NDIS Occupational Therapy Guide | Bloom Healthcare

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Details:

An occupational therapist assesses how your disability affects everyday function, then does three things with that assessment: builds a practical program to change what can be changed, recommends equipment or home changes for what cannot, and writes the evidence the NDIA needs to fund both. Most of that work is funded from Capacity Building, usually Improved Daily Living. This page covers the assessment machinery behind occupational therapy rather than the list of things OT helps with, because that is the part people are rarely told about before the invoices arrive.

The six domains an assessment looks at

A functional capacity assessment is a structured evaluation of what you can do, what you struggle with, and what support you need. Occupational therapists are among the main professionals who conduct them, using standardised tests, tasks that mirror real-life demands, and observation in the settings where the difficulty actually happens. The assessment considers physical, cognitive, emotional and behavioural factors together, because in daily life they are not separable.

Under the NDIS framework the assessment covers six eligibility domains:

Self-care — personal hygiene, dressing, grooming, toileting

Self-management — routines, finances, household organisation

Mobility — moving around the home and getting out into the community

Learning — taking in new information and building new skills

Communication — expressing yourself and understanding others

Social functioning — being with other people and taking part

A good assessment does not only catalogue limitations. It documents strengths and where growth is realistic, because supports have to be linked to goals, not just to deficits.

How long an assessment takes

This varies with complexity and there is no single answer. The direct assessment time is often somewhere between one and four hours, and a comprehensive assessment conducted jointly by occupational therapy and psychology is a much larger piece of work again. On top of the contact time sits information gathering, analysis and report writing. Ask your provider for an estimate of the total clinical hours before the assessment starts, so the cost against your plan is not a surprise. Call 1300 771 465 if you want that estimate for a Bloom assessment.

What comes out of it

A functional capacity report that sets out the findings, the support needs, and tailored recommendations, with evidence of how disability affects daily activities. That report is used for NDIS funding decisions, plan reviews and reassessments, requests to increase funding, goal setting, and the design of the support program itself. It is often the single most useful document in a participant's file.

The other assessments an occupational therapist may run

A functional capacity assessment is the best known, but it is not the only one. Bloom's occupational therapists also provide:

Cognitive assessments , evaluating cognitive functioning to inform therapy planning and identify specific support needs

Home safety assessments , evaluating the living space for hazards and recommending changes that make it safer and more accessible

NDIS-focused assessments , tailored to support access decisions and funding allocation with evidence-based documentation of need

Which one you need depends on the question being asked. If the question is "how much support does this person need across their life", that is a functional capacity assessment. If it is "why does this person keep falling in the bathroom", that is a home safety assessment. Ask your therapist which assessment answers your question before agreeing to one, because they cost different amounts of your plan.

Assistive technology: how the evidence works

Assistive technology is equipment that makes a task easier, safer, or possible at all. Under the NDIS it is grouped by cost, and the level of prescription work rises with the tier.

Low cost. Simple daily living aids: grab rails, pick-up sticks, four-wheeled walkers, basic self-care equipment.

Mid cost. More specialised prescription: scripted manual wheelchairs, mobility scooters, specialised beds, pressure reduction mattresses.

High cost. Significant items requiring detailed functional justification, such as scripted power wheelchairs.

An occupational therapist's job is to review your function, match the equipment to what you actually need, run trials, provide training, and document why the item is reasonable and necessary. The written evidence has to connect the item to your functional impairment, your goals and your home context. Equipment recommended without that link is where funding requests come unstuck.

The reasonable and necessary test the evidence has to satisfy is the same one applied everywhere in the scheme. The support must relate to the disability, help you pursue your goals and take part in daily life, represent value for money, be likely to be effective and beneficial, and account for other supports already available to you.

Home modifications: minor and complex

Home modifications change the structure, layout or fittings of a home to improve safety and access. They are assessed in two broad bands, and the assessment workload differs sharply between them.

Minor home modifications cover simpler, localised changes. Bathroom safety work, access changes to steps or doorways, simple ramps, kitchen changes for reach and safety, grab rail installations. The assessment service for these is estimated at up to around ten hours of clinical time, covering the initial assessment, liaison with stakeholders and builders where needed, site visits where needed, and report writing.

