Speech Pathology - NDIS Provider - Bloom Healthcare Australia

Canonical: https://bloom-healthcare.com.au/services/speech-pathology-alt/

Details:

Most speech pathology pages are written for parents of young children. This one is written for adults, and for the partners, adult children and support workers helping them. If you or someone you care for has lost speech, language or safe swallowing after a stroke, after a brain injury, or because of a condition like Parkinson's disease, motor neurone disease or dementia, this page explains what speech pathology actually does for adults, who funds it, and how to start with Bloom Healthcare on 1300 771 465 .

The short version: for adults, speech pathology covers language recovery, speech clarity, cognitive communication, voice, communication devices and swallowing safety. Under the NDIS it is usually funded from Capacity Building - Improved Daily Living . If you are 65 or over, it is usually funded through aged care instead. Bloom's speech pathologists work in your home and in the community, not only in a clinic room.

Who this page is for

This page is for adults living with:

stroke, including aphasia and difficulty getting words out or understanding them

acquired brain injury, including memory, attention and executive function problems that affect conversation

progressive neurological conditions such as Parkinson's disease and motor neurone disease

dementia, where speech, language comprehension and language production change over time

swallowing difficulty (dysphagia), which is common after stroke and in Parkinson's disease

It is also for the people around them. A large part of adult speech pathology is training the family members, carers and support workers who are in the room every day, not just the clinician who visits weekly.

If you are looking for children's therapy, play-based therapy or early communication support, the main Speech Pathology page covers that ground.

Am I eligible, and who pays?

Eligibility for adults is decided mostly by age and disability status , not by the type of therapy you need.

If you are under 65: the NDIS

The NDIS primarily serves people under 65 with a permanent and significant disability. If you are an eligible participant, speech pathology is typically funded under Capacity Building - Improved Daily Living . That is the budget that pays for therapy aimed at building communication skills and independence in daily life.

Stroke, acquired brain injury and progressive neurogenic diseases are among the conditions speech pathologists work with under the scheme, alongside intellectual disability, cerebral palsy, autism and psychosocial disability.

Whether your particular plan has enough funding in that category, and whether speech pathology is listed against your goals, depends on your individual plan. Check your plan or ask your planner or support coordinator. Bloom can talk you through what is in your plan on 1300 771 465.

If you are 65 or over: aged care

For older Australians aged 65 and over, and from 50 and over for Aboriginal and Torres Strait Islander people, speech pathology is funded through aged care programs rather than the NDIS:

Home Care Packages , the existing pathway, which continues to operate

Support at Home , the reformed aged care program that commenced on 1 November 2025 and replaced several earlier programs including Home Care Packages and the Short-Term Restorative Care Programme

Both provide coordinated in-home allied health, including speech pathology, so older people can stay safe and independent at home.

If both could apply

There is genuine overlap for people over 65 who also have a disability that qualifies them for NDIS support. In that situation either system may apply, depending on whether the need is disability-related or age-related. Do not assume you have to pick. Ring 1300 771 465 or email hello@bloom-healthcare.com.au and describe the situation before you commit to a pathway.

Speech pathology for adults can also be reached through Medicare-funded pathways and private health insurance arrangements. What you can claim, and how much, depends on your own cover and referral. Bloom sets out rates and expected hours in a service agreement before therapy starts, so ask for that in writing.

What an adult speech pathology assessment covers

An assessment is not a single test. It is a structured piece of work that establishes what has changed, what it costs you day to day, and what would help.

Case history and functional interview. Medical history of the stroke or injury, previous therapy, what is hard now, and what your daily routine actually looks like. The focus is on real contexts: ordering at a shop, taking a phone call, eating dinner with family.

Observation in real communication moments. Rather than testing only in a clinic room, the speech pathologist watches how you communicate with familiar people, during everyday activities, and at mealtimes if swallowing is a concern.

Standardised and informal testing across:

receptive language, meaning understanding what is said to you

expressive language, meaning getting your thoughts into words

speech sound production and clarity

social communication

swallowing and mealtime mechanics where relevant

Cognitive-communication assessment. For brain injury in particular, this looks at memory, attention and executive functioning, because those are often what breaks conversation down rather than the words

themselves.

Environmental scan. Noise, time pressure, sensory load, unfamiliar communication partners and whether you can actually reach your device are treated as part of the problem, not background detail. For many adults the environment is a real barrier.

How long it takes

Speech Pathology Australia indicates assessments commonly run 30 to 60 minutes, with some lasting over an hour and occasionally extending to three-hour sessions. Adult assessments usually spread across more than one visit. A common structure is:

Session one: goal clarification, case history, initial observation and screening, and planning what else needs testing.

Session two, if needed: deeper standardised testing, language samples, and functional tasks in the settings that matter to you.

Session three, if needed: communication device trials, swallowing observation in the right setting, and pulling the recommendations together.

