# Build Your Child's Life Skills | OT Guide | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/occupational-therapy-for-kids-a-guide-for-families/

## Details:

For children with an NDIS plan, occupational therapy is usually funded from Capacity Building, Improved Daily Living . Children under 9 with developmental delay or disability can come in through the NDIS early childhood approach , which since 1 July 2023 covers children under 9 rather than under 7, phased in progressively over the two years that followed, and which does not require a formal diagnosis for children under 6. From 1 October 2026 a separate national program called Thriving Kids begins rolling out for children aged 8 and under with developmental delay or autism and low to moderate support needs. You do not need a referral to ask questions. Phone Bloom Healthcare on 1300 771 465 , email hello@bloom-healthcare.com.au, or use the referral form .

The guide above explains what paediatric OT does and what a session looks like. This section covers the parts families usually have to work out for themselves: the funding, the assessments, the reports, and the scheme changes happening between now and 2028.

## Which funding pays for a child's occupational therapy

### *NDIS: Capacity Building, Improved Daily Living*

Most children's therapy supports sit in Capacity Building, Improved Daily Living . This category funds assessment, training and therapy that build skills, independence and participation. It covers OT sessions, the assessments that inform them, and the therapist's time writing reports.

Assistive technology and home modifications are funded separately from therapy hours. An occupational therapist assesses and recommends them, but the equipment or building work is funded from its own part of your plan.

How much is in your plan, and how it is managed, is specific to you. Bloom cannot tell you what the NDIA will approve. For plan questions, contact the NDIA on 1800 800 110 or speak to your support coordinator or plan manager.

### *The NDIS early childhood approach*

The early childhood approach is a dedicated pathway for young children with developmental delay or disability.

From 1 July 2023 it covers children under 9 , up from under 7, phased in progressively over the following two years.

Children under 6 with developmental delay do not need a formal diagnosis to get support.

Children aged 6 to 9 with an identified disability are also eligible.

Families work with an Early Childhood Partner , and an Early Childhood Coordinator is the main contact.

Support can include short-term intervention and capacity building for children under 6, typically running 3 to 12 months .

The point of the pathway is to connect families to help based on what a child is finding difficult, rather than making them wait for a diagnostic label first.

### *Thriving Kids, and what changes from 2028*

Thriving Kids is an Australian Government initiative for children aged 8 and under with developmental delay and/or autism who have low to moderate support needs , plus their families, carers and kin. Rollout starts 1 October 2026 and reaches full scale by 1 January 2028 . It is funded at $4 billion over five years, with $2 billion from the Commonwealth and at least $1.4 billion from states and territories.

Occupational therapy is named as one of the targeted allied health supports in Thriving Kids. The model is time-limited and outcomes-focused, delivered in everyday settings such as home, school and community, in whatever format suits the family, including group and online.

What this means practically:

Thriving Kids sits outside the NDIS , delivered through state and territory based services. Access pathways will vary by where you live and are being confirmed closer to October 2026.

From 1 January 2028 , NDIS access changes for children aged 8 and under with developmental delay or autism and low to moderate support needs. Those children will primarily be supported through Thriving Kids.

Children already in the NDIS before 1 January 2028 with low to moderate support needs will be reassessed under the eligibility criteria in place before that date .

Children with high support needs, or permanent and significant disability, stay with the NDIS , subject to the usual arrangements.

These are two different schemes with different rules. Do not assume something that applies under the NDIS also applies under Thriving Kids, or the reverse.

### *If you do not have NDIS funding*

Some families access occupational therapy without an NDIS plan. What is available depends on your child's situation, your state, and the referral pathway your GP or paediatrician can use. Rather than guess at rebates that may not apply to your child, ask your GP what Medicare pathways they can refer to, and call Bloom on 1300 771 465 to talk through the options and the current fees. Fees and payment terms are set out in your service agreement before services start.

## What to prepare before you start, whichever scheme applies

This is useful now and stays useful under either system.

Write down what is actually hard , in the situations where it happens. Mornings, meals, transitions, getting dressed, the playground, the classroom.

Get observations from other settings. Ask childcare, preschool or school staff what helps and what tips your child over.

Turn concerns into functional goals. "We want mornings to be calmer" or "we want him to manage transitions with less distress" is more useful than a list of symptoms.

Consider a functional assessment. It can clarify strengths, barriers and useful next steps, with or without a formal diagnosis.

Talk to your GP, paediatrician or child health nurse about your child's development and which system fits.

Focusing on function and daily participation rather than diagnostic labels is what both schemes are asking for, and it is what a therapist can act on.

## The assessments, and the reports they produce

### *The initial OT assessment*

A paediatric OT assessment has three parts:

Parent and teacher interviews. You and the educators around your child describe what you see at home and at school, and where the difficulty shows up.

