

# Therapy supports

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**Quick summary:** Therapy supports are [evidence-based supports](#) to help you build or maintain your skills and independence. These supports are delivered by allied health professionals to help you manage everyday activities at school or work, in your home and community. They can help you to build skills to increase your independence and take part in social and community activities. They can also help you pursue work or study goals, if you want to.

This guideline is for participants to learn more about different types of therapy supports and how they might work for you. We talk about how you can get therapy supports in your NDIS plan for the first time and when you change your plan.

## Note:

When we say:

- 'your plan', we mean your NDIS plan
- 'therapist' we mean an allied health professional who delivers your NDIS therapy supports
- 'therapy assistant', we mean an allied health assistant with the skills to help their supervising therapist deliver parts of your therapy support program. To learn more, go to [Who can deliver therapy supports?](#)
- multidisciplinary team, we mean a team of people with different skills, working together to help you build your skills and independence and work towards your NDIS goals.

If you're aged between 9 and 65 years and are looking for information about community connections, go to [Our Guideline – Community connections](#).

If your child is younger than 9 and you're looking for information about our early childhood approach, go to [Our Guideline – Early childhood approach](#).

## What's in this guideline?

This guideline covers:

- [What do we mean by therapy supports?](#)
- [Who can deliver therapy supports?](#)

- [What therapy supports can we fund?](#)
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You might also be interested in:

- [Mainstream and community supports](#)
- [Disability-related health supports](#)
- [Behaviour support](#)

## What do we mean by therapy supports?

Therapy supports can be either for [capacity building](#) to help you build new skills, or for [maintenance](#), when therapy supports can help to slow the loss of existing skills. They're also known as therapeutic supports. They're [evidence-based supports](#) delivered by a therapist to help you build or maintain your skills and independence, in areas such as:

- language and communication, like conversation and social skills
- [personal care](#), like getting washed and dressed
- mobility and movement, like walking and moving around your home
- interpersonal interactions, like social and relationship skills at school or work
- functioning (including psychosocial functioning), like problem-solving and decision-making
- community living, like using public transport.

## What is 'evidence-based' therapy support?

For a therapy support to be evidence-based, we need to make sure it uses current best-practice evidence or is from the highest quality research. Current best-practice evidence helps us to understand how well the therapy works for you.

When we decide which therapy supports are evidence-based, we think about:

- the most up-to-date and reliable research studies

- the data we've collected from you about how you've used them to pursue your goals and meet your desired outcomes
- expert best-practice advice from therapists
- information we've received from the disability community and peak bodies
- if it's value for money compared to the supports available from other mainstream systems, like health or education
- feedback about other schemes in Australia and overseas.

We need to be sure there's enough [evidence](#) this type of therapy is effective and beneficial to improve or maintain your skills and independence. This could be for someone with similar disability support needs to you, or for all NDIS participants. All therapy supports must be safe and use current best practice.

If we decide a therapy support is evidence-based, you'll still need to provide evidence from your allied health professional to show that these therapy supports are right for you. Learn more in [What information do we need if you don't have therapy supports in your plan?](#)

## What are capacity building therapy supports?

Capacity building therapy supports aim to build your skills and independence. They can help you do everyday activities in your home, community, at school or work. They have specific goals and outcomes, with a timeframe to achieve them. You may need them for a short time or a longer time, depending on your individual situation.

You may need capacity building therapy supports at different times or stages in your life, such as:

- at a developmental stage, like childhood to adolescence
- at specific life stage transitions. For example, leaving school, moving out of your family home or getting a job
- after a recent diagnosis once health-based rehabilitation is finished, for example motor neurone disease
- when you've had a change in your situation, such as a decline in your functional capacity or skills
- where you want to learn a new life skill, for example when learning to catch a bus.

As your capacity and independence grow, it's likely you'll need less capacity building therapy supports over time. Your therapy supports may also reduce your need for core supports like assistance with daily life or social, economic and community participation. If your condition is

progressive, you might change over to using [maintenance](#) therapy supports once your capacity has improved. For some people, a mix of capacity building therapy supports and maintenance therapy supports might be suitable. If you need capacity building therapy supports, your therapist will assess your disability support needs and work with you to create a therapy plan or program. This includes strategies and supports to help you build your skills. They may also recommend things for you to practice at home with your informal supports like family and friends.

