Interim Navigator Policy

MCFD Core Policy	Child Safety, Family Support & Children in Care Services
Effective Date	Click or tap to enter a date. (North-Peace, North Coast-Bulkley Nechako, and Vancouver Island only)
Amendment Date	Click or tap to enter a date.
Last Review Date:	Click or tap to enter a date.

A: Policy

Navigators support Youth between the ages of 14 and 19.5 to successfully navigate the transition to adulthood and access the range of supports available. In complex situations, or where multiple needs are identified that would require more intensive coordination and planning, the Navigator may support Young Adults, as needed, up to age 25.

Transition planning is a collaboration with the Youth, Guardianship Worker or Youth Worker, Circle or Care Team, Navigator, and Transition Support Worker (TSW), as applicable. It is centred on the Youth, is trauma informed, and supports planning across the five dimensions of belonging (i.e., relational, cultural, physical, legal, and identity).

Initial planning is focused on early readiness for future transitions. Planning adapts to the needs of the Youth along their transition journey. It involves skill development, ongoing assessment of needs, identifying and supporting transitions between Youth and adult serving systems, and connections to services/supports in the context of a supportive community of relationships. Transition planning activities are documented in a Transition Plan and are updated regularly.

While best practice is to actively involve the Youth in transition planning, consent may be provided by the Youth's guardian in consideration of the best interests of the Youth, without the Youth actively participating.

This Policy supports the role of the Navigator in transition planning with Youth on a Continuing Custody Order (CCO), Youth Agreement (YAG), or Special Needs Agreement (SNA), in the North-Peace, North Coast-Bulkley Nechako, and Vancouver Island Service Delivery Areas (SDAs).

For information on Navigator-led transition planning for Youth in a Voluntary Care Agreement (VCA), or an Out-of-Care (OOC) arrangement, consult the Team Leader on whether and how to undertake transition planning with these Youth.

Indigenous Youth

1. If the Youth is Indigenous, follow Policy 1.1 Working with Indigenous Children, Youth, Families and Communities under the CFCSA and Policy 1.2 Upholding Indigenous Jurisdiction over Child and Family Services, in addition to the requirements in this Policy.

Eligibility

2. Youth eligible for Navigator-led transition planning services includes Youth on a Continuing Custody Order (CCO), Special Needs Agreement (SNA), or YAG, as identified by the Integrated Case Management (ICM) system or manually by a Team Leader, in accordance with Procedure 1. Explore transition planning with eligible Youth, starting at age 14, or at the time they enter care or a YAG, for those over the age of 14.

Introducing Transition Planning

3. Confirm the Youth's readiness to participate in Navigator-led transition planning with the Guardianship Worker or Youth Worker. When the Youth is ready, in collaboration with the Guardianship Worker or Youth Worker, introduce the Youth to transition planning and the services/support that may be provided, in accordance with Procedure 2.

Obtaining Consent

4. Receive written consent from the Guardianship Worker for Youth on a CCO, from the Guardianship Worker or guardian for the Youth on a SNA (see Procedure 3 for clarification on who provides consent in this circumstance), or from the Youth for Youth on a YAG, to undertake transition planning prior to the Intake Interview. Consent is needed to share information outside of MCFD and to store the transition planning information on Collaborate*.

*Collaborate is a secure online platform that houses the Transition Plan. It is a tool designed to facilitate sharing information essential to transition planning among government agencies, community professionals, Youth/Young Adult's receiving services and their supports.

Conducting the Intake Interview

5. Complete an Intake Interview to assess the current circumstances and to discuss the Youth's transition planning needs, goals, and interests for the future, as described in Procedure 4. While it is best practice to involve the Youth, the Youth may not be directly involved in the Intake Interview if they have indicated they are not ready to participate directly in transition planning.

Determining the Service Response

6. Determine the appropriate Service Response following the Intake Interview or a Service Review (see Policy 9 for more information about Service Reviews). Service Responses may range in intensity from Consultation to Short-Term Planning, to Comprehensive Planning, based on need and influenced by factors such as the Youth's age, interest, capacity, support network, readiness/motivation, trauma, and cultural considerations, in accordance with Procedure 5. The Service Response may vary throughout the Youth's journey into adulthood.

