Thriving Kids vs NDIS: What Changes for Children Under 8 From 2028

Canonical: https://bloom-healthcare.com.au/blog/thriving-kids-vs-ndis-for-children-under-8-what-changes-what-stays-the-same-and-what-to-do-now/

Details:

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 and territory services are scheduled to commence no later than 1 October 2026 , and the system is expected to be operating at scale from 1 January 2028 . Children with permanent and significant disability, and children aged 8 and under with substantially reduced functional capacity (high support needs) , remain eligible for the NDIS.

Two things families need to hear plainly. Thriving Kids is not an NDIS plan and is not an individualised funding package. And no child can be enrolled in it yet , because it has not started.

This page separates what has actually been published from what has not been settled, and sets out what is worth doing in the meantime. Where something is undecided, it says so rather than guessing. A confident answer about a system that does not exist yet is worse than no answer.

The short version: confirmed versus still being finalised

Confirmed and published by the Australian Government:

Thriving Kids is for children aged 8 and under with developmental delay and/or autism with low to moderate support needs , and extends to their families, carers and kin.

State and territory services are to commence no later than 1 October 2026 .

Thriving Kids is expected to be at scale from 1 January 2028 .

Changes to NDIS access arrangements commence from 1 January 2028 and are limited to children aged 8 and under with developmental delay and/or autism with low to moderate support needs.

Children with permanent and significant disability remain eligible for the NDIS, subject to usual arrangements.

Children aged 8 and under with developmental delay and/or autism who have substantially reduced functional capacity remain eligible for the NDIS, subject to usual arrangements.

Children aged 8 and under enrolled in the NDIS before 1 January 2028 with low to moderate support needs will be subject to reassessment under the eligibility criteria in place prior to 1 January 2028 .

Thriving Kids is the first phase of Foundational Supports , a reform that came out of the Independent Review into the NDIS.

Foundational Supports carries joint government funding of $4 billion over five years . The Australian Government contribution is $2 billion, of which at least $1.4 billion goes directly to states and territories for Thriving Kids services, matched by at least $1.4 billion from states and territories.

"Support needs" refers to abilities and needs based on functional capacity, not formal diagnosis .

Thriving Kids is not an individualised funding package.

Not settled yet:

The local access pathway. Where a family in a particular suburb actually starts is not confirmed. Access pathways will differ by state and territory.

The service menu in practice. Six national service categories are described, but each state and territory finalises what is actually offered and by whom.

How eligibility is applied on the ground. "Low to moderate" and "substantially reduced functional capacity" are described in principle. How a particular child is sorted between the two, by whom, and using which tools, has not been published.

Timing within the rollout window. Services may become available at different times in different places between October 2026 and January 2028.

What reassessment will look like in practice for children already in the NDIS.

The Government has said details about specific services and how to access them will be released closer to services commencing. That is the honest state of play, and any provider telling you otherwise is filling gaps that have not been filled.

What Thriving Kids is meant to do

Thriving Kids is the first phase of Foundational Supports , which came out of the Independent Review into the NDIS. The Review found that Australia needed stronger supports outside the NDIS for people who need early help but do not need the full scheme.

The intent is earlier identification of developmental needs, and easier access to evidence-based support delivered through local services in the places children already live, learn and play. Rather than a family waiting for a diagnosis, then waiting for an NDIS access decision, then waiting for a plan, the idea is that help arrives sooner and closer to home.

It is delivered on a state and territory basis. That is a deliberate design choice, not an oversight, and it is the reason nobody can yet tell you exactly where to go in your area.

The six service categories in the national model

The national model describes six categories. What each state actually offers within them is still being finalised.

Early identification. Developmental screening and earlier recognition of support needs, with pathways that help families act sooner.

Information and advice. Practical guidance and a clearer starting point for families.

Family and parenting support. Programs and coaching that help families support development and participation at home and in everyday settings.

Targeted allied health. Time-limited therapy support for children who need extra help for a defined period. This is expected to include disciplines such as speech pathology, occupational therapy, physiotherapy, psychology and counselling, positive behaviour support, and audiology where needed.

Assistive technology. Help accessing appropriate assistive technology where it improves daily function.

Workforce capability. Lifting capability across the early childhood and allied health workforces so support is consistent.

Read category four carefully, because it is where most family expectations sit. The published wording is time-limited and targeted . That is a different model from an NDIS plan that funds ongoing therapy across a plan period. If your child currently receives regular ongoing therapy under an NDIS plan and later moves to Thriving Kids, the shape of the support may change, not only the funding source. Exactly how is not yet published.

How Thriving Kids differs from an NDIS plan

	Thriving Kids	NDIS plan
Type of support	A system of services you are connected to	An individualised funding package
Who it is for	Children 8 and under, developmental delay and/or autism, low to moderate support needs	People with permanent and significant disability, including children with substantially reduced functional capacity
Money	No individual budget allocated to the family	Funded budget the participant or plan manager draws on
Choice of provider	Delivered through state and territory arranged local services	Choice and control, with self-managed, plan-managed or NDIA-managed arrangements
Therapy model	Targeted and time-limited	Funded across the plan period against goals
Status today	Not yet operating. No enrolment possible	Operating now

The single most important line in that table is the money one. Families used to thinking in terms of a budget with categories in it will need to think differently. Thriving Kids, as published, connects children to services rather than handing families funds to purchase them.

