Speech Pathology NDIS Services | Bloom Healthcare

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

Details:

Speech pathology covers two things that are easy to think of as separate but are handled by the same profession: communication and swallowing . Communication includes understanding language, expressing language, speech clarity, voice, fluency (including stuttering), social communication, literacy, and communicating by means other than speech. Swallowing, or dysphagia, covers eating and drinking safely. Bloom Healthcare provides both, for children and adults, in the home and community across Australia. Under the NDIS, speech pathology is usually funded from Capacity Building - Improved Daily Living . To start, call 1300 771 465 or use the referral form .

Who speech pathology is for

Speech pathologists work with autistic children and adults, people with intellectual disability, people with physical disability such as cerebral palsy, people with neurological disability including stroke, brain injury and progressive neurological conditions, people with psychosocial disability, and many others.

The common thread is not a diagnosis. It is that communication or swallowing is limiting what someone can do, where they can go, or how safely they can eat.

Signs a child may need speech pathology

speech or language that is developing differently from the usual pattern

delays in reaching communication milestones

difficulty with movement, coordination or motor skills that affects feeding or communication

behavioural or emotional difficulty that is affecting daily life and interaction with others

difficulty with mealtime routines, eating or drinking

Early matters here. Where children access intervention as early as possible, there are significant effects on their ability to take part at school, form friendships, seek employment and live independently later on.

Signs an adult may need speech pathology

speech that others cannot reliably understand

difficulty finding words, following conversation, or understanding what is said

voice changes - hoarseness, reduced volume, running out of breath

coughing or choking during meals, or repeated chest infections

needing to avoid certain foods or drinks because they feel unsafe

communication that has changed after a stroke, brain injury, or with a progressive condition

What an NDIS speech pathology assessment looks at

This is the part most pages skip, and it is the part that decides whether funding follows. The assessment does two jobs: it clarifies the communication or swallowing profile - what is happening, where it happens, and why it is hard - and it links those findings to functional outcomes and the goals in your NDIS plan, which is what makes a support more likely to be judged reasonable and necessary.

The areas assessed

Area	What is being looked at
Receptive language	Understanding what is said - instructions, questions, conversation
Expressive language	Putting thoughts into words, sentences and conversation
Speech clarity	Speech sound production, and whether other people can reliably understand you day to day
Social communication	Turn-taking, reading social cues, staying on topic, adjusting language to the situation
Voice and fluency	Voice quality, and fluency patterns including stuttering
Literacy	Reading, writing, spelling and phonological awareness, where age and difficulty make it relevant
Feeding and swallowing	Case history, physical examination of the mouth and throat muscles, and observation of eating and drinking with different foods and fluids

How the assessment is done

Most assessments combine several methods so the speech pathologist sees the whole picture rather than a snapshot:

Case history - medical history, developmental milestones, previous therapy, and what has already been tried

Observation in real settings - home, school, or wherever communication actually happens

Standardised and informal testing across language, speech production, social communication, literacy and swallowing

Input from family and educators , who see things a clinician in a single session will not

Goal setting , done with you, written to be specific, measurable, achievable, relevant and time-bound

A report setting out findings, current skill levels, and recommendations for therapy and equipment

Assessment can be in person, online, or a combination. Speech Pathology Australia indicates assessments commonly take 30 to 60 minutes on average , with some running over an hour, and some needing several sessions totalling around three hours.

Where more than one session is needed, the shape is usually:

Session one - clarify the goals and the referral, take the case history, initial observation and screening, plan any further assessment

Session two - deeper testing with standardised tools, language samples, literacy measures, and functional tasks in the settings that matter

Session three - AAC trials if relevant, swallowing and mealtime observation, and consolidating the recommendations

Why the report matters

A good assessment turns "we think support is needed" into evidence tied to function and goals. It is the document the NDIA uses to decide what is reasonable and necessary, it establishes the baseline that later progress is measured against, and where an AAC device or other assistive technology is being requested, it is usually the foundation of that request.

