



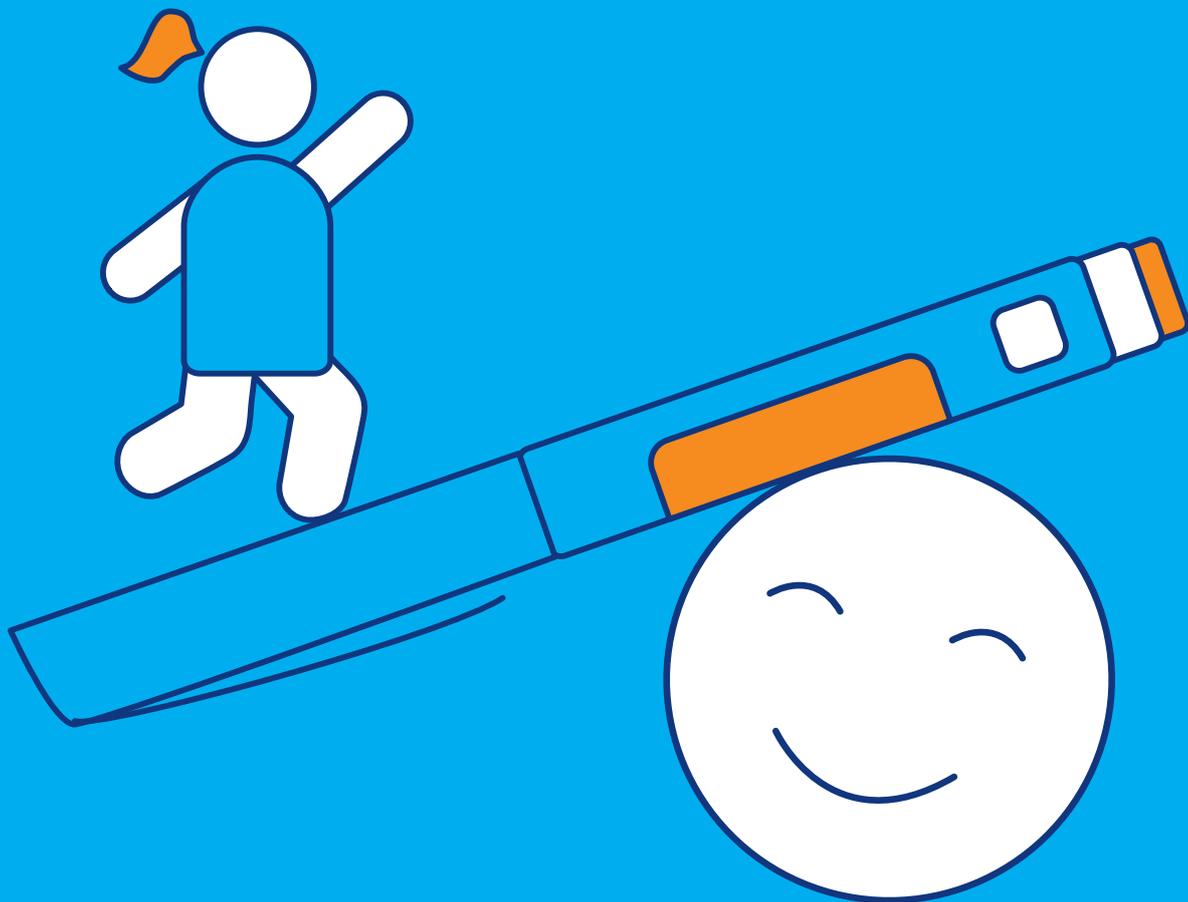
Supporting your child
moving into adult care

Everyone with Type 1 diabetes will have a healthcare team to help them manage their diabetes. These teams are usually made up of doctors, nurses, dietitians and a few other specialists depending on the area you live in.

As your child grows up, they'll have to move from paediatric care into adult care. This is what a lot of people call **transition**.

It can be a nerve-racking time for both of you because you'll have to get used to a new system, new people and let your child take more control over their diabetes day to day.

This document explains what you can expect to happen, what will be different and gives you some advice and activities so you can help your child move into adult care.



When will my child move into adult services?

