Innovative Community Participation in NDIS | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/redefining-disability-services-through-innovation-the-bloom-healthcare-approach/

Details:

The short version: Bloom is a mobile allied health provider. Clinicians travel to you rather than the other way round, so most therapy happens in homes, schools, day programs and community settings, with telehealth as an alternative and a therapy room available case by case. Seven allied health disciplines sit in one team, and where a person is seeing more than one clinician a Lead Clinician holds the coordination. Services run across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory.

The rest of this page sets out what that model means in practice: who does what, how the team is put together, where technology fits, and what happens between a referral and a first appointment.

Mobile and in-community delivery is the default, not an add-on

The main reason therapy is delivered where you live is practical. A therapist assessing your bathroom can see the actual step, the actual door width and the actual reach to the tap. A therapist working with a child at kindergarten sees the noise, the transitions and the group the child is trying to join. Skills also transfer better when they are practised in the setting where they will be used, which is why home and community delivery is the primary model rather than a clinic room.

In practice the settings used are:

Your home , for daily living skills, safety, equipment and routines

Schools and early learning centres , for classroom participation, task completion and working alongside teachers

Day programs, workplaces and community locations such as shops, transport and community centres

Telehealth , by secure video, phone, or written home programs

A therapy room , on a case by case basis if that suits you better

Telehealth is available across physiotherapy, occupational therapy, psychology, exercise physiology, dietetics and speech pathology. It removes the travel problem for people in rural and remote areas and for anyone whose condition makes getting to an appointment the hardest part of the appointment. It is an option, not a replacement, and the choice of delivery mode is confirmed with you before the first session.

One team, seven disciplines

Bloom's allied health team covers:

Occupational therapy

Physiotherapy

Speech pathology

Exercise physiology

Psychology and counselling

Positive Behaviour Support

Dietetics

The point of holding these in one team is that people with complex needs rarely have a single-discipline problem. Someone with a spinal cord injury may need physiotherapy for movement and speech pathology for breathing and swallowing. Someone with complex behaviours of concern may need occupational therapy for sensory and daily living work alongside a Positive Behaviour Support practitioner. A person with communication and mealtime difficulties may need speech pathology and a dietitian working to the same plan.

When those clinicians sit in separate organisations, the coordination becomes the participant's job or the support coordinator's job. When they sit in one team, it becomes the team's job.

How the coordination actually works

Three mechanisms do the work.

A Lead Clinician. Where more than one discipline is involved, one clinician is the main point of contact. They coordinate goal setting, review and communication across the therapy team, and they lead the progress reporting with input from the other disciplines. You should know who yours is.

Care team meetings. After the initial assessments, the team meets to bring together what each discipline has found, agree shared goals rather than parallel ones, name the barriers, and decide what happens next. This is also where a plan gets revised when something is not working.

Shared documentation. Progress is tracked with assessment tools and written up so that the report reflects the whole team's view, not one clinician's slice of it. That matters at plan reassessment, where the report is much of what the National Disability Insurance Agency has to work from.

Children: the Lead Clinician model in early childhood

For children aged 0 to 9, Bloom runs early childhood intervention under the name Little Bloomers, covering speech pathology, occupational therapy, physiotherapy, psychology and counselling, Positive Behaviour Support, developmental assessments and dietetics.

The structure is transdisciplinary with a Lead Clinician as the family's main point of contact. Instead of a family running four separate relationships with four providers and repeating the same history each time, one clinician plans and coordinates the therapy, brings in the other disciplines as needed, and keeps the strategies consistent across home, childcare, kindergarten and school.

Alongside the direct therapy, the model includes parent coaching, so the strategies keep working between sessions, and regular plain-language communication through case notes, progress summaries and check-ins. The stated practice principles include working in natural environments, culturally responsive and inclusive practice, neuroaffirming practice that respects how each child is wired, and measurable outcome tracking.

A note on ages: the NDIS early childhood approach was extended from under 7 to under 9 from 1 July 2023, phased in progressively over the following two years. Separately, Thriving Kids is a new program for children with developmental concerns and autism that begins on 1 October 2026 and reaches full scale on 1 January 2028. It is not yet running, so if you have a child under 9 now, the early childhood approach is the current pathway.

Where technology fits, and where it does not

Assistive technology is a real part of the work, but it is prescribed, not sold. An occupational therapist or physiotherapist assesses function, works out what is fit for purpose and safe for the individual, arranges a trial, provides training, and documents why the item is reasonable and necessary. Without that assessment, funding is unlikely and the equipment often ends up unused.

The categories participants most often use are:

Mobility equipment such as wheelchairs, walkers, standing frames and modified transport. Power wheelchairs that fold into a car boot have changed what is possible for some people.

Communication technology , including hearing aids, cochlear implants and augmentative and alternative communication systems using symbols, touch, switches, eye gaze, partner-assisted scanning or apps.

Smart home systems controlled by voice or by a phone or tablet, covering lighting, temperature and security, which gives some people control over their environment without needing another person present.

