

Chapter 5: Children and Youth in Care	
Policy 5.10 Planning and Preparing for Adulthood	
Effective Date of Policy: June 30, 2017	Amendment Date of Policy: Click or tap to enter a date.

Policy Statement

Beginning at age 14, or upon entering care (for youth who enter care after age 14), youth are supported to plan for their transition to adulthood.

Transition planning occurs as part of regular Care Planning outlined in Policy 5.6 and Policy 5.7, from ages 14 up until a youth's 19th birthday, or earlier transition out of care, if applicable. It is based on the youth's goals and the identification of resources that can support them to achieve those goals and develop life skills necessary for adulthood.

For Indigenous youth, see [Policy 5.1 Working with Indigenous Children, Youth, Families and Communities](#) regarding the best interests of an Indigenous child, working with Indigenous communities, and promoting attachment and emotional ties with family when a child/youth is separated from them.

Outcomes

- Youth in care:
 - have a sense of belonging with caring people who support their transition to adulthood.
 - are connected to their cultures and community/communities prior to age 19.
 - are supported to develop the necessary life skills for adulthood.
 - are supported to build career and educational/vocational goals.
 - are knowledgeable about resources, services, and supports available to them in adulthood.
 - are centred in the transition planning process and their voices inform decision-making.
 - have a safe and stable place to live once they reach adulthood.

Standards

- 5.10(1)** Transition planning is initiated with the youth and their Care Team or Circle when the youth is 14, or for youth who are over the age of 14, upon coming into care. This occurs by including goal setting and planning to support their transition into adulthood in their Care Plan and reviewing it at least annually with the youth.
- 5.10(2)** A comprehensive Care Plan for youth in care, aged 14 and older, identifies transition planning goals and activities to support such goals across the Care Plan domains.
- 5.10(3)** Concurrent permanency planning and family finding processes are continued throughout transition planning.

Procedures

Introducing youth to a Navigator for transition planning – where Navigator services are available

- **Beginning at age 14** (or upon the youth entering care if they do so after age 14), discuss with the youth whether they wish to participate in developing a Transition Plan with a Navigator*.

*A Navigator is the 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 Care Team or Circle 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 Care Team or Circle.

See [Appendix A](#) for the guardianship worker responsibilities and the Navigator roles and responsibilities with transition planning.

- Explain the purpose and process of transition planning, the role of the Navigator as a member of the team, and how information will be shared with the youth's Care Team or Circle.
 - The Transition Plan is a companion document to the Care Plan.
 - Developing the Transition Plan includes the Navigator's continuous engagement and collaboration with the youth and their Care Team or Circle to support a strong transition into adulthood.
- Provide available program handouts and information to the youth.
- Explain to the youth that they have a choice about how they participate in the process and when appropriate, encourage them to connect with the Navigator to engage in an initial conversation about the Navigator's role and the support they can provide.

- Regardless of how the youth chooses to participate, explain that a Transition Plan may be developed to support their planning and that they can access the Transition Plan at any time.
- Document the youth's choice about their participation in the Transition Plan in ICM.
- Seek or provide consent on behalf of the youth, using the Youth Transitions Consent Form, for the Navigator to proceed with initiating steps to develop the Transition Plan. Consent may be provided where it is in the youth's best interest, regardless of whether the youth chooses to participate directly in transition planning.
 - For youth on a Continuing Custody Order (CCO), consent may be provided on behalf of the youth.
 - For youth on a Special Needs Agreement (SNA), confirm whether guardianship authority for the purpose of transition planning has been authorized to the guardianship worker.
 - If this responsibility has been authorized, consent may be provided on behalf of the youth.
 - If this responsibility has not been authorized, the guardian of the youth (e.g., the parent) may provide consent.
- If the youth chooses to participate directly in Navigator-led transition planning, connect them to a Navigator.
 - Facilitate an introduction to the Navigator and attend the meeting with the youth.
 - Continue to be involved in transition planning in accordance with the Navigator Policy, including inviting the Navigator to Care Plan meetings with a transition planning focus.
- When a youth is not ready to participate in transition planning:
 - Facilitate a conversation about how the youth would like to participate.
 - Inform the youth that a meeting with a Navigator will be facilitated when the youth is ready.
 - Inform the youth how to access their Transition Plan in 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.
 - Ensure the youth understands that the Navigator is part of their Care Team or Circle and will support transition planning.
 - Inform the ongoing development of the Transition Plan with the Navigator, and Care Team or Circle, including supporting task completion and skill development in preparation for youth engagement.

