# Allied Health in Schools & Early Learning | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/schools-early-learning-services/

## Details:

Bloom Healthcare clinicians can deliver therapy for a child in their school, preschool or early learning setting, and work with educators on practical strategies, when it is clinically useful, the family consents and the setting gives permission. Speech pathology, occupational therapy, physiotherapy, psychology and positive behaviour support can all be discussed. Individual therapy is funded from the child's own funding, such as an NDIS plan, Medicare or private payment, but NDIS funding does not replace the education system's responsibilities, so the purpose and funding of any onsite therapy have to be checked first. To start, call 1300 771 465 or make a referral .

The sections below cover the two different ways school-based support can be arranged, who needs to agree, how each is funded, what Thriving Kids does and does not change, and how progress is reviewed.

## Two different pathways

School-based allied health is arranged in one of two ways, and they are referred and funded differently.

Individual therapy for a child, requested by the family. The family refers the child, the therapy is funded from the child's own funding, and some sessions take place at school or the early learning service because that is where the skills are needed.

A setting-based arrangement, requested by the school or service. A school or early learning service asks about clinical collaboration, consultation or guidance for staff. This is a separately agreed service arrangement with its own scope and costs, and who commissions and pays for it is agreed before it starts.

Tell Bloom which of the two you are asking about. It decides who refers, who consents and who pays.

## Who school and early learning support is for

Contact Bloom when:

a child's communication or physical needs affect how they take part in the learning day

regulation, routines or self-care are difficult at school or in care

family and educators want practical strategies that line up across home and the setting

you need to discuss whether onsite therapy is appropriate at all

behaviours of concern are affecting safety or participation at school

a school or service wants to explore a clinical arrangement

Bloom's paediatric services cover children aged 0 to 9 and young people aged 10 to 17 .

## How it is funded

## *The child's NDIS plan*

For an NDIS participant, allied health therapy is normally funded from Capacity Building , usually Improved Daily Living for occupational therapy, speech pathology and physiotherapy. Positive behaviour support is funded from Capacity Building – Improved Relationships . Assistive technology and AAC devices come from Capital Supports .

The NDIS does not automatically cover therapy because it happens at school. Funding depends on the purpose of the support and the applicable rules, including the division of responsibilities between education and disability supports. NDIS funding does not replace what the education system is responsible for. Before onsite work begins, the purpose of the therapy and how it is funded must be clear. If you are unsure, check with the NDIA, your early childhood partner or local area coordinator, or your support coordinator, and talk to the school about what it provides.

## *Children younger than 9: the early childhood approach*

Children younger than 9 with developmental delay or disability are supported through the NDIS early childhood approach , working with an early childhood partner . The approach focuses on children taking part in everyday settings, including home, childcare, playgroup and preschool. Children aged 9 and over work with a local area coordinator instead.

## *Medicare and private payment*

A GP chronic condition management plan can fund up to 5 individual allied health services per calendar year, or up to 10 for Aboriginal or Torres Strait Islander patients, where the GP decides the child is eligible. Bloom is not a bulk-billing service, so a gap applies.

Private payment and private health insurance are also options. Bloom's published private rates for occupational therapy, speech pathology and physiotherapy (as at 1 September 2026) are $260 for an initial consultation and $330 for a community session including standard travel. Rates change, so confirm them when you book. Full rates are on the pricing page .

## *When the school or service asks for the work*

A setting-based arrangement is separate from therapy funded through a child's plan. Agree who commissions and pays for the service before it starts. School-funded arrangements and individual plan-funded therapy need to be kept clearly separate.