In your therapy plan, the therapist will need to show how their approach and your goals will be measured. Before your plan reassessment, we may ask you to provide us with evidence from your therapist. This is to show us the progress you are making towards your goals and any measurable outcomes. Your therapists will need to provide evidence on [progress towards your goals](#) and let us know how the therapy supports are working for you.

Learn more about capacity building [support budgets in your plan](#).

### **Example**

Shae is 21 and lives at home with her family. Shae lives with Down Syndrome and needs support with some everyday tasks because of her disability. She wants to develop her personal care skills so she can get ready on her own before work.

Shae uses her NDIS supports to work with an occupational therapist (OT). Together they develop a therapy plan to help build her independence to get ready for work. Her OT explains the therapy plan to her family and support workers too as they'll help her follow it.

Shae's therapy plan says that she'll meet regularly with her OT for the next 6 months. In these sessions the OT will help Shae learn new skills, measure progress and support her to overcome any challenges. The OT will work with Shae to make sure the supports and strategies in her therapy plan are effective in helping her build her independence. If needed they'll change them.

Before her plan reassessment date, Shae will check in with her OT to work out if she needs ongoing therapy supports in her plan. If she does, we'll ask for a progress report from the OT to decide if Shae needs ongoing funding for this type of therapy support.

### **What are maintenance therapy supports?**

You may need this type of therapy support to help you maintain your current functional capacity. When we say functional capacity, we mean the things you can and can't do because of your disability. Maintenance therapy supports can also help prevent or delay your functional capacity from getting worse. They may help you achieve modest improvements over time, adapt the skills you already have to different environments or maintain your

current level of functional capacity. For example, stretching programs to stop someone with muscle spasticity from losing a range of movement.

When you have a recent diagnosis or change in your skills or function, you may need time-limited, capacity building therapy supports before moving to therapy supports for maintenance.

You may need ongoing maintenance therapy if your function is likely to change or get worse over time without intervention. For example, if you have cerebral palsy you might need ongoing therapy support to maintain a level of independence to do daily tasks for and with muscle strength, balance and movement activities to prevent your physical function from getting worse.

### **Example**

Hassan has several chronic conditions, including Parkinson's disease, steady weight loss and diabetes. He frequently sees a speech therapist to help him communicate more effectively with his family, friends and support workers. This therapy also helps deal with Hassan's difficulty with swallowing.

Together, Hassan and his speech therapist set some therapy goals. This will help him improve his food and nutritional intake and communicate more effectively. These goals also recognise Hassan's expected decline in function. For example, Hassan's informal supports can help by reducing background noise and speaking more slowly, to help his verbal communication. He could also start using an augmented or alternative communication (AAC) system to improve communication for when his verbal communication skills decline more in the future.

This maintenance program can be followed by his family, friends or support worker. As his condition progresses, the program may need to be re-evaluated. The maintenance therapy supports help with Hassan's changing needs. They also give him the support he needs to keep participating in the things that are important to him.

## **What are therapy supports for children and young people?**

This guideline outlines how we make decisions about therapy supports for children who are aged 9 years and older. To learn more about how we support children younger than 9 and their families, visit [Our Guideline – Early childhood approach](#).

### **What if your child has been getting early childhood supports and is turning 9?**

If your child has been getting early childhood supports as part of their plan before they turn 9, they may transition to other types of capacity building supports, including therapy supports when their plan is reassessed.

Early childhood supports should draw on best-practice principles that follow the [National Best Practice Framework for Early Childhood Intervention](#). This includes early childhood intervention for professionals working together as a team to deliver early childhood supports to your child and family.

When your child turns 9, the way the NDIS funds therapy is different. It may mean your child's plan includes individual therapy supports rather than a multidisciplinary team approach. To find NDIS registered providers, you can search the [Provider Finder](#), or when you are on the [my NDIS portals or app](#). You can also talk to your my NDIS contact or support coordinator.

As your child's independence and functional capacity grows, their therapy support needs may reduce or change. We'll check in with you regularly about any changes to your child's disability-related support needs as they grow and develop. We'll fund therapy supports as well as other support types to meet your child's disability support needs.

## **Supports for families and carers to help you with everyday activities**

Good therapy is delivered in collaboration with the participant and their support network, leading to the most valuable outcomes.

