

Transition

Information for Parents

What is Transition?

As young people with diabetes begin to mature, we begin a process that will see their eventual transition to adult diabetes care. Typically, this takes several years as most young people with diabetes are transitioned to adult care around 17-18 years of age or when they finish school.

There are no hard and fast rules about when transition occurs. The timing is influenced by the maturity of the young person as well as the locally available diabetes services.

The approach to the transition process is also influenced by the age at which the young person was diagnosed with diabetes. If they were a child, they have typically received little if any direct education about their diabetes. A key part of the transition journey is progressively providing education to the young person so that their diabetes knowledge and skills are progressively increased enabling them to begin self-managing their diabetes with confidence.

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

When does Transition Start?

When your child is around **12 to 13 years** of age you will receive information from your child's diabetes doctor or educator on the transition process. Your child's diabetes educator will arrange an appointment with you and your child to discuss transition and begin the process of preparing your child to manage his/her diabetes care independently.

Continuing on the Journey

At around **15 years** of age, your teenager should be taking a lot more responsibility for their diabetes management. Once they eventually move to an adult diabetes clinic or service they will usually see the doctor by themselves, so now is a good time to start preparing for this.

What we suggest is that your teenager sees their doctor by themselves for the first part of the visit and you can join them at the end so you will still know what is happening with their diabetes. You must also begin to respect your teenager's right to discuss things in confidence with the diabetes care team.

At this stage your diabetes doctor or educator will discuss the options available for where and who will care for them when they transfer to adult care. The idea is to give you both plenty of time to think about and prepare for the future.

It is also time to make sure that your teenager's diabetes knowledge is appropriate so they can participate in their diabetes care. It is also time to provide some new information on how to look after their diabetes in special situations e.g. confidentiality, drinking alcohol etc.

It is also a good time for them to see a dietician for review and education.

Still on the Journey

By the time they **16 or 17** yrs most young people are taking total responsibility for their diabetes care. It is now time for them to see their doctor by themselves for the whole consultation. This does not mean you are no longer needed; you still need be there to give your support.

Transition Clinics

Some paediatric diabetes services run 'Transition Clinics'. These clinics usually involve having joint visits with a doctor and/or a diabetes educator from an adult service or clinic. These combined visits are usually held at the same place you normally go to see the young person's doctor. These joint visits usually happen for some time prior to the young person being transferred. It is kind of a 'try before you buy' arrangement where the young person can decide if the new doctor or service is "going to work" for them. They get to make the choice.

No Adult Diabetes Specialist Service

Not all areas in Queensland have adult diabetes specialist services or clinics that the young person can be transferred to. In this situation, the young person may be only seeing their local **General Practitioner (GP)** who will look after their diabetes. Their GP will then refer them to a diabetes specialist in a regional or tertiary centre once a year or more frequently if there are problems. This type of arrangement is known as 'shared care'. The transfer period should be gradual and involve alternating visits with the paediatric service and the GP.

Case Manager

Around this time a 'Diabetes Case Manager' (from the paediatric clinic or service) will be assigned to look after your teenager's transition. This person will either be the diabetes educator, dietician or another member of the diabetes health team. This person will be responsible for making sure that the Transition process is managed properly. They will also stay in contact with the young person after they have transferred to make sure they are happy with the move. A lot of young people find it takes a while before they find a doctor or service that they are completely happy with.

Beyond Transition

By the time the young person transfers he/she should be confident to make decisions about their diabetes care. The Case Manager will stay in contact after transfer to make sure he/she is happy with the new doctor or service. A lot of young people find it takes a while before they find a doctor or service that they are completely happy with.

Don't Just 'Drop Out'

If your teenager is **not** happy with their new doctor or service we don't want them to just 'drop out' of care. They need to contact their diabetes educator or case manager from their paediatric service or locate another diabetes service in the 'Find a Diabetes Service' section of this website.