NDIS Paediatrician & Therapy 0-9 Years | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/paediatrics/

Details:

Bloom Healthcare's paediatric service supports children from birth to age 9 who have a developmental delay or a disability. Therapy is funded through your child's NDIS plan and delivered in the places your child already spends time: your home, childcare, kindergarten, school and the community. A lead clinician coordinates the team so your family has one main point of contact. To start, call 1300 771 465 or make a referral .

This page covers the parts families ask about most and that the rest of the site does not spell out: who qualifies at each age, which part of an NDIS plan pays for therapy, what happens between the referral and the first session, what reports you get for a plan reassessment, and what the new Thriving Kids programme means for children aged 8 and under.

Who can access early childhood support

The NDIS Early Childhood Approach is for children aged 0 to 9 with developmental delay or disability. The criteria change depending on how old your child is.

Children younger than 6

A child under 6 with a developmental delay can access support through the Early Childhood Approach without a formal diagnosis . You do not have to wait for a long assessment queue before anyone will help you. If you have noticed your child is finding everyday things harder than other children the same age, that is enough to start the conversation.

Children aged 6 to 9

Children in this age band usually need an identified, permanent disability to be eligible, rather than developmental delay alone. Conditions commonly seen in this group include autism spectrum disorder, cerebral palsy and Down syndrome.

From 1 July 2023 the age limit for the Early Childhood Approach was extended from 7 to 9 years , phased in progressively over the following two years, so more children now stay in the early childhood pathway through their early primary school years.

What "developmental delay" means

Developmental delay means your child finds it significantly harder to do the everyday things that other children of the same age can do, and needs extra help to do them. To be funded, a child must meet the definition set out in the National Disability Insurance Scheme Act 2013 and meet the residence requirements.

Who decides

Bloom Healthcare does not decide whether your child is eligible for the NDIS. Access decisions are made by the NDIA, usually with your local Early Childhood Partner , which is an organisation funded by the NDIS to deliver the Early Childhood Approach in your area. Bloom delivers the therapy once funding is in place, and can provide assessment reports that support an access request or a plan reassessment. If you are not sure where you sit, call 1300 771 465 and we will point you to the right pathway.

Thriving Kids and what is changing for children 8 and under

Thriving Kids is a national Australian Government initiative for children aged 8 and under with developmental delay and/or autism who have low to moderate support needs , and for their families, carers and kin. It is the first phase of the Foundational Supports reform. Governments have committed $4 billion over five years, with $2 billion from the Commonwealth and at least $1.4 billion going directly to states and territories to run Thriving Kids services.

Thriving Kids is not an NDIS plan and not an individual funding package . It is a complementary service designed to get children help earlier, through local services, without waiting for an individual package.

The national model describes six kinds of service, with the exact service list to be finalised by each state and territory:

early identification, including developmental screening

information and advice, including help finding your way to the right service

family and parenting support, including coaching

targeted allied health, meaning time limited therapy such as speech pathology, occupational therapy, physiotherapy, psychology or counselling, and positive behaviour support

assistive technology where it improves daily function

workforce capability across the early childhood and allied health workforces

The dates that matter

1 October 2026 : state based Thriving Kids services are scheduled to begin rolling out. Services will start at different times in different places, and access pathways may differ by state and territory.

1 January 2028 : Thriving Kids is expected to be operating at scale nationally, and NDIS access arrangements change on the same date.

What changes on 1 January 2028

From that date, children aged 8 and under with developmental delay and/or autism and low to moderate support needs will be supported primarily through Thriving Kids rather than the NDIS. Children with a permanent and significant disability, or high support needs , continue to be eligible for the NDIS under the usual arrangements.

There is an important protection for families already in the scheme. Children who entered the NDIS before 1 January 2028 with developmental delay and/or autism and low to moderate support needs stay under the eligibility criteria that applied before that date, and are reassessed against those criteria rather than the new ones.

If your child is already a participant, this is the sentence to hold on to: entering the scheme before 1 January 2028 protects the criteria your child is assessed against.

How your child's therapy is funded

Early childhood intervention is paid for from your child's NDIS plan, not from a separate program. The relevant parts of a plan are:

Capacity Building, Improved Daily Living. This is the main budget for early childhood therapy. It funds assessment, therapy from occupational therapists, speech pathologists and physiotherapists, skill building across communication, play, learning, social interaction and independence, and family centred work that gives parents and carers practical strategies to use at home.

Capacity Building, Improved Health and Wellbeing. May fund some health related supports, including physiotherapy in some circumstances.

Early Childhood Supports. The NDIS recognises this as a registered support type within Capacity Building. It covers coordinated therapy delivered by a team, access to multiple allied health disciplines, and family capacity building across home, childcare and community settings.

