NDIS Dementia Support | Allied Health | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/embracing-empathy-the-essential-role-of-allied-health-in-dementia-support/

Details:

For most people living with dementia in Australia, allied health is funded through the aged care system rather than the NDIS. Since 1 November 2025 , that means Support at Home, which replaced the Home Care Packages Program and Short-Term Restorative Care. Under Support at Home, occupational therapy, physiotherapy and speech pathology sit in the Clinical Supports category, and Clinical Supports are funded by the Australian Government at 100 per cent, with no participant contribution for those services.

That funding detail matters more than any statement about compassion. Families often assume therapy at home is out of reach on a pension. For the clinical disciplines under Support at Home, it is not.

This page sets out what each profession does for someone living with dementia, what changes as the condition progresses, and how to get an assessment.

Occupational therapy: the home, and the daily task

An occupational therapist works on two things at once: what the person is trying to do, and the environment they are doing it in.

Everyday tasks. Showering, toileting, dressing, grooming, sleep routines, meal preparation and kitchen safety. The method is usually to break a task into its steps, find where it is going wrong, then rebuild it with cues that carry the memory load: visual prompts, labelled cupboards, timers, items placed in the order they get used, a routine that runs at the same time each day. A morning that has been mapped out and simplified reduces friction for everyone in the house, not just the person with dementia.

Home safety. A structured walk through the home to find hazards and fix them. Removing loose rugs, adding grab rails, improving lighting, and changing the bathroom and kitchen setup so the risky moments are less risky.

Transfers and falls risk. Safer ways to move between bed, chair, shower and car, with pacing and energy conservation so the person is not attempting hard movements when they are most tired. This also reduces the physical strain on the family member doing the lifting.

Home modifications and equipment. Occupational therapists assess what is needed, from small daily living aids up to bathroom modifications, ramps and doorway widening, then trial the equipment, train the person and the carer in using it, and document why it is needed. Getting the trial right matters, because equipment that does not suit the person ends up unused in a cupboard.

The honest goal is not restoring function that has been lost. It is safer daily function, less risk, and less reliance on other people for longer.

Speech pathology: communication, and swallowing

Speech pathology in dementia covers two very different problems that happen to sit with the same profession.

Communication. Dementia affects speech, understanding of language, and the cognitive side of communication such as attention, memory and problem solving. Speech pathologists work on strategies to keep communication functional for as long as possible, and on the compensations that take over as the condition progresses. For people with severe communication impairment, this can include augmentative and alternative communication such as communication boards or speech-generating devices. A large part of the work is with the family: reducing background noise, allowing time, using gestures, facial expression and written notes alongside speech, and keeping social contact going, because withdrawal accelerates the loss.

Swallowing. This is the part families are least prepared for. Swallowing difficulty, or dysphagia, is common as dementia progresses, and it carries real consequences including poor nutrition and aspiration pneumonia. A speech pathologist assesses swallowing directly, identifies the nature and severity of the problem, and builds a management plan.

Good dysphagia management is broader than thickening fluids and pureeing food. It takes account of oral hygiene, positioning, mobility, medications and general health, and it can include swallowing and muscle-strengthening exercises, changes to how food is presented on the plate rather than blending it, adaptive equipment, and coaching for whoever is assisting at mealtimes. Thickened fluids are often treated as automatically the safe option, and they are not always the best one for a given person.

Where swallowing risk is significant, a mealtime management plan sets out the strategies in writing so that everyone assisting, at home or in a care setting, does the same thing. The plan should be built with the person and their family, and the aim is to keep eating and drinking safe without stripping away the pleasure and dignity of a meal.

Physiotherapy: mobility, balance and falls

Falls are one of the largest risks for older people, and dementia raises that risk further because it affects judgement, attention and spatial awareness.

A physiotherapist assesses balance, gait and muscle strength to identify what is specifically driving the risk for this person, then works on it directly. That usually includes balance training such as standing on one leg, heel-to-toe walking and resistance band work, and strength exercises that can be done at home, for example leg lifts, seated marches and wall push-ups. Ordinary activity counts too, and gardening or carrying shopping can be part of the program rather than an alternative to it.