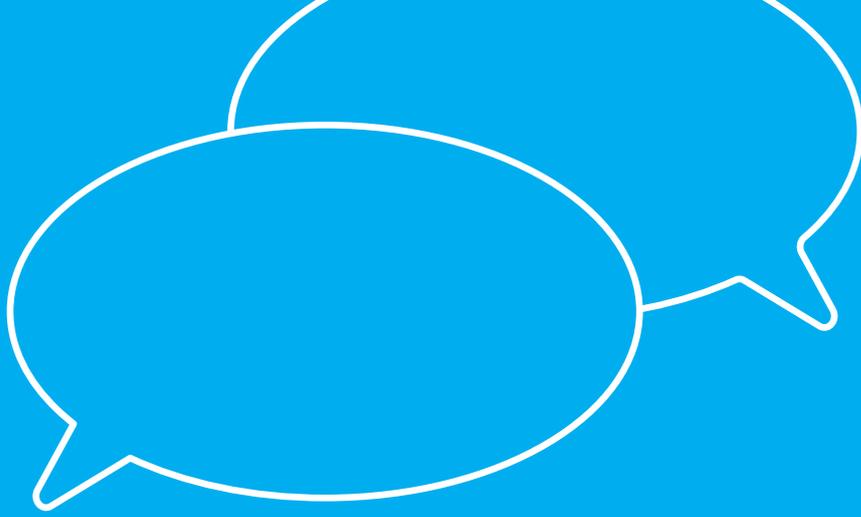
There isn't a specific age that everyone with diabetes moves into adult care.

When your child will move usually depends on a few different things, but the age they move will be individual to them and will usually happen when their current team thinks they're ready.

This is different for everyone but most clinics will wait for a period of stability in diabetes management if this is possible. The paediatric team will also wait to make sure that there aren't any other significant life events going on, like exams, before recommending them to move up into adult or a young adult service.

When your child was diagnosed with diabetes, you should have been told that they'll move into adult care eventually. But these conversations should become more frequent as they prepare your child for the move. The nurse or doctor might give you a timescale when they're beginning to start the move.





“I think the young adult service is really useful because it meant I got used to the differences more gradually.”

