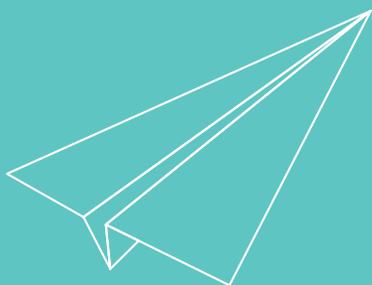


# PLANNING TRANSITION TO ADULTHOOD

A GUIDE FOR SUPPORTING YOUTH WITH PROFOUND  
INTELLECTUAL DISABILITY THROUGH TRANSITION  
TO ACTIVE LIFE

DEVELOPED FOR FAMILIES  
AND PROFESSIONALS

BY CAMILLE GAUTHIER-BOUDREAU  
UNIVERSITÉ DE SHERBROOKE



APRIL 2021

# PLANNING TRANSITION TO ADULTHOOD

## A GUIDE FOR SUPPORTING YOUTH WITH PROFOUND INTELLECTUAL DISABILITY THROUGH TRANSITION TO ACTIVE LIFE

### DEVELOPED BY:

Camille Gauthier-Boudreault, Occupational therapist, M.Sc., Ph.D. (candidate)  
Programme de recherche en sciences de la santé, Université de Sherbrooke

Frances Gallagher, RN, Ph.D.  
École des sciences infirmières, Université de Sherbrooke

Mélanie Couture, Occupational therapist, Ph.D.  
École de réadaptation, Université de Sherbrooke

### COLLABORATION:

**Danielle Dunberry**

Personne-ressource en déficience intellectuelle, Services régionaux de soutien et d'expertise de l'Estrie

**Kymberley Morin**

Special Education Consultant, Eastern Townships School Board

**Julie Bibeau, T.S.**

Responsable des programmes de 1<sup>er</sup> cycle en travail social et coordonnatrice académique, Université de Sherbrooke

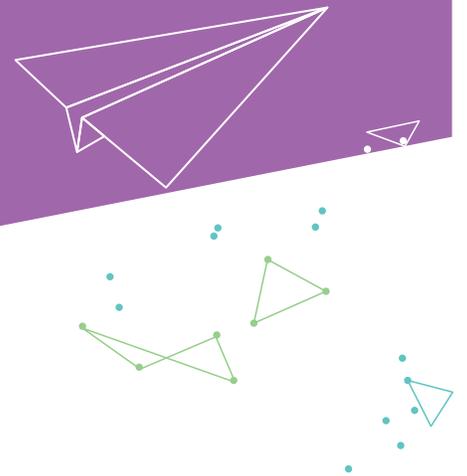
Programme de déficience intellectuelle – Trouble du spectre de l'autisme – Déficience physique du Centre intégré universitaire de santé et services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CIUSSS de l'Estrie – CHUS)

**Ingrid Cardyn, T.S.**

**Marianne Nadeau, T.E.S.**

**Amélie Rathier, T.S.**

**THANK YOU TO PARENTS  
AND PROFESSIONALS  
WHO PARTICIPATED  
IN THIS STUDY**



# TABLE OF CONTENTS



Profound intellectual disability.....	5
Definition of transition.....	5
Guidelines for transition planning.....	6
Transition planning for persons with profound id.....	6
1. When?.....	6
2. Who?.....	7
3. How?.....	7
<b>EXPLORATION</b> .....	8
Distribution of resource sheets.....	8
Identification of life project.....	9
Creation of the youth's portfolio.....	12
Psychological support for parents.....	12
<b>PERSONALIZATION</b> .....	13
identification of intervention objectives.....	13
Visit of daily activities centres by the youth and family.....	13
<b>IMPLEMENTATION</b> .....	14
Observation of the youth in school by staff from daily activities centre.....	14
Early and gradual integration into the new environment.....	15
Summary of health services received and to be received.....	16



<b>APPENDIX I:</b> TSAL adapted to the reality of persons with profound ID.....	17-18
<b>APPENDIX II:</b> Resource sheet for transfer in healthcare services.....	19
<b>APPENDIX III:</b> Resource record on welfare and social solidarity.....	20
<b>APPENDIX IV:</b> Resource record on legal protections.....	21-22
<b>APPENDIX V:</b> Observation Grid to Identify Areas of Interest.....	23
<b>APPENDIX VI:</b> Checklist.....	24-26



# FOR YOUTH WITH PROFOUND INTELLECTUAL DISABILITY

THIS GUIDE IS BASED ON THE APPROACH TERMED TRANSITION FROM SCHOOL TO ACTIVE LIFE (TSAL). THE STEPS ARE REITERATED AND ADAPTED TO THE REALITY OF PERSONS WITH PROFOUND INTELLECTUAL DISABILITY AND THEIR FAMILIES.

