DISABILITY POLICY *in Alberta*

an Initial Exploration of
Transition Implications

A Pilot Study by
The Institute for Nonprofit Studies

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This is a publication of the Institute for Nonprofit Studies, Mount Royal College. It is produced as part of an ongoing line of inquiry focused on the effects of social policy on the nonprofit sector. The purpose of this document is to provide research-based information and interpretations with an eye to generating conversation between all stakeholders - the government, service providers and the people they serve.

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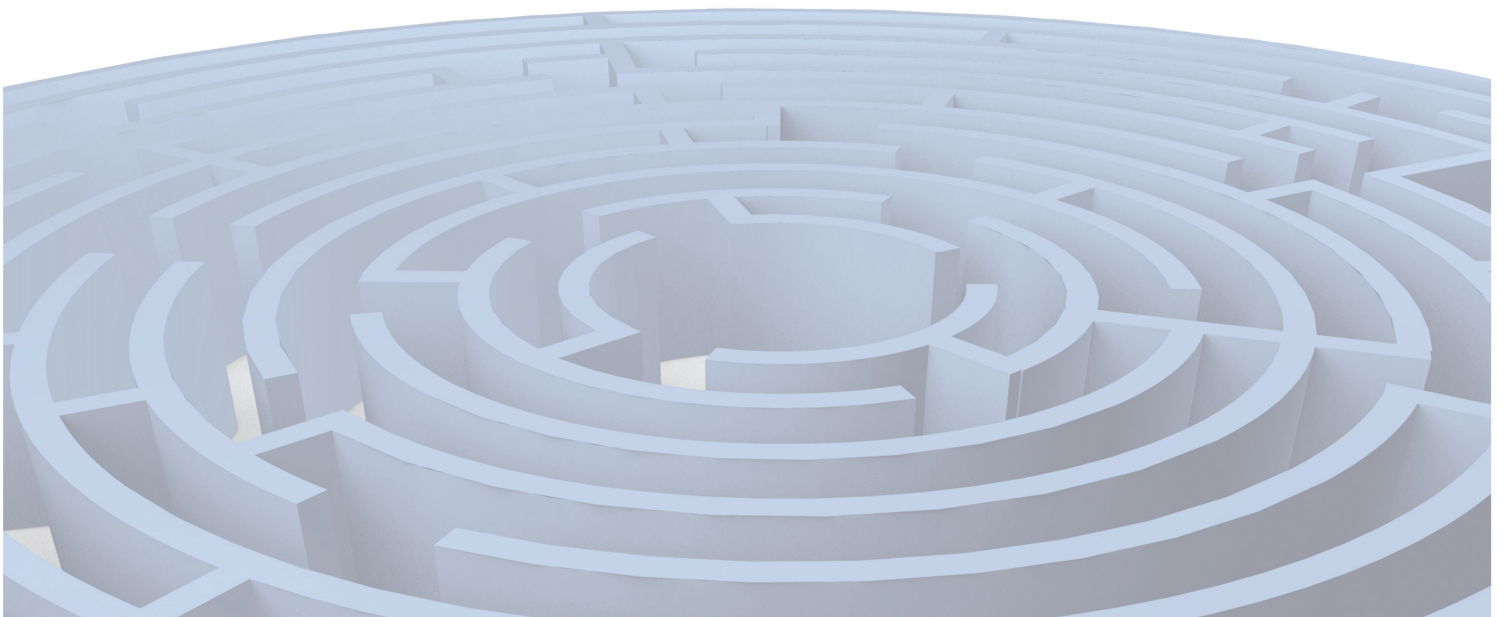Calgary, Alberta T3E 6K6

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AN INITIAL EXPLORATION OF TRANSITION IMPLICATIONS

Imagine that at certain times during your life provincial policy requires that you change where you live, who you work with, your educational setting, and even your friends. In Alberta, between birth and eighteen years of age, persons with developmental disabilities will experience these life-altering transitions at least three times. Throughout this time, the provision of supports to individuals with developmental disabilities, significant structures including family life and even the definition of disability will be altered significantly. The resulting transitions cause tension, stress, and major challenges to the ultimate success of the individuals being served and their families. **This pilot research project begins to look at the implications of these policy transition points on agencies, individuals, and their families.**

GOVERNMENT SOCIAL POLICY

A government social policy is the blueprint or plan that guides decisions concerning various government programs and activities. Social policies are acts of government which are undertaken for a variety of reasons, both political and social. Social policy is an instrument of governance. As such, it provides both an authoritative determination of what will be done and an authoritative guideline for how certain activities will be carried out by institutions governed by different ministries *(Downey, 1998)*. Policies are also seen as the programmatic activities intended by the legitimating organization as the means by which its wishes are carried out *(Matland, 1995)*. Government policy is a formulated response to an authoritative decision to act in specific ways so that specific ends are achieved.

