Thriving Kids Australia: What Starts 1 October 2026

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

Details:

Thriving Kids is an Australian Government initiative for children aged 8 and under who have developmental delay and/or autism with low to moderate support needs, plus their families, carers and kin. State and territory services start rolling out from 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 individual funding package, so there is no dollar amount attached to your child. Children with high support needs, and children with permanent and significant disability, stay eligible for the NDIS.

This page sets out what is confirmed, what is still being designed, what it means if your child already has an NDIS plan, and what you can usefully do while the details are settled. If you want to talk it through, call Bloom on 1300 771 465 or contact us .

Who Thriving Kids is for

Three things have to line up.

Age. The child is 8 or under, that is from birth through 8 years old.

Developmental delay and/or autism. The program is aimed at children with developmental delay, autism, or both.

Low to moderate support needs. This is the criterion that separates Thriving Kids from the NDIS. It is about functional capacity, not a label. In everyday terms, families of children in this group often describe difficulty with:

communication, such as being understood, following instructions, or social communication with other children

daily routines, such as sleep, toileting, dressing and mealtimes

emotional regulation, such as big reactions to change, noise, transitions or sensory overwhelm

participation, such as joining in play, childcare routines or community outings

motor skills, such as coordination, balance and fine motor skills sitting behind other children the same age

Who is not covered by Thriving Kids

Children aged 8 and under with developmental delay and/or autism who have high support needs or substantially reduced functional capacity are not the Thriving Kids cohort. They remain eligible for the NDIS under the usual arrangements. The same applies to children with permanent and significant disability, at any age.

If you are not sure which side of that line your child sits on, that is a reasonable thing not to know. A functional, goal-based assessment describes what your child can do, what is hard, and how much help is needed in real settings. That description is what both systems work from.

Do you need a diagnosis?

One of the stated design principles of Thriving Kids is that access to supports should not depend on a formal diagnosis . The advisory group recommendations also call for multiple entry pathways, so families are not funnelled through a single door. In practice, the exact eligibility steps will be confirmed by each state and territory closer to commencement, so the local rule is not yet something anyone can quote to you.

The current NDIS position for young children is similar in spirit. Under the NDIS early childhood approach, children younger than 6 do not need a formal diagnosis to access early support where there are developmental concerns. Children aged 6 to 9 need an identified permanent disability. Bloom's early childhood intervention service is open to children under 9 who have an NDIS plan or a referral from a doctor or health professional for developmental delay or disability.

How Thriving Kids is funded

Thriving Kids is government funded and delivered through the states and territories. It is the first phase of the Foundational Supports reform. Governments have committed to jointly contribute $4 billion over five years . The Australian Government's share is $2 billion , commencing from 1 July 2026, and at least $1.4 billion of that is to be provided as direct funding to states and territories for Thriving Kids services.

What that means for a family is worth being blunt about:

There is no individual budget, no plan, no support categories and no line items to claim against, because Thriving Kids is not an individualised funding scheme.

Services are commissioned and delivered locally rather than purchased by you from a plan.

The NDIS support categories that fund therapy under a plan today do not apply to Thriving Kids, and Thriving Kids does not fund an NDIS plan.

If your child currently has an NDIS plan, that plan and its rules keep operating in the normal way until the NDIA changes them. Nothing on this page changes what is in your plan.

What Thriving Kids is expected to include

The national model describes supports across six areas:

Early identification. Developmental screening and earlier recognition of support needs, with pathways that help families act sooner.

Information and advice. Practical guidance and navigation, so families have a clearer place to start.

Family and parenting support. Programs and coaching that help families support development and participation in everyday settings, including parent and carer coaching around behaviour, emotions and communication.

Targeted allied health. Time-limited, targeted therapy for children who need extra help for a period, delivered by professionals such as occupational therapists, speech pathologists, physiotherapists, audiologists and psychologists.

Assistive technology. Help accessing appropriate assistive technology where it improves daily function.

Workforce capability. Work to lift capability across the early childhood and allied health workforces so supports are more consistent.