## PROFOUND INTELLECTUAL DISABILITY

Intellectual disability (ID) is a neurodevelopmental disorder defined by limitations in intellectual functioning and adaptive behaviour (functioning in day-to-day life). There are four levels of severity: mild, moderate, severe and profound.

Persons with profound ID present an IQ between 20 and 25. Their maximum developmental age is around two years old and their communication is mainly non-verbal. Activities involving reasoning, problem-solving, planning and judgment are difficult. Since their learning potential is limited, they take much longer to acquire new skills. **They can participate in daily activities such as dressing, washing and eating, and engage in positive interpersonal relations through humour and creativity. When given the opportunity, they are capable of self-determined behaviour.**

## DEFINITION OF TRANSITION

The transition from school to active life is defined by the departure from school (between 16 and 21 years of age) and the search for new, meaningful and stimulating occupations to continue evolving in adulthood.

**For young people with profound ID, these new occupations mainly refer to attendance at a daily activities centre integrated into a community organization or an intellectual disability rehabilitation centre.**

These two environments are complementary: the first has a mandate to provide occupations and the second to provide rehabilitation services to maintain and develop capacities.



## GUIDELINES FOR TRANSITION PLANNING



Although implementation of TSAL is not mandatory in Quebec, it is recommended for each youth with disability during the period of transition to adulthood. The approach makes it possible to coordinate all partners working with youth around objectives that allow him or her to develop their autonomy in order to carry out their life project.

The TSAL process should begin at least three years before school ends and be assessed each year as it evolves based on knowledge of the young person's areas of interest, strengths and difficulties.

## TRANSITION PLANNING FOR PERSONS WITH PROFOUND ID



### WHEN?

It is advised to launch the TSAL process at the start of cycle two of secondary school (around 16 years old) for persons with profound ID.

As indicated in the Education Program for Students with a Profound Intellectual Disability (*Ministère de l'Éducation, du Loisir et du Sport 2011*), a report regarding acquired knowledge should be made by the teacher at that age. This is exactly the right time to begin discussions about the TSAL process.

### WHO?

Multiple partners should be involved at each step:

- The young person
- His or her parents
- Person in charge of TSAL in the school (navigator)
- Partners involved in the young person's case file, provided by the network of health and social services for children and adults (occupational therapist, physiotherapist, social worker, etc.), the education system (teacher, school principal, specialized educator, etc.), and the community (stakeholder in a community organization, etc.)

In Quebec, the approach Transition from School to Active Life (TSAL) proposes to be a

*“planned, coordinated and concerted plan of activities intended to guide and support young people in planning and carrying out their life plan. It is also designed to smooth their way as they move from school to active life. In most cases, the process consists of actions listed in the individualized education plan (IEP) and, if applicable, in the individualized intersectoral service plan (IISP).”<sup>1</sup>*

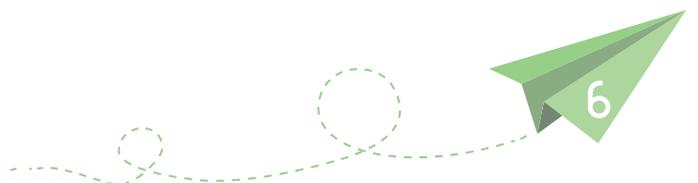
The approach involves eight dimensions of life which are to be considered in discussions of transition planning. They include self-knowledge, education, friends, leisure activities, transportation, work, housing, social life and close relationships.

Initially developed for persons with milder disabilities, the TSAL is also useful for those with profound intellectual disability. The overall approach can, in fact, serve as a guide for providing support adapted to the reality of these persons.

1

2

1- Ministère de l'Éducation et de l'Enseignement supérieur, 2018, p.6.



# 3

## HOW?

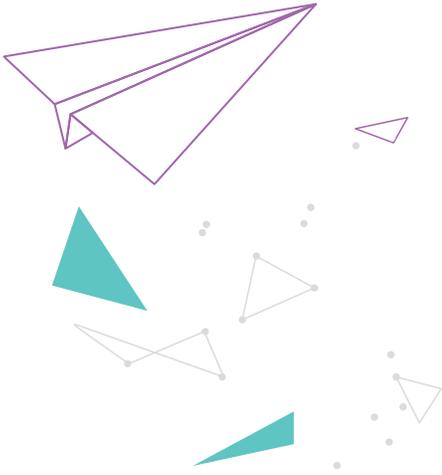
Planning should be based on the youth's areas of interests and strengths. The life project of young people with profound ID is most often defined by the perspective of those who know them well (e.g., parents, siblings, teacher).

The young person's transition process includes three steps:

- Exploration
- Personalization
- Implementation

The pathway is dynamic with possible back-and-forths, and the time required for each step must be adapted to the young person's reality.

The schema in Appendix I adds details regarding the path specific to their support requirements. These will be described in the following sections as well.



