# Early Intervention | Lifelong Benefits | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/early-intervention-supports-a-lifelong-impact/

## Details:

Early intervention means support delivered while a child is young, in the places they already spend time, with the adults who are already there. Most of the work is not a therapist doing exercises with a child in a room. It is a therapist working out where in your ordinary week a skill can be practised, showing you how, then coaching you until you can do it without them.

What early intervention does is give a child more chances to practise a skill, in the setting where it is actually used, earlier than would otherwise happen. It does not guarantee a particular outcome. Children develop differently, and no service can promise where a child will end up. What it can do is start the work sooner and build it into daily life rather than into an appointment.

This page covers eligibility, what happens in practice, how it is funded, when to seek help, and the changes coming in 2026 and 2028. To talk to Bloom Healthcare, call 1300 771 465 .

## Who is eligible

### *The NDIS early childhood approach*

The early childhood approach is the NDIS pathway for young children. From 1 July 2023 the age limit was extended from under 7 to under 9 , phased in progressively over the following two years, aligning it with the World Health Organization's definition of young children.

There are two groups within it:

Children younger than 6 with developmental delay. A formal diagnosis is not required . Developmental delay means a child finds it much harder to do everyday things that other children the same age can do, and needs extra help to do them. The child must meet the definition in the NDIS Act 2013 and the residence requirements.

Children aged 6 to 9 with an identified disability.

Children who were already participants and turned 7 after 1 July 2023 stay with their early childhood partner until they turn 9 if they still need support.

### *Early childhood partners*

Early childhood partners are local organisations funded by the NDIS to deliver this approach. Your partner is the main contact: they help you understand your plan, connect you to community and mainstream supports, and link you to other families. You can approach them as soon as you have a concern, without waiting for an assessment result.

### *Early connections*

For a family who has just noticed something, there is a step before any plan. Early connections give quick access to practical information about your child's development, links to community and

mainstream services, contact with other families, and early supports for children under 6 with developmental concerns. It exists so that families are not waiting months for a diagnosis before anything happens.

## What is changing: Thriving Kids

Thriving Kids is not an NDIS plan. It is a separate national system of supports, the first phase of the foundational supports reform agreed by Australian governments.

The facts as they currently stand:

It is for children aged 8 and under with developmental delay and autism, with low to moderate support needs , and their families and carers.

State services begin rolling out no later than 1 October 2026 , with services expected to be at scale from 1 January 2028 .

Changes to NDIS access arrangements for this group also commence 1 January 2028 .

Children with permanent and significant disability, and children 8 and under with substantially reduced functional capacity, remain eligible for the NDIS under the usual arrangements.

Governments have committed $4 billion over five years.

Access is not expected to depend on a formal diagnosis.

The six committed service categories are early identification, information and navigation, family and parenting support, targeted allied health such as speech pathology, occupational therapy, physiotherapy, psychology and positive behaviour support, assistive technology, and workforce capability. The specific services will vary by state and territory.

The practical advice is simple: do not wait for 2026 . If you have a concern now, act on it now through the pathways that already exist.

## When to seek help

Milestones are a guide, not a schedule. Children reach skills in a similar order but at different times, and one late milestone on its own usually means little. What matters is the pattern, whether it persists, and whether it affects daily life.

Seek advice if any of these are true:

the concern has lasted more than a few weeks and is not improving

it shows up in more than one place, such as home and childcare

it affects daily routines: meals, sleep, toileting, dressing, going out

it affects learning, attention, instructions or friendships at school

things are escalating, with more frequent or more intense distress

### *Signs not to wait on*

Loss of skills a child previously had.

Strong parental concern that something is wrong, especially when it persists across settings.

Limited response to sound or visual cues , or any concern about hearing or vision.

Very limited social engagement , such as little eye contact or interaction.

A large gap between what a child can do and what daily life requires.

### *By age*

0 to 12 months. Not holding the head up around 3 to 4 months. Not babbling by around 6 months. Not rolling, sitting or moving toward independent mobility as the year goes on. Not smiling or engaging with people.

12 to 24 months. No gestures such as pointing, showing or waving. No clear words by around 18 months. Not attempting to walk without support around 15 months. Difficulty with early turn-taking games.

2 to 3 years. Not putting words together. Not understanding short requests or familiar words. No independent mobility, or ongoing significant gross motor difficulty.

3 to 5 years. No interest in pretend play, or difficulty interacting with other children. Hard to be understood, or not using simple sentences. Educator concerns about school readiness or everyday routines.

