Swallowing & Mealtime Management Plans | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/speech-pathology/swallowing-mealtime-management/

Details:

Swallowing difficulty, called dysphagia, can affect eating, drinking or both. A Bloom Healthcare speech pathologist assesses the person's swallowing and mealtime needs, writes an individual mealtime management plan where one is needed, and trains the carers and support workers who follow it, working with dietitians and medical professionals where nutrition, hydration or medical needs require it. Under the NDIS, a swallowing assessment and mealtime management plan are usually funded from Capacity Building – Improved Daily Living ; for older Australians, speech pathology sits in Clinical Supports under Support at Home. To start, call 1300 771 465 or make a referral .

If someone is choking or having difficulty breathing, call 000 and follow the emergency-service instructions. A routine allied health enquiry is not an emergency response.

Signs that a swallowing assessment is needed

Dysphagia is a safety issue, not only a comfort one. Unmanaged dysphagia can lead to malnutrition and to aspiration pneumonia. Aspiration means food or drink entering the airway.

Signs worth acting on:

coughing during meals

choking

a wet or gurgly voice after eating or drinking

food sticking

taking much longer to finish a meal

avoiding particular textures, or avoiding foods or drinks because they feel unsafe

unexplained weight loss

recurrent chest infections

If you notice any of these, raise them with the person's GP and arrange a speech pathology assessment. If the person already has a mealtime plan and these signs are new or getting worse, the plan needs review.

When to get urgent medical help

Choking or difficulty breathing: call 000 and follow the emergency-service instructions.

Other urgent issues need medical care first. A speech pathology appointment is not an emergency response, and it can follow once medical needs are addressed.

Swallowing needs that have changed following illness or neurological change: raise it with the person's GP or treating doctor, and mention it in your referral to Bloom so it is assessed at triage.

Healthdirect has plain-language information on swallowing difficulties and choking .

Who swallowing and mealtime support is for

Bloom provides swallowing assessment and mealtime management for people whose swallowing difficulties affect eating, drinking or everyday participation. Dysphagia is common after stroke and with conditions such as Parkinson's disease. Bloom's speech pathologists also work with people with brain injury, motor neurone disease, multiple sclerosis, cerebral palsy, dementia and other neurological conditions.

It is worth contacting Bloom when:

eating or drinking has become difficult

a person needs an assessment, or a review of an existing mealtime plan

carers or support staff need guidance on an agreed plan

swallowing needs have changed following illness or neurological change

you need coordination between speech pathology and other treating professionals

For children, where the concern is wider than swallowing, for example food variety, sensory needs or family mealtimes, see paediatric feeding support .

How swallowing and mealtime support is funded

NDIS

Speech pathology assessment and therapy are usually funded from Capacity Building – Improved Daily Living . NDIS funding depends on the participant's plan, the purpose of the support and the current rules, and a clinical recommendation does not guarantee approval.

A swallowing assessment and mealtime management plan can include assessment across a range of settings if required, liaison with the people involved, report writing, developing the plan, and training staff if required. Scope, fees, delivery setting and timing are agreed before the service begins.

Aged care

For older Australians, speech pathology is one of the allied health services in Clinical Supports under Support at Home , which replaced the Home Care Packages Program from 1 November 2025. Clinical Supports are fully funded by the Australian Government. Eligibility depends on an aged care assessment through My Aged Care. See aged care speech pathology and Support at Home .

Medicare

Under a GP chronic condition management plan (GPCCMP), speech pathology for dysphagia is a common adult presentation. The plan covers up to 5 individual allied health services per calendar year, shared across allied health professions, and the referring GP decides whether the person's condition would benefit. A GP management plan or team care arrangement made before 1 July 2025 can still be used for services consistent with it until 30 June 2027. Bloom is not a bulk-billing service, so a gap fee applies. See Medicare .

TAC (Victoria)

For people with an accepted TAC claim, Bloom's speech pathologists support swallowing and mealtime concerns following a transport accident injury, where treatment is clinically justified and related to the

accident injuries. Approval requirements change after the first 90 days, so check with your TAC case manager.

Private

Private enquiries can be routed to the right pathway. Fees for each stream are set out in your service agreement. See pricing .

What a swallowing assessment involves

A clinical swallowing assessment gathers history and assesses swallowing function within the speech pathologist's scope. It usually includes:

Case history: medical background, recent changes, and what has been happening at mealtimes

Physical examination of the muscles of the mouth and throat

Observation of eating and drinking with different food textures and fluid consistencies

Mealtime observation: the person's routines, the assistance they receive, the environment and any current recommendations

The aim is to understand where eating and drinking break down, whether it is safe, and what would make it safer while keeping the person's preferences in view. The speech pathologist also decides whether further investigation is needed.

Instrumental investigations are separate

Instrumental swallowing investigations need appropriate services and expertise. They are not automatically part of a community appointment. If one is needed, the speech pathologist will say so and explain the referral pathway.