Convening Planning Meetings

7. Convene and attend regular meetings with the Guardianship Worker or Youth Worker, Youth and Circle or Care Team, as applicable, at a minimum of once every three months to discuss transition planning. Planning may occur as part of regular Care Plan meetings that have a transition focus, or additional transition planning meetings may be scheduled, where needed, as described in Procedure 6.

Developing the Transition Plan

Document the Youth's goals, needs, and interests in the Transition Plan, focusing on skill-building, needs, and tasks associated with preparation and transition to adulthood. Update the Transition Plan regularly, in accordance with Procedure 7. To support better outcomes, for Youth on a CCO or SNA, create the Transition Plan even if the Youth chooses not to actively participate. If the Youth is on a YAG, only create the Transition Plan with their consent (see Procedure 3 for more information).

Conducting the Service Review

8. Complete a Service Review every three months to evaluate how the Service Response has supported the Youth, as described in Procedure 8. The Service Response may be updated as required to address the Youth's needs.

Bridging Youth to Adulthood

9. Gradually transition responsibility for supporting the Youth's transition planning to the TSW over a one-year period, beginning at 18.5 years of age, in accordance with Procedure 9. In specific circumstances, outlined in Procedure 9(c), the Navigator may provide support, as needed, up until the Young Adult's 25th birthday.

B: Procedures

1. Confirming Eligibility
2. Introducing Transition Planning
3. Obtaining Consent
4. Conducting the Intake Interview
5. Determining the Service Response
6. Convening Planning Meetings
7. Developing the Transition Plan
8. Conducting the Service Review
9. Bridging Youth to Adulthood

C: Policy Visuals

Worker Roles and Responsibilities:

	Guardianship Worker	Youth Worker	Navigator	Transition Support Worker
General Role	Ensures safety, wellbeing, and development of Youth in care, including supporting Youth to strengthen and build their network of supportive relationships.	Supports Youth on a YAG to build resiliency and self-reliance and strengthen and build their network of supportive relationships.	Initiates focused transition planning for Youth in care, on a YAG or SNA, including supporting Youth to strengthen and build their network of supportive relationships.	Initiates/continues focused transition planning for Young Adults, including supporting Young Adult to strengthen and build their network of supportive relationships.
Ages Served	• 0 - 19	• 16-19 (may also serve youth under 16 who are married, a parent, or an expectant parent)	• 14 - 19.5*	• 18.5 - 25
Documentation	• Care Plan	• Plan for Independence	• Transition Plan	• Transition Plan
Supporting Policy	Policy 5.10: Planning and Preparing for Adulthood	Standards for Youth Support Services and Youth Agreements	Navigator Policy	Policy to be developed
Transition Planning Responsibilities	• Introduces Youth to transition planning. • Seeks/obtains or provides consent, as applicable. • Provides updates to Navigator, as needed. • Invites Navigator to Care Plan meetings, where applicable. • Undertakes transition planning responsibilities, where Navigator services not available.	• Introduces Youth to transition planning. • Seeks/obtains consent. • Provides updates to Navigator, as needed. • Invites Navigator to meetings/ visits, where applicable. • Undertakes transition planning responsibilities, where Navigator services not available.	• Assesses and plans for ongoing transition planning needs. • Creates, manages and updates Transition Plan. • Attends Care Plan meetings with transition focus. • Schedules transition planning meetings, where needed. • Invites TSW when Youth is 18.5, and gradually transitions responsibilities. • *Supports transition planning for Young Adults up to age 25, where needed.	• Supports ongoing transition planning needs (e.g., identifying and connecting to services/ supports, directly supporting with transition tasks, etc.). • Manages and updates the Transition Plan. • Engages Navigator, where required.

D: Procedures | Detailed

Confirming Eligibility

1. Confirm eligibility for Navigator-led transition planning services via an Integrated Case Management (ICM) system data pull or manually by a Team Leader. Youth must be between 14-18 years old (inclusive) and in the identified care statuses (CCO, SNA, YAG).