George, 24

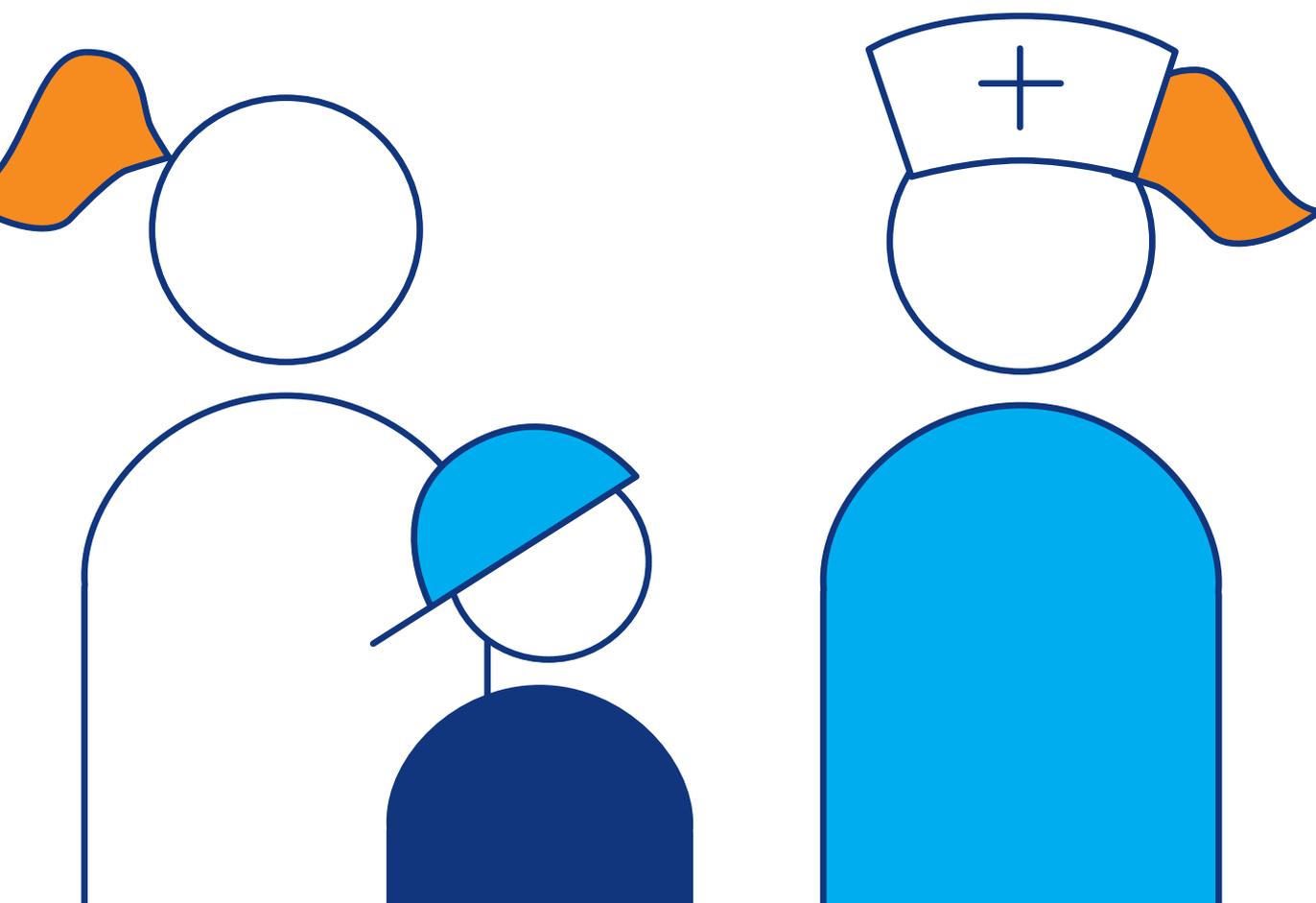


What a good transition should look like

You should work together with your child's doctors, and nurses to help your move into adult care confidently.

It's really important that when your child moves, that your child's new healthcare team treat them like an individual. This means that the healthcare team make sure your child's needs are met and that they're flexible where possible with the care they're giving in order to do this.

Some hospitals run young adult clinics, these clinics are for teenagers and young adults that are moving into adult care. Not all hospitals have this service, but ask your child's doctor if they do and how it works in their hospital.



Your child's rights

Moving into the adult clinic should never be a one-off event, where they're in the children's clinic one day and the adult clinic the next. The process should be well planned and coordinated, and have been spoken about since diagnosis so both you and your child know what to expect.

A structured education plan should have been offered to your child and the diabetes team should have developed an individual health care plan with you and your child to identify what information and support they'll need. The types of things that should be discussed before moving clinics are:

- How your child can get help from healthcare professionals.
- How your child can spot when their diabetes management dips and what they can do about it.
- What might change about diabetes care when they move into adult care.
- Information on their healthcare rights.

Before your child moves, they should be able to talk to meet and speak to their new team. The new adult doctor or nurses might come to the children's clinic, or the PDSN might come with your child to meet them at the adult's clinic.

Your child should be given a key worker, which is usually their PDSN. A key worker will guide your child through the process of transition.

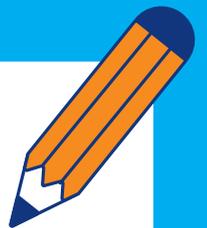
Talking about transition

It's important to talk to your child about moving into adult care and why it's happening. This is because as they get older and they start to manage their diabetes independently, adult care will suit them better.

It might not always feel like this at the start though, so it's important that they know as much about moving into adult care as possible. Talk to your child and come up with five questions you both might like to ask your new or current doctor.

For example:

Can I meet the doctors and nurses in my adult clinic before I move?



