SECTION: Access Coordination **POLICY: AC O2**

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TRANSITION PLANNING

PREAMBLE

A transition plan should be unique to each child and youth. The transition plan should change over the years based on child/youth/family circumstances and service changes. The most successful transitions happen when youth, parents, schools, and services work together. The province expects integrated community transition planning for each youth with a developmental disability who requests or might request services as an adult:

- Youth will have a written plan to help them live as independently as possible as an adult
- Plans will be clear and easy to understand
- Planning will start when youth are 14 years old and continues until the transition is completed.

Transitional aged youth planning is about what the youth's life will look like in the future and helping the youth prepare for adulthood. Planning for community life includes promoting social inclusion, greater self-reliance and being as independent as possible. It is a plan:

- for when the youth becomes an adult (age 18)
- that includes the youth's wishes, needs and preferences and says how these will be met
- that says who is responsible for helping the youth achieve these goals
- that is reviewed regularly and gets updated and changed as needed, at least annually
- that is made by the youth and people who know the young person
- that is integrated with the youth's Individual Education Plan (IEP) and service Plans of Care
- that considers alternative options in case some services or goals cannot be achieved (for example due to significant waiting lists or need for further supports towards independence) and steps to manage unplanned events.

Contact Brant shares responsibility for ensuring that youth, their families, service agencies and schools work collaboratively to plan early for children with a developmental disability. Resource Coordinators/Service/Urgent Response Coordinators will encourage and participate in transition planning, working cooperatively and collaboratively with Ministry-funded service providers, schools, and other community stakeholders in planning for youth with a developmental disability and ensuring there is documentation of the plan.

When the youth turns 16, Contact Brant will provide information to youth and their family to refer to Developmental Services Ontario Hamilton-Niagara Region (DSO) to start the confirmation of eligibility and the intake process.

Refer to:

- *Coordinated Service Planning Protocol*
- *Transition Planning Protocol and Procedures For Young People with Developmental Disabilities*
- *Brant, Haldimand and Norfolk Addendum to the Protocol*
- *Tri-Ministry Implementation Guide 2013*
- Provincial Transition Planning Framework May 2011

POLICY

Contact Brant will actively promote and participate in transition planning with children, youth, and their families.
Contact Brant will lead transition planning with children's and adult service providers to ensure every young person with a developmental disability registered at Contact Brant has a unique documented transition plan that identifies their future goals, support needs and the process to achieve these.

PROCEDURE

1. The Resource Coordinator/Service Coordinator will:
    - assist the transition planning process by providing information, helping navigate services, and making appropriate referrals regarding children's services and community options, as well as prioritization of the immediacy of required supports; Urgent Response Service staff should also assist with this.
    - identify strengths and needs of the child/youth and family
    - promote a family centered approach to transition planning with the child/youth and involved services
    - ensure a regular review, at least annually, and updating of the plan as needed; ensure a written copy of the transition plan is documented in the Coordinated Service Plan template, and is on file in the client's EMHware record provide leadership to children/youth/families and service providers about transition planning.
    - For transitional aged youth, promote the focus of building a foundation for a good life in the future through early connections to community, building skills and ability to make choices, enhancing relationships, describing what life will look like in adulthood, and establishing a sound plan for discharge from children's services at age 18. Additionally, ensure youth that are required to be reviewed at Case Resolution are brought forward in a timely manner at age 16 and 17.
2. Contact Brant will at least annually review the file of each youth with a developmental disability starting at age 14 to ensure an updated transition plan is documented.
    - Ensure that the youth continues to reside in Brant and has a confirmed developmental disability.