A report that works for a plan review makes it easy to see:

the participant's goals, and the functional impact day to day

what was assessed, and what the findings mean functionally rather than just diagnostically

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

measurable outcomes to track - baselines and targets

the recommended frequency and focus of support, tied explicitly to the goals

where relevant, AAC and assistive technology recommendations with evidence of suitability and expected benefit

Swallowing, dysphagia and mealtime management

Dysphagia means difficulty swallowing. It matters because it is a safety issue, not only a comfort one: unmanaged dysphagia can lead to malnutrition and to aspiration pneumonia. It is common after stroke, and with conditions such as Parkinson's disease.

Signs worth acting on: coughing during meals, choking, a wet or gurgly voice after eating or drinking, food sticking, taking much longer to finish a meal, avoiding particular textures, unexplained weight loss, or recurrent chest infections.

What a swallowing assessment involves

Case history - medical background and what has been happening at mealtimes

Physical examination of the muscles of the mouth and throat

Observation of eating and drinking with different food textures and fluid consistencies

The aim is to work out whether eating and drinking is safe, identify where it breaks down, and set the dietary modifications and eating strategies that suit the individual.

The mealtime management plan

Where dysphagia is identified, the speech pathologist develops a mealtime management plan. It is a working document for the people who support the person at mealtimes, and it typically covers:

safe eating strategies for that person

dietary modification - appropriate food textures and fluid consistencies

positioning, to make the mechanics of swallowing work better

muscle-strengthening exercises where they will help

mealtime routines and support strategies for carers and support workers to follow

The plan is developed with the person and their family, and it balances safety against quality of life. Removing every risk by removing every food someone enjoys is not a good plan.

This work is usually multidisciplinary. Speech pathology sets the safe eating and drinking strategies; a dietitian makes sure nutrition and hydration hold up within those limits. Staff training is often part of the package where support workers or care staff are doing the day-to-day feeding.

Bloom also provides transitional feeding support - work on moving between feeding methods and textures.

Augmentative and alternative communication (AAC)

AAC covers all the ways of supporting or replacing spoken communication. It is not a diagnosis and it is not a last resort. It is a method, and it is used across the lifespan.

Low-tech AAC includes visual supports, picture boards, Key Word Sign, gestures and sign. These need no batteries and no infrastructure, and they can be personalised quickly.

High-tech AAC includes communication apps, dedicated communication devices, and speech-generating devices that produce synthesised or recorded speech.

Choosing between them is the assessment's job. The speech pathologist looks at what the person needs to communicate day to day, the linguistic and operational skills involved, conversational skills and repair strategies, and how the person will physically access the system - touch, switch, eye gaze, or partner-assisted scanning. Different systems are trialled rather than assumed.

A device on its own does not create communication. Training for the person and for their communication partners - family, support workers, teachers - is part of the work, and should be part of the recommendation.

How AAC is funded

AAC devices are assistive technology, which sits under Capital Supports in an NDIS plan, not under the Capacity Building budget that funds the therapy itself. The NDIA needs sufficient evidence to decide what is reasonable and necessary, and the speech pathology assessment and report is what supplies it: the communication need, why AAC is appropriate, which system suits this person, and what training is required. Once approved, the equipment is purchased using the plan allocation.

So the practical sequence is: assessment and trial first, report second, funding request third, device fourth, training throughout. Trying to shortcut to the device rarely works.

Speech pathology for children

Paediatric work is family-centred, and a large part of it is not done directly with the child at all. Therapists put significant effort into building the capacity of parents and carers, because a child's natural settings - home, the park, childcare, school - are where learning actually happens, and the people who are there all week matter more than the clinician who is there for an hour.

Play-based therapy is the main approach with young children. Activities follow the child's interests, using games and storytelling to build speech, language, social interaction and early learning. It is individualised and designed to feel natural and motivating, which for children is more effective than a formal clinical format, and it builds turn-taking, coordination and imaginative thinking along the way.

Bloom's speech pathologists also use structured evidence-based programs where they fit the goal, including Hanen, SOS Feeding and Lee Silverman Voice Treatment.

