Choosing an NDIS Paediatric Therapy Provider | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/how-to-choose-an-ndis-paediatric-therapy-provider-a-parent-checklist/

Details:

Choosing a provider for your child is mostly a verification job, not a feeling. Three things you can check before you commit: whether they are registered with the NDIS Commission and whether your plan management type requires that, what the NDIS Code of Conduct obliges them to do regardless of registration, and whether their workers hold current NDIS worker screening clearances. After that, the questions worth asking are about goals, reporting and what happens when things are not working.

The origin checklist above sets out good questions. This section adds what a good answer sounds like, what your rights actually are, what a provider is legally required to do, and the signs that should make you slow down.

Registration, and whether it applies to you

A registered NDIS provider has applied to the NDIS Commission, been audited against the relevant NDIS Practice Standards and assessed as meeting them, passed a suitability assessment covering the organisation and its key personnel, and been issued a certificate of registration valid for three years. Registered providers appear on the NDIS Provider Register , which is public and searchable.

Whether your provider must be registered depends on how your funding is managed:

NDIA-managed : you must use registered providers for all supports and services. Unregistered providers are not an option.

Plan-managed : you can use registered or unregistered providers.

Self-managed : you can use registered or unregistered providers.

Some services require registration no matter how the plan is managed. These include specialist behaviour support, supported independent living, specialist disability accommodation, plan management, NDIS digital platform services, and any provider intending to use regulated restrictive practices.

That last one matters for paediatrics. If behaviour support is part of the picture, the provider must be registered for specialist behaviour support , and any use of a restrictive practice must sit inside a behaviour support plan written by a practitioner registered with the Commission. This is not negotiable, and it is worth verifying rather than assuming.

Registered providers must also comply with conditions set out in section 73F of the National Disability Insurance Scheme Act 2013, including compliance with the NDIS Practice Standards and Code of Conduct, effective complaints and incident management systems, worker screening for relevant roles, notification requirements, and quality audit requirements.

What every provider owes your child, registered or not

The NDIS Code of Conduct applies to registered and unregistered providers, their key personnel and their workers. It sets eight obligations:

Act with respect for individual rights , including freedom of expression, self-determination and decision-making.

Respect the privacy of people with disability.

Provide supports and services safely and competently , with care and skill.

Act with integrity, honesty and transparency.

Promptly raise and act on concerns about anything that might affect the quality and safety of supports.

Take all reasonable steps to prevent and respond to violence, exploitation, neglect and abuse.

Take all reasonable steps to prevent and respond to sexual misconduct.

Not charge or represent higher prices for goods supplied to NDIS participants without reasonable justification.

Read obligation eight again if you are ever quoted a price for a product that looks inflated because it is being bought with NDIS funding. That is specifically prohibited.

Complaints, and the protection around making one

All providers are expected to have effective complaints management and resolution practices. Registered providers must have a documented complaints management and resolution system as a condition of registration.

A complaints process that meets the requirements should let you complain in an accessible way including anonymously, keep you involved and updated through the resolution, have a specific route for complaints about the provider's chief executive, refer matters to law enforcement where a criminal offence may have occurred, document complaints, and train staff on how to handle them.

Procedural fairness applies too. You should get a reasonable opportunity to put your complaint, it should not be dismissed for missing details, and decisions should be impartial and based on the facts raised.

The most important sentence in this whole section: threatening a participant for raising a concern or complaint is against the law and can result in penalties. Providers must not directly or indirectly threaten or obstruct someone from complaining. If you feel discouraged from raising something, that is itself the problem.

You can report an issue or make a complaint about a provider or worker directly to the NDIS Commission.

Worker screening

NDIS worker screening is a national check carried out by a state or territory worker screening unit on behalf of the NDIS Commission. It results in a worker being cleared or excluded from certain roles with people with disability.

It is required for employees, volunteers, contractors and students working for a registered provider in a risk-assessed role or key personnel role, for registered providers that have decided all workers need it, and for unregistered providers that have made the same decision. All key personnel of registered providers, including chief executives, directors, executives and board members, must hold clearances as a registration condition.

Checks are valid for up to five years and can be renewed from 90 days before expiry. Registered providers must keep written records of risk-assessed roles and of individual workers in them, including screening check number and expiry, for seven years.

Asking "does the clinician who will see my child hold a current NDIS worker screening clearance" is a completely normal question. A provider with its records in order can answer it immediately.

What good paediatric practice looks like

Beyond compliance, there are established principles for early childhood intervention worth measuring a provider against.

Family-centred practice. Parents and carers are the most influential people in a child's life, so they sit at the centre of decisions rather than being informed of them. In practice this looks like open communication, families involved in planning, strategies built into the family's actual routines, and coaching that builds the parent's confidence rather than creating dependence on the therapist.

Natural environments. Children learn through everyday activities across their waking hours, not in isolated blocks in a clinic room. Support delivered at home, in early learning centres, at preschool, at school and in the community lets the clinician observe play, movement and interaction as they actually happen, and lets strategies be embedded in routines that continue after the session ends. A provider who only offers clinic appointments is offering you a narrower service, whatever else is on their website.