### EXPLORATION

### PERSONALIZATION

### IMPLEMENTATION

Distribution of resource sheets

Identification of life project

- List of youth's areas of interests, strengths and challenges by teacher and parent
- Experimentation of new activities in community

Creation of portfolio

Psychological support for parents

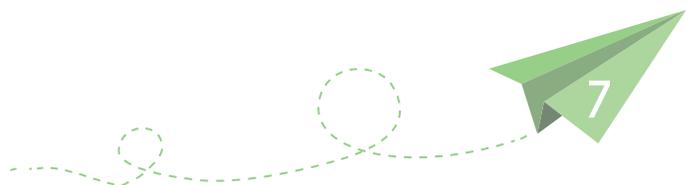
Formulation of intervention objectives

Visit to possible daily activities centres by the youth and their family

Observation of the youth in school by staff in daily activities centres

Gradual early integration into new daily activities centres

Production of a summary of health services received





# EXPLORATION

The following information will help pave the way for a smooth transition by the young person with profound ID and their families.



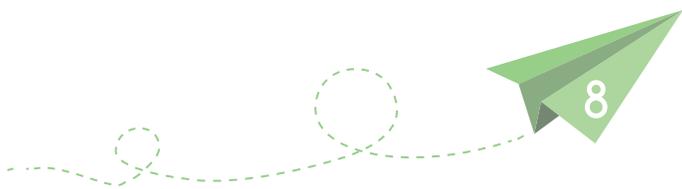
## DISTRIBUTION OF RESOURCE SHEETS

The famous 18 years old... Reaching legal age means important changes for a person with profound ID: the transfer of pediatric health services to adult services (including occupational therapy and physiotherapy), legal protection and social security. These three changes may be confusing for parents, who are often faced with different professional opinions and a lack of clear, understandable information. **Parents wish to receive information about these issues early in the transition process.**

Three resource sheets have been developed in collaboration with various health professionals to provide consistent information with regard to these changes (Appendices II, III and IV).

LET'S TAKE ACTION

THESE RESOURCE SHEETS SHOULD BE DISTRIBUTED TO PARENTS AT THE VERY START OF THE TSAL PROCESS.





## IDENTIFICATION OF LIFE PROJECT



Several documents have been developed to help teachers identify a youth's life project. However, these documents are less adapted to the reality of persons with profound ID.

Several steps are involved in identifying a youth's life project during the exploration activity.

### STEP 1: MAKE A SUMMARY OF THE YOUNG PERSON'S AREAS OF INTERESTS, STRENGTHS AND DIFFICULTIES IN SCHOOL AND THE COMMUNITY

This step should be carried out by the teacher, who is the actor working with the young person on a daily basis. As suggested in the literature concerning activities for persons with profound ID, the list should contain, among other things, information about activities allowing for cognitive, motor and sensory stimulation, interpersonal interactions, opportunities to develop self-determined behaviours and communication capacities, and activities in the community.

#### LET'S TAKE ACTION

THE OBSERVATION GRID TO IDENTIFY AREAS OF INTEREST IS AN EXAMPLE OF A TOOL MAKING IT POSSIBLE TO LIST A YOUTH'S PREFERRED ACTIVITIES, THOSE THAT REQUIRE IMPROVEMENTS (SEE APPENDIX V). INDEED, THE PERSON MAY DEMONSTRATE A STRONG INTEREST IN AN ACTIVITY THAT IS DIFFICULT TO PERFORM. THIS ACTIVITY CAN BE INTEGRATED INTO HIS OR HER INTERVENTION PLAN THROUGHOUT THE TRANSITION PROCESS. TEACHERS ARE INVITED TO MODIFY IT BASED ON THE NEEDS OF THE YOUTH INVOLVED.



It may be difficult to gauge a youth's interest in an activity. Various factors can guide us in recognizing this. Among them are:

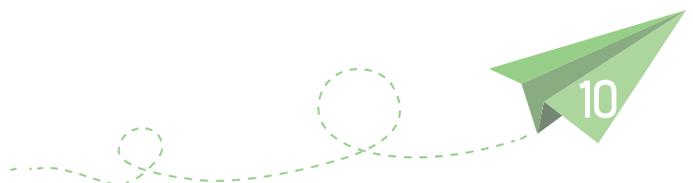
- **Affect:** Smiles, cries, gets angry
- **Communication:** Utters sounds, cries, laughs
- **Sustained attention:** Visual contact with an activity, object or person
- **Interaction:** Physically approaches an object, a person
- **Behaviour:** Self-stimulation
- **Alert level:** Wakes up, falls asleep

These few examples, and more, should be indicated in the *Comments* section of the observation grid



## OBSERVATION GRID TO IDENTIFY AREAS OF INTEREST

Activities	Level of interest	++: Marked interest +: Some interest ±: Neutral -: Uninterested	Strengths and difficulties	++: Very easy +: Easy -: Difficult --: Very difficult	Comments
Gross motor					
Fine motor					
Sensory					
Cognitive					
Self-determination					
Responsibilities					
Interpersonal relationships					
Communication					
Activities in community					



## STEP 2: CONTINUE GATHERING INFORMATION FROM THE YOUNG PERSON'S FAMILY

Once the grid is completed by teacher, the parents are advised to validate it with additions or modifications based on their observations in other environments and contexts.