When policy is implemented, it is activated by *"delivering services, programs, or funding to users" (Matland, 1995)*. At implementation, the principles and visions contained in the policy are tested. In Alberta, multiple distinct policies emerge from different ministries to affect the lives of individuals with developmental disabilities for specific periods in their lives. While services, programs, and funding are provided through each policy, there has been no testing of the principles and visions particularly as the policies relate to one another. Therefore, when individuals turn six or eighteen, for example, their world literally changes overnight as one policy ends and another begins. At that juncture all of the services, programs, and funding change and individuals may or may not qualify for the same supports they had access to in the years prior to a particular birthday.

At the time of the research (2006-2008) at least four separate ministries have policies addressing individuals with developmental disabilities: Health and Wellness, Children's Services, Learning, and Seniors and Community Supports. **At birth**, a child with developmental disabilities will likely receive supports through the Ministry of Health and Wellness. When the child is **between three and six years of age**, Program Unit Funding (PUF) can be accessed through the Ministry of Education for a maximum of three years. Other funding through the Ministry of Education may continue while the child is in school. Also **between the ages of six and eighteen**, additional funding for supports comes from the Family Supports for Children with Disabilities Act (FSCD) through the Ministry of Children and Youth Services. Once the child becomes an adult at **age eighteen**, financial supports for needed services may come through the Persons with Developmental Disabilities Act (PDD) through the Ministry of Seniors and Community Supports. As children mature, they transition from policy envelope to policy envelope, crossing boundaries where fundamental determinants such as the definition of *"disability"* may change.

RELEVANCE OF THIS ISSUE

The scale of impact in terms of numbers of individuals and costs for the broad continuum of supports available to a person with developmental disabilities through to adulthood is staggering. The Government of Alberta provides the following information:

- As of June 2005, there were 5,730 children under the age of six receiving PUF to prepare them for school at a cost of nearly $85.5 million.

- After the age of six, children's educational needs are then addressed within base allocations to school boards and are difficult to track in terms of numbers and costs.

- In terms of community and family supports after the age of six and up to the age of eighteen, there are nearly 9,000 children (as of February 2006) receiving supports from FSCD with a budget of nearly $82.8 million (for 2005-2006).

- When the children turn eighteen and move into the PDD system, over $500 million (as of March 2006) is budgeted to assist 9,100 adults.

In total, the provincial government annually spends over $700 million to support nearly 24,000 individuals with developmental disabilities. The policy implications of such a huge, long-term and expensive support system are immense.

Family and emotional adjustments and care-giving demands may continue throughout childhood and adolescence having significant impacts on the experiences of family life

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The experiences of disability for children and their families that result from service transitions has started to receive substantial attention. The adaptations children and families must complete are often difficult and problematic for a variety of reasons. Children with disabilities are much more likely to suffer higher rates of abuse and stigmatization yet have fewer coping skills to deal with these experiences *(Feinstein & Reiss, 1996; McCreary & Thompson, 1999)*. These experiences as well as the biochemical abnormalities associated with a range of disabilities such as Lesch-Nyhan Syndrome *(Zimmerman, Jinnah & Lockart, 1998)* and Fetal Alcohol Spectrum Disorder *(Streissguth & Kanter, 1997)* result in significant behavioural and psychiatric problems at a much higher rate than is seen in the general population.

This interaction of biological and psychological factors, together with environmental issues *(e.g., exclusion, lack of opportunity, stigma)*, further burden these children and youth and effectively increase the severity and complexity of their disabilities. The stresses associated with the care and support of children with disabilities result in more fragile family structures and higher rates of family breakdown *(Corbett, 1985)*.

Throughout childhood and adolescence, individuals experience a series of transitions. For families with children with disabilities, the adaptations and transitions are more difficult, and in some cases, more numerous *(Turnbull & Turnbull, 1997)*. The adaptations through the first several months alone may be extremely stressful depending on the nature and extent of a congenital disability. The process of establishing a diagnosis, finding necessary supports and services, and providing for increasing care-giving demands, in addition to the multiple emotional adjustments that must be made, are enormously stressful. Family and emotional adjustments and care-giving demands may continue throughout childhood and adolescence having significant impacts on the experiences of family life *(Beckman, 1996)*.

