

What is the Integrated Plan of Care process?

The Integrated Plan of Care process brings a team of service providers together with a child/youth and their family/supporters to reach a shared vision that supports the health and well being of children/youth with complex needs. It involves service providers from different agencies, organizations and sectors working together with the child/youth and their family/supporters as equal partners. The IPC process is about creating a holistic care plan that is focused on the strengths and needs of the child/youth and their family/supporters.

Integrated Plan of Care Process

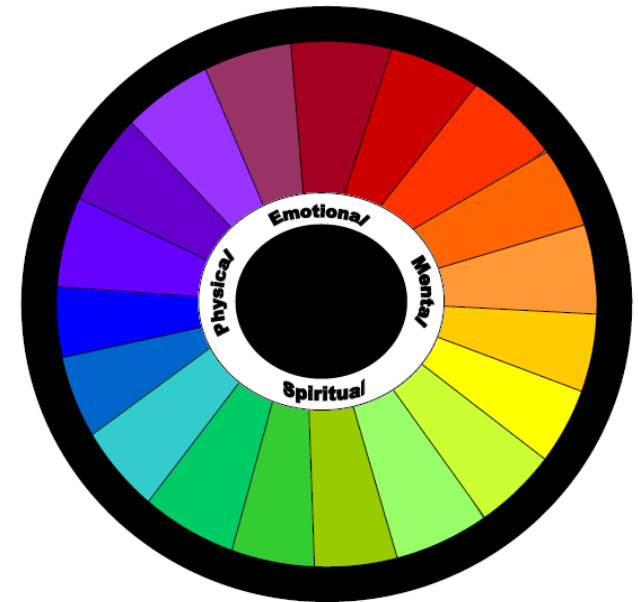
Service providers working together to support young people with complex needs and their families/supporters by developing holistic care plans.

The Integrated Plan of Care process is available for children/youth who receive or want to receive services in both official languages.

An Aboriginal Integrated Plan of Care process is also available.

Contact your service provider with any questions or for additional information.

The Integrated Plan of Care Process



Holistic care plans that get everyone working together to achieve the child/youth's goals.

What does “children/youth with complex needs” mean?

Children/youth whose needs cover health, mental health and social issues, leading to major challenges participating in society. They have worked, or are working, with two or more services from different sectors. The child/youth is experiencing minimal success with their services and is at serious risk of harming themselves and/or others.

What is the role of Service Providers in the Integrated Plan of Care process?

Service providers take a team approach to care by working together with the child/youth and family/supporters to set goals and put together a plan of care. A service provider will identify and refer the child/youth to the IPC process and then bring together a team of service providers from different organizations and agencies. One member of the service provider team is identified as the Lead and will be the central point of contact for the child/youth and their family/supporters. The Lead also guides the implementation of the plan of care.

What is the role of Children/ Youth in the Integrated Plan of Care process?

The child/youth plays a central part in the IPC process. The child/youth can take a lead role in creating their plan of care, with the support of their service provider team and family /supporters. The child/youth consent to the plan of care and decide which service provider will take a lead role in implementing it.

What is the role of Family/ Supporters in the Integrated Plan of Care process?

The families/supporters can act as valuable partners in the IPC process. They play a key role in supporting the child/youth to communicate their vision and goals for their plan of care. They may also be actively involved in some of these goals. Family/supporters can also be responsible for giving consent if the child/youth is unable.

What are the steps involved in the Integrated Plan of Care process?

Step One

A service provider suggests the IPC process when current services are not able to meet the child/youth’s needs. The child/youth and their family will be asked to name any service providers who should be included in their care team.

Step Two

The service provider will make the referral to Coordinated Access with the youth or family’s consent. The child/youth and family will be invited to present at Coordinated Access.

Step Three

If the criteria is met, a team of providers from different agencies/ organizations is brought together for a meeting with the child/youth and their family to create a holistic plan of care.

Step Four

Ongoing meetings and updates to the plan and the team may occur to support the child/youth in reaching their goals.