Key Worker NDIS | Roles & Benefits | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/key-workers-in-the-ndis-what-they-are-and-why-they-are-important/

Details:

A key worker is one named clinician who becomes your family's main point of contact and delivers most of your child's therapy, bringing in other disciplines when they are needed. The model sits inside the NDIS early childhood approach, which covers children younger than 9. Key worker services are funded from the Capacity Building Supports part of an NDIS plan. If your child is younger than 6 and you have concerns about their development, you do not need a formal diagnosis to start the conversation.

This page covers the parts of the key worker question that get asked most and answered least clearly: the age rules, the funding category, the referral pathway, what documentation is produced, how the role differs from the roles it gets confused with, and what the Thriving Kids changes mean for families of young children.

Who the key worker model is for

The key worker model belongs to early childhood. It exists because families of young children were being asked to hold together four or five separate therapy relationships, each with its own appointment, its own report and its own partial view of the child. The model replaces that with one relationship.

The age rules

The NDIS early childhood approach covers children younger than 9 years old . Within that, two different tests apply:

Children younger than 6 with developmental delay. A formal diagnosis is not required. Developmental concerns are enough to start.

Children younger than 9 with a permanent disability.

The age limit was extended from under 7 to under 9 on 1 July 2023, to line up with the World Health Organisation definition of young children as zero to 8 years of age. Children who were already NDIS participants before that date and turned 7 after 1 July 2023 can stay with their early childhood partner until they turn 9 if they still need that support.

Once a child is 9 or older, they move out of the early childhood approach. Therapy can continue, but it is arranged the way it is for any other participant, usually through a support coordinator or directly with providers. The single-key-worker structure is not the standard arrangement past that point.

Older participants and the same idea

Adults and older children are sometimes given a "lead therapist" as an informal arrangement, and it can work well. It is worth being clear that this is a way of organising a team, not a separate NDIS support with its own funding rules. If you want one clinician to hold the thread across several disciplines, ask for it directly when you set up services.

How the model works day to day

The key worker approach is also called a transdisciplinary or lead clinician model. One clinician is identified as the key worker. That person provides most of your child's therapy and works closely with a wider team from other disciplines.

The features that matter in practice:

One person plans with you. The key worker sits down with the family, works out what is actually hard in daily life, and turns that into goals.

Other disciplines come in around the key worker. Occupational therapy, speech pathology, physiotherapy, psychology and positive behaviour support are brought in for consultations or short bursts of focused input rather than a permanent parallel appointment stream.

Clinicians plan together. In a transdisciplinary team the professionals share strategies and may attend joint appointments, so what is suggested at home and what is suggested at kindergarten do not contradict each other.

Support happens where the child already is. Home, childcare, kindergarten, school and the community, built into ordinary routines rather than delivered only in a therapy room.

Families are taught the strategies. The aim is that a parent or carer can use the approach on a Tuesday afternoon without the key worker in the room.

This is treated as best practice in early childhood under the NDIS because it improves communication through a single contact, keeps care consistent across disciplines, cuts the coordination load on families, and lets therapy be built into natural settings.

What a key worker is responsible for

Based on NDIS early childhood documentation, key worker responsibilities typically include:

Carrying out functional assessments for children younger than nine

Developing the child and family support plan

Delivering therapy and coaching families in strategies

Monitoring progress against the plan through the plan review process

Preparing and distributing reports, and following up on resources and session attendance

Being the person the family tells about appointment changes

Coordinating communication across the wider support network around the child

Which part of an NDIS plan pays for a key worker

Key worker services are funded from Capacity Building Supports . That is the part of the plan designed to build skills and independence, and it is where therapy sits. It is not Core supports, which covers day-to-day assistance, and it is not Capital supports, which covers equipment and assistive technology.

A few practical points:

The plan should list the supports the participant receives, the goals, and the amount allocated to the Capacity Building budget. Ask your early childhood partner to confirm the wording so that key worker services are clearly covered by it.

Capacity Building funding is generally allocated to a purpose rather than to a named provider, so you are not locked to one organisation for the life of the plan.

