

2 1 **Two networks,** *one objective:* *the development of youth*

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**Agreement for the complementarity of services
between the health and social services network
and the education network**

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the development of youth

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Message from the ministers

The health and well-being of children and youth, as well as their educational success, hold the promise of Québec's future. Collectively, we all share responsibility for the well-being of our young people. Of course, parents are primarily responsible for the development of their children, but we must support them in fulfilling this important task and offer them the quality services they need in a timely manner. It is well known that the health and well-being of young people are major determining factors in their school success, and vice versa.

Following the Québec Youth Summit, the government undertook to take concerted action to ensure the best possible future for all young Quebecers. The Québec youth policy, *Bringing youth into Québec's mainstream*, and the 2002-2005 Youth Action Plan make continuity of services provided to youth an essential strategy in preventing young people from dropping out of school and society.

The Ministère de l'Éducation and the school system are already doing much to impart knowledge to young people, foster their social development and give them qualifications. Furthermore, major reform undertaken in recent years strengthens this mission. The purpose of the amendments to the *Education Act*, the revision of the *Québec Education Program*, the formulation and implementation of the policy on special education and the review of the framework for the design and organization of complementary educational service programs is to align the services with needs and thereby ensure the success of the greatest possible number of young people.

In the same vein, in recent years, the Ministère de la Santé et des Services sociaux, in collaboration with its network of services, adopted the *Stratégie d'action*

pour les jeunes en difficulté et leur famille. It recently adopted a national public health program which stresses a preventive approach to developmental disorders and social maladjustment. Lastly, the ministerial orientations and plans of action aim first to develop the abilities of young people with physical or intellectual impairments or pervasive developmental disorders and subsequently to foster their social integration as well as to provide support to their families and loved ones.

Moreover, the two service networks share a common area, or a crossroads of responsibility. Each is responsible for the development of all Québec's children and youth, including those who are in some way at risk, those experiencing difficulties and those with impairments. Adopting the perspective of global, concerted action, we must further pool our efforts, resources and expertise to correlate orientations and ensure the complementarity of services to better fulfill the needs of children, youths and their families.

Through this agreement for the complementarity services, we are firmly committing to a path of concertation and intersectoral action. We will be called on to implement formative measures to increase concertation among the members of both networks. These measures will be implemented not only at the local level, but also at the regional and provincial levels. To act in synergy, such measures will have to initiate tangible projects that will promote the development of the full potential of youth and families. They must also ensure that no child, young person or family in difficulty fails to receive services adapted to their needs. Finally, the ultimate goal is to promote the success and the social participation of all young Quebecers, regardless of their circumstances.



Sylvain Simard
Minister of State for Education and Employment



François Legault
Minister of State for Health and Social Services



Roger Bertrand
Minister for Health, Social Services, Youth Protection
and Prevention

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- Association des centres jeunesse du Québec
- Association des CLSC et des CHSLD du Québec
- Association des établissements de réadaptation en déficience physique du Québec
- Association québécoise du personnel de direction des écoles
- Confédération des organismes des personnes handicapées du Québec
- Fédération des comités de parents du Québec
- Fédération des commissions scolaires du Québec
- Fédération québécoise des centres de réadaptation en déficience intellectuelle
- Fédération québécoise des directeurs et directrices d'établissement d'enseignement
- Ministère de l'Éducation
- Ministère de la Santé et des Services sociaux
- Québec English School Boards Association
- Regional health and social services boards of Québec
- Regional offices of the Ministère de l'Éducation

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Note: The masculine form is used in some instances to include both genders with the sole intent of clarity.

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Introduction



GENERAL BACKGROUND

For many years, the education network and the health and social services network have worked closely together to ensure the complementarity of their services. This collaboration originated with the Mission MEQ-MAS¹ of 1974, whose objective was to ensure that the education network take responsibility for the education of youth living in reception centres. In 1982, a new mission was formulated in order to propose mechanisms to coordinate the networks and methods for distributing resources. This mission led to the development of two frameworks aiming to establish concerted, complementary and continuous intervention: the *Entente MSSS-MEQ de 1990 relativement aux services destinés aux jeunes d'âge scolaire handicapés ou en difficulté d'adaptation* and *Health and Social Services in School: Guide to Insure Concerted Action Between CLSCs and School Boards*, published in 1993. In several regions of Québec, experiments in implementing these frameworks, in collaboration with the institutions of the health and social services network and the educational institutions were successfully completed and proved positive and effective. However, given the many observations made by numerous resources as well as the significant changes that have since occurred, new guidelines enabling a better alignment of the two networks became necessary.

