Paediatric Feeding Support for Children | Bloom Healthcare

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

Details:

Paediatric feeding support is family-centred assessment and practical help for children whose feeding difficulties affect their nutrition, comfort or participation in everyday mealtimes. The difficulty can have different causes, including nutrition, swallowing, sensory, physical or routine-related needs, so Bloom Healthcare matches the clinician to the question: a speech pathologist for swallowing and feeding skills, a dietitian for nutrition and intake, and an occupational therapist for sensory and physical factors, with medical input where it is needed. Under the NDIS, therapy for disability-related feeding needs is usually funded from Capacity Building – Improved Daily Living , and Medicare and private pathways can also be discussed. To start, call 1300 771 465 or make a referral .

If your child is choking or having difficulty breathing, call 000. Urgent or new health concerns need medical advice. An allied health referral is not an emergency service.

Who paediatric feeding support is for

It is worth contacting Bloom when:

mealtimes are difficult for your child and your family

the variety or amount of food your child eats is raising concerns

sensory or physical needs are affecting how your child eats

you are not sure which clinician should assess the concern

current feeding strategies need review

Bloom supports children through its Paediatrics 0–9 and Paediatrics 10–17 programs. Feeding is one of the services in the 0–9 program, which is family-centred and delivered in natural settings such as home, childcare and the community.

Food variety, feeding skills and swallowing are different questions

Families are often told their child is a "fussy eater" when several different things may be going on. Separating the questions is the first useful step, because each one points to a different professional.

The question	Who usually looks at it
Is swallowing safe, and are feeding skills developing?	Speech pathologist
Is my child getting enough nutrition, and what can we offer?	Dietitian
Are sensory, physical or environmental factors affecting mealtimes?	Occupational therapist
Is there a medical cause that needs investigating?	GP, paediatrician or other medical specialist

Limited food variety is not always a swallowing problem. Food variety and swallowing are different questions, although they can overlap, and assessment helps clarify which factors are involved for your child.

Speech pathology

A speech pathologist assesses swallowing and feeding-skill concerns. For children with sensory feeding difficulties, Bloom's speech pathologists work to increase the range and consistency of foods, so eating can be enjoyed with the family and in the community. Where it suits the goal, they use structured, evidence-based programs, including SOS Feeding . Bloom's speech pathologists also provide transitional feeding programs.

Dietetics

A dietitian can look at nutritional adequacy and practical food strategies. Bloom's dietitians list paediatric feeding among their services and have experience with complex needs such as enteral feeding, food allergies and swallowing difficulties.

Occupational therapy

An occupational therapist can consider the sensory, physical and environmental factors in mealtime participation, such as positioning, the mealtime environment and sensory needs.

Not every child needs every discipline

A multidisciplinary enquiry does not mean your child needs a whole team. The assessment question decides which disciplines are appropriate, and any additional input is discussed with you rather than added automatically.

Medical needs come first

Feeding concerns can have medical causes. Allied health support may need to sit alongside medical investigation or treatment, not replace it.

Choking or difficulty breathing: call 000 and follow emergency-service instructions.

Urgent or new health concerns need appropriate medical advice. Your GP or your child's treating doctor can decide whether medical investigation is needed.

Signs that lead to a swallowing assessment include coughing or choking during meals, a wet or gurgly voice after eating or drinking, food sticking, meals taking much longer than usual, avoiding particular textures, unexplained weight loss and repeated chest infections. Raise these with your GP and arrange a speech pathology assessment.

Tell Bloom what medical input is already in place when you enquire. It shapes which clinician sees your child first.

How paediatric feeding support is funded

NDIS

NDIS coverage depends on your child's disability-related needs and their plan. Speech pathology, occupational therapy and dietetics are therapy supports, usually funded from Capacity Building – Improved Daily Living . 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 8 with an identified disability are also covered. From age 9, children work with a local area coordinator rather than an early childhood partner.

Bloom is a registered NDIS provider and works with NDIA-managed, plan-managed and self-managed participants.

Thriving Kids

Thriving Kids is a national system of supports for children aged 8 and under with developmental delay and/or autism who have low to moderate support needs. The rollout of state services was set to start from 1 October 2026, and Thriving Kids is expected to be at scale from 1 January 2028. Governments have agreed in principle to change NDIS access for that group of children from 1 January 2028; the change requires amendments to the NDIS Act. Governments have said details of specific services and how to access them will be made available closer to services commencing. Children with permanent and significant disability, and children 8 and under with developmental delay and/or autism who have high support needs, remain eligible for the NDIS under the usual arrangements. Check the current Department of Health, Disability and Ageing information before making decisions. See Thriving Kids .

