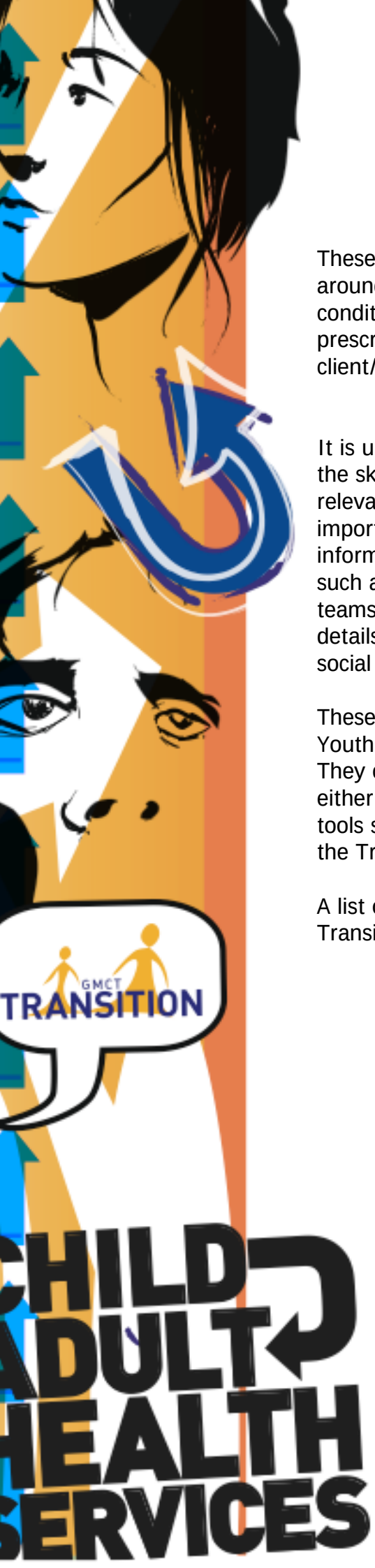


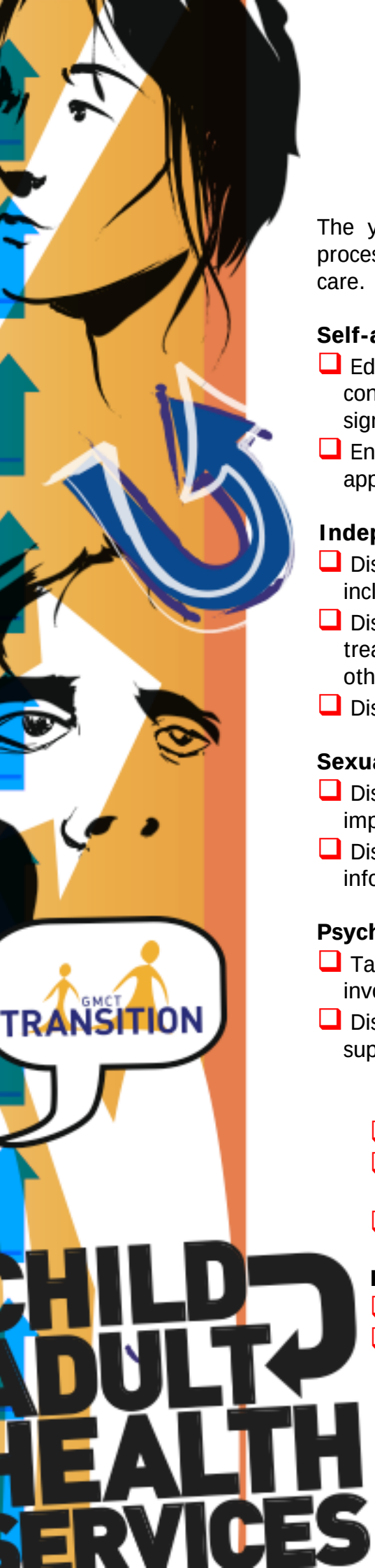
TRANSITION PLANNING CHECKLIST

These checklists are designed to stimulate thought and discussion around transition issues for young people with chronic health conditions at various developmental stages. They are not prescriptive or exhaustive and we invite you to add issues as your client/s needs demand.