### LET'S TAKE ACTION

THE CONTENT OF THIS GRID SHOULD BE DISCUSSED DURING THE LAST TRANSITION MEETING OF THE EXPLORATION ACTIVITY IN ORDER TO PLAN SUBSEQUENT ACTIONS.

## STEP 3: EXPERIMENT NEW ACTIVITIES IN COMMUNITY

Experimenting new activities in community is recommended for the young person as far as possible. The step is conducted in collaboration with the family, school and other professionals involved in a youth's case file.

Offering the person new experiences helps identify their areas of interest and the activities to encourage in adulthood.

During the first transition meeting, the school can begin discussions with the parents and the social worker concerning possible community activities and the support strategies connected with this approach (e.g., financial support, accompaniment).

### LET'S TAKE ACTION

THE SOCIAL WORKER ASSIGNED TO THE YOUNG PERSON MAY DISCUSS POSSIBILITIES FOR SUBSIDIES TO ENABLE PARTICIPATION IN ACTIVITIES (E.G., CHÈQUE EMPLOI-SERVICE, CARTE ACCOMPAGNEMENT LOISIR).

Sometimes families do not have a designated social worker. The school could inform the parents about how to find one, which is by contacting the psychosocial services of their *Centre intégré de santé et services sociaux* (CISSS). The social worker is an important partner during transition planning and throughout life. He or she can, among other things, help the family find establishments to welcome their child after school ends and take the steps to access them. The social worker also provides psychosocial support.



## CREATION OF THE YOUTH'S PORTFOLIO



Some schools use a portfolio presenting the young person's areas of interest, strengths and difficulties. This strategy is well suited to facilitating the transfer of knowledge regarding the person and their family between the different partners during transition to adult life.

### LET'S TAKE ACTION

THE PORTFOLIO CAN ALSO INCLUDE THE RESULTS OF THE **OBSERVATION GRID TO IDENTIFY AREAS OF INTEREST**, ACTIVITIES PERFORMED AT SCHOOL AND THE SUPPORT NEEDED TO FOSTER THE YOUNG PERSON'S AUTONOMY. PHOTOGRAPHS OF THE YOUTH IN SCHOOL AND AT HOME CAN ALSO BE INCLUDED.



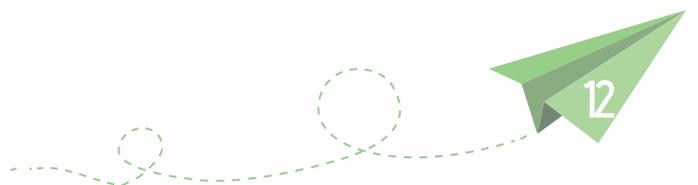
## PSYCHOLOGICAL SUPPORT FOR PARENTS



The transition to adult life is highly stressful for parents. A study conducted in Quebec, moreover, reveals that they wish to receive additional psychological support during this time.

Accordingly, an approach focused on the young person and their family is recommended during the TSAL process to ensure the experience is a positive one regarding all systems relating to the young person.

The responsibility should be shared by all the partners involved in transition planning. The youth's social worker can be a resource to support parents when necessary.





# PERSONALIZATION



## IDENTIFICATION OF INTERVENTION OBJECTIVES



Objectives differ for persons with profound ID. They may involve the discovery of the person's areas of interest, the development of their capacities, or experimenting various activities in community. Objectives should be established in collaboration with the youth, the family and all those in his or her circle.



## VISIT OF DAILY ACTIVITIES CENTRES BY THE YOUTH AND FAMILY



To help families choose a daily activities centre for the youth after school ends, they should be encouraged to visit these establishments. The young person should be included in these visits. This step can be stressful for parents, who may need to be accompanied by a health professional or the teacher.

### LET'S TAKE ACTION

DAILY ACTIVITIES CENTRES OFFER THE OPPORTUNITY TO VISIT AND ASK QUESTIONS. VISITING A DAILY ACTIVITIES CENTRE IS ESSENTIAL TO DETERMINE WHETHER OR NOT IT IS SUITED TO THE YOUNG PERSON'S NEEDS.



# IMPLEMENTATION



## OBSERVATION OF THE YOUTH IN SCHOOL BY STAFF FROM DAILY ACTIVITIES CENTRE



It is further recommended that staff at the daily activities centre that will welcome the young person in adulthood observe him or her at school to gain a better idea of the interventions needed. It is suggested they be present at transition meetings during the final school year.