- Annually flag youth who are age 14 - 18 on their birthday to ensure that planning is being addressed, and connect with family and service providers as needed.
- Ensure an intake is completed if one has not been recently done to address current service needs and discuss transition planning with the family as well as communicate with the youth's school to gather information on the transition plan in the IEP, as per the Transition Protocol
- If a youth has not been through an intake with Contact Brant but is identified by a school/service provider the school/ service agency should request the family to connect with Contact Brant to register for transition planning, as well as referral to the DSO at age 16 as per the Transition Protocol.
- Remind the service agencies integrated community transition planning includes at least an annual updated written Transition Plan, using the Coordinated Service Plan template, and the need to provide Contact Brant with updated copies..
- Where possible, the Resource Coordinator/ Service Coordinator should attend Case Conferences for Transition Planning, with priority given to youth identified as at risk/with complex needs (At Risk/Emergent) or Crown Wards.
    - Case Conferences for Transition Planning should include the youth, family, children's service providers, and school, with consideration of adult developmental service providers and other relevant community stakeholders.
- Where the youth has been identified as at risk/with complex needs (At Risk/Emergent), Contact Brant will follow-up with the case manager to confirm transition planning is active and the written plan has been received annually.
- When the youth turns 16, Contact Brant will provide information to youth and their family about referring to Developmental Services Ontario Hamilton-Niagara Region (DSO) to identify eligibility and start their intake process.
    - Once eligibility has been confirmed, adult service providers could be included in transition planning meetings as needed. The Resource Coordinator/Service Coordinator will ensure on-going communication with the DSO regarding any new information from the updated Transition Plan,
    - Resource/Service Coordinators should identify any prioritized transitional-aged youth to the Manager of Service Coordination who attends the adult Developmental Services resource planning table.

3. Contact Brant will provide a leadership role to other service providers to support the completion of a written integrated Transition Plan (Coordinated Service Plan template), at least annually. This Plan is to be provided to Contact Brant and uploaded in EMHware.
    - Documentation in EMHware will include who is responsible for the planning. The Service Coordinator should be noted in EMHware Client Address Book.
    - Refer to Appendix 1 for further information on the expectations for an integrated Transition Plan.

Transition Planning for Youth with a Developmental Disability

Are you Ready?

Following is a summary of things to keep in mind when planning for the transition from children's services and school to adult services and community life for youth with a developmental disability.

1. **It is highly recommended that planning start by age 14.** Children's services end at age 18 and adult services have limited and finite resources; youth with a developmental disability often stay in school until age 21 so may not access many services until after they graduate from school. Transition planning isn't just about services though. There are wait lists for adult developmental services and adult services are different to children's services. The Plan is about what the youth's life will look like in the future.

2. **The most successful transitions happen when parents, schools, and services work together with the youth.** Transitions are stressful - parents, service providers and schools should manage the transition by planning early.

3. **Get information…Take action**. It takes time to build skills, experience options that might be considered, and build linkages to people and the community. As a youth matures, their likes/dislikes and skills become clearer, as well as their support needs. Develop an 'ideal' plan, plus develop alternative plans.

4. **What is important when planning? Quality of life and self-determination: the youth is the center of the plan**.
   It is most important to know what relationships are important to the youth, what social roles are valued, what they like about their life now and what changes they would like to make. Consider the unique supports available to ensure they have the lifestyle they choose in their local community – supports can be provided by family, friends, services, and the broader community.

5. **Plan for the future: What does a Transition Plan look like?**
   A transition plan should be unique to each youth. The transition plan should change over the years as the teenager matures and interests/skills become more apparent. Consider:
   a. What can the youth contribute to their community? This is often not considered and yet is vital to ensuring quality of life.
   b. Housing/Living arrangements: Where will they likely be living? At home, a supported living arrangement, a group home, their own apartment?
   c. Health: How will they live a healthy lifestyle? What will their health and medical needs be? Will they need assistance with decisions around healthcare and medications?
   d. Finance/Money: What will be their source of income? Will they require assistance with banking or shopping – if so who will help? Do they have a Social Insurance Number? Have they applied for ODSP?

e. Friendship/Social Life: What will their social life look like? What relationships, including family and friends, are important? How can relationships that are important be built and strengthened?
f. Transportation: What will their transportation needs look like? Do they need assistance learning to use transit services?
g. Education/Training: Will they want to further their education? Will they take training courses that are specific to their employment (First Aid, WHMIS, food handling, etc.)?
h. Employment: What will they do after school is finished? Will they get a job? Will they want to go to a recreational day program? How will they be actively involved each day?
i. Recreation: What will they do for recreation? Will they want to join a sports team, exercise, take an art class, join a hobby club?
j. Community Involvement/Leisure: What will they do during their spare time? Will they volunteer? What about spiritual and cultural activities?
k. Legal/Advocacy: What will their legal needs be? Who will help them stand up for their rights?
l. What is available in our community? (services and other community resources)
m. What are their support needs for each activity of daily living?

6. **How do I plan?**
Parents, educators and service providers: Connect with Contact Brant to assist with planning for each youth by age 14 and annually thereafter.

