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- [Does the child have a developmental delay?](#)

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.

Developmental delay is a term used to describe a delay in a child's development.

It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk.

A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible
- [lives in Australia](#)
- is an [Australian citizen or permanent resident](#).

Then, we need to know the child has a developmental delay.

Finally, we need to know the child's supports will be [NDIS supports](#). NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#) and [early connections](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay.

We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- Self-care – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- Receptive and expressive language – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- Cognitive development – learning and applying knowledge. This includes areas such as:
 - understanding and remembering information
 - attention
 - learning new things
 - practising and using new skills
 - planning and making decisions

- problem solving
- developing pretend play skills
- developing play interests
- emotional and sensory regulation
- developing emotional intelligence
- social awareness
- safety awareness.
- Motor development – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay.

We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.

We need to know the child needs all of the following:

- A service response that involves more than one professional working as a team to support the child. This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- A team that works collaboratively, by communicating and sharing information, knowledge and skills. The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- More support than an individual discipline providing a unilateral response to a single problem. This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.

- Supports for an extended duration. This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional, that the child needs support for more than 12 months.

The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.