Assistive Technology for Disabled Persons | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/how-assistive-technologies-can-change-the-lives-of-people-with-a-disability/

Details:

Assistive technology is any device or equipment that helps you do something your disability or ageing makes hard. Under the NDIS it is funded from your Capital Supports budget, which is separate from the therapy budget that pays for your occupational therapist or physiotherapist. Getting it usually means an assessment by an allied health professional, a trial of the equipment, a written prescription and a report to the NDIA showing why the item is reasonable and necessary. Older Australians reach the same kinds of equipment through the aged care Assistive Technology and Home Modifications scheme instead. To talk it through with Bloom, call 1300 771 465 or use the referral form .

What counts as assistive technology

The term covers far more than wheelchairs. In practice, the equipment falls into a handful of groups.

Mobility and positioning. Walking aids, four-wheeled walkers, manual and power wheelchairs, scooters, standing frames, specialised beds and pressure reduction mattresses.

Communication. Hearing aids, cochlear implants, and augmentative and alternative communication systems, which range from paper communication boards through to speech-generating devices and eye gaze systems.

Daily living and self-care. Grab rails, shower chairs, adaptive eating equipment, dressing aids, pick-up sticks and adapted furniture.

Vision, hearing and information access. Screen readers, Braille displays and audio description, which make digital information usable.

Cognition and learning. Prompting and reminder tools, text-to-speech and speech-to-text software, and structured planning apps that support memory and executive function.

Environmental control and monitoring. Smart home systems that let you control lighting, doors, heating and appliances, and wearable devices that track health data or raise an alert if you need help.

Vehicle and driving. Adaptive equipment that makes driving or being transported safe.

Some of these are also useful to people without disability, which is part of why the market has improved. Text-to-speech and voice control started as accessibility features and are now everywhere.

The funding point most people miss: AT is a capital support

This matters more than any other single fact on this page.

Under the NDIS, assistive technology sits in Capital Supports . That budget is for buying or leasing equipment, home modifications and other assets. It is not the same budget as Capacity Building, which pays for therapy. So funding an expensive item does not eat into your occupational therapy or speech pathology hours, and having therapy funding does not automatically mean you have equipment funding.

Capital Supports is also the most tightly controlled part of a plan. Money in it is usually tied to a specific purpose and cannot be freely moved to other supports.

Assistive technology, consumables and home modifications are three different things

People frequently ask for the wrong one, so the distinction is worth holding onto.

Category	What it is	Typical examples
Assistive technology	Durable, reusable equipment you keep and use over time	Wheelchair, communication device, hearing aid, shower chair, splint
Consumables	Items that get used up and need regular replacement	Everyday therapy and daily-living supplies bought repeatedly
Home modifications	Physical or structural changes to the building itself	Ramps, stairlifts, bathroom modifications, fixed rails

Assistive technology and home modifications both sit under Capital Supports. Consumables have their own category. If your bathroom is unsafe, the answer might be a shower chair (assistive technology) or a level-entry shower (a home modification), and which one gets recommended depends on the assessment, not on which sounds bigger.

Low, mid and high cost items

The NDIS treats assistive technology differently depending on cost and complexity, and the higher the tier the more evidence is required.

Low cost — simple, widely available items such as grab rails, pick-up sticks and four-wheeled walkers.

Mid cost — items that need to be scripted to the individual, such as a prescribed manual wheelchair, a scooter, a bed or a pressure reduction mattress.

High cost — complex, highly customised equipment, most commonly a prescribed power wheelchair.

A low cost item can often be bought without a full assessment. A scripted or high cost item almost always needs professional prescription, quotes and a report. The thresholds and rules change from time to time, so check the current requirements with the NDIA, your plan manager or your support coordinator rather than assuming.

The assessment and prescription pathway

This is the part the equipment brochures never explain, and it is where most delays happen.

1. Referral. You, a family member, a support coordinator, a GP or another provider raises the need. It usually starts as a problem rather than a product: transfers are becoming unsafe, communication is breaking down, you cannot manage the shower alone any more.
2. Functional assessment. An occupational therapist — or a physiotherapist, or a speech pathologist for communication equipment — assesses what you can currently do, where the barriers are, and what you are trying to achieve. Good assessment looks at the environment too, not only the person. The same wheelchair works or fails depending on doorway widths, floor surfaces, transport and who is helping.
3. Matching and trial. The clinician identifies options and, wherever possible, you trial them. Trials matter. Equipment that looks right on paper is regularly abandoned once someone actually lives with it, and a trial is cheaper than an unusable power chair. For communication devices this stage

compares systems directly: what you need to say day to day, which access method suits you (touch, switch, eye gaze or partner-assisted scanning), and whether the system fits home, school and community rather than only the therapy room.
4. Prescription and report. The clinician prescribes the specific item and writes the evidence for it, considering fit for purpose, safety and usability. The report has to show the functional impact and explain why the item is reasonable and necessary, likely to be effective, and value for money. It links the equipment to the goals already in your plan.
5. Quotes and decision. Quotes are obtained for scripted items and the request goes to the NDIA for a decision.
6. Delivery, set-up and training. Equipment that arrives without training often ends up unused. Your clinician sets it up, adjusts it and trains you — and, importantly, the people around you. For communication devices, training the communication partners is not optional. A speech-generating device only works if family, teachers and support workers know how to use it with you.

How long the assessment takes depends entirely on how complex your needs are and how many items are involved. Bloom quotes the hours and the cost before the work starts, and they are set out in your service agreement. Call 1300 771 465 for a quote for your situation.

What a strong assistive technology report contains

If you want to understand why some requests get approved and others do not, look at the evidence rather than the equipment.