## *What Thriving Kids changes, and what it does not*

Thriving Kids is a national system of supports, run by the Australian Government with the states and territories, for children aged 8 and under with developmental delay and/or autism with low to moderate support needs , and their families. What the Department of Health, Disability and Ageing has published so far:

state and territory services begin rolling out from 1 October 2026 and are expected to be at scale from 1 January 2028

governments have agreed in principle to change NDIS access for that group of children from 1 January 2028 , which requires amendments to the NDIS Act

children with permanent and significant disability, and children aged 8 and under with developmental delay and/or autism with high support needs, remain eligible for the NDIS under the usual arrangements

details of specific services and how to access them will be made available closer to services commencing, and states and territories are engaging on the initiatives they will deliver in their own jurisdictions

Thriving Kids is not an NDIS plan. Bloom has not been appointed to deliver Thriving Kids and does not offer appointments as a Thriving Kids provider. Bloom does not claim appointment to any other government preschool or school program either, and any such delivery would need a separately confirmed arrangement. You do not need to wait for Thriving Kids to get help now. See Thriving Kids explained and the Department's Thriving Kids page .

## What support in a learning setting can include

The agreed scope decides which services are included. Clinical suitability, the expertise needed and availability are checked for each enquiry.

### *Speech pathology*

Communication, interaction, AAC and other clinically relevant needs, worked on in the classroom and playground where communication actually happens. See AAC and communication assessments .

### *Occupational therapy*

Participation, self-care, routines, regulation and relevant sensory or physical needs during the learning day, and readiness for starting school.

### *Physiotherapy and movement*

Physiotherapy or other movement-related input where mobility, strength, balance or coordination affect participation.

### *Psychology and positive behaviour support*

Wellbeing and regulation questions go to psychology. Behaviours of concern go to positive behaviour support, which can include a functional behaviour assessment with observation at school, so strategies are consistent across home and school.

### *Working with educators*

With consent, clinicians share practical recommendations with teachers and educational assistants and show them how to use the strategies, so the child gets the same support across the day. For older children, therapists can provide teacher and support staff training linked to the child's needs. Training or guidance a setting wants beyond an individual child needs its own agreed content and scope.

### *Transitions*

Support for starting school, including liaison with the school so the child's needs are known before they arrive, and for the move from primary to secondary school.

## What this service does not cover

It is not teaching, tutoring, an accredited curriculum program or a commissioned government scheme.

It does not replace educational planning. Clinical support complements what the school does.

It does not override the school's permissions, access policies or safeguarding requirements.

It is not an emergency service. If there is immediate danger or a medical emergency, call 000 .

## Consent, permission and safeguarding

Onsite therapy needs several things in place before the first visit:

Family consent or authority. An educator can discuss the pathway, but individual clinical services need appropriate consent from the parent, guardian or other authorised person. Share only the information needed for routing at first.

The setting's permission. Therapy can occur at school as long as therapy goals align with educational goals and the school consents. Visits also depend on the setting's access policies, safeguarding requirements and scheduling.

A supporting adult. Bloom's early childhood therapy asks for a parent, carer or nominated caregiver, such as a teacher or educational assistant, to be present, because building their skills is how strategies carry over into the rest of the day.

Screened workers. As a registered NDIS provider, Bloom must make sure workers in risk-assessed roles hold an NDIS Worker Screening Clearance. Check what else the setting requires of visiting clinicians.

## How it works, step by step

Define the enquiry. Tell Bloom the child's age, the clinical goal, the location and whether the request comes from the family or the setting. Call 1300 771 465 , email hello@bloom-healthcare.com.au or use the referrals page .

Contact within 24 hours. A member of the team will be in contact within 24 hours of receiving the referral.

Intake form. The family completes an intake form covering the child's age, main concerns, reports, medical history and top three goals. Nothing is scheduled until it is returned.

Confirm consent and access. Agree who has authority, how the family will take part, and the setting's permission and requirements.

Plan the clinical work. Confirm clinician expertise, funding, scope, scheduling and whether observation or therapy at the setting is appropriate.

Service agreement. Scope, fees, delivery setting and timing are agreed and signed before the service begins.

Therapy and collaboration in the agreed settings, with strategies shared with educators as agreed.

Coordinate and review with the family and authorised educators.