Medicare

Bloom's Medicare-rebated speech pathology covers feeding and swallowing difficulties, including childhood concerns such as picky eating or problem feeding. There are two pathways, and both start with a referral:

GP chronic condition management plan (GPCCMP): your GP decides whether your child's condition would benefit. It covers up to 5 individual allied health services per calendar year, shared across allied health professions, with no specific age restriction.

MBS M10: for children and young people under 25 with a suspected or diagnosed complex neurodevelopmental disorder, such as autism or cerebral palsy, or an eligible disability, on referral from a GP, consultant physician or specialist.

Bloom is not a bulk-billing service, so a gap fee applies and is discussed before services start. See Medicare .

Private

Private enquiries can also be discussed. Fees for each funding stream are set out in your service agreement. See pricing .

Eligibility for any government program is decided by that program, not by Bloom. Check your child's plan or ask your GP about your own situation.

What feeding support involves

The agreed scope decides which of these are included. Clinical suitability, required expertise and availability are checked for each enquiry.

Initial needs discussion

Clarifying the concern, your child's health and current medical involvement, family priorities and the purpose of the assessment. This is where the right starting clinician is chosen.

Assessment matched to the question

Depending on the concern, a speech pathologist assesses swallowing or feeding skills, a dietitian reviews nutrition and intake, or an occupational therapist looks at sensory, physical and environmental factors. Observing a real mealtime, where your child usually eats, helps the clinician see what actually happens.

Coordinated recommendations

Where more than one professional is involved, recommendations about nutrition, swallowing and participation are brought together so your family does not receive conflicting advice.

Family coaching

A large part of paediatric work is building the confidence and skills of parents and carers, because they are at every mealtime and the clinician is not. Coaching explains the strategies that suit your child and how to use them within the agreed plan.

Review and coordination

Progress is reviewed, and when you authorise it Bloom coordinates with your child's other treating professionals, such as a paediatrician. With consent, clinicians can also work with your child's school or early learning service.

What feeding support is not

It is not pressure to eat. Your child's safety, comfort and participation guide support. Generic advice or pressure to eat cannot replace assessment.

It is not a replacement for medical care. Feeding support may complement medical care.

It is not one-size-fits-all. A strategy that helped another family may not suit your child.

It is not automatically a team. Disciplines are added because the assessment question needs them.

If your child also has communication needs, see AAC and communication assessment . For adults, or where the concern is specifically swallowing safety and a mealtime management plan, see swallowing and mealtime management .

How it works, step by step

Tell us what is happening. Your child's age, concerns, goals, location and current professional support. Call 1300 771 465 , email hello@bloom-healthcare.com.au or make a referral . A member of the team will be in contact within 24 hours of receiving the referral.

Match the assessment. Bloom confirms the appropriate discipline, clinical expertise and delivery setting.

Agree the scope. Scope, fees, delivery setting and timing are agreed in a service agreement before the service begins.

Assess. The clinician gathers history and observes your child, ideally at a usual mealtime.

Agree a practical plan. Findings and recommended next steps are explained with your family.

Review and adjust. Check how support fits daily life, respond to changes, and discuss any need for further medical or clinical assessment.

To prepare, have relevant reports, current advice from other professionals, and examples of your child's usual mealtime routines ready.

What you get in writing

A service agreement setting out supports, fees, travel, reporting and cancellation terms. The general cancellation position is 48 hours' notice, applied flexibly, and where a funding body sets a different rule Bloom follows it.

Agreed goals that are meaningful for your child and family.

Recommendations and strategies written so the people at mealtimes can follow them.

Progress reporting for NDIS plan reviews where it is part of the agreed scope, and reports to the referring GP under Medicare pathways.

Where Bloom delivers paediatric feeding support

Bloom's primary method of service delivery is in the community: home, childcare, school and other everyday settings. For feeding, home is often the most useful place, because that is where your child's real mealtimes happen. Clinic appointments can be arranged case by case.

Family coaching may suit telehealth . If it is about your child's mealtimes, run the session at a mealtime. Swallowing, positioning and other hands-on assessment may need an in-person visit, and the clinician confirms which.

Bloom works across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. See locations .

Common questions about paediatric feeding support

Which professional should we see first?

That depends on the concern. Nutrition, swallowing, sensory and physical participation questions may need different expertise. Bloom can talk through your enquiry and the medical input already in place, then suggest the right starting point.

Is limited food variety always a swallowing problem?

No. Food variety and swallowing are different questions, although they can overlap. Assessment helps work out which factors are involved for your child.

Will every child need a multidisciplinary team?

No. The assessment question decides which disciplines are appropriate. Additional input is discussed with you rather than included automatically.

