

Parent Brief

Promoting Effective Parent Involvement in Secondary Education and Transition

February 2004

Person-Centered Planning: A Tool for Transition

The expression, “It takes a village to raise a child,” is never more true than when talking about a child with a disability. Young people with disabilities need a support system that recognizes their individual strengths, interests, fears, and dreams and allows them to take charge of their future. Parents, teachers, family members, and friends in the community who offer informal guidance, support, and love can create the “village” for every child.

Yet when young adults with disabilities are preparing to make the transition from high school to work or postsecondary school, their “village” may be forgotten in the rush to secure new services from programs and systems that provide support for adults with disabilities. These crucial supports may include vocational rehabilitation, day training programs, Social Security, Medicaid waivers, housing, and transportation support. In contrast to a young person’s informal support network, systems tend to use relatively impersonal and formal methods of assessment. Case managers, vocational rehabilitation counselors, and county social workers often have large caseloads as well as a limited amount of time to know the individual needs and abilities of each student on their caseload.

Responsibility for maintaining the “village” is usually left to the family or parents of the student who is graduating. However, parents have little time to become experts on the range of supports available to their child after high school. It is not surprising that the invaluable, informal supports available from a young person’s “village” often remain untapped or underdeveloped while families focus on accessing adult services.

This does not need to be the case. Use of a person-centered planning process with young adults with disabilities as they go through transition can unite formal and informal systems of support. By combining resources and working intentionally toward a common goal, families and professionals can achieve more positive outcomes for youth with disabilities, while at the same time putting long-term community supports in place.

Person-Centered Planning

The Individuals with Disabilities Education Act (IDEA '97) requires that a student's Individualized Education Program include transition planning by age 14 or earlier, if appropriate. This plan should reflect a student's interests and preferences, current accomplishments and skills, what they still need to learn, as well as what they want to do in life. This can include a range of goals—everything from the type of career the student would like to pursue to the kind of living situation he or she hopes to have. Person-centered planning is a way to identify a student's individual goals and to help students, families, and professionals craft plans that will support students as they strive to achieve their dreams.

At its best, the person-centered planning process can strengthen the transition to post-school activities by:

- Enhancing the quality of assessment and planning activities for both high school transition services and adult service agencies serving youth with disabilities;
- Fostering positive working relationships between families and professionals;
- Providing a way for educators and case managers from other agencies to better coordinate their services;
- Connecting families to adult service agencies before a student leaves high school;
- Helping ensure that services support the youth's goals and lead to successful outcomes; and
- Helping identify and cultivate natural supports in the community.

Idea '97

§300.29 Transition services.

(a) As used in this part, **transition services** means a coordinated set of activities for a student with a disability that-

1. Is designed within an outcome-oriented process, that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;
2. Is based on the individual student's needs, taking into account the student's preferences and interests; and
3. Includes-
 - (i) Instruction;
 - (ii) Related services;
 - (iii) Community experiences;
 - (iv) The development of employment or other post-school adult living objectives; and
 - (v) If appropriate, acquisition of daily living skills and functional vocational evaluation.

(b) Transition services for students with disabilities may be special education, if provided as specially designed instruction, or related services, if required to assist a student with a disability to benefit from special education.

(Authority: 20 U.S.C. 1401(30))

§300.29 Transition services.

The IEP must include-

1. For each student with a disability beginning at age 14 (or younger, if determined appropriate by the IEP team), and updated annually, a statement of the transition service needs of the student under the applicable components of the student's IEP that focuses on the student's courses of study (such as participation in advanced-placement courses or a vocational education program); and
2. For each student beginning at age 16 (or younger, if determined by the IEP team), a statement of needed transition services for the student, including, if appropriate, a statement of the interagency responsibilities or any needed linkages.

(Authority: 20 U.S.C. 1414(d)(1)(A))

Person-Centered Planning Action Steps

Step 1: Choosing a facilitator

Parents and families can begin the process of person-centered planning for their son or daughter with a disability by choosing a facilitator. A facilitator needs to be a good listener, work creatively to shape the dreams of the individual, discover the capacities within the individual and within the community, and be a community builder.

A facilitator can be a family member, school staff member, a service provider, or a consultant. It is helpful if facilitators have previous experience or training on conducting person-centered planning. Facilitator training is offered in many states through school districts or other publicly funded programs.

Step 2: Designing the planning process

An initial meeting to develop the personal profile usually occurs several days before the planning meeting so the participants have time to reflect on what is shared. The meeting takes about two hours.

