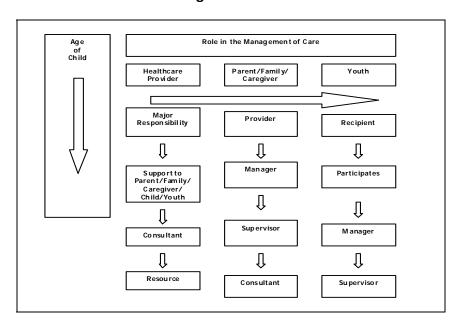


Transition to Adult Healthcare Services Work Group The Shared Management Model of Transition

The Shared Management Model of Transition is a planned systematic approach to a gradual shift in responsibilities from the health care provider and parents to the young person, as developmentally appropriate. This approach builds upon a life-skills-building program in which children are encouraged to take responsibility for tasks or household chores from a young age, and parents are required to be active in their parenting style.

As highlighted throughout the Shared Management Model, the attainment of knowledge and self management skills leading to a mastery over a chronic and/or complex physical, developmental and/or mental health condition is a process that takes time and involves healthcare providers, parents/caregivers and children/youth. The transition to adult healthcare services must be seen as a process that occurs both before *and* after the actual date of transfer. Regardless of the age of the patient and in order to prepare for the eventual transfer to adult healthcare services, no matter how far off it is, preparation (e.g. attaining knowledge and assuming responsibility for health care needs) must start as early on in the child/family's involvement with the healthcare system as is deemed appropriate, well before the formal transition process commences. The Shared Management Model encourages a shift in knowledge and responsibility from the healthcare provider to the parent and finally to the child/youth, as the young person matures in age (*see diagram below*). As the child ages, they actively participate in their health care in an age-appropriate manner. For example, a three-year-old child who takes insulin can walk to the refrigerator to get their insulin then give it to the parent who will administer it. The roles of children, parents and the health-care team change over time and may move back and forth as the child's medical condition changes. The health-care team and parent eventually move into consultant roles and the teen, with new skills in self-management, eventually becomes the supervisor of their health.

The Shared Management Model of Transition



The vertical arrow in the diagram represents the progression of the child's age and development and the horizontal arrow represents the shift in responsibility from the healthcare provider towards the young person. At the beginning, the provider has the major responsibility for care. This eventually shifts to the parent/family and finally to the young person assuming ultimate responsibility for his/her care. The transfer of knowledge must take

several factors into consideration such as chronological age, stage of development and any cognitive, physical, maturational and/or psycho-social issues that may impact the person's ability to acquire knowledge and assume responsibility for care needs. Should such issues be evident, additional support from parents/caregivers and/or healthcare team members (hospital and community based) may be necessary on a short or long term basis in order to optimize the child/youth's level of autonomy and mastery of the condition(s). In addition, psycho-social and/or developmental and/or physical issues may impact the degree to which knowledge is attained and/or responsibility is assumed by parents/caregivers. Additional support from healthcare team members (hospital and community based) may be needed.

ⁱ Gall, C., Kingsnorth, S., and Healy, H. (2006). *Growing up ready: A shared management approach. Physical and Occupational Therapy in Pediatrics, 26*(4), 47–62.

ⁱⁱ Kieckhefer GM. and Trahms CM. *Supporting development of children with chronic conditions: From compliance toward shared management*. Pediatric Nursing 2000;26(4):354-363.

Hospital for Sick Children Good 2 Go Transition Program. *Transition Interventions and Tools*. Retrieved from: http://www.sickkids.ca/Good2Go/Transition-Interventions-Tools/index.html