Occupational Therapy | Live Independently | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-occupational-therapy-can-help-you-live-a-more-independent-life-with-a-disability/

Details:

Occupational therapy works on the specific everyday tasks you want to do yourself, and changes one of three things until the task becomes possible: the way you do it, the equipment you use, or the environment around you. It is a capacity building service, so the point is that you need less help over time rather than more. Bloom Healthcare's occupational therapists work mainly in homes, schools and community settings rather than a clinic room, because a skill practised in the place you actually use it is the skill most likely to stick.

What independence looks like in practice

"Independence" is a big word for a set of small, concrete tasks. An occupational therapist will usually start by watching how you do those tasks, then work on the ones you have named as important. The daily activities most often worked on are:

Personal care. Showering and bathing safely, managing water and hygiene, putting on and fastening clothing, grooming, toileting, and settling into a sleep routine that works.

Meals and the kitchen. Meal planning, safe use of kitchen tools, food handling, and pacing so that cooking does not use up the whole day's energy.

Moving around your home. Safe transfers between bed, shower, chair and car, moving through the house without a fall, and energy conservation so fatigue does not decide what you get to do.

Household tasks. Simplified systems for cleaning, laundry and organising, so fewer of these jobs depend on someone else being there.

Getting out. Building confidence with public transport step by step, getting to appointments on your own, shopping, and handling money.

Routines. Mornings, afternoons and the transitions between activities, which for many people are the hardest part of the day rather than the tasks themselves.

For children and teenagers the same logic applies to different tasks: fine motor skills for writing and classroom work, play and joining in with other children, independence at school, and preparing for the move to a new school or setting.

Equipment and home changes, and how they get approved

Two of the biggest levers an occupational therapist can pull are assistive technology and home modifications. Neither is a shopping exercise. Both run through an assessment.

For assistive technology , the therapist works out what is fit for purpose and safe for you specifically, arranges a trial so you can use the item before it is bought, provides training in using it, and documents the functional difference it makes. Items sit in low, mid and high cost tiers. Low cost covers things like grab rails or a walker, mid cost covers items such as a manual wheelchair or a pressure reduction mattress, and high cost covers equipment like a power wheelchair. Which tier you are in changes the evidence and approval process, not the therapist's method.

For home modifications , the assessment covers your functional capacity, your current home, and the barriers and hazards in it. Recommendations might include grab rails, ramps, bathroom safety changes, altered access at steps or doorways, or kitchen changes for reach and safety. For complex modifications the therapist assesses several rooms and writes the detail the National Disability Insurance Agency needs to make a decision.

In both cases the recommendation has to meet the NDIS reasonable and necessary criteria, and it has to be aimed at long term use rather than a short term fix. That is why the report matters as much as the item.

Goals that describe function, not diagnosis

Goals work best when they describe something you want to be able to do. "Increase independence with showering" or "build a routine that lets me get to a community activity each week" gives a therapist something to work on and measure. A goal written only as a diagnosis does not.

Goals are set with you, and usually with family or carers if you want them involved. Common areas are daily living and self care, community participation and transport, sensory strategies and emotional regulation, confidence and reduced reliance on carers for particular tasks, mobility and falls risk, and access changes through equipment or modifications.

What actually happens, session by session

The first appointment is an assessment. Your therapist asks about your daily routine, may ask you to show them a task such as using kitchen tools or moving around the house, reviews relevant medical history and your NDIS goals, and gathers the detail needed to plan. A service agreement is discussed and signed at this stage, covering hours, travel and reporting. Costs are quoted before any work starts.

After that, a personalised plan is written, and ongoing sessions tend to follow a pattern: a check in on how things have gone since last time, then the practical work, which might be practising a daily living task with feedback, motor skill work, or sensory and cognitive strategies. The therapist then reviews what worked, adapts the strategy, and agrees what to try before the next session.

Frequency depends on your goals and your funding. Weekly and fortnightly are both common. Some people have monthly or less frequent sessions, and some have an intensive block of sessions during a recovery period or when there is a specific piece of work to get through. Your therapist should set this with you rather than apply a default.

How this differs from physiotherapy and from a support worker

Physiotherapy concentrates on physical function: strength, balance, coordination and movement. It is the better fit when the need is mainly physical, including for someone with very limited motor control.

Occupational therapy looks at the interaction between your abilities, the task, and the environment. It is usually the better fit when the question is about daily living tasks, assistive technology, sensory needs, home modifications, or a functional capacity assessment. The two disciplines often work together in the same team, each in its own lane.

Support workers and personal care are a different category again. Personal care is direct hands on assistance with showering, toileting, dressing, grooming, eating and sleep routines. Support workers also implement therapeutic and behavioural strategies under supervision. The distinction that matters: personal care helps you do the task now, occupational therapy works on you being able to do more of it yourself. Most people who use both are using them for different reasons.

The reports, and why they decide your next plan

Occupational therapy produces written evidence, and that evidence is often what determines your funding at the next plan reassessment.

Functional capacity assessment reports describe how your disability affects daily function across self care, self management, mobility, learning, communication and social participation. They are used to support planning and plan reassessment decisions.