Observation. The OT watches how your child plays, moves and interacts with the environment, in real settings rather than only in a clinic room.

Standardised testing. Validated tools measure specific areas such as fine motor skills, coordination and sensory processing.

Afterwards you get a written report covering a summary of the child's and family's needs, your child's strengths and areas of challenge, the identified outcomes and goals, and the recommended services. The therapist then works through the results with you and builds the intervention plan with you rather than handing you one.

### *Functional Capacity Assessment*

A Functional Capacity Assessment (FCA) describes how a disability affects a child's day to day functioning across the areas of life that matter. It documents current abilities and limitations, support needs in daily activities, and participation at home, at school and in the community.

An FCA is used as evidence for NDIS planning decisions, plan reviews, mid-term plan changes, and Administrative Review Tribunal matters. It gives the funding body something concrete to work with instead of an impression.

### *Assistive technology and equipment*

Occupational therapists assess for and recommend equipment, then run trials and training so the child can actually use it safely. Recommendations sit across cost tiers, from low-cost items such as grab rails and pick-up sticks, through mid-cost items such as manual wheelchairs, scooters, specialised beds or pressure reduction mattresses, up to high-cost items such as powered wheelchairs.

The therapist also documents the functional impact and clinical necessity of the equipment, which is what a funding request needs.

### *Home and school modifications*

Environmental assessments look for barriers to safety and independence, and recommend changes such as bathroom modifications, access changes including ramps and doorway adaptations, and kitchen changes that improve reach and safety. Recommendations must line up with the child's functional needs and meet the NDIS reasonable and necessary criteria. Complex home modifications can also be supported.

At school, OT support focuses on fine motor skills for writing, cutting and classroom tasks, play and social participation, self-care routines that reduce stress at both ends of the day, and sensory strategies that help with attention and regulation.

## What occupational therapy is not trying to do

Autistic children and children with ADHD are not broken versions of other children. They process the world differently, and that difference is not the target of therapy.

Occupational therapy works on the fit between a child, the task in front of them, and the environment they are in. Often the most effective change is to the task or the environment, not to the child. A quieter place to eat lunch, a different pencil grip, a visual schedule that removes the guesswork from transitions, a chair at the right height. The goal is a child who can join in and who is not exhausted by the effort of it, not a child who looks like everyone else.

Skill building is part of the work, and children often want those skills, because being able to do up your own shoes matters. What should not happen is therapy aimed at suppressing harmless behaviours to make a child appear more typical.

## How occupational therapy differs from speech pathology and physiotherapy

Occupational therapy is about participation in everyday activities. Fine and gross motor skills, self-care such as dressing, toileting and feeding, sensory processing and emotional regulation, play, social and cognitive skills, and taking part at school and in the community. It works on the interaction between the child's abilities, the task, and the environment, which is why OTs modify environments and routines as much as they teach skills.

Speech pathology is about communication and swallowing. Speech clarity, language development and comprehension, social communication, fluency, voice, feeding and swallowing, and augmentative and alternative communication for children who do not use speech.

Physiotherapy is about physical function. Gross motor development, coordination, balance, strength and endurance, and movement quality after injury or where development is delayed.

A quick way to sort it:

Struggling with self-care, emotions, or joining in at school, that points to occupational therapy .

Difficulty being understood, or understanding language, that points to speech pathology .

Weakness, poor coordination, or trouble with movement, that points to physiotherapy .

Plenty of children see more than one. An autistic child might work with an OT on sensory regulation and a speech pathologist on social communication. A child recovering from illness might see a physiotherapist for strength and an OT to rebuild daily routines. Bloom's occupational therapists , speech pathologists and other clinicians work as one team, which saves you repeating the story.

## Getting started with Bloom

Who can refer. Parents, carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators. No formal referral is required to make contact.

How. Phone 1300 771 465 , email hello@bloom-healthcare.com.au, or use the online referral form . Bloom aims to respond to referrals within 24 hours.

What to send. Your child's age, the main concerns, any reports from childcare, school or previous therapy, relevant medical history, your family's priorities and goals, and the best way to reach you.

Where sessions happen. Mainly in the community, which means at home, at school, and in community settings. Clinic-based sessions can be arranged case by case on request.

Telehealth. Available, including virtual sessions, remote progress monitoring and written home programs. This matters most for regional and remote families and for children with limited mobility.

Coverage. New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT, across metropolitan and regional hubs, with telehealth beyond those hubs.

Hours. Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment.

NDIS registration. Registration 4-JR6F5KX, provider number 4050148863.