### LET'S TAKE ACTION

OBSERVATION IN THE ACTUAL SETTING ALLOWS ESSENTIAL INFORMATION TO BE SHARED AND ENABLES A SMOOTH TRANSITION LATER ON. THE STAFF IN DAILY ACTIVITIES CENTRES CAN USE THEIR KNOWLEDGE OF THE YOUNG PERSON'S ACTIVITIES, STRENGTHS AND DIFFICULTIES TO IMPLEMENT VARIOUS WINNING STRATEGIES TO INTEGRATE HIM OR HER INTO THE NEW ENVIRONMENT.



## EARLY AND GRADUAL INTEGRATION INTO THE NEW ENVIRONMENT



The young person may become upset by the sudden change and experience anxiety and, occasionally, behavioural problems.

### LET'S TAKE ACTION

AN EARLY GRADUAL INTEGRATION INTO THE NEW HOST ENVIRONMENT IS RECOMMENDED WHENEVER POSSIBLE TO ENCOURAGE EARLY GRADUAL INTEGRATION IN ADULTHOOD.

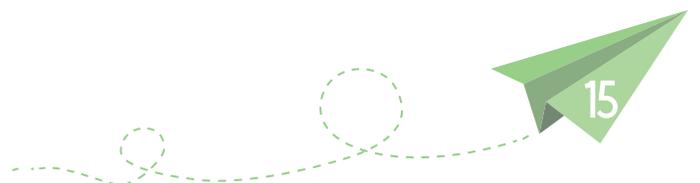
## THIS STEP MAY TAKE DIFFERENT FORMS. THE FOLLOWING ARE TWO EXAMPLES.



- The daily activities centre can organize open doors two or three times a year to allow young people to participate in activities and meet the staff.
- The youth could attend the daily activities centre for half a day, or one day or more a week in the months before school ends.

### LET'S TAKE ACTION

CERTAIN ESTABLISHMENTS HAVE WAIT TIMES OF OVER A YEAR. FAMILIES, IN COLLABORATION WITH THEIR SOCIAL WORKER, SHOULD MAKE INQUIRIES EARLY IN THE TSAL PROCESS ABOUT THE WAIT TIMES IN DIFFERENT CENTRES AND WHAT THEY CAN DO TO GAIN ACCESS.





## SUMMARY OF HEALTH SERVICES RECEIVED AND TO BE RECEIVED



Health professionals involved during the youth's childhood are advised to create a document summarizing his or her capacities, the interventions carried out and the person's needs in terms of follow-up. With the parents' permission, this document can help facilitate the transition from pediatric health services to adultcare services (e.g., occupational therapy and physiotherapy).

Thanks to this information, health professionals overseeing the youth's care in adulthood will have what's needed to ensure proper continuity of service. These various professionals should also be present at transition meetings in the final school year.

IN SUMMARY, THE TRANSITION TO ADULthood IS AN IMPORTANT TIME IN THE LIFE OF A YOUNG ADULT WITH PROFOUND ID AND THEIR FAMILY. WE PRIVILEGE AN APPROACH THAT FOCUSES ON THE YOUNG PERSON'S NEEDS AND IS CARRIED OUT IN COLLABORATION WITH ALL PARTNERS INVOLVED WITH HIM OR HER DURING CHILDHOOD AND ADULthood. THE STRATEGIES PROPOSED ARE IDEAS TO SUPPORT AND FACILITATE TRANSITION PLANNING. THEY SHOULD BE ADAPTED TO THE NEEDS OF EACH YOUNG ADULT AS WELL AS TO THE PRACTICE CONTEXT.

# TSAL FOR YOUTH WITH PROFOUND ID

## PATHWAY FOR YOUTHS WITH PROFOUND INTELLECTUAL DISABILITY

## USUAL PATHWAY

\*The key steps are presented.



### EXPLORATION

#### Presentation of TSAL process to all partners concerned

- a. Distribute resource sheets on the three issues regarding transition to adult life



#### 1. Identification of life plan

- a. Present TSAL process to all partners concerned
- b. Plan meetings with parents and other significant persons

#### Identification of student's life project and description of his/her profile

- a. Inventory the youth's interests, strengths and difficulties using the observation grid completed by the teacher
- b. Continue gathering information from the family
- c. Experiment new activities in community



- c. Identify student's life project and describe his/her profile



- d. Summarize activities
- e. Create action plan

#### Create youth's portfolio



#### Offer psychological support to parents



Arrows (→) indicate steps in the overall process that are included in the particular pathway of a youth with profound ID

### PERSONALIZATION

#### Personalization of life project

- a. Formulate intervention objectives
- b. Visit different daily activities centres to familiarize youth and his/her parents with the physical and social environment



#### 2. Personalization of life plane

- a. Plan and carry out activities to develop the student's life project
- b. Identify other areas and lines of development that may impact the personalization of his/her life project
- c. Identify resources that can help move the student's dream toward his/her life project



#### Create youth's portfolio



#### Offer psychological support to parents



PATHWAY FOR YOUTHS WITH PROFOUND INTELLECTUAL DISABILITY

USUAL PATHWAY

\*The key steps are presented.