Under the NDIS Early Childhood Approach , children younger than 6 with developmental delay can access support without a formal diagnosis, and children aged 6 to 9 with an identified disability are also

covered. If you have concerns about a young child, you do not need to wait for a diagnosis to ask the question.

See also Bloom's Paediatrics 0-9 and Paediatrics 10-17 programs.

Speech pathology for adults and older people

After stroke or brain injury , speech pathology targets aphasia, cognitive-communication difficulty and language comprehension, alongside swallowing. Therapy works on rebuilding communication and restoring confidence and everyday function, and it includes cognitive-communication strategies such as memory aids and structured routines.

With progressive conditions such as Parkinson's disease and motor neurone disease, the approach shifts. The goal is maintaining function for as long as possible and building compensatory strategies before they are urgently needed. That includes voice therapy to work on vocal strength and clarity, managing swallowing decline, and introducing AAC early enough that the person is fluent with it by the time they need it.

For older Australians , speech pathology addresses communication and swallowing difficulties that come with age, in the home, in the community and in residential aged care. The focus is quality of life and mealtime safety: managing risk at meals while keeping social engagement and confidence intact. Speech pathologists work with the care team, including dietitians, nurses and carers.

Speech pathology is included in the allied health services available under the Support at Home Program , the Commonwealth aged care program that commenced on 1 July 2025 and completed implementation on 1 November 2025. What you are eligible for under that program depends on your assessment and your assigned supports - confirm with My Aged Care or call Bloom on 1300 771 465 .

Funding, in short

What	Where it is funded from
Speech pathology assessment and therapy (NDIS)	Capacity Building - Improved Daily Living
AAC devices and other assistive technology (NDIS)	Capital Supports
Speech pathology for older Australians	Aged care programs including the Support at Home Program

To have therapy supports included in an NDIS plan, you generally need an assessment or report from a speech pathologist. How many sessions your funding covers depends on your individual plan. Rates are in line with the NDIS Pricing Arrangements and the specifics are set out in your service agreement before therapy starts.

How it works with Bloom

Referral or enquiry - you, a family member, a support coordinator, plan manager, GP or another professional can start it. Make a referral , contact us , or call 1300 771 465 .

Assessment - as set out above, in the setting that makes sense.

Goals - set with you, written to be measurable and tied to your NDIS goals.

Therapy - direct work with you, work with your family and carers, and work in the community, depending on the goal.

Reporting - progress documented against baselines, ready for plan review.

Delivery is primarily in the community: home, school, day programs. Clinics are available on a case-by-case basis, and telehealth is available. Coverage spans New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT - see locations .

There is a plain-English Easy Read guide to speech pathology and NDIS support available to download.

Common questions about speech pathology

What is the difference between speech therapy and speech pathology?

Speech pathology is the name of the profession in Australia, and it is a protected title - only registered speech pathologists can use it. Speech therapy refers to the intervention that speech pathologists provide. In other countries the profession is called speech-language pathology or speech therapy.

Does a speech pathologist only deal with talking?

No. The scope covers understanding language, expressing language, speech clarity, voice, fluency, social communication, reading and spelling, communicating by means other than speech, and eating and drinking. Swallowing is a core part of the profession, not an add-on.

Which part of my NDIS plan pays for it?

Assessment and therapy usually come from Capacity Building - Improved Daily Living. AAC devices and other assistive technology come from Capital Supports. If you are not sure what your plan holds, ask your support coordinator or plan manager, or call 1300 771 465.

How long does an assessment take?

Speech Pathology Australia indicates 30 to 60 minutes on average, with some assessments running longer and some needing multiple sessions totalling around three hours. Complex communication or swallowing profiles take longer, because more has to be observed in more than one setting.

Do I need a diagnosis first?

Not to be assessed. Under the NDIS Early Childhood Approach, children under 6 with developmental delay can access support without a formal diagnosis. For NDIS funding more generally you need to be a participant, and the assessment report is often what evidences the functional need.

My child is only two. Is it too early?

No. Early intervention has significant long-term effects on school participation, friendships, employment and independent living, and a lot of early work is coaching parents rather than formal therapy with the child. If you have a concern, ask.