CONNECTIONS TO OTHER UNDERTAKINGS AND AGREEMENTS

There is a general consensus that the education network and the health and social services network need to provide greater concertation and better complementarity of services. Major work has recently been completed or is in the process of being completed in order to broaden complementarity within each network and to initiate inter-sectoral action that engages or empowers actors in several fields of intervention. This work has led, notably, to the development of the *Stratégie de soutien du développement des enfants et des jeunes : agissons en complices*, the *Cadre de référence CLSC-centres jeunesse*, the *Protocole d'entente CLSC-centres de la petite enfance*, the *Stratégie d'action pour les jeunes en difficulté et leurs familles*, the *Programme national de santé publique 2003-2012*, the policy on special education and the *Complementary Educational Services: Essential to Success* framework. These frameworks, programs and policies, which aim principally to improve services for youth, argue for the need to improve the alignment of the two networks. This agreement coherently carries through the prime objectives of all these publications, and is a product of the work conducted by the Groupe de travail sur la complémentarité des services du réseau de l'éducation et du réseau de la santé et des services sociaux. It is also consistent with and based on concertation achieved in various settings.

1. The Mission MEQ-MAS: Ministère de l'Éducation du Québec and Ministère des Affaires sociales.

TARGETED CLIENTS

This agreement applies to all youth from 5 to 18 years of age or, in the case of the handicapped within the meaning of the *Act to secure the handicapped in the exercise of their rights*, from 5 to 21 years of age. It also covers 4-year-old children who are handicapped or who live in an economically disadvantaged environment.

These young people are students at the preschool, elementary and secondary levels in the public and private school systems.

PURPOSE OF THE AGREEMENT

This agreement covers all aspects of intervention affecting the development of youth, namely, the promotion of health and well-being, education, prevention, special education and rehabilitation services. Young people are central to the values and actions proposed herein. Every effort must be made to bring together conditions that will enable young people to reach their potential. The agreement for the complementarity of services dispensed by the education network and the health and social services network thus aims to achieve a common, global vision of the needs of youth and their families as well as to define the specific and common responsibilities of partners, from a perspective of continuous and coordinated interventions. The partners of both networks must therefore deploy together the resources needed to ensure that all young people have timely access to the services they require, and thereby prevent some from failing to receive an adequate response to their needs. The mobilization of all actors is therefore desirable in order to share a common vision and support each other in action.

1 Joint principles and commitments



This section presents the underlying principles of the agreement for the complementarity of services, from the perspective of a common project, namely, the support and overall development of children and youth, as well as support for their parents.

1.1 THE CHILD HAS AN ACTIVE ROLE IN HIS DEVELOPMENT

The development of a child is a dynamic, ongoing and complex process which guides him to maturity. To develop his potential, the child must live in an environment in which he feels safe and which allows his physiological needs and his need for belonging, love, self-esteem and accomplishment to be met. The child must have an active role in his development and be supported in this regard.

In view of this principle, the commitment of the organizations of both networks and their personnel involves the need:

- to take a global view of the youth's development
- to establish a meaningful relationship with the youth and to relate directly to him
- to ensure that the youth and his parents are always involved in the decisions that concern them, notably when developing an intervention plan (referred to as an *individualized education plan* or an *education plan* in the *Education Act*) and a plan of individualized, intersectoral services

1.2 PARENTS ARE THE PRIMARY PERSONS RESPONSIBLE FOR THE DEVELOPMENT OF THEIR CHILD

Parents are the primary persons responsible for meeting the needs of their child. It is with them that the child builds his first meaningful attachment relationship and it is they who provide him with his initial stimuli. The parent-child relationship and parental behaviour influence the child's health, well-being and success in school. Educators and professionals must be attentive in listening to parents and be able to detect the signs indicating a need for support.

In view of this principle, the commitment of the organizations of both networks and of their personnel involves the need:

- to count on parents' potential
- to support parents in their role and to contribute to supporting and reinforcing their skills
- to plan and to carry out all interventions in close collaboration with the parents concerned
- to consult parents through official consultation mechanisms on the relevance of the services offered based on the needs of youths and parents

1.3 SCHOOL IS THE PREDOMINANT LIVING AND LEARNING ENVIRONMENT FOR YOUTH²

Although other environments play a significant role in the young person's life, school occupies a special place. It plays a vital role in intellectual development and knowledge acquisition. Moreover, the relationships that the youth establishes with his peers are also essential, because they enable him to learn to live together with others,³ to acquire a feeling of belonging to the community and to develop social competence. School constitutes a meaningful place that is accessible, frequented by everyone and firmly rooted in the daily life of youths and their families.⁴ It increasingly appears to be a preferred place for intervention. It is a great place to establish a meaningful connection.

