Aged Care Speech Pathology Services | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-speech-pathology/

Details:

Speech pathology in aged care covers two things that matter enormously in later life: being able to eat and drink safely , and being able to communicate . Swallowing difficulty, called dysphagia, is a genuine medical risk in older people. It can lead to choking, to aspiration pneumonia when food or drink enters the lungs, and to malnutrition and weight loss. Communication difficulty after a stroke or with dementia leads to frustration, withdrawal and isolation. Both are treatable, and both are worth acting on early.

Aged care speech pathology is funded through aged care programs, not the NDIS. Access starts with an aged care assessment through My Aged Care on 1800 200 422 . To talk to Bloom Healthcare, call 1300 771 465 or email hello@bloom-healthcare.com.au .

When to refer someone: the warning signs

These are the signs that a speech pathology assessment is warranted. If you are seeing them in a parent or partner, act rather than wait.

Swallowing (act quickly on these)

Coughing or choking during meals — a priority concern that needs prompt assessment

Difficulty swallowing food or liquids

Recurrent chest infections , which can signal aspiration where food or liquid is entering the lungs

Unexplained weight loss , which may mean they are not managing enough food

Meals taking much longer than they used to, or food being left

Communication

Difficulty finding words or forming sentences clearly

Reduced volume or hoarseness

Difficulty understanding others or following conversations

Social withdrawal — pulling out of conversations and gatherings because talking has become hard

The situations that usually trigger a referral

After a stroke or brain injury , which commonly affect both speech and swallowing

Progressive neurological conditions : dementia, Parkinson's disease, motor neurone disease

Age-related change affecting speech clarity

Anything suggesting eating or drinking has become unsafe

The general test: a referral is appropriate when communication or swallowing difficulty is affecting daily function, safety, or the ability to take part in family and community life.

A speech pathologist assesses and treats. Diagnosing the underlying medical condition is the job of your GP and specialists, and a sudden change in swallowing or speech is a reason to contact a doctor, not only a therapist.

Who is eligible and how it is funded

Government-funded aged care is based on age plus assessed need:

65 and over for the general population

50 and over for Aboriginal and Torres Strait Islander people

50 and over for people experiencing homelessness or at risk of it

You also need assessed need for help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition.

Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025, alongside the commencement of the Aged Care Act 2024. Services sit in three categories:

Clinical Supports — fully funded by the Australian Government

Independence Services — a participant contribution may apply depending on your financial circumstances

Everyday Living Services — a participant contribution may apply depending on your financial circumstances

The program uses 8 ongoing funding classifications, 3 short-term pathways and 4 transitioned Home Care Package classifications, with flexible quarterly budgets rather than fixed annual package levels. One of the short-term pathways, the Assistive Technology and Home Modifications (AT-HM) scheme , is where communication devices are funded; communication equipment such as speech-generating devices sits in the assistive technology categories rather than being paid out of therapy hours.

Which category a specific piece of speech pathology work falls into is decided through your assessment and support plan, not by the provider. Check your plan or call 1300 771 465 .

If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, the "no worse off" principle means your contributions are the same or less than under the old arrangements.

On fees. Bloom's fees, travel arrangements and cancellation terms are set out in your service agreement. Contributions depend on your own financial assessment. Ask on 1300 771 465 rather than relying on a figure found online.

Not eligible for aged care funding? A GP chronic condition management plan (previously called a chronic disease management plan) written by your GP can fund a limited number of rebated allied health sessions per calendar year, commonly up to five, with a gap payment because the rebate does not cover the full fee. Eligible veterans may have DVA funding. Private payment is also possible.

What aged care speech pathology includes

Bloom's aged care speech pathology service covers:

Swallowing assessment

Mealtime management plans

Speech and language therapy

Communication skills support

AAC assessment and intervention (augmentative and alternative communication)

Cognitive rehabilitation

Stroke and neurological therapies

Daily living skills support

Client-focused goal setting

Swallowing and mealtimes

This is the highest-stakes part of the work. A swallowing assessment is a clinical evaluation of how safely and effectively someone eats and drinks. It covers:

Case history — medical history, current conditions, medications and their effects, previous therapy, and where eating breaks down in daily life

Physical examination — the mouth and throat muscles and the structures involved in swallowing

Observation of actual eating and drinking with different foods and fluids, in the setting where meals normally happen

Standardised and informal testing of swallowing safety and efficiency

What the speech pathologist is looking for is swallowing safety (coughing, choking, signs of aspiration), swallowing efficiency (whether food and fluid are actually being moved through), the functional impact on nutrition and daily life, and the practical mechanics of the mealtime itself.

