Occupational Therapy Australia

Capability Framework for occupational therapists working with adults



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This Capability Framework outlines the essential knowledge, skills, and attitudes required for occupational therapists working with adults across various career stages and across all relevant Australian service settings.

The framework aims to:

- facilitate occupational therapists' self-reflection and decision making regarding their practice
- help practitioners identify areas where they may need to enhance their knowledge or skills relevant to their service setting or area of practice
- demonstrate the professional practice expectations of occupational therapists at different career stages
- support advocacy for the role, function and scope of practice of occupational therapy to key stakeholders, including government, funding bodies, employers and managers.

This framework does not:

- intend to be prescriptive or restrictive
- expect practitioners working with adults to meet all capabilities listed - capabilities are selected and applied based on specific settings and contexts
- expect practitioners to operate at the same proficiency level across all capabilities.

The term 'capability' in this framework refers to an occupational therapist's overall potential for effective practice in varied situations, encompassing their skills, knowledge, personal attributes, critical thinking, adaptability, and commitment to learning. It's about their inherent ability to apply understanding flexibly, solve complex issues, make evidence-based judgments, and grow professionally, rather than a list of current skills or performance in familiar tasks. 'Capability' acknowledges the evolving nature of practice and the need for occupational therapists to adapt.

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Guiding approaches

The capabilities outlined in this framework are relevant to occupational therapists working specifically with the adult population. The adult population refers to those aged 18-55 years for Aboriginal and Torres Strait Islander peoples and 18-65 years for non-Aboriginal and Torres Strait Islanders peoples. These age ranges have been determined with reference to the legal age in Australia and in alignment with the existing OTA capability frameworks which sit on either side of this framework from a lifespan perspective.

Capabilities fundamental to broader occupational therapy practice, such as those outlined in the Australian Occupational Therapy Competency Standards (2018), are expected to be applied but fall outside the scope of this framework and as such are not explicitly included in this document. For example, it is expected that practitioners will engage in evidence-based practice and that occupational therapists across all career stages engage in regular professional supervision, in accordance with the OTA Professional Supervision Framework 2025, to assist in enhancing and consolidating their capabilities. This includes maintaining their own professional supervision at all levels of practice, while also potentially providing supervision as an intermediate or senior practitioner.

Additionally, occupational therapists are expected to always work within the occupational therapy scope of practice and their personal scope of expertise. It is expected that occupational therapists working as sole practitioners are operating at the intermediate to senior practitioner level.

The framework expects that all practitioners, including those working with adults, will adopt:

- practices that support cultural humility and deliver culturally safe and responsive care that acknowledges and navigates diverse communication, ownership, and health perspectives, especially for Aboriginal and Torres Strait Islander Peoples
- a trauma informed approach, understanding how trauma may impact a person physically, emotionally, psychologically and cognitively, and recognising how trauma may influence an individual's engagement in occupation and their participation in life roles and situations
- LGBTQIA+ and gender diversity aware practices, fostering safe, inclusive and affirming environments that respect each person's identity and lived experience, challenge assumptions, and support full participation in meaningful occupations
- neurodiversity affirming practices, understanding the influence of neurodiversity on an individual's occupations and participation, valuing the unique strengths and identity of all people and focusing on differences over deficits.

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The framework in context

This framework is one in a suite of Capability Frameworks developed by Occupational Therapy Australia relevant to the entire lifespan including Working with children, young people and families and Working with older people. This Capability Framework sits alongside existing practice-based Capability Frameworks for Mental health, Working with people with pain, Supporting people with assistive technology and Supporting people with environmental modifications.

To support translating capability frameworks into practice at a foundational level, each framework informs the development of targeted practice learning resources. These include Practice Essentials programs in Mental health, Pain, Working with older people and Working with children. Each program offers a comprehensive e learning pathway for occupational therapists, addressing all core foundational capabilities. Furthermore, targeted professional development and practice resources are built to support skill and knowledge translation at the intermediate and senior practitioner level.

In defining the capabilities required for working with adults, several caveats apply.

- Workplace and setting-based capabilities are not included; these are considered the responsibility of employers.
- Prescriptive guidelines and competencies for specific practices, interventions or tools are not included in this framework.
- The capabilities are presented independently, without influence from funding, employment type, setting, or geographical location.

Intersectionality and diversity: This Capability Framework recognises the diversity of people's experiences, which can be shaped by intersecting factors such as age, gender inequalities, family, cultural beliefs and values, health literacy, language, geographical location and socioeconomic status. Multiple and co-existing identities can influence a person's strengths, barriers, needs and preferences and expose them to an increased risk of discrimination and/or marginalisation. This can ultimately limit their access to services and systems and impact on their occupational participation and engagement. Best practice includes acknowledging a person's individual diversity by promoting holistic, equitable, and person-centred care, ensuring occupational therapy interventions are relevant and accessible to everyone's unique context. Services should support person-led decision-making about how care and supports are delivered and administered.

Digital technology: The safe use of digital technologies and telehealth platforms can be applied across a range of contexts and client groups. Their use should consider the individual's digital literacy, access to technology, and the suitability of the approach for managing therapeutic risks and achieving outcomes. Digital approaches must be used safely and ethically, with clear clinical and digital governance to protect privacy, confidentiality, and data security. These principles apply across the framework, with foundational practitioners requiring supervision and other support structures to ensure safe and effective practice.

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Navigating the framework

Each of the Capability Frameworks share a consistent structure, making it easier for practitioners to navigate across them. In many cases, reference to multiple frameworks will be required.

The table of contents is hyperlinked allowing the reader to easily navigate to the relevant section of the document quickly.

The capabilities are organised into 5 domains. The domains are highlighted in teal, and the associated capabilities are listed underneath. The list of capabilities is not hierarchical.

- Each capability is described across three levels of proficiency, reflecting career stages. The career stages run left to right from least to most experienced, representing good practice at each stage. The career stages are reflective of knowledge and experience rather than years of practice, and the ethos of lifelong learning is considered integral throughout each stage. The framework does not expect practitioners to operate at the same career stage across all capabilities. Descriptions of best practice at each career stage are provided throughout the document, noting that it is not possible to reflect all aspects of best practice at each career stage for every capability.

The career stages are:

- **Foundational practitioner:** At this stage, practitioners demonstrate foundational skills and knowledge in the principles, approaches and provision of therapy. They work under supervision (including direct supervision as necessary) and focus on implementing solutions in situations where the health condition, environment, and/or support needs involve lower levels of complexity. These typically include scenarios where the individual's goals are clearly defined and stable, and there is minimal risk involved
- **Intermediate practitioner:** At this stage, practitioners apply their increased knowledge and experience to work independently to support a broader range of more complex needs. They continue to work under supervision, though this may occur less frequently, and they may also support the development of foundational practitioners. Intermediate practitioners typically work in situations with moderate complexity, which may involve multiple functional needs, intersecting health conditions, or environments with increased complexity. These situations often require an interprofessional approach, involve moderate levels of risk, and may include more dynamic or variable factors
- **Senior practitioner:** At this level, practitioners demonstrate expert knowledge and advanced skills, working in situations characterised by elevated levels of complexity and/or risk, and applying innovative and tailored approaches. Complex situations at this level may involve unclear, multifaceted or evolving factors related to the person, the environment and their participation. They may provide high-level consultation, supervise other practitioners, support community and population level health promotion initiatives, undertake research or educator roles, and contribute to service development, policy initiatives, and advocacy efforts related to occupational therapy provision.

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The unique role of occupational therapists in supporting adults

This capability framework draws on the World Health Organisation's International Classification of Functioning, Disability and Health (ICF) when describing how occupational therapists work with adults. Occupational therapists apply a holistic approach, considering the dynamic relationship between the person, the occupation, and the environment, while identifying enablers and barriers to participation.

This capability framework presents how occupational therapists support engagement across a range of roles and occupations specific to adulthood that may be impacted by illness, accident or disability. Practice areas represented by this framework include, but are not limited to:

cancer care and survivorship | continence & pelvic health | developmental disability | disaster recovery | driving | eating disorders | forensic mental health | gender, sexual diversity and sexual health | hand therapy | intellectual disability | lymphoedema | mental health | neurological disabilities (including progressive) | occupational rehabilitation | oncology | palliative care | physical disability | rehabilitation | sleep | substance use and addiction | vision impairment | women's health | younger onset dementia

Occupational therapists deliver services to adults in a variety of systems and settings such as primary care, public and private hospitals, residential services, justice and forensic services, private practice, education, research, supervision and mentoring, workplaces, homes and communities in various roles such as the primary service provider, team member, consultant, key worker, or advocate.

Acknowledgements

The Occupational Therapy Australia (OTA) Capability Framework for occupational therapists working with adults was developed in collaboration with an Expert Advisory Group (EAG) and through multiple consultation phases with the broader occupational therapy profession. The EAG drew on a range of evidence-based sources referenced at the bottom of the framework. They also sought the views of subject matter experts to develop the capabilities listed in this framework. OTA also engaged Cross Cultural Consultants to integrate a First Nations perspective into the framework, and we thank them for their meaningful and valued contributions. OTA acknowledges the contribution of the EAG, subject matter experts and all occupational therapists who contributed their time, insights and expertise to the development of this framework.

