Early Intervention | Developmental Delays | Bloom Healthcare

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Details:

Early intervention is therapy and family support delivered while a child is young, built into the places and routines the child is already in rather than confined to a clinic room. In Australia the main pathway for children under 9 is the NDIS early childhood approach, and children under 6 do not need a diagnosis to access it . You can start by talking to your GP, your child and family health nurse, your paediatrician or your child's educator. You do not have to wait for an assessment to be finished before support begins.

This page covers what early intervention involves in practice, who delivers it, how the funding works and what to do while you wait. If you are still at the stage of wondering whether what you are seeing is a concern, the guide on developmental milestones and when to seek help covers that ground.

What early intervention is, and what it is not

The common picture of therapy is a child in a room with a therapist, doing exercises, while a parent waits outside. Current best practice for young children is close to the opposite of that.

Early intervention is delivered through play and everyday routines, in the child's natural environments: home, childcare, kindergarten, school, the park, the shops. Goals are embedded in real activities. If the goal is self-feeding, the work happens at mealtimes. If the goal is dressing, the work happens while getting dressed. If the goal is communication, it happens during play the child already wants to do.

The reason is practical. Skills learnt in a therapy room often do not transfer to the kitchen at 7am on a Tuesday. Skills learnt in the kitchen at 7am on a Tuesday already are the skill.

The second difference is who does the work. A therapist sees your child for an hour. You are with them for the rest of the week. So a large part of early intervention is coaching parents and carers, so the strategies keep running between sessions. That is not the therapist offloading work. It is the mechanism by which early intervention works at all.

The principles behind it

Early childhood intervention in Australia is guided by the National Guidelines for Best Practice in Early Childhood Intervention, second edition, published in 2024. The principles that shape a good service:

Family centred practice. Families are the most influential people in a child's life. Goals reflect family priorities, families are involved in decisions, and strategies fit the family's actual routines.

Natural environments and everyday routines. Support is delivered where the child spends time, and embedded in ordinary activities rather than isolated from them.

Evidence based practice with measurable outcomes. Goals are meaningful and evidence informed, and the approach is reviewed and adjusted rather than repeated indefinitely.

Inclusion. The aim is participation in family, education and community life, not performance on a checklist.

Culturally responsive practice. Services respect the values and practices of the family.

Diversity affirming practice. Neurodivergent children are supported to participate, not trained to appear typical.

Collaborative teamwork. Services are coordinated through one key worker or lead clinician.

Capacity building. Families finish with skills and confidence, not a dependency on the service.

If you are choosing a provider, these are reasonable things to ask about directly.

The key worker model

Under the key worker model, one professional is the family's main point of contact and delivers most of the therapy. They may be an occupational therapist, speech pathologist, physiotherapist, psychologist or an early childhood educator with specialist training in child development.

The key worker:

assesses your child's strengths, challenges and goals with you

delivers therapy through play and everyday routines

coaches you and other important adults in the child's life

brings in other specialists when specific expertise is needed

keeps the plan coordinated and reviews progress

The wider team can include occupational therapists, speech pathologists, physiotherapists, psychologists, positive behaviour support practitioners, dietitians, early childhood teachers, special education teachers, social workers and allied health assistants. In a transdisciplinary team these clinicians plan together, share strategies and sometimes attend joint appointments, so the support feels connected rather than like four separate services pulling in different directions.

Why one lead person matters: you build a relationship with someone who knows your child properly, you get consistent advice, you are not left coordinating four clinicians yourself, and someone is holding the whole picture of how communication, movement, play and regulation interact.

What each discipline contributes

Speech pathology. Communication, understanding and expression, social communication and play skills, and building your ability to support communication during daily life. Speech pathologists also work on mealtimes where eating or drinking is difficult, and set up alternative and augmentative communication such as visual supports or devices where speech is not the child's most reliable channel.

Occupational therapy. Participation and independence in everyday activities: dressing, mealtimes, toileting, sleep routines, play, fine motor skills and hand strength, hand-eye coordination, school readiness, sensory processing, and adjustments to the home environment or equipment where these help.

Physiotherapy. Gross motor development, coordination, balance and strength. Early motor skills underpin a lot of other things, for example the core stability needed to sit steadily enough to feed yourself, so physiotherapy often unlocks progress elsewhere.