IMPLEMENTATION

Implementation of life project

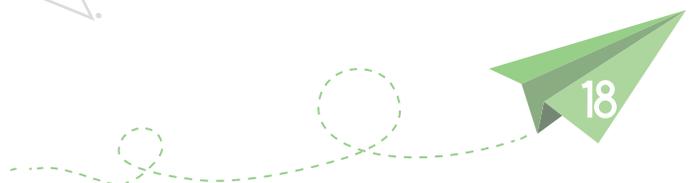
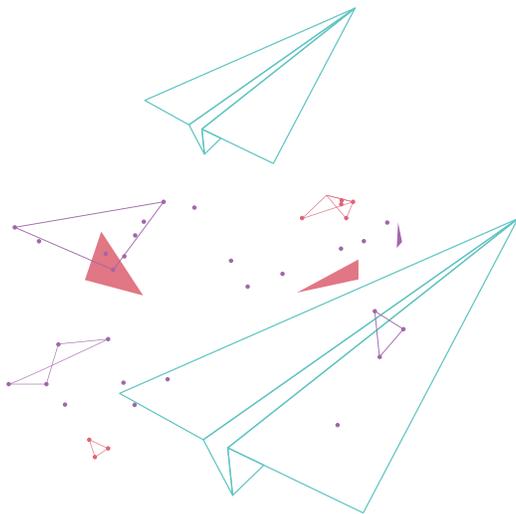
- a. Allow staff from daily activities centres to observe the youth at school
- b. Integrate the youth early and gradually into the daily activities centre
- c. Create a document summarizing health services received in childhood and those to be received in adulthood



3. Implementation of life project

- a. Present student, parents and partners with possible options regarding the youth's life project
- b. Plan and carry out activities to realize the life project
- c. Identify resources that can support implementation of the life project
- d. Identify issues and initiatives that could impact the transition
- e. Anticipate mechanisms of transition with the partners
- f. Anticipate requests for necessary documents, adapted materials and accompaniment

Arrows (→) indicate steps in the overall process that are included in the particular pathway of a youth with profound ID.



## RESOURCE SHEET FOR TRANSFER IN HEALTHCARE SERVICES

### TRANSFER OF PEDIATRIC HEALTH SERVICES TO THE ADULT SERVICES



#### DEFINITION OF TRANSFER IN HEALTHCARE SERVICES

When a youth with disability reaches 18 years of age (21 for some establishments), their medical file is moved from pediatric health services to adult services.

This transition should be planned in advance to ensure proper continuity between the two services.

Each healthcare establishment should have an established transition plan to guide families.

Since transition planning services differ from one establishment to another, learning about them is important to begin the process at the right moment. The professionals in charge of the youth's file are resource persons who can provide the information you need.



#### RECOMMENDATIONS

To facilitate the transfer from pediatric to adult healthcare services, the Canadian Association of Paediatric Health Centres (2016) has issued several recommendations.

Here are some key elements to retain:

- Planning should focus on the needs of the youth and their family.
- Professionals are encouraged to inform the youth and their family about the transition at least 1 year before it occurs.
- The implementation of a transition plan in collaboration with parents and professionals in pediatric and adult care services is strongly recommended. This plan should target the physical, developmental, psychosocial, mental health, educational, cultural and financial needs of the youth and their family.
- The transition plan should also include an evaluation of the youth's capacities to determine if they are ready to be transferred to adult services and to identify the interventions to carry out as needed.
- Access to a key actor to coordinate the transfer between the two services is encouraged. This actor should ensure communication between the different stakeholders involved.
- With the family's permission, childcare professionals should provide a summary of care services received to the youth, the family and adultcare professionals.
- The youth's integration into adult care services should be monitored to ensure he or she accesses a first meeting in adult care services within an appropriate period of time.



FOR FURTHER INFORMATION, CONTACT THE PROFESSIONALS ASSOCIATED WITH THE YOUNG PERSON'S FILE. THEY CAN GUIDE YOU TO THE RESOURCES SPECIFIC TO EACH ESTABLISHMENT.

## SOCIAL ASSISTANCE AND SOCIAL SOLIDARITY



### SERVICES IN BRIEF

Financial aid programs aimed at supporting low-income persons and families with social and professional integration objectives.

If you present severely limited capacity for employment, you could be eligible for the **Social Solidarity Program** (a medical report is required).

- A person who is unfit for work may have social solidarity as their main income.

To make the request, fill out the three following forms available on the website below:

- Application for Services - General Information
- Appendix 1 - Information about Education and Employment
- Appendix 2 - Application for Last-Resort Financial Assistance



### WEBSITE

<https://www.quebec.ca/famille-et-soutien-auxpersonnes/aide-financiere/aide-sociale-et-solidaritesociale/etapes-a-suivre-pour-presente-une-demande/>

 1 (877) 767-8773



### CLIENTELE SERVED

An adult with severely limited capacity for employment is a person with serious health problems, that is, one whose physical or mental state is clearly impaired or altered, either permanently or for an indefinite period of time.