It is unlikely that any one health professional has the time or all the skills required to address the range of issues that might be relevant for the young person and their family. It is therefore important that young people and their families are given information on resources and that you involve other professionals such as occupational therapists, social workers, youth health teams and psychologists who can help them work through the details of issues such as educational and vocational planning, social connectedness and sexual health.

These checklists have been adapted from the lists designed by the Youth Transition Services at British Columbia Children's Hospital. They can be used by professionals, parents and young people, either on their own, or in conjunction with other more detailed tools such as the *readiness for assessment checklist* available on the Transition website.

A list of relevant adolescent services can be found on the Transition website. www.health.nsw.gov.au/gmct/transition



EARLY STAGE TRANSITION
(12-14 years)

The young person and family are introduced to the transition process. The young person begins to participate in his/her own care. Skills are supported and practised at home with the family.

Self-advocacy

- ❑ Educate the young person in describing their chronic health condition, including: medication taken, how to get help and the signs of deterioration. Review with family.
- ❑ Encourage the young person to ask questions during each appointment.

Independent health care behaviours

- ❑ Discuss the medications and treatments needed daily, including problems or barriers to compliance.
- ❑ Discuss purpose of Medical Alert ID bracelet and emergency treatments, if relevant, and advise how to seek help from others.
- ❑ Discuss transition and why it is undertaken.

Sexual Health

- ❑ Discuss puberty changes, differences from peers and the impact of puberty on their condition.
- ❑ Discuss where the young person and parents can obtain information about sexuality and puberty.

Psychosocial

- ❑ Talk to the young person about social activities, peer involvement and supportive relationships.
- ❑ Discuss external support options with the young person (peer support, internet, support organisations)

Educational and vocational planning

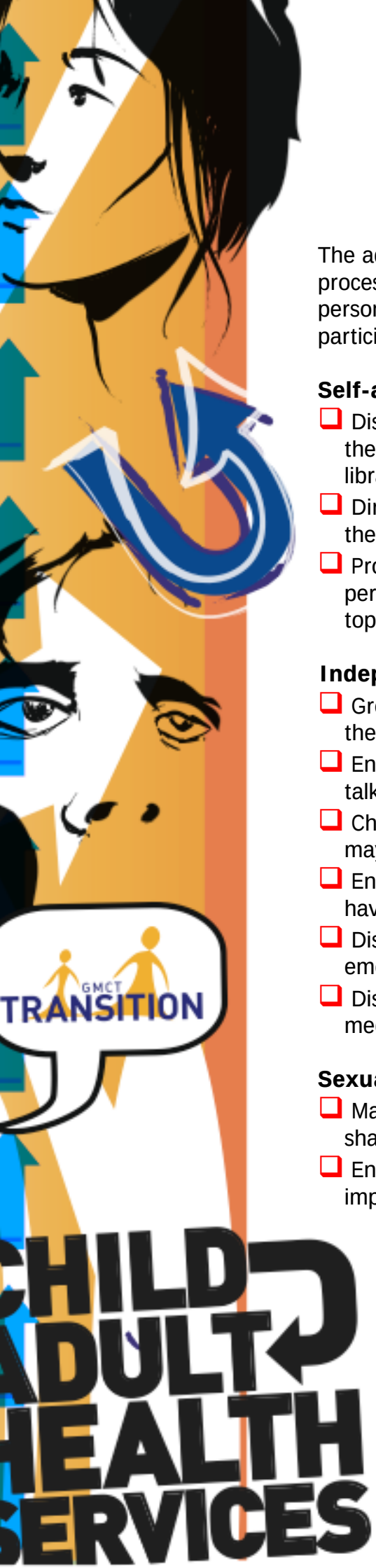
- ❑ Talk about responsibilities at home (e.g. chores).
- ❑ Discuss restrictions (real or imagined) on educational or recreational activities.
- ❑ Discuss strengths at school for later subject choices.

Health and lifestyle

- ❑ Ask about smoking, use of alcohol and street drugs.
- ❑ Discuss the impact of above behaviours on health and general well-being.

