Thriving Kids Targeted Supports: What Is Confirmed | Bloom

Canonical: https://bloom-healthcare.com.au/blog/thriving-kids-targeted-supports-allied-health/

Details:

Thriving Kids is a new early support system for children aged 8 and under with developmental delay and/or autism who have low to moderate support needs . Rollout of state services begins 1 October 2026 and the program is expected to be at scale from 1 January 2028 . It is not an NDIS plan and it is not an individualised funding package. Nobody can enrol or register yet, because the service menu, eligibility steps and local access pathways in each state and territory are still being finalised.

Parents are making real decisions on the strength of headlines about this, so the rest of this page separates what the government has actually published from what is still open. If a claim below is in the "not settled" list, treat anyone who tells you otherwise with caution.

What is confirmed

Question	Published position
Who is it for?	Children aged 8 and under with developmental delay and/or autism, with low to moderate support needs, plus their families, carers and kin
Who is it not for?	Children with high support needs, and children with permanent and significant disability. They stay with the NDIS under usual arrangements
When does it start?	Rollout of state services from 1 October 2026
When is it fully running?	Expected to be at scale from 1 January 2028
Is it an NDIS plan?	No. It is a separate early intervention system, not an individualised funding package
Where will supports happen?	Predominantly in the environments where children live, learn and play, including home, childcare, preschool, school and community settings
What is the money?	$4 billion over five years in joint government funding. The Australian Government contributes $2 billion, of which at least $1.4 billion goes directly to states and territories for service delivery

Thriving Kids is described as the first phase of a broader Foundational Supports reform. The published model has six parts: early identification, information and advice, family and parenting support, targeted allied health, assistive technology, and workforce capability.

What is not settled yet

This is the part that matters most if you are trying to plan.

The Australian Government has said several operational details will be confirmed closer to commencement, and states and territories are responsible for settling the final design in their own jurisdiction. Still open:

Your local access pathway. The entry point where families start, and the referral route, will differ by state and territory.

The exact service menu in your area. Which disciplines, at what intensity, duration and frequency, will be set during state and territory implementation planning.

Which organisations will deliver services. Procurement and commissioning arrangements are still being determined.

How eligibility will be applied in practice. The broad criteria are confirmed. The assessment tools and thresholds used in each jurisdiction are not.

Whether a formal diagnosis will be needed. Sector guidance is that access should not depend on a diagnosis, but local implementation may vary.

Triage and support matching. The government describes functional needs identification and triage arrangements. The mechanics are not published.

Session numbers and limits. How many sessions, over how long, is not set.

Whether there will be a key worker. Whether one coordinator will reduce the load on families using several supports is still being worked through.

Phasing. Services may become available at different times depending on where you live.

You may see other intermediate dates quoted in commentary about state agreements or staged starts. The two dates the Australian Government has published are 1 October 2026 for the start of rollout and 1 January 2028 for full scale. Plan around those two, and treat anything more specific as provisional until your state confirms it.

Thriving Kids is not the NDIS, and the difference matters

Thriving Kids sits outside the NDIS framework. It does not produce a plan, a budget, or a set of support categories you manage. That means the things you may know from the NDIS, such as plan management types, support categories and plan reassessments, do not automatically carry across.

Children with high support needs remain eligible for the NDIS. So do children with permanent and significant disability. Their arrangements are unchanged.

From 1 January 2028 , changes to NDIS access arrangements commence for children aged 8 and under with developmental delay and/or autism who have low to moderate support needs. That group is intended to be supported through Thriving Kids rather than the NDIS.

If your child is already on the NDIS , there is a published safeguard. 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 will be reassessed under the eligibility criteria that were in place before 1 January 2028, not under new criteria. That is a transition arrangement, not a promise that nothing changes, and the practical detail of how reassessment will run has not been published.

If you are unsure which group your child falls into, that is a question about functional impact rather than diagnosis, and it is worth getting a functional assessment to answer it properly. The NDIA can be reached on 1800 800 110 for questions about NDIS access itself.