## Common questions about occupational therapy for children

### *Which NDIS category funds my child's OT?*

Capacity Building, Improved Daily Living. Assistive technology and home modifications are funded from separate parts of the plan, even though it is an OT who assesses and recommends them.

### *Does my child need a diagnosis before starting OT?*

Not to start therapy, and not for the NDIS early childhood approach if your child is under 6 with developmental delay. Children aged 6 to 9 with an identified disability are also covered by that pathway. Funding decisions themselves are made by the NDIA.

### *Has the early childhood age limit changed?*

Yes. From 1 July 2023 the NDIS early childhood approach covers children under 9, phased in progressively over the following two years. It previously covered children under 7.

### *Will Thriving Kids replace my child's NDIS plan?*

Only for some children. From 1 January 2028, children aged 8 and under with developmental delay or autism and low to moderate support needs will primarily be supported through Thriving Kids rather than the NDIS. Children already in the NDIS before that date will be reassessed under the eligibility criteria in place before it. Children with high support needs or permanent and significant disability stay with the NDIS. Local access pathways for Thriving Kids will be confirmed closer to the October 2026 rollout.

### *How long does therapy usually last?*

It depends entirely on the child and the goals. Under the NDIS early childhood approach, short-term intervention for children under 6 typically runs 3 to 12 months. Thriving Kids is described as time-limited and outcomes-focused. Some children make quick progress on a specific goal, others need longer term support. Your therapist should be reviewing this with you rather than continuing by default.

### *What reports will I get, and what are they for?*

An assessment report after the initial assessment, covering needs, strengths, goals and recommended services, and progress reporting as therapy continues. A Functional Capacity Assessment can be requested where you need detailed evidence of how disability affects daily functioning, for plan reviews, mid-term plan changes or Administrative Review Tribunal matters.

### *Can an OT help with school?*

Yes. School-based support covers fine motor skills for writing and classroom tasks, play and social participation, self-care routines, and sensory strategies for attention and regulation. OTs also work with teachers on adapting the classroom environment.

### *Can we get therapy at home instead of a clinic?*

Yes. Home, school and community settings are the main delivery model, because that is where the skills actually get used. Clinic sessions can be arranged on request.

### *We live regionally. What are our options?*

Telehealth, which covers virtual sessions, remote monitoring of progress, and written home programs. Bloom also has hubs across seven states and territories, so call 1300 771 465 to check what is near you.

### *What will it cost?*

Fees and payment terms are set out in your service agreement before anything starts. Ask for the current terms on 1300 771 465 rather than relying on a figure you find online.

### *My child does not have NDIS funding. What now?*

Talk to your GP or paediatrician about which referral pathways apply to your child's situation, and call 1300 771 465 to discuss options and fees. What is available varies by state and by circumstance, so it is worth a conversation rather than an assumption.

### *I am not sure anything is wrong. Should I still ask?*

Children develop at genuinely different rates, and variation is normal. If something is making daily life harder for your child or your family, a conversation with a therapist is a reasonable next step, and it is not a commitment to anything. Call 1300 771 465 or contact the team .

### *What does the article say occupational therapy for kids helps with?*

Occupational therapy for children helps master fine motor skills and sensory play, transforming daily routines into growth milestones.

### *What is pediatric occupational therapy?*

Pediatric Occupational Therapy is a specialized branch of Occupational Therapy that helps children develop the skills needed for participating in daily life activities, emphasizing learning through play and everyday routines to make therapy fun and engaging while addressing developmental needs.

### *What key developmental domains does pediatric OT focus on?*

Pediatric OT focuses on fine motor skills (like holding a pencil, using cutlery, fastening buttons), gross motor skills (climbing, jumping, catching a ball), play skills (turn-taking, sensory exploration, cause and effect, imaginative play), sensory processing, emotional regulation, self-care skills (toileting, dressing, feeding, brushing teeth), social skills, and cognitive skills like attention and problem-solving.

### *How does pediatric OT differ from adult OT?*

While adult OT often emphasizes task and environmental adaptations following injury or illness, pediatric OT is strongly focused on children developing skills to participate in daily life, using play and everyday routines as the primary learning contexts, with parents and caregivers playing a crucial role in supporting skill development across all environments.

### *What conditions can benefit from pediatric occupational therapy?*

Children with conditions such as Autism, Down syndrome, and Cerebral Palsy can benefit from pediatric occupational therapy, along with children with other developmental needs.

### *How is therapy for kids designed to be engaging?*

Therapy for kids is designed to be fun and engaging, using games, toys, and activities based on the child's strengths and interests.

### *Who publishes this article and what is their focus?*

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that focuses on evidence-based practice, client centricity, and is delivered by highly qualified health practitioners across Australia.

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