Bloom aims to hold the initial meeting within 5 business days where possible, once the intake form is returned and the service agreement signed.

## Communication and review

When therapy happens at school, keeping the family informed matters. Bloom usually recommends regular meetings with the family aligned with the school term, often quarterly, and the therapist agrees a frequency that suits you. Home visits may be arranged to follow up goals that apply at home.

Goals are linked to the child's participation and reviewed using suitable observations, measures and family or educator feedback. Bloom reviews progress towards therapy goals every 3 to 6 months, and goal attainment scaling (GAS) may be used where appropriate. Before an NDIS plan ends, a formal review of outcomes is completed and a progress report can summarise what was achieved and make recommendations for the next plan. Changes to clinical support are agreed separately from school permissions or education funding.

### *Continuity with one clinician*

You can ask for the same clinician to work across home and school where that is clinically useful and practical. Tell Bloom your preferences. Bloom aims to keep a consistent clinical relationship through appointment planning, clear communication and a proper handover if a change is needed, but availability and clinical fit still need to be confirmed.

## Where Bloom delivers it

Bloom's primary delivery is in the community: home, school, early learning services, day programs and other everyday settings. Telehealth is available where it is clinically suitable, and with consent an educator can join a telehealth session. Clinics are available case by case. Bloom works across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Check availability for your suburb on the locations page , and see regional and remote allied health and telehealth .

Cancellation terms are set out in your service agreement. The general position is 48 hours' notice, and it varies by funding body.

## Common questions about allied health in schools and early learning

### *Can Bloom provide therapy at school?*

You can ask. Clinical suitability, local availability, parent or guardian consent and the school's permission all need to be confirmed. Therapy can occur at school as long as the therapy goals align with educational goals and the school consents.

### *Can an educator refer a child?*

An educator can discuss the pathway with Bloom, but individual clinical services need appropriate family consent or authority. Share only the information needed for routing at first, and let the family complete the referral.

### *Does the NDIS automatically cover therapy at school?*

No. Funding depends on the purpose of the support and the applicable rules, including the division of responsibilities between education and disability supports. NDIS funding does not replace the education system's responsibilities, so check the purpose and funding before onsite work starts.

### *Which NDIS budget pays for therapy in a learning setting?*

Usually Capacity Building – Improved Daily Living for occupational therapy, speech pathology and physiotherapy, and Capacity Building – Improved Relationships for positive behaviour support. AAC

devices and other assistive technology come from Capital Supports. The child's plan statement is the authority.

### *Can you provide teacher training?*

A setting can ask about guidance related to clinical strategies. The content, the clinician's expertise and any separately commissioned scope need to be agreed. Strategies for an individual child are shared with educators as part of that child's therapy, with consent.

### *Do you deliver a government preschool program or Thriving Kids?*

No. Bloom has not been appointed to deliver Thriving Kids and does not offer appointments as a Thriving Kids provider. It does not claim appointment to any other government program, and any such delivery would need a separately confirmed arrangement. Families can still seek support now through the child's own funding.

### *Will Thriving Kids change my child's NDIS funding?*

Governments have agreed in principle to change NDIS access from 1 January 2028 for children aged 8 and under with developmental delay and/or autism with low to moderate support needs. Children with permanent and significant disability, and children aged 8 and under with developmental delay and/or autism with high support needs, remain eligible for the NDIS, subject to the usual arrangements. Details are still being released, so check the Department of Health, Disability and Ageing's Thriving Kids page.

### *Can the same clinician work with home and school?*

That can be discussed where it is clinically useful and practical. Consent, availability and the agreed service scope apply.

### *Does a parent need to be there for sessions at school?*

For early childhood therapy, Bloom asks for a parent, carer or nominated caregiver to be present, and at school that can be a teacher or educational assistant. Their involvement is how strategies carry into the rest of the child's day.

