Occupational Therapy Treatment for Autism | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-occupational-therapy-helps-individuals-with-autism-thrive/

Details:

Occupational therapy supports participation. It works on the specific everyday things a person wants or needs to do and cannot currently do comfortably, safely or independently: getting dressed, sitting through a school day, cooking a meal, catching a bus, holding a job, being in a shopping centre without leaving in distress. It does this by changing environments, teaching skills and routines, and putting the right equipment and supports in place.

It is not aimed at making an autistic person less autistic. Autism is a lifelong difference in how a person experiences and interacts with the world, and removing it is not a therapy goal. What can change is the fit between the person and their surroundings, and the range of things they can do without exhausting themselves. That distinction decides what a good OT goal looks like: "can shower independently on a school morning" rather than "makes more eye contact".

To discuss a specific situation, call Bloom Healthcare on 1300 771 465 or use the referral form on this site.

A note on language

Some people say "autistic person", some say "person with autism". Both are used in Australia and people hold reasonable preferences either way. Ask, and use what the person or family uses. The same applies to what gets worked on. Goals that come from the person tend to hold. Goals imposed on them tend not to.

What an occupational therapist assesses

An OT assessment is broader than most people expect. It covers personal care such as showering, toileting, dressing, grooming and sleep routines; mobility; communication; social interaction; work capacity; leisure; cognitive and psychological function; the environment the person lives in; and whether assistive technology would help.

Where sensory processing is part of the picture, a sensory assessment is used to build a sensory profile. That draws on interviews with the person and, for a child, with parents and teachers, on observation of how they actually engage with their environment, and on standardised tools. The profile maps what helps, what is intolerable, and what needs adjusting. Loud noise, particular textures, smells, lighting and unexpected change are common triggers, but the specific combination is individual and that is the point of assessing rather than assuming.

The output is a picture of strengths and barriers, not a list of deficits. It should describe what the person can do, under what conditions, and what would have to change for them to do more.

Environment first, then skills

The fastest gains usually come from changing conditions rather than changing the person.

At home that can mean a space set up to reduce sensory load, adjustments to lighting, noise and texture exposure, visual schedules and organisational tools so transitions are predictable rather than sprung on someone, and self-regulation strategies such as deep pressure or breathing routines built into the day rather than used only in a crisis. A sensory diet is a structured plan of movement and sensory activity spread through the day, which can include weighted items, sensory swings, planned movement breaks and calm spaces.

At school an OT works with teachers to adapt the classroom based on their recommendations. That can mean reducing visual clutter, noise-dampening, a designated sensory break space, visual schedules and timers, and support for fine motor tasks such as handwriting and cutting so the physical demand of the work is not the thing that stops participation.

Skill work sits on top of that. Daily living tasks are broken into manageable steps and practised. Play-based work with children builds turn-taking, coordination and imaginative play. Regulation strategies are taught so the person has something to use, not just something done to them.

Both halves matter. Teaching a child a coping strategy for a classroom that is intolerable puts the entire burden on the child.

Assistive technology and home modifications

OTs assess for and prescribe assistive technology, ranging from low-cost items such as grab rails, pick-up sticks and four-wheeled walkers, through mid-cost items such as scripted manual wheelchairs, scooters, beds and pressure-reduction mattresses, to high-cost items such as scripted power chairs. Where equipment is recommended, the OT provides evidence-based documentation of why it is clinically necessary, and then trains the person to use it, since equipment nobody has been taught to use tends to sit in a corner.

Home modification assessment covers the person's function, their current home, and what environmental change would let them live independently, safely and sustainably. Common modifications include grab rails, ramps, stairlifts, bathroom adaptations and reorganising furniture. Home modifications are funded under Capital Supports in an NDIS plan and have their own approval requirements.

For children

Children under 9 with developmental delay or disability are supported 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. Families work with an early childhood partner and a key worker rather than a local area coordinator, and support is delivered in the settings the child already spends time in. For children younger than 6 with developmental concerns, a formal diagnosis is not required to access early support.

A second change is coming. Thriving Kids is a foundational supports system for children aged 8 and under with developmental delay and/or autism and low to moderate support needs, along with their families, carers and kin. State and territory services begin rolling out from 1 October 2026 , with availability and access pathways differing by location in that first phase, and the program is expected to operate at scale nationally from 1 January 2028 . It has not started yet.