6 to 9 years. Persistent difficulty following instructions or communicating. Difficulty making friends, or avoiding school because of distress. Ongoing difficulty with everyday independence, or ongoing daytime wetting or soiling. Gross motor skills well behind peers, affecting play and sport.

## What to do first

See your GP or child and family health nurse. Take one page of notes: what you are noticing, when it happens, what makes it better or worse, and what a hard day looks like.

Check hearing and vision early. Both can look like attention or behaviour problems, and both are quick to rule out.

Contact the early childhood approach if your child is under 9, or contact a provider directly.

## What actually happens in early intervention

### *Getting to know your family*

The first sessions are about understanding, not treating. The therapist talks with you about your child's strengths, interests and what matters to your family, observes your child playing and interacting in a familiar setting, and works through a routines-based interview where you describe a typical day. That conversation is where most of the useful information comes from, because it shows where in the week there is room to practise.

### *Setting goals*

Goals are set with you and written to be specific, measurable, achievable, relevant and time-bound. A real goal looks like "for Charlie to brush his teeth every morning with only a verbal prompt within six months", not "improve self-care". The goal names the activity, the level of help, and the timeframe, so everyone can tell whether it has been met.

### *The key worker approach*

Many early childhood services use a key worker model: one main therapist delivers most of the therapy and is your day-to-day contact, bringing in other disciplines such as speech pathology, occupational therapy, physiotherapy or behaviour support when their expertise is specifically needed. It means fewer appointments to juggle and one consistent set of strategies rather than four.

### *Sessions look different from what people expect*

You or a nominated carer, such as an educator, are expected to be present and taking part. The therapist works with your child and you together: modelling a technique in a real activity, then coaching you through it and giving feedback. Therapy happens through play, daily routines and functional tasks, at home, at childcare or kindergarten, at school, or in the community.

The reason is arithmetic. A child is awake for far more hours in a week than they will ever spend in therapy. Skills that are only practised in a session get very little practice.

### *Direct and indirect work*

Funded work includes both direct supports, meaning sessions and meetings with your child and family, and indirect supports, meaning preparation, notes, communication with a school or early learning centre, report writing, and coordination with other professionals. The indirect work is what makes strategies consistent across settings.

### *Reviews*

Progress against goals is tracked and reviewed formally every three to six months. Achieved goals are replaced. Goals that are no longer a priority are changed or removed. Before a plan ends, a formal review uses the same assessments as the original one so change can be measured, and you can be given a progress report summarising what was delivered, what changed, and what is recommended next.

## What each profession contributes

Speech pathology for speech, language, understanding, social communication, alternative and augmentative communication, and feeding.

Occupational therapy for daily living skills, fine motor skills, sensory processing, play and independence routines.

Physiotherapy for gross motor development, coordination, balance and confidence with movement.

Psychology and counselling for emotional regulation, behaviour, anxiety, and strategies for the family.

## Funding

Early intervention therapy is generally funded from the Capacity Building budget under Improved Daily Living . For children under 6 with developmental delay, support is often designed as a short, focused block of roughly three to twelve months rather than as an open-ended arrangement.

How often sessions happen, how long they run and where they are delivered depend on your child's current skills, the best setting for the goal, your family's preferences, and the funding in the plan. Ask for the expected hours and costs in writing before work starts.

## School, and what happens after 9

Therapy can help prepare a child for school and can take place at school, provided the therapy goals line up with the education goals and the school consents. Transition planning can include liaison with the school so staff understand what the child needs. Home visits are used for goals that belong to the home environment.

Children over 9 who continue to have permanent and significant disability remain NDIS-eligible but move out of the early childhood approach into age-appropriate services. The focus tends to shift toward school support, working with teachers, the transition to high school, and pre-employment skills.

## When early intervention ends

The aim is that you no longer need it. Support commonly ends because the goals have been met, because you choose a different provider, or because a more specialised service is needed. If you move to another provider, you should be given the documentation to make that smooth, including your therapy plan and relevant reports.

## Getting started

Bloom Healthcare provides occupational therapy, speech pathology, physiotherapy, and psychology and counselling for children, delivered in homes, early learning settings, schools and the community. Call 1300 771 465 to talk about what would suit your child, or ask your GP, paediatrician or early childhood partner to refer.

## Common questions about early intervention

### *Does my child need a diagnosis first?*

Not for the early childhood approach if your child is under 6 with developmental delay. Support can begin from developmental concerns. Children aged 6 to 9 need an identified disability.