What a mealtime management plan covers

A mealtime management plan is a working document for the people who support the person at mealtimes. It is based on assessment, not generic texture advice, and it typically covers:

safe eating and drinking strategies for that person

food textures and fluid consistencies, where modification is recommended

positioning, to help the mechanics of swallowing

exercises, where they will help

the assistance the person needs, and the mealtime routines carers and support workers should follow

when the plan should be reviewed, and who to tell if things change

Balancing safety and quality of life

Bloom's speech pathologists develop mealtime management plans collaboratively with the person and their family, and they balance safety against quality of life. Eating and drinking are about connection and enjoyment as well as nutrition. The approach considers support from caregivers, adaptive equipment that makes eating and drinking easier, on-the-plate modifications instead of pureeing food, and swallowing strategies.

Thickened fluids are often considered safe, but they may not always be the best option. Aspiration is influenced by several factors, including oral hygiene, mobility, medications and overall health, which is

why swallowing care is multidisciplinary rather than a single change to a drink. If the person's current plan includes thickened fluids or modified textures, keep following it until their clinician reviews it.

Why texture advice cannot come from a website

Food and fluid recommendations need individual clinical assessment, and they may change over time. A website, a general enquiry or a plan written for someone else cannot tell you which texture, fluid thickness or strategy is right for a particular person. Follow the person's current clinical plan, and ask for a review if their needs change.

Training for carers and support workers

A plan only works if the people at the table understand it. Bloom's speech pathologists explain the plan and its practical implementation to authorised carers, family members and providers, and provide teaching and resources so they can support the person to eat and drink safely and with enjoyment.

The content, participants, scope and timing of training are confirmed before booking. Where support workers or care staff do day-to-day mealtime assistance, training is often part of the package.

Working with the rest of the team

Swallowing care usually involves more than one discipline:

Speech pathology sets the swallowing-related recommendations.

Dietetics makes sure nutrition and hydration hold up within those recommendations. See dietitian services .

Occupational therapy or physiotherapy may contribute on positioning, seating and equipment.

Medical professionals manage medical causes, medications and any specialist investigation.

Carers, nurses and providers carry out the plan day to day.

With consent, Bloom liaises with medical and allied health professionals when clinical needs support it, and identifies when specialist investigation or urgent medical input is required.

If communication is also affected, for example after a stroke, see AAC and communication assessment and neurological rehabilitation .

How it works, step by step

Check the clinical need. Describe the concern, any existing plan, the location and current medical involvement. Urgent issues need medical care first. Call 1300 771 465 , email hello@bloom-healthcare.com.au or make a referral . A member of the team will be in contact within 24 hours of receiving the referral. Include swallowing risks in the referral so they are assessed at triage.

Agree the scope. Scope, fees, delivery setting and timing are agreed in a service agreement before the service begins.

Assess appropriately. The speech pathologist confirms the suitable setting and gathers the clinical information needed.

Agree the plan. Recommendations, assistance needs and any further assessment or referral are explained.

Support implementation. Training and review arrangements are agreed with the person and authorised supporters.

Review. Agree when recommendations need review and how changes will be communicated to everyone who supports the person.

Bring existing information. Current mealtime plans, any modified-diet recommendations, relevant medical reports and details of recent changes help the assessment. Send them through the secure referral pathway.

What you get in writing

A service agreement covering supports, fees, travel, reporting and cancellation terms. The general cancellation position is 48 hours' notice, applied flexibly, and where a funding body sets a different rule Bloom follows it.

A mealtime management plan written for the people who follow it, where dysphagia is identified.

Assessment findings and recommendations , including any further investigation or referral needed.

Progress or review reporting where it is part of the agreed scope, and a written report to the referring GP after the first and last service under a GP chronic condition management plan.

Progress measures complement, rather than replace, individual clinical assessment of swallowing needs.

Where Bloom delivers swallowing and mealtime support

Bloom delivers in the home and community, and for older Australians in residential aged care. Seeing the real mealtime, the real chair and the real routine is part of the assessment. Clinic appointments can be arranged case by case.

Telehealth is assessed carefully for swallowing. Some discussion, training and review may work online, but some swallowing assessments need in-person observation or specialist investigation, and the clinician decides.

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

Common questions about swallowing and mealtime management

What is dysphagia?

Dysphagia means difficulty swallowing. It can have different causes and may affect food, fluids or both. An assessment is needed to understand the person's situation.

What should I do if someone is choking?

Call 000 if someone is choking or having difficulty breathing, and follow the emergency-service instructions. A routine allied health enquiry is not an emergency response.

Someone I care for coughs at every meal. Is that urgent?

If they are choking or struggling to breathe, call 000. Otherwise, coughing during meals is one of the signs that leads to a swallowing assessment, because unmanaged dysphagia can lead to aspiration pneumonia and malnutrition. Raise it with their GP and arrange a speech pathology assessment.

Can you tell me which texture or thickener to use?

Not from a general enquiry or a website. Food and fluid recommendations need individual clinical assessment and may change over time. Follow the person's current clinical plan and seek advice if their needs change.