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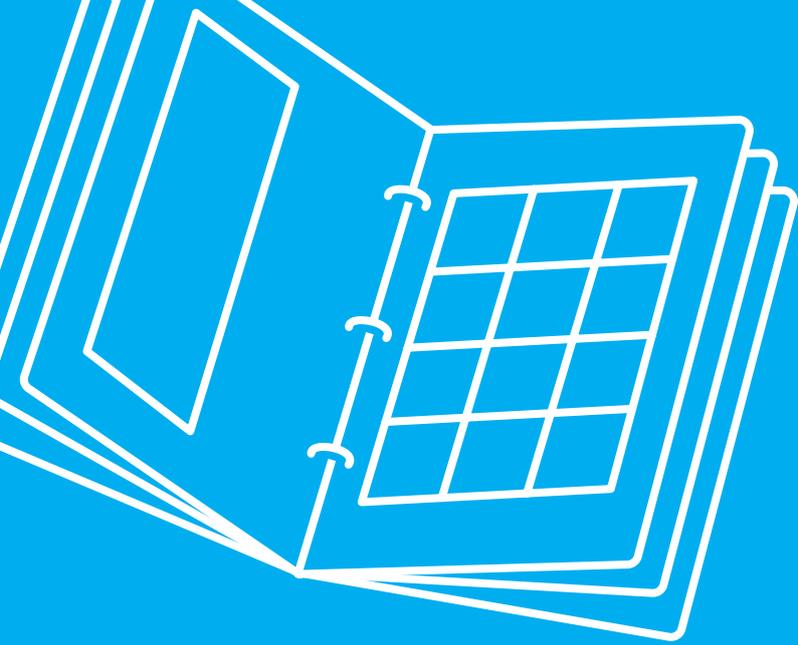
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“I’d always encourage people to prepare for an appointment. It doesn’t matter if you write it down, make a note on your phone or tell the person you’re going with.”

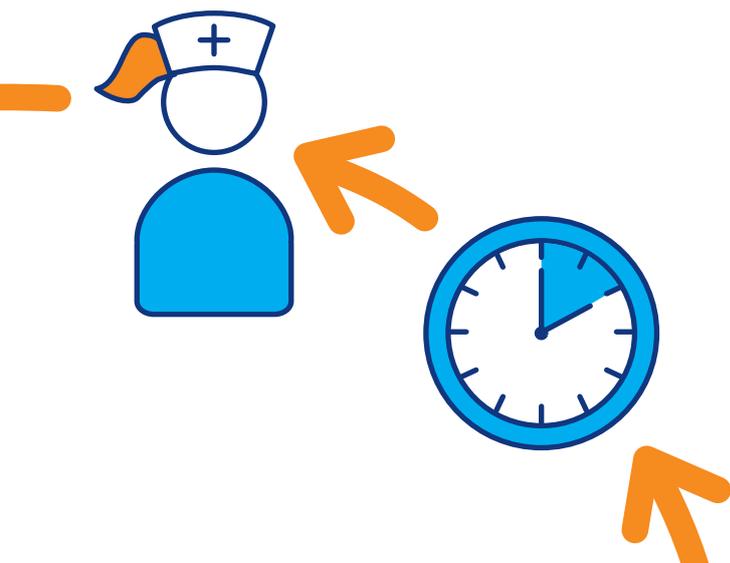
Becky, 25

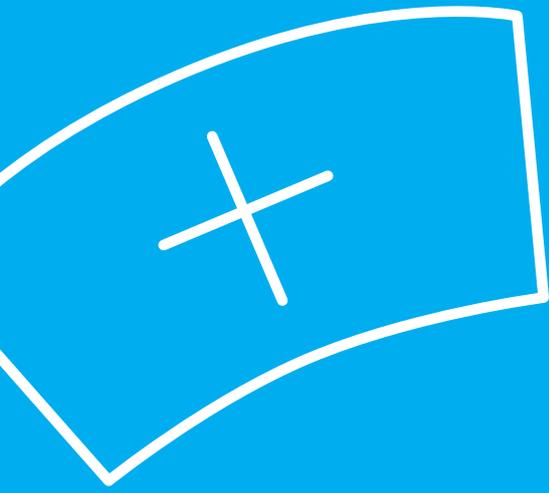


What will change in adult care?