Some family members, carers, support workers and community organisations may need training so they can help you do your everyday activities. We can fund your therapist to help you implement these strategies. This might involve training your informal supports so they can also help you build your independence or help with your maintenance supports. For example, we may fund an occupational therapist to train your family members how to safely use your support equipment, such as a chair lift.

## **Who can deliver therapy supports?**

NDIS therapy supports can only be delivered by qualified [allied health professionals](#). We sometimes refer to them as therapists. They may also deliver other NDIS supports to you such as [disability-related health supports](#).

To learn more about the allied health professionals who can deliver NDIS therapy supports, go to [NDIS Pricing Arrangements and Price Limits](#).

Allied health professionals are also expected to:

- comply with the [NDIS Code of Conduct](#)
- comply with the [NDIS Practice Standards](#) if they're NDIS registered providers

- take part in ongoing professional development to provide the best and most current evidence-based therapy supports
- deliver specialised therapy supports to help with your individual disability-related needs
- help you work towards your specific therapy goals and pursue your NDIS goals
- behave ethically, in line with their duty of care and in your best interests
- deliver therapy supports and invoice in line with the [NDIS Pricing Arrangements and Price Limits](#).

Depending on your needs and goals, you might get therapy supports from more than one allied health professional when you're working towards different goals. For example, you might be starting a job. You may need an occupational therapist to help you improve your skills to travel to new places and manage the changes in your life. You may also need a speech pathologist to help build your social and communication skills so you can communicate confidently with others. It may be important for your therapists to work together so they can coordinate the therapy supports they deliver to get the best outcomes for you. Talk to your allied health professionals if you want more coordination of your therapies.

Therapists are qualified allied health professionals, who are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) for regulated professions or accredited by a relevant peak body for self-regulated professions. Ask your provider about their qualifications and professional registration to make sure they're able to provide the right supports for you.

Allied health professionals and providers who are not qualified or registered with the relevant professional body can't be funded as therapy.

## What is the role of therapy assistants?

Some therapy supports can be delivered by a therapy assistant. Therapy assistants are sometimes called allied health assistants. They have the skills to perform specific tasks or deliver therapy support programs under the supervision or delegation of an allied health professional. They usually hold relevant TAFE qualifications and can be members of the [Allied Health Assistants' National Association Ltd \(AHANA\)](#).

There are 2 levels of therapy assistant:

- level 1 must always work under the direct supervision of the allied health professional
- level 2 can work under the delegation, without direct supervision of the allied health professional. The use of an assistant can be a cost-effective way to deliver therapy outcomes which means your therapy funding will last longer.

The main benefit of using a therapy assistant is they can practise these skills with you in natural environments like your home, community or school.

You can use your therapy budget flexibly for a mix of allied health therapy supports. This may include a therapy assistant if your allied health professional agrees this is suitable for you. For example, they can help you with activities to practise daily living skills like personal care and speech programs. Usually when we fund a therapy assistant, we expect that sessions with them will replace some of the sessions normally provided by the supervising allied health professional.

Provisional psychologists or allied health students on placement or internship may deliver specific tasks and supports to you under supervision, with your consent. You need to make sure they are covered by the supervising allied health professional's insurance. As this is an unpaid learning role for they won't be able to claim from your plan for delivering support to you. Instead, the cost of supervision and support delivered by the supervising therapist can be claimed from your plan, with your agreement.

To learn more about claiming for therapy supports, go to the [NDIS Pricing Arrangements and Price Limits](#).

## What therapy supports can we fund?

NDIS laws determine what we can and can't fund. We can only fund therapy supports that meet all the [NDIS funding criteria](#). This includes that it's an NDIS support we can fund. To learn more, go to [What is an NDIS support?](#)

Here you'll find general descriptions and examples to help you understand the type of therapy supports we can fund and who can deliver them. When we describe the different therapies, we've included any professional bodies the therapist must be part of and what the therapy might help you achieve.

We may also be able to fund other types of therapists if they meet the requirements in [NDIS Pricing Arrangements and Price Limits](#).

### Art therapy

Art therapy can support you to explore and regulate your feelings and emotions, improve self-awareness and develop your communication skills. The focus of art therapy as an individual therapy support is the creative process of making art, not the final product. It can be delivered in different ways, like through painting, drawing, sculpting, dance and movement. Art therapy is not the same as art lessons. Art supplies used to deliver art therapy should be included in the cost of the therapy session.

