Thriving Kids and Your Child's NDIS Plan | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/thriving-kids-australia-guide/

Details:

Status as at 1 September 2026: Thriving Kids has not started. There is nothing to apply for, nothing to join, and no waiting list. The decisions in front of you right now are all NDIS decisions and therapy decisions.

If your child is 8 or under and you are on an NDIS plan, seeking one, or wondering whether to bother, this page is a decision guide rather than a program explainer. It covers what the January 2028 change does and does not do, what the protection for existing participants actually says, and the evidence file worth building between now and then. For the plain explainer of what Thriving Kids is, see Bloom's Thriving Kids Australia page . To talk through your child's situation, call 1300 771 465 .

General information only. For advice about your child's circumstances, speak with your GP, paediatrician or treating team.

The two facts that decide everything for your family

Fact one. The NDIS access change scheduled for 1 January 2028 applies to one group only: children aged 8 and under with developmental delay and/or autism who have low to moderate support needs . If your child is not in that group, the change is not about you.

Fact two. Children aged 8 and under enrolled in the NDIS before 1 January 2028 with developmental delay and/or autism and low to moderate support needs are to be reassessed under the eligibility criteria in place before 1 January 2028 . The older criteria, not the new ones.

Everything below follows from those two.

Find your situation

Your child is under 8 and already has an NDIS plan

You are inside the transitional protection. The criteria applied at reassessment are the pre-2028 ones.

What that protection is: a shield against an abrupt shift to stricter access settings.

What it is not: a guarantee the plan continues unchanged forever. Reassessment still happens on its normal cycle, and the outcome depends on your child's functional capacity and how the earlier criteria are applied to it. The published material does not say children automatically lose their plans, and it does not promise they automatically keep them. Anyone who tells you either with certainty is going beyond what has been published.

Your job between now and then: build the functional evidence file described further down, and make sure every plan period produces a written record of what changed. That is the thing that carries weight at any reassessment, under any criteria.

Your child is under 8 and you are applying to the NDIS now

Apply. Do not hold off waiting for Thriving Kids.

The application decision should turn on your child's needs today, not on a program timeline. If your child meets NDIS access requirements now, being enrolled before 1 January 2028 also places you inside the transitional arrangement described above.

For a child younger than 6 , remember you do not need a formal diagnosis to access support through the early childhood approach. Developmental concerns are enough to start. For a child aged 6 to 9 , an identified disability is needed.

Your child is under 8, has developmental concerns, and you are not sure it is "bad enough" to apply

Start with function, not with a judgment about severity.

The useful first move is a developmental check-in through your GP, child health nurse or paediatrician, and a functional assessment with allied health. That produces a clear picture of strengths, barriers in daily routines, and what supports would actually help. It also tells you whether an NDIS application is worth making.

If the answer turns out to be no, you have still gained something. Under the early childhood approach, early connections are available even for families whose child is not NDIS eligible, including links to community and mainstream services and practical information about development.

Your child has high support needs or a permanent and significant disability

The NDIS remains your pathway. Children with permanent and significant disability, and children aged 8 and under with developmental delay and/or autism who have substantially reduced functional capacity , remain eligible for the NDIS, subject to usual arrangements.

Thriving Kids is not designed to carry this level of need. Stay on the NDIS track and keep the evidence about functional capacity current, because that evidence is what places your child on this side of the line.

Your child will be 9 or older before 2028

The 2028 change is limited to children aged 8 and under, so it does not apply to them. Separately, at age 9 a child stops working with an early childhood partner and moves to a local area coordinator within the wider NDIS. Plan that handover rather than letting it arrive with a birthday.

Where the line between low, moderate and high sits

This is the question every family in this position is really asking, and the honest answer is that how eligibility will be applied in practice is still being finalised , and it will be applied by each state or territory.

What has been signalled: access should not depend on a formal diagnosis, and there should be a range of entry pathways rather than one gate.

What is described as low to moderate, in functional terms: difficulty being understood or following instructions, difficulty with sleep, toileting, dressing or mealtimes, big reactions to change and transitions, difficulty joining play or group routines, or motor and coordination skills behind peers.

What is described as high: permanent and significant disability, or substantially reduced functional capacity.