A full swallowing assessment plus a mealtime management plan is a substantial piece of work rather than a single visit. It can involve assessing across more than one setting, liaison with the people involved in care, report writing, writing the plan, and training staff or family in how to follow it.

Mealtime management plans

A mealtime management plan is a written, personalised document developed with you and your family. It sets out how to eat and drink safely while keeping mealtimes dignified and enjoyable, and it is written so that the people actually providing support can follow it in real conditions, not as theoretical advice.

What goes into it depends on the assessment, and may include:

Safe eating and drinking strategies tailored to the person, including modification of food and fluid consistency where that is indicated

Positioning strategies to get the mechanics of the swallow working better

Muscle-strengthening and targeted swallowing exercises to build the muscles involved in swallowing

Training for family, carers and support workers so the plan is applied consistently wherever meals happen

A note on thickened fluids. Thickened fluids are a common intervention, but they are not automatically the right answer. Aspiration is influenced by many things beyond how thick a drink is, including oral hygiene, mobility, medications and overall health. That is why an individual assessment matters more than a default rule, and why you should expect a plan built around the person rather than a standard prescription.

Working with a dietitian. Texture modification and nutrition pull against each other if nobody is watching. Speech pathology sets what is safe to swallow; a dietitian makes sure the modified diet still delivers enough energy, hydration and nutrients, and advises on fortification and preparation. Malnutrition in older adults leads to weakened immunity, slower wound healing and reduced independence, so this pairing matters.

Communication after a stroke

Stroke commonly causes language and speech disorders, cognitive-communication disorders, and aphasia , which is the loss of the ability to understand or express language. Speech therapy for aphasia works on rebuilding language, relearning skills through targeted intervention, and restoring confidence. Stroke also frequently affects swallowing, which is why the two halves of this discipline usually turn up together after a stroke.

Parkinson's disease

Parkinson's disease is a progressive neurological condition that affects speech and voice as well as movement, with characteristic changes in vocal quality that make it hard to be heard and understood. It also frequently causes dysphagia. Speech pathology supports communication capacity and swallowing safety, and adapts as the condition progresses.

Dementia and cognitive-communication

As dementia progresses, speech, language comprehension and cognitive-communication skills change. Speech pathology here has two aims: keeping functional communication going for as long as possible, and building compensatory strategies as things change.

Cognitive-communication rehabilitation works on the thinking side of communicating: attention, memory, organisation, problem-solving and social interaction. It may use memory aids, structured routines and exercises targeting attention and problem-solving.

Strategies for families and carers make a large difference and are part of the service:

Reduce the noise. A calm, distraction-free setting, and giving the person plenty of time to express themselves.

Use visual cues. Gestures, facial expression and written notes alongside speech provide extra context when language comprehension is declining.

Keep social contact going. Group conversation and hobbies build confidence and reduce isolation.

AAC: augmentative and alternative communication

AAC is a set of methods for people whose speech has become limited, unreliable or absent. It is not a diagnosis; it is a way of communicating.

Low-tech : communication boards, picture boards, Key Word Sign (simple manual signs alongside speech). No batteries, works anywhere.

High-tech : communication apps and dedicated devices, including speech-generating devices.

The speech pathologist assesses whether AAC is suitable, trials systems to find the one that works for the person, and then trains both the person and their communication partners — family, carers, care staff — because an AAC system nobody around the person knows how to use does not work. For someone with dementia, having a reliable way to express a preference or a need reduces the frustration and distress of being misunderstood, which is often what sits behind changes in behaviour.

What speech pathology does not do

It does not diagnose stroke, dementia, Parkinson's disease or any other medical condition. That is your GP and specialists.

It does not provide instrumental swallowing investigations of the kind done in a hospital. Where those are indicated, your medical team arranges them.

It does not replace a dietitian for nutrition planning; the two disciplines work together.