There will be quite a few differences between paediatric care and adult care. These might include:

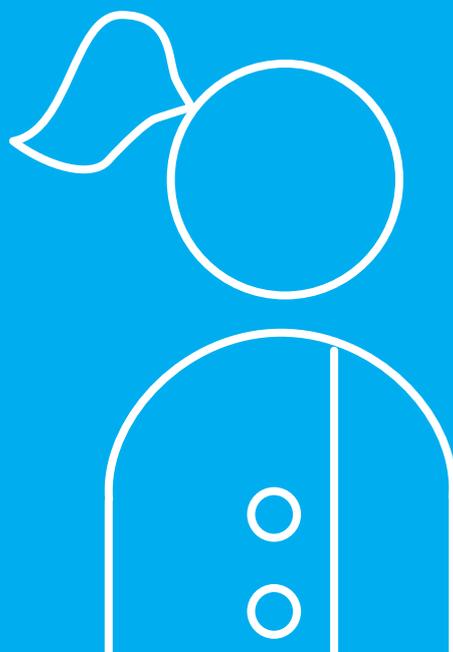
- The times and location of appointments will change. When your child moves into adult care, they'll likely have one appointment a year. Young adult clinics might have more appointments so your child gradually gets used to having fewer.
- The doctors and nurses will all change as your child will get a completely new team. Getting used to a new team can take a while, but remember the team are there to make sure your child is as healthy as possible.
- There will often be a mixture of people in the diabetes clinic waiting for their appointments. This includes people who have diabetes complications and might come as a shock at first for you both. If either of you are worried about complications, make sure you speak to the healthcare team.
- Your child's targets may change to account for changes as they grow up and to help them manage their diabetes independently as best they can.





“The biggest difference was who I saw in my appointments. I could still see the dietitian and my diabetes nurse but they weren’t there as much. I’d often just see my consultant.”

Kurtis, 21



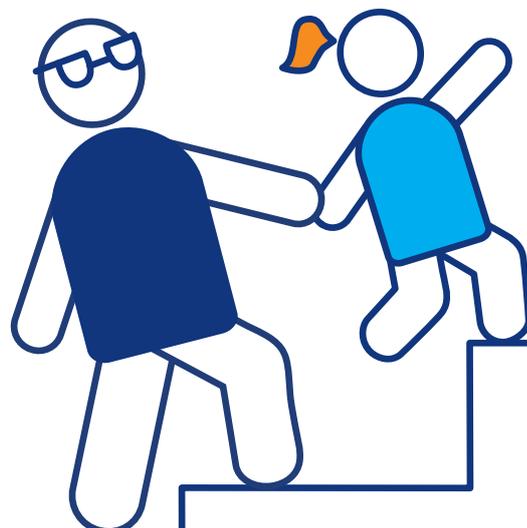
Transition and independence

Adult care and paediatric care are quite different, and this might take you both a while to get used to. The main difference is that there is a shift in focus from you and your child managing their diabetes together to your child taking more responsibility for themselves.

Moving into adult care is about making sure they have all the skills they need to be able to manage their diabetes independently. This can mean learning to carb count on their own, learning to change their dose on their own, or simply just feeling comfortable enough in an adult clinic and asking for help when they need it.

This is important as it will prepare your child for growing up, moving out and being independent. But this doesn't mean they will have to do it all on their own, or that you can't support them when they need you.

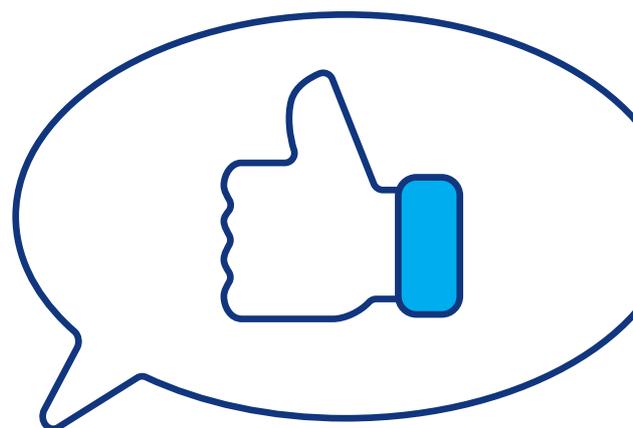
It's sometimes worth sitting down with your child and chatting about any part of their diabetes care that they're unsure of.



Going to appointments

Before they move clinics, make sure they're comfortable going to appointments without you. You might want to introduce this slowly by waiting in the waiting room instead of going into appointments.