A coordinated team rather than parallel appointments. Where several disciplines are involved, someone should be coordinating communication, planning and consistency across them. The value of a multidisciplinary team is only realised if the clinicians talk to each other. Four therapists working separately on four goals is not a team.

Evidence-informed decisions. Best available evidence, combined with clinical expertise, and with your family's preferences and values. Ask what evidence sits behind the approach being recommended, and be wary of anyone who cannot answer without becoming defensive.

Goals: the single best test of a provider

Goals should be set with you, not handed to you, and they should be SMART : specific, measurable, attainable, relevant and time-bound.

The test that separates good providers from the rest is whether goals describe function in real life rather than diagnoses or symptoms.

Weak: "improve fine motor skills"

Better: "increase independence with getting dressed"

Weak: "address social difficulties"

Better: "join a group activity at preschool for ten minutes without adult prompting"

A good goal-setting process usually involves the therapist getting to know your child and family, observing your child playing, moving and interacting in natural settings, running relevant assessments, and talking through what a typical day looks like so that opportunities for learning are found inside routines you already have.

Goals are not permanent. Achieved goals can be replaced with new ones, and goals that are no longer a priority can be paused or removed. If your provider treats the goal list as fixed for the whole plan period, ask why.

Tracking progress yourself

You do not need a clinician to tell you whether therapy is working. Pick two daily tasks that genuinely matter in your household. Each week, score them on how hard the task is, how safe it feels, and how long it takes. If those scores are moving, therapy is translating into real life. If they are flat for months, that is a conversation to have.

Reporting: what you should receive, and when

Ask about reporting before you sign, not three weeks before your reassessment.

You should expect ongoing progress reports documenting movement toward goals, and a formal progress report before your plan ends that summarises the therapy provided, the outcomes achieved during the plan period, and recommendations for the next plan. That report is the evidence base for the reassessment discussion with the NDIA, and it should use the same assessments as the initial assessment so progress is measured against a real baseline.

Good reports contain measurable outcomes: independence levels, confidence and safety ratings, time taken to complete a task, how often the child participates, and motor or communication milestones depending on the discipline.

A reasonable cadence to ask about is a progress review every few months rather than only at the end of the plan. Ask what the provider's own cadence is and get it stated in writing. What you are checking for is whether reviews are scheduled or whether they happen only when someone remembers.

And ask the question that most families ask too late: when will the baseline be recorded? A report written at the end of a plan cannot show progress that nobody measured at the start.

The service agreement: what to check before signing

A service agreement is a contract. Both parties sign it before services and billing start. It should set out the supports to be provided and the conditions around them, authorised hours, tasks and delivery methods, the rates and any travel charges aligned to the current NDIS Pricing Arrangements and Price Limits, payment terms, the cancellation policy, communication and consultation arrangements, reporting expectations, emergency contacts, and privacy and confidentiality provisions including your consent to how information is collected and used.

Before you sign, check:

The rates match the current NDIS Pricing Arrangements and Price Limits

The hours proposed fit the funding actually in your plan

Travel charges are stated, not implied

The cancellation notice period and charge are written down in figures you have read , rather than described verbally

The service location matches what you need, whether home, school, community or telehealth

Reporting expectations are specific about what you get and when

Privacy provisions and consent are ones you actually agree with

On cancellation and travel specifically: these terms vary between providers and change with the pricing arrangements. Do not rely on figures you have seen quoted for any other organisation. Get your provider's terms in writing before you sign and ask them to walk you through the ones you do not understand.

Warning signs

They cannot tell you whether they are registered, or which of your budget categories they will claim from

Behaviour support is proposed but the provider is not registered for specialist behaviour support

Goals are written in clinical language you cannot picture happening in your home

No baseline is recorded at the start

Reporting is promised but not scheduled

The service agreement is presented for signature without the cancellation and travel terms being explained

You are discouraged, subtly or otherwise, from raising a complaint

You are quoted an inflated price for a product because it is being purchased with NDIS funding

Sessions happen only in a clinic room and never where the difficulty actually occurs

Several disciplines are involved and none of them appear to speak to each other

If it is not working

Choice and control is not a slogan here, it is an entitlement.

You can change provider. You are not locked in. Under the NDIS Practice Standards, providers are required to help participants change providers, including maintaining continuity of care up to the end date and providing documentation to support the transition. If the provider ends services, they must notify the NDIS Commission and give you the documentation you need to move on.

You can ask for a reassessment. You are not restricted to waiting for the scheduled date. Progress summaries, reports and functional assessments are analysed against your goals, and support and funding can be adjusted on the evidence.

Escalate in order. Raise it with the provider through their complaints process first. If that does not resolve it, take it to the NDIS Commission, which handles complaints about providers and workers. Document specific examples of goals not met and progress not made. Specific beats general every time.