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A note on terminology

The term ‘intervention’ is used throughout this capability framework to describe occupational therapy approaches and strategies that support individuals, families, and collectives to achieve occupation-focused goals. Occupational Therapy Australia acknowledges that the term intervention may hold different meanings and connotations for some communities, including First Nations peoples. In this framework, the term is not intended to imply authority or control over others, but rather reflects collaborative, respectful, and person-centred approaches consistent with occupational therapy values and culturally safe practice.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
Domain 1: Knowledge of systems, models, frameworks and conditions	All occupational therapists working with adults require a strong understanding of the systems in which occupational therapy services are provided, including how they may differ for First Nations peoples, particularly in remote and regional contexts, and how these differences may impact access to services, participation and outcomes. It is expected that occupational therapists comply with relevant legislation, guidelines, codes, and standards that apply to their practice with adults. In addition, it is important for occupational therapists to have a thorough understanding of national and international models of practice and frameworks that support occupational therapy practice with adults acknowledging the intersection and overlap of biomedical, psychological, social and spiritual models in practice. This includes an understanding of how to apply these models effectively in practice, and in specific contexts, to use occupation not only to support individual needs but to also promote broader population health, particularly in circumstances where geographical factors may impact access to infrastructure and services. The occupational therapist recognises their professional responsibility to consider limitations or gaps within existing systems, and to exercise critical professional judgement in thoughtfully questioning and challenging these where they may not adequately promote quality care. Occupational therapists require a broad understanding of conditions that impact adults and their occupations as well as an appreciation of how gendered and sex specific considerations may inform occupational therapy approaches. It is expected that occupational therapists will maintain contemporary knowledge across these areas throughout their career at the foundational, intermediate and senior levels of practice.		
1.1. Legislation, guidelines and codes The occupational therapist is familiar with relevant national and international frameworks and guidelines that apply to working with adults including legislation that protects their rights privacy, safety and inclusion, such as the UNCRPD to inform disability rights. The occupational therapist adheres to	The occupational therapist adheres to state, territory and federal legislation safeguarding the rights of individuals in their care. They also comply with guidelines, codes and standards specific to occupational therapy practice and seek professional supervision for their application in practice. They will seek support from a supervisor to develop	The occupational therapist ensures compliance with legislation, codes, guidelines and standards pertinent to their work with adults understanding their interplay, differentiation and application in occupational therapy practice. Where relevant, the occupational therapist contributes to their organisation and team in meeting	The occupational therapist has broad experience in applying legislation, guidelines and codes relevant to their work, including in complex circumstances requiring analysis and interaction between these. Where relevant, the occupational therapist contributes to representation, evaluation and quality improvement activities to

	Foundational practitioner	Intermediate practitioner	Senior practitioner
broad-ranging standards, guidelines and codes that apply to occupational therapy practice with adults, including those that refer to professional occupational therapy practice, funding bodies, professional standards and governance.	a quality improvement approach to identifying systemic gaps that might be preventing quality care. The occupational therapist actively strives to protect and enhance the rights, safety, and decision-making capacity of adults.	regulatory requirements that safeguard and promote the rights, safety and decision-making capacity of the people they support. They demonstrate the ability to critically appraise existing frameworks and regulations to support continuous improvement and the delivery of high-quality care.	uphold individuals' rights and ensure safe, effective, and ethical service provision aligned with codes and guidelines.
1.2. Systems and frameworks The occupational therapist has an awareness of both local and national systems in which services to adults are provided. This includes an understanding of the interplay between pertinent service systems such as the disability system (i.e. NDIS), the health system, compensable systems (i.e. employment and transport accident), the mental health system, the justice system and housing. This also includes understanding the role of Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled	The occupational therapist has knowledge of the range of service systems that adults may navigate and assists in accessing appropriate services and systems, with knowledge of essential eligibility criteria and referral pathways. The occupational therapist has a good understanding of relevant policies and frameworks, including the WHO ICF to guide best practice. The occupational therapist is supported to adhere to governance, registration and quality standards. At the foundational level, occupational therapists receive	The occupational therapist applies their knowledge and experience of relevant service systems, national frameworks, local strategies and pathways to support adults who may be required to navigate multiple systems. They access supervision in navigating complex, overlapping systems and frameworks, and may offer foundational occupational therapists' supervision for less complex situations. The occupational therapist integrates enablement and	The occupational therapist supports adults with complex needs, requiring interaction and facilitation between systems and frameworks. The occupational therapist may contribute to the development and improvement of local service and system structures, implementing improvements or changes to their service/organisation to align with and support broader systemic improvements. The occupational therapist engages in their own supervision and provides professional supervision and/or mentoring to support less-experienced therapists to develop

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
Health Organisations (ACCHOs), and how community-controlled systems support culturally appropriate, holistic and self-determined care for First Nations peoples. The occupational therapist understands the importance of digital technologies and digital literacy and competence when navigating these various systems. The occupational therapist understands and complies with the governance, registration and quality frameworks operating across systems relevant to their work with adults, including federal systems and complementary systems across states and territories. The occupational therapist is familiar with enablement and participation frameworks such as the World Health Organisation International Classification of Functioning, Disability and Health (ICF).	supervision from more senior practitioners when working with clients who may be interacting with several complex service systems concurrently.	participation frameworks into their practice.	their understanding of local service systems, comply with governance and quality frameworks and apply relevant clinical frameworks to their work with adults.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
1.3. Funding systems The occupational therapist is familiar with relevant funding schemes and systems available across practice settings and conditions relevant to adults and how they are differentiated. They set realistic expectations of funding availability and plan around these parameters. They adhere to all quality standards, registration, rules, and training requirements that apply to each funding program. Additionally, the occupational therapist understands the application of legislation such as Australian Consumer Law to their practice. When funding is required to deliver occupation-based therapeutic approaches, the occupational therapist will identify funding, facilitate access, problem solve when funding limitations arise and escalate system barriers that hinder funding access.	The occupational therapist has knowledge of funding schemes relevant to adults, understanding their differences and adhering to associated quality standards and regulations that apply to the schemes they provide services under including private and public funding. The occupational therapist can describe and assist individuals to understand their funding options. They support adults to access funding and seek guidance from a senior therapist when funding needs don't align with funding availability.	The occupational therapist applies their knowledge of relevant funding schemes to assist individuals where appropriate, to seek the funding required to support their needs, including when there is interplay between schemes or complexity in needs. The occupational therapist has experience with meeting the eligibility, evidence and reporting requirements that apply to the schemes relevant to their work and can provide evidence that supports access to ongoing or additional funding. The occupational therapist can identify and report on the key barriers to funding access across systems and programs for their clients.	The occupational therapist has experience in supporting individuals and their supports with complex needs to navigate funding schemes relevant to their work. They apply a high level of knowledge and experience to differentiate the features and scope of funding schemes and address requirements where high levels of evidence are required to access funding. The occupational can inform local and federal funding programs to highlight systemic failures or barriers to access. The occupational therapist provides supervision and/or mentoring support for less-experienced occupational therapists to develop their understanding and compliance related to funding schemes.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
1.4. Occupational therapy models of practice The occupational therapist is familiar with key models of contemporary occupational therapy practice and understands how to apply models of practice to support the occupational therapy process and outcomes for adults across a range of contexts relevant to their practice area.	The occupational therapist has knowledge of the similarities and differences between common evidence-based occupation focused frameworks and models of practice that are relevant to their practice setting. The occupational therapist can apply relevant models in their practice with the guidance and support of more experienced peers.	The occupational therapist selects occupational therapy models of practice relevant to their practice setting and applies them in alignment with the specific needs, goals and priorities of the individual in the context in which the model will be applied. The occupational therapist refers to the applied model(s) throughout the occupational therapy process, using it to guide all aspects of goal setting, assessment, intervention and outcome measurement to ensure a systematic approach and holistic understanding of the client, their strengths and their support needs.	The occupational therapist has significant experience in selecting and applying occupational therapy models of practice across a range of client groups and complexities. The occupational therapist may guide the implementation of occupational therapy models within their organisation/service/ practice area to underpin an occupation-focused approach in practice and to advocate for differentiation of the occupational therapy role within the broader allied health team or the community/ population. The occupational therapist contributes to the professional development of less-experienced therapists and may contribute to research and knowledge translation in this area.
1.5. Conceptual models and frames of reference The occupational therapist applies key conceptual models and frames	The occupational therapist is familiar with a range of conceptual models and frames of reference to support a holistic approach to understanding	The occupational therapist selects and applies conceptual models and frames of reference relevant to their practice setting and practice area,	The occupational therapist applies theoretical models and frames of reference across a range of client groups, presentations, and

	Foundational practitioner	Intermediate practitioner	Senior practitioner
of reference to their work with adults. They understand the benefits of applying such models when collaborating with other professions across various practice settings. The occupational therapist may draw on models from occupational therapy, education, psychology and other areas.	the developmental, biological, psychological, social, cultural and environmental factors impacting the occupational performance and participation of individuals. The occupational therapist is supported to refine their knowledge and application of frames of reference via professional supervision with a senior occupational therapist.	considering the context and specific needs and priorities of the individual. The occupational therapist is guided by the frame/s of reference throughout the occupational therapy process and applies relevant theories to address the complex needs of individuals and their supports.	complexities. They have experience with evaluating the need for interplay between different frames of reference and synthesising these to guide individualised, evidence-based, person centred supports for adults. The occupational therapist utilises a frame of reference to facilitate education and training of key supports for the individual.
1.6. Conditions and diagnoses The occupational therapist is familiar with a range of conditions relevant to the adult population. The occupational therapist can identify common symptoms associated with these conditions and is familiar with common treatment approaches.	The occupational therapist has knowledge of a range of diagnoses, conditions and presentations relevant to their area of practice and understands the potential impact of these conditions on occupational performance and participation. Conditions may include neurological conditions, genetic disorders, neurodevelopmental disorders, chronic and acute medical conditions, neurodegenerative disorders and psychological disorders.	The occupational therapist can apply their knowledge and understanding of a broad range of conditions to their work with adults. The occupational therapist has experience with distinguishing the impacts of diagnostic features and presentations on the individual's occupational performance and participation. The occupational therapist can identify those interventions and approaches that are supported by evidence for use	The occupational therapist has significant experience across a broad range of diagnoses and conditions relevant to adults. The occupational therapist advocates for an occupation-focused and person-centred approach rather than an impairment-focused or diagnosis-based approach to assessment and planning. The occupational therapist may provide professional supervision to less experienced OTs, or education