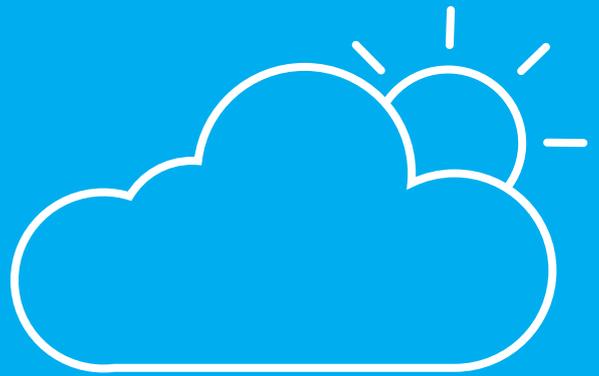
You can ask them to explain what the doctor said so you know they understand what they might need to do differently, what they're doing well or what new techniques they can start doing and why.



Giving consent

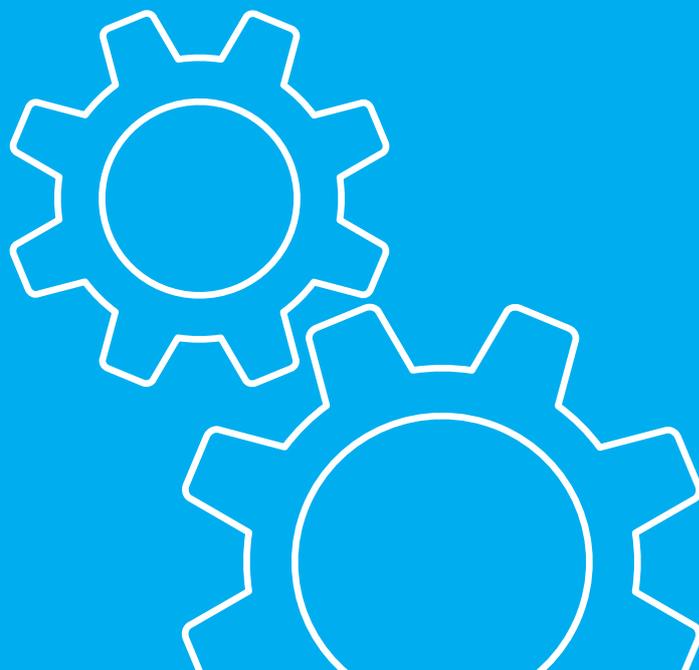
Healthcare staff will need to get consent from either your child or yourself before your child's treatment changes in any way.

Making decisions about their own diabetes management can be really nerve-racking, but make sure your child knows they can take time to make these choices. They can still bring someone to appointments and talk through any changes with you before they decide what's best for them. Just because they can ask for confidential healthcare, it doesn't mean they have to.



“I feel a lot better and more in control even though it’s taking more of my time and effort now I’m in adult care, but it’s worth it. I feel like I’m running the show now, not my diabetes.”

Becky, 25



New responsibilities

When they move into adult care, your child will be responsible for going to their appointments, keeping their personal information up to date, talking to their new team openly, and looking after themselves.

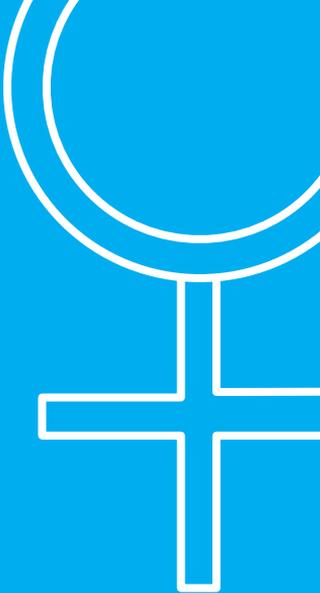
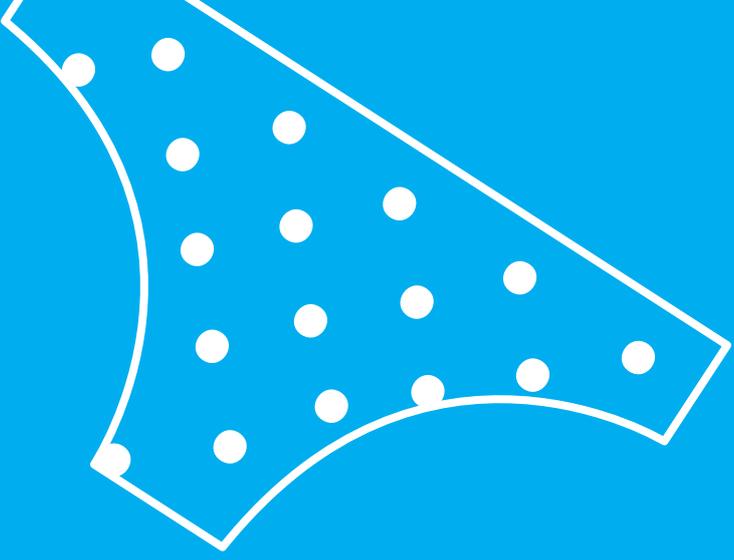
Appointments

