Early Intervention for Children | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/breaking-barriers-the-power-of-early-intervention-in-enhancing-outcomes-for-children-with-disabilities/

Details:

Early intervention means support that starts when a developmental concern is first noticed, rather than waiting for a diagnosis or for a child to fall further behind. In Australia the main funded pathway for young children is the NDIS early childhood approach, which covers children under 9. Children under 6 do not need a diagnosis to get support through it. A separate system called Thriving Kids is being built for children aged 8 and under with lower support needs, starting in October 2026. This page covers who each pathway is for, how to make contact, what good practice looks like, and what to do while you are waiting.

Who the early childhood approach covers

The NDIS early childhood approach supports two groups:

Children younger than 6 with developmental delay

Children younger than 9 with a permanent disability

The age limit was extended from 1 July 2023 from under 7 to under 9, phased in progressively over the following two years, aligning with the World Health Organisation's definition of young children. Children who are already participants and turned 7 after 1 July 2023 stay with their early childhood partner until they turn 9 if they still need support. From 9 onwards, families work with a local area coordinator rather than an early childhood partner.

You do not need a diagnosis to start

This is the single most useful thing to know, and the thing families most often get wrong.

For children under 6, the NDIS does not require a diagnosis. Access is based on developmental concerns and functional needs, not diagnostic labels. Children aged 6 to 9 with an identified disability are eligible as well.

Waiting for a diagnostic assessment before seeking any support usually costs time in the years when a child is developing fastest. If you have concerns, act on the concerns.

How to make contact

Parents and carers can make contact themselves. So can GPs, child and family health nurses, paediatricians, educators, support coordinators and community services.

You can contact the NDIA directly, or an early childhood partner in your area. Early childhood partners are local organisations funded by the NDIS to deliver the approach, staffed by people with clinical experience in early childhood development.

What to have ready when you make contact:

Your child's age and two or three clear examples of what you are concerned about

Which settings it affects: home, childcare, kindergarten, school, community

Any regression, or anything you consider a safety concern

Relevant medical history, and hearing and vision checks if they have been done

What supports are already in place

What outcomes you want, described in everyday terms

Your NDIS details if you already have a plan, including plan dates, management type and goals

Describe a hard day in specifics rather than in labels. Specific examples are what an assessor can act on.

What happens at first contact

The early childhood partner spends time understanding your child's strengths, what is difficult, and what you are noticing, through conversation and observation. They then suggest next steps, which may be:

Short-term support for developmental concerns

Early intervention services aimed at specific needs

Information and guidance

Connections to mainstream and community services such as childcare, kindergarten or school

Applying for NDIS funding if your child appears to meet the eligibility requirements

Not every path leads to an NDIS plan, and that is by design. Short-term support and capacity-building strategies for children under 6 typically run somewhere between 3 and 12 months, aimed at building skills before participation gaps widen.

If your child is found eligible for NDIS funding, a plan is developed setting out the funded supports, and an early childhood coordinator becomes your main contact.

What good early intervention looks like

There are three practices worth knowing about, because they let you tell whether the support you are being offered reflects current standards.

Family-centred practice. Families are the most influential people in a child's life, so the family sets the priorities. Therapists work with you to identify what matters and what would make a real difference, and coach you to use strategies in daily routines. Therapy that happens only in a clinic room, disconnected from home life, is not the model.

Natural environments. Support is delivered where children actually spend time: home, early learning centres, kindergarten, school, the park. Children practise skills in the settings where they will use them, and carers are part of the session rather than waiting outside.

The key worker model. This is the NDIA's preferred, evidence-based approach. One professional is the family's single point of contact. They lead and deliver most of the therapy and bring in occupational therapy, speech pathology, physiotherapy, behaviour support or other expertise as needed. The key worker keeps everyone informed, follows up on resources and attendance, and keeps the approach consistent. The point is to remove the coordination burden from the family rather than adding another appointment.

Behind the key worker sits a transdisciplinary team. Team members share knowledge and cross-train, set goals with the family together, and meet regularly so the same strategies are used across settings, rather than each discipline running a separate program.