Parents/family

- ❑ Provide parents with the opportunity to discuss their feelings about loss of control, concerns about the future.
- ❑ Discuss how parents may help to facilitate their adolescent's independence.
- ❑ Encourage parents to prepare and support their adolescent to start asking direct questions of the health care team.



MIDDLE STAGE TRANSITION
(15-16 years)

The adolescent and family gain understanding of the transition process and the expectations of the adult system. The young person practises skills, gathers information and sets goals for participating in his/her care.

Self-advocacy

- ❑ Discuss strategies to access support and information about their condition and treatments (e.g. support groups, internet, library, condition-specific health associations).
- ❑ Direct questions to the young person, with the expectation they will answer them.
- ❑ Provide and encourage the opportunity to meet with the young person alone to discuss concerns/questions (especially about topics such as sexual health).

Independent health care behaviours

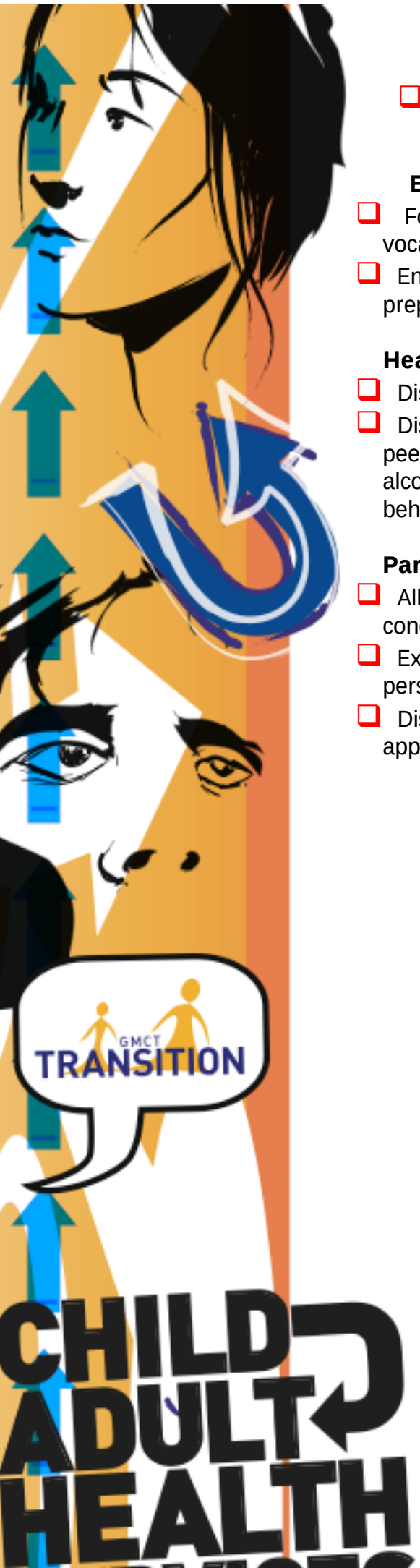
- ❑ Greet the young person in waiting room first and then invite the family in.
- ❑ Encourage the young person to make the next appointment, talk with receptionist and discuss transport.
- ❑ Check that the young person understands the differences they may experience between the paediatric and adult services.
- ❑ Encourage them to learn about their medication and practise having a prescription filled.
- ❑ Discuss when, how and from whom to seek emergency/medical help.
- ❑ Discuss increasing independence at home (taking own medication, making appointments).

Sexual Health

- ❑ Make comments/ raise topics around sexuality and changes in shape due to puberty. Do not expect or require a response.
- ❑ Encourage the young person to ask questions to clarify the impact of their condition and/or medications on sexuality.

Psychosocial

- ❑ Prompt the young person and parents to express positive goals for self and health.
- ❑ Encourage leisure activities such as joining a club at school, a community or peer support group or attending camp.



- Identify support systems outside the family and how to access psychological support if required.

