NDIS Occupational Therapy in Redland Bay | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/redland-bay-occupational-therapy/

Details:

Bloom Healthcare delivers occupational therapy to Redland Bay as part of its South East Queensland coverage. The work is done where you live - in your home and in the community - which matters more for occupational therapy than for most disciplines, because the environment is half of what is being assessed. The services this catchment most often needs are home modifications, assistive technology and equipment prescription, housing assessments for SDA, SIL and ILO, and functional capacity assessments for plan reviews. To book, call 1300 771 465 or use the appointment form .

For the general picture - who is eligible, which budget pays for what, occupational therapy by age group, and how it compares with other allied health - see the main occupational therapy page . This page covers the local and practical side, and goes deeper on the four assessment types above.

Coverage around Redland Bay

Redland Bay is one of Bloom's listed Queensland service areas. Nearby coverage in South East Queensland includes Brisbane, Logan, Gold Coast, Ipswich, Springfield, North Lakes and Caboolture, with Bundaberg, Cairns, Sunshine Coast and Townsville covered elsewhere in the state. See South East Queensland services or the full location guide .

Delivery is in-home and community-based . Clinics are offered on a case-by-case basis, so if you would prefer a clinic appointment, ask when you enquire rather than assuming one is available. Telehealth is also available, and some parts of an assessment can be done that way even when the main visit needs to be in person.

Wait times depend on the area and the service. Ask about your specific postcode and service when you call - it is a more reliable answer than any figure on a website.

What happens in an occupational therapy home visit

This is the format most Redland Bay appointments take, so it is worth knowing what it looks like.

The therapist assesses you and the environment together. You may be asked to show how you do everyday tasks - using kitchen equipment, moving around the house, transferring, handling objects - because watching the task in the real space reveals barriers a clinic assessment cannot.

You talk through your routines and goals. What the day actually looks like, from getting dressed to cooking to getting out of the house, where it breaks down, and what you want to change. Your medical history and your NDIS goals are reviewed so the assessment lines up with your plan.

The home itself is assessed. Safety and accessibility, hazards, falls risk, and what could be changed - grab rails, furniture layout, equipment, or more substantial modification.

You practise, with feedback. Where skills are the goal, you work through the real activity - dressing, cooking, using a mobility aid - with adaptations suggested for your particular setup.

How to prepare

Have your NDIS goals to hand, plus any recent reports or medical documentation.

Write a short list of current supports , and what is and is not working.

Think about the two or three tasks or spaces that are hardest , so the session goes where it matters.

Make sure the therapist can get into the home safely - clear pathways, doors that open.

Be ready to demonstrate the activities that relate to your goals.

Who should be there

You should be there, so the therapist can observe directly rather than work from description. Family members or carers are welcome and often useful, because they can describe what the week actually looks like and they are the ones who will reinforce strategies afterwards. If there are cultural protocols the therapist should observe, say so when the visit is booked. Home visits are scheduled and documented with the clinician's manager as a standard safety practice.

Functional capacity assessments

A functional capacity assessment (FCA) is the piece of evidence most Redlands enquiries are really asking for. It is a structured evaluation of your current abilities, limitations and support needs across physical, cognitive, emotional and behavioural factors.

What is assessed. The six NDIS domains: self-care (showering, toileting, dressing, grooming, sleep routines), self-management, mobility (movement, transfers, moving around environments), learning, communication, and social functioning. Alongside these, an FCA looks at daily living skills such as meal planning and kitchen safety, cognitive and psychological function including memory and attention, mobility safety and falls prevention, assistive technology needs, and environmental modifications.

How it is done. An initial consultation to gather history, capabilities and support needs and to set goals; assessment in your home or community, or by telehealth where appropriate, using standardised tests and simulated tasks that reflect real requirements; input from family and carers; then a report with findings, support needs and recommendations.

What the report is used for.

NDIS access - showing how the disability affects daily activities across the six domains

A first plan - setting therapy goals with a baseline to measure against

A plan review or change of circumstances - evidence to take back to the NDIA when negotiating plan funding, particularly after a medical event, an injury, or a documented change in capacity

Administrative Review Tribunal (ART) matters - qualified, evidence-based documentation of support needs

An FCA can be delivered by occupational therapy, or jointly with psychology where cognitive and psychological factors are central. The hours involved and the cost are quoted before the assessment starts and are set out in your service agreement.

Home modifications

Home modifications are structural and environmental changes that make a home safer and more usable. In the NDIS they are split by complexity.

Minor home modifications cover the simpler changes - grab rails, basic accessibility adjustments and similar work. The occupational therapy service includes the initial assessment, liaison with stakeholders and builders, a site visit if needed, and the report.

Complex home modifications are more substantial structural or design changes and need advanced clinical reasoning: major bathroom work, structural access changes, kitchen modification, or adaptations across several rooms. The service includes the initial assessment, stakeholder and builder liaison, multiple site visits, and a comprehensive report. Bloom assesses multiple rooms where that is what the situation requires.