- Document when discussions about Navigator-led transition planning occurs with the youth, and the youth's choice about their participation in the Transition Plan in ICM.
- When a Navigator is involved in transition planning for the youth, meet with the Navigator at a minimum, every three months to discuss the youth's transition planning needs.

Transition planning with youth between ages 14 and 19 – where Navigator services are not available

- **Beginning at age 14**, or upon entering care (for youth who enter care after age 14), discuss transition planning at the youth's next Care Team or Circle meeting.
 - This includes a discussion of the Care Team or Circle's involvement and commitment in identifying the youth's interests and goals and supporting their development of life skills for adulthood.
- Collaborate periodically with the youth and their Care Team or Circle on developing specific goals and activities that will prepare the youth for adulthood.
 - Throughout the transition planning process, document the transition goals, services, and planning activities in the youth's Care Plan.
 - Associated updates, record of decisions, priorities set, and actions taken may also be documented in ICM, as applicable.
 - Use available collaborative practice processes for transition planning, such as Youth Transitions Conferencing which centres the youth's voice in the planning process.
 - As the youth ages, increasingly focus on supporting them to develop life skills for adulthood.
 - Throughout transition planning, support the youth to connect with and build belonging to their cultural community/communities that will support them into adulthood.
- Encourage the youth to actively participate in their transition planning, with their views informing the planning.
 - For youth not engaged in transition planning, continue to encourage their active involvement.
 - Document when attempts have been made to engage youth in transition planning in ICM.
 - Planning for the youth's transition to adulthood must continue, even if the youth is temporarily unable to engage in the planning process.
- See [Appendix B](#) for an optional list of resources, supports and programs to aid in the planning and preparing for adulthood process.

Registering youth with a Registered Education Savings Plan

- Advise the child/youth, **age 12 or over, born after December 31, 2003**, on a Continuing Custody Order (CCO) that they may be eligible to receive the Canada Learning Bond (CLB).
 - For youth under other in-care statuses, the parent remains legal guardian for financial matters and would need to be engaged.
- Explain the process and requirement to open a Registered Education Savings Plan (RESP) so the CLB can be deposited.
 - No financial contributions will be added to this RESP. The RESP is opened for the sole purpose of facilitating an application for the CLB.
- If the youth would not like to have a RESP opened for them, advise that they can apply for the CLB up until the age of 21.
 - Document this discussion in the Care Plan and share information with the Navigator to document in the Transition Plan, where applicable.
- If the youth would like to have a RESP opened for them, ensure that a RESP is opened in accordance with the [RESP/CLB Process Map](#), including the following:
 - Confirm the youth has a Social Insurance Number (SIN) in ICM.
 - If the youth does not have a SIN, contact the Public Guardian and Trustee (PGT) to request a SIN for the youth by emailing CYS@trustee.bc.ca.
 - When the PGT provides the SIN, update ICM.
 - Seek consent from the youth using the [Appendix B – Consent to the Disclosure of Information Form](#) to share their name, date of birth (DOB), address, gender, and SIN with the financial institution to open a RESP, with the youth identified as the beneficiary.
 - See the [Appendix B – Sample Form](#) for more information.
 - Complete the [Appendix A – RESP/CLB Checklist](#).
 - Send the completed [Appendix A – RESP/CLB Checklist](#) and [Appendix B – Consent to the Disclosure of Information Form](#) to MCFD Finance at MCFRESP@gov.bc.ca.
 - Place original copies on the CS file.
 - Document this action in the Care Plan and share information with the Navigator to document in the Transition Plan, where applicable.
 - MCFD Finance will send periodic RESP statement information to the worker with guardianship responsibilities. Share this information with the youth to ensure their ongoing awareness of the savings plan and its value.
 - Discuss with the youth that they will need to open their own RESP account after they turn 19, and at that time, request MCFD Finance to transfer the funds to their account.