Expected Thriving Kids supports include information, advice and navigation; parenting programs; and targeted allied health support focused on functional skills and independence, delivered by trained workers including occupational therapists, speech pathologists, physiotherapists, audiologists and psychologists, in schools, clinics and community settings.

Children with permanent and significant disability, and children 8 and under with substantially reduced functional capacity, remain eligible for the NDIS under the usual arrangements. From 1 January 2028,

NDIS access arrangements change for children 8 and under with developmental delay and/or autism and low to moderate support needs, with support provided primarily through Thriving Kids instead. Children already in the NDIS before that date with low to moderate support needs will be reassessed under the eligibility criteria in place before the change.

Guidance for the sector is that access to Thriving Kids supports should not depend on holding a formal diagnosis, with multiple entry pathways and a focus on functional need rather than labels.

You do not need to wait. Useful preparation now: write a plain "day in the life" description of what is hard at home, in early learning and in the community; gather observations from childcare, preschool or school; turn concerns into goals using functional language; and consider a functional assessment to clarify strengths, barriers and useful next steps.

For adults

Support shifts to the things adult life actually requires.

On work, that includes vocational skill development, understanding workplace demands, adaptive strategies for the environment, and confidence in professional settings. Autistic adults frequently meet workplaces where accommodations are missing rather than workplaces where the person is unable, and part of the work is naming which problem is which.

On independent living, it covers personal care, household management, meal planning and preparation, managing transitions through the day, public transport, shopping and money handling. Real scenarios are practised in graded steps rather than talked about.

On transitions, particularly leaving school, it covers daily living skills, emotional resilience, decision-making, and planning for work, further education or community pathways.

On self-advocacy, it covers being able to state your support needs and preferences to employers, educators and providers, understand and communicate your own accommodation requirements, and take part in decisions about your life. This is a capacity-building skill in its own right and it is often the one with the longest reach.

Funding, evidence and reports

Occupational therapy is funded under capacity building in an NDIS plan, most often Improved Daily Living. Assistive technology and home modifications sit under Capital Supports with their own approval process.

NDIS eligibility turns on functional impact, not the diagnosis alone. Two autistic people can have very different needs. Access requires evidence that the disability is permanent and significantly affects everyday participation, which usually means a medical report about the diagnosis and permanence, plus allied health reports documenting functional capacity across the six domains: self-care, self-management, mobility, learning, communication and social functioning.

A functional capacity assessment by an OT is the document that carries a lot of this weight. It assesses physical, cognitive, emotional and behavioural factors affecting daily tasks, work and social interaction, and produces findings, support needs and recommendations tied to the person's goals. It is used to support access requests, to justify funding for services or equipment, to establish a baseline for measuring progress, and to support plan reassessments and mid-plan changes when circumstances change.

If you disagree with an NDIA decision, there is an internal review process first, and external review after that. Start by contacting the NDIA about a review of the decision.

How much therapy a plan funds is a decision for the NDIA. Bloom can provide the assessment and reporting that supports a request. Fees and service terms are set out in the service agreement before

work starts.

How OT differs from the therapies it sits beside

Speech pathology covers communication and swallowing, and leads on communication systems including AAC. OT often works alongside it, since a communication device only helps if it is set up in the environments the person actually uses.

Positive behaviour support is the discipline for behaviours of concern, and carries the regulatory responsibility for restrictive practices under the NDIS. OT contributes sensory and environmental strategies into that picture.

Psychology addresses mental health and emotional wellbeing, which is a distinct need. Autistic people experience anxiety and depression, and those need treating on their own terms, not as symptoms of being autistic.

Occupational therapy is the one focused on doing: the actual tasks, in the actual settings, with the actual barriers.

Access

Bloom Healthcare delivers occupational therapy across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Sessions are delivered at home, at school, in the community and by telehealth, which matters because skills learned in a clinic room do not automatically transfer to the places they are needed.

To start, use the referral form on this site, phone 1300 771 465, or email hello@bloom-healthcare.com.au. Participants can refer themselves, and families, GPs, paediatricians, support coordinators, plan managers and schools can also refer.