What gets a modification approved

The NDIA has to be satisfied that the work is reasonable and necessary, safe, legal and value for money . The occupational therapist's report is what establishes that, and it works by connecting three things:

Your function - your current abilities and limitations, in detail

Your actual home - the specific barriers this house creates for this person

The recommendation - modifications that directly address those barriers, sized to your functional need and to long-term use rather than to a wish list

Common areas addressed are bathroom safety (grab rails, accessible showers, toileting equipment), access changes (steps, doorways, ramps), and kitchen modification for reach and safety.

A point worth understanding early: a modification is approved on functional evidence, not on preference. The report has to show why the current environment defeats you and why the proposed change fixes it. That is why the assessment involves being in the house rather than looking at photos.

Assistive technology and equipment prescription

Assistive technology (AT) is anything that helps you do a task more easily or safely. The occupational therapist assesses your function and matches equipment to it, across three cost tiers.

Tier	Typical items
Low cost	Grab rail, pick-up stick, four-wheeled walker
Mid cost	Scripted manual wheelchair, scooter, specialised bed, pressure reduction mattress
High cost	Scripted power wheelchair

Bloom's occupational therapists also assess and prescribe beds and mattresses, shower chairs and commode chairs, and hoists and slings. Wheelchair prescription is done through the occupational therapy service on the basis of individual assessment. A clinician with the right expertise is allocated to the case depending on what is being prescribed.

Funding. AT sits under Capital Supports in an NDIS plan, separate from the Capacity Building budget that funds the therapy hours. As with home modifications, the funding decision rests on evidence linking the equipment to your functional needs and independence goals.

The process runs: functional assessment, identifying what would actually support independence, recommending options across the appropriate tier, planning how the equipment fits into your routines, then training and support on using it safely. The training is not optional extra - prescribed equipment that nobody has been taught to use does not produce independence.

Housing assessments: SDA, SIL and ILO

If the question is where you should live and with what support, this is the assessment for it. The occupational therapist assesses your function, aligns it with the relevant housing hierarchy, and

determines which supports and environmental features would let you live independently, safely and sustainably.

What is assessed: your current functional abilities and how you perform daily tasks; the physical layout, accessibility and safety of your current or potential home; the level and type of assistance you need; how your functional profile matches each housing option; and whether the recommendation meets the reasonable and necessary criteria.

The three options:

Specialist Disability Accommodation (SDA) - specialised residential accommodation for participants with extreme functional impairment or very high support needs. It is a supplementary funding category and providers must be registered.

Supported Independent Living (SIL) - support to live independently in your own home. Providers must be registered for SIL as well.

Independent Living Options (ILO) - independent living arrangements with a lighter level of support, suited to people who can maintain more autonomy.

The assessment is about matching, not aspiration: the point is to identify the option your function actually supports and that the NDIA is therefore likely to approve, rather than the one that sounds best on paper.

Other occupational therapy services in this catchment

Paediatric occupational therapy and support for children with autism or ADHD

ADHD-focused occupational therapy for adults and young people

Autism-specific therapy , assessed and planned around the individual rather than the label

Stroke and neurological therapy

Cognitive assessment

Daily living skills work aimed at independence at home and in the community

How to get started in Redland Bay

Enquire or refer. Call 1300 771 465 , use the appointment form , or contact us . You, a family member, a support coordinator, a plan manager, a GP or another allied health professional can start it.

Intake. You will be asked how your NDIS plan is managed - NDIA-managed, plan-managed or self-managed - which budget you intend to use, and what your main goals are.

Service agreement. Rates in line with the NDIS Pricing Arrangements, the hours allocated to assessment, therapy, reports and travel, invoicing arrangements, and the cancellation and travel terms. Read it before you sign and ask about anything unclear.

First appointment. Usually a home visit, as described above.

Report and recommendations , then therapy, equipment or modification work depending on what the assessment found.

Images on this page

Text descriptions of the images shown, for readers and agents that cannot see them.

Photograph: a woman seated in a wheelchair outdoors, in front of tall grasses.

Bloom Healthcare logo: a green circular mark combining a crescent, a human figure, leaves and a cupped hand, beside the words "Bloom Healthcare — Services with Passion".

"We ♥ ndis" badge: a purple circle carrying the words "We ndis" with a green heart in place of the word "love".

The remaining images are decorative interface icons — the phone, envelope, clock and accessibility symbols beside the contact details, and the Facebook, Instagram and LinkedIn icons — which repeat information already given in text and carry no additional meaning.

Common questions about occupational therapy in Redland Bay

Do you come to my house in Redland Bay?

Yes. In-home and community delivery is the primary model, and for occupational therapy it is usually the better option anyway, because your home environment is part of what is being assessed. Clinic appointments are available case by case.