	Foundational practitioner	Intermediate practitioner	Senior practitioner
	The occupational therapist is familiar with common treatment approaches for diagnoses in their area of practice. The occupational therapist understands the role of other healthcare team members in the diagnostic process and recognises when to refer for a diagnostic assessment.	with specific diagnoses and conditions. The occupational therapist accesses supervision to navigate complex conditions and diagnoses and may offer foundational occupational therapists' supervision for less complex presentations.	and capacity building to key supports for the individual.
1.7. Knowledge of life transitions The occupational therapist is familiar with the key life transitions and changes that individuals experience across the span of their adult life and the importance of accessing key services throughout these stages. This includes recognising that life transitions for Aboriginal and Torres Strait Islander peoples may be influenced by cultural roles, kinship systems, community responsibilities and connection to Country. This may include supports to adjust to transitions from school into paid vocational roles, changes in family structure, relationships and carer	The occupational therapist has an appreciation of the life transitions that an adult might experience and the impact these role changes and transitions may have on their identity. The occupational therapist can support the individual through these role transitions and associated impacts to their life with the support of senior practitioners as required.	The occupational therapist can work closely with the individual to support them with the role and life transitions they experience. The occupational therapist can provide advice and support about making adjustments to address the impacts these changes may have on them physically, psychologically and cognitively and make referrals to additional supports and services as required.	The occupational therapist can work with a wide range of clients, including adults with complex presentations, to support them with their life and role transitions. The occupational therapist can anticipate changes and adjustments that may result from key life transitions and support them through these periods. The practitioner can provide education and support to less experienced practitioners building skills in supporting individuals through the adult lifespan.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
responsibilities, changes in living and financial responsibilities, changes to social and friendship connections, changes in cultural expectations, loss and grief due to functional or health changes, and the transition to death (end of life care). The occupational therapist has an awareness of different gendered experiences in adulthood such as the division of labour in the home, caregiving expectations, pregnancy, and body image, and uses this knowledge to inform their understanding of a person or group of people.			
1.8. Prevention and early intervention The occupational therapist understands the core concepts of prevention and early intervention aimed at maintaining or improving a person's participation in meaningful occupations.	The occupational therapist can identify potential risks and early preventative approaches to maximising an individual's participation in occupations now and into the future, relying on the support of a senior practitioner to recognise how the individual fits within the broader context of the social	The occupational therapist has a thorough understanding of how early intervention and prevention approaches can make a positive impact on a person's health and wellbeing long-term. They have experience working with individuals across the adult lifespan, implementing timely interventions	The occupational therapist can work with a broad range of clients, including those with complex presentations to adapt interventions where possible to ensure long-term benefit. They can identify opportunities to intervene early to prevent or slow disability progression

	Foundational practitioner	Intermediate practitioner	Senior practitioner
Inherent within this capability is an awareness of the social determinants of health and how they impact an individual across the adult lifespan (i.e. the intersectionality of socioeconomic status, environment, access to services, cultural norms, belief systems, gendered experiences, policy, life stressors, and the impact of historical and ongoing factors such as colonisation, intergenerational trauma, and inequitable access to services for First Nations peoples).	determinants of health and uses this understanding to predict potential decline in occupational participation.	that consider the person's participation now and into the future. They recognise the complex interplay of the social determinants of health on an individual's occupational engagement and can adjust interventions accordingly.	and assist less experienced practitioners to do the same. The occupational therapist advocates for the profession by participating in opportunities that promote the importance of prevention and early intervention to improve local and broader systems and service structures.
Domain 2: Guiding principles and practices	This domain highlights the fundamental principles and practices that underpin effective provision of occupational therapy services, emphasising a person-centred approach with the overarching goal of enablement. These principles and practices guide safe, ethical and effective occupational therapy practice that supports the autonomy, participation and well-being of individuals, ensuring that interventions are tailored to support their unique needs, goals and preferences. A strengths-based approach is seen as best practice, recognising that challenges exist when working within systems and funding schemes that may take a deficit-based approach.		
2.1. Person-centred and ethical practice Occupational therapists prioritise person-centred practice,	The occupational therapist is familiar with the principles of person-centred practice and recognises the importance of ensuring collaboration and engagement to ensure that	The occupational therapist demonstrates a commitment to person-centred practice, actively considering the whole person throughout the therapeutic	The occupational therapist consistently champions person-centred practice ensuring that all aspects of the assessment and intervention process are driven by a

	Foundational practitioner	Intermediate practitioner	Senior practitioner
considering an individual's abilities, cultural background, limitations, roles, routines, preferences, and goals, while upholding autonomy and self-determination. They commit to ethical practice, ensuring fairness, justice, respect, and awareness of personal bias alongside sustainability, equity, access, workforce wellbeing, and system stewardship to achieve high-quality outcomes over time. Practitioners support informed choice, respect human rights, and enable individuals to live independent, dignified, and meaningful lives while managing expectations. For First Nations peoples, this includes recognising that decision-making may involve family, kinship, and community, with self-determination occurring both individually and collectively.	individuals' goals, preferences and needs are met whilst identifying their own bias in the process. The occupational therapist begins to understand the client's right to autonomy and self-determination and works under supervision to adopt practices that both support informed choice and respect personal preferences. The practitioner develops awareness of ethical considerations, including fairness and respect, and the impact self-determination may have on risk and begins to adopt approaches that recognise the importance of sustainable practices.	relationship. The occupational therapist empowers the client's informed choice and acknowledges their human rights and personal preferences throughout assessment and intervention processes and can identify and reflect on their own bias. The intermediate practitioner applies an understanding of ethical practice and can navigate the intersection between person-centred and sustainable practice with increasing independence. The practitioner can support more junior practitioners in their pursuit of these skills and supports system level changes that embed person-centred and ethical practice across teams and organisations.	deep understanding of the individual and their right to autonomy and self-determination. The occupational therapist leads by example in adopting practices that maximise informed choice, uphold human rights and personal preferences and address sustainability. The senior practitioner demonstrates expert understanding of ethical practice, proactively addressing issues of fairness, justice, and respect, and informs systems and policies that support sustainability across a range of factors. The practitioner provides guidance to less experienced practitioners in these critical aspects of person-centred care.

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2.2. Capacity, consent, duty of care and dignity of risk The occupational therapist understands the interplay between capacity, 'duty of care' and 'dignity of risk' when delivering client centred care to adults. The occupational therapist can provide input into the assessment of an adult's capacity to provide consent, assist in the design of care, treatment, financial and legal decisions and to inform where capacity may support ongoing engagement in meaningful occupations. The occupational therapists understand the importance of obtaining appropriate verbal and/or written consent and that consent is relational to the type of interventions being delivered. This includes recognising when interventions involve intimate or invasive contact, requiring enhanced consent processes, clear professional boundaries and adherence to legal and ethical standards. Alongside this, the	The occupational therapist demonstrates an emerging understanding of capacity, consent, duty of care, and dignity of risk within routine practice contexts. They work under supervision and apply established frameworks and organisational policies to support safe, ethical, and person-centred care. They can recognise when capacity may be a consideration and seek guidance when capacity-related concerns arise, support basic capacity assessment processes by gathering functional information about the adult's understanding, preferences, and ability to participate in decision-making and obtain informed consent for routine interventions, recognising when consent needs to be revisited as circumstances change. They understand when interventions may involve sensitive, intimate or potentially invasive procedures (i.e. scar management, contact with body areas, soft tissue work) and the need	The occupational therapist applies greater clinical judgement and works more independently in situations involving moderate complexity and risk. They integrate ethical reasoning, legislation, and evidence to guide decision-making while continuing to seek supervision as needed, whilst offering support to foundational-level occupational therapists where appropriate. They can contribute actively to capacity assessments, particularly where capacity may fluctuate or vary across decisions, adapt consent obtaining or reviewing processes for more complex or long-term interventions, ensuring consent is ongoing, informed, and contextual and navigate ethical tensions between duty of care and dignity of risk, supporting adults to make informed decisions while implementing risk mitigation strategies. They demonstrate the ability to obtain and maintain explicit, informed and ongoing consent for interventions	The occupational therapist demonstrates advanced expertise in managing complex, high-risk, and ethically challenging situations. They provide leadership, consultation, and influence practice beyond individual service delivery. They can lead or provide expert consultation on complex capacity assessments, including intersecting legal, financial, and health-related decisions, guide teams in navigating nuanced consent processes, particularly where consent is contested, fluctuating, or impacted by cognitive decline and support less experienced practitioners through the development of policies, clinical governance, supervision and clinical education. They provide leadership in the ethical delivery of interventions. They support the development and implementation of policies, training and clinical governance processes that ensure robust consent practices, risk mitigation and safeguarding for both

	Foundational practitioner	Intermediate practitioner	Senior practitioner
occupational therapist understands reviews to previously obtained for consent may need to be conducted throughout the therapeutic process. The occupational therapist adopts practices that empower the adult's informed choice, acknowledges their human rights and personal preferences and supports them to live an independent, dignified and fulfilling quality of life. *(OTA Code of Ethics, 2014)*	for explicit, informed and voluntary consent prior to proceeding. They adhere to organisational policies and professional guidelines regarding chaperones, documentation and scope of practice and seek supervision before engaging in or assisting with such interventions.	involving sensitive or intimate body areas, including clearly explaining the nature, purpose, risks, benefits and alternatives to the intervention. They adapt communication to support understanding and autonomy, recognise and respond to verbal and non-verbal withdrawal of consent and implement risk management strategies such as offering supports, ensuring appropriate environment and maintaining clear professional boundaries. They document consent processes comprehensively in accordance with legal and organisational requirements.	clients and practitioners. They offer consultation in complex situations where consent is ambiguous, contested or impacted by trauma, cognitive changes or power dynamics and promote trauma informed, culturally safe and legally sound practices across teams and services
2.3. Strengths-based approach The occupational therapist adopts a strengths-based approach, collaborating with individuals and supports to identify their unique strengths and available resources. The occupational therapist acknowledges the influence of social structures. Kinship networks,	The occupational therapist understands and applies strengths-based tools, language and approaches with the individual and supports to engage in collaborative goal setting, identify strengths and build self-efficacy to support meaningful participation in daily activities, occupations, and life roles.	The occupational therapist has experience delivering a range of strengths-based approaches when working with individuals and their supports. The occupational therapist independently applies these principles across all aspects of their work to support meaningful participation in daily activities,	The occupational therapist comprehensively and consistently embeds a strengths-based approach in all aspects of their work. The occupational therapist advocates for the adoption of strengths-based approaches across all aspects of the person's care including across all environments