Complex home modifications are extensive structural or design changes and need advanced clinical reasoning. The assessment service is estimated at roughly fifteen to twenty hours, covering the initial assessment, stakeholder and builder liaison, multiple site visits and comprehensive report writing, often across multiple rooms.

Those are estimates of assessment work, not of the build. The NDIA has to be satisfied that a modification is reasonable and necessary, safe, legal and value for money, which is why the reporting burden is real. Confirm the scope and expected hours for your situation with the provider before starting.

Vehicle modifications sit in the same territory. An occupational therapist assesses the environment and recommends the structural changes that support safety and access, whether that is the home or the car.

The knowledge base does not give a reliable timeframe for how long the NDIA takes to decide an assistive technology or home modification request. Do not plan around a number you have read somewhere. Ask your planner or support coordinator, or call the NDIS on 1800 800 110 .

What an occupational therapy program looks like after the assessment

Assessment is the beginning, not the deliverable. A program usually runs through goal setting, assessment across the relevant settings, a written plan with priorities and strategies, implementation through practice and environmental change, then review and reporting against the goals.

Implementation is where the change happens: graded practice, habit building, equipment trials and training, adjustments to the home, school or workplace, and coaching for the people around you so the strategies survive between sessions.

How often sessions run

There is no standard number of sessions. Frequency depends on your goals, your funding and what you are trying to change, and it can range from weekly to monthly, or cluster around a specific period in your life. Skill and habit building generally needs a block of sessions plus practice time in between rather than one or two appointments. Agree the intended frequency at the start of the program and check it against your budget.

How progress is reviewed

At three levels. Within each session, the therapist reviews what changed and sets what to work on before the next one. Across the program, progress is tracked against the goals and baseline measures set at assessment. And at plan review, the progress summaries and reports are read together to judge whether the outcomes line up with the goals, with an updated functional capacity assessment where circumstances have changed after a medical event, an injury or a genuine improvement in capacity.

Reports and plan reassessment

The NDIA expects a report for plan reassessment to explain the therapy approach and give evidence of outcomes achieved and progress toward goals. A report that does its job makes the following easy to see:

your goals, and the functional impact of the disability day to day

what was assessed, and what the findings mean in functional terms rather than clinical ones

what has already been tried, and what worked or did not

measurable outcomes, with baselines and targets

ongoing risks or unmet needs, including safety concerns

recommended frequency and focus of future supports, tied back to the goals

any assistive technology or home modification needed, with the functional case for it

If you are asking for more funding, that last group of items is what carries the request. Vague reports produce vague plans.

Where occupational therapy differs from the services people confuse it with

Occupational therapy and physiotherapy

Physiotherapy focuses on physical capacity: strength, balance, coordination, movement, rehabilitation after injury or surgery, falls prevention, and hands-on treatment of the musculoskeletal, cardiovascular, respiratory and neurological systems. Occupational therapy focuses on how you perform tasks within your environment. Physiotherapy works on the capacity to move; occupational therapy works on the daily task the movement is for. A person with a spinal cord injury may need both: physiotherapy for movement, occupational therapy for relearning daily tasks and setting up the home.

Occupational therapy and speech pathology

Speech pathology assesses and treats communication, swallowing and related cognitive function: speech clarity, language, social communication, voice and fluency, literacy foundations, augmentative and alternative communication, and dysphagia. Occupational therapy is broader across daily function but does not assess swallowing safety. Where feeding is complex the two work together, with speech pathology on the mechanics of the swallow and occupational therapy on sensory processing, routines and the mealtime environment.

Occupational therapy and support coordination

Support coordination is not therapy. A support coordinator helps you understand the scheme, find and connect with providers, coordinate a team, manage plan processes and advocate. They organise access to therapy; they do not deliver it. Support coordination is funded separately, under Coordination of Supports, not from your therapy budget.

Occupational therapy and a support worker

A support worker assists with tasks. An occupational therapist works out why the task is hard and changes the task, the environment or the skill so less assistance is needed. The two are complementary, and support workers are usually the people who carry an OT's strategies into daily life.

How the disciplines fit together in practice

Take a child with autism whose family is using several supports at once. Occupational therapy handles the sensory sensitivities, the daily routines around dressing and eating, school participation, emotional regulation and social skills in everyday settings. Speech pathology handles communication clarity, social communication and interaction. Physiotherapy comes in if gross motor skills or coordination are a concern. A support coordinator connects the family with all three and keeps them working toward the same goals rather than three sets of separate ones.