Entering school is a second major period of transition. In situations where the family is aware of the child's diagnosis, beginning school may involve complex negotiations regarding which school and type of program the child will be attending *(e.g.,inclusive supports, special education classroom, segregated setting)*. In many cases, disabilities are not identified until a child begins school which again requires children and their families to make major adaptations and transitions as they search for supports and services for their child and themselves.

The third major transition from child to adult services at the age of eighteen has perhaps received the most attention. The number and significance of adaptations that must be made and the complexity associated with some of these changes produce substantial challenges *(Beresford, 2004)*. Planning for the possibility of therapy service reductions, achieving employment, entering adult education, leaving the family home and establishing a new home are a few of the tasks the individual faces leaving childhood. For individuals who may have skill limitations, these transitions are particularly daunting. A growing literature on these issues *(Beresford, 2004; Furney & Hasazi, 1997; Mallory, 1995; Mitchell & Sloper, 2001)* provides recommendations and practices to ease the stress and problems that arise during this time of transition. However, that body of research also describes family and individual experiences of transitions as encountering barriers that produce stress, breakdown, and unrealized possibilities.

PILOT STUDY PURPOSE AND METHODOLOGY

As identified, the human and financial investment made at each policy level is considerable. It is uncertain, first, how those with disabilities and their families experience the implementation of policies at each level and, second, whether the benefits are accruing to the individuals and families resulting from those investments carry over across the boundary between one policy and another. This research seeks to clarify, in a general way, what happens at the boundary between policies in terms of the experiences of implementation and transition and to identify areas for policy and service provision optimization.

To begin to address this question from a practical perspective, a pilot study was conducted during the spring of 2007 building on an earlier research brief, **"Principles and Practice of Education for Children with Disabilities – A Policy Examination"** *(Brad, 2005)*. In an effort to help define the questions and issues surrounding policy implementation processes and boundaries, individual interviews were conducted with agency and government personnel to determine and understand:

1 the differences and similarities between the intent and implementation of various policies for individuals with developmental disabilities;

2 the differences and similarities between policies at the transition points: preschool to school (ages 4-6) and school age through the transition to adulthood (ages 16-18);

3 the experience of individuals traversing the boundary from one policy to another; and

4 the changes required to more seamlessly integrate or transition policy boundaries across an individual's life span.

Agencies serve persons with disabilities from birth throughout life.

Eleven agencies were contacted and a senior level administrator at each was interviewed. The agencies serve persons with disabilities from birth throughout life. Some focus specifically on developmental disabilities, some work with persons with a specific disability such as Down Syndrome or Autism, while others include persons who have acquired brain injuries or dementia. From another perspective, some agencies work only with certain age groups, for example, preschool children, children under 18, adults only while others work *"cradle to grave"*.

The interview questions *(see appendix on page 13 for interview protocol)* focused on the following main areas:

- nature, strengths, and capacities of the agencies
- policies implemented by the agencies
- effective implementations strategies and key successes
- challenges in implementing policies
- gaps in service provision
- issues faced when crossing policy and service boundaries
- other issues and general comments.

All interviews were approximately one hour in length and were conducted by one of the three co-investigators. The interviews were transcribed and analyzed for themes.

DISCUSSION

Based on the interviews with key personnel in eleven different agencies in Calgary serving children with developmental disabilities and their families, six major themes were identified. These themes include: **policy effects on systems and on families, funding through the lifespan of an individual, system collapse, and the role and capacity of both agencies and families.**

POLICY EFFECTS ON SYSTEMS

The agencies identified 14 policies or pieces of legislation which they must attend to when implementing their programs:

1. Alberta Education Program Unit Funding (PUF)
2. Family Supports for Children with Disabilities (FSCD)
3. School Act
4. Student Health Partnership (SHP)
5. Persons with Developmental disabilities (PDD)
6. Dependent Adults Act
7. Protection for Persons in Care Act
8. Specialized Persons Act
9. Employment Standards
10. Assured Income for the Severely Handicapped (AISH)
11. Freedom of Information and Privacy Act (FOIP)
12. Mental Health Act
13. Human Rights Act
14. Immigration Act

These fourteen policies come from different government agencies, define disability in unique ways, and provide different levels of financial support.