	Foundational practitioner	Intermediate practitioner	Senior practitioner
personal relationships and community connection in an adult's life along with the impact that cultural and social expectations might have on life transitions throughout adulthood. The occupational therapist emphasises a person's abilities and capacities to build self-efficacy and empower them to achieve meaningful participation in daily activities, occupations, and life roles. The occupational therapist implements an approach that reduces the impact of factors that limit function and optimises health.		occupations, and life roles. The occupational therapist promotes and demonstrates the principles of a strengths-based approach when collaborating with significant others in the person's care and can work flexibly and adapt to the demands of broader systems and funding schemes that may use a more deficit-based approach.	and contexts to support meaningful participation in daily activities, occupations, and life roles. The occupational therapist may support the professional development of less experienced occupational therapists in the use of a strengths-based approach, and advocate for a strengths-based approach to be embedded within system-level change and policy reviews.
2.4. Recognition of the lived/living experience The occupational therapist values and includes lived/living experience perspectives into their clinical process. This includes acknowledging past and current interactions with systems and institutions, personal circumstances, progression of conditions and social	The occupational therapist demonstrates awareness that the lived/living experience is central to practice, using guided conversations to understand the individual's perspective. The occupational therapist works with individuals whose needs are lower in complexity whose goals are clear and easy to articulate. Assisting clients to	The occupational therapist independently integrates the person's lived/living experience into assessment and intervention, adapting communication strategies to help uncover sub-conscious influences and design their goals. Facilitates shared decision-making, balancing clinical reasoning with the	The occupational therapist uses an advanced understanding of lived/living experience in highly complex situations where goals, identity and history may be unclear, evolving, multifaceted or interacting on a sub-conscious level. Innovative and flexible approaches are used to support individuals to reflect and express their lived/living experience

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and emotional factors. First Nations peoples' perspectives may also be shaped by connection to Country, culture, community, and experiences of trauma and intergenerational trauma. The occupational therapist understands that lived/living experience can interact on a sub-conscious level for the individual. The occupational therapist ensures that a person's lived/living experience informs current and future actions through shared decision making, respect for autonomy and the understanding that individuals are experts in their own lives.	identify and apply their lived/living experience to support occupation-based approaches occurs under supervision of a more senior OT as required.	person's own expertise about their life. Supports foundational practitioners to recognise the influences of the lived/living experience to clients with complex presentations.	including navigating the impacts of trauma, cognitive impairment, communication challenges or systemic barriers. Advocates for system-level change, policy improvements, and service models that embed lived/living experience and consumer empowerment.
2.5. Culturally safe and responsive practice The occupational therapist understands how the experience of adulthood may differ across a range of cultures (including religious, spiritual or non-spiritual belief systems), whilst acknowledging how their own culture, values and beliefs influence their interactions with	The occupational therapist understands how to provide culturally safe services to all people and draws on culturally safe ways of working and providing therapeutic interventions. The occupational therapist understands how to work with culturally and linguistically diverse communities, including those with a refugee background,	The occupational therapist has strong knowledge of culturally safe and respectful practice and understands how to collaborate with the individual, their families and carers, cultural consultants, community-based organisations, and other partners, to support the design and delivery of culturally safe	The occupational therapist draws on individuals, families, and communities of all cultural backgrounds as active partners in the planning and development of culturally safe and appropriate service delivery and design. The practitioner works with less experienced occupational therapists to support them to develop an

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clients, families and groups. The practitioner is aware of the impact of stigma and other cultural factors that may impact clients from culturally diverse backgrounds and how this may influence their ability to access services. The occupational therapist understands that cultural safety is defined by the experiences of the individual, family and community, and requires respectful engagement that acknowledges cultural authority, community context, power imbalances and potential impacts of trauma.	and is familiar with local services for culturally diverse communities. The occupational therapist understands the potential role of stigma and shame, as well as being familiar with the use of communication techniques that address language barriers.	and appropriate therapeutic interventions to all people.	understanding of culturally safe practice.
2.6. Aboriginal and Torres Strait Islander cultural safety The occupational therapist recognises that culturally safe practise involves the ongoing critical reflection of knowledge, skills, attitudes, behaviours and power differentials in delivering safe accessible and responsive healthcare free of racism. The occupational therapist	The occupational therapist has an awareness of how to provide culturally safe services for Aboriginal and Torres Strait Islander peoples, which recognise the impact of trauma and grief and draw on culturally safe ways of working and providing therapeutic interventions. The occupational therapist understands the potential role of stigma and shame and is familiar	The occupational therapist has strong knowledge of culturally safe practice for Aboriginal and Torres Strait Islander peoples, and understands how to collaborate with the individual, their families and carers, cultural consultants, community-based organisations, and other partners, to support the design and delivery of culturally safe and appropriate therapeutic	The occupational therapist draws on individuals, families, and communities of First Nations peoples as active partners in the planning and development of culturally safe and appropriate service delivery and design. The practitioner works with less experienced occupational therapists to support them to develop an understanding of culturally safe practice.

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acknowledges the impact of historical trauma and other cultural and societal factors that specifically impact Aboriginal and Torres Strait Islander peoples and how these factors may influence First Nations peoples' views and experiences, and their ability to access and utilise services. This includes recognising the importance of Country, kinship, family, community and cultural authority in shaping experiences of care, and supporting self-determination through culturally responsive and community-informed approaches. The practitioner is aware of the priorities outlined in the National Agreement Closing the Gap.	with the use of communication techniques that address language barriers.	interventions to First Nations peoples.	
2.7. LGBTQIA+ aware practice The occupational therapist understands how the experience of historical stigma and prejudice may impact members of the LGBTQIA+ community. The practitioner is aware of LGBTQIA+ history in Australia and understands the intersecting	The occupational therapist understands that LGBTQIA+ communities remain at greater risk of poor health outcomes and may be less likely to take up services. The practitioner works alongside more experienced colleagues to develop and implement appropriate	The occupational therapist incorporates an understanding of the impact of history and ongoing health disparities experienced by LGBTQIA+ communities in their work with clients, actively monitoring for any signs of risk and implementing appropriate strategies. The	The occupational therapist has the knowledge and clinical capabilities needed to engage and support the LBGTQIA+ community and can develop links and collaborative working relationships with services that are best equipped to support them. The practitioner can support

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vulnerabilities experienced by LGBTQIA+ adults, which may put this population at greater risk of poorer health and social outcomes. The practitioner supports the person to access services that are appropriate to their needs and adopts safe and inclusive language in their clinical practice.	strategies for clients. The practitioner is aware of services that support LGBTQIA+ adults and refers clients when appropriate. The practitioner understands and adopts affirming language to support a safe and inclusive clinical experience.	practitioner consistently adopts safe and inclusive language for the individual, their families and carers, and other partners. The practitioner has an understanding of services that support LGBTQIA+ clients and works with them where appropriate to support the client's needs.	less experienced occupational therapists to develop their understanding of working with LBGTQIA+ people and services.
2.8. Neuro-divergent affirming practice The occupational therapist adopts neuro-affirming practices and recognises the variation in neurocognitive presentation. The occupational therapist applies a social-relational model of disability and adopts a range of strategies to accommodate all neurotypes.	The occupational therapist is building their understanding of neuro-divergent affirming practice and the importance of adopting approaches that value neurocognitive variations. The practitioner seeks guidance from senior practitioners to learn how to incorporate these practices into their assessments and interventions, ensuring that they create supportive, inclusive environments for neurodivergent individuals.	The occupational therapist is familiar with neuro-divergent affirming practices and actively applies them to their practice consistently. Practitioners can confidently work with neuro-divergent clients, applying strategies that affirm and support their neurodiversity, while continuing to collaborate with others to support the delivery of wholistic and comprehensive neuro-affirming services.	The occupational therapist has an advanced understanding of neurodivergent affirming practices that value neurocognitive variation. The practitioner actively represents the needs of the individual to ensure interventions implemented support accessibility and inclusivity for all neurotypes. Practitioners play a leadership role in developing policies and practices within their service to promote neuro-affirming practice and support less experienced practitioners to incorporate neuro-affirming practices and systems to their service delivery.

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2.9. Trauma informed practice The occupational therapist is familiar with the principles of trauma-informed practice, recognising the prevalence of trauma and routinely screening for trauma exposure and related symptoms. This includes recognising the impacts of intergenerational trauma experienced by some Aboriginal and Torres Strait Islander peoples and adapting practice to support safe and appropriate engagement.	The occupational therapist understands the neurological, biological, psychological, and social effects of trauma. The practitioner develops their understanding of trauma-based practice by working with the supervision or direct oversight of more experienced practitioners to understand how to adapt their clinical practice to account for experience of trauma.	The occupational therapist has a good understanding of trauma-informed practice and can independently adapt and alter their clinical approach based on their understanding of an individual's trauma experience and their knowledge of different intervention types. The occupational therapist has participated in further training to support their practice in this area.	The occupational therapist has advanced knowledge of trauma and its impact on the person's experience and has extensive experience applying this knowledge in practice. The occupational therapist may have further training and accreditation in mental health and trauma informed therapeutic approaches.