What each discipline works on

Occupational therapy covers self-care skills such as dressing, mealtimes, toilet training and hygiene, fine motor skills including hand-eye coordination, pencil grip, scissors and writing readiness, play skills such as turn-taking and imaginative play, sensory processing and responses to textures, light, sound and movement, and prescribing equipment or home modifications.

Speech pathology covers understanding language and expressing it, speech sound development and clarity, social participation and play, feeding and eating where mealtimes are hard, and alternative and augmentative communication including devices and visual supports for children who are not speaking.

Physiotherapy covers gross motor skills, coordination, balance and strength, early motor milestones such as sitting, crawling and walking, motor planning, and condition-specific work for children with diagnoses such as cerebral palsy or Down syndrome.

Psychology covers emotional regulation, behaviour strategies, confidence and the parent-child relationship, and supporting families around learning and development.

How goals are set and progress measured

Goals are set with the family, not handed to them. A useful goal is written in terms of participation rather than clinical measurement: being able to follow a two-step instruction at preschool, or ask for help without escalating, rather than an abstract score.

Baselines are recorded at the start so change can be seen. Progress is tracked through standardised assessment tools where appropriate, structured observation of how a child plays, moves and interacts, and Goal Attainment Scaling, which records whether a goal was not yet reached, partly reached, reached as expected, or exceeded. Reviews happen at set points to decide whether goals have been met and whether more intervention is needed.

Ask your team a sharper question than whether therapy is happening. Ask what has changed in function over the last twelve weeks, whether your child is more independent with a particular skill, and whether they can now do it in more settings than before.

What Thriving Kids changes

Thriving Kids is a national initiative for children aged 8 and under with developmental delay or autism who have low to moderate support needs , and for their families and carers. Services begin rolling out from 1 October 2026 and the program is expected to reach national scale on 1 January 2028. Governments jointly committed $4 billion over five years, with the Australian Government contributing $2 billion and at least $1.4 billion going directly to states and territories to run services.

Thriving Kids is not an NDIS plan and not an individual funding package. It connects children and families to community-based services matched to functional needs.

What does not change: children with permanent and significant disability continue to be supported through the NDIS, and children aged 8 and under with developmental delay or autism who have substantially reduced functional capacity remain eligible for the NDIS under the usual arrangements.

What changes on 1 January 2028: NDIS access arrangements change for children aged 8 and under with developmental delay or autism and low to moderate support needs, who will be supported through Thriving Kids instead. Children already in the NDIS in that group before that date are to be reassessed under the eligibility criteria in place before 1 January 2028.

The national model describes six service categories: early identification, information and advice, family and parenting support, targeted allied health, assistive technology, and workforce capability. The advisory group has said access should not depend on a formal diagnosis and that there will be multiple

entry points.

What is not settled yet is the practical part: local access pathways, the exact service menu in each region, how eligibility will be applied in practice, and service availability. Those are being worked out with states and territories, and details are expected closer to services starting. If you read a confident description of exactly how it will work in your suburb, treat it with caution.

What to do now

None of this is a reason to wait.

Write down what is hard, with specifics, across mornings, mealtimes, play, drop-off, transitions, sleep, toileting, noisy places and group time.

Turn those concerns into goals in plain language.

Collect short written observations from childcare, kindergarten, school transition programs or others who see your child regularly, including what helps and what makes participation harder.

Ask your current team how they are measuring change.

Talk to your GP or child health nurse, bringing your functional list rather than waiting for a diagnostic label.

Start allied health support if your child needs help now with communication, movement, behaviour or daily routines.

Barriers, and what helps

The real obstacles are practical. Availability varies a lot by location, and rural and remote areas have fewer allied health professionals. Cost is a barrier for families without a funding pathway in place. Wait times are a known problem across the sector, and specialist behaviour support in particular is not always easy to access.

Telehealth has made a meaningful difference for families in regional and isolated areas, and for children and carers for whom travel is difficult. Physiotherapy, occupational therapy, speech pathology, psychology and positive behaviour support are all delivered by telehealth in some form. Ask any provider what they offer remotely.

The other thing that helps is knowing that much of early intervention is not the therapist working directly with the child. A large part of it is building the capacity of parents and carers to support development at home, which is what makes progress continue between sessions.

Common questions about early intervention

At what age should I act on a concern?