That is the normal shape of a therapy team. Occupational therapy often sits at the centre of it because it looks at function across every domain, while the other disciplines go deep on a specific impairment. If

your supports feel like they are pulling in different directions, that is a coordination problem worth raising rather than a sign that one of them is wrong.

Children and young people

Bloom runs paediatric occupational therapy in two age-based streams.

Ages 0 to 9. Delivered with a transdisciplinary team approach and a lead clinician coordinating care, covering developmental assessment and early skill development.

Ages 10 to 17. Focused on the therapeutic needs of teenagers, with emphasis on skill development, emotional regulation and identity.

Across both streams the work covers emotional regulation, gross and fine motor capacity, independence in self-care such as dressing and eating, sensory processing, school engagement and friendships, and transitions between environments and age groups. Equipment may also be prescribed to support community access or safety while travelling.

If your child is under 8, check which scheme applies before you plan services. Thriving Kids is a separate program from the NDIS with its own eligibility, and NDIS rules do not automatically carry across to it. Bloom covers this in Thriving Kids eligibility and in Thriving Kids compared with the NDIS for children under 8 .

Where therapy happens, and why the setting matters

Bloom's occupational therapy is primarily mobile. Sessions are delivered in the home, in community settings where the difficulty actually occurs, in schools, by telehealth for participants anywhere in Australia including rural and regional areas, and in a clinic on a case-by-case basis.

The setting is a clinical decision, not a convenience one. Building capacity in the environment where the problem happens is generally more effective, which is why a bathroom transfer problem gets assessed in the bathroom and a classroom problem gets assessed at school.

Getting started

Occupational therapy is regulated in Australia through the national registration scheme administered by AHPRA, and Bloom's occupational therapists work within that framework as registered allied health professionals.

A GP referral is usually not required for NDIS occupational therapy. Referrals come from participants themselves, parents and carers, support coordinators, GPs, paediatricians, teachers and school staff, supported independent living providers, social workers and other allied health clinicians. Providers will still ask for background information.

Bloom accepts NDIA-managed, plan-managed and self-managed participants, and the admin team assists with making claims straightforward.

Coverage spans New South Wales, Queensland, Victoria, South Australia, Tasmania, Western Australia and the Australian Capital Territory.

Phone 1300 771 465

Make a referral

Read more on the occupational therapy service page

When you refer, include participant details and NDIS number, plan dates and funding management type, the current goals and the daily life problem to solve, relevant diagnoses and a functional impact summary, risks such as falls or carer strain, current supports and what is not working, the preferred

service setting, and consent with key contacts.

Fees, travel and cancellation terms are set out in the service agreement provided before services start. Ask for them in writing.

Common questions about NDIS occupational therapy

Which budget pays for occupational therapy?

Capacity Building, most commonly Improved Daily Living, which is designed for assessment, training and therapy that builds skills, independence and community participation. Some plans hold therapy as a stated support, meaning the funding is reserved for therapy and cannot be moved to other categories. Check your plan or ask your plan manager.

Do I need a GP referral?

Usually not. Most people start through self-referral, a parent referral or a support coordinator. A provider may still ask for background information and reports to work efficiently.

What is a functional capacity assessment, in one sentence?

A structured evaluation of how your disability affects daily function across self-care, self-management, mobility, learning, communication and social functioning, written up as evidence for planning and plan reassessment decisions.

How long will the assessment take and what will it cost me in plan funding?

Direct assessment time is often one to four hours, with information gathering, analysis and report writing on top. A joint occupational therapy and psychology assessment is considerably larger. Costs come out of your therapy budget, so ask for an estimate of total clinical hours before it starts. Call 1300 771 465.

Can an occupational therapist approve my equipment or home modification?

No. An occupational therapist assesses, recommends and provides the functional evidence. The NDIA decides. Your therapist's job is to make the case as clear and as well-evidenced as possible.

How long does the NDIA take to approve assistive technology or home modifications?

We cannot give you a reliable figure, and you should be sceptical of anyone who quotes one confidently. It depends on the complexity, the cost tier and your circumstances. Ask your planner or support coordinator, or call the NDIS on 1800 800 110.