(a) Review the list of eligible Youth in the applicable SDA regularly within the Collaborate platform.

(i) Contact the Youth's Guardianship Worker or Youth Worker to discuss and initiate Navigator-led transition planning.

Introducing Transition Planning

2. Confirm with the Guardianship Worker or Youth Worker whether the Youth has agreed to participate directly in Navigator-led transition planning.

(a) If a Youth has indicated to the Guardianship Worker or Youth Worker that they are ready to engage in the development of the Transition Plan:

(i) Meet with the Guardianship Worker or Youth Worker to discuss the Youth's circumstances and developmental readiness to support the Intake Interview process prior to meeting with the Youth.

- For example, this can include tailoring the Transition Plan Domains, questions and language used/addressed in the Intake Interview to each Youth's developmental readiness and needs.

(ii) Meet with the Youth and the Guardianship Worker or Youth Worker to have an initial conversation about the Navigator role, the duration of the role, and the support that may be provided.

(iii) Receive the Guardianship Worker's, guardian's, or Youth's consent to continue with the Intake Interview, in accordance with Procedure 3.

(b) If a Youth has indicated to the Guardianship Worker or Youth Worker that they are not ready to engage in the development of the Transition Plan, seek consent from the Youth, or consent on behalf of the Youth, in accordance with Procedure 3, to continue transition planning without the Youth's direct participation.

Obtaining Consent

3. Obtain consent from the Youth, Guardianship Worker, or guardian, to undertake transition planning prior to the Intake Interview using the Youth Transitions Consent Form. Consent is needed to share information outside of MCFD and to store the transition planning information on Collaborate.

(a) For Youth on a CCO, the Guardianship Worker may provide consent on behalf of the Youth, in consideration of the Youth's best interests.

(i) Receive the signed Youth Transitions Consent Form from the Guardianship Worker prior to proceeding with the Intake Interview.

(b) For Youth on a SNA, either the Guardianship Worker or the guardian (e.g., parent) may provide consent on behalf of the Youth, in consideration of the Youth's best interests.

(i) If the Guardianship Worker has been assigned guardianship authority by the parent, for the purpose of transition planning, the Guardianship Worker may sign the Consent.

(ii) If the Guardianship Worker has not been assigned guardianship authority by the parent, for the purpose of transition planning, the parent may sign the consent.

(iii) Receive the signed Youth Transitions Consent Form from the Guardianship Worker or guardian prior to proceeding with the Intake Interview.

(iv) If the Guardianship Worker's or the parent's consent is not received, no further action will occur.

(v) While best practice is to actively involve the Youth in Navigator-led transition planning, consent may be provided without the Youth actively participating. The Youth has the opportunity for direct involvement in planning whenever they are ready.

(c) For Youth on a YAG, the Youth may provide consent.

(i) If the Youth consents to engage in the development of the Transition Plan, receive the signed Youth Transitions Consent Form from the Youth prior to proceeding with the Intake Interview.

(ii) If Youth does not consent, no further action will occur until the Youth is ready to engage in the development of the Transition Plan.

Conducting the Intake Interview

4. Complete an Intake Interview to assess the Youth's current circumstances and to discuss their transition planning needs, goals, and interests for the future across the Transition Plan Domains.

(a) If the Youth is interested in directly participating in transition planning, coordinate with the Guardianship Worker to set up a meeting to complete the Intake Interview with the Youth.

(i) Information may also be gathered from a member(s) of the Youth's Circle or Care Team who knows about the Youth's transition planning needs, goals, and interests for the future. The Navigator sets up meetings as needed.

(ii) Complete the Intake Interview using information gathered from the sources described above.

(b) For Youth on a CCO or SNA not interested in directly participating in transition planning, set up a meeting with the Guardianship Worker or guardian to discuss the Youth's transition planning needs, goals and interests.

(i) Information may also be gathered from a member(s) of the Youth's Circle or Care Team who knows about the Youth's transition planning needs, goals, and interests for the future. The Navigator sets up meetings as needed.

(ii) Complete the Intake Interview using information gathered from various sources.