- Funds must also be transferred to a new RESP in the name of a new guardian if the youth leaves care prior to 19.
- MCFD is the subscriber (the owner of the account) while the youth is under the age of majority. Funds will be transferred to the youth's own RESP account (transferring ownership) when they turn 19.
- Please visit [iConnect](#) to find resource materials regarding the CLB/RESP process.
 - [Checklist for Delegated Workers](#)
 - [RESP-CLB – What you need to know](#) (can be provided to youth)
- **When the youth is 18.5**, assist the youth to develop a plan to open their own RESP.
 - Remind the youth that when they turn 19, they must open a new RESP account and contact MCFD Finance to request a transfer of the RESP funds from the MCFD account to a new account.
 - Consider any actions to help prepare the youth for this task before the youth turns 19. The youth may choose to access assistance from a Navigator, Transition Support Worker, or trusted adult.
 - Document the youth's plan to open their own RESP in the Care Plan.
 - Provide the youth with [Opening a RESP for Young Adults](#) for more information.
- If MCFD has not opened an RESP for the youth **before the youth turns 19** to access the CLB, provide the youth with the [CLB Brochure](#).

Considering Independent Living Agreements

- **When the youth is 16**, assess whether the youth is interested in entering an Independent Living Agreement (ILA).
- If the youth is interested, assess their readiness to enter an ILA, using the following process:
 - As ILAs share similarities with Youth Agreements, it may be helpful to review the [Standards for Youth Support Services and Youth Agreements](#) when considering an ILA.
 - When determining readiness for an ILA, consider the youth's:
 - Support network, including their Care Team or Circle
 - Level of emotional and behavioural development
 - Attendance at school or employment
 - Individual goals regarding living independently
 - Consult with a Team Leader to determine whether an ILA is the option that best meets the youth's needs.
 - If an ILA is pursued, document this in ICM.
 - Use the ILA template ([CF2631](#)) to document responsibilities of the youth and the worker.

- Determine with the youth and the Team Leader the level of contact required to meet the youth's needs while in an ILA.
 - More frequent contact is advisable when an ILA is first established or if a youth is experiencing a particularly difficult time and requires additional support.
 - If daily contact is required, this may be supported by a contracted youth worker.
 - Consider a variety of ways to connect with the youth on a regular basis, such as having the youth pick up weekly ILA cheques. For youth who do not require weekly contact, establish regular text or phone call check-ins.
- Review with the youth the importance of self-reporting critical or serious incidents. Make sure to follow the procedures and timelines outlined in both the [Reportable Circumstances Policy](#) and the [Missing Children and Youth Policy](#).
- Use the [YAG/ILA Cost Estimate Guide](#) and [YAG/ILA STOB Descriptor](#) and document financial arrangements using the Youth Agreement (YAG)/ILA Schedule A Payment Plan ([CF0700A](#)).
- If any minor changes to the ILA are required, document these changes using the Modification Agreement form ([CF0702](#)). Please note that substantive changes, such as changes to start or end dates of an Agreement, cannot be made through a Modification Agreement (a new Agreement would need to be signed).
- Collaborate with the youth and their Care Team or Circle to ensure appropriate social supports are in place to increase the likelihood that an ILA will be successful.
- Maintain regular in-person contact with the youth, and view their accommodation at minimum:
 - When the youth moves in; and,
 - At least every three months, or more frequently should there be a significant change in the youth's circumstances or Care Plan, or as agreed upon with the youth.

Bridging the youth to adulthood before they turn 19

- **When the youth is 18.5**, ensure the necessary steps have been taken to obtain the youth's legal status in Canada, if applicable. See the [Immigration and Refugee Practice Guidelines](#).
- **When the youth is 18.5**, inform them of housing arrangements and resources available to them, based on their individual plans and needs, to help them secure safe and stable housing, including:

