OT for Teens | Skills & Independence | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/occupational-therapy-for-teens-supporting-growth-function-and-identity-during-the-teenage-years/

Details:

Occupational therapy for a teenager is usually paid for from the Capacity Building – Improved Daily Living budget in an NDIS plan, and sometimes from Core Supports – Assistance with Daily Life where the work is about everyday help rather than skill building. You do not need a doctor's referral to start. The therapist assesses how your teen manages real daily tasks, agrees goals with them, works in the places those tasks actually happen, and writes reports that become evidence at the next plan reassessment. To begin, call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referral form .

This page covers the practical side of arranging teen OT: what pays for it, what the first appointment involves, what documents come out of it, how it differs from psychology, speech pathology and behaviour support, and what changes as your teen approaches eighteen.

Who occupational therapy for teens is for

Occupational therapy is available to any young person whose daily function is affected, whatever the reason. Bloom supports teenagers who are neurodivergent, teens managing mental health difficulties, teens with physical disability, chronic illness or fatigue, and teens with developmental differences in motor skills, coordination or executive function.

There is no diagnosis test to pass before an OT can see your teen. What matters is whether ordinary daily activities are harder than they should be. A diagnosis is only strictly relevant when you are seeking NDIS funding , because NDIS access rules turn on permanent, significant disability rather than on the therapy itself.

If your teen is not an NDIS participant, occupational therapy can still be arranged privately or through other funding you already hold. If you are unsure which applies to your family, ring 1300 771 465 and ask the intake team before you commit to anything.

How it is funded

Capacity Building – Improved Daily Living

This is the usual budget for teen occupational therapy. It exists to pay for assessment, training and therapy that increase a participant's skills, independence and community participation. Everything a teen OT typically works on sits inside that description: self-care routines, meal preparation, money and shopping, transport, organisation, and taking part in school, work and community life.

Capacity Building funding is flexible within its category , which matters when a teenager's priorities change mid-plan. Money allocated for Improved Daily Living can generally be used across the therapy supports in that category rather than being locked to a single provider or a single number of hours. Your plan manager or support coordinator can confirm exactly how flexible your teen's plan is.

Core Supports – Assistance with Daily Life

Core funding pays for help with the task itself, not for building the skill. It sometimes sits alongside OT rather than replacing it. A common pattern is Core paying for support with personal care now, while Capacity Building pays for the OT work aimed at your teen doing more of it themselves later.

What is not funded through therapy budgets

Equipment is a separate matter from therapy hours. When an OT recommends assistive technology or a home modification, the assessment is therapy work, but the item or the building work is funded from its own budget line and needs its own approval. Expect those to move at different speeds.

Fees, session rates, cancellation terms and travel are set out in your service agreement rather than published here. Ask for them in writing before therapy starts, and ring 1300 771 465 if anything in that agreement is unclear.

What happens, step by step

1. Referral

Referrals to Bloom can come from the young person themselves, a parent or carer, a GP, a support coordinator, or a school or education professional. A GP referral is not required. Bloom aims to make contact within 24 hours of receiving a referral.

Useful things to have ready:

your teen's age and the main concerns

reports from school or previous therapy providers

relevant medical history

your NDIS number and plan details if your teen is a participant

the three things that are hardest right now, with real examples from home, school or the community

your family's priorities, written as what you want to be different

That last point does more work than people expect. "We want him to catch the bus to TAFE on his own" gives a therapist something to assess, plan and measure. "We want him to be more independent" does not.

2. Initial assessment

The first session is an assessment. The therapist will ask about daily routines, from waking and dressing through to hobbies and getting around. They may ask your teen to show them how they do certain tasks, so function is observed rather than guessed at. They will review relevant medical history and, if there is an NDIS plan, read the goals in it so the therapy lines up with what the plan already funds.

For teenagers the assessment is deliberately run with the young person, not about them. The teen is asked what they want to be able to do. Where a parent's priority and a teenager's priority differ, a good therapist names that openly rather than quietly siding with the adult.

3. Therapy plan and sessions

After assessment the therapist writes a personalised therapy plan tied to your teen's goals and, where relevant, their NDIS plan objectives.

Bloom's primary delivery method is in the community — at home, at school, in day programs and in the places where the skill is actually used — because capacity building works best in natural settings. Sessions can also be delivered by telehealth where that is clinically appropriate. Clinic appointments may be available case by case on request.

Session frequency and length are set by need and by how much funding is in the plan, not by a standard formula. The therapist should tell you the expected pattern of sessions and the estimated hours before work begins, and revise it with you if the goals change.

4. Review and reporting

Therapy is not open-ended. Goals are reviewed, progress is measured against where your teen started, and the therapist reports on what changed. That reporting is what carries into the next plan reassessment.