There are many tools to assist with planning (visit Contact Brant or their website: www.contactbrant.net for some suggestions.) Bring people together. Look at the youth's capabilities and interests. Find new directions where changes need to be made today; develop strategies and set a vision. Identify obstacles – find solutions. Manage the plan: take action, explore options, build the plan, connect to your community; reflect on the plan and continue to 'grow' the plan.

7. Ministry guidelines and legislation support integrated planning; educators and service agencies are to assist youth/families in the development of individual transition plans by providing support and information. Brant, Haldimand and Norfolk service agencies also have a community Addendum to the regional Protocol that supports integrated and early planning.

What can you expect from schools?

- The Ministry of Education identifies educators must coordinate planning with parents and community services at age 14. The Education Act states that IEP must include transition plan for all special needs students starting at age 14: where the student is age 14 or older, the IEP must include a transition plan to appropriate activities after secondary school, e.g., work, further education, community life
- Educators are to consult with community agencies; special education staff can assist schools by establishing working relationships with local agencies

How might the education system support your transition plan?

- Advocate for the value of work experience and coop education can be important to help your transition plan.
- Stay in touch – how can you influence the opportunities available to youth?
- Parents: It is important to be involved with your child in the education process

What can you expect from community agencies?

- MCYS, MCSS and Ministry of Education's Tri-Ministry Implementation Guide identifies organizations are to coordinate planning with parents and integrate the plan with other service partners starting by age 14
- When community service agencies are involved with a youth, they are to plan and coordinate individual transition plans that will build a foundation for future life

8. What can parents do?

- Connect with Contact Brant to start planning for services by age 14 and to get information on transition planning – call (519) 758-8228
- Build self-reliance – foster as much independence as possible for your child e.g., give chores to match their abilities, give an allowance, offer choices so they can learn to make decisions, ask what they want when they grow up, involve in neighbourhood/community events, encourage hobbies based on their interests and strengths
- Get connected – find people to support you and help through the planning process
- Consider all options – be creative/try new things
- Obtain a birth certificate/proof of citizenship
- Obtain a Social Insurance Number
- Keep a file of medical records, assessments, and report cards which may help when looking at eligibility for adult developmental services
- Apply for ODSP at age 17 – 17 ½

The following diagram shows key aspects of the Protocol pathways for Transitional Planning

Youth (14+) with a developmental disability who request or may request adult developmental services upon reaching age 18 **are identified** to Contact Brant by age 14 by: the youth/family/guardian, school board, Children's Aid Society, Ministry funded agencies or cross sector agencies.

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Contact Brant will register the youth for transition planning – complete an intake if one has not been recently done to gather current information and address services that may be needed to support transition planning and building the youth's skills; discuss Transition Planning and the importance of connecting to the community/building skills and interests; provide *Creating a Good Life in Community: A Guide on Person-Directed Planning;* connect with the school to capture IEP information re Transition Plan; ask if family wants assistance; connect with service provider(s) to identify key expectations in transition planning (provide A Guide on PDP & Checklist, require written integrated plan annually); and identify potential planning team members, inclusive of cross sector membership and based on the young person's preference, current involvement and anticipated future needs.

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When assistance is desired, a **Lead Agency will be identified** in consultation with the youth/family and may or may not be involved in providing direct service. The Lead Agency may be a school, children's service, Children's Aid Society, Contact Brant or any other community agency or service.

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Planning Team Members are identified and will include people who are important to the young person. Focus on what to do now to prepare for the future; community connections; skill building

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A Transition Plan is Developed and Implemented, consistent with the principles of the Protocol, the Transition Planning Framework, and the local Addendum. RC will **flag file for annual review** of a TAY Plan being on file and sufficient information included in Plan.

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Contact Brant refers the youth to the DSO at age 16 for eligibility determination; the DSO will confirm eligibility with Contact Brant and if eligible, schedule ADSS and SIS. RC's should identify children's priority to the DSO when they send the Plan. RC's should recommend adult service provider partners being added to the Planning Team once eligibility is determined. The discussion of adult services is the role of the DSO and although this needs to be included in the Plan after ADSS/SIS completed, services are not the focus of the Plan.
For crown wards, emergent, and urgent youth, RC's need to ensure Case Resolution reviews at age 16 and 17 to support appropriate transition Plans are in place, and that these youth are flagged to adult planning as children's sector priorities.

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Planning continues, to be **reviewed at least annually**, until youth turns 18 years of age. RC responsible for ensuring complete Plans are on file and supporting appropriate planning.