What stays the same

If your child has high support needs , the published position is that the NDIS remains the right system.

Specifically, two groups remain eligible for the NDIS after the changes commence:

Children with permanent and significant disability , subject to usual arrangements.

Children aged 8 and under with developmental delay and/or autism who have substantially reduced functional capacity , subject to usual arrangements.

Nothing published says that children in these groups lose access. The changes from 1 January 2028 are expressly limited to children aged 8 and under with developmental delay and/or autism with low to moderate support needs.

What applies right now, in the meantime

Until Thriving Kids services actually start in your state, the current arrangements still apply. That matters, because there are months between now and the start of the rollout, and more than a year until it is at scale.

The NDIS early childhood approach currently covers children aged 0 to 9. The upper age was extended from 7 to 9 from 1 July 2023, phased in progressively over the following two years.

Early Childhood Partners are local organisations funded by the NDIS to deliver that approach. They are the usual first point of contact for a family with a young child. They talk through what is happening for your child, suggest next steps, and either connect you to support directly or help you apply to the NDIS if your child appears to meet the requirements.

Early Connections is the part of the approach that gets families support quickly, including when a child is not eligible for the NDIS. That can mean links to community and mainstream services such as childcare, playgroups and kindergarten, practical information, connection with other families, and early

support for children younger than 6.

On diagnosis and age:

Children younger than 6 do not need a formal diagnosis to access early support through the early childhood approach. They need to meet the definition of developmental delay in the NDIS Act 2013 and the residence requirements.

Children aged 6 to 9 need an identified disability that is permanent and likely to be lifelong.

At age 9, children who continue with the NDIS move from an Early Childhood Partner to a Local Area Coordinator.

You can be referred by a parent or carer, a GP, a child and family health nurse, a paediatrician, an early childhood educator, a support coordinator or a community service.

What families can do now

You do not need to wait for October 2026 or January 2028. The most useful preparation is the same under either system, because Thriving Kids is explicitly built around functional need rather than diagnosis. Evidence about function is portable. A diagnosis letter, on its own, is not.

1. Write down real examples, not labels. Record what is actually hard: mornings, mealtimes, play, childcare drop-off, sleep, toileting, transitions, noisy environments, group time. Note the date, what happened, what helped and what did not. Two lines a few times a week beats trying to remember it all in an assessment room.
2. Turn concerns into goals. Use the form "We want our child to be able to...". For example, "We want our child to be able to follow a two-step instruction at preschool", or "We want our child to be able to tell us what they need without escalating", or "We want our child to be able to get dressed with one prompt instead of five".
3. Collect observations from other settings. Childcare, preschool, school transition programs, grandparents, sporting clubs. Ask for a short written note on what helps and what makes things harder. Evidence from more than one setting is much stronger than a parent report alone, because it shows the difficulty is not situational.
4. Ask your current team how progress is measured. Not "are we doing therapy" but "what has changed in function over the last 12 weeks, and how do you know". If nobody recorded a baseline, no one can show progress later. Ask for the baseline now.
5. Consider a functional assessment if the picture is unclear. A functional capacity assessment looks at what a child can do in everyday life across personal care, mobility, communication, social interaction, play and learning, leisure and community participation. It uses observation in natural settings, conversations with family and carers, and standardised tools. It produces the kind of description both systems are built to read.
6. Do not stop existing supports in anticipation. Nothing changes for NDIS participants before 1 January 2028, and children already enrolled will be reassessed against the criteria in place before that date. Withdrawing from therapy now, to get ready for a system that has not started, removes the very evidence of progress that a reassessment will look for.

Why the transition is contested, and why that matters to you

Alongside the government updates, advocacy and peak bodies have raised concerns, and the recurring one is that no child should lose support during the changeover. Children and Young People with Disability Australia has published community concerns about the pace of the rollout and the risk of children falling through the cracks, based on its own survey work.

You do not have to take a position on that debate to draw the practical lesson. The transition works for a family when supports are in place, easy to access and good quality before the family is asked to

change pathways. Until the local access pathway is published for your state, keep your own documentation strong, and keep asking your providers to measure function rather than attendance.

How Bloom fits in

Bloom Healthcare works with families to describe a child's functional needs now, set practical goals, and choose the right mix of support under whichever system applies. That does not require a decision about Thriving Kids, which is exactly the point: the work holds up either way.

Depending on what is happening for your child, that can involve Paediatrics (0 to 9 and 10 to 17), Speech Pathology , Occupational Therapy , Psychology and Counselling , Physiotherapy , Positive Behaviour Support , Dietitian and Exercise Physiology services.

A goal-based intake conversation is usually enough to work out where to start. See the Thriving Kids page , use Contact Us , or call 1300 771 465 .