What targeted supports are expected to include

The published model describes targeted supports as available to children who need more than parenting supports and programs alone, accessed through functional needs identification and triage.

Targeted supports are described as possibly including group and one-on-one allied health delivered by trained workers, including occupational therapists, speech pathologists, physiotherapists, audiologists and psychologists, and low-cost assistive technology, aids or equipment where needed. Delivery formats are expected to be flexible: one-on-one or group, in person or online.

The stated focus is functional skills and independence rather than diagnosis-led programs, and supports are meant to be time-limited and targeted rather than open-ended.

What this means in practice for a child is ordinary and specific. Communication support so a child who understands a lot but cannot say what they need has fewer meltdowns at transitions. Regulation and sensory strategies so a child can join group time in a noisy room. Movement work so a child stops avoiding play because it feels hard. Coordinated goals across disciplines through the year a child starts school.

Who is building it, and where

Thriving Kids is not a single national program delivered the same way everywhere. It runs through arrangements between the Australian Government and each state and territory, and those governments are responsible for finalising service design, eligibility steps and local access pathways in their jurisdiction. They are also running their own engagement with communities and the service sector.

Early childhood education has a defined role in the model, both in identifying developmental concerns earlier and as a place where supports are delivered, because a child's natural settings are treated as the best place to learn and develop.

The practical consequence for families is that your neighbour in another state may end up with a different entry point and a different local service mix. When details are published, check your own state or territory's information rather than a national summary.

What you can do now

You cannot enrol. You can do the preparation that will be useful no matter which system your child ends up in.

1. Write a day in the life. Capture real, concrete examples across settings: morning routines, mealtimes, sleep, transitions and emotional reactions at home; group time, following instructions, social participation and friendships at childcare, preschool or school; shopping, noisy places, medical appointments and outings in the community. Describe what happens, not what you think it should be called. Plain examples beat perfect wording.
2. Collect observations from educators. Ask for short written notes on your child's strengths and challenges, what helps them succeed, and what situations trigger difficulty. Observations from more than one setting are far more useful than one person's view.
3. Turn worries into goals. "We want our child to be able to express needs in a way others understand." "We want our child to get through transitions with fewer tears." "We want our child to join group routines more comfortably." Goal language works in any system and forces useful conversations.
4. Consider a functional assessment. It clarifies your child's strengths, the specific barriers in everyday routines, what to prioritise now, and how progress will be measured. A formal diagnosis helps but is not required to start.
5. Talk to your GP or child health nurse. Bring your notes. Ask about referral pathways to services available now.
6. Do not wait. The clearest advice in the published guidance for families is not to hold off on support while waiting for Thriving Kids to commence. Early support in everyday settings is the point of the reform, and delaying it until 2026 or 2028 works against your child.

Ways to get support before Thriving Kids starts

These are different schemes with different rules. Do not assume one carries over to another.

The NDIS , if your child is eligible now. Nothing about Thriving Kids changes current NDIS eligibility before 1 January 2028.

Medicare pathways , which are separate from both Thriving Kids and the NDIS and are worth asking your GP about. A GP chronic condition management plan (previously called a chronic disease management plan) prepared by a GP can make a child eligible for a limited number of Medicare-rebated allied health sessions per calendar year across occupational therapy, physiotherapy, speech pathology, psychology, dietetics and exercise physiology. The Better Access initiative provides mental health sessions per calendar year with a mental health treatment plan from a GP, or a referral from a paediatrician or psychiatrist. There is also a separate Medicare pathway for children with suspected or diagnosed complex neurodevelopmental conditions, which covers a set number of assessment and treatment sessions with a referral from a GP, consultant physician or specialist.

Medicare rebates generally do not cover the full cost of an allied health session, so a gap applies. Your GP confirms which pathway your child qualifies for and how many sessions are available. Bloom's own fees and any gap are set out before you start, so call 1300 771 465 to go through the numbers for your situation rather than relying on figures you find online.