It's important that your child goes to their appointments. Some clinics have a three strikes rule. This means if they miss three appointments in a row, they'll have to get referred to a diabetes clinic from their GP again. Make sure they know they can rearrange appointments, and that they should let their clinic know as soon as possible if they're not going to be able to make it.

Talking openly

As your child gets older, and they start to see their doctor without you, it's really important they feel like they can talk openly about their diabetes.

This can sometimes be tricky when they're new to adult care, don't know the doctors as well or have you there for support. Reassure them that the new clinic staff are there to help and ultimately want them to find a way to manage their diabetes that works for them.



“I think you feel like you can talk about more adult topics like drinking or sex. I definitely felt uncomfortable talking about this kind of thing to my paediatric team.”

Becky, 25

What to do if your child isn't getting the right care

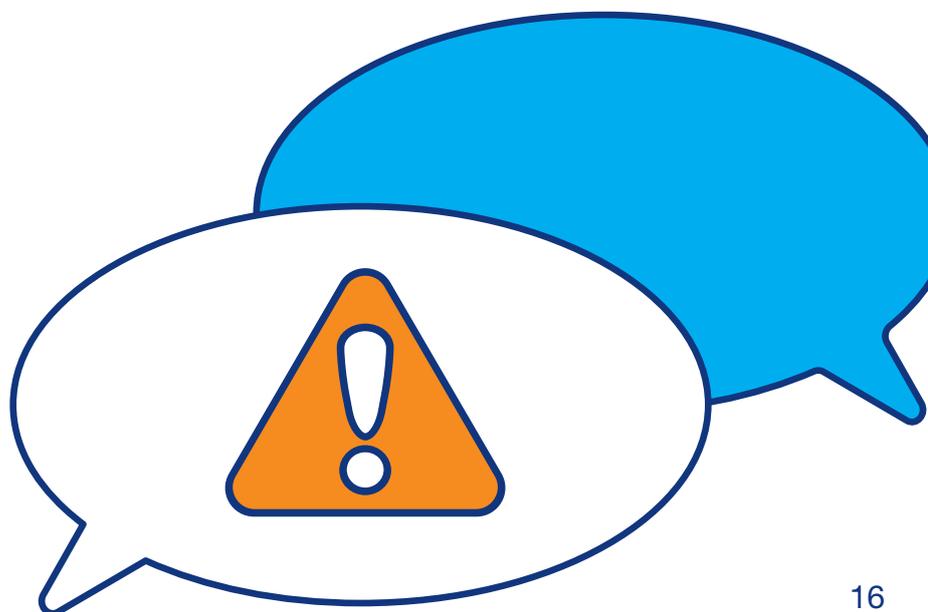
If your child doesn't think the care they're getting is as good as it could be, they have the right to complain.

If they speak to you about something that's worrying them, or you notice a drop in their care, speak to them about how to complain constructively. You can go with them to do this if they need support.

A good way of keeping a complaint constructive is making sure your child knows what they want to say. Talk about what's worrying them so they're clear about why they're complaining and what they want the outcome to be.

If the complaint is about a member of staff, it's always best to talk to them directly. However, sometimes this isn't always easy so if they don't feel comfortable doing this, ask to talk to another member of the diabetes team.

You can find out more about complaining formally on our website.



www.diabetes.org.uk

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