Your own timeline depends on what is found and how you are travelling. Ask your clinician for their estimate at the first visit.

Swallowing, dysphagia and mealtime management

Swallowing is the part of adult speech pathology people are least likely to know about, and it is the part with the most immediate safety consequences.

Signs that should prompt a referral quickly

coughing during meals, a sign food or liquid may be entering the airway

choking, or difficulty swallowing food or liquid safely

recurrent chest infections, which can be linked to aspiration

significant weight loss

trouble keeping up adequate hydration

These point to aspiration risk, where food or drink enters the lungs instead of the stomach. Aspiration pneumonia is a serious complication of unmanaged swallowing difficulty, and malnutrition is another. If any of these are happening, treat it as urgent and say so when you call.

What a swallowing assessment involves

Three parts: a case history focused on swallowing, a physical examination of the mouth and throat muscles, and observation of eating and swallowing with different foods and fluids to identify which consistencies are safe.

What a mealtime management plan is

A mealtime management plan is the written intervention that follows. It is built with you and your family, not handed to you, and it balances safety against quality of life, because food matters to people. It typically covers safe food and fluid consistencies, positioning, pacing strategies, and what carers and support workers should do at each meal.

A swallowing assessment plus a mealtime management plan is a multi-part piece of work rather than one visit. It can involve observing meals across more than one setting, liaising with other people involved in your care, writing the report and plan, and training staff where support workers are doing the feeding. Ask Bloom for the estimated hours for your situation so it can be funded properly.

Where swallowing safety is a concern, dietitian input should line up with the speech pathology recommendations so that nutrition and hydration stay adequate inside whatever texture modifications are prescribed.

What therapy looks like for adults

Therapy is personalised and evidence-based, and targets your specific deficits and goals rather than a fixed program. For adults it commonly includes:

Language recovery through structured language work and functional communication practice

Speech clarity using articulation and speech production techniques

Voice work , addressing reduced volume and projection, hoarseness, and loss of vocal strength, which matters in Parkinson's disease

Swallowing safety through muscle-strengthening exercises, positioning strategies and diet modification

Cognitive-communication skills including memory, attention and problem-solving

Compensatory strategies such as written aids and gestures when speech is unreliable

Speech pathologists may also use established evidence-based programs, including Lee Silverman Voice Treatment and other structured frameworks, where they suit your goals.

The proactive approach in progressive conditions

For progressive conditions the sequencing is different from rehabilitation after a stroke. Speech pathologists aim to teach communication and swallowing skills before they are critically needed. Doing it early slows the rate of decline and keeps communication and swallowing working at each stage of the condition. This is why a referral for Parkinson's disease or motor neurone disease should not wait until speech has already gone. Early planning means you and your family are ready with strategies before severe decline, not scrambling afterwards.

Communication devices for adults

When speech is no longer reliable, augmentative and alternative communication takes over some of the load. It is used across the lifespan, not just with children. It runs from low-tech tools like visuals, written boards and Key Word Sign through to communication apps and dedicated devices.

For adults the assessment covers:

what you need to communicate day to day, at home, in the community and at work

which access method works: touch, switch, eye gaze, or partner-assisted scanning

trialling different devices to find the one that actually fits you and your settings

teaching the skills to both you and your communication partners

repair strategies for when communication breaks down

Capacity building for the people around you

A significant share of adult speech pathology is not delivered to the person with the diagnosis. It is delivered to the people beside them.

Capacity building means supporting and equipping partners, adult children, support workers and other carers to use communication strategies in ordinary situations. It involves sharing strategies and tools, building knowledge and confidence, and creating environments where communication works. Practically, that looks like teaching carers how to give someone with aphasia the time and structure to answer, how to run a meal according to the mealtime management plan, and how to prompt device use without taking over.

Speech pathology also works alongside other disciplines: occupational therapy for daily living and function, physiotherapy and exercise physiology for mobility and balance, dietetics where swallowing and nutrition intersect, and psychology where the emotional and cognitive load needs attention.

Evidence and documentation

For NDIS participants, reports are not paperwork for its own sake. They are what funding decisions are made on.

A speech pathology report written for plan reassessment should set out:

your goals and the day-to-day functional impact of the communication or swallowing difficulty

what was assessed and what the findings mean functionally

what has already been tried, and what worked or did not

measurable outcomes to track, so progress can be shown

recommended frequency and focus of support, tied directly to your goals

The NDIA expects reports for plan reassessment to explain the therapy approach and give evidence of outcomes and progress against goals.

For a communication device request , the speech pathology assessment and report generally become the backbone of the assistive technology request. The NDIA needs enough evidence to decide what is reasonable and necessary, and provides guidance and templates for some assistive technology. A strong report shows evidence of functional need, meaning speech alone is not sufficient for daily communication, gives device recommendations with evidence of suitability, and states the expected benefit to participation and independence.