Services can be accessed under any plan management arrangement: self-managed, plan-managed or NDIA-managed. NDIA-managed plans can only be spent with registered providers.

On price: what a session costs and how travel or a missed appointment is handled are set out in the NDIS pricing arrangements and in your service agreement with your provider. Do not take a figure from a general article as your rate. Ask for it in writing before you start, or call Bloom Healthcare on 1300 771 465.

How you actually get one

1. Contact your early childhood partner. An early childhood partner is a local organisation funded by the NDIS to deliver the early childhood approach in your area. They assign a child development specialist or early childhood coordinator to your family. You can find yours through the NDIS, or call the NDIA on 1800 800 110.
2. Describe what is hard, not what it might be called. You do not need a diagnosis to have this conversation for a child under 6. Concrete examples carry more weight than a label: not settling at drop-off, not following a two-step instruction, not managing group time, distress in noisy rooms, delays in walking or talking.
3. Assessment and recommendation. The partner looks at your child's strengths, the challenges, your family routines and your priorities, through conversation and observation. They then recommend a path. That may be short-term support, typically in the range of 3 to 12 months, early intervention services if your child is younger than 6, or applying for NDIS funding if your child is likely to meet the access criteria.
4. Early connections while you wait. The early childhood approach includes early connections, which gives families access to some supports and information without waiting for a full funding decision. Ask about it rather than assuming nothing is available until a plan exists.
5. Plan, then provider. If your child becomes a participant, you receive a plan setting out funded supports. You then choose a provider and the key worker relationship begins. If you already have a plan with Capacity Building funding, you can approach a provider directly.
6. Referral to Bloom Healthcare. Referrals go through bloom-healthcare.com.au/referrals/, by email to hello@bloom-healthcare.com.au, or by phone on 1300 771 465. Include the child's age, the main concerns, any existing clinical reports, your top three goals, the NDIS number if there is one, and where you would like sessions to happen. Bloom commits to contacting referrers within 24 hours. If you are referring as a nominee or guardian, say so and be clear about your role.

Evidence, reports and plan reassessment

The reporting a key worker produces is not paperwork for its own sake. It is what the NDIA reads when it decides what your child's next plan looks like.

What gets produced:

A child and family support plan at the start, setting out goals and how they will be worked on.

Progress reports through the plan, summarising what has changed, written in plain language a family can read.

A report for plan reassessment , prepared by the treating clinician, covering current presentation, functional impact, progress, risks and clear recommendations.

An end of plan report before the plan finishes, giving the full picture of what the plan period achieved.

What makes a report useful to the NDIA:

A baseline and a change against it. An assessment establishes what a child can and cannot do in everyday life so that progress can be measured against something real.

Functional, not diagnostic, language. Changes in daily tasks, in participation at childcare or school, in specific documented skills, and in results from standardised measures where they were used.

A link to the reasonable and necessary criteria. The report should show that the support relates to the disability, represents value for money, is likely to be effective, and that other available supports have been considered.

A clear recommendation. Whether support should continue, change, or stop, and why, based on the documented evidence.

At the plan review, that documentation is read alongside your own account of the year. Keeping your own short notes on what changed at home is worth more than most families expect.

Key worker, support coordinator, early childhood partner, support worker

These four roles get mixed up constantly. They are not interchangeable.

Key worker. Delivers therapy and coaching directly. Assesses, sets goals with the family, coordinates the clinical team around the child, monitors progress and writes the reports. Comes from an allied health or early childhood education background.

Support coordinator. Helps you use the plan. Explains what is in it, connects you with providers, sorts out referrals, keeps services aligned to the goals. Does not deliver therapy.

Early childhood partner. An NDIS-funded local organisation that is your entry point to the early childhood approach. Helps with access, assesses developmental needs, recommends next steps, connects you to services and mainstream supports, and helps you understand the plan. Works at the system level rather than delivering ongoing therapy.

Disability support worker. Provides personal care and daily living assistance, and puts strategies developed by clinicians into practice in everyday settings. Works alongside the therapy team, not in place of it.