Within a specific age period and set of policies, some synchronization is apparent. *For example*, during the early years, when a child is receiving funding under PUF, agencies reported that funding is always available throughout the school year for a total of 3 years for children 2.5 to 6 years old and, as a result, agencies are able to provide a consistent three year program. Under the School Act, all students who come to the doors of a school must be served or referred to more appropriate services. While inclusion is the parents' right, it is ultimately up to school boards and individual principals to choose how to spend any dollars which may be provided.
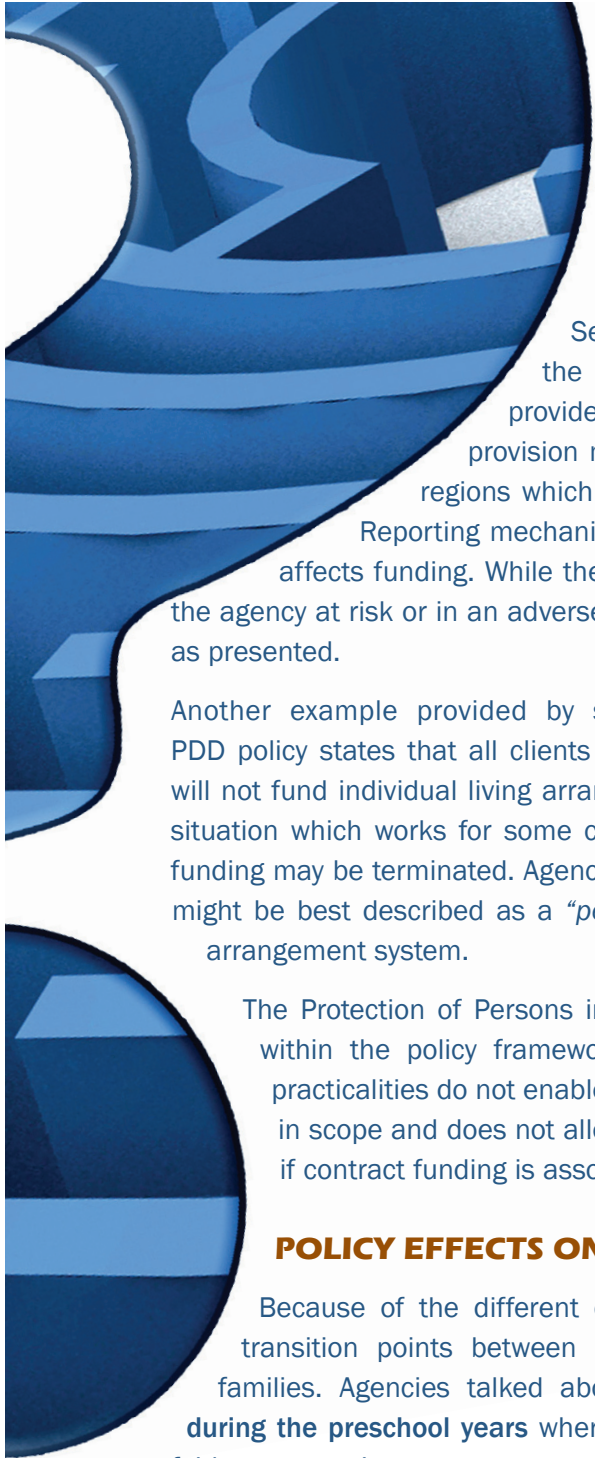
The challenges come as children age and funding needs to be accessed from different ministries and policy envelopes

FSCD funds specialized services for children with a defined set of severe disabilities including motor difficulties, autism, and Fetal Alcohol Spectrum Disorder (FASD). These early intervention dollars and partnering with other agencies and services can provide the means for building rational supports for children throughout their school age years. Agencies dealing with PDD generally talked about supportive contract managers who support funding increases when indicated.

Agencies talked about their successes in implementing policies in various ways. Some felt that the policies are fairly broad and are therefore easy to implement. The collaborative nature of the implementations involves parents at all stages and facilitates the development of relationships with families, service providers, and the community. The combination of funding opportunities provides programs for children where they are most appropriate – *in home, at preschool, in public or private schools.*

However, the challenges come as children age and funding needs to be accessed from different ministries and policy envelopes. The major issue mentioned by most agencies was the different definitions of disability used by each ministry. Children might qualify for disability funding at a certain level under the policy of one ministry and then, when transferring to a different policy envelope under a different ministry, find that they are no longer considered to have a disability and be completely ineligible for funding. *For example*, PDD requires IQ testing with 70 as upper limit in order to access services which does not address the functional needs of some individuals with conditions such as Aspergers or brain injury. At the very least, funding levels and program supports vary considerably from one policy envelope to another.