Because the line is not drawn yet, the sensible strategy is not to try to predict which side you land on. It is to hold clear, current, professionally documented evidence of your child's functional capacity, which

is the input any version of the test will use.

The evidence file worth building

This is the concrete work, and it is useful whichever system your child ends up in.

1. A day in the life. Write down what is hard, with real examples:

at home — mornings, mealtimes, sleep, transitions, toileting, dressing

at childcare, preschool or school — group time, following instructions, friendships, social interaction

in the community — shops, noisy places, appointments, outings

Real examples beat polished wording. Note frequency and what a hard day looks like.

1. Observations from other settings. Ask your child's educators for a short written observation, examples of what helps, and examples of what triggers difficulty. A note about how your child functions in a group compared with one to one is particularly useful.
2. Goals in plain language. Turn concerns into goal statements:

"We want our child to express needs in a way others understand."

"We want our child to cope with transitions with fewer tears and less distress."

"We want our child to participate in group routines more comfortably."

"We want our child to follow a two-step instruction at preschool."

This language works in any system, which is exactly why it is worth using.

1. A functional assessment. It clarifies strengths to build on, barriers in everyday routines, the most useful next supports, and how to track change over time. If you already have a diagnosis it helps. If you do not, you can still start with function.
2. A baseline you can measure against. Ask your therapy team what the starting measure is for each goal. Without a baseline, later progress is an opinion.

How to apply to the NDIS for a young child

Step 1 — Make an access request. Contact the NDIA on 1800 800 110 , by email, or contact an early childhood partner, which is often the easier route for a young child. You will be given an Access Request Form.

Step 2 — Gather supporting evidence. Collect material that shows the nature and impact of the delay or disability:

medical reports or specialist letters

therapy assessments, such as from a speech pathologist or occupational therapist

functional capacity assessments showing the effect on daily activities

school reports or educator observations

previous therapy reports

The evidence needs to show how the delay or disability affects everyday participation, not just what it is called.

Step 3 — Submit. Send the form and documents to the NDIA. They may request more information, or arrange an assessment to clarify eligibility. Complete, thorough evidence at submission reduces processing time, so it is worth doing properly the first time.

Step 4 — Outcome. If access is granted, the next step is a planning meeting. Prepare by setting clear goals, listing current supports both formal and informal, identifying the specific points where support is needed, and bringing your evidence.

Making a reassessment go well

At reassessment, the NDIA expects a report that explains the therapy approach and gives evidence of outcomes achieved and progress toward goals . A strong report makes it easy to see:

the goals and the day-to-day functional impact

what was assessed and what the findings mean in functional terms

what has been tried, and what worked or did not

measurable outcomes, with baseline measures and targets

the recommended frequency and focus of supports, tied to goals

Ask the question that produces this. Not "are we doing therapy", but "what has changed in function over the last 12 weeks, and how do we know" .

Bloom's early childhood intervention monitoring runs on a regular cycle, with self-support skills reviewed monthly, motor development and receptive and expressive language reviewed every two months, and cognitive development every three months. Over a 12 week block that means more than one formal review point, not a single report at the end.

Ask your provider for a comprehensive progress report before the plan review meeting, covering achievements, outcomes and recommendations. Combined with your functional assessment material, that is your evidence base.

Where each state and territory is up to

Thriving Kids is national in intent but delivered by states and territories, so progress varies. As publicly visible at the time of writing:

New South Wales — the Department of Communities and Justice has published Thriving Kids information and commenced procurement, including an expression of interest process in May 2026.

South Australia — state materials published, including a state summary document.

Western Australia — Thriving Kids information published, with references to foundational supports delivery for children aged 0 to 8.

Tasmania — consultation sessions announced for the rollout.

Australian Capital Territory — consultation and sector engagement underway.

Victoria, Queensland and the Northern Territory — further detail expected as service design and access pathways are finalised, with arrangements to be provided closer to commencement.

For the cleanest updates, start with the Australian Government Thriving Kids page, then your state or territory department page for local service detail.

Five things not to do

Do not pause or stop therapy to wait for Thriving Kids. The Department's own position is that families should not wait. A child's development does not pause for a reform timetable.