(c) For Youth on a YAG not interested in directly participating in transition planning, no further action is taken, until such time that the Youth is ready to actively participate.

Determining the Service Response

5. Determine the Service Response following the Intake Interview or a Service Review.

(a) Consider the Youth's level of planning need(s) within each domain and determine the Service Response and next steps based on:

(i) Information gathered from the Youth, Guardianship Worker or Youth Worker, and Circle or Care Team, as applicable, via the Intake Interview.

(ii) The Youth's needs, and other factors such as age, interest, capacity, support network, readiness/motivation, trauma, and cultural considerations.

(b) Service Responses may range in intensity from Consultation, Short-Term Planning, to Comprehensive Planning:

(i) Consultation does not require the coordination of the Youth's Circle or Care Team to support planning. The Navigator may provide support to the Youth and their Circle or Care Team via information provision (e.g., creating the Transition Plan, attending meetings, regular communication, etc.).

(ii) Short-Term Planning occurs when there are planning needs identified that require more than consultation or information (e.g., creating Transition Plan coordination of team-based meetings, providing consultation, etc.).

(iii) Comprehensive Planning occurs when complex planning and direct involvement is required (e.g., creating a step-by-step comprehensive Transition Plan, regular, integrated team meetings, more frequent review of Transition Plan, etc.).

(c) Document the Service Response in the Collaborate Case.

(d) Reassess the Service Response regularly. The Service Response may vary throughout the Youth's journey into adulthood.

Convening Planning Meetings

6. Convene/attend regular meetings with the Guardianship Worker, Youth Worker, Youth, Circle or Care Team, as applicable, at a minimum of once every three months to discuss transition planning.

(a) In collaboration with Guardianship Worker or Youth Worker, establish a schedule to review Transition Plan progress.

(i) Frequency is guided by intensity of the service response and evolves with the planning needs.

(b) For Youth on a CCO or SNA, request an invitation from the Guardianship Worker to attend Care Plan meetings with a transition planning focus.

(c) For Youth on a YAG, request an invitation from the Youth Worker to attend meetings/visits with a transition planning focus.

(d) Additional meetings may be coordinated and convened by the Navigator, in consultation with the Guardianship Worker or Youth Worker on attendees and agenda.

Developing the Transition Plan

7. Develop and update the Transition Plan with the Youth's goals, needs, and interests in accordance with the Service Response (see Procedure 5).

(a) Use Collaborate to create the Transition Plan.

(i) Regardless of whether a Youth on a CCO or SNA chooses to actively participate in transition planning, a Transition Plan is established and is accessible to the Youth, where consent has been provided.

(b) Ensure the Youth and their Circle or Care Team have access to the Transition Plan by granting access to Collaborate or by sending a PDF copy of the Transition Plan, as needed.

(c) Use the Transition Plan to document goals related to skill-building, needs and tasks associated with preparation and transition to adulthood.

(i) Seek the Youth's input to identify individuals who will support their needs, goals, and interests.

(ii) Collaborate with the Youth, Guardianship Worker or Youth Worker, and the Circle or Care Team to identify and prioritize essential skills the Youth needs to support their needs, goals and interests and connect them to appropriate resources.

- The level of detail in the Transition Plan may vary depending on the Service Response.

(iii) Document the commitments of the Youth and their Circle or Care Team.

(d) Update the Transition Plan regularly to reflect when a planning task moves forward, is added, changes, etc. outside of regular planning meetings, and a minimum of once every three months.

(i) Meet with the Youth, Guardianship Worker or Youth Worker and the Circle or Care Team to identify any changing needs and goals.

(ii) Provide timely updates to the Guardianship Worker or Youth Worker on plan progress across domains.

(iii) To support alignment, seek opportunities to review the Youth's plans/goals together with the Guardianship Worker or Youth Worker:

- For Youth in care, review the Transition Plan and Care Plan goals together and, where applicable and not already documented, document Care Plan goals with a transition related task or focus in the Transition Plan.
- For Youth on a YAG, review the Transition Plan and Plan for Independence goals together, and, where applicable and not already documented, document the Plan for Independence goals with a transition related task or focus in the Transition Plan.