Educational and vocational planning

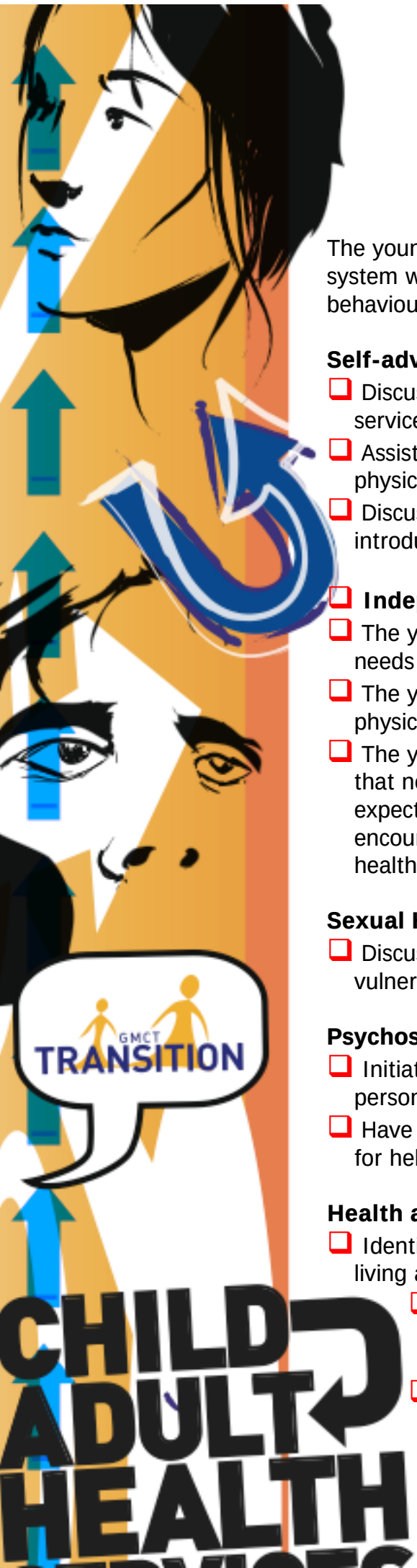
- Focus discussion on school; strengths, plans for future vocation/employment/study.
- Encourage visits to school counsellors to talk about career preparation courses, work experience or volunteering.

Health and lifestyle

- Discuss plans for driving and identify any restrictions.
- Discuss issues of body image feelings, communication with peers and concerns re: dieting, exercise weight gain or loss, alcohol and other drugs, mental health and risk taking behaviour.

Parents/Family

- Allow time for parents to express their own issues or concerns about transition without the young person present.
- Explore ways parents can help educate and support young person to further increase their independence.
- Discuss the option of young person attending part of appointment on their own.



LATE STAGE TRANSITION
(17-18 years)

The young person and family prepare to leave the paediatric system with confidence. The young person uses independent behaviours (as able) to move into the adult system.

Self-advocacy

- ❑ Discuss choices for adult care (specialists/hospitals/community services).
- ❑ Assist in choosing adult care providers (family physicians/specialists)/
- ❑ Discuss with the young person how they are going to be introduced to the adult services

❑ Independent health care behaviours

- ❑ The young person knows who to contact for future health needs (names and telephone numbers).
- ❑ The young person has met with adult specialist / family physician before discontinuing paediatric care.
- ❑ The young person has a plan of who to contact in the event that new care arrangements at the adult facility do not meet expectations (GP or paediatric health care providers) and is encouraged to feedback about their encounter with their new health care providers.

Sexual Health

- ❑ Discuss genetic risks, sexual capabilities, fertility, sexual vulnerability.

Psychosocial

- ❑ Initiate discussion about mental health issues with the young person.
- ❑ Have the young person identify person(s) he/she can contact for help or advice.

Health and lifestyle

- ❑ Identify any needs for personal assistance in care or issues of living away from family.
- ❑ Discuss the use of smoking, alcohol and drugs, the interaction with medication and impact on illness/condition.
- ❑ Discuss any risk-taking behaviour.

Educational and vocational planning

- ❑ Discuss employment or vocational options.
- ❑ If choosing university / college, discuss medical coverage, transportation, living arrangements, impact on health condition.

Parents/family

- ❑ Discuss with parents their changing role as support person rather than main care giver to young person.
- ❑ Encourage parent to feedback issues around the transition process.