# Speech Pathology & Swallowing Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-is-speech-pathology-a-guide-to-understanding-communication-and-swallowing-support/

## Details:

Speech pathology covers two things that are often treated as one: communication and swallowing . Communication work spans speech clarity, understanding and using language, voice, fluency, social communication and literacy. Swallowing work, called dysphagia management, is about eating and drinking safely, and it carries real medical risk if it is left alone.

Funding depends on which scheme you are in. Under the NDIS it usually sits in Capacity Building — Improved Daily Living . Under aged care it is a Clinical Support in Support at Home, which the Australian Government funds at 100 per cent. Through Medicare there are two separate GP-referred pathways with session caps. These schemes are not interchangeable and their rules do not carry across.

The sections below go into the parts the article above does not: the assessment itself, mealtime management plans, AAC funding evidence, the Medicare session limits, and what reports you get.

To start, call 1300 771 465 or email hello@bloom-healthcare.com.au .

## Swallowing difficulty: what to watch for

Dysphagia means difficulty swallowing food, fluid, or both. It can follow a stroke, come with Parkinson's disease or dementia, follow surgery, or develop with age.

Signs that need a clinical assessment promptly:

coughing during meals

choking while eating or drinking

recurrent chest infections

significant weight loss

Left unmanaged, dysphagia can lead to aspiration pneumonia (a lung infection caused by food or fluid entering the airway), malnutrition , dehydration and continuing weight loss. Swallowing safety is treated as a priority referral, not something to sit on a general waiting list.

This page cannot tell you whether a particular person has dysphagia or what texture is safe for them. That requires an individual assessment by a speech pathologist. If someone is choking or in respiratory distress, call 000 .

## What a swallowing assessment involves

A speech pathology swallowing assessment typically includes:

Case history and functional interview — the presenting difficulty, medical history, previous therapy, daily routines, and the specific mealtime concerns

Physical examination of the mouth and throat muscles, looking at structure and function

Observation of eating and swallowing with a range of foods and fluids, so what is seen is real performance rather than a test in isolation

Assessment across settings where that is needed to understand how swallowing works in daily life, not just in one room on one day

The assessment identifies the nature and severity of the swallowing problem where that is relevant to the person's needs, and it drives the dietary and feeding recommendations that follow. Those recommendations are usually developed with a dietitian so that nutrition and hydration stay adequate within whatever texture changes are advised.

### *How much time it takes*

Bloom's service delivery guidelines estimate a Swallowing Assessment and Mealtime Management Plan at 6 to 10 hours . That figure covers:

assessment across a range of settings if required

liaison and communication with the people around the person

report writing

developing the mealtime management plan

staff training where it is needed

This matters for budgeting. If you are using NDIS funding, 6 to 10 hours comes out of your Capacity Building budget, so raise it with your plan manager or support coordinator before it starts rather than after the invoice.

## Mealtime Management Plans

A Mealtime Management Plan (MMP) is the written protocol a speech pathologist develops so that everyone supporting a person at mealtimes does the same thing. Plans typically cover:

safe eating and drinking strategies

positioning, so the body and head are set up to swallow well

environmental factors, such as noise, distraction and time pressure

guidance for support workers and carers so the approach is consistent

how to keep quality of life while maximising safe and efficient oral intake

Plans are developed with the person, their family and carers, and the wider team, not written at them. Training for support workers is part of the work, because a plan nobody follows achieves nothing.

### *Texture-modified diets and thickened fluids*

Modifying food texture or fluid thickness is a common strategy, but it is not automatic and it is not one-size-fits-all. Two things drive good practice here:

Every recommendation is individual. Texture and consistency are set from that person's assessment, not from their diagnosis.

Nutrition has to be checked. Restricting textures can restrict nutrition. This is why speech pathology and dietetics recommendations need to line up. An accredited practising dietitian ensures intake stays adequate within the swallowing recommendations, and can put together pureed meals that keep nutritional value and flavour where that is what is needed.

Do not change someone's food or fluid textures based on general reading. It needs an assessment.

