Thriving Kids Australia Explained | Bloom Healthcare

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

Details:

Status as at 1 September 2026: Thriving Kids services have not started yet. There is no enrolment process, no registration list, and no way to sign up. Anyone telling you otherwise is wrong.

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 , and their families, carers and kin. Rollout of state services begins no later than 1 October 2026 , and the program is expected to be at scale from 1 January 2028 . It is not an NDIS plan and not an individual funding package. Children with high support needs, and children with permanent and significant disability, stay with the NDIS .

This page separates what governments have actually decided from what is still being worked out, because on this topic the gap between the two is where families get hurt. If you want to talk through what your child needs right now, rather than what a future system might offer, call Bloom Healthcare on 1300 771 465 .

General information only. For advice about your child's circumstances, speak with your GP or treating team.

Confirmed: what governments have actually decided

These points come from Australian Government material and are settled at the policy level.

Who it is for

Children aged 8 and under

With developmental delay and/or autism

With low to moderate support needs

And their families, carers and kin

The money

Governments have jointly committed $4 billion over 5 years to implement the first phase

The Australian Government's share is $2 billion over 5 years

At least $1.4 billion of that will go to states and territories as direct funding for Thriving Kids services

The dates

1 October 2026 — rollout of state services commences, no later than this date. The first state services become available from here, then are progressively scaled.

1 January 2028 — Thriving Kids is expected to be operating at scale nationally, and NDIS access changes commence for one specific group.

Who delivers it

Thriving Kids is national in intent but delivered through state and territory governments , under agreements between each jurisdiction and the Commonwealth. That is the single most important structural fact on this page, because it is the reason so much detail is still open.

Who stays on the NDIS

The Department states that children with permanent and significant disability , and children aged 8 and under with developmental delay and/or autism who have substantially reduced functional capacity (high support needs) , remain eligible for the NDIS, subject to usual arrangements.

What it is not

Not an NDIS plan. It is not an individualised funding package you control and spend.

Not a replacement for the NDIS for children with higher support needs.

Not a single uniform national service. What is available, and how you get to it, will vary by state and territory.

Not confirmed: what nobody can tell you yet

This list matters as much as the one above. If a page, a provider or an AI assistant gives you a confident answer to any of these, treat it with suspicion.

How eligibility will be applied in practice. The broad target group is clear. How a particular child gets sorted into it is being finalised by each state or territory.

The local access pathway in your area. Where you go, who you call, and what you bring are not published.

The specific service menu where you live. The national model describes broad categories. Actual service lists are being finalised jurisdiction by jurisdiction.

Referral routes. How referrals will be submitted and processed, which organisations will accept them, and whether there will be a portal are not yet defined.

How navigation support will work day to day.

How targeted supports will be commissioned, and how the workforce will be scaled.

The Department has said details will be made available closer to service commencement. That is normal for a reform of this size. It is not a reason to wait.

Things people believe about Thriving Kids that are not true

"I need to get on the Thriving Kids list." There is no list. No registration or enrolment process has opened.

"My child will lose their NDIS plan in October 2026." No. The October 2026 date is the start of service rollout, not a change to NDIS access. NDIS access changes are scheduled for 1 January 2028, and they are limited to one group.

"Thriving Kids replaces the NDIS for all kids under 8." No. It is limited to children with developmental delay and/or autism and low to moderate support needs. High support needs and permanent significant disability stay with the NDIS.

"I should stop therapy and wait for Thriving Kids." This is the most damaging one. The Department's own position is that families should not wait. Early support delivered now is not wasted, and the developmental window does not pause for a reform timetable.

"Thriving Kids will give me a budget to spend." It is not designed as an individualised funding package.

What "low to moderate support needs" actually means

The term describes function, not diagnosis . It is about what daily life looks like, not what label a child has been given.

In practice, families describing low to moderate needs often talk about:

Communication — the child understands a lot but struggles to be understood, or has difficulty following instructions or with social communication

Daily routines — sleep, toileting, dressing or mealtimes are hard

Emotional regulation — big reactions to change, noise, transitions or uncertainty

Participation — difficulty joining play, group routines, childcare, or community outings

Motor skills — coordination, balance or fine motor skills behind peers

A useful test is whether daily life is manageable with the right strategies and some targeted help, or whether it requires substantial ongoing support across most settings.

What "high support needs" means, and why the distinction matters

The high support needs group covers:

children with permanent and significant disability , at any age, and

children aged 8 and under with developmental delay and/or autism who have substantially reduced functional capacity

These children remain eligible for the NDIS rather than moving to Thriving Kids, because their support requirements exceed what Thriving Kids is designed to provide.

The distinction matters because it is the line that determines which system a family sits in from 2028. How that line will be drawn in practice has not been finalised. Nobody can currently tell you with certainty which side of it your child will land on, and no honest provider will claim to.

Who decides where a child sits

The short answer is that the determination process is still being designed, and it will vary by state and territory.