Common questions about Thriving Kids and the NDIS

Can I sign my child up for Thriving Kids now?

No. Thriving Kids has not launched, so there is no enrolment, registration or waitlist. State and territory services are scheduled to commence no later than 1 October 2026. Anyone offering to register your child for Thriving Kids today is not describing a real process.

Is Thriving Kids replacing the NDIS for young children?

No, not for all of them. It is intended for children 8 and under with developmental delay and/or autism who have low to moderate support needs. Children with permanent and significant disability, and children 8 and under with substantially reduced functional capacity, remain eligible for the NDIS.

Will my child get a funding package under Thriving Kids?

No. Thriving Kids is explicitly not an individualised funding package. The published model connects children and families to supports matched to their functional needs, delivered through state and territory services. There is no individual budget allocated to the family in the way an NDIS plan allocates one.

My child is already on an NDIS plan. Do they lose it in 2028?

The published position is that children aged 8 and under enrolled in the NDIS before 1 January 2028 with developmental delay and/or autism and low to moderate support needs will be subject to reassessment under the eligibility criteria in place prior to 1 January 2028 . That wording signals a transition period rather than an immediate cut-off. What the reassessment process will look like in practice has not been published.

Who decides whether my child has low to moderate or high support needs?

This has not been published in operational detail, and it is the biggest open question in the reform. What has been published is the principle: support needs are judged on functional capacity , not on a diagnostic label. That is why documenting function now is worth doing regardless of which system your child ends up in.

Does my child need an autism diagnosis to get help?

Not under the current early childhood approach, if they are younger than 6. Children under 6 can access early support without a formal diagnosis, provided they meet the definition of developmental delay in the NDIS Act 2013 and the residence requirements. Children aged 6 to 9 need an identified disability that is permanent and likely to be lifelong. Thriving Kids is also framed around functional need rather than diagnosis, and sector recommendations have pushed for access that does not depend on a diagnosis.

Where will we go to access Thriving Kids?

That is not confirmed. Access pathways will differ by state and territory, and the Government has said details about specific services and how to access them will be published closer to services commencing. If your child needs help before then, use the pathways that exist now rather than waiting.

What is the difference between Thriving Kids and Foundational Supports?

Foundational Supports is the broader reform, funded jointly at $4 billion over five years, covering supports outside the NDIS for people who need early help but not the full scheme. Thriving Kids is its first phase, aimed at children 8 and under.

Will therapy under Thriving Kids be ongoing?

The published model describes targeted allied health as time-limited . It is not described as ongoing therapy funded across a plan period. The detail of how long, how often and for whom sits with each state and territory and has not been finalised.

What happens when my child turns 9?

Under current NDIS arrangements, children move from an Early Childhood Partner to a Local Area Coordinator at age 9. The early childhood approach covers ages 0 to 9, after the upper age was extended from 7 to 9 from 1 July 2023 and phased in progressively over the following two years. Thriving Kids is for children 8 and under, so a child who turns 9 sits outside its target group.

Should we pause therapy until the new system starts?

That is a decision for you and your treating team, but it is worth knowing what pausing costs. Both systems are built around evidence of functional need and functional change. A gap in support is also a gap in the record of what your child can do and what helps. Nothing about NDIS access changes before 1 January 2028.

Who can we talk to right now if we are worried about our child's development?

Your GP, a child and family health nurse, a paediatrician, your child's early childhood educator, or your local NDIS Early Childhood Partner. Any of them can start the conversation, and a formal diagnosis is not needed for a child under 6 to be connected to early support. You can also call Bloom on 1300 771 465 for a goal-based intake conversation.

What is Thriving Kids?

Thriving Kids is a national system of supports being built for children aged 8 and under with developmental delay and/or autism with low to moderate support needs.

When will Thriving Kids roll out?

Thriving Kids is intended to roll out state services from 1 October 2026 and be at scale from 1 January 2028.

When will changes to NDIS access arrangements for children take effect?

The Australian Government has published that changes to NDIS access arrangements will commence from 1 January 2028.

Which children will be affected by the NDIS access changes starting 1 January 2028?

The changes will be limited to children aged 8 and under with developmental delay and/or autism who have low to moderate support needs.

Is Thriving Kids an individualised funding package like the NDIS?

No, Thriving Kids is not described as an individualised funding package. The published model focuses on connecting children and families to supports matched to functional needs, delivered through local services in the places children live, learn and play.

How much funding has been committed to Thriving Kids and under what program is it delivered?

Thriving Kids is described as part of Foundational Supports, with joint funding of $4 billion over five years.

Will children with high support needs still be eligible for the NDIS?

Yes. The Australian Government has published 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), will remain eligible for the NDIS, subject to usual arrangements.

How does the Government define 'support needs' for the purposes of these changes?

The Government's Q&A explains that 'support needs' refers to abilities and needs based on functional capacity, rather than a formal diagnosis.

What is the goal of Thriving Kids in terms of identifying children's needs?

The intent of Thriving Kids is earlier identification of developmental needs and easier access to evidence-based supports for children.

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