Supports are intended to be offered one to one and in groups, in person and online, and in the everyday places children already spend time, including home, childcare, preschool, school and community settings.

What is confirmed, and what is still being finalised

This distinction matters more than anything else on this page. Be careful with anyone who tells you the detail is settled.

Confirmed

Rollout of state-based services from 1 October 2026 , with services becoming available at different times depending on location.

Expected to be at scale from 1 January 2028 .

Designed for children 8 and under with developmental delay and/or autism and low to moderate support needs , and for their families and carers.

Supports are expected to cover navigation and information, parenting supports, and targeted allied health.

Children with high support needs and children with permanent and significant disability continue to be eligible for the NDIS.

It is not an NDIS plan and not an individual funding package.

Still being finalised

The local access pathway , meaning where you actually start, which will differ by state and territory.

The exact service menu in your area.

How eligibility will be applied in practice , including the local steps.

How navigation support will work day to day.

How targeted supports will be commissioned , and service availability and workforce capacity.

The Australian Government has said information about specific services and how to access them will be released closer to services commencing. Until then, any specific claim about how to enrol, what a program costs you, or what your child will be offered in your suburb is a guess. Bloom will not make those claims, and we would treat them cautiously from anyone else.

What changes for a child who already has an NDIS plan

The NDIS access change takes effect from 1 January 2028 , and it applies to the same narrow group: children aged 8 and under with developmental delay and/or autism and low to moderate support needs.

For children already in the NDIS before 1 January 2028 in that group, the published position is that they will be reassessed under the eligibility criteria that were in place before 1 January 2028 . That is a managed transition rather than an automatic loss of support. Children with high support needs keep NDIS eligibility under existing arrangements.

The phasing is deliberate. Thriving Kids services begin in October 2026, more than a year before the NDIS access change in January 2028, so that supports exist before access arrangements shift.

How Thriving Kids differs from the NDIS early childhood approach

These two are the pair families most often confuse, so here is the honest comparison based on what has been published.

Who it is for. The NDIS early childhood approach covers children aged 0 to 9. Since 1 July 2025 the upper age is 9, not 7. Children younger than 6 can come in on developmental delay; children aged 6 to

9 need an identified permanent disability. Thriving Kids is for children 8 and under with developmental delay and/or autism at the low to moderate end of support needs.

What you get. The NDIS gives an eligible participant an individual plan with funded supports. Thriving Kids gives access to commissioned services and programs, with no individual budget.

Where you start. For the NDIS, that is the access request pathway and, for young children, an early childhood partner. For Thriving Kids, the entry point will be set by your state or territory and has not been published yet.

How long support runs. NDIS funded therapy runs across a plan period and is reviewed at plan review. Thriving Kids targeted allied health is described as time-limited and aimed at a specific period of extra help.

What happens as your child gets older. In the NDIS, children aged 9 and over stop working with an early childhood partner and move to a local area coordinator. Ages 10 to 17 sit in the standard NDIS pathway with more focus on school, transitions and preparing for work.

A point worth holding onto: both systems are built around functional capacity , meaning what your child can and cannot do in daily life. Evidence that describes function travels well between them.

What you can do now, before October 2026

You do not have to wait for Thriving Kids to start before doing something useful. If you are worried about your child now, act now.

Write down the top three challenges you see at home, at childcare and in the community, with real examples. Mornings, mealtimes, play, transitions and group time are usually where the detail is.

Turn concerns into goals. Phrase them as "we want our child to be able to..." rather than as labels.

Collect observations from childcare, preschool or school. What helps, what is hard, what sets things off.

Book a check-in with your GP or an allied health clinician if your concerns are ongoing.

Ask how progress will be measured , and track it. What is easier now than three months ago?

That material is not wasted whichever system your child ends up in. It is the same functional evidence an NDIS reassessment, a Thriving Kids access process and a therapist's goal-setting all rely on.