The other half of the work is practical. Safe transfer technique, so getting out of a chair or off the bed stops being the moment where falls happen. Assessment of any walking aid already in use, and teaching safe use of a new one, since a poorly fitted or wrongly used frame is its own hazard. Recommendations on the home environment, which is where physiotherapy and occupational therapy overlap and coordinate.

The purpose is straightforward: fewer falls, fewer injuries, fewer hospital admissions, and more time living at home.

What the disciplines do together

These three are not alternatives to each other. A person with moderate dementia might have a physiotherapist working on transfers, an occupational therapist changing the bathroom and simplifying the morning, and a speech pathologist writing a mealtime plan, all at once. Nursing, psychology and counselling, exercise physiology and dietetics also sit within Clinical Supports and are commonly part of the picture, particularly where nutrition or mood are involved.

What makes it work is coordination: shared goals, and consistent instructions to the family, so nobody is being told two different things about the same task.

Support at Home in practice

Support at Home groups services into three categories:

Clinical Supports including occupational therapy, physiotherapy, speech pathology, nursing, psychology and counselling, exercise physiology and dietetics. Fully government funded.

Independence Services such as personal care, transport, respite and help with daily routines. Participant contributions may apply depending on financial circumstances.

Everyday Living Services such as cleaning, gardening, meals and home maintenance. Participant contributions may apply.

Funding is set by classification. There are eight ongoing classifications based on assessed need, replacing the four fixed package levels of the old Home Care Packages system, with budgets set quarterly and able to be adjusted as circumstances change. There are also three short-term pathways covering assistive technology and home modifications, restorative care, and end-of-life care, and four transitioned classifications giving equivalent funding to people who moved across from Home Care Packages.

The Commonwealth Home Support Programme continues separately for now and is expected to transition no earlier than 1 July 2027.

How to get started

Register with My Aged Care , online or by phone. This creates the record and starts the process.

Have an aged care assessment. My Aged Care refers you to an assessment service, either an Aged Care Assessment Team or a Regional Assessment Service, based on your situation. The assessment looks at physical health and mobility, emotional wellbeing, social needs, daily living, and the safety of the home. Generally people are aged 65 or over, and 50 or over for Aboriginal and Torres Strait Islander people and for people who are homeless or at risk of homelessness.

Receive a support plan and classification setting out what has been approved.

Choose a provider. You can search on the My Aged Care website, or contact a provider directly.

Sign the service agreement. With Bloom, the Aged Care Service Agreement and consent form is discussed and signed before any billing starts. If the person does not have capacity to sign, a guardian or nominee signs on their behalf.

First appointment and therapy plan. The clinician gathers what they need, agrees the expected outcomes, and sets the frequency and format of sessions, whether face to face, telehealth or a block of therapy. Progress can be tracked using structured goal measurement so change is visible rather than assumed.

If the diagnosis is recent and you have not started any of this, register with My Aged Care first. The assessment is the gate everything else runs through, and waiting for a crisis is the most common mistake families make.

Dementia under 65

The NDIS is for people under 65 at the time they apply, and younger onset dementia can meet the NDIS disability requirements where it results in permanent, significant impairment of everyday functioning. That is a different system with different rules from the aged care pathway described above, and the two should not be mixed up.

If you are already an NDIS participant and approaching 65, check your options directly with the NDIA on 1800 800 110 before anything lapses, because what happens next depends on individual

circumstances. If you are over 65 and have never been in the NDIS, aged care is your pathway.

Getting in touch

Bloom delivers aged care allied health in people's own homes, in the community, in residential aged care and by telehealth. To talk through what an assessment would look like or what your classification covers, call 1300 771 465 or use the contact page . Costs and hours for anything not fully funded are quoted before work starts.

Common questions about allied health and dementia

Do we have to pay for occupational therapy, physiotherapy or speech pathology?

Under Support at Home, those services sit in Clinical Supports, which the Australian Government funds at 100 per cent. Independence Services and Everyday Living Services may involve a participant contribution depending on financial circumstances.

Where do we start if my parent has just been diagnosed?

Register with My Aged Care, online or by phone, and ask for an aged care assessment. Everything else follows from that assessment.

Who does the assessment?

My Aged Care refers you to either an Aged Care Assessment Team or a Regional Assessment Service, depending on your needs and situation.

What is the age requirement?

Generally 65 or over. Aboriginal and Torres Strait Islander people can access services from 50, as can people who are homeless or at risk of homelessness.

