Falls Prevention and Home Safety | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-physiotherapy/falls-prevention-home-safety/

Details:

Falls prevention is allied health assessment and support for people who have fallen, feel unsteady, have stopped doing things for fear of falling, or are worried about safety around the home. Bloom Healthcare's physiotherapists, exercise physiologists and occupational therapists look at movement, strength, balance, everyday activities and the home environment together, and recommend therapy, exercise, equipment or practical changes, alongside medical review where needed. For older people it is usually funded as a Clinical Support under Support at Home ; the NDIS, a Medicare-rebated GP chronic condition management plan and private payment are other routes. To start, call 1300 771 465 or make a referral .

No plan can guarantee that falls will not happen. Falls usually have more than one contributing factor, so a useful approach considers the person, their activities, their environment and their health at the same time.

If you have just fallen, especially with an injury or new symptoms, seek medical advice first. Routine allied health does not replace urgent care.

Who falls prevention is for

Falls concerns are most common in later life, but they are not only an older person's issue. They can affect people of different ages and abilities, and the assessment and funding pathway depend on the individual. Contact Bloom if:

you have fallen recently or feel unsteady

fear of falling is limiting what you do

transfers or everyday movement are difficult

the home environment creates safety concerns

you want to review equipment or the assistance you get

Families, carers, GPs, support coordinators and home care providers can refer, and you can refer yourself.

Which clinician does what

Falls prevention is rarely one discipline. Bloom routes each enquiry to the right clinician, and for a person at real risk of falling, more than one usually works together.

Physiotherapy assesses movement, balance, gait and strength, finds the specific risk factors that apply to you, and treats them.

Exercise physiology provides structured, progressive exercise programs that build strength and reduce falls risk over the longer term, including for people managing chronic conditions. It is exercise-based and does not include hands-on manual therapy.

Occupational therapy looks at daily activities, transfers, personal care routines, equipment and environmental barriers in the home.

Medical professionals , such as your GP, address health and medicine-related factors. Physiotherapists do not prescribe medication, and medical causes of unsteadiness need medical review.

How falls prevention is funded

Support at Home

Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025. Access starts with an aged care assessment through My Aged Care on 1800 200 422 .

Clinical Supports , which include physiotherapy, occupational therapy and exercise physiology, are fully funded by the Australian Government . Clinical Supports may help with mobility, falls prevention, home safety, strength and daily living skills.

The Restorative Care Pathway is a short-term pathway for focused, time-limited support to regain function and independence, which suits a block of work after an illness, injury or period of reduced activity.

The Assistive Technology and Home Modifications (AT-HM) scheme is a separate short-term pathway for equipment and home changes, funded apart from the classification that pays for your ongoing services.

Your classification, budget and any participant contribution for other service types come from your assessment and support plan. Check your support plan or ask your provider rather than relying on a general figure.

The Commonwealth Home Support Programme (CHSP) continues separately and will transition to Support at Home no earlier than 1 July 2027.

NDIS

For NDIS participants, physiotherapy, exercise physiology and occupational therapy are usually funded from Capacity Building . Physiotherapy and occupational therapy most commonly sit under Improved Daily Living ; exercise physiology can sit under Improved Health and Wellbeing or Improved Daily Living , depending on your goals. Equipment is funded under Capital Supports , which needs its own approval. If you are already an NDIS participant when you turn 65, your NDIS-funded services continue; you are not automatically moved to Support at Home.

Medicare and private

If you have a chronic condition, your GP can prepare a GP chronic condition management plan (GPCCMP) and refer you for Medicare-rebated allied health: up to five individual allied health services per calendar year, or up to 10 for Aboriginal or Torres Strait Islander patients. Your GP decides whether allied health would help your condition and makes the referral. A GP management plan or team care arrangement made before 1 July 2025 can still be used until 30 June 2027. Bloom does not bulk bill, so a gap payment applies because the rebate does not cover the full fee. Private payment is also available; see private allied health .