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Domain 3: Occupation-focused assessment and planning	All occupational therapists require the ability to use a range of assessment tools as a foundation to inform diagnosis, guide therapeutic intervention, and determine support needs. Occupational therapists can use the ICF to help plan the assessment process and align assessment tools and techniques with the ICF framework, focusing on the domains of body structure/function, activity and participation. Occupational therapists should use standardised, norm-referenced or criterion-referenced, valid and reliable assessment tools where possible. Occupational therapists should be able to critically appraise the use of an assessment tool and aim to develop and expand their assessment capabilities at all career stages. While different settings emphasise certain types of assessment, all occupational therapists should seek to build appropriate assessment capability through training and practical work with clients. Occupational therapists should deliver client centred assessments whilst considering the views of carers, advocates, and the broader care team where appropriate, and identifying when it is appropriate to refer on to an OT who holds additional qualifications in a specific area of practice (i.e. hand therapist, occupational therapy driver assessor etc). Assessment approaches should be tailored accordingly to either individual or collective clients, and outcomes measures used to evaluate their clinical approaches and goals. In regional and remote contexts, assessments are adapted to reflect limited services, workforce, and infrastructure. Therapists recognise how these constraints shape assessment, goal setting, and outcomes, ensuring approaches are flexible, culturally responsive, and grounded in the client's context. This includes acknowledging that for First Nations peoples, wellbeing and meaningful outcomes may be influenced by cultural responsibilities, community participation, and connection to Country, and ensuring recommendations are realistic and aligned with available supports and local pathways.		
3.1. Goal setting The occupational therapist prioritises collaborative goal setting as a precursor to assessment, using the values, concerns, preferences and priorities of the individual to guide	The occupational therapist can use strengths-based goal setting tools to engage adults and their supports where appropriate, in collaborative goal setting. The occupational therapist empowers individuals to	The occupational therapist has strong knowledge and experience in collaborative goal setting with adults and their supports as appropriate. The occupational therapist actively involves the individual in their own goal setting wherever possible. The	The occupational therapist has comprehensive knowledge and experience in collaborative, occupation-focused goal setting with adults and their supports across a range of settings.

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the assessment approach. For First Nations peoples, goals may extend beyond the individual to include family, community participation, cultural responsibilities and connection to Country. The approach used to set goals is flexible depending on the client's ability to understand and engage with the process, and adaptations are made to involve broader family or community input where appropriate. Goals are refined in response to assessment findings and acknowledge the different circumstances that a person may be in based on their life stage and transition phase as well as their lived/living experiences.	identify clear, achievable, meaningful occupation-based goals. The occupational therapist is aware of the impact of culture, belief systems, identity and personal factors on an individual's goals and priorities. The occupational therapist seeks guidance from a senior occupational therapist or supervisor to support the effectiveness of their goal setting.	occupational therapist is skilled in the selection and utilisation of goal setting tools applicable across a range of settings including home and workplace settings.	The occupational therapist may support the professional development of less experienced occupational therapists to build their skills and abilities in effective goal setting.
3.2. Assessment of body functions and structures Understands body structures including the nervous system (brain, spinal cord, sympathetic and parasympathetic nerves, cognition	The occupational therapist demonstrates knowledge of a range of assessment tools to identify strengths and impairments in body functions and structures that may be impacting a person's occupational	The occupational therapist has clinical knowledge and broad experience in administering and interpreting assessments of body functions and structures that may be impacting a person's occupational performance or participation,	The occupational therapist has significant experience in the assessment and interpretation of strengths and impairments in body functions and structures, including in adults with complex presentations, multiple support needs and/or

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and perception), sensory functions (including pain) structures of the eye and ear, cardiovascular, respiratory and immune systems, digestive, metabolic and endocrine systems, structures related to the genitourinary and reproductive systems, structures related to movement including the musculoskeletal and neuromusculoskeletal systems, and the skin and is able to use choose appropriate assessment tools to identify the presence, nature and location of impairments within these systems or structures. These impairments are assessed in the context of their impact on the person's occupational performance, capacity and participation, and in accordance with their identified goals.	performance, capacity or participation. The occupational therapist engages in training and development opportunities to develop their assessment and interpretation skills. The occupational therapist is supervised by a senior occupational therapist to administer and interpret assessments of body functions and structures for adults presenting with complex support needs.	including for those with multiple support needs. The occupational therapist can select, administer and interpret results independently. The occupational therapist engages in continued professional development to refine their knowledge and skills and seeks feedback where required when interpreting assessment findings to ensure an occupational focus is maintained.	complex environmental and social situations. The occupational therapist engages in analysis of the impact of the person's body functions and structures on their occupational performance and participation. Where available, the occupational therapist has engaged in formal training and holds accreditation or certification in the administration and interpretation of assessments. The occupational therapist may supervise less experienced occupational therapists and may contribute to the advancement of assessment tools and research within their field.
3.3. Assessment of activity The occupational therapist uses occupation-based assessment methods to understand a person's	The occupational therapist understands and is starting to employ occupation-based assessment methods suitable for	The occupational therapist is proficient in the selection and administration of occupation-based assessment tools and approaches to	The occupational therapist has advanced knowledge of tools and approaches and extensive experience in assessing

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ability to execute activities or tasks. They adopt an occupation-focused approach, assessing activities that are meaningful to the person and that are impacting on performance and participation. Areas of assessment are focused on occupations that are relevant to the adult lifespan including: • Communication • Mobility • Personal ADLs • Domestic ADLs • Interpersonal skills, including personal relationships • Community ADLs (shopping, financial management) • Transport (driving, public transport, rideshare, disability parking) • Leisure activities	adults with less complex presentations/support needs and can identify when it is appropriate to refer on. The occupational therapist actively engages in continued professional development to enhance their assessment of occupational performance. Working under supervision, they administer assessments and participate in intervention planning.	identify strengths and barriers impacting the person's performance. The occupational therapist engages in continued professional development to refine their skills and seeks feedback on their effectiveness and outcomes via professional supervision from a senior occupational therapist, whilst contributing to the development of foundational occupational therapists' skills via provision of supervision where appropriate.	occupational performance in adults with complex presentations, multiple support needs and/or complex environmental and social situations. The occupational therapist engages in formal training and may hold further qualifications, accreditation or certification in the administration and interpretation of occupational performance assessments. The occupational therapist may contribute to the development of less experienced occupational therapists via mentoring and/or supervision and may utilise their skills and experience to contribute to the development of guidelines and policy within their setting/organisation or more broadly.

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• Major life areas including school, employment, volunteering, parenting and carer roles			
3.4. Assessment of participation The occupational therapist assesses a person's participation in meaningful occupations and life roles by considering the restrictions to their performance in the context of the environment in which they are performed. Assessment includes exploration of the person's satisfaction with their participation, and how important their participation is to them. The occupational therapist applies these assessment skills to collective clients, such as groups, communities or populations that share common contexts, identities or occupational goals.	The occupational therapist demonstrates knowledge of participation-focused assessment tools and can evaluate participation across a range of common life roles and situations in adults with less complex presentations/support needs. The occupational therapist actively engages in continued professional development to enhance their understanding of the interaction between activity and participation and further develop their assessment skills. The occupational therapist completes assessment and intervention planning under the supervision of a more experienced occupational therapist.	The occupational therapist is proficient with assessment of participation in adults with multiple support needs. The occupational therapist is experienced in applying a range of tools and approaches to assess participation across a broad range of life roles and situations. The occupational therapist can discriminate between assessment tools and approaches to apply the most suitable tool given the specific needs of the person and considers aspects such as the context in which the assessment will occur (for example in the home setting vs in the community). The occupational therapist seeks training and development opportunities, including professional supervision, to refine their	The occupational therapist contributes to the development of less experienced occupational therapist's knowledge and skills via mentoring and/or supervision and may contribute to advocacy initiatives and policy development (at the organisational level or more broadly) that aim to improve participation opportunities within our society. Approaches such as co-design, group intervention and community level strategies aim to address systemic barriers and societal health inequities.

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		assessment and intervention planning.	
3.5. Assessment of environmental factors Occupational therapists assess environmental factors that influence occupational performance and participation, including physical, social, and attitudinal contexts across home, work, education, and community settings e.g. public transport or health services. This includes evaluating access, transport options, sensory aspects, assistive technology, home modifications, and the attitudes of significant others, as well as broader systems and policy that impact on occupational performance and participation. In remote and very remote contexts, practitioners also consider challenges such as overcrowded or unstable housing, limited infrastructure, and reduced access	The occupational therapist demonstrates knowledge of a range of assessment tools to identify environmental factors that may facilitate or hinder the activity and participation of adults in meaningful occupation. They pursue professional development to enhance their skills in assessing environmental factors and under supervision, the occupational therapist works collaboratively with adults, families and others to identify relevant low-complexity accommodations and solutions.	The occupational therapist possesses clinical expertise and experience in conducting assessments of the environment. The occupational therapist is adept at applying their skills and experience to solve more complex environmental barriers. The occupational therapist actively engages in continued professional development to refine their skills across a range of environmental contexts and seeks supervision from a senior therapist regarding their outcomes related to environmental assessment. They may also provide supervision to less experienced therapists.	The occupational therapist demonstrates advanced expertise and significant experience in assessing environmental factors impacting people's activity and participation. The occupational therapist is proficient in assessing complex environmental factors and analysing the interplay between multiple factors for adults with complex support needs. Where available, the occupational therapist has engaged in formal training and holds accreditation or certification in the administration and interpretation of assessments in this area. The occupational therapist may utilise their skills and experience to contribute to quality improvement and advocacy for inclusive practices and policies that promote equal access to healthcare, workplace and

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to essential services. These factors are integrated into assessment and planning to ensure recommendations are safe, realistic, and responsive to the person's environment and community context.			community services for individuals with diverse needs.
3.6. Understanding the influence of personal and social factors The occupational therapist seeks to understand how personal factors such as motivation, interests, behaviour, routines, culture, lived/living experience, identity and other intrinsic features may impact occupational performance, wellbeing and participation. This includes an appreciation of life stages and transition through key life roles and responsibilities. The complex interplay of family influences is also considered in the context of understanding a person's occupational participation, including co-occupations with associated parties such as children, a partner or	The occupational therapist gathers relevant information about the personal factors that may impact the activity, wellbeing and participation of adults. The occupational therapist demonstrates knowledge of the way in which personal factors may impact a person's engagement in therapy, execution of activities and participation in life roles and situations. The occupational therapist engages in professional development to build their knowledge in this area.	The occupational therapist has skills and experience in recognising and understanding the impact of a broad range of personal factors on the wellbeing, activity and participation of adults. The occupational therapist provides supervision to less experienced occupational therapists to guide in the identification or personal factors that influence therapy.	The occupational therapist can comprehensively recognise and understanding the impact of a broad range of complex personal factors and the interplay between these factors on the wellbeing, activity and participation of adults. The occupational therapist may contribute to the professional development of less experienced occupational therapists via mentoring and/or supervision.