Core Supports. Not the main source for therapy, but may fund consumables or assistance with daily activities alongside capacity building.

Capital, Assistive Technology. Equipment and communication devices sit here. They are prescribed as part of a broader therapy plan and need supporting assessment evidence.

How claims are made

How Bloom is paid depends on how your plan is managed:

Self managed : you pay the invoice and claim it back from the NDIA.

Plan managed : Bloom invoices your plan manager directly.

NDIA managed : Bloom claims directly from the NDIA.

Claims are supported by documentation that links the work back to your child's plan goals, and by progress reporting around plan reassessment time.

On prices and fees

Hourly rates are capped by the NDIS Pricing Arrangements and Price Limits, which the NDIA updates. Bloom's fees, travel and cancellation terms are set out in the service agreement you sign before therapy starts, and are explained to you at the time of booking. Do not rely on a figure quoted anywhere else. Ask for them in writing, or call 1300 771 465 .

What is included

Bloom's paediatric team for this age group works across:

specialised NDIS early childhood intervention

developmental assessments

speech pathology, covering speech, language, understanding, social communication and feeding

occupational therapy, covering daily living skills, fine motor skills, sensory processing, play and independence in routines

physiotherapy, covering gross motor development, coordination, balance and confidence with movement

psychology and counselling, covering anxiety, emotional regulation, behaviour and family strategies

positive behaviour support, where behaviours of concern affect safety or participation

feeding support

sensory assessment

functional capacity evaluations

assistive technology prescription

daily living skills support and capacity building

parent and carer coaching

The wider Bloom team includes occupational therapists, speech pathologists, psychologists, positive behaviour support practitioners, physiotherapists, exercise physiologists, dietitians and therapy assistants.

What is not part of this service

NDIS access decisions. Those are made by the NDIA and your Early Childhood Partner.

Medical diagnosis. Diagnosis comes from your GP, paediatrician or a diagnostic service. Bloom's allied health assessments describe function, not medical cause.

Therapy without a parent or carer present. Parents, or a nominated caregiver such as a teacher or education assistant, are expected to attend sessions. Capacity building only works if the adults around the child learn the strategies too.

Supports your plan does not fund. If something you want sits outside the plan, ask about it at your reassessment rather than assuming it is covered.

How it works, referral to review

1. Referral. Referrals come from parents and carers, GPs, child and family health nurses, paediatricians, educators in childcare or school, support coordinators and community services. You can refer directly at Make a Referral , call 1300 771 465 , or go through your Early Childhood Partner.
2. Intake. An intake form is completed before the first meeting can be booked. It gathers the information needed to start and begins a risk assessment so any safety concerns are identified early.
3. Initial meeting. Where possible this happens within 5 business days . It covers your family's concerns, priorities, strengths and communication preferences, your daily routines, and the key people in your child's life. The clinician also works through the service agreement, consent and privacy, and how billing and funding will work. You will be told how often appointments are expected, what the assessment and intervention phases involve, and what written work will be produced.
4. Assessment. The team gets to know your child by observing them play, move and interact in natural settings, by talking through your routines and interests, and by completing relevant questionnaires or standardised developmental screening tools where they are needed. A routines based interview , where you describe a typical day, is often used to find the everyday moments that are good opportunities for learning.
5. Goals and a therapy plan. Frequency, session length and location are decided with you. Frequency might be weekly, fortnightly or monthly. Sessions might run for 45 minutes or an hour. What is chosen depends on your child's current skills, the best environment for the goals you have set, your family's preferences, and the funding in the plan.
6. Therapy. Sessions happen in natural environments: home, childcare, school or community. The handbook makes the reasoning plain. A child is awake for more than 84 hours a week, and a single therapy hour cannot do much on its own, so the work is designed to be carried into those 84 hours by the people around the child. Therapists still deliver direct, targeted sessions with your child when that is what is needed, and they share the strategies so the learning continues between visits.

7. Review. Goals and strategies are reviewed regularly and adjusted. Where more than one therapist is involved, the lead clinician coordinates the team, helps set and review goals, and keeps information moving between clinicians so everyone is working the same way.

Direct and indirect support

Therapy time is not only face to face. Direct support is sessions and meetings with your child and family. Indirect support is preparation, case notes, communication with the school or preschool, report writing, and collaboration with other professionals. Both are legitimate parts of a therapy plan and both draw on the plan budget.

Evidence and documentation for plan reassessment

The reports produced during therapy are what the NDIA reads when deciding what is reasonable and necessary for the next plan.

