# Speech Therapy for Older Adults | Recovery | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/speech-pathology-for-seniors-supporting-communication-and-swallowing-health/

## Details:

For most older Australians the pathway runs through My Aged Care , not the NDIS. Speech pathology sits in the Clinical Supports category of the Support at Home program, which is fully funded by the Australian Government with no contribution from you. You start by asking My Aged Care for an aged care assessment, you can do that yourself, and once you have a support plan you choose the provider. Bloom Healthcare is a registered provider delivering speech pathology under Support at Home. To ask about it, call 1300 771 465 .

## Support at Home, and what changed

Support at Home commenced on 1 November 2025 and is now the Australian Government's main program for older people needing coordinated support at home. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme, so older material referring to package levels is out of date.

Services are grouped into three categories, and the contribution rules differ between them:

Clinical Supports — fully government funded, no participant contribution

Independence Services

Everyday Living Services

Speech pathology is a Clinical Support. So are occupational therapy, physiotherapy, exercise physiology, and psychology and counselling. Clinical Supports are the services that maintain health, function, safety and wellbeing, and they cover swallowing and feeding support, communication, nutrition management, mobility, falls prevention, daily living skills, home safety, strength, mental health, and management of chronic conditions.

There are eight ongoing classifications based on assessed need, plus separate short-term pathways for assistive technology and home modifications, restorative care, and end-of-life care. People who moved across from a Home Care Package are covered by a no worse off principle and pay the same or less than they did before.

## Getting assessed: the four steps

1. Apply. Register with My Aged Care, online or by phone. You can do this yourself; you do not need a doctor to start it for you. Family can help, and a GP, hospital or provider can also refer.
2. Aged care assessment. You are referred to an aged care assessment service. The assessment looks at your needs, goals and current situation, and what would help you live safely and well at home. Things it takes into account include reduced mobility, strength or balance, recent falls or hospital admissions, chronic health conditions, communication or swallowing difficulties, changes in memory or mood, and whether you need home modifications or assistive technology. Say plainly if eating, drinking or being understood has become harder. It is easy for a swallowing problem to go unmentioned because people assume it is just ageing.

3. Service recommendations and approval. You get recommendations based on what the assessment found, and if approved, a support plan setting out the services and funding you have been approved for.
4. Choose a provider. The support plan is yours to spend with providers you choose. Bloom delivers speech pathology in the home or in community settings, with telehealth where that suits.

If you are already an NDIS participant, your therapy is funded through your NDIS plan rather than aged care. If you are unsure which applies to you, ask My Aged Care or call Bloom on 1300 771 465 .

## What a swallowing assessment actually involves

Swallowing difficulty is called dysphagia . It matters because it can lead to serious complications, including aspiration pneumonia, malnutrition and weight loss. A speech pathologist's assessment is the step that turns a vague worry into a plan.

An assessment usually has three parts:

Case history. A detailed conversation about medical history, current health, medications, what has changed, when it started, and what you are noticing at meals.

Physical examination. Looking at the muscles of the mouth and throat and how well they work.

Watching you eat and drink. The speech pathologist observes swallowing with different foods and fluids, in a real meal rather than a test in the abstract. This is the part that shows what actually happens, and it is why in-home assessment is useful; your own kitchen, your own chair, your own food.

From this the speech pathologist works out whether there is a swallowing disorder, how severe it is, and what would make eating and drinking safer.

## Mealtime management plans

Where an assessment finds a swallowing problem, the usual output is a mealtime management plan . It is a written, individual plan for eating safely, developed with you and your family rather than handed down.

A plan typically covers:

Safe eating and drinking strategies for your specific difficulty

Dietary recommendations, including any modification to the texture of food or the consistency of fluids

Positioning at meals

Exercises to strengthen the muscles involved in swallowing, where those are appropriate

Practical steps the people around you can take

The plan is meant to hold two things at once: reducing the risk of choking and aspiration, and keeping meals something you still enjoy. Eating and drinking are social. A plan that makes food safe and joyless has only done half the job.