## What speech pathologists assess on the communication side

Depending on age, goals and presenting needs, an assessment commonly covers:

Receptive and expressive language — understanding, and putting thoughts into words

Speech clarity and intelligibility — whether other people can understand the person day to day

Social communication — turn-taking, reading social cues, staying on topic, adjusting language to context

Voice and fluency , including stuttering

Literacy-related skills — reading, writing, spelling and phonological awareness, where age and presentation make that relevant

The assessment method is a mix of case history, observation in real settings such as home, school or clinic, and both standardised and informal testing. It ends with SMART goals set with the person and their support network, and a written report covering findings, current skill levels and recommendations for therapy and equipment.

Speech Pathology Australia notes assessments typically run 30 to 60 minutes on average, though some exceed an hour and complex assessments can run up to three hours.

## AAC and communication devices

Augmentative and alternative communication (AAC) covers everything from picture boards to speech-generating devices. The NDIS funds AAC when there is adequate speech pathology evidence behind it, because the NDIA needs enough information to decide what is reasonable and necessary.

An AAC assessment looks at:

linguistic skills — comprehension and expression

functional communication needs across home, school, community and work

access method — touch, switches, eye gaze, partner-assisted scanning

system suitability for the person's actual settings and routines

communication partner training needs for family, carers and staff

A device trial usually runs over several appointments. A three-session structure might be: session one for goal and referral clarification, case history, initial observation and screening, and planning what to trial; session two for deeper testing with standardised tools and functional tasks in real contexts; session three for the AAC trials and comparison, consolidating recommendations and planning next steps.

The report that comes out of this is what the funding decision rests on. A strong one includes a functional communication profile (what is hard, where, and why), evidence of the impact on daily function, safety, learning, work or participation, device-specific recommendations based on trial outcomes, the expected benefit, and an explicit link to the reasonable and necessary criteria.

## Funding: three different schemes

### *NDIS*

Speech pathology is usually funded under Capacity Building — Improved Daily Living , and sometimes under Core Supports where it relates to functional daily communication. Assessment hours, therapy, report writing and AAC trials all draw on that budget. NDIS reports need to link findings to functional capacity and participation goals, because that is what plan decisions turn on.

Children aged 0 to 6 with developmental delay or autism may be eligible under the NDIS Early Childhood Approach. Note that arrangements for young children have been changing, and the Thriving Kids program is a separate scheme with its own eligibility rules. Do not assume NDIS rules apply to it. Check current eligibility with the NDIA on 1800 800 110 .

### *Aged care: Support at Home*

For older Australians, speech pathology is a Clinical Support under Support at Home, which started on 1 November 2025 and replaced the Home Care Packages Program. Clinical Supports are funded by the Australian Government at 100 per cent , so there is no participant contribution for speech pathology itself. Access is through My Aged Care on 1800 200 422 , and services follow an aged care assessment.

For people who moved across from a Home Care Package, a "no worse off" principle means contributions are the same or less than under the old arrangement.

### *Medicare*

Two GP-referred pathways exist, and they are separate from each other:

| Pathway | Sessions | Who it is for |
|---|---|---|
| Chronic Condition Management Plan (CCMP) | Up to 5 allied health sessions per calendar year , shared across all allied health, not speech pathology alone. Up to 10 for Aboriginal and Torres Strait Islander patients. | People with a chronic or complex condition where speech pathology is part of the care plan. No age limit. |
| MBS M10, complex neurodevelopmental disorder | Up to 8 assessment sessions and 20 treatment sessions , a lifetime total up to age 25 | People under 25 with suspected or diagnosed complex neurodevelopmental disorder such as autism, cerebral palsy or intellectual disability, or an eligible disability including hearing or vision loss |

From 1 March 2026 , the M10 pathway expanded to include people under 25 with stuttering, speech sound disorders, or cleft lip and/or palate, and those sessions are separate from and additional to CCMP sessions.

Eligibility for these pathways generally requires a GP referral plus either a chronic speech, language, voice or swallowing difficulty lasting at least six months, or the presence of stuttering, apraxia of speech, cleft lip or palate, or a speech sound disorder, or an eligible disability for the M10 pathway.

