NDIS Early Intervention Guide for Parents | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-is-the-early-childhood-approach-a-parents-guide/

Details:

The early childhood approach is the way the NDIS supports young children with developmental delay or disability, and their families. It covers children younger than 9. The age range was extended from under 7 to under 9 from 1 July 2023 , phased in progressively over the two years that followed. Children younger than 6 do not need a formal diagnosis to get support, while children aged 6 to 9 need an identified disability . Families can also get help through early connections without an NDIS plan at all. To talk it through, call Bloom Healthcare on 1300 771 465 or email hello@bloom-healthcare.com.au .

If you have read an older guide that says the approach stops at 6 or at 7, that guide is out of date. The sections below set out the current age rules, what you can get without a plan, how the pathway runs step by step, and how Bloom delivers early childhood intervention for children aged 0 to 9.

The age rules, as they stand now

Children younger than 6

A child under 6 does not need a formal diagnosis to access support through the early childhood approach. Developmental concerns are enough on their own.

This matters more than almost anything else on this page. Families often wait months or years for a diagnostic appointment before asking for help, on the belief that nothing can happen until a paediatrician writes something down. For a child under 6, that wait is not required to start the conversation.

Children aged 6 to 9

From age 6, the test changes. A child aged 6 to 9 needs an identified disability to be eligible under the early childhood approach. They can access support through an early childhood partner where there is a permanent disability.

Children aged 9 and over

At 9, a child no longer works with an early childhood partner. They move across to a local area coordinator within the wider NDIS. The supports do not simply stop, but the person coordinating them changes, and the framing shifts from early childhood intervention to the general NDIS pathway.

If your child is approaching 9 and currently has an early childhood partner, that transition is worth raising early rather than being surprised by it.

Early connections: help before, or without, an NDIS plan

One of the least understood parts of the approach is that you can get support without an NDIS plan, and without your child being NDIS eligible at all . This is called early connections.

Early connections exist so that families are not stuck waiting on formal assessment while a developmental concern goes unaddressed. They can include:

connections to community and mainstream supports and services in your area

connections to practical information relevant to your child's development

connections with other families going through something similar

early supports for children younger than 6 with developmental concerns

help to apply to the NDIS if your child has a developmental delay or impairment that is likely to meet the eligibility requirements

For a child under 6 with developmental concerns, short-term early supports typically run for a period of 3 to 12 months , depending on the child's needs and progress. The idea is to build skills and confidence early, before a participation gap widens.

Early connections are delivered through early childhood partners , which are local organisations funded by the NDIS with teams experienced in supporting young children and their families.

How the pathway works, step by step

1. Contact an early childhood partner. You do not need a referral from a doctor to make this first call. Describe what you have noticed.
2. Talk through your concerns. The partner listens to your observations about your child's development, and asks about daily life at home, at childcare and in the community.
3. Assessment and goal setting. The partner looks at your child's strengths, the areas that are hard, and what you want to change, through conversation and observation.
4. Recommendations. Depending on what they find, the partner may connect you to community and mainstream services, arrange short-term early supports, or help you apply to the NDIS.
5. A plan, if your child is eligible. If your child gets an NDIS plan, it sets out the funded supports. Therapy usually starts from there.
6. Regular reviews. The plan is reviewed as your child grows and as goals are met or change.

A point worth holding onto: steps 1 to 4 can produce real help even when step 5 never happens. Not every family who contacts an early childhood partner ends up with an NDIS plan, and that is not a failed outcome.

The lead clinician model, and what it means day to day

Bloom's paediatric services run as a transdisciplinary team guided by a lead clinician .

The lead clinician works with your family to plan and coordinate the therapy your child receives, and is the main point of contact for the team. Because the team works across disciplines rather than in separate silos, the occupational therapist, speech pathologist and physiotherapist share what they are seeing and what is working, instead of each running a private program in parallel.

What that changes for a parent:

you have one person who holds the whole picture, rather than three separate conversations

strategies are consistent across therapies, so your child is not being coached two different ways

the team's collective knowledge about your child grows, rather than sitting with whoever happens to be in the room

The lead clinician also initiates and leads progress reports, which matters at plan reassessment time.