As soon as you notice it. Support is needs-led rather than diagnosis-led for young children, and you do not need to wait for an assessment result.

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

No. The approach covers children under 9. The age limit was extended from under 7 from 1 July 2023 and phased in progressively over the following two years.

Do we need an autism diagnosis to get help?

Not for children under 6 under the early childhood approach, where access is based on developmental concerns. The Thriving Kids advisory group has also said access to that program should not depend on a formal diagnosis. A diagnosis can add clarity, but do not delay seeking support while you wait for one.

What is an early childhood partner?

A local organisation funded by the NDIS to deliver the early childhood approach, with staff experienced in early childhood development. They are usually the first point of contact for families.

Will my child automatically get an NDIS plan?

No. First contact may lead to short-term support, information, a connection to mainstream services such as childcare or kindergarten, or an application for NDIS funding. Short-term support for children under 6 typically runs 3 to 12 months.

What is a key worker?

One professional who is your single point of contact, who leads and delivers most of the therapy and brings in other disciplines as needed. It is the NDIA's preferred model for young children, and it exists to reduce the coordination load on families.

Should my child see four different therapists?

Not usually as separate, unconnected services. Best practice is a transdisciplinary team coordinated through a key worker, with shared goals and consistent strategies across settings.

Does therapy have to happen in a clinic?

No. Support is meant to happen where children spend their time, including at home, in early learning settings and in the community. Telehealth is available too.

How will I know whether it is working?

Ask for baselines at the start and reviews at set points. Look for change in function across settings, not just attendance. Goal Attainment Scaling and similar measures make progress visible.

My child is in the NDIS now and is under 8. Will they lose it?

Children with permanent and significant disability, and children with substantially reduced functional capacity, continue with the NDIS. Access changes from 1 January 2028 apply to children aged 8 and under with developmental delay or autism and low to moderate support needs. Children already in the scheme in that group are to be reassessed against the criteria in place before that date. If this affects your family, raise it with the NDIA.

We live rurally and cannot find a provider. What can we do?

Ask about telehealth, which is used for speech pathology, occupational therapy, physiotherapy, psychology and behaviour support. Keep documenting functional concerns while you wait, so an

assessment can start efficiently when a place opens.

What if we are not eligible for anything yet?

A functional assessment still helps. It identifies strengths to build on, the barriers in your daily routines, which supports would be most useful next, and how to track change. That information is usable in whichever system you eventually enter.

Talking to Bloom Healthcare

Bloom Healthcare provides allied health services for children, including occupational therapy, speech pathology, physiotherapy and psychology, and works with families in homes, early learning settings and the community. If you want to talk through what your concerns might mean, what a first assessment would involve, or how it would be funded in your situation, call 1300 771 465, or see all services . For questions about NDIS eligibility, plans and access, the NDIA and your early childhood partner are the right people to ask.

What is the main topic of this article?

The article discusses how early intervention occupational therapy enhances outcomes for children with disabilities, including practical tips and real-life examples.

Why is early intervention particularly effective for children with disabilities?

Early intervention is particularly effective because it targets the crucial years when children develop most rapidly, allowing developmental delays to be identified and addressed early, leading to significant progress in communication, motor skills, and cognitive abilities.

What is the Hanen Program mentioned in relation to early intervention?

The Hanen Program is a family-centered approach to speech and language therapy that helps parents and caregivers become more effective communicators with their child. It has proven effective in improving language and communication skills in young children with disabilities including Autism Spectrum Disorder, Down Syndrome, and Cerebral Palsy.

How does occupational therapy help children with disabilities develop motor skills?

Occupational therapy serves as an effective tool for helping children with disabilities develop motor skills, notably through the Neurodevelopmental Treatment (NDT) approach, a specialized type of occupational therapy that focuses on developing normal movement patterns in children with neurological disorders.

What company published this article, and what services does it provide?

Bloom Healthcare, a boutique disability and aged care allied health provider, published this article. It believes all people have the right to access quality healthcare and delivers an evidence-based, client-centric healthcare model through highly qualified health practitioners across Australia.

How can Bloom Healthcare be contacted?

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

What keywords or topics are associated with this article?

The article is associated with the keywords: disability, disability care, early intervention, occupational therapy, and paediatric disability.

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