The documents your teen's OT produces, and what they are for

Functional capacity assessment

A functional capacity assessment is a structured evaluation of how a person manages across the main areas of daily life: personal care, mobility, communication, social interaction, work, leisure, managing money and routines, and emotional and behavioural regulation. It looks at how physical, cognitive and emotional factors combine to affect what someone can actually do on an ordinary day, and it records strengths as well as difficulties.

For a teenager, an FCA is often the most useful single document in the file, because it describes function in the domains that matter as they approach adulthood.

The report itself

An occupational therapy report generally sets out:

a summary of findings, describing current function and how the disability affects daily activities

the specific areas where support is needed

recommendations, including strategies for independence, any equipment or assistive technology, home modifications, and skill-building priorities

measurable outcomes, so progress can be tracked rather than asserted

How it is used at plan reassessment

At a reassessment the NDIA looks at progress reports and assessments against the goals in the current plan. A therapy report supports that conversation in four ways: it sets an updated baseline, it evidences whether supports have been effective, it documents changed circumstances, and it justifies any request to adjust funding.

The practical point for families is timing. Reports take time to write, and a reassessment is a poor moment to discover the most recent assessment is two years old. Ask your therapist well before the plan end date whether the existing documentation still describes your teen accurately.

Assistive technology and home modifications

Occupational therapists are the main profession prescribing assistive technology and assessing home modifications under the NDIS. For a teenager this can mean anything from simple daily living aids through to mid-cost equipment such as a scripted manual wheelchair or a specialised bed, or high-cost items such as a scripted power chair. Complexity rises with cost, and so does the amount of assessment and trialling involved.

The NDIA will not approve equipment on a therapist's opinion alone. The evidence it looks for includes:

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

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

how the item supports the goals in the plan

trial results showing the item suits the person

baseline measures and targets so benefit can be shown later

why a standard or cheaper option would not do the job

Assessment also takes in the environment, because the barrier is often situational: noise, time pressure, sensory load, unfamiliar people, and whether the device is actually reachable in the moment.

Home modifications follow the same logic. The OT evaluates function in the home, identifies the barriers, and links each recommendation to a specific functional need. Minor modifications such as grab rails or a ramp are assessed more simply than complex structural work. All of it must meet the NDIA's reasonable and necessary test: related to the disability, likely to be effective, reasonable in cost and scope, safe, legal, and value for money.

Timeframes for equipment and building work depend on the item, the supplier and the NDIA's own processing. Your therapist can describe the steps, but nobody can promise you a date.

How OT differs from the professions people confuse it with

Occupational therapy is about doing. It targets daily living skills, motor skills, sensory processing and regulation, executive function, participation at school and in the community, and the equipment and environments that make those possible.

Psychology is about the inner world: anxiety, depression, trauma, coping, self-esteem, and formal assessment for conditions such as autism and ADHD. If your teen's difficulty is primarily emotional or mental health related, psychology is likely the right starting point.

Speech pathology covers communication, language, social communication, voice and fluency, augmentative and alternative communication, and swallowing and mealtime safety.

Positive behaviour support applies where behaviours of concern affect safety or participation. A PBS practitioner conducts a functional behaviour assessment to understand why a behaviour happens and builds a behaviour support plan used consistently across home, school and community.

These overlap in practice and often run together. OT and psychology commonly pair up on emotional regulation, with the psychologist working on understanding and the OT on the routines, sensory environment and activities that make regulation achievable. OT and PBS pair up where sensory needs or an unworkable daily routine sit underneath a behaviour. OT and speech pathology pair up where communication and daily living skills are tangled together.

If you are not sure which profession you need, describe the problem to the intake team rather than trying to pick the discipline yourself.

Approaching eighteen

Turning eighteen changes the legal position, not the therapy. Your young person becomes the decision-maker about their own supports, and consent for services and for sharing information between providers sits with them.

Bloom operates under an NDIS Supported Decision-Making Policy and Procedure, which sets out how the organisation supports people with disability to make their own decisions rather than deciding for them. In practice this means building decision-making capability during the teenage years instead of at the point it becomes legally necessary — knowing what a service agreement is, being able to say what is and is not working, and understanding that any proposed change to a service agreement needs the participant's agreement before it takes effect.

Under the NDIS, participants have the right to freedom of expression, self-determination and decision-making, to informed choice and control over their supports, to services that respect their culture, values and beliefs, and to consent to information being shared about them. Those rights apply at any age, but from eighteen they are exercised by the young person directly.

Post-school planning — employment readiness, vocational pathways, community participation, and independent living skills — is covered in more detail on Bloom's paediatrics 10 to 18 services page .

Where Bloom delivers this service

Bloom operates across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory , with suburb-level coverage in each state. Availability varies by area and by discipline, so confirm your suburb when you make contact.

Common questions about occupational therapy for teenagers

Does my teenager need a diagnosis before seeing an OT?

