Home Care Services That Support Independence | Bloom

Canonical: https://bloom-healthcare.com.au/blog/best-home-care-services-older-australians/

Details:

The home care services that help most are the ones that address the specific things making everyday life harder, while helping the person keep doing as much as possible for themselves. For many people the best result comes from combining several types of support rather than relying on one.

There is no single service that is best for everyone. The useful question is not "what services are available" but "what is making independence harder right now" . For one person the biggest risk is falling. For another it is showering safely. Someone else may be managing physically but struggling with cooking, transport or maintaining the house.

Information in this article is current as at November 2026.

How the system is organised

Australia's Support at Home program, which replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025 , organises government-subsidised services into three categories: clinical supports , independence and everyday living .

The aim is not simply more care. It is to help an eligible older person remain safe, capable, connected and involved in decisions about their own life for as long as possible. Participants do not contribute to the cost of clinical supports; most contribute to independence and everyday living services depending on their circumstances.

Matching the service to the difficulty

If this is becoming difficult	Services that may help
Walking safely, getting up from a chair, recovering after a fall	Physiotherapy, exercise physiology, occupational therapy, assistive technology
Showering, dressing or other personal care	Personal care, occupational therapy, equipment or bathroom modifications
Keeping the house safe and manageable	Domestic assistance, home maintenance, occupational therapy
Strength, balance and endurance	Physiotherapy and exercise physiology
Cooking, shopping or maintaining nutrition	Meal preparation, shopping assistance, dietetics
Communicating or swallowing safely	Speech pathology
Managing medications, wounds or other clinical needs	Nursing
Anxiety, loss, adjustment or reduced confidence	Psychology and counselling
Getting to appointments and staying connected	Transport and community engagement supports

Managing after a sudden decline in function	Restorative Care Pathway, allied health and nursing
Moving safely around the home	Occupational therapy, physiotherapy, assistive technology and home modifications

The right combination depends on assessed needs and goals, not on a catalogue.

Occupational therapy: the service that looks at the whole picture

Occupational therapy is often the most useful starting point when everyday activities are becoming difficult, because it starts from the activity rather than from a body part.

An occupational therapist looks at what the person wants or needs to do, what is making it difficult, and whether changes to skills, routines, equipment or the home environment would make it safer or easier. That might be getting in and out of the shower, dressing, preparing food, moving around the home, getting on and off the toilet, or continuing a hobby that matters.

They also assess the home for risks and can recommend and prescribe assistive technology and home modifications. Under Support at Home those have a separate funding pathway , so eligible participants do not have to save up their ordinary budget for them — and all home modifications must be prescribed by an occupational therapist.

Physiotherapy and exercise physiology: strength, balance and falls

Physiotherapy addresses mobility, balance, pain, post-surgical recovery and physical function. Exercise physiology builds strength and endurance through individualised exercise that matches the person's capacity.

The reason both matter is that strength and balance are the things that decline quietly and then produce a sudden event. A person who can no longer get out of a chair unaided has usually been gradually losing the ability to do so for months.

Where there has been a fall, or a hospital stay, acting early matters more than acting perfectly. Function recovered in the weeks after an event is easier to recover than function left to settle.

Speech pathology, dietetics and the things people do not raise

Speech pathology covers communication and swallowing. Swallowing problems in particular are under-reported, because coughing at meals gets normalised. If someone is coughing during or after eating, has a wet-sounding voice afterwards, is avoiding particular foods or is taking much longer over meals, that is worth assessing.

Dietetics addresses appetite, weight and nutrition. Unintentional weight loss is common in older people, which is not the same as normal, and it compounds: less muscle means less stability, less activity and less appetite.

Psychology and counselling addresses anxiety, adjustment, grief and the loss of confidence that often follows a fall or a diagnosis. Fear of falling restricts activity as effectively as the physical limitation does.