Who writes a mealtime management plan?

A speech pathologist prepares swallowing-related recommendations following assessment. Other disciplines contribute where nutrition, positioning, medical or daily-care needs require it.

Can support workers be trained in the plan?

Training in an agreed plan can be discussed, and where support workers or care staff do the day-to-day mealtime assistance it is often part of the package. Its content, participants, scope and timing are confirmed before booking.

Can a swallowing assessment be done entirely online?

The clinician decides whether online assessment is suitable. Some concerns need an in-person appointment or specialist investigation.

Is an instrumental swallowing investigation part of the assessment?

Not automatically. Instrumental swallowing investigations need appropriate services and expertise, and they are not automatically part of a community appointment. The speech pathologist identifies when one is needed and explains the referral pathway.

How often should a mealtime plan be reviewed?

When the person's health, function or circumstances change, and at the review point agreed when the plan was written. New signs such as coughing, chest infections or weight loss are a reason to ask for a review sooner.

Is swallowing support available for older people who are not on the NDIS?

Yes. Speech pathology is part of the allied health available under Support at Home, in Clinical Supports. Access depends on an aged care assessment through My Aged Care. Medicare and private pathways may also apply.

Can I keep the same clinician?

Ask for it when you refer. Bloom aims to keep a consistent clinical relationship through appointment planning and clear communication, and if a different clinician needs to take over, to hand over appropriately. Availability and clinical fit still need to be confirmed, so the same clinician cannot be guaranteed for every appointment.

How will you review whether support is helping?

By reviewing goals and clinically relevant indicators alongside comfort, participation and the person's own experience. Measures are chosen for the clinical question; Goal Attainment Scaling (GAS) may suit a participation goal but does not replace swallowing assessment or safety review.

More on swallowing and mealtimes

Speech pathology at Bloom Healthcare

Paediatric feeding support

AAC and communication assessment

Aged care speech pathology

Dietitian services

Make a referral

What is dysphagia?

Dysphagia means difficulty swallowing. It can have different causes and may affect food, fluids or both, and an assessment is needed to understand the person's situation.

What should someone do if a person is choking?

Call 000 immediately if someone is choking or having difficulty breathing, and follow the emergency-service instructions. A routine allied health enquiry is not an emergency response.

Is coughing at every meal an urgent issue?

If the person is choking or struggling to breathe, call 000. Otherwise, coughing during meals is one of the signs that leads to a swallowing assessment, because unmanaged dysphagia can lead to aspiration pneumonia and malnutrition. It should be raised with their GP and a speech pathology assessment arranged.

Can Bloom Healthcare tell me over the phone which food texture or thickener to use?

No. Food and fluid recommendations need individual clinical assessment and may change over time, so this cannot be provided from a general enquiry or a website. The person's current clinical plan should be followed, with advice sought if their needs change.

Who writes a mealtime management plan?

A speech pathologist prepares swallowing-related recommendations following assessment. Other disciplines, such as dietitians, contribute where nutrition, positioning, medical or daily-care needs require it.

Can support workers be trained in a mealtime management plan?

Yes. Training in an agreed plan can be discussed, and where support workers or care staff carry out day-to-day mealtime assistance, this training is often part of the package. Its content, participants, scope and timing are confirmed before booking.

Can a swallowing assessment be done entirely online?

The clinician decides whether online assessment is suitable, since some concerns need an in-person appointment or specialist investigation.

Is an instrumental swallowing investigation automatically part of the assessment?

No, not automatically. Instrumental swallowing investigations require appropriate services and expertise and are not automatically part of a community appointment. The speech pathologist identifies when one is needed and explains the referral pathway.

How often should a mealtime management plan be reviewed?

A plan should be reviewed when the person's health, function or circumstances change, and at the review point agreed when the plan was written. New signs such as coughing, chest infections or weight loss are a reason to ask for a review sooner.

Is swallowing support available for older people who are not on the NDIS?

Yes. Speech pathology is part of the allied health available under Support at Home, in Clinical Supports. Access depends on an aged care assessment through My Aged Care, and Medicare and private pathways may also apply.

Can a client keep the same speech pathology clinician across appointments?

This can be requested when referring. Bloom Healthcare aims to keep a consistent clinical relationship through appointment planning and clear communication, and to hand over appropriately if a different clinician needs to take over, but availability and clinical fit still need to be confirmed, so the same clinician cannot be guaranteed for every appointment.

How does Bloom Healthcare review whether swallowing/mealtime support is helping?

By reviewing goals and clinically relevant indicators alongside comfort, participation and the person's own experience. Measures are chosen for the clinical question; Goal Attainment Scaling (GAS) may suit a participation goal but does not replace swallowing assessment or safety review.

Where does Bloom Healthcare deliver swallowing assessment and mealtime management services?

This speech pathology service—covering assessment of dysphagia, individual mealtime management plans, and training for carers and support workers, coordinated with dietitians and medical professionals—is delivered in the home, community and residential aged care, and is area-served across Australia.