Under a CCMP the speech pathologist must give the referring GP a written report after the first and last service , covering what was assessed, what treatment was provided and what is recommended, plus more often if clinically needed. Referrals last for the timeframe stated on them, or 18 months from the first service where no timeframe is given. Referrals issued before 1 July 2025 remain usable until 30 June 2027.

Many families use more than one pathway for different purposes. Rebate amounts vary and are set by Medicare, so check current rebates with Services Australia or your GP rather than relying on a figure quoted elsewhere.

## How Bloom delivers speech pathology

Referral. You can refer directly, or a GP, another health professional, a support coordinator or a family member can. Useful things to include: the presenting needs, current supports, any existing reports, and for NDIS participants the plan details, the communication and swallowing goals, and key contacts.

Settings. Bloom's primary delivery model is in the community , because building capacity in the natural environment works better than building it in a clinic room. That means:

in-home sessions

community settings including schools, day programs and community health centres

telehealth where it is clinically appropriate

clinic sessions on a case-by-case basis

Team. Speech pathologists work with dietitians on swallowing safety, chewing, texture modification and nutritional adequacy, and with occupational therapists where sensory feeding difficulties are part of the picture, particularly for children. Plans are co-designed rather than handed over.

Reports. Expect written assessment findings, recommendations for therapy and equipment, mealtime management plans where swallowing is involved, progress reporting through the course of therapy, and NDIS plan review reports that tie findings to functional capacity and participation.

## Speech pathology compared with the services people confuse it with

| | Speech pathology | Occupational therapy | Dietetics |
|---|---|---|---|
| Focus | Communication, language, voice, fluency and swallowing safety | Daily living skills, sensory processing, motor skills | Nutrition and hydration |
| On mealtimes | Whether swallowing is safe, what textures work, positioning, the mealtime plan | Sensory aspects of feeding, seating and utensils, the routine around eating | Whether intake meets nutritional needs within the swallowing recommendations |
| Typical outputs | Assessment report, mealtime management plan, AAC recommendation | Functional assessment, equipment and home modification recommendations | Nutrition plan, modified meal guidance |

On mealtimes specifically, the three overlap by design and are supposed to line up. Speech pathology sets what is safe to swallow; dietetics makes sure that what is safe is also nutritionally adequate; occupational therapy addresses the sensory and practical setup around the meal.

## Common questions about speech pathology

### *What is dysphagia?*

Difficulty swallowing food, fluid or both. It can follow a stroke or surgery, or come with conditions such as Parkinson's disease or dementia. Unmanaged, it raises the risk of aspiration pneumonia, malnutrition, dehydration and weight loss.

### *What are the warning signs I should act on?*

Coughing at meals, choking while eating or drinking, recurrent chest infections and significant weight loss. Any of these warrant a prompt clinical assessment. Choking or breathing difficulty is a 000 call.

### *Can I just thicken drinks myself if someone is coughing?*

No. Texture and consistency recommendations come from an individual swallowing assessment, and getting them wrong carries risk in both directions: unsafe intake on one side, unnecessary restriction and poor nutrition on the other. Get an assessment first.

### *How long does a swallowing assessment take?*

Bloom estimates 6 to 10 hours for a swallowing assessment and mealtime management plan together. That includes assessment across settings where needed, liaison with the people involved, report writing, writing the plan, and staff training where required.

### *Which NDIS category funds speech pathology?*

Capacity Building — Improved Daily Living in most plans, and sometimes Core Supports where it relates to functional daily communication. Confirm which line your plan uses with your plan manager or support coordinator before booking.

### *Do older people pay for speech pathology?*

Under Support at Home, speech pathology is a Clinical Support and the Australian Government funds it at 100 per cent, so there is no participant contribution for the service itself. Access starts with an aged care assessment through My Aged Care on 1800 200 422 .