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ageing parents. The occupational therapist recognises that for First Nations peoples, personal and social factors may also include kinship systems, cultural roles and responsibilities, community connections and obligations, connection to Country, and experiences of trauma and intergenerational trauma.			
3.7. Diagnostic assessment As a member of a multidisciplinary team engaged in diagnostic assessments, the occupational therapist utilises discriminative assessment tools to contribute to the diagnostic and differentiation process with an occupation focus.	The occupational therapist demonstrates skills in the administration of a range of standardised, norm-referenced, or criterion-referenced, valid and reliable discriminative assessment tools. The occupational therapist engages in training and development opportunities to enhance their assessment technique and works under the supervision or guidance of a senior occupational therapist.	The occupational therapist is proficient in assessing the specific skills and abilities of adults across a range of life stages and domains, drawing on a range of discriminative assessment tools to evaluate a diverse range of conditions or presentations. The occupational therapist pursues professional development to refine their skills and engages in professional supervision to promote continual improvement in their administration and interpretation of discriminative assessments.	The occupational therapist possesses significant experience in discriminative assessment and advanced knowledge of diagnostic criteria. Where available, the occupational therapist has engaged in formal training and holds certification or accreditation in the administration and interpretation of diagnostic assessments. The occupational therapist is skilled in maintaining an occupational focus in their approach and contributes to the development of less experienced

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			therapists via supervision and/or mentoring. The occupational therapist may utilise their skills and experience to contribute to service development, policy formulation, research or the development of professional resources aimed at enhancing assessment standards and processes to ensure quality improvement.
3.8. Outcome measurement The occupational therapist recognises the importance of and completes outcome measurements, utilising standardised or evidence-based tools appropriate to functional goals. The occupational therapist uses the measurement of client outcomes to assess goal attainment, measure change and to evaluate the effectiveness of intervention. Measuring outcomes is recognised as best practice for ongoing goal setting and intervention planning,	The occupational therapist demonstrates knowledge of a range of outcome measurement tools including self-report, performance-based, observer-reported and clinically reported measures, suitable for use with the adult population. The occupational therapist seeks professional development to build their skills, knowledge and ability to measure outcomes in adults.	The occupational therapist has experience in selecting and applying a range of outcome measures with adults. The occupational therapist engages in continued professional development to refine their skills, knowledge and ability to engage in effective outcome measurement.	The occupational therapist has high-level knowledge and significant experience in using a broad range of outcome measures with adults. Where available, the occupational therapist has engaged in recognised training and holds certification or accreditation in outcome measurement. The occupational therapist contributes to the professional development of less experienced

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whilst also acknowledging that outcome measures are crucial in justifying ongoing therapy within many compensable and government funding schemes.			occupational therapists via mentoring and/or supervision.
3.9. Risk assessment and personal safety planning The occupational therapist adopts a systematic approach to identifying and assessing risk and personal safety when working with adults. They work to manage risks related to the health, safety and wellbeing of the person and others including the occupational therapist. Potential vulnerabilities affecting adults are considered in a social-cultural context, such as domestic/family violence, and appropriate safeguarding measures are implemented.	The occupational therapist understands the role of risk assessment and safety planning when providing services to adults. The occupational therapist completes risk assessment and safety planning under the supervision of senior colleagues.	The occupational therapist follows a systematic approach to complete risk assessments in a range of environments and settings for themselves and their clients. The occupational therapist is proficient in the identification of client vulnerabilities and in the development and implementation of safety plans to address any identified risks to the person, others or themselves and may impart their knowledge and skills during supervision of foundational occupational therapists.	The occupational therapist may contribute to service design and quality improvement focused on increasing safety and reducing risks to the adults, families and other professionals they are working with. The occupational therapist supports the professional development of less experienced occupational therapists in the use of risk assessments and the development of safety plans.

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3.10. Reporting The occupational therapist completes assessments using a range of appropriate assessment tools and develops reports that accurately and succinctly highlight the environmental, functional, psychosocial, cognitive and assistive technology needs of the person in order to access funding and other services. Documentation is used to record assessment outcomes, interventions, and progress ensuring safe, effective and accountable client care while supporting clear communication and clinical reasoning. Legal and ethical considerations are made, including privacy, consent and confidentiality in relation to AI use.	The occupational therapist understands how to document and report on the findings of basic environmental, physical, cognitive, psychosocial and assistive technology assessments to support clients to access funding and other services, drawing on support and review from a senior colleague as needed.	The occupational therapist can independently complete environmental, functional, psychosocial and assistive technology assessments for a wide range of clients and provide a comprehensive summary/documentation of the assessment findings. The practitioner can tailor reports for a range of audiences including equipment funding programs, housing services and other supports.	The occupational therapist can complete complex environmental, functional, psychosocial and assistive technology assessments. The practitioner has advanced report writing and documentation skills. The practitioner can supervise and support less experienced practitioners to develop their capability in relation to assessment and reporting.

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Domain 4: Occupation-focused therapeutic strategies and approaches	Occupation-focused interventions and strategies are at the core of occupational therapy practice. The occupational therapist works in partnership with the person or group of people, and their significant others to plan and implement evidence-based therapeutic interventions with the aim of enabling participation in the occupations and life situations most meaningful to them. Occupational therapists hold occupation at the centre of their work and utilise occupation as the primary therapeutic medium. Occupation-focused interventions and strategies are aimed at improvement in occupational performance of tasks (through learning and skill acquisition, or via adaptation of the activity or environment) and ultimately aim to improve participation in occupations performed individually or in a collective manner (e.g. family, co-workers, friends) which foster social participation in a broad sense. Occupational therapists recognise that implementation in the person's natural context is an important aspect of occupation-focused intervention. They work in partnership with significant others to embed therapeutic strategies into everyday routines and environments, recognising that this support may be delivered not only through in-person interactions but also through digital and technology-enabled approaches where appropriate. Occupational therapists may provide their support at a universal level (e.g. accessible design for public spaces), at a group/targeted level (e.g. targeted at a group who are at risk or who have similar occupational challenges) and/or at an individual level (e.g. tailored interventions with an individual person). Vulnerabilities that may influence the successful access to, and delivery, of therapeutic services such as digital and health literacy, geographical isolation, gender identity amongst others, are considered and addressed in the occupational therapy process.		
4.1. Occupational formulation The occupational therapist interprets the assessment information to develop an understanding of occupational challenges and enablers to participation. This information then guides the development of person-centred goals and therapy approaches using	The foundational occupational therapist is familiar with the principles and underpinnings of occupational formulation, demonstrates an ability to interpret assessment findings and design therapies that align with the client's goals. Support is sought from a senior occupational therapist to use	The occupational therapist uses occupational formulation to translate assessment findings into appropriate treatment plans based on the client's goals. They can work collaboratively with their client to modify the approaches used, can identify when re-assessment is	The occupational therapist constantly champions the use of occupational formulation, collaborate with their client to interpret assessment findings and formulate occupation-based intervention plans based on the client's strength and challenges, drawing on their past experiences to

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meaningful everyday activities (occupations) as the primary mechanism to improve health, prevent illness, and enhance wellbeing. The approach supports collaboration between therapists and individuals and allows therapists to clearly communicate their therapeutic reasoning, offering a uniquely occupational perspective to the client and team.	occupational formulation with a client or groups.	necessary and communicate their therapeutic reasoning clearly.	develop highly customised treatment plans to promote occupational participation. They are skilled at communicating their therapeutic reasoning, using occupational formulation with clients with increasingly complex clinical presentations and at guiding less experienced therapists to use occupational formulation.
4.2. Approaches for body functions and structures The occupational therapist chooses interventions and strategies aimed at eliciting a change that improves performance and participation. The occupational therapist understands that addressing impairment alone will likely not improve occupational performance or participation and that impairment-based strategies must be implemented within the context of the person's specific	The occupational therapist has knowledge of the factors that impact body functions and structures and understands the role of occupational therapists in providing intervention aimed at overcoming an identified impairment that is related to performance and participation. The occupational therapist ensures that occupations are central during intervention. The occupational therapist is supported by a senior occupational therapist to develop effective clinical	The occupational therapist consistently applies their clinical knowledge and experience when identifying and providing interventions aimed at improving impairments in body functions and structures to address performance and participation. The occupational therapist has experience selecting appropriate interventions to overcome complex impairments to body functions and structures and is able to articulate	The occupational therapist has well-established skills and experience in working with adults to address impairments in body functions and structures of all levels of complexity. The occupational therapist is skilled with capacity building of significant others in the person's life (such as partners, friends, family or support workers) and in providing support at the individual, group and population level as required. The occupational therapist may utilise their knowledge and