Progress reports summarise the therapy provided, what changed during the plan period, and what is recommended next. The NDIA expects these to explain the approach taken and give evidence of progress against goals, written in plain language.

Assistive technology and home modification reports set out the functional impact of an item or change and why it is reasonable and necessary.

Home and living assessments look at your residential situation and living arrangements where those are part of the question.

If you disagree with a funding decision there is an internal review first, then external review. Start by asking the NDIA how to request a review of a decision.

Funding

Occupational therapy is most often funded under Capacity Building, in the Improved Daily Living category , which exists for assessment, training and therapy that build skills and independence. In some plans Core Supports can fund occupational therapy where the focus is on maintaining day to day function, though this is less common and depends on how the plan is written.

Self managed and plan managed participants can both use occupational therapy. How your funding is managed changes who pays the invoice, not whether you can access the service. Services are delivered in line with the NDIS Pricing Arrangements and Price Limits.

What your own plan will cover depends on the plan itself. Check with your planner, support coordinator or plan manager, or call Bloom on 1300 771 465 to talk through what is in your budget.

For older Australians

The same work applies outside the NDIS. Occupational therapy is a service under Support at Home, the aged care program that commenced on 1 November 2025, and is available to eligible older Australians. The focus is home safety assessment, adaptive equipment for tasks like cooking and dressing, strategies for daily activities, and cognitive strategies for memory, organisation and routine.

Support at Home also has an Assistive Technology and Home Modifications scheme covering approved equipment and changes such as grab rails, ramps, handrails, walking frames, shower chairs and adaptive eating equipment.

Falls prevention is usually shared work. An occupational therapist handles the environment, the transfers and the equipment, while a physiotherapist or exercise physiologist works on strength and balance.

Common questions about occupational therapy and independence

Do I need a diagnosis to see an occupational therapist?

The therapy targets function, not a diagnosis. What matters for funding is how your disability or condition affects daily activities, which is exactly what a functional capacity assessment describes. Eligibility for NDIS or aged care funding is a separate question from whether occupational therapy would help you, so ask about both.

Will the therapist come to my house?

Usually, yes. Bloom delivers occupational therapy in homes, schools and community settings as the primary model, with a therapy room available case by case. Home visits also let the therapist see the actual bathroom, kitchen and doorways rather than a description of them.

How long before I see a difference?

That depends on the goal, the starting point and how often you have sessions. Your therapist should tell you at the assessment what they expect to work on first and how progress will be measured. Nobody can promise a timeframe before that assessment has happened.

Can occupational therapy help with memory and organisation, not just physical tasks?

Yes. Cognitive strategies for memory, attention, organisation and problem solving are a normal part of occupational therapy, as are sensory strategies for managing overload and regulation.

What if I already have a support worker?

They do different jobs and work well together. An occupational therapist can write strategies that your support worker then uses day to day, which often makes those support hours go further.

Who pays for the reports?

Report writing is part of the therapy service and is covered by your therapy funding. The time involved and the cost are quoted to you before the work starts and set out in your service agreement.

My child is under 9. Is this the same service?

The approach is the same but the goals are different. Children under 9 with developmental delay or disability come through the NDIS early childhood approach, which was extended from under 7 to under 9 from 1 July 2023 and phased in progressively over the following two years. Ask about school based and home based sessions for children.

Can I get occupational therapy if I am not on the NDIS?

Possibly. Aged care funding through Support at Home is one route. Other people pay privately or access therapy through another program. Call 1300 771 465 and describe your situation rather than assuming you are not eligible.

What should I have ready before the first appointment?

Your NDIS plan or aged care assessment if you have one, a list of the daily tasks that are hardest right now, any relevant medical information, and the name of anyone you want involved in the sessions.

Getting started

To arrange occupational therapy, see the occupational therapy service page for what Bloom provides, or contact Bloom or call 1300 771 465 . It helps to have your plan details and a short list of the daily tasks you want to work on ready when you call.

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

The article, titled 'How Occupational Therapy Supports Disabilities and Promotes Independence,' explains how occupational therapy helps people with disabilities live more independent lives.

How does occupational therapy help people with disabilities according to Bloom Healthcare?

Occupational therapy is a holistic healthcare discipline that uses assessment, intervention, and support to help people with disabilities manage everyday tasks and live more independent and fulfilling lives, whether they have a physical, cognitive, or emotional disability.

What are some key benefits of occupational therapy listed for people with disabilities?

Key benefits include improving mobility and range of motion, alleviating pain and fatigue, learning to use assistive devices effectively, adapting homes and environments for accessibility and safety, enhancing memory and cognitive skills, acquiring new skills tailored to individual goals, developing strategies for managing disability, coping with stress and anxiety through evidence-based techniques, and enhancing mood and self-esteem as independence increases.

Who is the publisher of 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, focusing on evidence-based practice and client-centred care delivered by qualified health practitioners across Australia.

How can I contact Bloom Healthcare?

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

What topics or keywords are associated with this article?

The article's keywords include behavioural therapy, cognitive therapy, disability, occupational therapy, physical therapy, sensory integration therapy, and social skills training.

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