Adolescent transition:
The basics for young people

Adolescent Transition

Adolescent Transition Education Package | Fact Sheet 1a
An information sheet for patients transitioning from paediatric to adult health services

Most young people with a chronic condition or disability that are treated at a children’s hospital will eventually need to be transferred to an adult healthcare service. The process that supports this transfer is called transition. Adolescent transition helps you to develop independence and responsibility for your health.

Transition involves a process that eventually results in your healthcare being transferred to the most appropriate adult service. The transition process starts early, as soon as you enter adolescence. You will be given the opportunity to develop skills and knowledge in areas that are relevant to transferring hospitals and navigating a new health service.

We have developed some information and education modules on a range of topics that are also available on the RCH Transition website or from your clinical team. They are all highly recommended for assisting your growing independence and ensuring the smoothest transition possible.

Adolescent transition is:
• A developmental process and you will have an active role in helping to determine your own readiness through setting goals and a health skills checklist
• A coordinated process that involves the department/s of the hospital relevant to your care, your healthcare staff, a transition lead, your parents and most importantly yourself. This team will help you develop a transition plan that can be put into action during your time at the RCH
• A meaningful process, and should ideally not occur during year 12 or when you are going through a hard time either medically or just in general
• A planned process. The timing of your transition will vary depending on your preparation, what is going on for you both healthwise and in your life generally. It will also occur in consultation with your healthcare team
• An important process that aims to prepare you and results in your successful transition to an adult healthcare setting

Aims of adolescent transition
There are several aims of transition.
These include:
• To provide high quality healthcare which is appropriate for your age, culture and development which is flexible, responsive and relevant to your needs and presented in a way you understand
• To help you develop skills in communication, decision-making, assertiveness and self-care, advocacy and deciding your future direction
• To improve your sense of control and independence in regards to your healthcare
• To provide support and guidance for your parents/carers
• To maximise your capabilities to live well and achieve your goals regardless of your condition/disability

(adapted from McDonagh, 2003, 2005)
Transition phases

There are four general phases for an effective transition process.

Introductory/Planning Phase
[12–15 years approximately]
This time is about introducing you to the concept of transition, starting the information exchange, and an assessment of your knowledge of yourself, your medical condition and how to manage it. Even though your transfer is a while off, start thinking about what differences you might expect in adult healthcare and how you can start working towards being ready.

Preparation Phase
[15–18 years, approximately]
This time is about you beginning to have time with your doctor without your parent/carer, developing a transition plan, having a transition lead (the person who helps manage your transition process) and introducing the concept of confidentiality and ensuring it is strictly adhered to. Correspondence will begin to be addressed to you rather than to your parent/carer.

Transfer Phase
[18–19 years]
This time is about assessing how ready you are to transfer, exchanging information between services, providing you with practical information about adult healthcare, and giving you the opportunity to write a letter of introduction to your new doctor. This is when you have your last visit with your medical team at your children’s hospital and start having appointments at your new adult health service.

Evaluation
[6–18 months after-transfer]
The evaluation is follow up contact with you and your family, and the opportunity to give a written evaluation and feedback of your experience. This helps us to find out how the transition process can be improved.

Transition challenges

There may be some challenges involved with the transfer of services that the Transition Program can help you to overcome, including:

• Your current paediatric health service being familiar and comfortable
• A lack of understanding about the differences between paediatric and adult healthcare
• Communication between services such as transferring health information
• Degree of participation/involvement in your healthcare for you and your parents/carers
• Different health systems and different expectations
• Being independent and fitting the management of your health condition in with being a young person

Transition can prepare you for some of these challenges by helping you to:

• Be informed
  – Set some goals
• Plan well in advance
• Develop self-management skills
• Know your supports and resources
• Your parents/carers will also go through some challenges of their own that they will need help to overcome, these can include:
  • Changing of their role
  • Feeling excluded or out of the loop as you take on more responsibility
  • Concern about your readiness to transfer
  • Adjusting to adult health services
  • Confidence in your new medical team

Questions to ask yourself...

• What are my transition goals?
• What gaps are there in my knowledge and healthcare skills?
• What do I need to do to address those gaps?
• What supports do I have and where can I find the right support?
• Who can I talk to or where can I go to find out more information?
• What do I expect out of my transition process?

For more info contact:
The RCH Adolescent Transition Team on 9345 4858/4980
or find email details and more info on www.rch.org.au/transition