To provide therapy supports funded by the NDIS, an art therapist must be a professional member of the [Australian New Zealand and Asian Creative Arts Therapies Association \(ANZACATA\)](#). ANZACATA requires art therapists to have a master's degree in art therapy.

### Example

Tahnee is 18 years old. She is a participant from the lands of the Gimuy Walubara Yidinji peoples of Far North Queensland. She has cerebral palsy and is autistic. Tahnee has good evidence that working with an art therapist every fortnight for 6 months will help improve her functional capacity.

Tahnee's mother found a registered therapist who uses art and storytelling as part of her practice. The therapist will deliver art therapy as a culturally appropriate, family-centred approach. This means Tahnee can go to therapy sessions with her mother or grandmother if she wants to. We fund art therapy for Tahnee because there is evidence this type of therapy can help improve her overall functional abilities. Importantly, this support will help Tahnee work towards her goal of being more independent.

### Audiology

Audiologists are experts in hearing loss at any age. They can help you to maximise hearing function or improve balance and provide counselling, aural rehabilitation and communication training. This can involve the use of hearing aids and other assistive technology to improve your ability to communicate.

Audiology therapies include treatments for hearing and balance disorders like hearing tests, tinnitus management and vestibular rehabilitation. Audiologists must either be currently certified as an Audiology Australia Accredited Audiologist by [Audiology Australia \(AudA\)](#) or as a full member of the [Australian College of Audiology \(ACAud\)](#).

### Counselling

Counsellors can help by providing a safe space to explore your emotions, develop resilience, learn skills to communicate positively and set clear goals. They can help you to identify personal and societal barriers related to disability and learn ways to manage or overcome them. For example, they can support you to develop a personal plan to learn coping and well-being strategies to adapt to a new disability diagnosis and build your resilience. Any equipment or supplies used to deliver counselling should be included in the cost of the therapy session, such as sand trays or fidget tools.

A counsellor must be a member of the [Australian Counselling Association](#), or registered with the [Psychotherapy and Counselling Federation of Australia](#) or a provisionally registered

psychologist working towards full registration with [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

### **Example**

Paul is autistic and has asked for therapy supports to help him build his skills to have conversations with his friends. Paul feels nervous about talking with a counsellor, especially about his friendships and the skills he wants to improve. He wants to work with a counsellor who includes a therapy dog in their sessions as he thinks this will make it easier for him to feel relaxed. He finds a counsellor who uses a therapy dog. This helps Paul to relax, regulate his emotions and talk to the counsellor without feeling anxious during therapy.

We can fund animal-assisted counselling therapy for Paul because it meets the [NDIS funding criteria](#). It will help Paul increase his skills in areas related to his disability. For Paul, who has some difficulty with social communication, funding a counsellor will help him improve his skills to make and keep friends. The counsellor can include a therapy dog to help them work with Paul if they don't charge him any additional fees for using the dog.

### **Developmental education**

Developmental education is a therapy support to help you build skills, independence and quality of life, often in childhood or adolescence. Developmental educators have expertise in developmental or acquired disabilities. They can also implement strategies from other therapists with children under the age of 18. For example, they may support you to navigate life stage transitions such as leaving school. They can work with you to develop social and emotional regulation strategies. A developmental educator must hold a bachelor's degree or higher and be a current full member of [Developmental Educators Australia Incorporated](#).

### **Example**

Stephanie is 13 years old and autistic. She lives at home with her mother. Stephanie is starting high school next year and wants to learn how to be more organised and get ready for school. She also wants to learn to build her social skills so she can tell her friends and teachers what she needs and prefers.

Stephanie uses the NDIS supports in her plan to work with a developmental educator. Stephanie, her mother and her developmental educator have put together a therapy plan. The strategies in the plan will help her learn personal care, planning and organisational skills and increase her independence. She also wants to learn self-advocacy skills. Stephanie's developmental educator explains how to carry out the therapy plan and gives a copy to her school as part of her individual learning plan.

Stephanie's current plan includes regular meetings with her developmental educator for the next 3 months, before she starts at her new school. This is to make sure the supports and strategies are effective in helping her build her independence and pursue her goals. Her developmental educator will also work out what future supports Stephanie may need.

## Dietary support

Dietetics and dietary support can help you to learn new ways to manage the dietary and eating needs that relate to your disability. Dietitians provide evidence-based nutrition services, dietary counselling and therapy. For example, they can help you create a personalised mealtime plan or implement eating and swallowing strategies. They can work with you to make sure the food you are eating is safe and healthy for you. They can also review and update mealtime plans and strategies, as needed.

