# Thriving Kids Eligibility: Who Qualifies? | Bloom Healthcare

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## Details:

Thriving Kids is a national system of supports for children aged 8 and under with developmental delay and/or autism and low to moderate support needs, and for their families and carers. The rollout of state and territory services begins on 1 October 2026 , and the program is expected to be operating at national scale from 1 January 2028 . It is not an NDIS plan and does not give a child an individual funding package.

One thing matters more than anything else on this page: no family can enrol a child in Thriving Kids yet, and no organisation is an approved Thriving Kids provider yet. Anyone telling you otherwise is ahead of the facts. Eligibility "in practice", meaning the actual assessment steps and local entry points, is still being finalised by each state and territory.

The sections above set out the announced policy. What follows separates what governments have actually confirmed from what is still being worked out, because the gap between those two things is where families are being given wrong answers.

## What is confirmed

These points come from the Australian Government's announced policy position and the National Agreement on Foundational Supports.

The cohort. Children aged 0 to 8 with developmental delay and/or autism who have low to moderate support needs, together with their families, carers and kin.

The two dates. Rollout of state-based services starts 1 October 2026. National scale is expected from 1 January 2028. Services will not all appear everywhere on the first date; governments are building the system progressively.

The funding. Governments have jointly committed $4 billion over five years to the first phase of Foundational Supports. The Australian Government's share is $2 billion, with at least $1.4 billion going directly to states and territories.

The support types. Information, advice and navigation; parenting supports and programs; and targeted allied health supports. Earlier identification through routine child development and health checks, including a new Medicare Healthy Kids Check at age three, sits alongside these.

Access is not meant to depend on a diagnosis. The stated design principle is that support is based on developmental and functional need rather than a diagnostic label, with more than one way in.

Children with high needs stay with the NDIS. Children with permanent and significant disability, or substantially reduced functional capacity and high support needs, are intended to remain NDIS-eligible under the usual arrangements. Being 8 or under does not by itself move a child out of the Scheme.

Thriving Kids is not an individual funding package. It is a system of services delivered through states and territories, not a budget allocated to a child.

## What is not settled yet

This is the part that gets skipped, and it is the part parents most need.

The service menu. What is actually on offer has not been finalised, and it will differ between states and territories. Two children with similar needs in different states may be offered different things, at least in the early period.

The access pathway. How a family walks in the door, who they contact first, and what happens next is still being designed jurisdiction by jurisdiction. The Department of Health, Disability and Ageing has said this information will be published closer to services commencing.

Enrolment. There is no enrolment process. There is no form, no waiting list to join, and no registration to complete. If someone offers to put your child's name down for Thriving Kids, that is not a real process.

How "low to moderate" will be applied. There is no published checklist, score or threshold a parent can apply at home. The term refers to functional capacity, meaning what a child can do and where they need help, rather than a label. The detailed assessment and service pathways that will decide which support suits which child are still being worked through.

Provider arrangements. Commissioning is still being determined by governments. Bloom Healthcare does not describe itself as an appointed or approved Thriving Kids provider, and no allied health organisation should be describing itself that way at this stage.

The legislation. The proposed NDIS access changes depend on amendments to the National Disability Insurance Scheme Act 2013 . The National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 passed the House of Representatives and was introduced into the Senate on 12 August 2026. As at 17 August 2026 it had not become law. Check the Parliament of Australia website for the current status before relying on the 2028 access change as settled.

Queensland's position. As at mid-August 2026 Queensland's implementation position was still being finalised while discussions continued. Other jurisdictions had confirmed staged rollouts from October 2026.

## Why "not an NDIS plan" actually matters

Families who have been through the NDIS tend to read any new government program through NDIS logic. That will mislead you here.

Under an NDIS plan a participant has a plan with an allocated budget, a participant number, a chosen funding management arrangement (self-managed, plan-managed or NDIA-managed), and the ability to select providers and direct how the budget is spent. Plans are built with a planner and the participant agrees to changes.

Thriving Kids is not structured that way. There is no participant budget, no plan manager and no participant number described in the model. Supports are delivered through services commissioned by state and territory governments, and each child's needs and circumstances guide which of those services suit them and their family. That means the questions you would ask about an NDIS plan, such as "how much funding will we get" or "can we choose our own therapist", do not have answers yet, because the model does not work through an individual allocation and the local delivery detail is not published.

It also means Thriving Kids is not a replacement for an NDIS plan for a child who genuinely needs one. The two systems are meant to sit side by side, with the NDIS continuing to serve children with permanent and significant disability.

## If your child is already on an NDIS plan

Children aged 8 and under already enrolled in the NDIS before 1 January 2028 are not intended to be removed from the Scheme on that date. The stated position is that children in this group with developmental delay and/or autism and low to moderate support needs will be reassessed under the eligibility criteria that applied before 1 January 2028.

Three practical consequences.