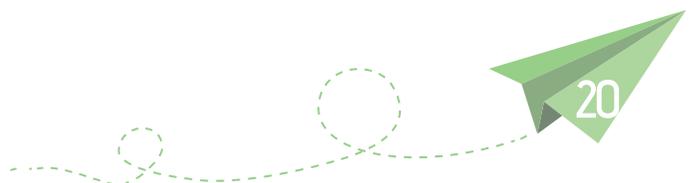
To be eligible for financial assistance, you must, notably:

- Demonstrate that your resources (money, property, gains, benefits and revenues) are equal to or lower than the parameters set by regulation;
- Reside in Quebec;
- Be 18 years old or more;
- If under 18 years old, be married or the parent of a dependent child.

Tools to manage the social solidarity cheque (who manages the money of the impaired individual?):

1. Administration by a third party or a trust (a request for administration may be made by a family member). It can be justified by a physical or cognitive impairment.

a. See the Administration of Financial Assistance by a Third Party form on the *Emploi Québec* website ([https://www.emploiquebec.gouv.qc.ca/uploads/tx\\_fceqpubform/SR\\_f\\_sr0014.pdf](https://www.emploiquebec.gouv.qc.ca/uploads/tx_fceqpubform/SR_f_sr0014.pdf))



LEGAL PROTECTIONS  
(CURATEUR PUBLIC DU QUÉBEC)

## SERVICES IN BRIEF

This brief summary of information is intended for parents of a child with disability who reaches full age. For further information and guidance through the steps of the process, communicate with your child's social worker.

The Quebec Civil Code includes various legal protections for disabled persons of full age. These measures differ based on the severity of the incapacity and whether it is permanent or temporary.

They may affect:

- the person
- his or her property
- the person and his or her property.

The Quebec Civil Code includes provisions that may be private or public based on whether the person is represented by a family member or the Public Curator, as follows:

1. **Tutorship:** Protects a minor or an adult who is partially or temporarily disabled.
2. **Curatorship:** Protects an adult who is fully and permanently disabled.

In the event protective supervision is initiated, legal aid can be requested by recipients of last-resort financial assistance (social assistance or social solidarity).

- Other clientele may be eligible depending on certain criteria.

To find out more, click on the following link: <https://www.csj.qc.ca/commissiondes-services-juridiques/aidejuridique/Quest-ce-que-aidejuridique/fr>

A protective regime (tutorship or curatorship) is an exceptional measure intended to protect the person of full age and his or her heritage.

1. **When the disabled adult is well represented and assisted by family members, a protective regime is not required.**
2. **The same is true if the adult has a heritage that is not significant and incomes that can be administered by a third party within the context of administration by a third party or by a trust (see Document on Social Assistance and Social Solidarity).**

This alternative measure for the protection of property (administration by a third party or a trust) includes article 15 of the Quebec Civil Code regarding consent to care.

- “When it is ascertained that a person of full age is incapable of giving consent to care required by his or her state of health and in the absence of advance medical directives, consent is given by his or her mandatary, tutor or curator.”
- “If the person of full age is not so represented, consent is given by his or her married, civil union or de facto spouse or, if the person has no spouse or his or her spouse is prevented from giving consent, it is given by a close relative or a person who shows a special interest in the person of full age.”

## LEGAL PROTECTIONS (CURATEUR PUBLIC DU QUÉBEC)

◇◇◇◇◇◇◇◇



### CLIENTELE

What is incapacity?

A person is incapacitated when they are incapable of caring for themselves or administering their property.

Communicate with the *Centre intégré de santé et de services sociaux (CISSS)* or the *Centre intégré universitaire de santé et de services sociaux (CIUSSS)* of the region where the person resides. These establishments can provide the medical and psychosocial evaluations that confirm incapacity and the need for protection.



### WEBSITE

<https://www.curateur.gouv.qc.ca/cura/fr/majeur/index.html>



1 (514) 873-4074

# OBSERVATION GRID TO IDENTIFY AREAS OF INTEREST

Activities	Level of interest	++: Marked interest +: Some interest ±: Neutral -: Uninterested	Strengths and difficulties	++: Very easy +: Easy -: Difficult --: Very difficult	Comments
Gross motor					
Fine motor					
Sensory					
Cognitive					
Self-determination					
Responsibilities					
Interpersonal relationships					
Communication					
Activities in community					

## CHECKLIST ACTIONS TO TAKE

THE FOLLOWING ACTIONS AIM TO FACILITATE THE TRANSITION TO ADULT LIFE OF YOUNG PERSONS WITH PROFOUND ID. THE ACTIONS AND THEIR IMPLEMENTATION MAY CHANGE BASED ON PERSON'S NEEDS.