How do I know if you have a therapist available near me?

Call 1300 771 465 or check the location guide . Availability varies by discipline and by area, so ask about occupational therapy specifically rather than about coverage in general.

Do I need a GP referral?

Not for NDIS-funded occupational therapy. You can enquire directly, or a family member, support coordinator, plan manager or health professional can refer on your behalf.

Which part of my plan pays for this?

Occupational therapy assessment and therapy hours generally come from Capacity Building. Equipment and assistive technology come from Capital Supports, and home modifications are also funded as capital items. If you are unsure what your plan holds, ask your plan manager or support coordinator, or call and we will help you read it.

How long does a functional capacity assessment take?

It varies with complexity and with whether psychology input is involved as well. The hours and the cost are quoted before the assessment begins and are set out in your service agreement. Call 1300 771 465 for a quote for your situation.

Can an FCA be used to challenge an NDIS decision?

An FCA report is used for NDIS access, for setting therapy goals in a first plan, for plan reviews and changes of circumstance, and for Administrative Review Tribunal (ART) purposes. If you are heading into a review or a tribunal matter, raise it early so the assessment can be scheduled in time.

What is the difference between a minor and a complex home modification?

Minor modifications are the simpler changes - grab rails and basic accessibility adjustments - assessed with an initial visit, builder liaison and a report. Complex modifications are substantial structural or design changes, needing advanced clinical reasoning, multiple site visits and a comprehensive report. Which category applies is determined by the work required, not by preference.

Will the NDIA definitely approve a modification you recommend?

No one can promise that. The NDIA decides whether the work is reasonable and necessary, safe, legal and value for money. What the occupational therapist can do is make the case properly: document your function, document the barriers in your specific home, and tie the recommendation to both. Recommendations that are not supported by functional evidence are the ones that fail.

Can you prescribe a wheelchair?

Yes. Wheelchair prescription is done through the occupational therapy service, based on an assessment of your function. That covers scripted manual wheelchairs and scripted power wheelchairs, along with scooters, beds, pressure mattresses, shower and commode chairs, and hoists and slings.

How long does equipment take to arrive?

That depends on the item, the supplier and how quickly the funding request is decided, so it is not something a website can answer. What you can control is the front end: a clear assessment and a well-evidenced report submitted early.

What is the difference between SDA, SIL and ILO?

SDA is specialised accommodation for people with extreme functional impairment or very high support needs. SIL is support to live independently in your own home. ILO is a lighter support arrangement for people who can maintain more autonomy. A housing assessment works out which one your functional profile actually supports.

Can my child be seen at school?

Community delivery includes schools and day programs. Mention the preferred setting when you enquire so it can be arranged from the start.

Can I have occupational therapy at the same time as other therapies?

Yes. Bloom also provides psychology, speech pathology, physiotherapy, exercise physiology, dietetics and positive behaviour support, and where goals cross disciplines the clinicians work to the same goals rather than in parallel. Tell us at intake who else is involved.

What will it cost?

Rates are in line with the NDIS Pricing Arrangements, and the hours for assessment, therapy, reports and travel are set out in your service agreement before the work starts, along with cancellation and travel terms. Ask for the specifics before you sign.

What service does this Bloom Healthcare page cover in Redland Bay?

The page covers NDIS Occupational Therapy services offered by Bloom Healthcare in Redland Bay, designed to help boost independence through a tailored assessment with expert therapists.

Who is Bloom Healthcare and what type of provider are they?

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 conditions might Redland Bay Occupational Therapy participants have?

The Occupational Therapy services in Redland Bay are designed to help individuals with disabilities, ADHD, or Autism improve their daily living skills and achieve greater independence.

What key interventions do NDIS Occupational Therapists in Redland Bay provide?

NDIS Occupational Therapists in Redland Bay help participants through functional capacity assessments to evaluate abilities and support needs, home modification recommendations to enhance safety and accessibility, and assistive technology prescription and integration, with a focus on enhancing everyday skills to support independent living.

What can functional capacity assessments from Occupational Therapists be used for?

Functional capacity assessments can be used for initial NDIS plan development and goal-setting, plan reviews when circumstances change, access to NDIS or Administrative Appeals Tribunal (AAT) purposes, and providing necessary evidence to negotiate plan funding with the NDIA.

What examples of assistive technology might an Occupational Therapist prescribe?

Examples include low-cost items like grab rails, pick-up sticks, and four-wheeled walkers; mid-cost items such as manual wheelchairs, scooters, specialized beds, and pressure-reduction mattresses; and high-cost items like power chairs and specialized equipment.

What does a housing assessment (ILO/SDA/SIL) by an Occupational Therapist evaluate?

A housing assessment evaluates a person's functional capabilities, alignment with relevant housing hierarchies, and the support and environmental features needed for independent, safe, and sustainable living.

How can someone contact Bloom Healthcare?

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

How do I know if you have a therapist available near me?

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