As an example of disconnects between funding envelopes for the same population, agencies talked about being able to access additional funding for children in the school system through the School Health Partnership. While this program provides more funding for children with disabilities within the school setting, recent school rules restrict who can go into the classroom to work with students meaning that outreach workers no longer have access to these children while in the classroom. The agencies cited this as an example of the government providing more money but not being able to support improved cross-ministry cooperation.

Another example of discrepancies between concurrent policy frameworks suggested by agencies concerned AISH policy for persons 18 and over which appears to have limited communication or connection to service delivery with PDD for the same population.

Several agencies talked about disconnects within PDD itself. *For example,* the interpretation of the Act, especially regarding costs for the services provided and paid for, leads to several inconsistencies. Codes for service provision may vary from service provider to service provider and between the six regions which may negatively affect funding for service providers and/or individuals. Reporting mechanisms often do not reflect what was negotiated for a contract which also affects funding. While the Auditor General advises agencies not to sign contracts that might put the agency at risk or in an adverse situation, agencies indicated that PDD requires them to sign contracts as presented.

Another example provided by some agencies referred specifically to PDD policy. *For example*, PDD policy states that all clients have the right to choose their own living arrangement; however, PDD will not fund individual living arrangements. According to policy, PDD clients need to have roommates, a situation which works for some clients but not all. If the clients' residential system breaks down, their funding may be terminated. Agencies suggested that, in some situations, living situations for some clients might be best described as a *"permanent guest model"*. Agencies requested more choice in the living arrangement system.

The Protection of Persons in Care Act was another example provided by agencies of disconnects within the policy framework itself. While the intent of the Act was considered to be noble, practicalities do not enable the Act to be implemented as intended. *For example*, the Act is limited in scope and does not allow for reporting abuse in certain situations and addresses facilities only if contract funding is associated with the client but not if the client has individualized funding.

POLICY EFFECTS ON FAMILIES

Because of the different definitions of disabilities accompanied by different levels of funding, transition points between preschool, school age, and adulthood are particularly stressful for families. Agencies talked about how families become accustomed to a **family-centred program during the preschool years** where all members of the family are part of a team. Under PUF, funding is fairly generous in many cases on the assumption that early intervention dollars will better prepare children for school. Agencies explained that, under PUF, everything is provided for families in one stop including busing and therapies, and families are well looked after. Children often have full time assistants with them in their preschools which also provide services of professionals such as occupational therapists, speech and language pathologists, physiotherapists, and psychologists. Class sizes are small and are either segregated settings focusing on specific disabilities or include typically developing children to act as role models.

However, when children reach the age of six and move into the school system, they experience considerable change. Not the least is the different philosophical orientation of school settings. Now the focus is on the majority of typically developing children in a classroom, with much larger classroom sizes, differently trained teachers, much less access to assistants, and more of a bureaucratic setting. When children move to school they experience less funding, limited access to therapies, limited extension of family support into the school, a reduced sense of security, and transportation challenges. Some agencies

mentioned that, while schools are required to serve every child who comes to their doors, some schools are quite adept at finding ways of ensuring that children with severe disabilities find other schooling options. School boards and, ultimately, principals, are charged with allocating funds that may be used for special education. Some principals find that they are frustrated with the lack of resources to successfully provide for children with severe disabilities. Others simply look for ways to spend the dollars in a more general way on special education and resource room teachers. **As the children move into junior high, they experience yet again a different school culture that is more fast paced, with more teachers and the distinct possibility of social exclusion.**

Some agencies mentioned that, while schools are required to serve every child who comes to their doors, some schools are quite adept at finding ways of ensuring that children with severe disabilities find other schooling options

The last major transition families experience is when their children move from school into adulthood *(FSCD and Alberta Education to PDD)*. Agencies explained that children need to start the transition process at age 16. While FSCD funding can reach beyond age 18 in some cases, PDD cannot fund below age 18, often leaving a gap in funding and supports for some children.

FSCD does not seem to be the support for many families as was likely intended. Agencies talked about the disconnect between the portion of the Act which allots funding for school assistants and the large number of children on a waiting list waiting for assessment and approval for services. Several agencies referred to a sense of confusion with FSCD regulations which has been compounded by the service providers themselves as they wade through a variety of responses by FSCD across the province. The result, according to agencies, is that the FSCD regulations may end up pitting parents against the service providers who deliver the confused messages.

Children with FASD who are seeking funding through FSCD face challenges because of a funding backlog. Agencies talked about the need for all children to be reviewed by a panel before having their funding approved. One agency that serves a number of children with FASD, commented that only two children were approved for funding in the past school year and yet programming had already begun, creating a funding shortfall for the agency.