### *My child is 8 and I have heard the NDIS is changing. What should I do?*

Act now through the current pathways. Thriving Kids state services begin rolling out no later than 1 October 2026 and are expected to be at scale from 1 January 2028, with NDIS access changes for that group also from 1 January 2028. Children with high support needs stay with the NDIS. Waiting costs you time you cannot get back.

### *Is Thriving Kids the same as getting an NDIS plan?*

No. Thriving Kids is a system of supports matched to functional need, delivered through states and territories. It is not an individualised funding package the way an NDIS plan is.

### *Why does the therapist keep coaching me instead of working with my child?*

Because that is what makes the difference between practice in one hour a week and practice every day. Your child learns skills where they use them, and you are the person who is there.

### *Do I have to attend the sessions?*

Yes, you or a nominated carer such as an educator needs to be present and taking part. The coaching does not work if there is no one there to coach.

### *How often will we have sessions?*

That is set with you based on your child's needs, the goal, the best setting for it, and the funding available. Ask for the proposed frequency and the expected hours in writing before you start.

### *How will I know if it is working?*

Goals are written so progress can be measured, and they are reviewed every three to six months. If nothing has shifted after a review period, that is a reason to change the approach rather than continue.

### *Can therapy happen at my child's childcare or school?*

Yes, where the therapy goals align with the education goals and the setting consents. Working with the educators means the strategies are used through the day rather than only in a session.

### *What happens when my child turns 9?*

They move out of the early childhood approach. If they continue to have permanent and significant disability, they remain NDIS-eligible under age-appropriate arrangements, with the focus usually shifting toward school and later transitions.

### *Should I wait and see whether my child grows out of it?*

If a concern has lasted more than a few weeks, shows up in more than one setting, affects daily routines, or is escalating, get it looked at. A conversation with a GP or child health nurse costs little and the alternative is losing months.

## Where to go next

Paediatric therapy

What the early childhood approach is

Developmental milestones and red flags

Thriving Kids

Speech pathology

Make a referral

### *What is Early Intervention?*

Early Intervention is a comprehensive service approach designed to support children and their families during the critical early years of development, when children develop most rapidly. It refers to services and supports children receive during their early years of life, aimed at identifying and addressing developmental delays, disabilities, and communication disorders as early as possible.

### *What long-term benefits does research show for children who access Early Intervention early?*

Research demonstrates that when children access intervention as early as possible, there can be significant positive effects on their ability to participate in school, make friendships, seek employment, and live independently.

### *Where should Early Intervention supports ideally be provided?*

A fundamental principle of Early Intervention is that children learn best in their natural settings—at home, at the park, at childcare, and wherever else they spend their time—so supports should be provided in these everyday situations rather than isolated clinic settings.

### *Which professionals deliver Early Intervention services?*

Early Intervention services are delivered by a range of qualified allied health professionals, including Occupational Therapists and Speech Pathologists, each bringing specialized expertise.

### *What does an Occupational Therapist help with in Early Intervention?*

An Occupational Therapist focuses on helping children participate in and maximize their independence in everyday activities such as play, learning, dressing, and mealtimes, and can support children with sensory processing differences or social/emotional difficulties.

### *What specific benefits can occupational therapy provide for children?*

Occupational therapy benefits include supporting self-care skills like dressing and mealtimes, supporting hand-eye coordination, fine motor skills, and school readiness skills like writing, supporting sensory processing differences and needs, and maximizing parent and family ability to use and adjust strategies in response to their child's needs.

### *What role does a Speech Pathologist play in Early Intervention?*

Speech Pathologists support children and their families with communication and speech-related needs.

### *Who publishes this article on Early Intervention Supports and what organization is behind it?*

The article is published by Bloom Healthcare, 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 I contact Bloom Healthcare?*

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

### *Does my child need a diagnosis first?*

Not for the early childhood approach if your child is under 6 with developmental delay. Support can begin from developmental concerns. Children aged 6 to 9 need an identified disability.

### *My child is 8 and I have heard the NDIS is changing. What should I do?*

Act now through the current pathways. Thriving Kids state services begin rolling out no later than 1 October 2026 and are expected to be at scale from 1 January 2028, with NDIS access changes for that group also from 1 January 2028. Children with high support needs stay with the NDIS. Waiting costs

you time you cannot get back.

### *Is Thriving Kids the same as getting an NDIS plan?*

No. Thriving Kids is a system of supports matched to functional need, delivered through states and territories. It is not an individualised funding package the way an NDIS plan is.