

PRACTICE POLICY ON TRANSITIONING FROM CHILD TO ADOLESCENT PATIENT IN PRIMARY CARE

Information/Background:

Childhood to adolescence is a period accompanied by marked physical, emotional and cognitive changes and developments. [Practice Name] is committed to helping young patients become better prepared to look after their own health.

Aim:

The aim is to support young peoples' increasing independence with health care and health literacy.

Responsibility:

All clinical practice staff.

Procedure:

From about 12 years of age, the nurse or doctor will begin to spend some time without the parent/whanau/care giver in the room so that the young person can gain experience answering health questions and practice discussing health issues.

For young people who are going into puberty younger than 12 years, these brief health encounters may start earlier.

As young people mature, the time spent without a parent/whanau/care giver present in the consultation room will gradually increase. Depending on the young person's wishes, and the need for adult support to manage health challenges, the clinician may invite the parent/whanau/care giver back into the room to share the outcome of the consultation and management plan. Practitioners will respect the wishes of the young person regarding what information is shared.

As a strong relationship with at least one trusted adult is important to the young person's wellbeing, the practice team will encourage the young person to continue seeking the support of that parent/whanau/care giver for guidance with decisions that affect their health.

At age 16, youth legally become young adults. Many of our young adult patients will choose to continue to involve their whanau in health care decisions. We encourage this. However, we can no longer discuss anything with parents/whanau/care givers about their care, or share any personal health information without gaining the young person's consent first.

If through the consultation with the young person, it is disclosed that they are at risk of:

- harming themselves,
- harming someone else,
- being harmed by someone else,

the practitioner will discuss with the young person the need to include another appropriate adult to keep the young person and others safe.

If an adolescent has a specific condition that prevents them from making decisions and giving informed consent e.g. severe intellectual disability, the practitioner will discuss with parents/whanau/caregivers/welfare guardians options for supported decision-making.

Associated Resources:

GP practice parent and young person transition poster/flyer sourced from _____