Many families end up with more than one of these at once. A key worker and a support coordinator is a common and sensible combination: one holds the clinical thread, the other holds the plan.

What Thriving Kids means for families of young children

If your child is 8 or under, this affects you and it is worth understanding now.

Thriving Kids is a new national system of supports for children aged 8 and under with developmental delay and/or autism who have low to moderate support needs . State-based services are scheduled to begin rolling out from 1 October 2026 , with different timing and access pathways in different states and territories. From 1 January 2028 it is expected to operate at national scale, and NDIS access arrangements change at the same time for that group.

What stays the same: children with permanent and significant disability, and children aged 8 and under with high support needs, continue to be eligible for the NDIS under the usual arrangements.

What to be clear about: Thriving Kids is not an NDIS plan and is not an individual funding package. It is a coordinated system of supports delivered through states and territories, matched to functional needs rather than to a diagnosis. Published information indicates it will include information and navigation, parenting supports, time-limited allied health, early identification and developmental screening, and assistive technology, but the exact service lists and access pathways are being finalised by each state and territory.

If your child is already an NDIS participant before 1 January 2028 with developmental delay and/or autism and low to moderate support needs, reassessment will be against the eligibility criteria in place before that date.

The practical advice for now is the same advice that makes any key worker relationship work: do not wait. Write down what is difficult in daily life, turn those into goals in plain words, collect short written observations from educators, talk to your GP or child health nurse about functional concerns, and start allied health support if it would help rather than waiting for a diagnosis or a scheme change.

Where Bloom Healthcare works, and how to start

Bloom Healthcare provides occupational therapy, physiotherapy, speech pathology, exercise physiology, psychology and counselling, positive behaviour support and dietitian services, along with assistive technology recommendations and functional capacity assessments. A key worker for a young child is usually drawn from one of these disciplines, with the others available around them.

Services are delivered across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. The main delivery model is mobile and community based, which for a young child usually means the home, the childcare centre, the kindergarten or the school rather than a clinic. Clinic appointments are available on request, case by case. Telehealth is available where it suits, and is often useful for regional and remote families, for parent coaching sessions and for reviews between visits.

Bloom works across NDIS, Medicare, aged care through Support at Home, TAC and private health funding streams. For a child under the early childhood approach, the relevant one is the NDIS.

Phone: 1300 771 465

Email: hello@bloom-healthcare.com.au

Referrals: bloom-healthcare.com.au/referrals/

Find a clinician near you: bloom-healthcare.com.au/locations/

Hours: Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment

Interpreters: available through TIS National, ask when you book

Feedback and complaints: bloom-healthcare.com.au/feedback

Common questions about key workers in the NDIS

Do I need a diagnosis before my child can have a key worker?

Not if your child is younger than 6. The early childhood approach is built to respond to developmental concerns without a formal diagnosis. For children aged 6 to 8, access is based on permanent disability, which does require diagnostic evidence. Either way, start by contacting your early childhood partner rather than waiting for a specialist appointment.

Which budget does the key worker come out of?

Capacity Building Supports. Check your plan lists therapy or early childhood supports in that budget, and ask your early childhood partner to confirm the wording covers key worker services before you sign a service agreement.

Can my child have a key worker and a support coordinator?

Yes, and many do. They do different jobs. The key worker delivers therapy and holds the clinical picture. The support coordinator helps you use the plan and connect with services. Whether support coordination is in your plan is a decision for the NDIA at planning.

What profession will my key worker be?

It depends on what your child needs most. An occupational therapist, speech pathologist, physiotherapist, psychologist or early childhood educator can all take the role. If communication is the biggest barrier, a speech pathologist often leads. If it is daily routines, sensory needs or self-care, an occupational therapist often does. Ask why a particular discipline has been suggested.

Can I change key workers if the fit is not right?

Yes. The relationship depends on trust, and if it is not working the plan is not working. Raise it with the provider first, since a change of clinician within the same organisation is usually straightforward. You can also change providers. Bloom's feedback pathway is at bloom-healthcare.com.au/feedback.