Goals are written as SMART goals, specific, measurable, achievable, relevant and time-bound, and set with you and the people supporting you. For adults they usually centre on communicating needs and joining conversations, swallowing safely and eating with more independence, communicating at home, in the community and at work, and relying less on others to speak for you.

How adult speech pathology differs from the paediatric service

Both are delivered by registered speech pathologists, and Speech Pathology is a protected title in Australia, so only registered practitioners can use it. What differs is the work.

	Adults after stroke or with a neurological condition	Children
Main aim	Recovering or maintaining skills that were already there	Developing skills for the first time
Typical focus	Aphasia, cognitive communication, voice, dysphagia	Speech sounds, language development, early social communication

Method	Functional practice, compensatory strategies, device use, carer training	Play-based therapy, structured early language programs
Progressive conditions	Anticipating decline and teaching skills before they are needed	Not usually relevant
Setting	Home, community, day programs, residential settings	Home, school, early learning settings

The other service adults confuse this with is occupational therapy . In broad terms, speech pathology owns communication and swallowing; occupational therapy owns daily living tasks, function and the home environment. Many adults after a stroke need both, and Bloom's clinicians work together across disciplines where that is the case.

How to start

Bloom's speech pathologists deliver services in your home and in the community , with telehealth available where it suits, which matters when getting to a clinic is the hardest part of the day. Services are available in Sydney and across New South Wales , Brisbane and South East Queensland , Melbourne and Victoria , Perth and Western Australia , Adelaide and South Australia , Canberra and Tasmania .

Making a referral

You can refer yourself, or a GP, specialist, hospital team, support coordinator or another provider can refer you.

Phone: 1300 771 465

Email: hello@bloom-healthcare.com.au

Online: Make a referral or contact us

Hours: Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment

Send as much information as you can. A member of the team will be in touch within 24 hours. If you are referring as a nominee or guardian on behalf of someone with a disability, be clear about your role and responsibilities to that person.

What to have ready

name and contact details, and the best person to call

NDIS number if you have one, how the plan is managed, and the plan dates

the budget category the funding would come from, usually Capacity Building - Improved Daily Living

relevant medical history, including date of stroke or injury and diagnosis

any existing clinical reports, including hospital discharge summaries

the main concerns and functional problems right now

your top three goals

preferred setting: home, community, clinic by arrangement, or telehealth

current supports and what is not working

key contacts, including carers or a support coordinator, and consent details

What happens next

Referral. You contact Bloom or someone refers you.

Information gathering. The team collects history, routines, social situation, abilities and support needs.

Service agreement. Bloom sets out rates, expected hours, travel and reporting needs before therapy starts. Read it, and ask about cancellation and rescheduling terms so there are no surprises.

First session. You meet your clinician, get to know each other and build the plan together.

Bloom works with NDIA-managed, plan-managed and self-managed participants. The therapy is the same across all three. What changes is how invoices are handled.

There is also a plain-English Easy Read guide to speech pathology and NDIS support if you would rather read a simpler version, or share one with the person you care for.

Common questions about adult speech pathology

Is speech pathology only for children?

No. Speech pathologists work with children and adults. For adults the work centres on stroke, brain injury, progressive neurological conditions, dementia, voice, and swallowing. The origin of the confusion is that paediatric therapy is more visible, not that adult services are rare.

My relative had a stroke months ago and was discharged from hospital therapy. Is it too late?

Speech pathology is not limited to the weeks after discharge. Assessment looks at what your functional communication and swallowing are like now, and therapy targets the goals that matter now. If communication or eating is still limiting daily life, that is a reason to be assessed. Speak to Bloom on 1300 771 465 about what is realistic in your case.

What is aphasia, and can speech pathology help with it?

Aphasia is a language disorder that can follow a stroke or brain injury. It affects putting thoughts into words, understanding what is said, or both. Speech pathologists assess receptive and expressive language and work on language recovery through structured language work and functional communication practice, plus compensatory tools like written aids and gestures where speech is not reliable.

Should we wait until speech gets worse before referring for Parkinson's disease or MND?

No. In progressive conditions, speech pathologists aim to teach communication and swallowing skills before they are critically needed, because doing it early slows the rate of decline and keeps function going at each stage. Early referral also gives time to trial communication devices properly rather than under pressure.

What is a mealtime management plan and who is it for?

It is a written plan built after a swallowing assessment, developed with the client and family, setting out how to eat and drink safely while keeping mealtimes worth having. It is for people with dysphagia,

which is common after stroke and in Parkinson's disease. If support workers or family are assisting at meals, they should be trained in the plan.

Can the NDIS pay for a communication device?