Conducting the Service Review

8. Review and evaluate how the Service Response has supported the Youth every three months.

(a) In Collaborate, conduct a Service Review across all domains with the Youth and appropriate members of their Circle or Care Team.

(b) The Service Response will automatically be updated in Collaborate based on the information gathered.

(i) In exceptional circumstances the Service Response field can be manually updated following consultation with a Team Leader.

(c) Establish a Service Review follow-up date within Collaborate to occur in three months following each Service Review.

Bridging Youth to Adulthood

9. Transition the responsibility for supporting the Youth to the TSW gradually over a one-year period, beginning at 18.5 years of age and extending six months after the Youth's 19th birthday for those Youth who age out of an eligible CFCSA legal status.

(a) **When a Youth who is receiving Navigator services turns 18.5**, explain to the Youth that the TSW will be joining the team to support transition planning into adulthood.

(i) Remind the Youth that when they turn 19, the TSW will be supporting the Transition Plan if the Youth wishes for that to occur, and the Navigator role will conclude at 19.5.

- Once a Youth turns 19, they will have discretion whether they wish to continue updating the Transition Plan with the TSW. TSW involvement may involve supporting the Youth/Young Adult to access benefits and supports available to them in adulthood (e.g., post-majority services).
- For Youth on CCOs and SNAs, a new Youth Transitions Consent Form must be signed by the Youth when they turn 19 for the TSW to provide services. Youth on a YAG that have already provided consent will not need to sign a new consent form.

(ii) Invite the TSW to join the Youth, Guardianship Worker or Youth Worker, Navigator, and Circle or Care Team in planning to become familiar with the Youth, the Circle or Care Team, and planning activities. As part of this planning:

- Consider and discuss the connections/services that need to be made before the Youth turns 19 to support their long-term needs, such as post-majority agreements (e.g., Temporary Support Agreements).
- Complete tasks to achieve Youth's goals outlined in the Transition Plan.
- Gradually transfer transition planning responsibilities to the TSW.

(b) Continued Navigator support may be provided to the Youth, as needed, up until age 25, where directed by a Team Leader. This includes complex situations, or where multiple needs are identified that would require more intensive coordination and planning.

(i) When possible, the Young Adult will be connected to the same Navigator for support. When this is not possible or when there was no previous connection to a Navigator, they may be connected to any Navigator in their Service Delivery Area.

(ii) Provide time-limited interim coordination and planning on the specific situation or needs to the Young Adult and the TSW.

(iii) End direct involvement in transition planning once the complex situation/planning needs have been addressed.

(iv) Transfer planning responsibilities back to the TSW if the Youth wishes for that to occur.

E: Related Resources

Type of Resource	Resource
Policy	Aboriginal Policy and Practice Framework

Policy	Policy 1.1 Working with Indigenous Children, Youth, Families and Communities
Policy	Policy 1.2 Upholding Indigenous Jurisdiction over Child and Family Services
Policy	Child and Youth in Care Policies
Policy	Permanency Policies
Policy	Standards for Youth Support Services and Youth Agreements
Policy	Temporary Housing & Temporary Support Agreement for Young Adults Policy
Policy	Agreements with Young Adults Policy & Procedures
Form	Youth Transitions Consent Form (found on Collaborate)
Form	Intake Interview (found on Collaborate)
Resource	Collaborate
Resource	Transition Plan Domains (found on Collaborate)
Resource	Trauma Informed Practice Guide

F: Table of Changes

Amendment Date	Cliff #	Section	Change Type	Notes
Click or tap to enter a date.			Choose an item.	