Dietitians must be an Accredited Practising Dietitian with [Dietitians Australia](#).

You can also learn more about disability-related dietary supports in [Our Guideline – Nutrition supports including meal preparation](#).

## Exercise physiology

Exercise physiology is a therapy support to help you work out the best clinical exercises, that work for you and implement them, to help you pursue your goals. The use of exercise-based therapies can help you learn more about muscle strength and physical activity related to your disability. Exercise physiologists can also support needs that result from your disability. For example, they can help a person with multiple sclerosis using a walker to maintain muscle strength and independence. This might mean they don't need a support worker to help them as often, and they can move about more independently.

Exercise physiologists must be an Accredited Exercise Physiologist (AEP) with [Exercise and Sports Science Australia](#).

## Music therapy

Music therapy can support you to explore and regulate your feelings and emotions, build skills in memory, movement and sequencing. The focus of music therapy as an individual therapy support is the therapeutic impact of music on the brain, mind and body. For example, music therapy can help improve communication, self-expression, coordination and mobility. Music therapy can be delivered in many ways, such as listening to music, songwriting, music making and as an assisted relaxation strategy. It is not the same as music lessons.

Registered Music Therapists (RMTs) can help people in areas like communication, motor skills, mobility, mood, emotions, cognitive capacity, identity and self-confidence. RMTs have a university degree in music therapy and must be registered with the [Australian Music Therapy Association](#).

## Occupational therapy

Occupational therapy can help you build skills and confidence to take part in everyday activities, with more independence. An occupational therapist works with you to create a personalised plan to explore and implement practical solutions at home or in your community, at school or work. For example, this might include learning strategies to manage change and make informed decisions, like planning and organisation. It might also include practical skills you can use to stay safe around your home and community, so you can live more independently. They can also help you learn new skills or find different ways of doing things that are safe and works for you, such as using equipment to cook, dress or shower.

Occupational therapists must have a current [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) registration as an occupational therapist.

### Example

Trey is 37 years old. Just over a year ago, Trey was involved in an accident that resulted in a spinal cord injury. He had treatment for his injury, followed by rehabilitation in hospital for 10 months. The hospital occupational therapist did an assessment of Trey's home before he left hospital. During his rehabilitation, he applied for NDIS disability-related supports for when he got home. He lives with his sister and has a goal to work from home.

Trey uses his NDIS funding for an occupational therapist. He develops a transfer and position plan for Trey to reduce the risk of falls and pressure injuries. This includes regular training for his support workers and sister. His occupational therapist also identifies strategies and equipment to help him with showering, dressing and preparing meals.

His occupational therapist will review and update Trey's maintenance plan and adjust it to meet his support needs. As he makes progress towards his goals, he may need less support or his support needs may change.

## Orthoptist

Orthoptists help adults and children with vision difficulties. They work with you if you have vision loss, double vision, an eye movement disorder or neurological condition that makes it hard to understand what you see. Orthoptists can help you learn and understand how your vision works and deliver therapy supports to improve your vision, manage symptoms and optimise how you use your vision. They can teach you about what supports you may need,

for example assistive technology and visual aids, to help you improve your functional vision for everyday activities.

Orthoptists must have current registration with the [Australian Orthoptic Board](#).

## Physiotherapy

Physiotherapy as a therapy support can help you build or maintain movement, function and independence. Physiotherapists can assess, treat and manage a wide range of disabilities and impairments that limit brain, muscular, joint, heart and breathing functions. These include cerebral palsy, stroke, Parkinson's Disease, spinal cord injury, pain and stiffness. Physiotherapists also work with you to prevent any loss of mobility and keep you safe from falls or accidents. As part of your therapy plan, they may focus on evidence-based exercise, manual therapy, functional training, carer education or assistive technology, as long as it relates to your disability.

Physiotherapists must have current [AHPRA](#) registration as a physiotherapist.

## Podiatry

Podiatrists are healthcare professionals who diagnose, treat, and prevent conditions of your feet, ankles, and lower limbs. They can support you to manage musculoskeletal challenges, skin and nail conditions. They might also deliver diabetic foot care, prescribe orthotics or give footwear advice. Podiatrists will develop a therapy plan with you to improve or maintain a level of mobility that works for you and give you strategies to reduce pain. The focus of a podiatrist is to help you build independence and improve your overall quality of life.