My child coughs or chokes at meals. What should we do?

If your child is choking or having difficulty breathing, call 000. Otherwise, coughing or choking during meals is one of the signs that leads to a swallowing assessment, so raise it with your GP and arrange a speech pathology assessment. Food and drink recommendations need individual clinical assessment, so do not rely on general advice in the meantime.

Does feeding support replace medical care?

No. Feeding support may complement medical care. Feeding concerns can have medical causes, and urgent or new health concerns need appropriate medical advice.

Can parents or carers join sessions?

Yes, and family participation is often helpful. Your child's preferences, comfort, consent arrangements and clinical needs shape the approach.

Can support be delivered by telehealth?

Some discussion and family coaching may work online. The clinician confirms whether observation or hands-on assessment is needed in person.

Do we need a GP referral?

Not for NDIS-funded or privately funded support; anyone can refer, including a parent. Medicare-rebated speech pathology needs a referral, from a GP for a GP chronic condition management plan, or from a GP, consultant physician or specialist for the M10 pathway.

Does Bloom use a particular feeding program?

Bloom's speech pathologists use structured, evidence-based programs where they fit the goal, including SOS Feeding. The approach for your child comes out of assessment rather than being chosen in advance.

Can we keep the same clinician?

Yes, you can request it. Bloom plans appointments and communication to support a consistent relationship between your family and your child's clinician, and arranges an appropriate handover if a change is needed. Availability and clinical fit are confirmed first, so continuity cannot be guaranteed for every appointment.

How will we know whether support is helping?

You agree goals that are meaningful for your child and family, then review relevant clinical measures, observations and your experience at home. Goal Attainment Scaling (GAS) may help track an agreed participation goal where appropriate, and every child needs an individual approach.

More on feeding and mealtimes

Speech pathology at Bloom Healthcare

Swallowing and mealtime management

AAC and communication assessment

Dietitian services

Paediatrics 0–9

Make a referral

What is paediatric feeding support at Bloom Healthcare?

Paediatric feeding support is family-centred assessment and support for children whose feeding difficulties affect nutrition, comfort or mealtime participation. It draws on speech pathology, dietetics and occupational therapy as the assessment question requires, and it complements, but does not replace, medical care.

Which professional should my child see first for feeding concerns?

It depends on the concern, since nutrition, swallowing, sensory and physical participation questions may need different expertise. Bloom Healthcare can talk through the enquiry and any medical input already in place, then suggest the right starting point.

Does limited food variety in a child always mean a swallowing problem?

No. Food variety and swallowing are different questions, although they can overlap. Assessment helps determine which factors are involved for a particular child.

Will my child automatically be assessed by a multidisciplinary team?

No. The assessment question decides which disciplines are appropriate, and any additional input is discussed with the family rather than included automatically.

What should I do if my child coughs or chokes at meals?

If a child is choking or having difficulty breathing, call 000. Otherwise, coughing or choking during meals is one of the signs that leads to a swallowing assessment, so it should be raised with a GP and a speech pathology assessment arranged. Food and drink recommendations need individual clinical assessment, so general advice should not be relied on in the meantime.

Does feeding support replace medical care for my child?

No. Feeding support may complement medical care. Feeding concerns can have medical causes, and urgent or new health concerns need appropriate medical advice.

Can parents or carers be involved in feeding support sessions?

Yes, family participation is often helpful. The child's preferences, comfort, consent arrangements and clinical needs shape the approach taken.

Can paediatric feeding support be delivered by telehealth?

Some discussion and family coaching may work online, but the clinician confirms whether observation or hands-on assessment needs to be done in person.

Do we need a GP referral for paediatric feeding support?

Not for NDIS-funded or privately funded support, where anyone, including a parent, can refer. Medicare-rebated speech pathology needs a referral: from a GP for a GP chronic condition management plan, or from a GP, consultant physician or specialist for the M10 pathway.

Does Bloom Healthcare use a specific feeding program?

Bloom Healthcare's speech pathologists use structured, evidence-based programs where they fit the goal, including SOS Feeding, but the approach for each child comes out of assessment rather than being chosen in advance.

Can we keep the same clinician for ongoing feeding support?

Yes, families can request it. Bloom Healthcare plans appointments and communication to support a consistent relationship between the family and the child's clinician, and arranges an appropriate handover if a change is needed, though availability and clinical fit are confirmed first so continuity cannot be guaranteed for every appointment.

How will we know if paediatric feeding support is helping our child?

Goals that are meaningful for the child and family are agreed first, then relevant clinical measures, observations and the family's experience at home are reviewed. Goal Attainment Scaling (GAS) may help track an agreed participation goal where appropriate, since every child needs an individual approach.