G: Glossary

Term	Definition
Circle or Care Team	People who are involved in planning and caring for a child, Youth, including the child according to his or her developmental abilities, the child's or Youth's family and extended family members, caregiver, caregiver's worker, child's or youth and family's worker, involved community members, service providers and other significant people in the child or Youth's life. For an Indigenous child or Youth, members of their Indigenous community and, where it exists, members of the Indigenous Child and Family Service Agency are also involved.
Continuing Custody Order	An order under section 41 (1) (d), 42.2 (4) (d) or (7) or 49 (4), (5) or (10) (a) of the CFCSA placing a child in the continuing custody of a director

Director	A worker delegated by the designated director to carry out the duties and responsibilities mandated by the CFCSA.
Guardianship Worker	Delegates of the Director, with primary responsibility for ensuring the safety and well-being of children and youth in care. They are responsible for ensuring the legislated rights of children and youth in care and the inherent rights of Indigenous children and youth in care are respected and actively promoted. They support children and youth in care with their transition into and out of care and facilitate permanency and belonging through connections to their family, extended family, culture, and communities throughout their time in care. Guardianship Workers are responsible to develop and implement a Care Plan that supports development across 7 domains in collaboration with children/youth and their circle/care team and ensure a child/youth's Indigenous community(s) is involved in the planning. They work collaboratively with Service Providers and Resource Workers to meet a child/youths needs throughout the placement. The scope of guardianship authority, duties and responsibilities is determined by the type of court order or agreement in place.
Navigator	Worker responsible for focused transition planning with Youth into adulthood up to 19.5 years. This includes regular engagement and collaboration with the Youth, the Guardianship Worker or Youth Worker, and their Circle or Care Team to develop and support transition planning. The Navigator provides expertise in transition planning, assessment of transition needs and develops the Transition Plan in collaboration with the Youth, Guardianship Worker or Youth Worker, and the Youth's Circle or Care Team.
Post-Majority Supports	Programs and supports that are available to adults who have had experience with child welfare services.
Temporary Housing Agreement	An agreement signed between the Director and a service provider, allowing a young adult to remain in their ministry-supported arrangement past their 19th birthday.
Temporary Support Agreement	An agreement signed between a young adult, who was on an Independent Living Agreement or a Youth Agreement at the time of their 19th birthday or is eligible for a Housing Agreement but unable to continue in their current living arrangement or wish to live independently, and the Ministry, allowing the young adult to remain in their ministry-supported arrangement past the age of 19.
Transition Plan	A record of the Youth's goals, needs and interests related to their transition through services and supports from Youth to adult serving systems. The Transition Plan is developed in collaboration with the Youth and their Circle or Care Team as early as 14 and may continue until their 25th birthday. The Transition Plan supports Care Planning and is focused specifically on goals related to skill-building, needs, and tasks associated with preparation and transition to adulthood.
Transition Support Worker	Worker who supports transition planning with Youth beginning at 18.5 years and Young Adults until their 25th birthday, including supporting skill development and providing recommendations on a broad range of adult community, cultural and government supports and services that bridge between Youth to adult systems to ensure continuity of supports and services for Youth into adulthood.
Worker	Generic term used for a Guardianship Worker, AYA Worker, Navigator, or Transition Support Worker.

Youth	A person between the ages of 14 and 19. Note that the CFCSA defines "youth" as a person who is 16 years of age or over but is under 19 years of age.
Young Adult	A person between the ages of 19 and 27.
Youth Agreement	A longer-term service plan that comprehensively supports a Youth to make a successful transition to independence without bringing them into the care of a Director. Although a YAG can be used to affect a return to family, the overall goal within a YAG is to assist Youth with a Plan for Independence (PFI) while ensuring the safety and well-being of the Youth. YAGs are voluntary, must be in the Youth's best interests and require the agreement of the Youth and a Worker delegated under the CFCSA.

H: List of Acronyms

Acronym in Policy	Full Term
ICFSA	Indigenous Child and Family Service Agency
ICM	Integrated Case Management
THA	Temporary Housing Agreement
TSA	Temporary Support Agreement
TSW	Transition Support Worker
YAG	Youth Agreement

I: Metadata

Description	This policy outlines the responsibilities of the Navigator for transition planning with Youth and Young Adults. The Transition Plan is developed in collaboration with the Youth and their Circle or Care Team as early as 14 and may continue until their 25th birthday.
Keywords	Transition, Youth Transitions, Young Adult, Planning
Synonyms	Preparing for Adulthood, Youth Services