

APPENDIX 6 – KEY PRINCIPLES: TRANSITIONING TO ADULT HEALTH SERVICES



Key Principles of Care for Young People Transitioning to Adult Health Services



Principle 1: A Systematic and Formal Transition Process

A systematic and formal transition process is required. This should be underpinned by formal guidelines and policies outlining the transition process.



Principle 2: Early Preparation

Transition is a process not an event. Education on transition and empowerment around self-management will commence with the young person at the age of 14.



Principle 3: Identification of a Transition Coordinator/ Facilitator

A designated Transition Coordinator/Facilitator from the young person's paediatric and adult specialty teams should be identified to coordinate the transition.



Principle 4: Good Communication

Communication, processes and tools will support person-centred care for the young person throughout their transition journey. Openness, transparency, collaboration and a willingness to work together underpins all good communication.



Principle 5: Individual Transition Plan

All young people should have an individualised transition plan which focuses of all aspects of their life.



Principle 6: Empower, Encourage and Enable Young People to Self-Manage

Responsibility for decision-making should be increased gradually and adolescent friendly transition services should be put in place. Where the young person has complex special needs, it is particularly important to involve their family.



Principle 7: Follow up and Evaluation

Follow up may be required for several years to ensure that young people have engaged effectively with adult health care services. Evaluation of the transition process must be undertaken to inform future planning and policy.