Assistive technology requests, including communication devices, need enough evidence for the NDIA to decide whether the device is reasonable and necessary. The speech pathology assessment and report usually form the backbone of that request, covering functional need, device trials, the recommended system and the expected benefit. Whether a specific device is approved is an NDIA decision, not Bloom's. The NDIA publishes guidance and templates for preparing assistive technology evidence.

I am over 65. Can I still get speech pathology at home?

Yes, through aged care rather than the NDIS in most cases. Speech pathology is included in the in-home allied health delivered under Home Care Packages and under Support at Home, which commenced on 1 November 2025. If you also have a disability that qualifies you for NDIS support, both systems may apply depending on your circumstances. Ring 1300 771 465 and describe your situation.

Do I have to go to a clinic?

No. Bloom delivers speech pathology in your home and in community settings, with telehealth where it suits. In-community delivery is the default for adults because the point of the therapy is communication and eating in the places where you actually live, and because it removes a travel barrier for people who have had a stroke or have mobility limits.

What will it cost?

That depends on your funding pathway, your plan and the hours agreed. Rates, expected hours, travel and reporting are set out in your service agreement before therapy starts. Ask for it in writing and go through it with your plan manager or support coordinator. For a quote for your situation, call 1300 771 465.

How do I get a report for my plan reassessment?

Tell your clinician early that a plan reassessment is coming and when. The report should cover your goals and functional impact, what was assessed and what it means functionally, what has been tried and how it went, measurable outcomes, and the recommended frequency and focus of ongoing support tied to your goals. Report writing takes clinician time, so it needs to be allowed for in your hours.

Who else should be involved?

Often more than one discipline. Occupational therapy for daily living and function, physiotherapy and exercise physiology for mobility and balance, dietetics where swallowing meets nutrition, and psychology where emotional and cognitive support is needed. Speech pathology works inside that team rather than alone, and a coordinated set of goals is easier to fund and easier to follow.

How quickly will someone get back to me?

Send through as much information as you can with your referral and a member of the Bloom team will contact you within 24 hours. If swallowing safety is the concern, say that clearly at the start, because

coughing at meals, choking, chest infections or weight loss need a prompt clinical pathway.

What service does this Bloom Healthcare page describe?

This page describes Bloom Healthcare's Speech Pathology service, which uses clinical assessments and interventions to improve communication, offered as part of Bloom Healthcare's NDIS provider services.

What is Speech Pathology?

Speech Pathology, also called Speech Therapy, is a specialized allied health discipline provided by university-trained professionals called Speech Pathologists, who assess, diagnose, and treat a wide range of conditions affecting communication and swallowing across the entire lifespan, from infants to older adults.

What areas do Speech Pathologists help with?

Speech Pathologists help people communicate more effectively and safely through speech production (clarity and articulation of sounds), language skills, voice quality, fluency (including stuttering), swallowing and feeding (managing dysphagia), social communication, and literacy and learning (reading, writing, spelling).

Who can benefit from Speech Pathology services?

Speech Pathology services benefit children with developmental delays, autism, or language difficulties; adults recovering from stroke, brain injury, or neurological conditions; individuals with intellectual or physical disabilities; seniors experiencing age-related communication or swallowing decline; people with progressive conditions like Parkinson's disease, Motor Neurone Disease, or dementia; and non-verbal communicators who may benefit from Augmentative and Alternative Communication (AAC).

What does the assessment and diagnosis process in Speech Pathology involve?

Speech Pathologists conduct thorough assessments to evaluate communication and swallowing abilities, including functional communication assessments performed in real-world settings.

Is Bloom Healthcare's Speech Pathology service related to the NDIS?

Yes, the page title and description identify Bloom Healthcare as an NDIS Provider offering Speech Pathology services, using clinical assessments and interventions to improve communication for NDIS participants.

How can someone contact Bloom Healthcare?

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

What type of organization is Bloom Healthcare?

Bloom Healthcare Pty Ltd is described as a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, delivering a healthcare model focused on evidence-based practice and client centricity through highly qualified health practitioners across Australia.

What is the URL of the Speech Pathology service page?

The Speech Pathology service page is located at https://bloom-healthcare.com.au/services/speech-pathology-alt/.

Am I eligible, and who pays?

Eligibility for adults is decided mostly by age and disability status, not by the type of therapy you need.

Is speech pathology only for children?

No. Speech pathologists work with children and adults. For adults the work centres on stroke, brain injury, progressive neurological conditions, dementia, voice, and swallowing. The origin of the confusion is that paediatric therapy is more visible, not that adult services are rare.

My relative had a stroke months ago and was discharged from hospital therapy. Is it too late?

Speech pathology is not limited to the weeks after discharge. Assessment looks at what your functional communication and swallowing are like now, and therapy targets the goals that matter now. If communication or eating is still limiting daily life, that is a reason to be assessed. Speak to Bloom on 1300 771 465 about what is realistic in your case.