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occupational performance or participation goal.	reasoning and engage in professional development to enhance intervention outcomes in this area.	their clinical reasoning to a variety of audiences as required. The occupational therapist may provide interventions and support directly with the person or targeted at a broader group/community level to enhance participation.	experience to contribute to service design, policy development and quality improvement initiatives to empower adults the services they use. The occupational therapist may have undertaken training in evidence-based interventions to promote change in an identified impairment that is impacting participation.
4.3. Activity-based approaches The occupational therapist selects interventions and strategies to aid the person's execution of tasks and activities that are important to them and that are impacting their participation in roles and situations (for example, having a shower). The occupational therapist recognises that a focus solely on improving the occupational performance of specific activities may not enhance participation, and as such, seeks to build occupational performance within the context of the person's	The occupational therapist demonstrates knowledge of the factors that impact occupational performance and capacity related to activity execution. They seek to use evidence-based, occupation-based interventions and strategies to address limitations in activity. The occupational therapist engages in professional supervision to develop effective clinical reasoning skills to integrate multiple sources of information to make collaborative decisions with the client about their intervention.	The occupational therapist has experience in selecting and delivering interventions at the activity level matched to the person's occupational goals. The occupational therapist is able to apply their knowledge and clinical reasoning to support people with complex activity limitations and multiple support needs. In some settings, the occupational therapist applies these strategies to their work at a group/universal level (i.e. not directly with the person), working collaboratively to maintain a	The occupational therapist has advanced skills and experience in supporting activity, engagement and participation in adults or targeted groups/populations of adults. The occupational therapist may support capacity building and training of less experienced therapists and significant others involved in the person's care. The occupational therapist may utilise their knowledge and experience to contribute to service design, policy development and quality improvement initiatives to

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typical routines, occupations and natural environments (e.g. having a shower as part of the morning routine to get ready for work).		person-centred focus whilst aligning with the goals, priorities and context of the group or population they are supporting.	empower others supporting the person.
4.4. Participation-focused approaches The occupational therapist aids the person's participation by applying interventions and strategies aimed at supporting them to be both present and involved in the life situations that are important to them, recognising that supporting digital and health literacy can be pivotal in empowering informed choice and active participation. Participation may include engagement in family, community and cultural activities, including those connected to Country, which should be recognised as meaningful outcomes. The occupational therapist uses strategies such as coaching, and environmental adaptations/accommodations to leverage on the person's strengths	The occupational therapist demonstrates knowledge of evidence-based participation-focused interventions and strategies to optimise participation across common roles and life situations. The occupational therapist is supported by a senior occupational therapist to develop effective clinical reasoning and application of effective interventions to optimise participation for adults with more complex support needs.	The occupational therapist has knowledge and experience in providing interventions aimed at enhancing participation. The occupational therapist can apply their knowledge to support complex participation goals across a broad range of occupations. The occupational therapist may provide interventions and support directly with the person. Alternatively, the occupational therapist may provide support to enhance the person's participation at a group or universal level. Through a collaborative approach, the occupational therapist ensures a person-centred focus while aligning with the collective goals, priorities and context of the group or population.	The occupational therapist has advanced skills and experience in supporting participation in adults with complex and multiple needs. The occupational therapist is skilled with capacity building of significant others in the person's life (such as a partner or support worker) and in providing support at the individual, group and population level as required. The occupational therapist may utilise their knowledge and experience to contribute to service design, policy development and quality improvement initiatives to empower families, groups and populations supporting the person.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
and overcome barriers to participation. The occupational therapist acknowledges the individual's capacity to be a lifelong learner and uses therapeutic approaches such as social prescribing to expand opportunities for engagement and growth.			
4.5. Therapeutic use of self The occupational therapist adopts an intentional use of their own personality, insight, communication style, interpersonal skills and clinical reasoning to build effective therapeutic relationships. Establishing rapport and building trust are achieved using a collaborative approach, recognising the importance of ensuring the client feels safe, whilst being aware of not fostering a relationship of dependence. This includes adapting communication and engagement approaches to be culturally responsive, recognising the role of trust, relationships and community	The occupational therapist has a basic understanding of how to implement the planned use of personality, insights, perceptions and judgements as part of the therapeutic process to maintain a good working relationship with the client and support occupational engagement. The practitioner builds confidence in their use of this strategy through support and supervision from a more senior occupational therapist and seeks help when navigating conflict or moments of discomfort with the therapeutic relationship.	The occupational therapist understands how to implement therapeutic use of self-strategies with a broad range of clients and can independently make decisions about when and how to use this strategy as part of their clinical practice. Supporting less experienced occupational therapists in this intentional practice may occur, recognising that the intermediate therapist will still rely on supervision themselves from a senior therapist.	The occupational therapist has advanced skills and experience in the use of a range of evidence-based treatment models relevant to the therapeutic use of self and can appropriately select, apply and educate others in their use. The practitioner can recognise when a therapeutic relationship cannot be safely established and can support less experienced occupational therapists to develop their understanding and implementation of therapeutic use of self in their clinical practice.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
context when working with First Nations peoples.			
4.6. Environmental strategies Maintaining a strengths-based approach, the occupational therapist seeks to modify or adapt aspects of the environment that may be a barrier to occupational performance and participation for the person and/or that impact safe and appropriate support for carers. Interventions consider the person's broader environment, including family, community and cultural contexts, and may incorporate community-based or locally informed approaches where appropriate. Interventions that address the environmental context may include modifications to the physical environment and provision of various assistive technologies such as hoists or smart home devices that facilitates care that is safe and accessible. The occupational therapist supports the	The occupational therapist has knowledge of the interventions and approaches available to overcome common environmental barriers to participation. The therapist is supported by more a senior occupational therapist to develop effective clinical reasoning and to work collaboratively with the person and their supports to make informed decisions about the environmental interventions that are right for them.	The occupational therapist has knowledge and experience in providing interventions aimed at reducing environmental barriers to occupational performance and participation. The occupational therapist can apply their knowledge to support complex performance and participation goals across a broad range of adult occupations. The occupational therapist may provide interventions and support directly with the person and their supports, or alternatively at a group or community level.	The occupational therapist has significant experience working collaboratively with adults, their families and significant others across a range of settings/contexts to address complex environmental barriers to performance and participation. The occupational therapist provides support at the individual, group and population level as required. The occupational therapist is skilled with capacity building of significant others in the person's life (such as a partner or children) and in the supervision of less experienced occupational therapists. Where available, the occupational therapist has engaged in recognised training and holds certification or accreditation in addressing environmental barriers for adults.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
capability of carers (i.e. in manual handling) through approaches such as advocacy, training and education.			
Domain 5: Working with other health professionals and workforces	This domain emphasises the importance of effective interprofessional collaboration to ensure comprehensive support across systems and services. The domain also addresses the need for coordination with various stakeholders to enhance communication among team members and ensure that all aspects of the individual's support network are aligned to optimise meaningful participation. When working with First Nations peoples, particularly in remote and regional contexts, occupational therapists work in partnership with Aboriginal Health Practitioners (AHPs), Aboriginal Health Workers (AHWs) and local community-controlled services where possible and appropriate. Practitioners also engage with Aboriginal Community Controlled Organisations (ACCOs) recognising their role in delivering holistic, community-led care. Working in partnership with these organisations supports culturally informed practice, strengthens local pathways and contributes to more coordinated, respectful and effective service delivery.		
5.1. Professional supervision The occupational therapist understands the role of clinical/professional supervision as a means of developing and enhancing their own practice and that of the occupational therapists they supervise. The occupational therapist is familiar with professional models of supervision and	The occupational therapist develops their understanding of supervision models and approaches and uses supervision to support their professional development across all relevant capability areas. The occupational therapist engages in supervision with a senior occupational therapist where available. In cases where supervision from an intermediate practitioner is	The occupational therapist has a strong understanding of supervision models and approaches and actively uses supervision as part of their own development and practice. The practitioner may supervise students, AHAs or less experienced occupational therapists, applying appropriate models, guiding professional development and providing support, including about	The occupational therapist can provide supervision to less experienced staff at all levels, drawing on extensive experience and formal supervision training. The senior occupational therapy practitioner supports occupational therapists requiring additional professional support and supervision. The senior occupational therapist also provides support and

	Foundational practitioner	Intermediate practitioner	Senior practitioner
understands the role of reflective practice, evaluation and feedback.	the only available resource in the workplace, the occupational therapist seeks to supplement this with external supervision from a senior practitioner.	how to use supervision effectively in their own development.	coaching to less experienced and intermediate practitioners and educates them on the features of discipline-led supervision models. The senior occupational therapist may also advocate for implementation of supervision within workplaces. As with all career stages, the senior practitioner engages in their own supervision to support their own practice and professional development.
5.2. Interprofessional practice The occupational therapist understands their role within an interprofessional practice environment as well as the scope of practice of other professionals, and advocates for the occupational therapy role within that environment. The occupational therapist actively engages with other team members, prioritising communication and working collaboratively to facilitate	The occupational therapist understands the role of a range of allied health professionals and how each worker or profession, including their own, makes a unique contribution to client outcomes. The occupational therapist works within their scope of practice and understands when to seek the expertise of others and when to refer to other professionals.	The occupational therapist understands the role and scope of other professions and experience working in an interprofessional way with others involved in the person's care. The occupational therapist ensures their role compliments that of others involved with the person and maintains an occupational focus when working in a team.	The occupational therapist proactively seeks opportunities to bring an occupation-focused approach to the team and contributes to ensuring that the person can access the most appropriate supports. The occupational therapist supports less experienced occupational therapists and others in the interprofessional practice environment to develop their