What is signalled so far: access should not depend on a formal diagnosis , and there should be a range of entry pathways rather than one gate. That points to a multi-route assessment rather than a single authority making all calls.

Functional capacity assessments are likely to matter. These are structured evaluations of what a child can actually do across daily life, covering physical, thinking, emotional and behavioural dimensions, conducted by qualified professionals such as occupational therapists and psychologists. They produce evidence-based documentation of functional ability.

That is why a functional assessment is worth having now even though the pathway is unsettled. Evidence about function travels well between systems. Evidence built for one program's paperwork does not.

The supports Thriving Kids is expected to include

Government material describes the shape of the offer. Treat this as the intended design, not as a service list you can book from.

Information, advice and navigation — practical guidance and clearer starting points for families

Parenting supports and programs — building skills, confidence and connection

Targeted supports for children and families who need more than parenting supports alone, including allied health

The fact sheet gives examples of targeted supports as developmental supports focused on functional skills and independence, delivered by trained workers including allied health professionals such as occupational therapists, speech pathologists, physiotherapists, audiologists and psychologists.

Broader national model categories described publicly include early identification, information and advice, family and parenting support, targeted allied health, assistive technology, and workforce capability.

Supports are intended to be delivered in everyday settings where children spend their time, and in formats that fit families.

Thriving Kids is not the NDIS, the early childhood approach, or Medicare

These are four different things and mixing them up leads to real mistakes. Do not carry a rule from one across to another.

Thriving Kids. For children 0 to 8, developmental delay and/or autism, low to moderate support needs. Government-funded services delivered by states and territories. Not an individual funding package. Rollout from no later than 1 October 2026.

The NDIS. For people with permanent and significant disability. Provides an individualised funded plan. Continues for children with high support needs.

The NDIS early childhood approach. The pathway inside the NDIS for children younger than 9 , following the age extension that took effect from 1 July 2023 and was phased in progressively over the following two years. Children under 6 do not need a diagnosis to access it. It runs through early childhood partners and can lead to an individualised NDIS plan. This is the live pathway today.

Medicare. Part of the health system, not disability support. Medicare's Better Access initiative funds treatment of clinically diagnosed mental health conditions with a mental health treatment plan from a GP, psychiatrist or paediatrician, on a rebate basis with a session limit per calendar year. It funds clinical treatment. It does not fund disability-related functional supports.

If someone quotes you a Medicare rule as if it applies to Thriving Kids, or an NDIS rule as if it applies to Medicare, that is a red flag.

What the 1 January 2028 change actually does

This is worth stating precisely because it is widely misreported.

From 1 January 2028, changes to NDIS access arrangements commence. The Department describes those changes as limited to children aged 8 and under with developmental delay and/or autism with low to moderate support needs . For that group, support is intended to come primarily through Thriving Kids rather than the NDIS.

Everything else about the NDIS is outside the scope of that specific change.

If your child is already on an NDIS plan

There is a stated protection, and it is worth reading carefully.

The Department indicates that children aged 8 and under enrolled in the NDIS prior to 1 January 2028 with developmental delay and/or autism and low to moderate support needs will continue to be subject to reassessment under the eligibility criteria in place prior to 1 January 2028 .

What that means in plain terms: the criteria applied at your child's reassessment are the older ones, not the new post-2028 rules. It is a transitional protection against an abrupt shift to stricter access settings.

What it does not mean: it is not a guarantee that a plan continues unchanged forever. Reassessment still happens, and the outcome depends on your child's functional capacity and how the earlier criteria are applied to it. The material available does not say children automatically lose their plans, and it does not promise they automatically keep them.

The practical response is the same either way. Document your child's functional needs and current supports now, so that whenever a reassessment happens you have a clear evidence baseline rather than a recollection. Bloom's companion page on what families should do now goes through this step by step.

What to do between now and rollout

Do not wait. The Department's position is that families should not hold off supporting their child's development while a new system is built.

Start with a developmental check-in , often through your GP, child health nurse or paediatrician.

Consider a functional assessment with allied health to clarify strengths, barriers and useful next supports.

Write down real examples from home, from childcare or preschool, and from the community. Real examples beat perfect wording.

Collect observations from other settings — a short written note from an educator about what helps and what triggers difficulty is genuinely useful.

Turn concerns into goals in plain language, for example wanting your child to express needs in a way others understand, or to cope with transitions with less distress. Goal language like this works in any system.

Watch the official sources , not social media summaries.

Where to check for updates

The Australian Government Department of Health, Disability and Ageing publishes the authoritative Thriving Kids information, and your state or territory department page will carry local service details as they are released. For NDIS questions, the NDIA contact centre is 1800 800 110 and the scheme website is ndis.gov.au .

For help translating any of this into a practical plan for your child, contact Bloom Healthcare on 1300 771 465 or make a referral through the referrals page . Referrals are accepted from parents and carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators. Include your child's age, the main concerns, any existing reports, relevant medical history and your top three goals, and Bloom will triage to the right clinician and come back with first-step actions.