Podiatrists must be registered with the [Podiatry Board AHPRA](#).

## Psychology

Psychology as a therapy support can help you build your capacity to do things in your everyday life and join in with your community. We can only fund sessions with psychologists whose focus is to build or maintain your capacity to engage in everyday activities or increase your independence.

Psychologists can assess and deliver tailored supports to help you pursue your individual goals. This could be in your personal or social life, at work or school. For example, they might work with you, and your family, to improve your quality of life, develop new skills and adjust to changes in your life, that relate to your disability. They can also help you manage behaviours and emotions in different settings, like the way you engage in relationships.

If you need support from a psychologist for a mental health diagnosis or treatment, this is the responsibility of the health system and not the NDIS.

Psychologists must have current [AHPRA](#) registration as a psychologist.

If you have behaviours of concern, you may require behaviour support instead of, or as well as, therapy supports. To learn more, go to [Our Guidelines – Behaviour support](#).

## Rehabilitation and vocational counselling

Rehabilitation and vocational counselling can help people with a disability or chronic illness pursue their work and study goals in areas like education, employment or community living. These specialist counsellors provide assessments, counselling, case management and service coordination. They can assess your functional capacity and help you pursue goals like finding and keeping a job. Rehabilitation counsellors are tertiary-educated therapists who are members of [Australian Society of Rehabilitation Counsellors \(ASORC\)](#).

## Social work

The main focus of social work as a therapy support is to maintain and maximise your social functioning and overall quality of life. Social workers use a holistic approach to understand how your individual factors and social environment might impact your therapy. For example, social workers may support you with individual, family and group work and strategies to adjust to disability and associated lifestyle changes. They can provide therapy supports to help you deal with emotional aspects of life transitions and improve wellbeing. Social workers must be a member of the [Australian Association of Social Workers \(AASW\)](#).

## Speech pathology or therapy

Speech pathology or therapy is a therapy support that can help with your communication and swallowing disability support needs. A speech therapist can support you to build the skills you need to receive, send, process and understand information that is spoken, non-spoken and signed. They can also support you to implement the use of picture and graphic symbols.

Speech therapists support you if you have difficulties with speaking, listening, hearing, reading or writing. They can help you to understand language and learning. They can also work with you to improve the different ways you communicate using speech, sign language, assistive technology and other alternative and augmentative communication methods. They can help if you have difficulties with eating, drinking or swallowing.

To provide NDIS supports, speech pathologists must be a Certified Practising Speech Pathologist (CPSP) as approved by [Speech Pathology Australia](#).

Learn more about how they can help with swallowing difficulties in [Our Guideline - Dysphagia supports](#).

## What therapy supports can't we fund?

Under the laws for the NDIS, there are things [we can't fund or provide](#). We also can't fund goods and services that are not NDIS supports<sup>1</sup>. To learn more, go to [What is not an NDIS support?](#)

We can't fund a therapy support if there isn't enough evidence to show that it has good functional outcomes for people with disability, even if the service provider is an allied health professional.

Supports we can't fund as therapy include:

- **Alternative and complementary therapies** like cuddle therapy, crystal therapy or aromatherapy. This also includes therapies that focus on balancing the body's energy fields.
- **Animal therapy**, such as canine or equine therapy. Recreational, sporting or social activities involving animals could also be called 'animal therapy'. This type of animal therapy isn't an NDIS therapy support because the outcome is for you to have a positive experience with an animal. This is different to an animal being used as a therapy tool to help you achieve your therapy goals. Animal therapy may be funded under social and community participation.
- **Energy and health practices**, such as practices about lifestyle choices, including exercise physiology for general fitness, weight loss and exercise. These are not specifically disability-related practices.
- **Gymnasium or swimming pool memberships**. A physiotherapist or exercise physiologist may want you to do an exercise program at a gym or in a pool. We may fund supports to help you at the gym or pool, for example a support worker to help you access and use the facilities. We won't fund the cost to access the gym, pool or any memberships. This is a cost everyone across Australia would have to pay, whether or not they have a disability.
- **Massage therapy**. Massage that's delivered to you by someone who isn't an allied health professional is not an NDIS support. This includes remedial massage and general massage used for relaxation. We can't fund this type of massage even when it's been recommended by an allied health professional. We also can't fund massage therapists to deliver massage if they work under supervision of an allied health professional. This is because massage therapists are not allied health professionals or therapy assistants.