Progress reports summarise what your child has achieved against their goals. They are written in plain language for you and provided for plan reassessment. The NDIA expects a reassessment report to explain the therapy approach and give evidence of the outcomes achieved and progress made.

Functional capacity assessment reports describe what your child can and cannot do across self care, self management, mobility, learning, communication and social functioning. They establish a baseline and identify the barriers that get in the way of daily routines. They matter most when circumstances change, such as after a medical event or a documented change in capacity.

Assistive technology and communication device reports provide the evidence behind an equipment or AAC request. The NDIA needs enough evidence to decide, and the assessment report is usually the backbone of that request.

Discipline specific assessment reports , for example from speech pathology, set a baseline that later progress is measured against.

A report that is useful at reassessment generally sets out your child's goals and the day to day functional impact, what was assessed and what the findings mean in practical terms, what has already been tried and what did or did not work, measurable baselines and targets, and the recommended frequency and focus of support tied to the goals.

Ask for your reports well before your reassessment date rather than in the week before it.

How the 0 to 9 service differs from Bloom's 10 to 17 service

The split is not just an age label. The 0 to 9 service sits inside the NDIS Early Childhood Approach, which has its own access pathway through an Early Childhood Partner, allows children under 6 to be supported without a diagnosis, and is built around family capacity building with a parent or carer in the room.

From age 10 the pathway, goals and delivery model change. Goals move towards school participation, independence, social connection and preparing for adult life, and the young person takes a larger role in setting them. If your child is 10 or older, use Paediatrics 10 to 17 instead.

If your child is approaching 9, ask your lead clinician to plan the handover at your next goal review so the therapy relationship carries across.

Where Bloom delivers and how to start

Bloom's primary delivery method is in the community: your home, school, early learning centre, day programs and other everyday settings. Clinic appointments can be arranged on a case by case basis, so ask if that suits your family better.

Services for children aged 0 to 9 are available across:

Sydney and New South Wales

Brisbane and South East Queensland

Melbourne and Victoria

Perth and Western Australia

Adelaide and South Australia

Tasmania , including Devonport and Launceston

Canberra

To begin:

Call 1300 771 465 or use Contact Us .

Or submit a referral yourself, or ask your GP, child health nurse, paediatrician, educator or support coordinator to send one.

Complete the intake form so the first meeting can be booked.

Read the Easy Read guide to NDIS and Paediatrics if you would like a plain English version to work through before you call.

Common questions about NDIS paediatric support for children 0 to 9

Does my child need a diagnosis before we can get help?

Not if your child is under 6. Children younger than 6 with developmental delay can be supported through the Early Childhood Approach without a formal diagnosis, so you do not have to wait for an assessment queue before seeking help. From age 6 to 9, children generally need an identified permanent disability to be eligible.

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

No. The age limit for the Early Childhood Approach was extended from 7 to 9 years from 1 July 2023, phased in progressively over the following two years. Children under 9 with a permanent disability can be supported through this pathway.

Which part of my child's NDIS plan pays for therapy?

Most early childhood therapy is funded from Capacity Building, Improved Daily Living . Some health related supports may come from Improved Health and Wellbeing, equipment and communication devices sit under Capital as assistive technology, and Core Supports may cover consumables or assistance with daily activities. Your plan will show which budgets you have and how much is in each.

Will Thriving Kids replace my child's NDIS plan?

Not for children already in the scheme. Thriving Kids is not an NDIS plan and not an individual funding package. From 1 January 2028 children aged 8 and under with developmental delay and/or autism and low to moderate support needs will be supported primarily through Thriving Kids rather than the NDIS,

but children who entered the NDIS before that date stay under the earlier eligibility criteria and are reassessed against those. Children with permanent and significant disability or high support needs remain eligible for the NDIS.

When can we actually use Thriving Kids?

State based services are scheduled to begin rolling out from 1 October 2026, at different times and through different pathways in different states and territories. The programme is expected to be operating at scale nationally from 1 January 2028.

Do I have to be there during therapy?

Yes. A parent or carer, or a nominated caregiver such as a teacher or education assistant, is expected to attend sessions. The purpose of capacity building is to give the adults around your child the confidence, knowledge and skills to support learning in everyday routines, which cannot happen if the adults are not present.

Where do sessions happen?

In the natural environments where your child needs the skills: home, school, early learning centre, day programs and community settings. Clinic based appointments can be considered case by case. Working in real settings means skills are practised where they are actually used.

How often will my child be seen, and for how long?

That is decided with you, not set in advance. Frequency may be weekly, fortnightly or monthly, and sessions may run for something like 45 minutes or an hour. The decision depends on your child's current skills, the best environment for the goals you have set, your family's preferences, and the funding available in the plan.