	Foundational practitioner	Intermediate practitioner	Senior practitioner
holistic, person-centred, occupation-based care. The occupational therapist facilitates, and at times may coordinate, interdisciplinary care for a person across a range of contexts and settings. The occupational therapist actively collaborates with various health professionals, including Aboriginal Health Practitioners (AHPs), Aboriginal Health Workers (AHWs) to adapt their approach to the local context, build trust, and ensure services are responsive to the needs, priorities and preferences of the person, their family and community.		The occupational therapist always works within their scope of practice.	understanding of occupational therapy and its interaction with the work of other health professionals and to support them to work to their full scope of practice.
5.3. Collaborating and interacting with services and structures The occupational therapist integrates professional expertise across overlapping systems (e.g. health, education, justice, employment, community) to align supports with functional needs and to optimise participation.	Foundational practitioners develop an understanding of the demands that various services and systems may require of the individual to participate in their meaningful occupation. They identify how adjustments and tailored approaches can enhance participation and provide basic education to key stakeholders to	Intermediate practitioners independently determine the demands that various services and systems may require of the individual and integrate this information into tailored recommendations. They educate and collaborate effectively with key stakeholders to implement solutions that enhance participation and inclusion. Intermediate	Senior practitioners lead complex interventions, advising on policy, systemic inclusion strategies, and regulatory compliance. They collaborate with industry bodies, government agencies and networks to shape best practices for adjustments to support inclusion and accessibility. Senior practitioners engage in research,

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
They advocate for the role of occupational therapy, promoting an occupation-focused approach through collaboration and education of key stakeholders via clear documentation, report writing and discharge planning to support inclusion and access. Therapists promote sustainable, accessible opportunities by bridging the gap between what individuals want to do and what they can do. In remote contexts, they work within constraints such as limited services, workforce, and infrastructure, collaborating with local providers to implement realistic, contextually appropriate solutions that support participation and inclusion. This includes engaging with culturally appropriate local service systems such as ACCOs and ACCHOs, to ensure culturally responsive, community-led care aligned with existing pathways.	support occupational performance and engagement. They collaborate with more experienced practitioners to match solutions to identified challenges and advocate for reasonable adjustments. Under supervision, they contribute to assessments and recommendations, ensuring safe and appropriate solutions.	practitioners advocate for systemic adjustments, supervise foundational practitioners, and contribute to local initiatives.	training, and advocacy to advance adjustments to enable occupational engagement, and mentor junior practitioners.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
5.4. Working with allied health assistants and support professionals The occupational therapist values collaboration with allied health assistants and other support professionals. They identify circumstances, goals and contexts conducive to engaging allied health assistants, referring to relevant frameworks and guidelines to ensure good practice. Additionally, the occupational therapist offers necessary information, training and resources to support workers aiding people in their natural environments and life situations.	Foundational practitioners develop an understanding of the roles and responsibilities of AHAs and support professionals in occupational-focused tasks. They delegate routine tasks under supervision, ensuring that AHAs work within their scope of practice. Practitioners provide clear, structured guidance to support AHAs and support workers, including written instructions and practical demonstrations. They seek supervision on effective delegation and develop communication skills to provide constructive feedback. Foundational practitioners recognise challenges in AHA and support worker collaboration, including role boundaries, skill limitations, and the need for ongoing supervision and seek to address these with support from more senior practitioners.	Intermediate practitioners collaborate effectively with AHAs and support professionals, tailoring training and delegation based on individual competence and client needs. They refine their ability to provide effective supervision and feedback, adapting their approach to ensure the quality and safety of supports and interventions. At this stage, practitioners may contribute to service development by improving protocols and training resources for AHAs and support workers. They navigate ethical and legal considerations in delegation, advocating for appropriate workforce development and role clarity. Intermediate practitioners also facilitate interprofessional collaboration, ensuring people receive cohesive support across different services and environments.	Senior practitioners lead and shape best practices in AHA and support worker collaboration. They may contribute to development of training guidelines or delegation models in their workplace. At this stage, they supervise foundational and intermediate practitioners to support appropriate delegation, role clarity and communication with AHAs and support workers, ensuring sustainable, high-quality care.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
5.5. Working with other professionals across contexts The occupational therapist works collaboratively with professionals across a range of sectors and service settings involved in the person's broader support network.	The occupational therapist understands the role of a range of services or systems and how each worker or profession, including their own, makes a unique contribution to client outcomes. The occupational therapist works within their scope of practice and understands referral pathways and effective communication methods across a range of contexts. The occupational therapist is supported by senior colleagues in their collaboration and interaction with other professionals and takes opportunities where available to upskill and educate other professionals on the OT role and the findings of the OT assessment and intervention.	The occupational therapist has a strong understanding of the role and scope of other professions. They can communicate and provide pertinent information about their role, their assessment findings and their clinical interventions appropriately and effectively, advocating for the role of occupational therapy in broader teams and systems.	The occupational therapist has developed an effective professional network to support holistic and occupation-focused supports, both within their service/organisation as well as in the community and broader support network. The practitioner can expertly promote the occupational therapy role, support the design of multidisciplinary processes and teams that integrate occupational therapy and can translate occupational therapy evidence and practice to help educate broader stakeholders such as other health professionals, employers and funding bodies.
5.6. Connections, pathways and partnerships with community Occupational therapists recognise that community encompasses the natural and built environments,	Foundational practitioners are developing an understanding of the range and scope of local community-based groups and services relevant to their clients. The occupational	The occupational therapist has built linkages and partnerships with various local community-based groups and services. The occupational therapist is skilled in	The occupational therapist has developed close alliances within the community and with key community-based groups and services. The

	Foundational practitioner	Intermediate practitioner	Senior practitioner
services, systems, people and policies shaping a person's home and daily life, as defined by the WHO ICF. The occupational therapist is aware of linkages and pathways (including referral pathways) to community-based groups, social participation groups and community services that support inclusive environments and enable individuals to engage fully in society. They draw upon clinical expertise and lived/living experience perspectives to educate stakeholders and foster community awareness. The occupational therapist considers the cultural and social needs of a person and facilitates opportunities for access to communities and groups that align with local priorities, cultural practices and community contexts. When working with First Nations people, occupational therapists recognise their role in supporting culturally safe, community-led care that includes access to Elders,	therapist supports people to access community-based groups and services to enhance opportunities for activity and participation. They collaborate with more experienced practitioners to advocate for supportive and accessible spaces.	facilitating community involvement through supporting the person directly and/or via capacity building for community facilitators to promote accommodation and inclusion.	occupational therapist engages in advocacy for inclusion of all abilities.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
community leaders, Aboriginal Community Controlled and Community Health Organisations recognising their role in supporting culturally safe, community-led care.			

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Glossary of First Nations specific terminology

The following terms provide important context for working effectively in a First Nations context. These concepts reflect diverse cultural systems, values and ways of understanding health, wellbeing, family and community. They are interconnected and may vary across communities. Occupational therapists should reflect on how these concepts may impact their practice when working with First Nations clients, be that in the way they communicate, make assessments, plan interventions, or build relationships with individuals and their families, carers, support structures and/or communities. When considering these concepts, occupational therapists should seek local guidance in the areas they are working and apply them in a way that respects community knowledge, cultural authority and self-determination.

Country refers to the lands, waterways and seas to which First Nations peoples are connected. It represents more than the physical concept of country, and encompasses culture, identity, spirituality, law/lore, relationships, resources and responsibilities. Connection to Country is a central aspect of many First Nations peoples' wellbeing and identity.[1]

Kinship systems define relationships, roles, responsibilities and obligations within First Nations communities. These systems connect individuals to family, community and Country, and guide social organisation, decision-making and support structures.[2]

Family in a First Nations context extends beyond Western nuclear definitions to include broad kinship networks of relatives and community members, connected by blood, but also by cultural structures (skin names, totems, moieties). Familiar terms like mother/father, aunty/uncle, brother/sister, and cousin, may be used to describe a broad array of people within a kinship networks. Terms like Aunty and Uncle may also be used to refer to Elders as a sign of respect.3

Community refers to interconnected groups linked through shared identity, relationships, culture and/or Country. It may be geographical, relational or cultural, and plays a key role in wellbeing, support and decision-making.

Cultural authority refers to the recognition that knowledge, leadership and decision-making are held by specific individuals or groups within communities, often Elders. Respecting cultural authority may look like seeking appropriate guidance on who to talk to and following local protocols.

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[1] https://aiatsis.gov.au/explore/welcome-country; https://www.reconciliation.org.au/reconciliation/acknowledgement-of-country-and-welcome-to-country/
[2] https://australianstogether.org.au/discover-and-learn/our-cultures/kinship

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Self-determination is the right of any person to make decisions about their lives, communities and services. Self-determination is a key focus in the First Nations context, acknowledging that as a group many First Nations people have had their right to self-determination limited. In practice, this involves supporting community-led decision-making and respecting local priorities.

Aboriginal Community Controlled Organisations (ACCOs) are organisations governed and operated by First Nations communities to deliver culturally appropriate services. They play a critical role in providing holistic, community-led care, and are a key driver of supporting self-determination.

Aboriginal Health Workers (AHWs) and Aboriginal Health Practitioners (AHPs) are key members of the health workforce, often working for ACCOs or organisations that service First Nations communities, who provide culturally safe care, health education and community connection. They play an essential role in supporting engagement, communication and continuity of care.

Trauma and intergenerational trauma are not issues that only apply to First Nations people, but many First Nations peoples do experience these kinds of trauma, with root causes caused by colonisation, legacy government policy, and the flow on impacts across substance abuse, disconnection from culture, abuse and sexual abuse, among others. This can and does influence health, wellbeing and engagement with services in the First Nations context.

Wellbeing is often holistic in the First Nations context, encompassing physical, social, emotional, cultural and spiritual health, with connection to Country, community and culture central to this understanding.

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