Is this the same as a Home Care Package?

No. Support at Home replaced the Home Care Packages Program and Short-Term Restorative Care from 1 November 2025. People who transitioned from a package keep equivalent funding through transitioned classifications.

My mother is coughing and choking at meals. Who do we call?

A speech pathologist, for a swallowing assessment. Coughing during or after eating and drinking should be assessed rather than managed by guesswork, because poor nutrition and aspiration pneumonia are the risks if it is not addressed.

Does everyone with swallowing problems need thickened fluids and pureed food?

Not necessarily. Thickened fluids are widely treated as the automatic safe option and they are not always the best choice for a particular person. Assessment looks at positioning, oral health, medications, exercises, equipment and how food is presented, not only texture.

What is a mealtime management plan?

A written plan setting out how a specific person should be supported to eat and drink safely, built with them and their family, so that everyone assisting follows the same approach.

Can therapy stop dementia getting worse?

No. Allied health does not change the course of the condition. What it does is keep function, safety and participation for longer, reduce falls and hospital admissions, and make daily life workable for the person and the people around them.

Can sessions happen at home?

Yes. Bloom delivers in the home, in the community, in residential aged care and by telehealth. For dementia, the home is often the most useful setting, because that is where the tasks and the hazards actually are.

What support is there for me as the carer?

A large part of allied health work is coaching the person doing the day to day supporting: safer transfer technique, communication strategies, mealtime assistance and routines. Respite and personal care sit under Independence Services, which may involve a contribution. Ask about both at assessment.

What if my father refuses to have people in the house?

Raise it at the first contact rather than cancelling. Sessions can start small and in the least intrusive way possible, and building familiarity gradually is a normal part of working with someone who finds new people difficult.

Can we get help with equipment and home modifications?

Yes. Support at Home includes a short-term pathway covering assistive technology and home modifications, and an occupational therapist assesses what is needed, trials it and documents the reasoning.

What does the article say dementia affects beyond cognitive decline?

According to the article, dementia is a neurological condition that affects cognitive abilities, memory, and behavior, and it also leads to emotional and physical symptoms, impacts communication abilities (language comprehension and production), and can affect swallowing functions, which influences nutritional intake and overall quality of life.

Which allied health professionals are highlighted as playing a role in dementia support?

The article highlights occupational therapists, speech therapists, physiotherapists, and other therapeutic specialists as allied health professionals who bring unique expertise and compassion to dementia care.

How does occupational therapy help individuals with dementia, according to the article?

Occupational therapy enhances skills to perform everyday tasks, supports cognitive stimulation, and creates structured routines that maintain independence and dignity for individuals with dementia.

What role does speech therapy play in dementia support?

Speech therapy improves communication strategies to enhance language abilities and manages swallowing difficulties, helping individuals with dementia maintain functional communication.

How does physiotherapy benefit people living with dementia?

Physiotherapy helps maintain mobility and reduces the risk of falls, supporting the physical health and independence of individuals with dementia.

What is the overall goal of tailored allied health interventions for dementia, per the article?

The tailored interventions are designed to empower individuals with dementia to retain independence, engage in meaningful activities, and improve their overall quality of life.

How does the article describe the approach allied health professionals take with dementia care?

The article describes allied health professionals as understanding both the technical aspects of dementia management and the emotional dimensions of living with the condition, and states that by embracing empathy, they create safe and nurturing environments where individuals with dementia can thrive.

Does the article mention how dementia support fits within a specific Australian framework?

Yes, the article references dementia support within the National Disability Insurance Scheme (NDIS) framework in Australia, though the full details of this section are not provided in the available content.

Do we have to pay for occupational therapy, physiotherapy or speech pathology?

Under Support at Home, those services sit in Clinical Supports, which the Australian Government funds at 100 per cent. Independence Services and Everyday Living Services may involve a participant contribution depending on financial circumstances.

Where do we start if my parent has just been diagnosed?

Register with My Aged Care, online or by phone, and ask for an aged care assessment. Everything else follows from that assessment.

Who does the assessment?

My Aged Care refers you to either an Aged Care Assessment Team or a Regional Assessment Service, depending on your needs and situation.

What is the age requirement?

Generally 65 or over. Aboriginal and Torres Strait Islander people can access services from 50, as can people who are homeless or at risk of homelessness.