### *How many Medicare sessions can my child get?*

Up to five allied health sessions per calendar year under a Chronic Condition Management Plan, shared across all allied health services rather than speech pathology alone. Under the MBS M10 complex neurodevelopmental pathway, up to 8 assessment and 20 treatment sessions as a lifetime total to age 25. Since 1 March 2026, M10 also covers people under 25 with stuttering, speech sound disorders, or cleft lip and palate, separately from CCMP sessions. Your GP determines which pathway applies.

### *Will the NDIS pay for a communication device?*

The NDIS funds AAC where the speech pathology evidence supports it. That means a report showing the functional communication profile, the impact on daily life, which device was trialled and why it suits, the expected benefit, and how it meets the reasonable and necessary criteria. A trial across several sessions usually comes first.

### *Can adults get speech pathology after a stroke?*

Yes. After a stroke people commonly have aphasia, dysarthria or dysphagia, and speech pathology covers assessment and treatment for all three. Which scheme funds it depends on age and eligibility: NDIS for participants under 65, Support at Home for older Australians assessed through My Aged Care, or a Medicare pathway through a GP.

### *Does the speech pathologist come to us?*

Usually yes. Bloom's primary delivery model is community-based, which covers in-home, schools, day programs and community health centres, plus telehealth where clinically appropriate and clinic sessions case by case.

### *What will it cost?*

Under Support at Home, clinical supports including speech pathology are fully government funded. Under the NDIS, rates follow the NDIS Pricing Arrangements and the specifics, including travel and cancellation terms, are set out in your service agreement. Ask for the agreement before you start and call 1300 771 465 if anything in it is unclear.

### *How do I get started?*

Call 1300 771 465 or email hello@bloom-healthcare.com.au . If you are not yet funded: NDIS access goes through the NDIA on 1800 800 110 , aged care goes through My Aged Care on 1800 200 422 , and Medicare pathways start with your GP.

### *What is the topic of this Bloom Healthcare blog article?*

The article, titled 'Speech Pathology Explained: Swallowing Assessment and Communication Support,' explains what speech pathology is and its role in supporting communication and swallowing.

### *What does Speech Pathology address according to Bloom Healthcare?*

According to Bloom Healthcare, Speech Pathology addresses more than just speech, encompassing language, voice, fluency, social communication, and swallowing abilities.

### *Who are Speech Pathologists and what do they do?*

Speech Pathologists, also called Speech-Language Pathologists, are university-trained allied health professionals who assess, diagnose, and treat a comprehensive range of communication and swallowing conditions.

### *What domains of expertise do Speech Pathologists cover?*

Speech Pathologists' expertise covers speech production (articulation and clarity), language skills (receptive and expressive), voice (tone, pitch, volume), fluency (managing stuttering), swallowing and feeding difficulties (dysphagia), social communication, literacy and learning (reading, writing, spelling), and communication disorders affecting children and adults.

### *What is the primary goal of Speech Pathology services?*

The primary goal is to help people communicate effectively and safely, improving quality of life and reducing barriers in daily activities at school, work, and in the community.

### *Who can benefit from Speech Pathology services?*

Speech Pathology supports children with developmental delays or autism, adults recovering from stroke or brain injury, individuals with intellectual or learning disabilities, seniors experiencing age-related speech or swallowing decline, people with neurological conditions like Parkinson's disease or ALS, and non-verbal communicators who may benefit from Augmentative and Alternative Communication (AAC).

### *Does Bloom Healthcare provide swallowing assessment services?*

Yes, Bloom Healthcare provides swallowing assessment and therapy for all ages to help people live safely.

### *What is dysphagia?*

Dysphagia is the term used for swallowing and feeding difficulties, which is one of the areas addressed by Speech Pathologists.

### *What company published this article and what services does it offer?*

The article was published by Bloom Healthcare, a boutique disability and aged care allied health provider that focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

### *How can someone contact Bloom Healthcare?*

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

### *What are the warning signs I should act on?*

Coughing at meals, choking while eating or drinking, recurrent chest infections and significant weight loss. Any of these warrant a prompt clinical assessment. Choking or breathing difficulty is a 000 call.

### *Can I just thicken drinks myself if someone is coughing?*

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