2. The facility in which childcare is provided at school is part of this living and learning environment.

3. Québec, Ministère de l'Éducation, *Québec Education Program* (Québec: Ministère de l'Éducation, 2000), 3.

4. Québec, Conseil supérieur de l'éducation, *Les services complémentaires à l'enseignement : des responsabilités à consolider* (Québec: Gouvernement du Québec, 1998), 45.

In view of this principle, the commitment of the organizations of both networks and their personnel involves the need:

- to recognize that school is a living environment that develops and conveys values
- to consult each other so that the actions carried out at school extend to family life and the child's other living environments, notably the childcare setting
- to take measures to support the school so that it can, as far as possible, serve all the young people in its community, including those with special needs, and support their development
- to promote the presence and the support of health and social services workers in the school to provide more effective services to youths and their families

1.4 SCHOOL IS A MAJOR COMPONENT OF THE COMMUNITY

School is an active partner in the surrounding community.⁵ It must design and participate in projects that originate within the milieu. It must build ties with the other components of the community with the goal of harmonizing the main factors that influence children and young people within the family, at school and in other living environments. School thereby becomes a pivotal place for concertation with a set of players in this community.

In view of this principle, the commitment of the organizations of both networks and their personnel involves the need:

- to open the school to the community and to take measures so that the community opens up to the realities of the school
- to initiate, support and strengthen the participation of all components of the community in the school, in order to support youths and their families
- to contribute to supporting the development of the various partners' competence in order to promote community and intersectoral intervention

1.5 PROVIDE AN ADAPTED RESPONSE TO YOUTHS WITH SPECIAL NEEDS

Most youths are able to find “the resources that are essential to ensure their health, safety, well-being and development,”⁶ [free translation] in their ordinary living environments. Nevertheless, some need support to cope with certain situations that may affect their development, health, well-being and school success. In addition, children and youth who are more vulnerable or who live in more fragile environments, or who experience difficulty accomplishing tasks associated with the various developmental stages, or who have impairments or disabilities, have needs that must be met.

In view of this principle, the commitment of organizations of both networks and their personnel involves the need:

- to agree upon a joint process for evaluating the abilities and the needs of youths and the needs of their parents
- to ensure the continuity of interventions and services
- to establish collaboration in keeping with confidentiality requirements
- to develop ways of ensuring that services are provided as closely as possible to the living environment of children and young people

5. The term “community” includes any social environment (village, neighbourhood, etc.) having specific features and influencing the learning and development of children and youth. See Deslandes, R., *L'environnement scolaire*, in H. Hamel (dir.), *6-12-17 Nous serons bien mieux!* (Québec: Les Publications du Québec, 2001), 257.

6. Québec, Ministère de la Santé et des Services sociaux, *Faire front commun contre la détresse et les difficultés graves des jeunes* (Québec: Comité de coordination des chantiers jeunesse, 2001), 11.

1.6 DEVELOP A CONTINUUM OF INTEGRATED SERVICES

The implementation of a continuum of integrated services is vital to preclude an incomplete, piecemeal and discontinuous response to the needs of children and youth. “Integrated services are services that are part of a coherent, coordinated, harmonious system with shared objectives that everyone works collaboratively to attain.”⁷ In addition to educational services, the integrated service continuum includes services to promote the health and well-being of all children and young people, prevention services for those at risk of developing problems, assistance and rehabilitation services for young people with difficulties, adaptation, rehabilitation and social integration services for those with impairments and disabilities as well as support and guidance services for families.

In addition, other players must be sought out and called on to participate in order to initiate broader intersectoral action and to complete the range of services.

In view of this principle, the commitment of the organizations of both networks and their personnel involves the need:

- to develop in every region a continuum of integrated services including educational services, health services and social services
- to ensure that every handicapped youth or youth in difficulty⁸ and his parents obtain a response that is adapted to their needs
- to facilitate the establishment in every region of mechanisms for partner concertation to implement the integrated service continuum and to initiate intersectoral action

7. Québec, Ministère de l'Éducation, *Complementary Educational Services: Essential to Success* (Québec: Gouvernement du Québec, 2002), 23.

8. The term “youth in difficulty” is used in the broadest sense; here, it refers to a set of difficulties.

2 Imperative concertation objectives



Certain concertation objectives are defined as imperative in the agreement for the complementarity of services because they are derived from the principles and commitments stated in the first chapter, and they are central to attaining the goal of improving services for youth. The concertation objectives convey the real meaning of the integration of services, and their implementation will make it possible to ensure continuity and greater complementarity of intervention among youth. The imperative concertation objectives are: the organization of the full range of services, conditions of access to services and the intervention plans, as well as individualized, intersectoral service plans.