FUNDING THROUGH THE LIFESPAN

No one denies that children will live with their developmental disabilities through their lifespan. A lifespan includes family, school, employment, living arrangements, health care, a social life, and retirement. However, because policies concerning people with disabilities come mainly from four provincial ministries that each support different aspects of a person's life *(health, education, employment, and community supports)* a person's life is dismantled. Instead of taking a macro view of the lifespan, provincial policies end up focussing on small aspects of a person's life, concerned only with that portion of a person's life covered by the ministry's mandate. According to the agencies interviewed, **no one ministry recognizes or takes responsibility for a person with disabilities as a whole person throughout the lifespan**. Agencies explained that Children and Youth Services and Ministry of Education put together plans for children through to age 18 *(Individual Service Plans and Individual Program Plans)* but wondered who puts together a life plan for clients beyond 18 years of age.

SYSTEM COLLAPSE

Given the need for long-term planning for clients over the age of 18, many agencies voiced concern that the system of supports throughout the lifespan is not sustainable. Before a child enters school, PUF provides educational programming and intervention supports for a very limited three year time frame. When a child enters school, FSCD and school boards address education and other supports over the longer period of twelve years. However, once a child transitions to adulthood, PDD is responsible for most of the needs of that individual for the rest of his or her life.

PDD is not designed nor funded to create lifespan planning leading some agencies to voice their concern about sustainability. PDD covers a very wide range including persons with developmental disabilities, persons with acquired brain damage, and seniors developing dementia. As increasing numbers of children are identified and supported prior to age 18, PDD will become responsible for more and more people. Add in those who become the responsibility of PDD through brain injuries and dementia and the system becomes strained. As one agency said, *"How do you account for movements within the normal population into PDD which has a specific mandate and balance that with people who have had a lifelong developmental disability?"*

Agencies worried about the lack of predictable funding for the long-term planning of agencies, programming, and services. As one agency commented, the Ministries of Education and Children and Youth Services plan for children to leave their systems. PDD cannot do that – **clients do not leave until the end of their lifespan.**

ROLES AND CAPACITIES OF AGENCIES

Several agencies discussed how their work with children with disabilities and their families is compromised by government policy and regulation. Some felt that there would be fewer gaps in service provision if agencies were provided with a larger, more predictable funding base. These concerns were reflected in comments about issues such as staff salaries not being reflected in funding allocations or discrepancies in costs for the same services being provided across the province.

Agencies felt that, while the intent of the government is to fund children with disabilities well, it is difficult to access the dollars because of different procedures of individual managers, lengthy panel or board reviews which hold up funding, and tightened criteria. Some agencies remarked that the process might be more efficient if the government ministries trusted agencies to do their work well and, therefore, required fewer bureaucratic oversights. In addition, structural changes to PDD have affected agencies on a financial level making it harder to fund an individual. These structural changes include an increase in accountability and auditing requirements such as the need for several annual audits *(PDD funded agencies, PDD Regional Board, Price Waterhouse Annual Report)*. These additional audits are a stress on the agency as they require internal experience and knowledge to complete effectively.

Currently, kindergarten programs, because they are not mandatory, are able to refuse children with disabilities if they do not have the resources to assess and identify the disabilities or to supply classroom assistants. When this happens after September 30, the schools keep the funding for the child while the child needs to access services in another agency that will not be able to access funding.

ROLES AND CAPACITIES OF FAMILIES

Probably the greatest concern voiced by agencies was the strain on the families of children with disabilities. These families require a great many skills to successfully navigate the various systems with their child. One suggested that this navigation process was analogous to setting up a small business requiring a minimum of one full day a week to operate and considerable financial background. Families require skills in advocacy, flexibility of time, financial capacity and a high literacy level to ensure that their child has access to the services to which he or she is entitled.

Initially, when a family first learns that their child has a developmental disability, they need to be supported through the grief and acceptance stages. Then as they accommodate to life with a child with disabilities, many parents feel blamed and unsupported by some service providers. Attitudes of families vary from a sense of entitlement to services to the other extreme where they worry about accessing the services to which they are entitled.