Who decides what. The speech pathologist assesses the swallow and recommends what modifications are needed. A dietitian then makes sure nutrition and hydration stay adequate within those recommendations. The two roles are different and they work together, often alongside nurses and carers.

On thickened fluids. They are often assumed to be automatically the safest option, but that is not a given. Swallowing difficulty is complex, and oral hygiene, mobility, medications and general health all affect the risk of aspiration. This is why the recommendation should come from an individual assessment rather than a standard protocol. What is right for one person is not automatically right for another, which is also why any plan should be reviewed when a person's health changes.

Nothing on this page is advice about your own swallowing. If you have concerns, ask for an assessment or speak to your GP.

## Reasons people are referred

These are the changes that commonly lead to a speech pathology referral in later life. They are reasons to seek an assessment, not a diagnosis.

Swallowing. Coughing or throat clearing during or after meals, food sticking, taking much longer to finish a meal, avoiding certain foods or drinks, a wet or gurgly voice after swallowing, unexplained weight loss, or repeated chest infections.

Voice and speech. Hoarseness, a voice that has become quiet or hard to project, or speech that has become harder for others to understand. Vocal cords lose elasticity with age and lung capacity falls, so some change is expected, but a marked change is worth assessing.

Language and cognitive communication. Trouble finding words, following conversation, or being understood, particularly after a stroke or alongside dementia, Parkinson's disease or motor neurone disease.

## What therapy looks like

Plans are individual, and they differ by whether the underlying condition is recovering or progressing.

After a stroke or brain injury, the work is usually restorative: rebuilding the ability to form words and to swallow, through targeted exercises and techniques.

With a progressive condition such as dementia, Parkinson's disease or motor neurone disease, the work is about maintaining ability for as long as possible and putting compensatory strategies in place before they are urgently needed. Planning ahead for alternative communication is easier while a person can still take part in the decisions.

The techniques used include voice therapy for vocal strength and clarity, swallowing exercises, augmentative and alternative communication such as communication boards and speech-generating devices, and cognitive-communication strategies including memory aids and structured routines.

## Where this sits in the aged care rules

The Statement of Rights in the Aged Care Act sets out what you can expect from government-funded aged care, including the right to make your own decisions and have them respected, to get information and support to help you decide, to communicate your wishes, needs and preferences, to feel safe and respected, and to have your culture and identity respected.

The strengthened Aged Care Quality Standards include Standard 5: Clinical Care and Standard 6: Food and Nutrition , both areas the Royal Commission identified as needing improvement. Each standard sets out its intent, what older people can expect from their provider, the outcomes providers are assessed against, and the actions they can take to meet them. The standards are reviewed every five years.

Swallowing and mealtime support sits squarely across those two standards. If you are in residential care and a mealtime plan is not being followed, that is something you can raise with the provider, and escalate to the Aged Care Quality and Safety Commission if it is not fixed.

## Working with the people around you

Most of the difference gets made between appointments, which is why family and carer coaching is part of the service. Practical things that help conversation: cut background noise, allow plenty of time for the person to finish what they are saying, use gesture, facial expression and written notes to back up speech, and keep social activities going, because withdrawing from conversation makes everything harder.

In residential aged care, speech pathologists work with dietitians, nurses and care staff on care plans, and run group programs that build communication skills and keep residents connected to each other.

## How to start

Call My Aged Care or apply online for an aged care assessment.

At the assessment, describe any changes to communication, eating or drinking specifically.

Once you have a support plan, choose your provider.

Call Bloom on 1300 771 465 , or read more on the aged care speech pathology page .

Any fees outside government-funded services are set out in your service agreement and quoted before work starts.

## Common questions about speech pathology in later life

### *Do I need a doctor's referral?*

Not to start. You can register with My Aged Care yourself and ask for an assessment. A GP, hospital or provider can also refer you. If you have concerns about swallowing it is still worth telling your GP, since medical causes may need investigating alongside therapy.

### *Does it cost me anything?*

Speech pathology sits in Clinical Supports under Support at Home, which is fully funded by the Australian Government with no participant contribution. Other Support at Home categories have different contribution rules.

