NDIS Autism Support & Therapy Services | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/autism/

Details:

Autism is a lifelong neurodevelopmental difference in how a person communicates, interacts socially, processes sensory information, and prefers to organise their day. It is not an illness and it is not something therapy sets out to remove. Support exists to reduce the barriers between an autistic person and the life they want, and to give the people around them better strategies. In Australia, that support is usually funded through the NDIS, and from October 2026 some of it moves to a new program called Thriving Kids. To talk to Bloom about assessment or therapy, call 1300 771 465 or make a referral .

This section covers what the page above does not: how a diagnosis is actually made, why a diagnosis alone does not get you funding, what each discipline contributes, what support looks like for teenagers and adults, and what is changing.

Neuroaffirming practice, and what it changes

Bloom works in a neuroaffirming way. That means therapy is designed around the person's own strengths, preferences and identity rather than around making them appear more like everyone else.

The difference is not cosmetic. Older, normalisation-focused approaches aimed at reducing autistic traits and treated the differences themselves as the problem to be corrected. A neuroaffirming approach treats autism as natural variation in how brains work, builds on what the person is good at, teaches skills in real settings that matter to them, and leaves their way of being intact. Reports and recommendations are written the same way, and feedback sessions explain results so the person and the people around them understand what the assessment actually found.

The practical test is simple. Ask any provider what a goal is for. If the answer is "so they stop doing that", that is a normalisation goal. If the answer is "so they can do the thing they told us they want to do", that is a neuroaffirming one.

Assessment and diagnosis

Who can diagnose. In Australia, autism is diagnosed by qualified professionals working to established diagnostic criteria, primarily psychologists, paediatricians, and multidisciplinary teams. At Bloom, registered psychologists conduct diagnostic assessments.

What the criteria are. Diagnosis uses the DSM-5 and DSM-5-TR, which describe autism through differences in social communication, restricted or repetitive patterns of behaviour and interests, sensory sensitivities, differences in eye contact and non-verbal communication, and differences in language. The manual explicitly recognises that presentations vary enormously between individuals.

What an assessment involves. A comprehensive assessment looks at behaviour, communication and developmental history, and gathers information from more than one source, including the person themselves, family and support networks. Bloom's autism assessment uses the Autism Diagnostic Interview-Revised (ADI-R), structured behavioural observation and supplementary tools including the Empathy Quotient. Developmental milestones are collected as part of the case history.

Ages. Bloom provides cognitive and diagnostic assessments for people aged 6 to 90. Autism can often be identified from around age 2 or 3, once patterns are consistent, but many people are identified much later, including in adulthood.

How long it takes. Diagnostic and cognitive assessment is not one appointment. It runs across several sessions plus interview, scoring, interpretation and report writing, and more complex presentations with additional diagnoses take longer. Assessments can be delivered at home or by telehealth, which matters if you are regional or travel is difficult.

If you are seeking a diagnosis for a young child: you do not necessarily have to wait for one before support starts. See the funding section below.

Getting NDIS funding with autism

This is the single most misunderstood part, so it is worth being blunt.

An autism diagnosis does not automatically get you an NDIS plan. The NDIS decides on functional impact, not on the diagnosis. You need a permanent disability that significantly affects your ability to take part in everyday activities. Two autistic people with the same diagnosis can receive very different plans, or one may be found eligible and the other not, because the scheme is looking at what daily life is actually like.

The general access rules are that you were under 65 when you applied, you are an Australian citizen, permanent resident or Protected Special Category Visa holder, and you live in Australia.

Children have different rules. Under the NDIS early childhood approach, a child younger than 6 with developmental delay can be supported without a formal diagnosis, and children younger than 9 with permanent disability are covered. The approach was widened from under 7 to under 9 on 1 July 2023. Families are supported by an Early Childhood Partner rather than a standard local area coordinator, and early connections can provide some support before an NDIS decision is made.