Fees, travel and cancellation terms are set out in your service agreement before services start. The general cancellation position is 48 hours' notice, applied flexibly, and where a funding body sets a different rule Bloom follows that body's rule. See pricing .

What falls prevention support can include

The agreed scope decides which services are included. Clinical suitability, required expertise and availability are checked for each enquiry.

Movement and balance assessment

A physiotherapy assessment of balance, gait and muscle strength that picks up specific contributors, such as weak quadriceps (thigh muscles), impaired vision or an unsafe walking pattern.

Strength, balance and walking

A program rather than a one-off session. Strength work may use simple, low-equipment movements such as leg lifts, seated marches and wall push-ups. Balance work may include exercises such as standing on one leg or heel-to-toe walking. Gait training improves the walking pattern itself and includes safe use of a walking aid where one is needed. Your program is set after assessment, not taken from a general guide.

Daily activity assessment

Transfers, personal care and daily routines, assessed through the appropriate discipline, with safer ways of doing the tasks that carry the most risk.

Home safety review

An initial look at barriers, layout, lighting and other environmental concerns. Typical recommendations include removing loose rugs, adding grab rails or improving lighting.

Equipment enquiries

A check of your current aids and whether they still suit you, and whether a separate assistive technology assessment is needed.

Supporter guidance and review

Agreeing practical assistance with family and carers, how information will be shared, and when progress will be reviewed.

What falls prevention does not include automatically

Specialist equipment reports. An initial safety review does not automatically include a full assistive technology assessment. See assistive technology assessments .

Complex home modification reports. Structural changes need a separate home modification assessment .

Equipment supply or building work. These are separate arrangements with suppliers and qualified building professionals.

Urgent or medical care. Seek medical advice after a fall, especially with injury or new symptoms.

A guarantee. No intervention can promise that falls will not occur.

How it works, step by step

Share the concern. Tell us about falls or near falls, movement difficulties, your location, your funding and any professionals already involved.

Match the assessment. Bloom confirms the right clinician and whether medical review or other input is needed.

Service agreement. Scope, fees, delivery setting and timing are agreed, and a service agreement is signed before delivery and billing begin.

Assess. An introduction, a review of your goals and history, and an assessment of movement, daily activities or the home, depending on the discipline.

Agree recommendations. Therapy, exercise, equipment or environmental next steps are discussed with you and, with consent, with the people who support you.

Therapy block and home program. Many people do well with a time-limited block, for example six to twelve physiotherapy sessions, with a home program between sessions and a review point. People with higher complexity may need weekly sessions. The number comes from your assessment and budget.

Review everyday use. Check how the plan is working in daily life, and reassess when function or circumstances change.

A member of the team will be in contact within 24 hours of receiving your referral. Bloom aims to hold the initial meeting within 5 business days where possible, once the intake form is returned and the service agreement is signed.

For older people new to aged care

If you have not had an aged care assessment, register with My Aged Care online or on 1800 200 422 . The assessment leads to a support plan, and you then choose your providers. You can contact Bloom at any stage of that process to talk about what is available in your area.

How progress is reviewed

Reviews have a clear purpose agreed at the start. Bloom reviews mobility, daily tasks and confidence against your goals, using relevant measures of function, balance, activity or confidence alongside your own experience. Bloom uses the Goal Attainment Scale (GAS) , in its GAS Light form, to describe and score progress towards an everyday goal. Progress is not judged on fall counts alone, and recommendations are adjusted where needed.

What you get in writing

a therapy plan setting out your goals, strategies, and the frequency, duration and location of sessions

a home program to follow between sessions

reports where they are needed, after your clinician confirms with you, and with your home care provider where relevant, what the report is for

equipment recommendations with the clinical justification, where equipment is part of the plan

Where Bloom delivers falls prevention

Bloom's primary delivery method is in the community, usually your home, so the clinician can see the stairs, bathroom and walking surfaces that matter. Home safety and transfer assessments generally need someone in the room. Telehealth can suit exercise program reviews, education and supporter

coaching, and clinic appointments are offered case by case.