Starting with Bloom while the program is being built

Bloom is an allied health provider. We cannot enrol your child in Thriving Kids, because the enrolment pathway does not exist yet. What we can do is assess where your child is now, set practical goals, and build skills that work at home, at childcare, at school and in the community.

Who can refer

Parents and carers can refer directly. So can GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators.

What to include in a referral

your child's age and the main concerns

any reports from childcare, preschool, school or previous therapy

relevant medical history

your family's priorities and goals

the best contact details for you

Start a referral , contact us , or call 1300 771 465 .

What happens after a referral

For early childhood intervention, a practitioner contacts you to arrange an initial appointment. If no practitioner is immediately available you may go on a waitlist, with a monthly update on where you are.

The first appointment is about getting to know your child and your family. The practitioner discusses your priorities and how you want services delivered, gathers developmental information through questionnaires and forms, observes your child playing, moving and interacting, and asks about your family routines and the things your child enjoys. Building rapport with your child matters at this stage as much as the data does.

You then set goals together, written as SMART goals, meaning specific, measurable, attainable, relevant and time-bound. Goals cover things you would like your child to be able to do, interactions you would like them to have, and activities you would like them to take part in.

A therapy plan is then built around your child's current skills, the best setting for learning each goal, your preferences for time and place, and the funding available in your child's NDIS plan if they have one. Frequency may be weekly, fortnightly or monthly; sessions may run 45 minutes or an hour; and delivery may be at home, at school, in the community, or online by telehealth.

A parent or a nominated caregiver, such as a teacher or education assistant, is expected to be present during sessions. Building your capacity is central to the model, not an optional extra.

Reviews and reporting

Progress is reviewed regularly, typically every 3 to 6 months. Goals that are met can be replaced with new ones, and goals that are no longer a priority can be paused or removed.

Before an NDIS plan ends, Bloom completes a formal review of therapy outcomes using the same assessments used at the start, and produces a progress report covering the therapy provided during the plan period, the outcomes achieved, and recommendations for the next plan. Reports are written in plain language, and are meant to be usable by an NDIS planner as well as readable by you.

Because both the NDIS and Thriving Kids work from functional capacity, these reports are the most transferable thing you will hold. Keep them.

Which Bloom service fits

Depending on your child, that may be paediatrics for whole-of-child planning and coordination, speech pathology for communication and feeding, occupational therapy for regulation, sensory needs, daily living and fine motor skills, psychology or counselling for anxiety, emotional regulation and family coaching, physiotherapy for gross motor development, balance and coordination, exercise physiology for fitness and participation, positive behaviour support for complex behaviour and safety, or a dietitian for nutrition, growth and restrictive eating. If you are not sure, say so when you call and we will help you pick a first step.

Bloom delivers in-home and community-based support across our service areas. Find your nearest option on the locations page .

Common questions about Thriving Kids

When does Thriving Kids actually start?

State and territory services begin rolling out from 1 October 2026. Services will become available at different times depending on where you live. The program is expected to be operating at scale from 1 January 2028.

Is Thriving Kids replacing the NDIS for young children?

No. It is not a replacement for the NDIS across the board. From 1 January 2028, NDIS access changes affect one group only: 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, continue on the NDIS under the usual arrangements.

Will my child lose their NDIS plan?

Not automatically. Children aged 8 and under who are already NDIS participants 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 1 January 2028. Children with high support needs keep NDIS eligibility. Nothing about your current plan changes because of Thriving Kids on its own, and any change to your plan will come from the NDIA, not from a provider.

How much funding will my child get through Thriving Kids?

There is no individual funding amount. Thriving Kids is not an individual funding package, so it does not work like an NDIS plan with a budget you draw on. It is a set of services commissioned and delivered through your state or territory.

Does my child need an autism diagnosis to get Thriving Kids support?

The published design principle is that access should not depend on a formal diagnosis, and that there should be multiple entry pathways. The local eligibility steps have not been confirmed, so we cannot tell you what your state will ask for. If you want a definite answer for your area, watch your state or territory department updates as commencement gets closer.

What does low to moderate support needs actually mean?