### *How will we know whether support is helping?*

Goals are linked to the child's participation and reviewed with suitable observations, measures and family or educator feedback, usually every 3 to 6 months. Goal attainment scaling may be used where appropriate. Clinical support complements educational planning rather than replacing it.

### *Who pays if the school wants the service?*

A setting-based arrangement is a separate agreement from a child's individual therapy. Agree who commissions and pays for it before anything starts, and keep it separate from therapy funded through a child's plan.

## More on support for children

Paediatrics 0–9

Paediatrics 10–17

Thriving Kids explained

Functional behaviour assessments and behaviour support plans

AAC and communication assessments

How to make a referral

### *Can Bloom Healthcare provide therapy at school?*

Families can ask about this, but clinical suitability, local availability, parent or guardian consent, and the school's permission all need to be confirmed. Therapy can occur at school as long as the therapy goals align with educational goals and the school consents.

### *Can an educator refer a child to Bloom Healthcare?*

An educator can discuss the pathway with Bloom Healthcare, but individual clinical services need appropriate family consent or authority. Only the information needed for routing should be shared at first, and the family should complete the referral.

### *Does the NDIS automatically cover therapy delivered at school?*

No. Funding depends on the purpose of the support and the applicable rules, including the division of responsibilities between education and disability supports. NDIS funding does not replace the education system's responsibilities, so the purpose and funding should be checked before onsite work starts.

### *Which NDIS budget typically pays for therapy in a learning setting?*

Usually Capacity Building – Improved Daily Living covers occupational therapy, speech pathology and physiotherapy, while Capacity Building – Improved Relationships covers positive behaviour support. AAC devices and other assistive technology come from Capital Supports. The child's NDIS plan statement is the authority for what is funded.

### *Does Bloom Healthcare provide teacher training?*

A school or early learning setting can ask about guidance related to clinical strategies, but the content, the clinician's expertise, and any separately commissioned scope need to be agreed. Strategies for an individual child are shared with educators as part of that child's therapy, with consent.

### *Does Bloom Healthcare deliver Thriving Kids or a government preschool program?*

No. Bloom Healthcare has not been appointed to deliver Thriving Kids and does not offer appointments as a Thriving Kids provider. It does not claim appointment to any other government program, and any such delivery would need a separately confirmed arrangement. Families can still seek support now through the child's own funding.

### *Will the Thriving Kids program change a child's NDIS funding?*

Governments have agreed in principle to change NDIS access from 1 January 2028 for children aged 8 and under with developmental delay and/or autism with low to moderate support needs. Children with permanent and significant disability, and children aged 8 and under with developmental delay and/or autism with high support needs, remain eligible for the NDIS, subject to the usual arrangements. Details are still being released, so families should check the Department of Health, Disability and Ageing's Thriving Kids page.

### *Can the same clinician work with a child both at home and at school?*

This can be discussed where it is clinically useful and practical, subject to consent, availability and the agreed service scope.

### *Does a parent need to be present during school-based therapy sessions?*

For early childhood therapy, Bloom Healthcare asks for a parent, carer or nominated caregiver to be present, and at school that can be a teacher or educational assistant. Their involvement helps strategies carry into the rest of the child's day.

### *How does Bloom Healthcare measure whether support in a school setting is helping?*

Goals are linked to the child's participation and reviewed with suitable observations, measures and family or educator feedback, usually every 3 to 6 months. Goal attainment scaling may be used where appropriate, and clinical support is meant to complement educational planning rather than replace it.

### *Who pays for a setting-based (school-commissioned) allied health arrangement?*

A setting-based arrangement is a separate agreement from a child's individual therapy. Who commissions and pays for it must be agreed before anything starts, and it is kept separate from therapy funded through a child's NDIS plan.

### *What allied health disciplines can Bloom Healthcare provide in school and early learning settings?*

Bloom Healthcare clinicians can provide speech pathology, occupational therapy, physiotherapy, psychology and positive behaviour support in school and early learning settings, where clinically suitable, with family consent and the setting's permission.