Private , paid directly with no referral needed, which some families use for more frequent sessions or a particular provider.

Questions worth asking any provider

When you are offered targeted supports, whether now or under Thriving Kids later:

What is the functional goal for the next 8 to 12 weeks?

How will home and preschool or school be involved?

What do we do between sessions?

How will we measure progress?

Who coordinates if more than one support is involved?

If a provider cannot answer the first and the fourth, the support is unlikely to change day to day life.

How Bloom can help now

Bloom Healthcare delivers paediatric allied health today, in homes, community settings, and learning environments, with telehealth available. The disciplines relevant to this age group are speech pathology , occupational therapy , physiotherapy , psychology and counselling , positive behaviour support , dietetics and paediatrics .

A goal-based intake conversation is usually the most useful first step if you are not sure what your child needs. Call 1300 771 465 , email hello@bloom-healthcare.com.au , or make a referral . Bloom's hours are Monday to Thursday 7:30am to 6pm, Friday 7:30am to 5pm, and Saturday by appointment.

If you are a referrer, include the primary functional impacts, what has already been tried, any key transition points such as starting school or changing routine, family capacity and stressors, and what success would look like in 12 weeks.

Common questions about Thriving Kids and targeted supports

Can I sign my child up for Thriving Kids now?

No. The program has not commenced. Rollout of state services begins 1 October 2026, and formal registration will not exist until closer to that, because each state and territory is still finalising services, eligibility steps and access pathways.

Is Thriving Kids replacing the NDIS for my child?

Only for one group, and not yet. From 1 January 2028, NDIS access arrangements change for children aged 8 and under with developmental delay and/or autism and low to moderate support needs. Children with high support needs and children with permanent and significant disability remain eligible for the NDIS under usual arrangements.

My child is already on the NDIS. What happens?

Children aged 8 and under enrolled before 1 January 2028 with developmental delay and/or autism and low to moderate support needs will be reassessed under the eligibility criteria in place before that date. The detail of how that reassessment will run has not been published. Nothing about your current plan changes because of an announcement.

Will my child need a diagnosis?

Sector guidance is that access should not depend on a formal diagnosis, particularly for early identification and family supports, and that support should be matched to functional need. How each jurisdiction applies that in practice is not yet confirmed.

Will therapy be delivered at school or childcare?

The published model says supports will predominantly be provided where children live, learn and play, including early learning and early childhood education settings, homes, clinics, community hubs and other community settings.

How many sessions will my child get?

Not published. Session numbers, duration limits and intensity will be determined during state and territory implementation planning, and are expected to vary by area.

Which allied health professions are included?

The government model names occupational therapists, speech pathologists, physiotherapists, audiologists and psychologists among the trained workers who may deliver targeted supports, alongside low-cost assistive technology, aids or equipment where needed. Whether every one of these is available in your area is a local implementation question.

How much is being spent on it?

$4 billion over five years in joint government funding. The Australian Government contributes $2 billion, of which at least $1.4 billion is direct funding to states and territories for service delivery.

What is the difference between targeted supports and foundational supports?

Foundational Supports is the broader reform. Thriving Kids is described as its first phase, and targeted supports are one of the six parts of the Thriving Kids model, alongside early identification, information and advice, family and parenting support, assistive technology, and workforce capability.

Should we wait for Thriving Kids before starting therapy?

The published guidance for families is not to wait. Speech pathology, occupational therapy, physiotherapy, psychology and behaviour support are available now, and the functional goals and documentation you build now will carry over into whichever system supports your child later.

What if my child turns 9 before Thriving Kids starts?

Thriving Kids targets children aged 8 and under. If your child moves out of that age band, the relevant question is whether they meet NDIS access requirements or whether another pathway fits. Ask the NDIA on 1800 800 110, or talk it through on 1300 771 465.

Where should I get updates?

Australian Government publications on Thriving Kids, and your own state or territory government's implementation information, since the local design is being set there. Be careful with second-hand summaries, including specific dates and session numbers that the government has not published.

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