A report that works sets out your current functional capabilities in concrete terms, what the barrier actually is, what was trialled and what happened, why the recommended item was chosen over the alternatives, and what will change once you have it. It ties the recommendation to your plan goals and describes the outcome in daily life, not in clinical language. Vague requests fail. Specific, evidenced ones succeed.

Assistive technology for older Australians

If you are over 65 and not an NDIS participant, your pathway is aged care rather than the NDIS.

Support at Home, which commenced on 1 November 2025 and replaced Home Care Packages and the Short-Term Restorative Care Programme, includes a dedicated Assistive Technology and Home Modifications (AT-HM) scheme . It has its own funding, separate from the ongoing service categories, and covers mobility aids, bathroom safety equipment, adaptive daily living equipment, ramps and stairlifts, and smart home technology.

To access it:

Apply for an aged care assessment through My Aged Care — myagedcare.gov.au or 1800 200 422 .

An assessor evaluates your care needs and determines eligibility.

An occupational therapist or other allied health professional assesses your function and your home environment and recommends what is needed.

You choose a registered Support at Home provider to deliver it.

Participant contributions under Support at Home are set by government. The scheme is deliberately weighted towards early intervention, on the reasoning that a rail installed this year is cheaper and better than a fall next year.

If your request is declined

A declined equipment request is not the end of it. The NDIA gives reasons based on the reasonable and necessary criteria, and those reasons tell you what the evidence was missing.

You can ask for an internal review of the decision. If the internal review does not resolve it, there is an external review pathway, and time limits apply — check the current process and deadlines with the NDIA. Either way, the practical work is the same: strengthen the functional evidence, make the link between the equipment and your goals explicit, and show what was trialled and why the alternatives were not adequate. Bloom's clinicians can help gather and present that evidence.

Getting help with assistive technology

Bloom's allied health team works across occupational therapy , physiotherapy , exercise physiology and speech pathology, delivered mainly in the home and community, which is where equipment has to work. See all services , or call 1300 771 465 to start.

Common questions about assistive technology

Does assistive technology come out of my therapy funding?

No. Under the NDIS, assistive technology is funded from Capital Supports. Therapy is funded from Capacity Building. They are separate budgets, and Capital Supports funding is generally tied to its specific purpose.

Do I need an occupational therapist to get equipment?

For simple, low cost items, often not. For anything scripted to you — a prescribed wheelchair, a specialised bed, a power chair — you will need a professional assessment, prescription and report. Communication devices are assessed by a speech pathologist rather than an OT.

Can I try equipment before it is bought?

Wherever possible, yes, and you should. Trials are a standard part of the prescription process and they are the best protection against ending up with equipment that does not suit your home, your body or your routine.

How long does the whole process take?

It varies a great deal with complexity, the number of items, trial availability, supplier lead times and how long the NDIA takes to decide. Nobody can give you an accurate general figure. Ask your clinician for an estimate once they have seen your situation.

Who pays for repairs and replacement?

Repairs, maintenance and replacement are handled differently depending on the item, your plan and any warranty. Check with your plan manager or support coordinator, or call Bloom on 1300 771 465 before you commit to an item so you understand the ongoing obligations.

What if I am over 65?

If you are not already an NDIS participant, your pathway is the Assistive Technology and Home Modifications scheme within Support at Home. Start with an assessment through My Aged Care on 1800 200 422.

Is smart home technology really assistive technology?

It can be. Where a smart home system is what allows you to control your doors, lighting or appliances independently, it is doing the same job as any other assistive technology. It still has to be assessed and evidenced against your functional needs like anything else.

What is AAC, and who assesses it?

Augmentative and alternative communication covers everything from communication boards to eye gaze systems and speech-generating devices. A speech pathologist assesses it, looking at what you need to communicate, which access method works for you, and whether the system fits your real settings. Training for the people who communicate with you is part of the work.

My equipment request was rejected. What now?

Read the reasons carefully, because they identify the gap in the evidence. Then request an internal review with stronger functional documentation. If that fails there is an external review pathway with time limits, so ask the NDIA about the current process promptly.

Who can refer for an assistive technology assessment?

Anyone. You can contact Bloom directly, or a family member, carer, support coordinator, plan manager, GP or other allied health professional can refer for you. Use the referral form or call 1300 771 465 .

What is the main topic of this Bloom Healthcare blog post?

The blog post, titled 'How Assistive Technology for Disabled Persons Empowers Daily Living,' explains how disability assistive technology helps people with disabilities gain independence, overcome barriers, improve everyday life, and enhance overall wellbeing.

What are assistive technologies according to the article?

Assistive technologies are tools and devices specifically designed to help people with disabilities overcome challenges and improve their quality of life, enabling more independent living, greater participation in activities, and better access to information and communication.

How can assistive technology be combined with other services to benefit people with disabilities?

When used in conjunction with occupational therapy, physiotherapy, and exercise physiology services, assistive devices can significantly ease the lives of individuals with disabilities.

What examples of mobility-related assistive technologies does the article mention?

The article mentions mobility aids such as wheelchairs and walkers, as well as more advanced solutions like prosthetic limbs and exoskeletons that can restore some or all of a person's mobility. It also highlights portable innovations like foldable power wheelchairs that are lightweight and compact for easier transport and greater independence.

What other major area besides mobility does the article say assistive technology impacts?

The article states that communication is another area where assistive technologies have a profound impact, though the specific communication technologies are not detailed in the available content.

Who publishes this article and what does the organization do?

The article is published by Bloom Healthcare, 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 and client centricity, delivered by highly qualified health practitioners across Australia.

What keywords or topics are associated with this article?

The article's associated keywords are aids, assistive technologies, AT, mobility, and physical disability, and it falls under the article section 'Assistive Technologies.'

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