Your current plan continues to work. Keep using the funding you have for the supports your child needs. Nothing about the announcement pauses your existing plan.

Reassessment is where the question gets answered, not a cut-off date. The relevant moment for most families will be their next reassessment, and the criteria applied there are the pre-2028 ones. Individual decisions belong to the NDIA, not to a provider, so if you have questions about your child's specific plan, put them to the NDIA or your child's treating team.

Evidence about function is what carries across. Whichever system a child ends up in, both are built around functional need. Documentation about what your child can do, what they struggle with, and how that affects daily life is useful either way.

## How children are likely to be identified

Early identification is central to the model, and the pathways described are the ordinary ones families already use: routine child development and health checks, the new Medicare Healthy Kids Check at age three, GPs, paediatricians, child and family health nurses, maternal and child health nurses, and early childhood educators.

Signs that warrant raising a concern with a health professional, rather than waiting, include loss of skills a child previously had, strong parental concern that persists, limited response to sound or visual cues, very limited social engagement, and a clear mismatch between what a child can manage and what daily life asks of them at mealtimes, toileting, dressing or preschool. Concerns that have lasted more than a few weeks, appear in more than one setting, or are getting worse are worth acting on.

Hearing and vision checks are worth doing early, because sensory problems can look like attention or behaviour problems.

None of this is a diagnostic tool and none of it decides eligibility. It is a prompt to have a conversation with someone qualified to assess your child.

## What you can usefully do in the next few months

Waiting for October before asking for help is the main mistake families are making. Existing health, education, Medicare and NDIS pathways all continue while Thriving Kids is being built.

Write down what you are actually seeing. Keep it concrete and tied to real moments: mornings, meals, sleep, transitions, toileting, dressing, group time at preschool, following instructions, friendships, noisy shops, appointments. Specific beats general. "Cannot ask for help when frustrated, and escalates within a couple of minutes" is far more useful than "poor communication".

Collect observations from other settings. Ask childcare, preschool or school staff for short written notes on what typically happens, what helps your child succeed, what triggers difficulty, and how your child manages compared with peers in group routines. Grandparents and regular carers can add to this. Evidence from several settings is stronger than evidence from one.

Turn concerns into goals. Phrase them as what you want your child to be able to do: express needs in a way others understand, cope with transitions with less distress, join in group routines more comfortably, follow a two-step instruction at preschool. Goal language based on function works in any system, and it is exactly how Thriving Kids is meant to operate.

Book a check-in. Take your notes to your GP, paediatrician or child and family health nurse. Ask what is available now, not only what is coming.

Consider a functional capacity assessment if you do not have recent formal documentation. It sets out strengths to build on, the specific barriers in everyday routines, useful next supports, and a baseline you can measure change against. It documents need regardless of whether there is a diagnosis.

Keep your paperwork together. Current plan, recent reviews, therapy reports from any allied health clinician, your stated goals, and correspondence with the NDIA. Whichever way your child's pathway goes, this is the record that speaks for them.

Track progress simply. Note what is easier now than three months ago. Concrete changes, such as managing transitions with visual supports or fewer distressed episodes each week, tell the story better than impressions.

Do not wait for a diagnosis to raise a developmental concern. Under the NDIS early childhood approach, children younger than 6 with developmental delay do not need a formal diagnosis to be supported, and children aged 6 to 9 with an identified disability can also be assisted. Thriving Kids is being built on the same principle.

## What is available right now

Bloom Healthcare supports children aged 0 to 9 today through its paediatrics service and the Little Bloomers early childhood intervention program, delivered across New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania and the Australian Capital Territory.

Depending on what a child needs, that can include speech pathology for communication, language and feeding, occupational therapy for daily living skills, sensory needs, play and school readiness, physiotherapy for gross motor development, movement and coordination, psychology and counselling for emotional regulation, positive behaviour support where behaviour is affecting safety or participation, and developmental assessments.

The model is family-centred and neuroaffirming: therapy happens in the settings a child already spends time in, including home, early learning centres, school and the community, with parent coaching alongside direct work with the child, and a lead clinician coordinating where several disciplines are involved. Clinic sessions can be arranged case by case, and telehealth is available.

Children under 9 can access Little Bloomers with an NDIS plan that includes early childhood intervention funding, or on referral from a doctor or health professional. To start, make a referral or ring 1300 771 465 . It helps to have your child's age, your main concerns, any existing reports from childcare, preschool, school or previous therapy, relevant medical history, and your family's priorities. Bloom triages to the right clinician, confirms priorities with you, and sets out the service agreement, including hours, frequency, travel and reporting, before therapy starts.

None of this depends on Thriving Kids, and none of it prevents your child taking up Thriving Kids supports later.

## Questions families are asking about Thriving Kids

### *Can I sign my child up for Thriving Kids now?*

No. There is no enrolment or registration process, because state and territory services do not start until 1 October 2026 and access pathways are still being designed. Anything presented as a Thriving Kids waiting list right now is not an official process.