2.1 ORGANIZATION OF THE FULL RANGE OF SERVICES

The services are offered by institutions⁹ and schools¹⁰ in a way that enables all young people to have access to the necessary services; as a result, no child or youth should fail to receive a response adapted to his needs. It is important that youths have access to a full range of services from the most general—addressed to all youths in a community—to the most specialized. It is agreed that one partner alone cannot possess all the expertise and all the resources required to ensure an adequate response to the needs of all young people.

As part of the joint planning of services, the partners must carry out an analysis of the needs of the youths in their territory and of the services required to ensure complementarity and to avoid grey areas. Joint planning might involve the following steps: first, adopt a common vision of what the range of integrated services should include; subsequently, determine the available services as well as the services that would need to be established in order to meet the needs of youth; lastly, examine the feasibility of the services and distribute the responsibilities. If need be, steps may be taken to set up services not currently in existence. Finally, it is important to stress that the implementation of a range of services must optimize the available resources.

2.2 CONDITIONS OF ACCESS TO SERVICES

In the past, youths and their parents have had to contend with piecemeal services or the lack of continuity among services. Some have had to knock on several doors before gaining access to the services that meet their needs. It is imperative that both youths and their parents have fast, easy access to the services they need, when they need them. From this perspective, the procedure for accessing the various services must be discussed by the partners who will have to define the procedures and designate the people who will take charge. This information must be accessible to youths and their parents as well as to professionals who should not have to make repeated attempts to obtain the services.

Consequently, the partners must take concerted action to define clear and simple processes as well as the criteria permitting access to the full range of services. As well, the partners must implement resources to clarify the situations of young people for whom the responsibility of organizations has not been defined and to solve problems stemming from the lack of services that would otherwise meet their special needs. Some situations require very close consultation, improved use of existing resources and joint intervention on the part of the partners of both networks. These situations¹¹ are characterized notably by the following elements:

- the complex and multidimensional nature of certain problematic situations in which the youth and his parents find themselves
- the diverse evaluations required to plan the different types of services and interventions required to respond to the needs of the youth or his parents
- the large variety of actors and areas of intervention affected by the problematic situation and the special needs of the youth and his parents

9. The term "institution" refers to the institutions of the Ministère de la Santé et des Services sociaux.

10. The services offered by the school include instructional services, complementary educational services and special educational services.

11. Québec, Ministère de la Santé et des Services sociaux, *Travaillons ensemble pour mieux aider et protéger les enfants, les jeunes et leur famille* (Québec: Gouvernement du Québec, Guide de formation, 1998), 20.

2.3 INTERVENTION PLANS AND INDIVIDUALIZED, INTERSECTORAL SERVICE PLANS

Every health and social services institution and every school must formulate an intervention plan for youths who have impairments or social maladjustments or learning disabilities. Several approaches and definitions with respect to intervention plans and individualized service plans coexist. Although the concepts need to be clarified, it is important that the various partners involved adopt methods in order to take structured, concerted and consistent action, based on the needs of youths and their parents.

In the education network, in accordance with the *Education Act*, the school principal oversees the implementation and the periodical evaluation of the intervention plan. “In the case of a handicapped student or a student with a social maladjustment or a learning disability, the principal, with the assistance of the student’s parents, of the staff providing services to the student, and of the student himself, unless the student is unable to do so, shall establish an individualized education plan adapted to the needs of the student. The plan must be consistent with the school board’s policy concerning the organization of services for handicapped students and students with social maladjustments or learning disabilities and in keeping with the ability and needs of the student as evaluated by the school board (...).”¹²

In the health and social services network, all institutions must also formulate an intervention plan for every person who uses their services. According to the *Act respecting health services and social services*: “Each institution must develop for users (...) an intervention plan in order to identify the needs of the user, the objectives pursued, the means to be used and the estimated period during which services are to be provided. The intervention plan must ensure coordination of the services provided to the user by the various resources of the institution that are involved.”¹³

Therefore, the intervention plan, be it from the education network or the health and social services network, consists in planning actions designed to promote the development and the success of a youth who, because of a difficulty or an impairment, requires the implementation of coordinated action. This planning is carried out as part of a concertation process involving three steps: the development, the implementation and the assessment of the intervention plan. This process basically follows a dynamic process of assisting the youth, which is carried out for and with him. It is based on a systemic view of the situation and on a problem-solving approach. In determining the intervention plan, there must be genuine concern for establishing a meaningful relationship with the young person. The intervention plan must be developed in collaboration with the youth and his parents.