Parents/families and the person with a disability will:

- Develop a list of people they want to invite based on their:
 - Knowledge of the person and family;
 - Ability to make this process happen;

- Connections with the community; and
- Connections with adult service providers (if they will be involved in the future).
- Identify a date and time for the initial meeting and other follow-up meetings.
- Determine the place that will be the most convenient for everyone, especially the person with a disability.
- Discuss strategies that increase the participation of the focus person, the person with a disability.
- Decide who will take a lead in gathering information during the meeting and what person-centered process will be used (PATH, Essential Life Planning, It's My Life, or another).
- Develop a history or personal life story or profile of the focus person by everyone sharing past events in the person's life. The focus person's parents and family may share the largest amount of this information. Critical events, medical issues, major developments, important relationships, and more may be shared.
- Describe the quality of the focus person's life by exploring the following: community participation, community presence, choices/rights, respect, and competence.
- Describe the personal preferences of the focus person. Include both likes and dislikes to get a complete picture.
- Send invitees the personal profile.

Step 3: Holding the meeting: Implementing the person-centered planning process

- Review the personal profile and make additional comments and observations.
- Identify ongoing events that are likely to affect the focus person's life such as conditions that promote or threaten health.
- Share visions for the future. Through brainstorming, imagine ways to increase opportunities.
- Identify obstacles and opportunities that give the vision a real-life context.
- Identify strategies and action steps for implementing the vision.
- Create an action plan. Action plans identify what is to be done, who will do it, when the action will happen, and when you will meet again. Identify action steps that can be completed within a short time.

Step 4: Planning and strategizing at the follow-up meetings

Work the action plan. Implementing the plan can require persistence, problem solving, and creativity. Periodically bring the team together again to discuss what parts of the plan are working and what parts are not. Once more, identify what is to be done, who will do it, when the action will happen, and when you will meet again.

Make sure that at each follow-up meeting the team:

- Establishes the time and place of the follow-up meeting;
- Establishes the list of participants;
- Lists all activities that occurred in the past;
- Lists all of the barriers/challenges that occurred;

- Brainstorms new ideas and strategies for the future;
- Sets priorities for the next agreed upon time period (6 months/12 months);
- Establishes renewed commitment by those participating;
- Lists five to ten concrete steps for each person to follow;
- Establishes the next meeting time; and
- **Always celebrates the successes!**

Note: Adapted from Mount, B. & Zwernik, K. (1994). *Making futures happen: A manual for facilitators of personal futures planning*. Minnesota Governor's Council on Developmental Disabilities.

Young Adult Participation in the Planning Process

It is critical for the young adult with a disability to actively participate in the transition planning meetings. This might involve advance preparation, such as asking the student to talk individually with each team member before the meeting or helping the student craft a written invitation for each team member. It is very easy for adults to take over, making the young person a passive observer instead of a leader in the process. The team must make conscious efforts to provide the young person with ways to express his or her own dreams for the future, agree or disagree with other members of the team, and be actively involved in the team's ongoing efforts. Students with all types of disabilities—regardless of the severity of the disabilities—should be included in the transition planning process.

Young adults also have a number of responsibilities when it comes to participating in and leading their transition planning meetings. They need to think about what they really want for the future, identify what kind of help and support they might need to achieve their goals, and come prepared to share this information with their team.

Despite growing interest in using person-centered planning to drive the transition process, it is not yet common practice. One reason for this may be that many people believe this process is too time consuming. What they may not realize is that person-centered planning may be more efficient in the long run. The best transition plans truly reflect student-family goals for the future, which helps the team avoid time-consuming guesswork. People certainly learn from their mistakes, but a person-centered planning process can help teams to produce a much more accurate reflection of the young adult's goals and at the same time, go to the heart of what is needed by the young adult and family much earlier.

Adult Services Planning

In addition to the family, the young adult, and special educators, the person-centered planning process can also involve county case managers, social workers, vocational rehabilitation counselors, and health care professionals. Including adult service providers in person-centered planning can help ensure a seamless transition from special education to adult services. Just as person-centered planning can enhance the transition planning process for a student with disabilities, it can be a tool to improve individualized plans for employment (IPEs) as well as

other adult service plans for young adults with disabilities who are eligible to receive those services.

Developing Natural Supports with Person-Centered Planning

In addition to including professionals and service providers, it is essential that person-centered planning teams include individuals who are familiar with the abilities, interests, and needs of the young adult in work, school, or social settings, and who are willing to help. These supportive individuals or “natural supports” can be family members, friends, neighbors, former teachers, or other caring and knowledgeable individuals who know the young adult.

