Understanding Autism with NDIS Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/autism-disability-or-difference/

Details:

Autistic people answer this question differently from one another, and they answer it sincerely. Some describe autism as a disability and want that recognised. Some describe it as a difference and find the disability label inaccurate or diminishing. Many hold both at once: a way of being that is genuinely theirs, which becomes disabling in settings that are not built for it. No page can settle this on anyone's behalf, and this one does not try.

What can be said clearly is that the question is doing two separate jobs, and it helps to pull them apart. One is a question about identity, and it belongs to the person whose identity it is. The other is a question about systems: how schools, workplaces, the NDIS and the health system classify people and decide who gets support. Those two questions have different answers, and the second one has rules you can actually look up.

Two ways of thinking about the word disability

Most of the disagreement comes down to what people mean by the word.

One way of using it locates disability inside the person: a condition someone has, described by diagnosis, understood in terms of symptoms and deficits. Used this way, calling autism a disability says something about what is wrong with a person, which is exactly why many autistic people reject the label.

The other way locates disability in the gap between a person and their surroundings. On this reading, a person has particular characteristics, and they are disabled by environments and expectations built for someone else: open plan offices, fluorescent lighting, unwritten social rules, forms designed for people who process information the way most people do. Change the surroundings and the disability changes with them, even though the person has not changed at all. Used this way, calling autism a disability says nothing negative about the person and quite a lot about the world.

People who appear to disagree about whether autism is a disability are often simply using the word in these two different senses. It is worth asking which one someone means before assuming you disagree with them.

Neither reading requires treating autism as something to be removed. Autism is a lifelong way the brain develops and works, not an illness with a course of treatment, and affirming practice does not aim at making an autistic person less autistic. Support is aimed at the things the person actually wants to change in their life.

Why this is not only a philosophical question

Three practical things turn on it.

Access to funded support. The NDIS does not fund people because of identity or because of a diagnosis. It funds people who meet its access requirements, which turn on permanent, significant functional impairment. That is a legal and administrative test, not a statement about who someone is. A person can describe themselves entirely as different rather than disabled and still meet the criteria,

because the criteria are not asking about self-description.

Adjustments at school and at work. Getting a quiet room, written instructions, flexible hours or extra time usually requires the request to be framed in the language of disability and adjustment, whatever the person calls it privately.

How you are treated in a service. A service that thinks of autism only as a set of deficits will set goals about appearing more typical. A service working from an affirming position sets goals about what the person wants to do, and treats the traits themselves as part of who they are rather than as targets.

Someone can hold a strong view on the identity question and still make a pragmatic choice about which words to use on a form. That is not inconsistency. It is knowing that the form and the mirror are asking different things.

What the NDIS actually asks

This is where much of the confusion sits, so it is worth being precise.

An autism diagnosis on its own does not guarantee NDIS access. The scheme looks at functional impact and permanence together. The disability requirement is about whether the impairment substantially reduces what a person can do across areas such as communication, social interaction, learning, self-care, mobility and self-management, and whether it is likely to be lifelong. Two people with the same diagnosis can receive different decisions, because their functioning and support needs are different.

In practice that means evidence, not adjectives. Applications are supported by diagnostic and medical reports establishing permanence, and by allied health assessments of functional capacity from professionals such as psychologists, occupational therapists and speech pathologists, describing what a person can and cannot do at home, at school, at work and in the community.

For children under 6, the NDIS early childhood approach does not require a formal diagnosis to start receiving support. From age 6 onwards a diagnosis becomes more central, although functional impact remains the deciding factor. From 1 January 2028, children aged 8 and under with autism or developmental delay and low to moderate support needs are expected to be supported mainly through Thriving Kids rather than the NDIS, while children with permanent and significant disability or high support needs stay with the NDIS. Thriving Kids begins rolling out from 1 October 2026 and none of these changes have taken effect yet.

If an access request is declined, you can ask the NDIA for an internal review, and if you are still not satisfied there is an external review process after that. Time limits apply, so ask about them when the decision letter arrives. The NDIA can be reached on 1800 800 110, and an independent disability advocate can help you put a case together.

Autistic or person with autism: which words to use

Both are in wide use and both are meant respectfully.

Identity-first language ("autistic person") treats autism as part of who someone is rather than something attached to them. Many autistic adults and autistic-led organisations prefer it for exactly that reason.

Person-first language ("person with autism") came out of a long effort to stop people being reduced to a diagnosis, and plenty of people, including many parents, still prefer it.

There is no version of this where one choice is correct for everyone. The workable rule for anyone in a supporting role is simple: ask the person how they want to be described, use what they tell you consistently across conversations, notes and reports, and check again over time, because preferences change, particularly for people who are newly diagnosed. Where the person cannot tell you and no preference is known, follow the family's lead and stay open to being corrected later by the person

themselves.

The part that often gets left out: what it costs to be seen as "just different"

The difference framing has real value. It resists the idea that autistic people are broken, and it puts attention on environments rather than on individuals. But when it is used to argue that no support is needed, it does harm, and the people most affected are usually those whose difficulties are not visible from outside.

Masking is the clearest example. Many autistic people, particularly those diagnosed late, spend years working to appear typical: rehearsing conversations, suppressing responses, holding themselves together in public and paying for it afterwards. It works well enough that other people conclude nothing is wrong, and the exhaustion that follows, often described as autistic burnout, is invisible to everyone but the person and sometimes their household.

Adults diagnosed later in life frequently describe a mix of relief and grief, together with years of internalised messages about being lazy, rude or too sensitive. That is a specific kind of psychological work, and it is not the same as treating a mental illness. Support here is about making sense of a history, rebuilding self-trust, deciding how much masking is worth its cost, and working out what to ask for. Whether the person calls that disability support or something else is up to them.