- Continuing to reside with their caregiver through a Temporary Housing Agreement (THA) or to reside independently through a Temporary Support Agreement (TSA) once they reach adulthood.
 - See the THA and TSA for Young Adults Policy for further information.
 - If the youth is interested in a THA or TSA, document this in the Care Plan.
- Exploring roommate or co-housing situations, including residences offered through university.
- Housing resources, including:
 - [Rent Supplement Program](#) offered by MCFD.
 - Subsidized housing or rental supplement programs offered by [BC Housing](#).
- Information on their [rights and responsibilities](#) under the *Residential Tenancy Act*.
- **When the youth is 18.5**, advise the youth of the education services and supports that may be available to them in adulthood, including but not limited to the following programs:
 - [Agreements with Young Adults](#) (AYA) are available for young people from 19 years of age up to their 27th birthday, and who are in care or on a Youth Agreement on their 19th birthday, to continue their education, get job training, or take part in a rehabilitative or life skills program.
 - The [Youth Education Assistance Fund](#) (YEAF) provides grants of up to \$5,500 per educational year for post-secondary education and vocational training for young people age 19 to 24 years who have been in care and are attending an accredited institution.
 - The [Provincial Tuition Waiver Program](#) (PTWP) supports students who are former youth in care by providing tuition and mandatory fee waivers while attending an eligible BC post-secondary institution.
 - Additional information regarding post-secondary supports may be provided to the youth, including the following resources:
 - [Post-Secondary Supports Eligibility Chart](#)
 - [Post-Secondary Financial Support Process for Youth/Young Adults in Continuing Care](#)
- **Before the youth turns 19**, ensure that the youth knows that they can apply for [Crime Victim Assistance Program \(CVAP\)](#) before they turn 20, if they have been the victim of a violent crime at any point in their life.
- **When the youth turns 19**, close the youth file.
 - Close the physical and ICM CS case:
 - Complete a Closing Recording promptly.
 - Ensure MCFD medical coverage is closed off as this may impact the young adult's MSP coverage.

- Refer to the appropriate [ICM Quick Reference Guide](#) for how to close cases and how to create a Post Majority (SP) case, if appropriate.
- Close the youth's electronic and physical case files after they have left care, following procedures as outlined in the [Child Protection Response Policies](#).

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Appendix A – Worker Roles and Responsibilities with Transition Planning

	Guardianship Worker	Navigator
General Role	Ensures safety, wellbeing, and development of Youth in care, including supporting Youth to strengthen and build their network of supportive relationships.	Initiates focused transition planning for Youth in care, on a Youth Agreement or Special Needs Agreement, including supporting Youth to strengthen and build their network of supportive relationships.
Ages Served	<ul style="list-style-type: none"> 14 - 19 	<ul style="list-style-type: none"> 14 - 19.5*
Documentation	<ul style="list-style-type: none"> Care Plan 	<ul style="list-style-type: none"> Transition Plan
Supporting Policy	Policy 5.10: Planning and Preparing for Adulthood	Navigator Policy
Transition Planning Responsibilities	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.

Appendix B – Resources to Support Transition Planning

Preparing for Adulthood/Youth Transition Planning

- [The Jig is Up: The Ultimate Metis Youth “Adulting” Resource Guide](#)
- [Youth Services Website](#)
- [Agedout.com](#)
- [Youth Independence Planner](#)
- [Life Skills Checklist](#)
- [Ansell-Casey Life Skills Toolkit](#)
- [Transitioning from Care brochure \(PGT\)](#)
- [PGT Youth Transitioning to Adulthood Resources and Links](#)

Health and Wellness

- [Applying for Medical Services Plan \(MSP\)](#)
- [Foundry Programming](#)
- [British Columbia Mental Health Services](#)
- [BC Mental Health and Substance Use Services](#)
- [First Nations Health Authority](#)
- [Non-Insured Health Benefits](#) (for First Nations and Inuit persons)
- [Transition Houses and Safe Homes List](#)

Employment

- [Work BC](#)
- [Work BC Services for Youth in Care](#)
- [Get Youth Working](#)
- [Work BC Career Toolkit](#)

Education and Training

- [Provincial Tuition Waiver Program](#)
- [Agreements with Young Adults](#)
- [Youth Education Assistance Fund](#)
- [PGT Educational Assistance Fund](#)
- [Dream Fund](#) (Federation of BC Youth In Care Networks)
- [Education Planner BC](#)
- [Scholarships and Bursaries Resource Guide](#)
- [Student Aid BC Grants & Scholarships](#)
- [Bladerunners Program](#)

Financial and Benefits

- [Dollar\\$ and Sense](#)
- [Canada Pension Plan – Benefits for children under 25](#)
- [Service Canada](#) (Assistance for education/training programs)
- [Rights and Benefits](#) (for First Nations peoples)
- [Child Disability Benefit and Registered Disability Savings Plan FAQ](#)
- [Canada Revenue Agency – Introduction to Income Tax Program](#)

Rights and Advocacy

- [Representative for Children and Youth](#)
- [Ombudsperson of BC](#)
- [Federation of BC Youth in Care Networks](#)

Housing

- [BC Housing](#)
- [Residential Tenancy Branch](#)

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