◇◇◇◇◇◇◇◇

EXPLORATION	THOSE RESPONSIBLE
<input type="checkbox"/> Plan a first transition meeting early in the school year to establish a first contact and explain the TSAL process • <b>Suggested attendees:</b> young person, parents, teacher, person in charge of TSAL, social worker involved in the case file	Y, P, NTSAL
<input type="checkbox"/> Offer parents the guide for transition to adult life as well as the three resource sheets	NTSAL
<input type="checkbox"/> Contact the social worker to begin the social solidarity process and inform parents about legal protection • Integrate a social worker into the case file as needed • Obtain information about possible funding to accompany the young person in community activities	P, SW, NTSAL
<input type="checkbox"/> Complete the <i>Observation Grid to Identify Areas of Interest</i>	T, P
<input type="checkbox"/> Experiment new activities in community with the young person	P, T, SW
<input type="checkbox"/> Plan a second transition meeting at the end of the school year to follow up on the young person's life project • <b>Suggested attendees:</b> young person, parents, teacher, person in charge of TSAL, social worker involved in the case file	Y, P, NTSAL

### KEY:

Y: Young person

P: Parent

NTSAL: Navigator in charge of transition from school to active life

T: Teacher

SW: Social worker

COMM: Community organization

IDRC: Intellectual Disability Rehabilitation Centres

OT: Occupational therapist

PHYSIO: Physiotherapist

## CHECKLIST ACTIONS TO TAKE

PERSONALIZATION	THOSE RESPONSIBLE
<input type="checkbox"/> Plan a third meeting early in the school year to establish intervention objectives to foster the implementation of the life project • <b>Suggested attendees:</b> young person, parents, teacher, person in charge of TSAL, health professional involved in the case file (eg., social worker, physiotherapist, occupational therapist)	Y, P, NTSAL
<input type="checkbox"/> Continue trying out new activities in community	P, T, SW
<input type="checkbox"/> Create a portfolio including areas of interest, strengths, difficulties, support needs to privilege	T, P, NTSAL
<input type="checkbox"/> Identify possible daily activities centres following departure from school	SW, P, COMM, IDRC
<input type="checkbox"/> Visit daily activities centres that will welcome the young person following his or her departure from school	SW, P, COMM, IDRC
<input type="checkbox"/> Plan a fourth transition meeting at the end of the school year to follow up on intervention objectives established early in the year and identify of daily activities centres • <b>Suggested attendees:</b> young person, parents, teacher, person in charge of TSAL, health professionals involved in the case file (e.g., social worker, physiotherapist, occupational therapist)	Y, P, NTSAL

### KEY:

Y: Young person

P: Parent

NTSAL: Navigator in charge of transition from school to active life

T: Teacher

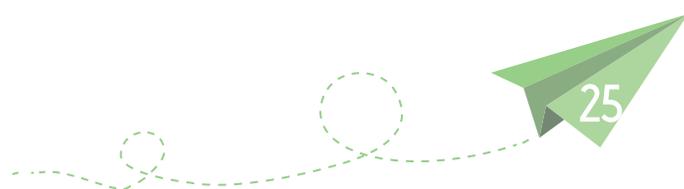
SW: Social worker

COMM: Community organization

IDRC: Intellectual Disability Rehabilitation Centres

OT: Occupational therapist

PHYSIO: Physiotherapist



## CHECKLIST ACTIONS TO TAKE

IMPLEMENTATION	THOSE RESPONSIBLE
<input type="checkbox"/> Plan a fifth transition meeting early in the school year to identify daily • <b>Suggested attendees:</b> young person, parents, teacher, person in charge of TSAL, health professionals involved in the case file (e.g., social worker, physiotherapist, occupational therapist), community organizations, IDTC	Y, P, NTSAL
<input type="checkbox"/> Learn about wait times and how to integrate into care centres	P, SW, COMM, IDRC
<input type="checkbox"/> Observe the young person at school and meet their teacher to learn about the person, their routine, capacities and needs so that staff at the daily activities centre will be ready to meet those needs upon the person's arrival in the new environment	COMM, IDRC, T
<input type="checkbox"/> Create a document summarizing the young person's capacities and the interventions carried out	OT, PHYSIO
<input type="checkbox"/> Arrange for the young person's early and gradual integration into the daily activities centre	Y, P, COMM, IDRC
<input type="checkbox"/> Plan a final transition meeting before the year ends to check that all possible actions have been taken to ensure a smooth transition	Y, P, NTSAL

### KEY:

Y: Young person

P: Parent

NTSAL: Navigator in charge of transition from school to active life

T: Teacher

SW: Social worker

COMM: Community organization

IDRC: Intellectual Disability Rehabilitation Centres

OT: Occupational therapist

PHYSIO: Physiotherapist