Psychology. Emotional regulation, self-esteem, behaviour and coping strategies, plus coaching for parents on recognising early signs of dysregulation and responding before things escalate.

Positive behaviour support. Used where behaviours of concern are affecting safety or participation, focusing on understanding what the behaviour is communicating and changing the conditions around it.

What a session actually looks like

A typical early intervention session includes:

Activities that follow the child's interests, using games, play, stories and props, targeted at agreed goals

Work inside a real routine where that is the goal, such as an actual dressing or mealtime routine at home

Structured play for social interaction, fine motor games, sensory play, visual schedules for routines and transitions

Time with you at the end to review what worked, what to practise this week and how to fit it into your days

The plan is usually written as a child and family support plan, with goals aimed at things that would make a real difference to your week rather than at milestone ticks. Progress is reviewed regularly and the plan adjusted, commonly every three to six months under the early childhood approach.

Developmental delay, global developmental delay and autism

These terms get used interchangeably and they should not be.

Developmental delay means slower than typical progress in one or more areas: cognitive, communication, motor, or social and emotional development.

Global developmental delay is a diagnosis usually given to children under 5 with significant delays in two or more areas. It is used when a child is clearly behind but a more specific explanation is not yet clear. It is not necessarily lifelong. Some children catch up. Others later receive a more specific diagnosis.

Autism is a lifelong neurodevelopmental difference, mainly involving social communication and interaction along with repetitive behaviours and focused interests. A child can have both a developmental delay and autism.

For NDIS purposes the distinction matters less than you might expect at the youngest ages. Children under 6 can access the early childhood approach on developmental concerns alone, with no diagnosis and no requirement that the delay be permanent. From age 6 to 9, children with an identified disability are covered.

How to start

Talk to one of these people first: your GP, your child and family health nurse, your paediatrician, or your child's educator at childcare or kindergarten. Educators and nurses can refer, and often notice things across a group of children that are hard to see with one.

Bring specifics. Two or three clear examples of what you are noticing, when it happens, which settings it affects, what a hard day looks like, and anything that has changed or gone backwards. Note whether hearing and vision have been checked, because both affect development and both are quick to test.

A useful referral includes: your child's age and the main concerns with two or three examples, the settings affected, any regression or safety concerns, relevant medical history including hearing and vision checks, supports already in place, what outcomes you want, and your NDIS details if you have a plan, including plan dates, management type and goals.

If your child is under 9, contact an early childhood partner. These are local organisations funded by the NDIS. They can provide information, early supports, connections with community services and other families, and guidance on whether to apply to the NDIS. You do not need a diagnosis or a decision about the NDIS first.

How it is funded

NDIS early childhood approach. The main pathway for children under 9. Since 1 July 2023 it covers children under 9, extended from under 7 and phased in progressively over the following two years. Therapy supports in an NDIS plan are funded from the Capacity Building budget, mostly under Improved Daily Living, tied to goals in the plan.

Medicare. Your GP may be able to refer you for rebated allied health sessions depending on your child's situation. Ask what applies.

Privately. You can engage allied health directly without any funding while other pathways are being sorted out.

Thriving Kids. From 1 October 2026, state based Thriving Kids services begin rolling out for children aged 8 and under with developmental delay or autism and low to moderate support needs, reaching full national scale on 1 January 2028. It is not an individual funding package. Until then, the current pathways are unchanged.

What any individual plan will cover depends on that plan. Check with your planner, early childhood partner or plan manager before committing.

What to do while you wait

Waiting lists are real. The worst outcome is a family doing nothing for months because they are waiting for a formal answer.

Start allied health support now if you can, through Medicare, privately, or through early connections with an early childhood partner. Support is based on functional need, not on labels.

Ask the clinician for two or three strategies to run at home immediately, even before a full assessment.

Get hearing and vision checked if that has not been done.

Share strategies with childcare or kindergarten so the approach is consistent across settings.

Keep dated notes and short videos of what you are noticing. They help the assessment and they help you see change.