It is clear that much further work is needed to determine how best to support this population, to help smooth transitions through life, and to effectively plan for the lifespan path of an individual living with disabilities

Finding appropriate school placements and ensuring that children are receiving the necessary services becomes a major worry for families. They need to determine appropriate placements in terms of integrated, inclusive, or segregated settings and then often need to fight for their children's rights of access. This transition is more strongly supported for children with severe disabilities than for those with mild or moderate disabilities. Preschool agencies provide a step-by-step process for families and Alberta Education policies help to make the transition work. Transition to private schools may be difficult as they are not mandated to accept all children as the public schools are. Additionally, there is no appeal for decisions about placements, and services and funding supports often happen late in the year.

Again, agencies reported that the transition to school is often more difficult for families with children with mild or moderate disabilities. Currently, kindergarten programs, because they are not mandatory, are able to refuse children with disabilities if they do not have the resources to assess and identify the disabilities or to supply classroom assistants. When this happens after September 30, the schools keep the funding for the child while the child needs to access services in another agency that will not be able to access funding.

As the children move from FSCD into PDD on their 18th birthday, families encounter other significant issues. Agencies suggested that there is a lack of congruence of philosophy between these two funding envelopes in that FSCD is seen to focus on quality of service whereas PDD is seen as funding in the least expensive way possible. Agencies indicated that some families feel that PDD agencies are less respectful and approach families with the attitude that they know what is best for the client.

The biggest challenge, according to some agencies, is that families have little awareness of the differences between FSCD and PDD and how policies such as guardianship, Assured Income for the Severely Handicapped (AISH), and family-managed care will affect their families as a functioning unit. Children and

Youth Services focuses on child protection whereas PDD focuses on independence. This is vividly demonstrated by an example provided by an agency where one day a lock on a child's bedroom door is important to ensure the child's safety but on the child's 18th birthday, the lock becomes illegal confinement. Agencies felt that this focus on independence puts many young people at risk, more so when the individual has complex needs. With this change of philosophy, foster parents must change their role as well and become support workers to continue to qualify for funding – a home becomes a support home.

Families new to the province, especially immigrant and refugee families, face considerable challenges becoming involved in the system. Immigrant children often face the double discrimination of being a visible minority and having a disability while the families themselves struggle with their own cultural perceptions of understanding and accepting their child's disabilities. Agencies reported that cultural differences are often not recognized nor respected in the system and families face challenges in finding culturally appropriate services. Agencies struggle with hiring staff with appropriate first languages and cultural awareness to work with the families and with providing services and materials in plain language and user friendly formats.

Families who live below the poverty line face considerable difficulties when they have a child with disabilities. These families have other basic needs issues which need to be addressed before they can address their child's specific disability issues. External barriers related to housing and transportation make it difficult for families to access services. Agencies identified inadequate levels of support impacting poverty rates and quality of life for people with disabilities and their families.

SUMMARY

Interviews with senior administrators of agencies which serve children with disabilities and their families provided considerable information on the disconnects between policy boundaries and the intent and implementation of policies. Six major themes were pulled from the interview data: policy effects on systems and on families, funding through the lifespan of an individual, system collapse, and the role and capacity of both agencies and families.

The data clearly indicated that families and agencies experience considerable challenges in meeting the needs of children with disabilities as they move through their life from early childhood, to school, and then transition into adulthood. Many of these challenges are exacerbated rather than supported by the range of policies coming from different government ministries. While most agencies indicated that the intent of policies was to provide support to children with disabilities and their families, the reality that families experience was quite different. Agencies felt frustration is trying to serve this population with care, compassion, and effectiveness. **It is clear that much further work is needed to determine how best to support this population, to help smooth transitions through life, and to effectively plan for the lifespan path of an individual living with disabilities.**

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APPENDIX

Interview Protocol

Date: _____

Name: _____

Organization: _____

1. Describe the nature of your agency as it relates to providing services for individuals with disabilities and their families.

2. Describe the nature of your role within the agency as it relates to providing services for individuals with disabilities and their families. What supports are in place to help you in your role?

3. How would you describe the strengths and capacities of your agency when delivering services to individuals with disabilities and their families?

4. Which policies affecting individuals with disabilities and their families does your agency implement? *(e.g. FSCD, Special Education, ECS, Children and Youth with Complex Needs)*

5. How does your agency implement these policies?
   What are some of the most effective implementation practices?
   What, in your experience, are the less effective implementation practices?

6. What are some of the key successes your agency has had in implementing these policies?
   What made it possible for your agency to achieve these successes?

7. What have been some of the challenges that your agency has experienced when implementing policies and delivering services to individuals with disabilities and their families?
   How were these challenges addressed?
   What are some of the challenges your agency is facing at the current time?
   What would help your agency address these challenges?