How often are sessions, and how long do they run?

This is set by the child's goals and the funding in the plan, not by a standard schedule. Some families see a key worker weekly during an intensive period, others fortnightly or monthly with more time spent coaching. Ask your clinician to explain the proposed frequency in terms of the goals it is meant to achieve, and to review it as things change.

Does the key worker do all the therapy themselves?

Mostly, yes. That is the point of the model. Other disciplines are brought in for consultations or short blocks of focused work when specific expertise is needed, then step back. If you find yourself with several ongoing parallel therapy relationships again, ask the team whether the key worker structure is still being followed.

What does the key worker actually give me at plan review time?

A report covering your child's current functioning, what has changed since the last plan, what got in the way, and clear recommendations about what should continue or change. It should be written in language that connects to your child's goals and to the reasonable and necessary criteria, not just a list of sessions attended.

Will my child lose their key worker because of Thriving Kids?

Not right now. State-based Thriving Kids services begin rolling out from 1 October 2026 and the scheme is expected to be operating nationally from 1 January 2028, when NDIS access also changes for children 8 and under with developmental delay or autism and low to moderate support needs. Children with permanent and significant disability, and those with high support needs, remain NDIS-eligible. Details are still being finalised by each state and territory, so check the current position with your early childhood partner or the NDIA on 1800 800 110 rather than relying on an article.

Where do key worker sessions happen?

Where your child spends their time. Home, childcare, kindergarten, school and community settings are the standard, because skills built in the setting they are needed in tend to stick. Bloom's model is mobile and community based, with clinic appointments available on request and telehealth as an option for reviews, coaching and families in regional areas.

What does it cost?

Session rates, travel and cancellation terms are set out in the NDIS pricing arrangements and in the service agreement you sign with your provider. Ask for them in writing before services start. For Bloom's current terms, call 1300 771 465 or email hello@bloom-healthcare.com.au.

My child is 9. Is the key worker model still available?

The early childhood approach ends at 9, so the formal key worker structure does not carry across. Therapy continues, and you can still ask one clinician to act as the lead and coordinate the rest of the team. Talk to your provider about setting that up deliberately rather than assuming it will happen by itself.

Where to go next

How the NDIS works

Paediatric therapy

What the early childhood approach is

All services

Locations and coverage

Make a referral

What is a Key Worker in the NDIS?

A Key Worker in the NDIS is a central point of contact who coordinates and delivers support to participants and their families. Key Workers often come from allied health professions such as occupational therapy, speech pathology, or psychology, bringing clinical expertise to their role and contributing to a child's development through assessments and managing therapy support plans.

How does a Key Worker differ from a Support Coordinator in the NDIS?

Unlike Support Coordinators, who focus on connecting participants with services, Key Workers actively deliver therapy and guidance. They build a deep understanding of participants' needs, goals, and challenges, allowing them to provide targeted, meaningful interventions grounded in their professional expertise.

Why is consistency important in the Key Worker model?

Having one primary contact allows participants to experience continuity in care and avoid the confusion of dealing with multiple professionals, which reduces fragmentation in service delivery.

What does 'holistic support' mean in the context of a Key Worker's role?

Holistic support means Key Workers consider all aspects of a participant's life, from daily living needs to long-term goals, ensuring comprehensive and aligned interventions. They work closely with families to understand each child's needs, priorities, and aspirations, providing tailored and practical support throughout early development.

How do Key Workers empower NDIS participants and their families?

Key Workers build strong relationships with participants and their families, helping instil confidence and encourage active participation in decision-making. They engage families collaboratively to ensure alignment with individual goals and foster meaningful outcomes.

What professional backgrounds do Key Workers typically have?

Key Workers often come from allied health professions such as occupational therapy, speech pathology, or psychology.

What is one of the responsibilities of a Key Worker related to assessment?

Key Workers conduct assessments and manage therapy support plans as part of their role in contributing to a child's development.

Who publishes this article about Key Workers in the NDIS?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider based in Australia.

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