Parent coaching in natural environments

Bloom delivers therapy where children actually spend their time:

homes , where strategies are built into daily routines and family life

early learning centres and childcare , working alongside educators

schools , supporting classroom participation and social connection

community settings , supporting recreation and participation

The reason is practical. A skill practised once a week in a therapy room has to be transferred to real life before it counts. A skill practised at the kitchen bench, in the sandpit, or getting dressed for school is already in real life.

This is why parent coaching sits at the centre of early childhood intervention rather than at the edge of it. Parents and carers get coached with practical strategies to use in ordinary moments, so the therapeutic work continues across the whole week rather than during one appointment.

In Bloom's model that looks like:

coaching and practical guidance so you can reinforce progress at home

strategies built into routines you already have, not extra routines added on

sessions run alongside other providers or educators, with role modelling and explanation

guidance on using everyday opportunities to build learning, skills and independence

Therapists also work with early childhood educators, teachers and other providers so that strategies stay consistent across every setting your child moves through.

What early childhood intervention with Bloom includes

For children aged 0 to 9 , Bloom's early childhood intervention focuses on building essential skills, participation in everyday activities, and wellbeing, delivered in natural environments.

The paediatric team includes:

Occupational therapists for regulation, sensory needs, daily living skills, fine motor skills and school readiness

Speech pathologists for communication, language, social communication and feeding support

Physiotherapists for gross motor development, strength, balance and coordination

Psychologists and counsellors for anxiety support, emotional regulation, behaviour support and family coaching

Positive behaviour support practitioners for complex behaviour, safety and functional behaviour plans

Dietitians for nutrition, growth and restrictive eating

Exercise physiologists for fitness, routine and participation, particularly with older children and teens

For children aged 10 to 17 , the focus shifts to independence, confidence and participation at home, school and in the community, with attention to skill development, emotional wellbeing, social participation and preparing for transitions.

Practice is described as individualised, outcome focused, culturally responsive and inclusive, and neuroaffirming , meaning the approach treats neurodivergence as difference to be supported rather than a fault to be corrected.

Evidence, progress and reporting

Therapy is goal focused, and progress is tracked so that it can be shown rather than asserted. Bloom's reporting includes:

regular assessment of child and family outcomes

informal feedback after each session

formal reviews at scheduled intervals, including therapy plan reviews

progress summaries and reports written in plain language

NDIS end of plan reports and assessment reports prepared for plan reassessments

documentation and discussion of any barriers to reaching a goal

That last one is worth naming. If a goal is not being met, the reason gets written down and discussed with you, rather than quietly dropped at the next review.

How the early childhood approach differs from Thriving Kids

These are two different things and it is easy to mix them up, particularly with Thriving Kids in the news.

The NDIS early childhood approach is the current pathway, running now, for children under 9 with developmental delay or disability. It sits inside the NDIS.

Thriving Kids is a separate program, still being rolled out, aimed at children aged 8 and under with developmental delay and/or autism who have low to moderate support needs . It is not an NDIS plan.

From 1 January 2028 , NDIS access arrangements are scheduled to change, so that children aged 8 and under with developmental delay and/or autism and low to moderate support needs are supported through Thriving Kids rather than the NDIS. Children with high support needs are to continue through the NDIS.

Nothing about Thriving Kids changes what you should do today. If you have a developmental concern about a young child right now, the early childhood approach is the live pathway, and waiting for a future program to arrive is not a plan. For detail on the Thriving Kids timeline and what it means for a family already on an NDIS plan, see Bloom's dedicated Thriving Kids pages, or call 1300 771 465.

When to make contact

It is never too early to ask. Signs that are worth raising include difficulty meeting developmental milestones such as walking or talking, difficulty with social engagement or sensory processing, and difficulty adapting to new environments or routines.

You do not need to be certain something is wrong before you call. Working out whether there is a concern is part of what an early childhood partner is there for.

Bloom Healthcare: 1300 771 465, hello@bloom-healthcare.com.au. Service hours are Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment.

The NDIS: ndis.gov.au , or the NDIA contact centre on 1800 800 110 , which can tell you who your local early childhood partner is.

Common questions about the NDIS early childhood approach

What ages does the early childhood approach cover now?

Children younger than 9. The age range was extended from under 7 to under 9 from 1 July 2023, phased in progressively over the following two years. Anything you read that says the approach stops at 6 or 7 predates that change.

Does my child need a diagnosis?