It does not pay for communication devices out of therapy hours. Equipment is funded through the AT-HM pathway.

It does not decide your funding. Your My Aged Care assessment sets your classification and budget.

How it works, step by step

Step 1 — Register with My Aged Care online or on 1800 200 422 , and be assessed by an Aged Care Assessment Team (ACAT), an Aged Care Assessment Service (ACAS) in Victoria, or a Regional Assessment Service (RAS). Under the Single Assessment Process this is one assessment covering physical health, emotional wellbeing and social needs.

Step 2 — Receive your support plan and choose your providers.

Step 3 — Refer to Bloom. Use the referral form , call 1300 771 465 , or email hello@bloom-healthcare.com.au . Referrals come from GPs, allied health and medical networks, home care providers, families and carers, and directly from the person. Useful things to include: the person's details, current health conditions and concerns, where communication or swallowing is specifically breaking down, any previous assessments or reports, the preferred setting (home, community, telehealth), and key contacts including family and carers.

Step 4 — Bloom responds within 24 hours. The referral is triaged and allocated to a clinician based on service location, clinician skill set, the person's diagnosis, clinician capacity and expertise, and any conflict of interest.

Step 5 — Intake and coordination. The clinician establishes how your care is coordinated. If you have a care coordinator through your home care provider, the clinician works with them on the purpose of the referral, an estimate of hours, a quote and invoicing. If you are self-managed, that conversation happens with you or your nominee. The Aged Care Service Agreement and Aged Care Consent Form are discussed, reviewed and signed at the initial appointment, and no billing for aged care services starts before the agreement is signed. Where the person cannot sign, guardian or nominee consent has to be documented first.

Step 6 — Initial assessment. Speech pathology assessments usually take 30 to 60 minutes , sometimes longer, and a complex assessment can run considerably longer where a lot of information has to be gathered. The clinician takes a case history, examines oral and throat function where swallowing is the concern, observes communication and eating in the real setting, and uses standardised and informal testing across receptive language, expressive language, speech clarity, social communication, voice and fluency as relevant.

Step 7 — Goals, plan and report. The assessment concludes with SMART goals (specific, measurable, achievable, relevant and time-bound), personalised recommendations, and a report setting out current skill levels and what therapy is recommended.

Step 8 — Therapy, plans and training. Depending on the goals this is direct therapy, a mealtime management plan, AAC trials and training, or work with communication partners. Where more than one Bloom discipline is involved, multidisciplinary care team meetings bring the disciplines together to agree collaborative goals, identify barriers and set a forward plan.

Evidence and documentation

Assessment reports setting out current skill levels, the findings, and therapy recommendations.

Mealtime management plans — the written document that support workers, carers and family follow at every meal. This is the most operationally important document speech pathology produces in aged care, because it is used daily by people who were not in the room during the assessment.

Therapy plans with functional outcomes, goals, strategies, and the frequency, duration and location of sessions.

Training records where carers or staff have been trained in a plan.

Case notes covering every contact, documents sent and received, travel, billing and internal file reviews, completed within 24 hours of the service.

Before any report is written, the clinician confirms with you (or your nominee or carer) and with your home care provider whether a report is needed, what it is for and what type it should be, so it is fit for purpose. Reports are emailed as PDFs.

How this differs from related services

Speech pathology vs dietetics. Speech pathology decides what is safe to swallow and how. A dietitian makes sure what you are eating within those limits still meets your nutritional needs. Where a texture-modified diet is in place, both are usually needed.

Speech pathology vs occupational therapy at mealtimes. Occupational therapy addresses the sensory side, the routine, adaptive cutlery and crockery, and the mealtime environment. Speech pathology addresses the swallow itself. They overlap deliberately.

Speech pathology vs psychology for dementia. Speech pathology works on communication and swallowing. Psychology and counselling works on mood, grief, anxiety and coping, for the person and for the family.

Aged care speech pathology vs NDIS speech pathology. The clinical work is similar; the funding is not. NDIS speech pathology is claimed through capacity building categories in an NDIS plan. Aged care speech pathology is funded through Support at Home, with communication equipment on the separate AT-HM pathway. Do not apply NDIS guidance to aged care funding.