No. Occupational therapy responds to functional difficulty, not to a label. A diagnosis matters for NDIS access, because the scheme's rules turn on permanent and significant disability, but it is not a precondition for therapy itself.

Do I need a GP referral?

No. You can self-refer, or a parent, carer, GP, support coordinator or school professional can refer. Use the referral form on the website or call 1300 771 465.

Which part of the NDIS plan pays for it?

Usually Capacity Building – Improved Daily Living. Core Supports – Assistance with Daily Life may also fund related supports where relevant. If your teen's plan is agency-managed, plan-managed or self-managed, the rules about who you can book with differ — your plan manager or support coordinator can confirm.

How long does therapy go for?

It depends on the goals and the plan. Skill-building work for a specific goal such as using public transport is generally shorter than ongoing support through a period of significant change. Your therapist should give you an expected number of sessions and revise it with you as goals are met.

What if my teenager does not want to attend?

That is worth raising directly with the therapist at referral. Teen OT works when the goals belong to the young person, so the first job is often finding something they actually want to be able to do. Sessions delivered at home, in the community or by telehealth can also reduce the friction of attending. Therapy that a teenager refuses to engage with will not achieve much, and a good therapist will say so rather than continuing to bill.

Can sessions happen at school?

Yes. School is one of Bloom's normal delivery settings, alongside home, the community and day programs. School-based sessions need the school's agreement, so allow time to arrange it.

Will I be told what happens in sessions?

Therapy plans, goals and progress are shared with families. As a teenager gets older there is a balance between keeping parents informed and giving the young person a space of their own, and it is reasonable to ask the therapist at the outset how they will handle it.

How do we get an OT report for a plan reassessment?

Ask well before the plan end date. Reports take time to prepare, and if the most recent assessment no longer describes your teen accurately, a fresh assessment may be needed first. Tell the therapist which decisions the report needs to support.

Can OT recommendations get equipment approved?

An OT assessment produces the evidence the NDIA needs, but the NDIA makes the decision against its reasonable and necessary criteria. Strong evidence improves the case; nobody can guarantee an outcome.

What happens to therapy when my teen turns 18?

Therapy continues; the decision-making changes. Your young person becomes responsible for consenting to services and to information sharing. Preparing for that is itself something occupational therapy can work on.

How much does it cost?

Fees are set out in the service agreement provided before therapy starts. Ask for them in writing, and call 1300 771 465 if you want them explained.

How quickly can we start?

Bloom aims to make contact within 24 hours of a referral. Actual start dates depend on availability in your area, so ask about wait times for your suburb when you call.

Starting

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or complete the referral form . You can also read more about Bloom's occupational therapy service and about supports for young people aged 10 to 18 .

What is the title of this Bloom Healthcare article about occupational therapy for teens?

The article is titled "OT for Teens | Skills & Independence | Bloom Healthcare," also referenced as "How Occupational Therapy for Teenagers Helps Build Skills and Confidence."

What topics does the Bloom Healthcare teen OT article cover?

The article covers how teen occupational therapy is funded under an NDIS plan, how to make a referral, what the assessment and reports involve, and what changes when a teenager turns 18.

Who publishes this article and what is their contact information?

The article is published by Bloom Healthcare Pty Ltd, a boutique disability and aged care allied health provider. Their contact email is hello@bloom-healthcare.com.au and their phone number is 1300 771 465.

Why do the teenage years matter in occupational therapy?

Adolescence is a critical developmental stage marked by significant physical development, identity formation, and increasing life responsibilities. Teenagers navigate emotional intensity, growing social complexity, and academic pressures, and for those with additional needs or disabilities, these transitions can highlight functional gaps or increase stress.

What is the occupational therapy approach to working with teenagers?

Occupational Therapy meets teens where they are, providing respectful, age-appropriate support focused on the real-life occupations and everyday activities they want and need to do, rather than trying to 'fix' the teenager. The goal is to enable young people to build skills and confidence to participate in meaningful activities and live the life they want.

What executive functioning challenges does occupational therapy address in teens?

Occupational therapists help teens who struggle with planning, time management, and follow-through—particularly those with ADHD, autism, or learning disabilities—by creating systems for organizing schoolwork and routines, developing time awareness and scheduling tools, teaching task breakdown and prioritization, using visual supports, technology, and checklists, and modifying tasks and routines to promote success across environments.

How does occupational therapy support emotional regulation and mental health in teens?

OT supports adolescent emotional wellbeing by teaching self-awareness and emotional literacy, developing calming strategies for anxiety or overwhelm, teaching stress management techniques for daily situations, and helping create sensory-friendly environments or strategies.

What company publishes Bloom Healthcare's content and what is its mission?

Bloom Healthcare is described as a boutique disability and aged care allied health provider that wants to change the status quo, believing all people have the right to access quality healthcare. Its model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.