Not if they are under 6. Children younger than 6 can access support based on developmental concerns alone, with no formal diagnosis required. From age 6 to 9, an identified disability is needed.

Can we get help while we wait for a diagnosis?

Yes, for a child under 6. This is exactly what early connections and short-term early supports are designed for. You do not have to hold off until a diagnostic appointment comes through.

What if my child is not eligible for the NDIS?

Early connections are still available. They include links to community and mainstream services, practical information about your child's development, and connections with other families. Being ineligible for a plan does not mean being turned away.

How long do short-term early supports last?

Typically 3 to 12 months for a child under 6 with developmental concerns, depending on their needs and progress.

What is an early childhood partner?

A local organisation funded by the NDIS to deliver the early childhood approach in your area. Their teams have experience supporting young children with developmental delay and their families. They are your entry point to the approach, and they can help you apply to the NDIS if that is the right step.

What happens when my child turns 9?

They stop working with an early childhood partner and move to a local area coordinator within the wider NDIS. Raise this before the birthday so the handover is planned rather than sudden.

Do we have to go to a clinic for therapy?

No. Bloom delivers therapy in homes, early learning centres and childcare, schools and community settings, because skills practised in the settings where they are actually needed tend to stick.

What is a lead clinician?

The clinician who plans and coordinates your child's therapy and is your main point of contact with the team. Bloom's paediatric services work as a transdisciplinary team, so the different professionals share knowledge rather than working separately, and the lead clinician leads the progress reports.

What is parent coaching, and is it just homework for parents?

It is coaching that gives you practical strategies to use in the routines you already have, rather than a set of exercises added to your week. The point is that your child gets support across the whole week, not only during a session. Sessions are often run alongside educators or other providers with role modelling, so everyone is doing the same thing.

What reports will we get, and what are they for?

Progress summaries and therapy plan reviews written in plain language, plus NDIS end of plan reports and assessment reports for plan reassessment. They are the evidence the NDIA uses when deciding what to fund next.

Is Thriving Kids replacing the early childhood approach?

No. They are separate. Thriving Kids is a different program with its own timeline, aimed at children aged 8 and under with developmental delay and/or autism and low to moderate support needs. The early childhood approach is what is operating today. See Bloom's Thriving Kids pages for the detail, or call 1300 771 465.

What will it cost?

That depends on your child's plan and how it is managed. Fees and service terms are set out in your service agreement before therapy starts. Call 1300 771 465 and ask, rather than assuming a figure from another provider or another scheme applies.

Where to go next

Paediatric therapy

Thriving Kids

Developmental milestones and red flags

Speech pathology

NDIS paediatric physiotherapy

Make a referral

What is the NDIS Early Childhood Approach?

The Early Childhood Approach is a framework within the NDIS designed for children aged 0–9 years with developmental delays or disabilities. It aims to provide early support that builds skills, independence, and confidence for both the child and their family, addressing concerns related to their development.

Why is early intervention important for young children?

Research consistently shows that the first six years of life are critical for brain development. Early intervention during this window can significantly improve outcomes, helping children overcome challenges and achieve developmental milestones, and accessing support services quickly ensures optimal development and quality of life.

Who is eligible for the NDIS Early Childhood Approach?

The Early Childhood Approach is open to children younger than 6 years with a developmental delay that significantly impacts their ability to participate in everyday activities, and children younger than 9 years with a diagnosed disability or developmental delay, such as autism spectrum disorder, cerebral palsy, or Down syndrome.

Can a child still get support if they don't qualify for long-term NDIS funding?

Yes. Even if a child doesn't meet the criteria for long-term NDIS funding, they may still access short-term early intervention supports through the Early Childhood Approach, with an Early Childhood Partner guiding families through this process.

What is the role of an Early Childhood Partner?

Early Childhood Partners are professionals who work with families to understand their child's needs and provide recommendations. They may connect families with short-term support or guide them through applying for NDIS funding if needed.

What types of allied health supports are mentioned as accessible through NDIS early intervention?

According to the page's description, the NDIS early childhood approach can be used to access speech therapy, occupational therapy (OT), and physiotherapy during the critical years of early intervention.

What kind of organisation is Bloom Healthcare?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Its healthcare model focuses on evidence-based practice, client centricity, and is delivered by highly qualified health practitioners across Australia.

How can someone contact Bloom Healthcare?

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

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