How quickly can we start?

After the intake form is completed, the initial meeting is arranged within 5 business days where possible. Timeframes vary by location and discipline, so call 1300 771 465 for the current position in your area.

What should I have ready for the first appointment?

The completed intake form, any relevant medical history, reports from childcare, preschool, school or previous therapy, and a sense of your family's priorities and goals. Bring your child, a parent or nominated caregiver, and your calendar for booking the next appointment. You may have given some of this information to other services already. The clinician will explain why it is being asked for again.

What reports will I get for my plan reassessment?

Progress reports summarising your child's achievements against their goals, written in plain language, plus any assessment reports relevant to your situation such as a functional capacity assessment or an assistive technology or communication device report. These are what the NDIA reads when deciding on supports for the next plan.

Does Bloom decide whether my child gets NDIS funding?

No. The NDIA decides access, usually with your local Early Childhood Partner. Bloom provides therapy once funding is in place, and can supply assessment and progress reports that give the NDIA the evidence it needs.

What happens when my child turns 9 or 10?

Support continues, through Bloom's Paediatrics 10 to 17 service , with goals that shift towards school participation, independence and preparing for adult life. Raise the transition at a goal review before it arrives so the handover is planned rather than rushed.

What are the fees and cancellation terms?

They are set out in the service agreement you sign before therapy begins, and are explained at the time of booking. NDIS hourly rates are capped by the NDIS Pricing Arrangements and Price Limits. Ask for the terms in writing or call 1300 771 465 . Do not rely on figures from anywhere else.

Does my child need a diagnosis to ask Bloom Healthcare for help?

No. You can contact Bloom Healthcare to discuss your child's developmental and functional support needs without a diagnosis. Whether services can be funded through the NDIS depends on your child's access, plan, goals and available budget.

Does Bloom Healthcare still provide NDIS paediatric services for children aged 0 to 9?

Yes. Bloom Healthcare continues to provide NDIS paediatric allied health services for eligible children with appropriate funding in their plans. Their team can discuss the disciplines available in your area and the information needed to begin.

What does family-centred practice mean at Bloom Healthcare?

It means listening to the family's priorities, respecting their knowledge of their child, and building practical strategies into everyday routines rather than working on isolated clinic tasks.

Do I need a referral to access Bloom Healthcare's paediatric services?

You can contact Bloom Healthcare directly without a referral. If you have an NDIS plan, their team can also work with your support coordinator, plan manager or other treating professionals.

Where are paediatric appointments held?

Appointments are primarily held at home and in the community, with telehealth available when clinically appropriate. Clinic appointments may be available on a case-by-case basis.

Can Bloom Healthcare collaborate with my child's existing support team?

Yes. With consent, Bloom Healthcare can collaborate with family, support workers, educators and other clinicians so strategies are practical and consistent.

How do I know if my NDIS plan can fund paediatric services at Bloom Healthcare?

Funding depends on your plan and whether the support relates to your disability, goals and approved budget. Bloom Healthcare's team can discuss your situation, but only the NDIA or your plan manager can confirm funding.

What is the Thriving Kids program?

Thriving Kids is a new government-funded foundational supports program for children aged eight and under with developmental delay and/or autism who have low to moderate support needs, as well as their families. It is intended to identify needs earlier and connect families with appropriate supports outside the NDIS.

When will the Thriving Kids program begin and will it replace the NDIS?

Thriving Kids supports are planned to begin progressively from October 2026 and be fully rolled out by 1 January 2028, with no change to how children access the NDIS until that date. It will not replace the NDIS for every child, because those who meet NDIS access requirements can continue to receive NDIS supports, subject to their individual plan and funding, while Thriving Kids is intended for children aged eight and under with low to moderate support needs.

Which allied health disciplines are included in Bloom Healthcare's Paediatrics 0 to 9 (Little Bloomers) service?

The disciplines include Speech Pathology (communication and feeding support), Occupational Therapy (daily living skills, sensory processing and fine motor development), Physiotherapy (movement development and play-based motor skill building), Psychology (emotional regulation and behavioural support), and Positive Behaviour Support (addressing behaviours affecting participation).

Which part of my child's NDIS plan pays for therapy?

Most early childhood therapy is funded from Capacity Building, Improved Daily Living. Some health related supports may come from Improved Health and Wellbeing, equipment and communication devices sit under Capital as assistive technology, and Core Supports may cover consumables or assistance with daily activities. Your plan will show which budgets you have and how much is in each.

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

No. The age limit for the Early Childhood Approach was extended from 7 to 9 years from 1 July 2023, phased in progressively over the following two years. Children under 9 with a permanent disability can be supported through this pathway.