Combining services beats choosing one

The person who has fallen typically needs more than physiotherapy. They may need physiotherapy for balance and strength, occupational therapy for the bathroom and the equipment, psychology for the confidence to go out again, and nursing or personal care while they recover.

Arranged together, those add up to a plan. Arranged separately over six months, they add up to a series of appointments.

That is also why the Restorative Care Pathway exists: a short, coordinated period of allied health and nursing aimed at regaining function after a decline, illness, injury or hospital stay, rather than settling into long-term support at a lower level of function.

Equipment is a service too

People tend to think of home care as people visiting, but a well-chosen piece of equipment can do more for independence than an extra hour of assistance, and it keeps working every day without anyone arriving.

A rail in the right place, a chair at the right height, a shower stool, a trolley that makes it possible to carry a meal from the kitchen, a bed lever — each removes a specific barrier. Under Support at Home, assistive technology and home modifications are funded through a separate pathway, so they do not consume the budget that pays for services.

The same caution applies as to any other service: the right item is individual. Equipment that suits one person can be unsafe for another, which is why assessment comes before purchase rather than after.

What good support looks like from the outside

It is quiet. The person is still doing the things they want to do, the risks that were building have been addressed, and the help that arrives is proportionate to what is actually needed rather than to what is easiest to arrange.

It is also reviewed. Needs change, and a package arranged a year ago may be addressing last year's problem. A fall, a hospital stay, a bereavement, a change in medication, or a change in who else is in the house are all reasons to ask for a reassessment rather than waiting.

Getting started

Access to government-funded aged care begins with an assessment through My Aged Care on 1800 200 422 . The assessment considers strengths, difficulties, goals and care needs, and an eligible person receives a support plan setting out approved services.

Tell the assessor about everything you are finding difficult, not only the most obvious thing. An assessment can only approve what it hears about, and people routinely under-report the things they are embarrassed about — continence, memory, mood, swallowing — which are often the things most worth addressing.

See Support at Home funding explained for how classifications and budgets work, choosing a provider for how to compare providers, and the aged care FAQs for common questions.

Where Bloom Healthcare fits

Bloom provides the allied health component: occupational therapy, physiotherapy, exercise physiology, speech pathology, psychology and counselling, and dietetics, delivered at home, in the community, in residential aged care or by telehealth where appropriate.

Bloom does not decide anyone's funding. What it can do is assess what is actually making independence harder and recommend practical support — which is usually a more productive starting point than choosing a service from a list.

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

What is the Bloom Healthcare blog article about?

The article, titled 'Home Care Services That Support Independence,' explains which home care services help older Australians stay independent, matched to the specific difficulty they are experiencing, and how these services fit within the Support at Home program.

What are in-home care services designed to do?

In-home care services are designed to assist older individuals in maintaining their independence while living in their homes, helping with tasks like cleaning and meal preparation, and ranging from basic support to more complex care depending on individual requirements.

What is the Support at Home program?

Support at Home is a government-funded initiative that delivers coordinated care and services to help older people remain at home as they age. It launched on 1 November 2025, replacing the Home Care Packages Program and the Short-Term Restorative Care Programme.

What does the Support at Home program include?

The Support at Home program includes 8 classifications to fund ongoing services, 3 short-term pathways for assistive technology, home modifications, restorative care, and end-of-life care, and participant contributions set by government. It provides a coordinated mix of clinical care, independence services, and everyday living supports.

What are Home Care Packages (HCPs)?

Home Care Packages are government-subsidised programs designed for seniors who prefer to age in place at home.

Who funds aged care services in Australia, according to the article?

The Australian Government plays a crucial role by providing funding for aged care services, making them more accessible and affordable for all Australians.

Who is the author/publisher of this article?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider.

What is Bloom Healthcare's mission?

Bloom Healthcare believes that all people have the right to access quality healthcare, and its healthcare model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

How can Bloom Healthcare be contacted?

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

What range of support does home care encompass according to the article?

Home care services encompass a wide range of support options, including help around the house, personal care, and respite care.