If your child is under 8

One piece of timing worth knowing while you are choosing. Thriving Kids is a new national system for children aged 8 and under with developmental delay and/or autism with low to moderate support needs. State and territory services are scheduled to commence no later than 1 October 2026, and it is expected to be at scale from 1 January 2028, when changes to NDIS access arrangements for that group commence.

It is not an NDIS plan, it is not an individualised funding package, and no child can be enrolled yet. Children with permanent and significant disability, and children 8 and under with substantially reduced functional capacity, remain eligible for the NDIS.

What that means for choosing a provider now: prioritise one who documents functional need and functional change carefully, because that evidence is what both systems are built to read. See Thriving Kids and the NDIS for children under 8 for the detail on what is confirmed and what is not.

Access

Bloom Healthcare provides paediatric therapy for children aged 0 to 9 and 10 to 17 , across occupational therapy, speech pathology, physiotherapy, psychology and counselling, positive behaviour support, dietetics and exercise physiology, delivered in homes, schools, community settings and online. Bloom works with NDIA-managed, plan-managed and self-managed participants.

To start, contact us or call 1300 771 465 .

Common questions about choosing a paediatric provider

Does my provider have to be registered with the NDIS?

It depends on your plan management. If your plan is NDIA-managed, yes, you must use registered providers. If it is plan-managed or self-managed, you can use registered or unregistered providers. Registration is mandatory regardless of plan management for specialist behaviour support, supported independent living, specialist disability accommodation, plan management, digital platform services, and any provider using regulated restrictive practices.

How do I verify a provider is registered?

Registered providers are listed on the NDIS Provider Register, which is public. Registration involves an audit against the NDIS Practice Standards, a suitability assessment of the organisation and its key personnel, and a certificate valid for three years.

Does the Code of Conduct apply to unregistered providers?

Yes. The NDIS Code of Conduct applies to registered and unregistered providers, their key personnel and their workers. Registration status changes which standards a provider is audited against, not whether the Code applies.

Can I ask whether staff have worker screening clearances?

Yes, and you should. NDIS worker screening checks are carried out by state and territory screening units on behalf of the NDIS Commission, are valid for up to five years, and are mandatory for workers in risk-assessed and key personnel roles at registered providers. Registered providers must keep records of who holds them and when they expire.

What should a therapy goal for my child look like?

Specific, measurable, attainable, relevant and time-bound, and written as function in real life rather than as a symptom or diagnosis. "Increase independence with getting dressed" is a goal. "Improve fine motor skills" is a category. If you cannot picture the goal happening in your home, ask for it to be rewritten.

How often should we get progress reports?

You should get ongoing progress reports through the plan period and a formal report before the plan ends summarising therapy provided, outcomes achieved and recommendations for the next plan. Ask the provider to state their review cadence in writing at the start. Also ask when the baseline will be recorded, because progress cannot be shown against a measurement that was never taken.

What should be in the service agreement?

The supports and conditions, authorised hours and delivery methods, rates and travel costs aligned to the current NDIS Pricing Arrangements and Price Limits, payment terms, cancellation policy, communication and consultation arrangements, reporting expectations, emergency contacts, and privacy and consent provisions. Both parties sign before services and billing begin.

What are the cancellation and travel charges?

These are set out in your service agreement and governed by the NDIS Pricing Arrangements and Price Limits current at the time of service. They differ between providers and change over time. Ask for your provider's terms in writing before you sign, and do not rely on rates published by any other organisation.

Can I change providers if it is not working?

Yes. Choice and control means you can select and change providers. Under the NDIS Practice Standards, providers are required to help you change, including maintaining continuity of care until services end and giving you the documentation you need to transition.

What if I want my plan reviewed before the scheduled date?

You can ask for a reassessment rather than waiting. Progress summaries, reports and functional assessments are analysed against your goals, and supports and funding can be adjusted on that evidence. Bring specific documented examples rather than general dissatisfaction.

What do I do if I am unhappy but worried about the consequences?

Raise it with the provider first through their complaints process, which registered providers are required to document and operate. If that does not resolve it, complain to the NDIS Commission. Threatening a participant for raising a concern or complaint is against the law and can result in penalties, and providers must not directly or indirectly threaten or obstruct someone from complaining. You can complain anonymously.

Should therapy happen at home, at school, or in a clinic?

Wherever the difficulty actually occurs. Children learn through everyday activities, so support delivered in natural environments such as home, childcare, preschool, school and the community lets the clinician see what is really happening and build strategies into existing routines. Clinic sessions have a place, but a provider who offers nothing else is offering a narrower service.

My child sees several therapists. Should they be talking to each other?

Yes. Where multiple disciplines are involved, someone should be coordinating communication, planning and consistency across the team so everyone is working toward shared goals. Ask how that coordination happens and who is responsible for it. If the answer is vague, it probably is not happening.

Is a multidisciplinary team always better?

Only if it is coordinated. Access to several disciplines under one provider removes some administrative work and makes joint planning easier, but the benefit comes from the clinicians working to shared goals rather than from the list of disciplines on a website. Judge it on coordination, not on the count.

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