It refers to functional capacity, meaning how much extra help your child needs to do everyday things, rather than to a diagnostic label. Children with high support needs or substantially reduced functional capacity sit outside the Thriving Kids cohort and stay with the NDIS. There is no published score or threshold that a family can apply at home, so if the distinction matters for your planning, a functional assessment is the practical way to describe where your child sits.

Where do I sign up or apply?

There is nowhere to apply yet. The local access pathway is one of the things still being finalised, and it will vary by state and territory. Treat any service that claims to enrol you in Thriving Kids today with caution.

What will Thriving Kids cost families?

Nothing has been published about family contributions or costs. We will not guess at it. Bloom's own fees for allied health services are set out in your service agreement before therapy starts, and you can

ask about them on 1300 771 465.

My child is nearly 9. Does any of this apply?

Thriving Kids is for children 8 and under. Separately, under the NDIS early childhood approach, children aged 9 and over no longer work with an early childhood partner and instead work with a local area coordinator on the standard NDIS pathway. Children already supported through the early childhood approach before turning 9 continue to receive NDIS support through the standard participant pathways.

Should we stop therapy and wait for Thriving Kids?

That is a decision for you and your child's treating team, and this page cannot advise on an individual child. What is clear is that the change is more than a year away for the first services and further away for full scale, and that both systems work from functional evidence. Documented goals and progress from now are useful in either.

Can Bloom get us into Thriving Kids?

No provider can, because the pathway has not been set. Bloom can assess your child now, set goals with you, deliver therapy, and produce reports that describe your child's function and progress. When access pathways are published, that documentation is what you will use.

Where should I check for updates?

Follow official Australian Government information and your state or territory department pages, since delivery is state and territory based and the practical detail will come from there. If something you read does not match this page, the government source is the one to trust.

Getting in touch

Call 1300 771 465 , make a referral or contact us . If you tell us your child's age, the three things that are hardest right now, and where you are located, we can point you to a sensible first appointment rather than a general enquiry.

Who is Thriving Kids designed to support?

Thriving Kids is intended for children aged eight and under with developmental delay and/or autism who have low to moderate support needs, along with their families, carers and kin.

Will children need a diagnosis to access Thriving Kids supports?

No. According to the Australian Government, children will not need a diagnosis to receive Thriving Kids supports. Exact access processes will be published as services are established.

Is Thriving Kids part of Medicare?

No, Thriving Kids is not part of Medicare. It is a foundational-support initiative being developed by the Australian, state and territory governments, separate from Medicare, and it is not an individual funding package.

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It refers to functional capacity, meaning how much extra help your child needs to do everyday things, rather than to a diagnostic label. Children with high support needs or substantially reduced functional capacity sit outside the Thriving Kids cohort and stay with the NDIS.

When will Thriving Kids services start and be fully available?

Supports are planned to start progressively from October 2026 and be fully rolled out by 1 January 2028, with availability and access varying as each jurisdiction implements services.

What kinds of support does Thriving Kids include?

Government information identifies development information, early identification, navigation, family programs, and targeted supports such as allied health, low-cost assistive technology, and capacity building. The program comprises six core categories: early identification, information and advice, family and parenting support, targeted allied health supports (speech pathology, occupational therapy, physiotherapy, psychology/counselling, positive behaviour support, audiology), assistive technology, and workforce capability.

Can Bloom Healthcare provide Thriving Kids services?

Bloom Healthcare has relevant paediatric allied health capability, but there is no claim that Bloom has been commissioned as a Thriving Kids provider. Bloom can discuss its current NDIS and private paediatric services while future arrangements are confirmed.

Is Thriving Kids an individual funding package like an NDIS plan?

No, Thriving Kids is explicitly not an NDIS plan and not an individual funding package; it is a dedicated early intervention service delivered through state and territory governments working in collaboration with the Australian Government.

What is Bloom Healthcare's contact information?

Bloom Healthcare can be reached by email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

What broader reform is Thriving Kids part of?

Thriving Kids represents the first phase of the broader Foundational Supports reform in Australia.

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