Daily living equipment such as adaptive beds, customised seating and bathroom equipment.

Assistive technology is funded under NDIS Capital Supports, with assessment and training usually delivered through therapy funding. Some smaller items may sit under Core Supports consumables. Which applies depends on the item and how your plan is written, so check with your planner or plan manager.

Bloom also uses technology in how the service runs, mainly to keep communication between you, your family and the clinicians in one place so the team is working from the same information.

Coverage

Services are available across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. The mobile model is what makes that spread possible, and telehealth extends it further for people in regional and remote areas. Availability in a specific suburb depends on clinician coverage, so ask when you enquire.

From referral to first appointment

Referrals come from a wide range of people, and you do not need a professional to refer you. Parents and carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators can all refer, and you can refer yourself.

It helps to include:

The person's age and the main concerns

Any existing reports from school, preschool, childcare or previous therapy

Relevant medical history

The NDIS number for NDIS funded services

The functional challenges and the goals that matter to the person and family

Best contact details and preferred session location

From there the steps are: the administration team reviews the referral and sends a welcome pack with an intake form; the intake form is completed before anything is scheduled; the operations manager allocates a clinician based on capacity, location, skill match and any risk factors identified; the clinician makes contact to confirm the delivery mode, whether an interpreter is needed and the billing arrangements; and the first appointment is booked with a consent form sent beforehand.

Medicare psychology has an extra step. A Mental Health Care Plan or an assessment referral from a GP is needed, and the details including session numbers and rebates are explained before therapy starts.

Common questions about how Bloom delivers services

Do I have to travel to a clinic?

Generally no. Community-based delivery is the primary model, so a clinician comes to your home, school or another agreed setting. A therapy room can be arranged case by case if you would prefer that.

Can I get everything from one provider?

Often, yes. Seven disciplines sit in the one team, so a person needing occupational therapy, physiotherapy and speech pathology can usually have all three coordinated rather than arranged separately. Whether every discipline is available in your area depends on local clinician coverage.

Who is my main point of contact?

If you are seeing more than one clinician, a Lead Clinician coordinates the team and is your contact for goals, reviews and communication. If you are seeing one clinician, that is your contact.

Is telehealth as good as an in-person session?

It depends entirely on the work being done. Some things, such as a home safety assessment or hands-on physiotherapy, need someone in the room. Others, including a lot of psychology, counselling, dietetics and review appointments, work well by video. Your clinician will talk through which mode suits the work and you decide together.

Do you work with schools?

Yes. School-based support includes strategies for classroom participation, social skills and task completion, and working with teachers so the approach carries through the school day.

Can Bloom prescribe my equipment and write the report?

Assistive technology assessment, prescription, trials, training and the supporting report are part of occupational therapy and physiotherapy. The report sets out the functional impact and why the item is reasonable and necessary, which is what a funding decision turns on.

What does it cost?

Costs depend on the discipline, the funding scheme you are under and what is in your plan. Fees, hours, travel and reporting are set out in a service agreement that is discussed with you and signed before work starts. Ask for the quote at the enquiry stage.

What if I am not an NDIS participant?

Bloom also delivers aged care allied health, including under Support at Home, which commenced on 1 November 2025. Some services are available through Medicare with a GP referral, and private arrangements are possible. Describe your situation when you call rather than assuming you are not eligible.

What if the therapy is not working?

Raise it. Care team meetings exist partly to identify barriers and change the plan. You can also give feedback or make a complaint through Bloom's feedback process, and doing so does not affect your services.

Getting started

To make a referral or ask whether Bloom covers your area, call 1300 771 465 , email hello@bloom-healthcare.com.au, use the referrals page or contact the team .

What has driven the need for innovation in disability services?

The introduction of the National Disability Insurance Scheme (NDIS) in Australia has made the need for innovation increasingly pressing, since the NDIS is focused on giving people with disabilities greater choice and control over the support and services they receive.

What assistive technologies are examples of innovation in disability services?

Examples include wearable devices that enable real-time monitoring and support, communication aids that facilitate meaningful interaction, and smart home technology that provides solutions for everyday activities.

Who benefits from these assistive technologies besides people with disabilities?

Besides enhancing the quality of life and independence of people with disabilities, these technological solutions also provide crucial support to family members, carers, and health sector workers.

How do assistive technologies contribute to social inclusion?

By enabling people with disabilities to achieve greater independence and participate more fully in their communities, assistive technologies contribute significantly to improved well-being and social inclusion.

What is Bloom Healthcare's stated commitment regarding innovation?

Bloom Healthcare is committed to innovation in the disability sector and is constantly exploring new and innovative approaches to service delivery, believing that embracing innovation and new technologies and service delivery models can better meet the needs of people living with disabilities and create a more inclusive and accessible society.

What is Bloom Healthcare and what type of services does it provide?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Its healthcare model focuses on evidence-based practice

and client centricity, delivered by highly qualified health practitioners across Australia.

What contact details are listed for Bloom Healthcare?

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

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