### *Is this covered by the NDIS?*

For most older Australians, no. Aged care through Support at Home is the pathway. If you are an NDIS participant, therapy is funded through your plan under capacity building supports instead. If you are not sure which applies, ask My Aged Care or call Bloom.

### *My parent had a Home Care Package. Is that still a thing?*

Home Care Packages were replaced by Support at Home on 1 November 2025. People who transferred across are covered by a no worse off principle and pay the same or less than they did before.

### *How long does it take to get an assessment?*

Timeframes are set by My Aged Care and the assessment services, not by Bloom, so we cannot quote one. Contact My Aged Care for current wait times, and say if the situation is urgent.

### *What is dysphagia?*

Difficulty swallowing. It can follow a stroke or come with conditions such as Parkinson's disease, and it can also develop with ageing. It matters because it raises the risk of aspiration pneumonia, malnutrition and weight loss.

### *Will my parent be put on pureed food?*

Not automatically. Texture modification is one option among several, and it is only recommended where an individual assessment supports it. A plan should aim to keep eating enjoyable as well as safe, and it should be reviewed if health changes.

### *Are thickened fluids always the safe choice?*

No. They are often assumed to be, but swallowing difficulty is complex and factors including oral hygiene, mobility, medications and general health affect aspiration risk. The decision should come from an individual assessment.

### *What is the difference between a speech pathologist and a dietitian here?*

The speech pathologist assesses the swallow and recommends what food textures and fluid consistencies are safe. The dietitian makes sure nutrition and hydration are still adequate within those recommendations. Many people need both.

### *Can speech pathology help with dementia?*

Yes, though the goal is different from recovery. Work with progressive conditions focuses on keeping functional communication going as long as possible, building compensatory strategies, and coaching the people around the person.

### *Can it be done at home?*

Yes. Bloom provides in-home assessment and therapy, along with community settings and telehealth where appropriate. For swallowing in particular, assessing someone at their own table with their own food gives a truer picture.

### *What if the aged care home is not following my mother's mealtime plan?*

Raise it with the provider first if you can. Every provider must have a complaints system and must respond quickly and fairly. If that does not resolve it, you can go to the Aged Care Quality and Safety Commission, and the Older Persons Advocacy Network can help you do it.

### *Is voice change just part of getting older?*

Some change is expected as vocal cords lose elasticity and lung capacity decreases. A noticeable change in voice or clarity is still worth having assessed rather than assumed.

### *What key aspects of quality of life does the article say are tied to communication and swallowing?*

According to the article's image caption, for many seniors, the ability to communicate clearly and enjoy meals without difficulty is closely tied to their quality of life.

### *Why does clear communication matter for seniors?*

Clear communication is essential for seniors to express themselves, build meaningful relationships, and participate actively in their communities.

### *Why is safe swallowing important for seniors?*

Safe swallowing is critical for maintaining proper nutrition, preventing serious health complications, and enjoying meals with dignity and confidence.

### *What can happen to seniors when communication or swallowing abilities are compromised?*

Seniors may experience significant consequences including frustration, social isolation, and declining overall health.

### *What age-related changes affect voice and speech in seniors?*

Seniors may experience hoarseness, reduced vocal volume, or difficulty projecting their voice as vocal cords lose elasticity and lung capacity decreases.

### *What is dysphagia and what complications can it cause in seniors?*

Dysphagia is difficulty swallowing, a challenge particularly common in elderly populations that can lead to serious complications including malnutrition and aspiration pneumonia. It often results from conditions such as stroke or Parkinson's disease, though it can also occur naturally as part of the aging process.

### *How can neurological conditions affect speech and language in seniors?*

Neurological disorders such as dementia, stroke, or motor neuron disease can significantly impair speech, language comprehension, and cognitive-communication skills, making it harder for seniors to express their thoughts.

### *Who publishes this article on speech pathology for seniors?*

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

### *Do I need a doctor's referral?*

Not to start. You can register with My Aged Care yourself and ask for an assessment. A GP, hospital or provider can also refer you. If you have concerns about swallowing it is still worth telling your GP, since medical causes may need investigating alongside therapy.

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