How to tell whether it is working

Good signs: goals are written in terms of things your child does in daily life rather than test scores; you can describe what you are working on this fortnight; strategies are being used at home and at childcare, not just in sessions; progress is reviewed and the plan changes when something is not working; and your own confidence is increasing.

Warning signs: sessions that look the same after six months, goals you cannot explain, no coaching for you, and no measurement of anything.

Access

Bloom Healthcare provides speech pathology, occupational therapy, physiotherapy, psychology and positive behaviour support for children, delivered in the home, at childcare or school, in the community and by telehealth. Telehealth matters for families in regional and remote areas who would otherwise wait longer or travel further.

Call 1300 771 465 or use the contact page to talk about your child's situation.

Common questions about early intervention

Does my child need a diagnosis to start?

No. Children under 6 can access the NDIS early childhood approach on developmental concerns alone. Allied health services can also start privately or through Medicare while an assessment is still underway.

How early is early?

As soon as you have a concern. The early years are when development moves fastest, which is why support delivered then does more. There is no minimum age for raising it with your GP or child health nurse.

What if I am wrong and there is nothing to worry about?

Then you have had a check and some reassurance. Raising a concern that turns out to be nothing costs very little. Waiting a year to be sure costs a year.

Who is the key worker and why is there only one?

The key worker is the clinician who is your main contact and delivers most of the therapy, bringing in specialists as needed. One lead person means consistent advice, a real relationship, and someone holding the whole picture instead of you coordinating several clinicians.

Will my child see a speech pathologist and an occupational therapist separately?

Sometimes, but the aim is coordination rather than separate services. In a transdisciplinary team the clinicians plan together and share strategies, and specialists are brought in for specific input rather than running parallel programs.

Why does the therapist keep coaching me instead of working with my child?

Because that is what makes the difference between sessions. Your child is with you far more than with any clinician, and skills practised in real routines are the ones that stick.

Where do sessions happen?

At home, at childcare or kindergarten, at school, in community settings, and by telehealth. The setting is chosen because it is where the skill is needed, not for convenience.

How often are sessions, and for how long?

There is no standard. Frequency should be recommended by the clinician based on your child's goals and reviewed as things change. Under the early childhood approach, plans are commonly reviewed every three to six months.

Is global developmental delay permanent?

Not necessarily. It is often used when a child is clearly behind but a specific diagnosis is not yet clear. Some children catch up; others later receive a more specific diagnosis. For children under 6, NDIS

early childhood support does not require the delay to be permanent.

My child is 7. Are they too old for early intervention?

No. The NDIS early childhood approach covers children under 9. Children over that age access supports through a standard NDIS plan if they are eligible, and through school and community services.

What should I ask a provider before I sign up?

Who the key worker would be, where sessions would happen, how goals are set and measured, how you will be coached, how often the plan is reviewed, and how they coordinate with your child's educators. Ask for costs in writing before starting.

Will Thriving Kids change what my child gets?

Not before 1 October 2026, when state based services begin rolling out. Children already in the NDIS before 1 January 2028 will be reassessed under the criteria that applied before that date. If you need support now, the current pathways are how you get it.

What is the main topic of this article?

The article discusses the importance of early intervention for children with developmental delays, explaining how acting early can change a child's developmental trajectory and improve academic success and lifelong independence.

What areas of development can be affected by developmental delays?

Developmental delays can affect cognitive development (thinking, problem-solving, understanding), language and communication, motor skills (fine and gross motor skills like walking, grasping, or coordinating movements), and social and emotional development (interacting with others, managing emotions, and forming relationships).

Why is early identification and intervention important for developmental delays?

Early identification and intervention are crucial because developmental delays can impact a child's overall growth and learning abilities. Addressing these delays promptly can mitigate their effects and support the child in reaching developmental milestones and maximising their overall potential.

What is one key benefit of early intervention mentioned in the article?

One key benefit is enhanced developmental outcomes: early intervention helps address developmental delays during the crucial years when children develop fastest, allowing significant progress in areas such as communication, motor skills, and cognitive abilities. Evidence shows early access to intervention can positively affect a child's ability to participate in school, make friendships, seek employment, and live independently.

Who publishes this article and what organization is behind it?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, delivering an evidence-based, client-centric healthcare model through highly qualified health practitioners across Australia.

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