- **Personal training.** We can't fund a personal trainer as a therapy support. If it meets the NDIS funding criteria, we may fund an appropriately qualified personal trainer as a support in your capacity building - health and wellbeing funding, but not as therapy.
- **Social group programs which include strategies described as 'therapy'.** We can't fund group programs or activities where there's not enough evidence they are an effective therapy support. This includes things like 'Lego therapy' or activities such as yoga, art and music lessons and drama groups. We can fund a support worker to help you get ready for and take part in social and community activities, but we can't fund the cost of the activity or the class. This is because they're costs for everyone, including people with disability.
- **Therapy in a box,** also known as therapy kits or therapy-at-home programs. They are once-off or ongoing subscriptions, sometimes put together and posted out by an allied health practice. Because they're not individually tailored or evidence-based programs, we can't fund this type of therapy support. They're also not overseen or delivered by a qualified therapist with a measurable outcome.
- **Wellness and coaching therapies,** such as general good health practices that focus on improving general wellbeing and making positive lifestyle changes. Some are labelled therapies but aren't recognised by the NDIS because they're not directly disability related.

## Mainstream and community support

There are many systems that work alongside the NDIS to provide supports and services. We call these systems [mainstream and community supports](#), and they're available to everyone across Australia. Mainstream supports are the services you can get from other government funded systems like health, mental health and education<sup>2</sup>. For example, the education system is responsible for supports to help you learn, study and pursue your educational goals. This includes adjusting teaching methods and providing you with learning assistance and aids.

There are also many support services available through community organisations, like youth mentoring programs, neighbourhood cooperatives, religious groups and supports from local councils. We call these community supports. Ask your my NDIS contact for help to get in touch with them if you need it.

Learn more about [mainstream and community supports](#) on our website.

## How can you get therapy supports in your plan?

For a therapy support to be included in your plan, it must meet all the [NDIS funding criteria](#). Some therapy supports [are not NDIS supports](#). When you ask for therapy supports to be included in your plan, you need to give us an assessment or report from your therapist. It needs to include recommendations for supports you need, how often and the reasons you need them. Allied health professionals can also provide the same information in a letter of recommendation for you to submit as part of your evidence. We call this the [evidence you need to give us before we create or change your plan](#).

We will think about the most effective and beneficial options for you. We won't fund two therapists to work with you on the same therapy goal. However, we can fund a team of allied health professionals to work together as part of a multidisciplinary team approach to help you pursue your NDIS goals.

To learn more about how we decide what therapy supports we can fund, go to [the principles we follow to create your plan](#).

## **What information do we need if you don't have therapy supports in your plan?**

If you haven't had therapy supports before, it may be helpful for you to give us information<sup>3</sup> from your treating professional about:

- the type of therapy support you need and why you need it
- the therapy approach that will be used and who might provide it
- what outcome the support aims to give you
- how long and how often you'll need the support to achieve the expected outcome
- evidence of previous treatments you've had and what the results were.

Sometimes we need more information to help us decide if your request for therapy supports meets the [NDIS funding criteria](#). If we do, we may ask you to have an assessment and give us a report.<sup>4</sup>

If we ask you to have a therapy assessment, we'll include funding in your plan to pay for the assessment and a report from your therapist. We'll let you know the information we need in the assessment. For example:

- how your informal, community and mainstream supports will help you to pursue your goals
- how the therapy support will increase or maintain your independence

- how the therapy support will help you pursue your goals and take part in your community, work, and study
- how your gains or expected outcomes will be measured, including how long you will need to achieve the outcome of the therapy support
- the NDIS contact person to forward the information to.

If you need help getting the evidence, or you're not sure what evidence is needed, talk to your my NDIS contact. Learn more about [what happens in your planning conversation](#) and what information we need before your planning meeting.

## What happens when we have all the information we need?

When we have all the information and evidence we need, we'll make a decision about funding therapy supports in your plan. If they meet the [NDIS funding criteria](#), we'll include the funding for therapy supports in your NDIS plan.

If we decide some or all the therapy supports recommended in the evidence you provide don't meet the NDIS funding criteria, we can't include them in your plan. We'll give you written reasons for our decision<sup>5</sup> about the supports we have or haven't included in your plan. This decision is a [reviewable decision](#), which means if you [don't agree with our decision](#), you can ask us to review it.

