

# Parent/carer's transition programme

Name of parent: \_\_\_\_\_

Name of patient: \_\_\_\_\_

Date: Review (1) Review (2) Review (3) \_\_\_\_\_

Internet access: YES/NO \_\_\_\_\_



This transition programme is designed to help parents and carers feel confident about their knowledge and skills during the period of transition. Over the coming appointments your healthcare team aims to equip your son/daughter and you with the necessary skills to play an appropriate part in the management of their medical condition.

## Knowledge and skills

	Yes	No	N/A
I understand the meaning of transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who's who in the team and their respective roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about resources that offer support for parents/carers of young people with my son/daughters condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what is likely to happen in the future regarding my son/daughter's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware how their condition can affect how they feel and function e.g. fatigue, sexual function, fertility etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware how their condition can impact on their future career plans/work (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident my son/daughter is knowledgeable about their medical condition and its therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in helping my son/daughter to become responsible for their own medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident helping my son/daughter to contact the hospital themselves if they need to and to organise their own prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the plan for my son/daughters on-going medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Parent/carers transition programme

## Encouraging independence

	Yes	No	N/A
My son/daughter is independent at home e.g. dressing, bathing, preparing meals, chores etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My son/daughter is independent away from the home e.g. getting to and around college/work, using public transport, shopping etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident for my son/daughter to be seen on their own for part or all of the clinic visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand my son/daughters rights to information, privacy and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand my son/daughters role in shared decision making with the healthcare team e.g. Ask 3 Questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to advise my son/daughter about financial matters e.g. eligibility for benefits and other support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Healthy lifestyle

I understand the importance of an appropriate healthy diet for young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my son/daughter to regularly exercise. I am aware of any restrictions my son/daughter may have because of their condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the effects of smoking, drugs and alcohol on my son/daughters condition and general health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to access reliable sexual health information for young people and their parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other things you have any concerns about or would like to discuss

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Thank you

The Ready Steady Go materials were developed by the Transition Steering Group led by Dr Arvind Nagra, paediatric nephrologist and clinical lead for transitional care at Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust based on the work of: 1. S Whitehouse and MC Paone. Bridging the gap from youth to adulthood. Contemporary Pediatrics; 1998, December. 13-16. 2. Paone MC, Wigle M, Saewyc E. The ON TRAC model for transitional care of adolescents. Prog Transplant 2006;16:291-302 3. Janet E McDonagh et al, J Child Health Care 2006;10(1):22-42. Users are permitted to use 'Ready Steady Go' and 'Hello to adult services' materials in their original format purely for non-commercial purposes. No modifications or changes of any kind are allowed without permission of University Hospital Southampton NHS Foundation Trust.

The following acknowledgement statement must be included in all publications which make reference to the use of these materials: "Ready Steady Go" and "Hello to adult services" developed by the Transition Steering Group led by Dr Arvind Nagra, paediatric nephrologist and clinical lead for transitional care at Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust based on the work of: 1. S Whitehouse and MC Paone. Bridging the gap from youth to adulthood. Contemporary Pediatrics; 1998, December. 13-16. 2. Paone MC, Wigle M, Saewyc E. The ON TRAC model for transitional care of adolescents. Prog Transplant 2006;16:291-302 3. Janet E McDonagh et al, J Child Health Care 2006;10(1):22-42." Further information can be found at [www.uhs.nhs.uk/readysteadygo](http://www.uhs.nhs.uk/readysteadygo) v2.0 2015