Bloom works across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Local availability and the need for in-person observation are confirmed before services begin. See all locations .

The Australian Government publishes a falls prevention guide: Don't fall for it. Falls can be prevented .

Common questions about falls prevention and home safety

Is falls prevention only for older people?

No. Falls concerns can affect people of different ages and abilities. The assessment and service pathway depend on the individual, including whether Support at Home, the NDIS, Medicare or private funding applies.

Which clinician should I see?

Movement, exercise, daily activity, equipment and medical concerns need different expertise. Physiotherapy usually leads on balance and walking, exercise physiology on longer-term strength, and occupational therapy on daily tasks and the home. Bloom can help route your enquiry.

Can you assess my home?

You can enquire about a relevant home assessment. Clinical scope and local availability must be confirmed. A home safety review is different from a full home modification assessment, which is a separate service.

Will exercise prevent all falls?

No. Falls can have several causes and no intervention guarantees prevention. A clinician works out which risk factors apply to you and which approach is appropriate.

Can Support at Home or NDIS cover it?

Coverage depends on eligibility, assessed needs and your service or plan arrangements. Under Support at Home, allied health is a Clinical Support and is fully funded by the Government; under the NDIS it usually comes from Capacity Building, under Improved Daily Living or Improved Health and Wellbeing depending on the discipline and your goals. Funding is checked for each referral.

I have just had a fall. What should I do first?

Seek medical advice, especially if you were injured or have new symptoms. Routine allied health does not replace urgent care. Once you have been checked, contact Bloom on 1300 771 465 to talk about an assessment.

Does the service include equipment supply or building work?

Not automatically. Equipment supply and construction are separate arrangements. The clinical assessment may recommend further steps, such as an assistive technology or home modification assessment.

Can I request continuity with my clinician?

Yes. Tell Bloom your preferences. Bloom aims to support a consistent clinical relationship through appointment planning, clear communication and appropriate handover if a change is needed. Availability and clinical fit still need to be confirmed, and the same clinician cannot be guaranteed for every appointment.

How will you review whether support is helping me?

By reviewing agreed goals using relevant measures of function, balance, activity or confidence alongside your experience. The Goal Attainment Scale (GAS) may help describe an everyday goal. Progress is not assessed through fall counts alone.

Mum is coming home from hospital and is unsteady. What do we ask for?

Ask the discharge planner and My Aged Care about the Restorative Care Pathway under Support at Home, which funds focused, time-limited support to regain function. Then call Bloom on 1300 771 465 to discuss how soon a clinician can start in her area.

Can falls prevention be done by telehealth?

Parts of it can, such as reviewing an exercise program or coaching a carer. Home safety and transfer assessments generally need an in-person visit, so the clinician confirms what can be done remotely.

More on falls, mobility and safety at home

Aged care physiotherapy

Aged care exercise physiology

Aged care occupational therapy

Home modification assessments

Assistive technology assessments

Support at Home

What does Bloom Healthcare's falls prevention and home safety service include?

It is a physiotherapy, exercise physiology and occupational therapy assessment and support service for falls risk, balance, transfers and home safety, delivered mainly in the home. For older people it is usually funded as a Clinical Support under Support at Home.

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I have just had a fall — what should I do first?

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How does Bloom Healthcare review whether falls prevention support is helping?

By reviewing agreed goals using relevant measures of function, balance, activity or confidence alongside the person's experience. The Goal Attainment Scale (GAS) may help describe an everyday goal. Progress is not assessed through fall counts alone.

My mum is coming home from hospital and is unsteady — what should we ask for?

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Can falls prevention services be delivered by telehealth?

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How can I contact Bloom Healthcare about falls prevention and home safety?

You can contact Bloom Healthcare by phone on 1300 771 465 or by email at hello@bloom-healthcare.com.au.