How many sessions will I need?

It depends on the goal. Skill and habit building needs a block of sessions plus practice time rather than one or two appointments, and frequency can range from weekly to monthly. Agree a plan at the start and review it against your budget as you go.

Can occupational therapy be delivered by telehealth?

Yes, and it is particularly useful for participants in rural and regional areas. The general principle still applies: the most useful setting is usually the one where the difficulty actually happens, so some goals are better served by a home, school or community visit.

Should I see an occupational therapist or a physiotherapist?

If the problem is the daily task, the routine, the environment or the equipment, start with occupational therapy. If the problem is movement itself, strength, balance or rehabilitation after an injury, start with physiotherapy. Many people need both, working to the same goals.

Do I need a support coordinator as well as an occupational therapist?

They do different jobs. If your difficulty is doing daily tasks, that is occupational therapy. If your difficulty is understanding the scheme, finding providers or keeping a team aligned, that is support coordination, and it comes from a different part of your plan.

My child has sensory difficulties at school. Is that occupational therapy?

Often yes. Sensory processing, regulation strategies, classroom environment adjustments, fine motor skills for classroom tasks, and self-care routines that reduce stress at home and school all sit within occupational therapy. School-based sessions are available.

Can occupational therapy help with confidence rather than a physical problem?

Yes, where confidence is tied to function. The approach is graded practice, routines, environmental change and strategy, so that activities stop failing and get attempted more often. Progress shows up as fewer avoided activities and more predictable routines rather than as a feeling.

What should I ask an occupational therapist before starting?

What success looks like in eight to twelve weeks, how progress will be measured, whether they will visit home, school or community settings, whether they provide assistive technology and home modification evidence, what reporting they produce for plan reassessment, and how sessions balance strategy, practice and carry-over into daily life.

I am over 65. Can I still get this?

Not through the NDIS. NDIS access requires being under 65 at the time of the access request. Occupational therapy for older Australians runs through the aged care system, which has separate eligibility and funding rules, and NDIS categories do not transfer across. Bloom provides aged care occupational therapy separately, so call 1300 771 465 and say which system you are in.

What is the main topic of this Bloom Healthcare page?

The page, titled 'NDIS Occupational Therapy: Your Guide to Independence and Daily Living Support,' is a guide explaining how NDIS Occupational Therapy helps with daily tasks, community confidence, and what questions to ask an OT provider.

What kinds of daily living skills can NDIS Occupational Therapy help with?

NDIS Occupational Therapy addresses building blocks of everyday independence such as personal care (showering, toileting, dressing, grooming, and sleep routines), meal planning and preparation, kitchen safety and pacing, using public transport or building travel confidence, setting up routines for mornings, afternoons, and transitions, and simplifying household tasks to reduce reliance on others.

Can you give an example of how an Occupational Therapist might address a chaotic morning routine?

If mornings are chaotic, an Occupational Therapist might map the routine, identify challenges such as sensory triggers, time blindness, low motivation, or an unsafe bathroom setup, and then build a simple sequence using strategies like visuals, timers, environmental tweaks, and practice over time.

How does NDIS Occupational Therapy support participation in the community?

Beyond the home, Occupational Therapy supports meaningful community participation by helping people get to appointments independently, build shopping and money handling routines, navigate social settings and transitions, develop systems that support study, work, or volunteering, and practise real-life scenarios in a graded way.

How is 'confidence' measured in the context of NDIS Occupational Therapy?

Confidence becomes measurable through outcomes such as fewer avoided activities, more successful outings, and more predictable routines.

Does NDIS Occupational Therapy address sensory processing and emotional regulation issues?

Yes, the page notes that for many children, teens, and adults, daily living is limited by sensory overload, anxiety, or fatigue, and Occupational Therapy addresses sensory processing, emotional regulation, and everyday overwhelm.

Who is the publisher of this NDIS Occupational Therapy guide?

The guide is published by Bloom Healthcare, a boutique disability and aged care allied health provider.

How can someone contact Bloom Healthcare?

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

What is Bloom Healthcare's approach to healthcare according to its organizational description?

Bloom Healthcare believes all people have the right to access quality healthcare, and its healthcare model focuses on evidence-based practice, client centricity, and delivery by highly qualified health practitioners across Australia.

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