Where you can get this service

Bloom's primary delivery method is in the community. For speech pathology this is important for a specific reason: a swallowing assessment is far more useful when it happens at the person's own table, with the food they actually eat, in the chair they actually sit in. In-home and community delivery is standard, telehealth is available, and clinic appointments are offered on a case-by-case basis.

Bloom works across New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania and the Australian Capital Territory. See all locations for the suburbs and regions covered.

A plain-English easy read guide to speech pathology is available to download.

To start: call 1300 771 465 , email hello@bloom-healthcare.com.au , use the referral form , or contact us .

Common questions about aged care speech pathology

Mum coughs every time she drinks. Is that serious?

Coughing or choking with meals is a priority concern and warrants prompt assessment. It can indicate that food or fluid is entering the airway, which carries a risk of aspiration pneumonia. Speak to her GP, and arrange a swallowing assessment. Do not wait to see whether it settles on its own.

What is dysphagia?

Dysphagia is difficulty swallowing. It is common in older adults and often follows a stroke or comes with Parkinson's disease, dementia or motor neurone disease, though changes to the muscles, nerves and structures involved in swallowing also happen with ageing. Left unmanaged it can lead to aspiration pneumonia, choking, weight loss and malnutrition.

What actually happens in a swallowing assessment?

The speech pathologist takes a case history covering medical history, medications and where eating is breaking down; examines the mouth and throat muscles; watches you eat and drink with different foods and fluids; and uses standardised and informal testing. The output is a picture of how safe and how efficient your swallow is, and what to do about it.

Does she have to go on thickened fluids?

Not automatically. Thickened fluids are one common intervention, but aspiration is affected by many things besides fluid thickness, including oral hygiene, mobility, medications and overall health. What is recommended should come out of an individual assessment. Ask the speech pathologist to explain the reasoning behind whatever is proposed.

What is a mealtime management plan?

A written plan developed with you and your family that sets out how to eat and drink safely while keeping meals enjoyable. It may include safe eating and drinking strategies, food and fluid consistency changes, positioning, swallowing exercises, and training for the people who support meals. It is written to be usable by carers and support workers in real conditions.

Can speech pathology help after a stroke?

Yes. Stroke commonly causes aphasia, other language and speech disorders, cognitive-communication disorders and swallowing difficulty. Speech therapy works on rebuilding language and restoring communication, alongside swallowing safety. It usually runs together with physiotherapy and occupational therapy as part of stroke recovery.

Is it worth it if he has dementia and will get worse?

The goals shift but the work is still useful. Speech pathology aims to keep functional communication going for as long as possible and to build compensatory strategies as things change, including training the family in communication partner strategies and setting up AAC where speech becomes unreliable. Having a way to express a need reduces distress for the person and for the household.

What is AAC and would it suit an older person?

AAC covers everything from picture and communication boards and Key Word Sign through to communication apps and speech-generating devices. It is used when speech is limited, unreliable or absent. The speech pathologist assesses suitability, trials systems, and trains both the person and the people around them. Low-tech options are often the practical starting point.

Who pays for a communication device?

Communication equipment sits in the assistive technology categories, funded through the Assistive Technology and Home Modifications pathway under Support at Home, rather than out of therapy hours.

The speech pathologist assesses and recommends; approval runs through the AT-HM pathway.

Can the speech pathologist come to the house?

Yes, and for swallowing work it is the better option. Assessing a meal at the person's own table with their usual food gives a far more accurate picture than a clinic. Telehealth is available too, and clinics are offered case by case.

Do we need a dietitian as well?

Often, yes, particularly where a texture-modified diet is in place. Speech pathology sets what is safe; a dietitian makes sure the modified diet is still nutritionally adequate and advises on fortification and preparation. Malnutrition brings its own risks, so the two need to be managed together.

How long does an assessment take?

Speech pathology assessments generally run 30 to 60 minutes, sometimes over an hour, and complex assessments can take considerably longer. A full swallowing assessment with a mealtime management plan involves more than the appointment itself: assessment across settings where needed, liaison with the people involved in care, the written plan, the report and staff training.

How do I start?

If you do not have an aged care assessment, register with My Aged Care on 1800 200 422 . If swallowing is the concern, also speak to the GP. Then call Bloom on 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referral form . Bloom responds within 24 hours.

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