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

It is a plan written by a speech pathologist for anyone with swallowing difficulty, setting out safe eating strategies, dietary and fluid modification, positioning, any exercises, and the routines carers should follow. It is written for the people doing the support as much as for the person themselves.

Someone I care for coughs at every meal. Is that urgent?

Coughing at meals, choking, or repeated chest infections are the signs that lead to a swallowing assessment, because unmanaged dysphagia carries risks including aspiration pneumonia and malnutrition. Raise it with the GP and arrange a speech pathology assessment. If someone is choking now, call 000.

Will using AAC stop my child from speaking?

AAC is used to support or replace spoken communication and is valuable across the lifespan. It is introduced based on what the person needs to communicate and how they can access a system, and the choice of system comes out of assessment and trialling rather than assumption. Discuss your specific concern with the assessing speech pathologist.

How do I get an AAC device funded?

Through Capital Supports in your NDIS plan, with the speech pathology assessment and report as the evidence. The report needs to show the communication need, why AAC is appropriate, which system suits, and what training is needed for the person and their communication partners.

Can speech pathology help after a stroke?

Yes. This is core adult practice - aphasia, cognitive-communication difficulty, language comprehension, and swallowing. Assessment identifies where the difficulty sits, and therapy targets it with structured work and compensatory strategies.

Can it help with Parkinson's disease or motor neurone disease?

Yes. With progressive conditions the aim is maintaining communication capacity and managing swallowing decline, using voice work, compensatory strategies, and AAC introduced early enough to be useful. Bloom provides this support for both conditions.

Is speech pathology available for older people not on the NDIS?

Yes. Speech pathology is part of the allied health services available under the Support at Home Program for eligible older Australians, delivered at home, in the community or in residential aged care. What you are eligible for depends on your aged care assessment - check with My Aged Care or call 1300 771 465.

Can sessions be at home or at school?

Yes, and for both children and adults that is usually the better option, because the assessment and the therapy work best where the communication or the mealtime actually happens. Clinics are available case by case and telehealth is available too.

Who can refer?

Anyone - you, a family member or carer, a support coordinator, plan manager, GP, paediatrician, teacher, or another allied health professional. Use the referral form or call 1300 771 465.

What does Bloom Healthcare's speech pathology service cover?

Bloom Healthcare's speech pathology service covers speech, language, social communication, voice and fluency, augmentative and alternative communication (AAC), and swallowing (dysphagia) assessment and mealtime management.

Who can access speech pathology services from Bloom Healthcare?

The service is available to NDIS participants and older Australians, covering both children and adults.

Where are Bloom Healthcare's speech pathology services delivered?

Services are delivered in home, school, and community settings across Australia.

What is Bloom Healthcare's phone number for speech pathology services?

The listed telephone number for Bloom Healthcare is +61 1300 771 465.

What areas does a speech pathologist typically assess and treat?

Speech pathologists assess and treat speech production (articulation and clarity), language skills (receptive and expressive), voice (tone, pitch, volume), fluency (such as stuttering), swallowing and feeding (dysphagia management), social communication, literacy (reading, writing, spelling), and communication equipment and aids including AAC devices.

What evidence-based therapy approaches might a speech pathologist use?

Approaches include Hanen strategies (family-centered interventions), SOS Feeding Therapy (for feeding difficulties), Lee Silverman Voice Therapy (for voice disorders), play-based therapy (particularly for children), and capacity building to empower families and carers.

How does speech pathology support swallowing and mealtime safety?

Speech pathologists develop swallowing assessments and mealtime management plans to ensure safe eating and drinking, particularly for individuals with neurological conditions, age-related decline, or post-surgery recovery.

How does speech pathology assessment support NDIS applications?

Speech pathologists conduct comprehensive assessments to identify the root causes of communication or swallowing challenges and provide detailed reports that support NDIS applications and care planning.

What is augmentative and alternative communication (AAC) in the context of speech pathology?

AAC refers to communication equipment and aids for individuals with communication difficulties, and speech pathology services include assessment for AAC as part of supporting communication needs.