### *Is any provider an approved Thriving Kids provider yet?*

No. Commissioning arrangements are still being determined by governments, and provider approval processes have not been established. Bloom Healthcare delivers allied health services that line up with the kinds of supports Thriving Kids is intended to include, but does so outside the Thriving Kids framework.

### *Does an autism diagnosis mean my child is eligible?*

A diagnosis by itself is not intended to decide the pathway. The stated approach looks at functional capacity: what a child can do and where they need help. Thriving Kids is aimed at children 8 and under with low to moderate support needs. Children with substantially reduced functional capacity or permanent and significant disability are intended to remain with the NDIS.

### *How will anyone decide whether my child's needs are low to moderate?*

That is one of the genuinely unsettled parts. There is no published threshold, score or checklist, and the assessment and service pathways are still being worked through by governments. Anyone giving you a confident answer on where the line sits is guessing.

### *Will my child lose their NDIS plan on 1 January 2028?*

Not automatically. Children aged 8 and under already enrolled before that date are intended to keep being reassessed against the criteria that applied before 1 January 2028. The access changes also require amendments to the National Disability Insurance Scheme Act 2013 that had not become law as at 17 August 2026. Questions about an individual plan should go to the NDIA or your child's treating team.

### *My child turns 9 soon. What does that mean?*

Thriving Kids is aimed at children 8 and under, so a child of 9 or older is outside that age group. That does not leave them without options. The NDIS may apply if eligibility requirements are met, and health, education and other foundational supports may be relevant.

### *Will Thriving Kids give us a budget we control?*

The model is not described as an individual funding package. There is no participant budget, plan manager or participant number in the design. Supports are delivered through services commissioned by state and territory governments.

### *Do we need a diagnosis first?*

The stated design is that access is based on developmental support need, not diagnosis, and that earlier identification through routine checks and the Medicare Healthy Kids Check at age three will help children get support sooner. A diagnosis may still matter for other health, education or disability pathways, so discuss it with your GP, paediatrician or treating clinician.

### *What will actually be available in my state in October?*

That depends on where you live and is still being finalised. Jurisdictions confirmed staged rollouts from October 2026, with different services arriving at different times, and general supports generally ahead

of targeted supports. Your state or territory government's official page and the Department of Health, Disability and Ageing's Thriving Kids page are the sources to watch.

### *Should we stop therapy while we wait?*

No. Existing services continue, and stopping supports that are working in order to wait for a system that has not started is not in a child's interest. If your child's therapy is funded under a current NDIS plan, keep using it.

### *What is the single most useful thing I can do before October?*

Document function. Write down, in specific everyday terms, what is hard for your child, in which settings, and how often, and gather short written observations from preschool or school. That record is useful for an NDIS reassessment, for a Thriving Kids conversation, and for any clinician you see in the meantime.

### *Where do I check whether the rules have changed?*

The Australian Government Department of Health, Disability and Ageing's Thriving Kids information, your state or territory government's official page, and the Parliament of Australia website for the status of the amending Bill. Because implementation and legislation are still moving, those official sources sit above anything written by a provider, including this page.

### *Who can I talk to about support today?*

Ring Bloom on 1300 771 465 or make a referral to talk about allied health support for a child aged 0 to 9 that is available now, whatever your child may later qualify for under Thriving Kids. You can also find a location near you .

### *Who is Thriving Kids designed to support?*

Thriving Kids is designed to support 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.

### *What does 'low to moderate support needs' mean in practical terms?*

It is understood in functional terms rather than formal labels, covering challenges such as communication (being understood, following instructions, social communication), daily routines (sleep, toileting, dressing, mealtimes), emotional regulation (big reactions, transitions, sensory overwhelm), participation (childcare routines, play, community outings), and motor skills (coordination, balance, fine motor skills).

### *What happens to children with high support needs under the new system?*

Children with permanent and significant disability, including those with developmental delay and/or autism with high support needs, will continue to be eligible for the National Disability Insurance Scheme (NDIS) rather than Thriving Kids, and remain supported under usual NDIS arrangements regardless of age or disability type.

### *Does a child need a formal diagnosis to access Thriving Kids?*

Current sector guidance from the Thriving Kids Advisory Group emphasises that access should not depend on a formal diagnosis; the program is designed around a functional assessment approach based on individual child needs and circumstances rather than diagnosis-led allocation, with a range of entry pathways into Thriving Kids supports.

### *Are the eligibility details for Thriving Kids fully finalised?*

No, local requirements will be confirmed closer to rollout, as each state and territory is still finalising their specific implementation details, eligibility steps, and access pathways.

### *What can families do if they are unsure whether their child fits the low to moderate support needs category?*

A functional, goal-based assessment with an allied health professional can help clarify what support is most useful right now.

### *Who publishes this article on Thriving Kids eligibility?*

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider, available at bloom-healthcare.com.au/blog/thriving-kids-eligibility/.