NDIS Therapy for Young People 10-17 | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/paediatrics-10-17/

Details:

For young people aged 10 to 17, allied health is less about milestones and more about turning personal goals into practical skills — for school, relationships, self-care, community life and whatever comes after school.

The thing that changes at this age is who the plan is for. A plan built around a young person works; a plan built around a young person's parents without the young person in the room usually does not survive the first disagreement. The young person's voice, identity and choices stay central, and families and educators are included with consent. To discuss a referral, call 1300 771 465 or email hello@bloom-healthcare.com.au .

What the work focuses on

Managing routines more independently. Assessment starts with how the young person manages routines now — morning routines, getting to school, organising belongings, managing medication, cooking something, handling money — including the strengths and the supports already in place.

Speaking up about needs and choices. Practical strategies for communicating needs and preferences, tailored to the young person's own style and settings. This is self-advocacy in the ordinary sense: being able to ask a teacher for what helps, explain an adjustment, or say no.

Participating at school and in the community. Sessions support participation through relevant practice and collaboration with the people involved, with consent.

Preparing for work or further study. Progress towards work or study is reviewed against meaningful changes in daily life rather than against a checklist, and supports are adjusted as the goal moves.

Why consent and privacy matter more at this age

A 15-year-old has views about who knows what. Getting that right is not a formality; it is often the difference between a young person engaging and a young person going through the motions.

At intake, it is worth agreeing explicitly: what will be shared with parents, what will be shared with the school, what stays between the young person and the clinician, and what the limits of that are. Those limits exist — there are circumstances where a clinician must act on a safety concern — and saying so plainly at the start is better than discovering it later.

Where a young person needs support to make or communicate a decision, supported decision-making explains how that works in a way that builds capacity rather than replacing their voice.

Which disciplines are involved

Occupational therapy for daily living skills, organisation, sensory needs, school tasks and driving readiness. Speech pathology for communication, social communication and, where relevant, swallowing. Psychology and counselling for anxiety, emotional regulation, identity and adjustment. Physiotherapy for movement, mobility and physical function. Exercise physiology for strength,

endurance and the shift from school sport to independent exercise. Dietetics for nutrition. Positive behaviour support where behaviours of concern affect safety or participation.

More than one is often relevant. Raise them together so the supports are planned as one thing rather than three.

Driving, travel and getting around independently

Independent travel is one of the goals that changes a young person's week more than almost anything else, and it is often the one left until last.

For some, the relevant work is travel training: learning a specific route, managing a transfer, knowing what to do when a bus does not arrive, and having a plan for when something goes wrong. That is practical, repeatable work best done on the actual route rather than in theory.

For others the question is driving. Occupational therapy driver assessment is a specialised area, and where it is relevant the first step is a conversation about readiness and timing rather than a booking. Medical and licensing requirements apply and vary, and a clinician will say what they can and cannot advise on.

Either way, raise it early. Both pathways take months rather than weeks, and both work better before the pressure of leaving school arrives.

The transition out of school

The years between 15 and 17 carry decisions that are easier with preparation than without: whether to continue to further study, what work might look like, how to travel independently, what adult services will be involved, and what changes when school stops being the structure that holds the week together.

Allied health cannot answer those questions for a family, but it can make the practical parts workable — the travel training, the organisational systems, the self-advocacy, the stamina for a work day, the ability to explain what support is needed in a new setting. Starting that work at 16 is more comfortable than starting it at 18.

Where sessions happen

At home, at school, in workplaces where the goal is work-related, in day programs and community settings, and by telehealth where it suits the work. Community sessions are built around real destinations — the route to a job interview, the shop, the gym — because that is where the skill has to work.

School sessions need the school's agreement and the family's consent, arranged in advance.

Funding

NDIS. Allied health is usually funded from the Capacity Building budget under Improved Daily Living, and no GP referral is needed to start an enquiry. Bloom Healthcare is a registered NDIS provider (Registration no 4-JR6F5KX, Provider no 4050148863), which matters where a plan is NDIA-managed. See the NDIS page and paediatric therapy for the wider age range.

Medicare and private. Psychology and counselling can be accessed under a valid referral — see Medicare services — and privately funded arrangements are available where there is no plan, through private allied health . The pricing page explains how each stream works.

Working with schools

School is where most of the week happens, so a plan that ignores it is working with one hand tied. With consent, a clinician can work with teachers and learning support staff on the practical adjustments that make participation possible — how instructions are given, how assessment is structured, what equipment or seating helps, how transitions between classes are managed.

Two things make that collaboration work. The first is consent that the young person has actually agreed to rather than had agreed for them. The second is specificity: "needs support with organisation" gives a teacher nothing, while "benefits from a written list of the three steps before each practical task" gives them something to do on Monday.

When a young person does not want therapy

It happens, and it is worth taking seriously rather than overriding. Sometimes it means the goals belong to someone else. Sometimes it means the setting is wrong — a session at home after school when they are exhausted, or a session at school that singles them out in front of peers. Sometimes it means they have had years of appointments and are tired of being a project.

All of those are workable if they are named. Changing the goal, the setting, the frequency or the clinician is usually more productive than persisting with an arrangement nobody has bought into.

Progress and review

Ask at the start how progress will be measured. For this age group the useful measures are things the young person cares about: catching the bus alone, getting through a shift, handing in work on time, asking for an adjustment without a parent present.

Review regularly and change the plan when the goals change, because at this age they do. A plan written at 13 is rarely still the right plan at 16.

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

What age group does Bloom Healthcare's Paediatrics 10-17 service support?

This service supports young people aged 10 to 17 and their families.

What are the main goals of therapy for young people aged 10-17 at Bloom Healthcare?

Therapy focuses on independence, school participation, self-advocacy and preparing for work or study, with the young person's voice kept central. This includes managing routines more independently, speaking up about needs and choices, participating at school and in the community, and preparing for work or further study.

How does therapy for teenagers differ from therapy for younger children?

Goals are increasingly led by the young person and often focus on autonomy, identity, school demands, relationships, community participation and transition to adult life. Therapy should be age-respectful and relevant, moving away from developmental milestones toward helping adolescents build practical skills for independence.

Will Bloom Healthcare work with my child's school?

Yes. With consent, clinicians can collaborate with teachers and relevant staff so strategies are understood and usable in the school environment.

Do I need a referral to access this service?

No referral is required — you can contact Bloom Healthcare directly. If you have an NDIS plan, the team can also work with your support coordinator, plan manager or other treating professionals.

Where are appointments for the 10-17 service held?

Appointments are primarily held at home and in the community, with telehealth available when clinically appropriate. Clinic appointments may be available on a case-by-case basis.

Can Bloom Healthcare work with my existing support team?

Yes. With consent, Bloom Healthcare can collaborate with family, support workers, educators and other clinicians so strategies are practical and consistent.

How can I find out if my NDIS plan covers this service?

Funding depends on your plan and whether the support relates to your disability, goals and approved budget. Bloom Healthcare's team can discuss your situation, but only the NDIA or your plan manager can confirm funding.

Which allied health disciplines are involved in the Paediatrics 10-17 service?

The service involves a multidisciplinary team including Occupational Therapy (daily living skills, organization, sensory needs, school tasks, and driving readiness), Speech Pathology (communication, social communication, and swallowing where relevant), Psychology and Counselling (anxiety, emotional regulation, identity, and adjustment), and Physiotherapy (movement-related support).

How is progress measured in this service?

Progress is measured through meaningful changes in daily life rather than against a checklist, with supports adjusted as the young person's goals evolve.