## What happens when you get therapy supports in your plan?

Your plan may include some therapy supports which are funded by us and some by another service, such as the health system. When you have funding for therapy supports in your plan, you can use your funding to get the NDIS supports you need, in line with your plan. If you need help to use your funding, talk to your my NDIS contact, support coordinator or recovery coach.

We include therapy supports in your plan as a [stated support](#) under the Improved Daily Living Skills support category. This means you can only use this funding for therapy. You can't use your therapy funding flexibly to pay for other capacity building supports.<sup>6</sup> Learn more about [how we describe supports in your plan](#).

Your plan may include funding for therapy supports without describing a specific therapy type. This means you have the flexibility to choose your provider, and where appropriate, the type of therapy that suits your needs. This gives you greater choice and control over the therapy type you choose, and who delivers the therapy.

You can choose if you want to spend your therapy funding on:

- individual or group sessions
- intensive blocks of therapy, or therapy at regular intervals
- a particular therapy, or combination of therapies, that will be most effective in meeting your needs at a certain time.

In some plans we may include extra details, such as a specific stated therapy type or a measurable outcome you want to achieve. When we do this, you must use your funding in the way we describe in your plan. This helps make sure you use the funding for its intended purpose.

Learn more about how to start using your plan in [Our Guideline – Your plan](#).

## How will your therapist work with you?

Your therapist will assess your support needs and develop a therapy plan or program for you. Your plan or program will have strategies and recommended supports to help you build your skills to do things or maintain the things you can already do. Your therapist will teach you how to complete your therapy program and will review it regularly to make sure it is still working.

You might want to share your therapy strategies with your other providers and your informal supports. This way, they can also help you with the strategies in between sessions with your therapist.

## What information do we need if you're getting therapy supports?

We'll have regular check-ins with you where we'll talk with you to make sure your therapy supports are working for you. We may also talk about how they're working if you have a plan reassessment meeting. This helps us see if your plan is meeting your individual support needs. As your capacity and independence build, we may talk to you about changing your plan.

We may ask your therapist to give us progress reports if we need to reassess your plan. This helps us check that you're making progress towards the goals you set for therapy, and your skills and independence are being improved or maintained. It also helps us understand if you need to continue to receive therapy supports in your next plan, what type of therapy supports you need and the outcomes you want to achieve.

A progress report should include:

- a summary of the supports you're getting

- your experience with how therapy supports have helped you with your disability in the past<sup>7</sup>
- how the support has helped you pursue your goals
- how the support has helped you increase or maintain your independence
- any measurable, functional gains you've made since receiving therapy supports
- if relevant, details of how your therapy supports are being coordinated with other therapists
- how you've been linked to additional informal, community or mainstream supports to help you take part in social, work or study activities
- any barriers to using your supports or getting them provided, and how these have been resolved
- any risks to you or others
- best-practice recommendations for ongoing therapy, if relevant.

If your situation changes, or your NDIS-funded therapy supports are not meeting your needs, you can ask us to change your plan.<sup>8</sup> Learn more about [changing your plan](#).

## What if you don't agree with our decision?

If we decide therapy supports don't meet all our [NDIS funding criteria](#), we can't include them in your plan.

We'll give you written reasons why we made the decision.<sup>9</sup> You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with a decision we've made about therapy supports, you can ask for an internal review of our decision.<sup>10</sup>

You'll need to ask for an internal review within 3 months of getting your plan.<sup>11</sup>

Learn more about [reviewing our decisions](#).

## Reference list

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- <sup>1</sup> NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024 sch 2
- <sup>2</sup> NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024 sch 2 item 16 and item 17
- <sup>3</sup> NDIS Act 2013 s 36(2)(a).
- <sup>4</sup> NDIS Act 2013 s 36(2)(b)(i).
- <sup>5</sup> NDIS Act s 100(1).
- <sup>6</sup> NDIS Act 2013 s 33(3); NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024.
- <sup>7</sup> NDIS (Support for Participants) Rules r3.2(b).
- <sup>8</sup> NDIS Act Scheme Amendment Act 2022 s 48(2).
- <sup>9</sup> NDIS Act s 100(1).
- <sup>10</sup> NDIS Act s 100.
- <sup>11</sup> NDIS Act s 100(2).