Forming the person-centered planning team provides families with an opportunity to involve individuals who want to help in ways that make a difference. These individuals, in turn, can often provide access to broader and more integrated opportunities in community settings than a professional can. Some examples of how an informal support person can help young adults pursue and achieve their goals include:

- A neighbor who helps a young person find movie theaters on nearby bus routes;
- A relative who talks with colleagues about job opportunities for a young adult who wants to work with computers; and
- Friends or family members who help find clubs—such as camera, book, hunting, or fishing—related to a young person’s interests.

The insight of family and friends can complement and enhance the expertise of the professionals on the team. For example, the team might discuss how a person’s strengths equate to job skills and how the person’s interests and abilities match specific career areas, jobs, and employers. The team might also discuss other employment-related needs, such as transportation or assistive technology.

Involving friends and neighbors who are unfamiliar with traditional forms of service delivery can actually be an asset, because it can foster more creative problem solving. Relatives and friends can also help families develop a “safety net” of informal community supports to assist a young person when parents are not available or if formal supports break down.

More Than a Series of Meetings

The team should meet as often as members and the young person want in order to discuss their goals and support needs. Follow-up meetings should be scheduled as needed to find out how the young adult is achieving those goals or if their goals have changed. However, no matter how often a team meets, a plan is just a piece of paper if it is not put into action. One way to make sure the plan leads to action is to have the young adult, family, or team choose a facilitator. The facilitator can lead the meetings by identifying and formulating questions during the meeting and organizing important points from general statements. The facilitator can also delegate responsibilities to other team members.

For example, if the team is focusing on employment after high school, the facilitator could have one person take responsibility for helping the young adult find an internship or job-shadowing opportunity. Someone else could help the young adult find appropriate transportation. Each team member assumes responsibility for a specific task that is outlined in the plan. At the next meeting, the team members discuss their progress and modify the plan as necessary.

It is a good idea for the team to have someone responsible (parent, facilitator, or a designated case manager) for follow-up—someone who can check with other members to see how they are progressing.

What Happens if the Young Adult Has an Unrealistic Goal?

The team must determine its own comfort level with the goals of the individual. However, how the team feels about the goals and how the young adult feels may be two very different things. Supporting young adults to learn about and further explore their dreams for the future is the proactive solution to this situation. As a result of this exploration, a young adult may decide that his or her goal is not necessarily a good match. However, the exploration process can be a memorable learning experience, a valuable way of learning about one's self, and ultimately an important way of discovering other pathways to success. It is important to realize that failure is not necessarily something to be avoided; it is a natural part of life. More importantly, a person with a disability who is protected from failure is also protected from potential success. Helping young people with disabilities pursue challenging goals provides them with invaluable opportunities for self-discovery, as well as the opportunity to surpass expectations and to actually succeed in achieving their goals.

Selected Resources on Person-Centered Planning

Many different person-centered planning tools have been developed that could be used in the transition process--

- MAPs,
- Personal Futures Planning,
- PATH planning,
- Essential Lifestyle Planning, and
- Dream Cards are a few examples.

The following are some online resources with more information on person-centered planning tools.

Parent Center Resources on Person-Centered Planning

- [PACER Center](http://www.pacer.org/tatra/resources/personal.asp): <http://www.pacer.org/tatra/resources/personal.asp>
- [PEATC](http://www.peatc.org/NEXT_STEPS/Intro/brief.htm): http://www.peatc.org/NEXT_STEPS/Intro/brief.htm
- [MPACT: Transition to Empowered Lifestyles Project Person-Centered Planning](http://www.ptimpact.org): <http://www.ptimpact.org>

University and Government Resources on Person-Centered Planning

- [Beach Center on Families and Disability articles on Person-Centered Planning:](http://www.beachcenter.org)
<http://www.beachcenter.org>
- [Oregon Department of Education Transition Web Resources:](http://www.ode.state.or.us/gradelevel/hs/transition/resources.aspx)
<http://www.ode.state.or.us/gradelevel/hs/transition/resources.aspx>
- [Person-Centered Planning Education Site:](http://www.ilr.cornell.edu/edi/pcp/) <http://www.ilr.cornell.edu/edi/pcp/>
- [State of Indiana Person-Centered Planning Guidelines:](http://www.in.gov/fssa/disability/bqis/pcpguidelines.html)
<http://www.in.gov/fssa/disability/bqis/pcpguidelines.html>

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