# **Information for Parents and Carers**

## **Transition**

#### What is Transition?

Transition is a term used to describe the process of change. It is about planning the move from one thing to another, like moving from school to University or moving out of home into a flat or unit.

Transition is used here to describe the process of moving from paediatric to adult health care. Most young people transfer to adult care around the time they finish school, usually between the ages of 17 and 18 years, but preparation for this transfer should start much earlier.

You and your young person may have been going to the same clinic or service since they were first diagnosed with diabetes. and the thought of changing doctors, educators and maybe even hospitals can be unsettling, especially at the same time as your teenager is leaving school and possibly home. But, it is an essential part of growing up and becoming independent.

#### When does Transition Start?

Transition starts at around **13 to 14 years** of age. You and your teenager will receive information from your diabetes doctor or educator on the transition process. Your diabetes educator will arrange an appointment with you and your teenager to discuss transition, and to begin the process of preparing your teenager to manage their diabetes independently.

At various times during the transition period your diabetes educator, dietitian and social worker (if applicable) will provide up-dates on diabetes to your teenager.

## **Continuing on the Journey**

At around **17 to 18 years** of age your diabetes doctor or educator will discuss the options available to your young person for where and who will care for you when they transfer to adult care.

The idea is to give them plenty of time to think about what **they** want in the future, and for them to discuss this with you. It is also time to make sure they are up-to-date on what they know about diabetes as well as get some new information on how to look after their diabetes in the different situations they will encounter as they approach adulthood.

#### No Adult Diabetes Specialist Service

Not all areas have adult diabetes specialist services or clinics for your teenager to transfer to. If this is the case, your teenager may be referred to a local **General Practitioner** (GP) who will look after their diabetes. Their GP should then refer them to a diabetes specialist in another town once a year or at any time they are having problems with their diabetes. The transfer period should be gradual and involve alternating visits with the paediatric service and the GP.





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The local diabetes educator and dietitian your teenager has been seeing will still be able to see them once they have transferred.

## **A New Beginning**

The age that your teenager finally transfers will depend on their individual needs and whether there is an adult diabetes service available in the area. Some places, such as the John Hunter Children's Hospital Diabetes Centre transfer young people when they turn 18 or when they finish school, while others may not transfer them until they are in their early twenties. Your young person should already have been given an expected time or age for transfer.

Before they transfer, they should meet with their diabetes educator and ensure that their diabetes knowledge and skills are up-to date.

#### **Beyond Transition**

By the time your young person transfers, they should be confident to make decisions about their diabetes care. After they transfer their diabetes educator or case manager will stay in contact with them to make sure they are happy with their new service.

Sometimes young people don't like the service or doctor they have been transferred to. The appointment times may not suit or they have to wait too long or they simply can't get time off work to attend appointments. If this happens, some young people stop going or 'drop out' of diabetes specialist care. Young people who 'drop out' run the risk of not being properly checked for diabetes related complications, and have a greater chance of being admitted to hospital because of their diabetes.

#### **Don't Just 'Drop Out'**

If your young person is **not** happy with their new doctor or service, we don't want them to 'drop out' of care. They should contact their diabetes educator from the paediatric service they attended, or locate another diabetes service if possible.

Together with their diabetes educator or case manager, they will find a doctor or clinic that **they** will be comfortable with.