Bloom is not offering appointments as a Thriving Kids provider, because Thriving Kids has not commenced. Bloom does deliver allied health for children now.

Common questions about Thriving Kids Australia

Can I enrol my child in Thriving Kids now?

No. There is no registration or enrolment process open. Nothing has commenced. If a website invites you to sign up for Thriving Kids, check it against the Department's own page before giving it any information.

When does Thriving Kids actually start?

Rollout of state services commences no later than 1 October 2026, with the first state services available from that date and progressive scaling after it. Full scale is expected from 1 January 2028. Services may become available at different times depending on where you live.

Who is Thriving Kids for?

Children aged 8 and under with developmental delay and/or autism who have low to moderate support needs, plus their families, carers and kin.

Is Thriving Kids an NDIS plan?

No. It is not an NDIS plan and not an individualised funding package. It is a system of services delivered by states and territories.

Will my child lose their NDIS plan?

The NDIS access changes scheduled from 1 January 2028 are limited to 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, remain eligible for the NDIS. Children enrolled before 1 January 2028 are to be reassessed under the eligibility criteria in place before that date. The available material does not say plans end automatically, and it does not guarantee they continue unchanged. Reassessment outcomes depend on functional capacity.

How will they decide if my child has low, moderate or high support needs?

That is one of the things still being finalised, and it will be applied by each state or territory. What has been signalled is that access should not depend on a formal diagnosis and that there should be multiple entry pathways. A functional capacity assessment is the most portable piece of evidence you can hold in the meantime.

Do I need a diagnosis for Thriving Kids?

Sector summaries of the advisory group recommendations emphasise that access should not depend on a diagnosis, and that there should be a range of entry pathways. Local requirements will be confirmed closer to rollout. Do not delay seeking support while waiting for a diagnostic appointment.

What supports will Thriving Kids provide?

Information, advice and navigation; parenting supports and programs; and targeted supports including allied health for children and families who need more than parenting supports alone. Examples given include occupational therapy, speech pathology, physiotherapy, audiology and psychology. The exact service list in your area is not yet published.

Will Thriving Kids be the same in every state?

No. It is national in intent but delivered through state and territory governments under separate agreements. Service menus and access pathways are expected to differ.

How is Thriving Kids different from the NDIS early childhood approach?

The early childhood approach is part of the NDIS, covers children younger than 9 following the extension that took effect from 1 July 2023 and was phased in over the following two years, runs through early childhood partners, and can lead to an individualised NDIS plan. Thriving Kids sits outside the NDIS, targets children 8 and under with low to moderate support needs, and is not an individual funding package. The early childhood approach is the pathway that exists and operates today.

My child is 9. Does Thriving Kids apply?

No. Thriving Kids is for children aged 8 and under. For a child of 9 or over, the relevant pathway is the NDIS, where they would work with a local area coordinator rather than an early childhood partner.

Should I stop or pause therapy until Thriving Kids starts?

No. The Department has been explicit that families should not wait. Support delivered now is not wasted, and it builds the functional evidence that will be useful whichever system your child ends up in.

What does it cost, and will Thriving Kids be free?

How Thriving Kids services will be charged, if at all, has not been published. For therapy you access now, fees depend on your child's plan and how it is managed, and are set out in a service agreement before therapy starts. Call 1300 771 465 to ask rather than relying on a figure from elsewhere.

Where is the official information?

The Australian Government Department of Health, Disability and Ageing Thriving Kids page, and your state or territory department page for local detail. For NDIS matters, the NDIA on 1800 800 110.

What is Thriving Kids Australia?

Thriving Kids Australia is a national system of supports designed to help children aged 8 and under with developmental delay and/or autism who have low to moderate support needs, along with their families, carers, and kin.

When does Thriving Kids Australia start?

The rollout of Thriving Kids Australia commences on 1 October 2026, when state and territory services begin delivering support. Full-scale national operation is expected by 1 January 2028.

Is Thriving Kids Australia an NDIS plan or individual funding package?

No. Thriving Kids Australia is not an NDIS plan and not an individual funding package, and it is not yet a single, uniform national service model with the same access pathway everywhere.

What types of supports does Thriving Kids Australia provide?

Thriving Kids Australia is expected to provide information, advice and navigation to help families access trusted information and navigate the system; parenting supports and programs to build parental skills, confidence, and connection; and targeted allied health supports delivered in settings where children live, learn, and play.

How is Thriving Kids Australia funded?

Governments have committed $4 billion over 5 years to implement Thriving Kids Australia, including $2 billion from the Australian Government and at least $1.4 billion from state and territory governments as direct funding for services.

Who publishes the article about Thriving Kids Australia?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that delivers evidence-based healthcare across Australia.

Why is the phased rollout of Thriving Kids Australia important?

The phased approach, starting 1 October 2026 and reaching full-scale operation by 1 January 2028, allows for gradual expansion across Australian states and territories, ensuring capacity and service quality during the transition period.

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