Common questions about occupational therapy and autism

Is occupational therapy meant to treat or reduce autism?

No. It supports participation and daily function. The goals are practical things the person wants to be able to do, and changes to environments and supports that make those things possible.

Does my child need an autism diagnosis to get occupational therapy?

Not to see an OT privately. For NDIS funding, access depends on evidence of permanent disability and its functional impact, and for children under 6 with developmental concerns a formal diagnosis is not required to access early support through the early childhood approach. Guidance for Thriving Kids is also that support should not depend on a diagnosis.

When does Thriving Kids start?

State and territory services begin rolling out from 1 October 2026, with the program expected to run at scale nationally from 1 January 2028. It is not operating yet, and availability will vary by location in the first phase.

What happens to my child's NDIS access under Thriving Kids?

From 1 January 2028, NDIS access arrangements change for children 8 and under with developmental delay and/or autism and low to moderate support needs, with support coming primarily through Thriving Kids. Children with high support needs remain eligible for the NDIS. Children already in the NDIS before that date with low to moderate needs will be reassessed under the criteria in place before the change.

What is a sensory profile and what do we get from one?

It is a map of how the person responds to sensory input, built from interviews, observation and standardised tools. It tells you which specific triggers matter for this person and drives the environmental adjustments and regulation strategies that follow.

Can an OT help with school?

Yes. OTs work with teachers to adapt classroom environments, set up visual schedules and timers, arrange sensory break spaces, and support fine motor tasks such as handwriting. Consistency between home and school is a large part of why it works.

Is occupational therapy only for children?

No. For adults it covers employment, independent living skills, community access, post-school transitions and self-advocacy, plus assistive technology and home modification assessment.

What does a functional capacity assessment do?

It documents how autism affects daily tasks, work and social interaction across the NDIS functional domains, and produces findings and recommendations. It supports access requests, funding for services and equipment, a baseline for measuring progress, and plan reassessments.

Which part of my NDIS plan pays for OT?

Capacity building, usually Improved Daily Living. Assistive technology and home modifications are funded separately under Capital Supports, with their own approval requirements.

What if the NDIA says no?

Ask the NDIA for an internal review of the decision. If you are still not satisfied after that, an external review is available. Updated assessment evidence often matters at this stage.

Do we have to come to a clinic?

No. Sessions are delivered at home, at school, in the community or by telehealth. Working in the real setting is usually more effective anyway.

How do we get started?

Use the referral form on this site or call 1300 771 465. It helps to bring a plain description of what is difficult day to day, in which settings, and what you want to be different.

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

The page discusses how occupational therapy treatment for autism supports daily development, focusing on building independence and sensory skills through tailored plans.

How does Bloom Healthcare describe Autism Spectrum Disorder (ASD)?

Autism Spectrum Disorder is a neurodevelopmental condition characterized by differences in communication, behavior, and sensory processing. It is called a 'spectrum' because it encompasses a wide range of abilities, strengths, and challenges, with individuals ranging from having advanced verbal skills to communicating nonverbally and needing support for daily tasks.

Can individuals with autism have normal intelligence despite communication challenges?

Yes, the content notes that individuals with autism can have normal intelligence but may still face challenges in communication and social interactions.

What sensory-related challenges do individuals with autism often face, according to the page's supporting content?

Individuals with autism often have heightened or diminished responses to sensory stimuli, which can lead to difficulties with concentration, behavior, or emotional regulation.

What social challenges can occupational therapy help address for people with autism?

Occupational therapy addresses social communication and interaction barriers, such as difficulty reading social cues, maintaining conversations, or forming relationships, which can affect confidence and participation in social settings.

What daily routine challenges are common for individuals with autism?

Basic tasks such as dressing, eating, or transitioning between activities may be overwhelming for individuals with autism due to difficulties with motor skills and routine changes.

How does the page describe Bloom Healthcare's approach to occupational therapy for autism?

The page states that Bloom Healthcare's tailored occupational therapy plans empower individuals with autism to build independence and sensory skills so they can flourish.

What is Bloom Healthcare's contact information as listed on this page?

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

What type of organization is Bloom Healthcare?

Bloom Healthcare is described as a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, delivering evidence-based, client-centric

care through highly qualified health practitioners across Australia.

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