Evidence that helps an application:

Medical reports or letters from a psychiatrist, paediatrician or other specialist confirming the condition and its permanence

Therapy assessments from allied health professionals such as speech pathologists or occupational therapists

A functional capacity assessment documenting the effect on self-care, self-management, mobility, learning, communication and social functioning

Cognitive and diagnostic assessment reports

Adaptive functioning assessments showing how independently daily tasks are managed

Write the evidence around function. Applications succeed or fail on whether the documents connect autism to concrete daily impacts: managing personal care, preparing food, communicating needs, tolerating sensory environments, coping with transitions, following instructions, coordinating movement, sustaining attention, and taking part with peers, at work or in the community. A report that lists traits without linking them to daily activity does not answer the question the NDIA is asking.

To start an access request, contact the National Disability Insurance Agency on 1800 800 110 , or your Early Childhood Partner for a young child.

What is changing from 2026

Thriving Kids is a new national system of foundational supports announced by the Australian Government. It is not an NDIS plan and it is not individual funding. It is designed for children aged 8 and under with developmental delay or autism and low to moderate support needs , plus their families,

carers and kin.

Expected services include early identification, information and advice, family and parenting support, time-limited targeted allied health across speech pathology, occupational therapy, physiotherapy, psychology and counselling and positive behaviour support, help accessing assistive technology, and workforce capability building. Many services are expected to be available without requiring a formal diagnosis.

Timing. State-based services are scheduled to start rolling out from 1 October 2026 , reaching full national scale by 1 January 2028 , when NDIS access arrangements change for that cohort. Exact services and access pathways are being finalised by each state and territory, so availability will differ by location.

Who stays on the NDIS. Children with permanent and significant disability or high support needs remain NDIS-eligible. Children already on the NDIS before 1 January 2028 with developmental delay or autism and low to moderate support needs are intended to be treated under the eligibility criteria that applied when they enrolled, with reassessments under those criteria.

If your child is currently in the NDIS, do not act on this alone. Talk to your Early Childhood Partner or planner, and call Bloom on 1300 771 465 if you want to understand what it means for the therapy you are receiving.

Which discipline helps with what

Most autistic people who use allied health use more than one discipline. Here is what each one contributes.

Occupational therapy covers sensory processing and regulation strategies, environmental changes at home, school and in the community to reduce sensory triggers, daily living skills broken into manageable steps such as dressing, hygiene, meal preparation and using public transport, visual schedules and organisational tools, emotional regulation strategies, and play and social skill development.

Speech pathology covers social communication, initiating and holding conversations, and understanding social cues; augmentative and alternative communication for non-speaking and minimally speaking people, both low-tech such as visual boards and Key Word Sign and high-tech communication devices and apps, including trialling devices and training the people around the person; play-based communication development for children; and feeding and mealtime support where food textures, tastes or eating environments are difficult.

Psychology covers therapy for anxiety, low mood and other co-occurring mental health conditions, which are common; emotional regulation and coping strategies using approaches such as CBT, ACT and DBT; cognitive and diagnostic assessment; identity work for people diagnosed later in life; and social skills and relationships.

Positive behaviour support starts from the position that behaviour is communication. It uses functional behaviour assessment to identify what is driving a behaviour of concern, whether that is sensory overload, a communication barrier or an unmet need; changes environments and routines to remove triggers; teaches more effective ways to communicate the same need; builds self-advocacy; trains the family, support workers and teachers so strategies are consistent everywhere; and works to reduce reliance on restrictive practices.

Physiotherapy, exercise physiology and dietetics contribute where motor coordination, physical activity, or eating and nutrition are part of the picture.

These work best together rather than separately. An occupational therapist's sensory findings change what a behaviour support plan should say. A speech pathologist's communication findings often explain a behaviour that looked inexplicable. Bloom runs multidisciplinary care team meetings after assessment for exactly this reason.