What a service should actually do with all this

The useful test is not what a provider says about neurodiversity. It is what happens in the room.

Affirming practice means goals that come from the person, not from a checklist of typical behaviour. It means the therapy is adjusted to the person rather than the person being asked to tolerate the therapy: sessions in familiar settings if new places are difficult, communication in whatever form the person uses including AAC and non-speaking communication, sensory conditions taken seriously, and pace set by them. It means environments and expectations get changed alongside skills, because the barrier is often not in the person.

It also means decisions stay with the person as far as possible. Supported decision-making starts from the position that people have the right to make decisions about their own lives, and that support is about supplying information, time and accessible formats so a decision can be made and communicated, not about someone else deciding on their behalf. In practice, that includes preparing for planning meetings, rehearsing what you want to ask for, and having someone present who knows what matters to you.

Bloom works from a neurodiversity-affirming position across psychology, occupational therapy, speech pathology, physiotherapy and positive behaviour support. That means autism is treated as natural variation in how brains work, support needs are taken seriously without treating the person as a problem, and nobody is asked to be less themselves as a condition of being supported.

Where to go from here

If you want to talk through whether support would help, or what evidence an NDIS access request needs, call 1300 771 465 or use the contact page . If you are still deciding what you think about the question in this title, that is fine too. Plenty of people arrive at services having not settled it, and it is not a prerequisite for getting help.

Common questions about autism, disability and identity

Is autism officially classified as a disability in Australia?

For the purposes of accessing the NDIS, autism can meet the disability requirements where it results in permanent, significant functional impairment. That is an administrative classification about eligibility for support, and it does not tell any individual how to think about themselves.

Can I say autism is a difference and still apply for the NDIS?

Yes. The access process asks about functional impact, not about how you describe your identity. Many people use clinical language on the application and different language in the rest of their life.

Does an autism diagnosis mean automatic NDIS access?

No. Diagnosis is part of the evidence, but the decision rests on whether the impairment is permanent and significantly affects daily functioning. Two people with the same diagnosis can get different outcomes.

Should I say "autistic person" or "person with autism"?

Whichever the person prefers. Ask them, then use that consistently. If you have no way of knowing, either is defensible, and being willing to change when corrected matters more than the initial choice.

Is autism something that can be cured or grown out of?

No. Autism is a lifelong difference in how the brain develops and works. Support is about the things a person wants to change in their life and the barriers around them, not about changing who they are.

If autism is a difference, why would anyone need therapy?

Because support needs and identity are separate things. Someone can be entirely at ease with being autistic and still want help with communication, sensory conditions at work, daily tasks, anxiety or pain. Affirming support works on what the person nominates.

My child seems fine at school and falls apart at home. Why?

This pattern is common and is usually about the effort of holding it together in public. It does not mean nothing is happening at school, and it does not mean the difficulties are exaggerated. It is worth raising directly with a clinician who will take the home picture as seriously as the school report.

I was diagnosed as an adult. What kind of support is there?

Psychology and counselling that focuses on making sense of your history, self-understanding and self-compassion, and managing anxiety or other co-occurring conditions, alongside practical support such as occupational therapy for workplace adjustments and daily routines. What you access will depend on your funding situation.

What if the NDIS says no?

You can ask the NDIA for an internal review, and there is an external review process beyond that if you are still not satisfied. Time limits apply. Call the NDIA on 1800 800 110 for the process, and consider getting help from an independent disability advocate.

How do I know whether a provider is genuinely affirming?

Ask what the goals would be. If the answers are about the person doing things they want to do, and about adjusting environments and expectations, that is a good sign. If the answers are about reducing behaviours that are not harming anyone, or about appearing more typical, that is a different approach.

Who decides what goes in my plan and my goals?

You do, as far as possible, with support to make and communicate the decision rather than someone deciding for you. If you find planning meetings hard, you can prepare in advance and bring someone with you.

Does the debate about disability or difference actually change what support I get?

Not the funding decision, which turns on functional impact. It does change how you are treated inside a service, and what goals get written down, which over time can matter just as much.

Is autism considered a disability or a difference according to Bloom Healthcare?

Bloom Healthcare presents autism (Autism Spectrum Disorder, ASD) as both a disability and a difference. While it is often framed as a disability, the broader perspective celebrates neurodiversity and views autism as a unique way of experiencing the world rather than solely a deficit.

What is neurodiversity and why is it valuable?

Neurodiversity is the concept that neurodiverse individuals, including those with autism, bring valuable strengths to society. Research shows individuals with autism often exhibit heightened creativity and innovation compared to neurotypical peers, and appreciating neurodiversity helps challenge stereotypes and create inclusive environments.

What strengths do many individuals with autism possess?

Many individuals with autism possess exceptional capabilities such as attention to detail, heightened pattern recognition, and exceptional memory skills.

How can focusing on strengths help autistic individuals?

By nurturing and harnessing the strengths of individuals with autism, such as attention to detail, pattern recognition, and memory skills, we can help them thrive across various aspects of their lives.

What practical support strategies does the article suggest for individuals with autism?

The article suggests encouraging self-advocacy by empowering individuals with autism to express their needs, preferences, and perspectives. This includes developing communication skills to express needs and preferences, and building relationships with supportive adults who can help navigate social situations.

Who publishes this article on autism and NDIS support?

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

What topic category does this article on autism fall under on the Bloom Healthcare blog?

The article falls under the 'Autism' article section on the Bloom Healthcare blog.

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