8. Do you see any gaps between the intent of these policies and the implementation within your agency?
   If so, in your opinion, what causes these gaps? How could the situation be improved?

9. Do you work with individuals as they cross from one policy area to another?
   If yes, explain these policy areas.
   In your opinion, what are the experiences of individuals as they cross the boundaries between policies?
   How could the move between policies be made easier for individuals and their families?

10. Do you work with individuals as they cross service boundaries?
    (i.e. preschool to school, school age through to adulthood)
    In your opinion, what are the experiences of individuals as they cross these transition points?
    How could the transitions across the life span be made easier for individuals?

11. Anything else you want to add, emphasize, or discuss?
    Questions?
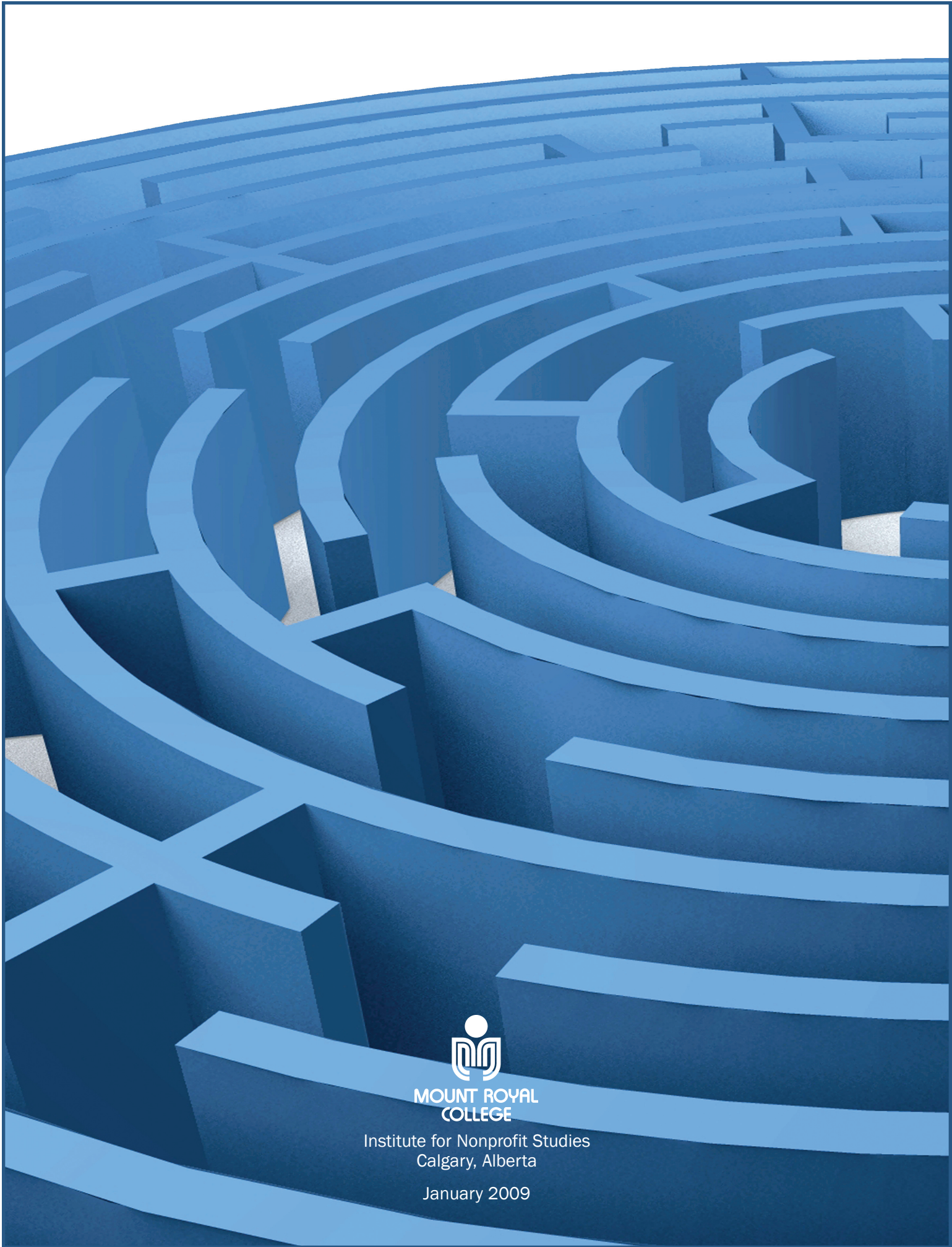
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