from, children are not at risk of autism, and an assessment is not a search for something wrong. An assessment identifies how someone thinks, communicates and processes the world, so that support and funding can be matched to that.

How to start

If you are wondering whether an assessment is warranted, you do not need to be certain first. Talk to your GP, paediatrician or child health nurse about what you have noticed. If your child is under 9, contact an early childhood partner at the same time, because that pathway does not require you to have a diagnosis in hand.

Bloom Healthcare provides assessment, early intervention and ongoing therapy for autistic people and their families, and supports families through the NDIS access and planning process. Call 1300 771 465 or use the contact page to talk about where you are up to.

Common questions about autism assessment and NDIS support

Do I need a diagnosis before I contact the NDIS?

Not if your child is under 6. The early childhood approach is based on developmental concerns, so you can get early support and advice while assessment is still underway. Children aged 6 to 9 with an identified disability are also covered. From age 9 and up, a diagnosis is generally needed, along with evidence of significant functional impact.

Does an autism diagnosis guarantee NDIS funding?

No. The NDIA looks at whether the disability is permanent and whether it substantially reduces functional capacity in everyday activities. The diagnosis is one part of the evidence, not the decision.

Who can actually diagnose autism?

Qualified clinicians. In Australia that is usually a psychologist, a paediatrician, or a multidisciplinary team. Online quizzes, screening apps and trait lists cannot diagnose, and a screening result is not a diagnosis.

What does an assessment involve?

A developmental history, standardised assessment tools, direct observation, and usually information from teachers or other therapists. It ends with a feedback session and a written report setting out findings and recommendations.

Can an assessment be done by telehealth?

Assessments can be delivered in clinic, at home, or by telehealth. Telehealth improves access for families in regional and remote areas. Which option suits depends on the person's age and communication profile, so ask when you book.

My child is 7. Do the Thriving Kids changes affect us now?

Not yet. Thriving Kids services begin rolling out on 1 October 2026 and reach full scale on 1 January 2028. Until then the early childhood approach and the NDIS work as they do now. If your child is already an NDIS participant before 1 January 2028, they will be reassessed under the criteria that applied before that date.

Which NDIS budget pays for therapy?

Capacity Building, mostly under Improved Daily Living. It funds assessment, training and therapy that build skills, independence and community participation. What your own plan holds depends on your plan, so check with your planner or plan manager.

How often should therapy happen?

There is no standard schedule. Frequency should be recommended by the treating clinician, linked to the person's goals, and reviewed as things change. Anyone who quotes a set number of sessions before assessing the person is guessing.

What do I do if the NDIA says no?

Ask for an internal review and strengthen the functional evidence. If that does not resolve it, there is an external review pathway. Time limits apply from the date of the decision, so act on the letter promptly and confirm the current process with the NDIA on 1800 800 110.

What can I do while I am waiting for an assessment?

Keep notes and short videos of what you are noticing, with dates. Ask your GP about any hearing or vision checks that have not been done, because these affect development and are quick to rule out. If your child is under 6, contact an early childhood partner now rather than waiting for the assessment to finish.

Is there support for adults who think they may be autistic?

Yes. Adults can seek an assessment, and adults who meet NDIS criteria can be participants. For adults, the evidence conversation is usually about function at work, at home and in the community rather than developmental milestones.

What will it cost?

Assessment and therapy costs depend on the service, the funding you hold and how your plan is managed. Bloom quotes cost and expected hours before work starts. Call 1300 771 465 to talk through your situation.

What is Autism Spectrum Disorder (ASD) according to the article?

Autism Spectrum Disorder (ASD) is described as a neurodevelopmental disorder that affects individuals across a spectrum of abilities and challenges, impacting brain development and resulting in differences in behaviour, communication, and social interaction.

What are some common signs of autism mentioned in the article?

Common signs include difficulty with verbal communication, challenges with non-verbal communication such as facial expressions and body language, and repetitive behaviours and restricted interests.

What are some early signs of autism to watch for?

Early signs of autism can include heightened or diminished sensory responses (such as sensitivity to certain sounds, textures, or lights), delayed or atypical development of language skills, and difficulty with social interaction like avoiding eye contact, not responding to their name, or not playing with other children.

Why is early detection of autism important?

Early detection of autism is crucial because it allows for timely access to interventions and support services that can significantly impact a person's development and overall outcomes.

Does autism manifest the same way in every individual?

No, the article notes that autism manifests differently in each individual, and signs can vary significantly from person to person, with not all individuals exhibiting the same set of symptoms. Understanding this diversity is crucial for providing tailored support.

What topic category does this article fall under on the Bloom Healthcare site?

The article is categorized under "Autism" according to the page's article section metadata.

What contact information is provided for Bloom Healthcare?

Bloom Healthcare can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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