Support across the lifespan

Early childhood. Therapy is delivered in natural environments, meaning home, early learning centres, school and community settings rather than a clinic room, so skills are practised where they are actually used. Families are active partners, and strategies are built into everyday routines like mealtimes, dressing and transitions.

School age. Support focuses on classroom participation, executive function, sensory strategies for attention and regulation, self-care routines that reduce stress at home and school, and communication with teachers so strategies work in the classroom. Bloom splits paediatric services at 0 to 9 and 10 to 17.

Teenagers and young adults. The NDIS funds employment support through the Finding and Keeping a Job category, including training and assessments, and education support through Improved Learning. Therapy typically shifts toward independent living skills such as cooking, shopping, food safety and managing a household, self-advocacy, and confidence in real environments.

Adults, including late diagnosis. Being diagnosed as an adult can be a rapid and overwhelming adjustment for the person and the people around them. Psychology support helps with understanding the diagnosis, making sense of a life in retrospect, developing strategies that suit how you actually work, and advocating for adjustments at work or in study. Assessment is available up to age 90, in the home or by telehealth.

What therapy looks like week to week

Session length and frequency are agreed during therapy planning, based on goals and what the plan funds. Sessions include both direct time with the clinician and non-face-to-face time for planning, liaison, resource preparation and reporting, which is normal and is claimable.

What you should expect to receive:

Service updates after each occasion of service, identifying goals, the strategies used, progress, and next actions.

Progress summaries , periodic reports documenting therapy outcomes and skill development, used by families and for NDIA assessments.

A therapy review every 3 to 6 months to check progress against goals and adjust the plan. Goals that have been met can be replaced, and goals that are no longer a priority can be paused or removed.

Quarterly meetings for school-aged services, so parents, therapists and the school stay aligned.

An end-of-plan progress report before your NDIS plan ends, using the same assessments as the initial assessment, summarising the therapy provided, outcomes achieved and recommendations for the next plan.

If you are not receiving these, ask for them. They are the evidence your next plan is built on.

Access, coverage and cost

Bloom delivers autism assessment and therapy across seven states and territories, in homes, schools, day programs and community settings, and by telehealth. Coverage in your particular area depends on whether a clinician in the discipline you need works nearby, so check the location guide or call 1300 771 465.

Fees, how clinician travel is charged and notice periods are set out in your service agreement, within the NDIS Pricing Arrangements and Price Limits. Ask for these in writing before you sign. Rates published on other websites are not Bloom's.

Common questions about autism support

Does an autism diagnosis get me an NDIS plan?

No, not by itself. The NDIS decides on the functional impact of a permanent disability, not on a diagnostic label. You need evidence showing how autism affects daily activities and participation. A diagnosis is the starting point, not the decision.

My child is 4 and has no diagnosis. Can we get help now?

Yes. Under the NDIS early childhood approach a child younger than 6 with developmental delay can be supported without a formal diagnosis, and early connections can link families to supports before an NDIS decision. Contact an Early Childhood Partner, or call Bloom on 1300 771 465.

Can adults be assessed for autism?

Yes. Bloom provides cognitive and diagnostic assessments up to age 90, at home or by telehealth. Many people are identified in adulthood, and psychology support is available for the adjustment that follows.

Is therapy trying to make my child less autistic?

No. Bloom works in a neuroaffirming way, which means support is built around the person's identity, strengths and own goals rather than making them appear more neurotypical. Reports and recommendations are written the same way.

What is the difference between psychology and positive behaviour support?

Psychology treats mental health and emotional wellbeing, and conducts assessments. Positive behaviour support investigates why a behaviour of concern is happening, changes the environment and routines around it, teaches a more effective way to communicate the same need, and trains the people around the person. They are frequently used together.

What happens with Thriving Kids?