Do not delay an NDIS application on the assumption it is pointless now. Enrolment before 1 January 2028 is what places a child inside the transitional arrangement.

Do not wait for a diagnosis before seeking support. For a child under 6, a diagnosis is not required to access the early childhood approach, and early supports are needs-led.

Do not give personal details to any site offering Thriving Kids sign-up. No registration or enrolment process has opened.

Do not carry a rule across from another scheme. NDIS, Medicare, Thriving Kids and aged care programs have different rules. A figure or entitlement from one does not transfer.

Getting help now

Bloom Healthcare supports children aged 0 to 9 through its Little Bloomers paediatric programme, and children aged 10 to 17 through its paediatric services, with speech pathology, occupational therapy, physiotherapy, psychology and counselling, positive behaviour support, dietetics and exercise physiology, delivered in homes, early learning settings, schools and the community.

Bloom is not offering appointments as a Thriving Kids provider, because Thriving Kids has not commenced.

Contact: 1300 771 465, or contact the team . You can also make a referral or find a location . Referrals are accepted from parents and carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators. Include your child's age, the main concerns, existing reports, relevant medical history and your top three goals.

NDIS: NDIA contact centre 1800 800 110 , or ndis.gov.au .

Common questions about Thriving Kids and your child's NDIS plan

Should I apply to the NDIS now, or wait for Thriving Kids?

Apply now if your child needs support now. The decision should turn on your child's needs, not the program timeline. Being enrolled before 1 January 2028 also places your child inside the transitional reassessment arrangement.

Does my child lose their NDIS plan on 1 January 2028?

The access change from that date is limited to children aged 8 and under with developmental delay and/or autism and low to moderate support needs. Children enrolled before that date are to be reassessed under the criteria in place beforehand. The published material does not say plans end automatically, and it does not promise they continue unchanged. Outcomes depend on functional capacity.

What exactly does the grandfathering protection cover?

It covers which eligibility criteria apply at reassessment. For children aged 8 and under enrolled before 1 January 2028 with developmental delay and/or autism and low to moderate support needs, reassessment uses the pre-2028 criteria. It does not freeze the plan or remove reassessment.

How will they decide whether my child has low, moderate or high support needs?

That is still being finalised and will be applied by each state or territory. Access is not expected to depend on a formal diagnosis, and multiple entry pathways have been signalled. Hold current, professionally documented functional capacity evidence, because that is the input any version of the test will use.

My child has high support needs. Does any of this affect us?

Not the 2028 access change. Children with permanent and significant disability, and those with substantially reduced functional capacity, remain eligible for the NDIS subject to usual arrangements. Keep functional evidence current, since that is what establishes the level of need.

Can I register or join a waiting list for Thriving Kids?

No. No registration or enrolment process has opened. Be cautious about any site inviting you to sign up.

Do I need a diagnosis to apply to the NDIS for my young child?

Not for a child younger than 6. Under the early childhood approach, developmental concerns are enough. For a child aged 6 to 9, an identified disability is needed.

What evidence should I gather before a plan reassessment?

Medical reports or specialist letters, therapy assessments, functional capacity assessments, educator observations and previous therapy reports, plus a progress report from your provider covering the therapy approach, outcomes achieved and progress toward goals with baseline measures and targets.

What should I ask my therapist to make reassessment easier?

Ask what the baseline measure is for each goal, what has changed in function over the last 12 weeks, and how that change is being evidenced. Then ask for a written progress report before the review meeting.

My child turns 9 soon. What changes?

They stop working with an early childhood partner and move to a local area coordinator within the wider NDIS. Raise it before the birthday so the handover is planned. The 2028 Thriving Kids change does not apply to children over 8.

Is Thriving Kids available in my state yet?

Not yet, anywhere. Rollout of state services commences no later than 1 October 2026, then scales progressively, so timing and service menus will differ by jurisdiction. NSW, South Australia, Western Australia, Tasmania and the ACT have visible preparatory activity; Victoria, Queensland and the Northern Territory have further detail to come.

What will therapy cost while we wait?

That depends on your child's plan and how it is managed. Fees and service terms are set out in your service agreement before therapy starts. Call 1300 771 465 to ask about your situation rather than relying on a figure quoted elsewhere.

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