Thriving Kids is a new national system of foundational supports for children aged 8 and under with developmental delay or autism and low to moderate support needs. State services start rolling out from 1 October 2026 and reach full scale by 1 January 2028, when NDIS access changes for that group. Children with permanent and significant disability or high support needs stay with the NDIS. Details vary by state and are still being finalised.

My child does not speak. What support is there?

Speech pathology covers augmentative and alternative communication, from visual boards and Key Word Sign through to communication apps and dedicated devices, including trialling options and training family, school staff and support workers so the system works everywhere, not just in sessions.

Can therapy happen at school?

Yes. Delivery in natural environments, including school, early learning centres, home and community settings, is standard, and therapists work with teachers so strategies carry across settings.

How often will we be seen?

That is set during therapy planning, based on your goals and what your plan funds. There is no standard schedule that suits everyone, and it should be reviewed as needs change.

What reports will we get for the plan review?

Service updates after each occasion of service, periodic progress summaries, a therapy review every 3 to 6 months, and an end-of-plan progress report summarising therapy provided, outcomes achieved and recommendations for the next plan.

Do you provide support for parents and carers?

Yes. Family capacity building is part of the model: therapists coach parents and carers in strategies to use at home, discuss what worked and what to practise, and adapt approaches for the classroom with teachers.

How do I start?

Call 1300 771 465 , email hello@bloom-healthcare.com.au, or make a referral . Have ready the person's age, the main functional difficulties, any existing reports, the top three goals, an NDIS number if there is one, and a preferred location for sessions.

This page describes services and funding rules. It is not clinical advice and does not diagnose or recommend treatment for any individual. Decisions about medication are for a treating doctor. Information about NDIS eligibility, the early childhood approach and Thriving Kids comes from the National Disability Insurance Agency and Australian Government material, and rules are changing between 2026 and 2028. Confirm anything affecting a funding decision with your planner, your Early Childhood Partner, or Bloom on 1300 771 465.

What autism-related services does Bloom Healthcare provide?

According to the Bloom Healthcare autism page, Bloom Healthcare provides autism support across Australia, including access to therapy, early intervention, and NDIS guidance to help individuals reach their potential.

What is Autism Spectrum Disorder (ASD)?

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition present from birth, characterized by differences in social communication, interaction, and behavior. It is called a 'spectrum' because presentations vary significantly across individuals based on their unique neurological differences and support requirements.

What are the core characteristics of autism?

Key characteristics of Autism Spectrum Disorder include difficulties with social communication and interaction, differences in verbal or non-verbal communication, repetitive behaviors or restricted interests, sensory sensitivities to stimuli like noise, textures, lights, or smells, and preferences for

routines and predictability with difficulty adjusting to change.

How is autism viewed from a neurodiversity perspective?

Rather than being viewed solely as a disability, autism is increasingly understood as part of neurodiversity, recognizing that autistic individuals have distinct neurological differences and a unique way of experiencing the world. This perspective acknowledges both legitimate support needs and autism as a natural form of human neurodiversity, with many individuals possessing strengths such as heightened attention to detail, exceptional memory, visual thinking, and unique problem-solving abilities.

What organization operates the Bloom Healthcare autism page, and what type of provider is it?

The page is operated by Bloom Healthcare Pty Ltd, described as a boutique disability and aged care allied health provider that focuses on evidence-based practice, client centricity, and is delivered by highly qualified health practitioners across Australia.

How can someone contact Bloom Healthcare regarding autism support?

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

What topics or keywords does Bloom Healthcare's autism content cover?

The page's listed topics include autism spectrum, autism symptoms, autism diagnosis, autism treatment, ASD assessment, ASD masking, high functioning autism, nonverbal autism, autism emotional regulation, autism overstimulation, autism noise sensitivity, PECS autism, regressive autism, medication for autism (including risperidone), and related conditions such as ADHD.

How large is Bloom Healthcare as an organization?

Bloom Healthcare has between 51 and 200 employees, according to its organizational schema data.

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