In order to improve the quality of response to the needs of a young person, resources from both networks may be called on to collaborate with respect to the intervention plans of the other network. Since they possess special expertise, have knowledge of the family or school context, or are familiar with the young person’s living environment, resources from the other network can be called upon to provide a contribution that may, for example, make it possible to better define the abilities and the needs of a young person or plan the action needed in the intervention plan.

Moreover, according to the *Act respecting health services and social services*, “Where a user (...) is to receive over an extended period health and social services which require, in addition to the participation of an institution, that of other resources, the institution which provides the greater part of the services involved or the resource designated jointly by the resources concerned must, as soon as possible, develop an individualized service plan for the user.”¹⁴

12. Québec, Gouvernement du Québec, *Education Act* (Québec: Éditeur officiel du Québec, 2001), s. 96.14.

13. Québec, Gouvernement du Québec, *Act respecting health and social services* (Québec: Éditeur officiel du Québec, 2001), s. 102.

14. *Ibid.*, s. 103.

Although it covers all the needs of a youth in difficulty or with an impairment, the service plan is not exclusive to the health and social services network. Even though several definitions currently exist, the following definition may be retained here: “The service plan is a mechanism ensuring service and resource planning and coordination in order to meet the needs of the individual by promoting the development of his autonomy and his integration into the community. In addition, it makes it possible to ensure that interventions are consistent, complementary and focused on the needs of the individual and his environment.”¹⁵ [free translation] The service plan for a young person thus unifies the different intervention plans or similar plans in all areas in which needs are targeted (e.g. integration plan of an establishment that provides childcare services, school-work transition plan, etc.). The service plan is thus individualized and intersectoral. In addition, the service plan, like the intervention plan, must contain a timeframe associated with its assessment and its review. However, these plans may be modified at any time to take into account changes in the youth’s situation.

The development and the implementation of intervention plans and individualized, intersectoral service plans aim to make the intervention more consistent. The use of a common grid for analyzing the abilities and the needs of youths or the sharing of tools from different areas of intervention¹⁶ may enhance this consistency. This allows for a common vision of the actions to be undertaken to ensure the youth’s progress.

15. C. Cloutier et J. Pelletier, *La coordination des services à la personne et à sa famille : le plan de services individuels*, Hull, 1987, cited in Ministère de la Santé et des Services sociaux. *L'intégration des personnes présentant une déficience intellectuelle : Un impératif humain et social*. Orientations and action guide (Québec: Gouvernement du Québec, 1988), 21.

16. For further information on needs assessment, see: Office des personnes handicapées du Québec, *Je commence son plan de services : guide pour l'évaluation globale des besoins à l'intention des parents ayant un enfant handicapé* (Drummondville: OPHQ, 1993)

3 Modes of concertation



Concertation encourages partners to acquire a common vision of the development of youth, to define common and operational objectives, to determine the expected results and to specify the responsibility of each. In addition, it allows for synergy to be developed between the partners, and as a result, facilitates the integration of services. Concertation means putting collaboration into effect in a tangible way.¹⁷ The partners then join in to become part of a problem-solving process designed to find solutions based on a similar conception of intervention with youths and their parents.

17. C. Larivière, "Les réseaux intégrés de services : fondements, définitions et modes d'organisation" in *Guide pour soutenir le partenariat : Entente CLSC-centres jeunesse* (Québec: Gouvernement du Québec, 2001), 38.

The effectiveness of concertation mechanisms relies on a set of actions. Partners must give priority to the following actions.

- They plan their work according to the needs of youths and their parents and adopt a common vision of the intervention.
- They take these three areas into account: the promotion of health and prevention; services for youths in difficulty; services for youths with impairments.
- They assume the specific commitments stipulated in the agreement in compliance with the principle of accountability.
- They agree on the concertation objectives.
- They take the existing concertation mechanisms and adapt them to avoid overlap.
- They seek balance between the representation of all the players and the effectiveness of task groups.
- They plan a process to assess the results of the agreement.

Concertation will take form through the implementation of local, regional and provincial mechanisms. When concertation mechanisms currently exist in certain settings, they will need to be reviewed to see how they might be adapted in order to reflect the mandates stipulated in this agreement. Depending on the will of the actors involved, these mechanisms may become the major lever for concertation and cooperation to the benefit of youths, and be extended to other partners. The mechanisms chosen for each of the three levels are linked through the mandates and are equally interdependent. Continuous and complementary integrated services cannot be developed unless close ties and continuous communication are established among the three levels. Once put in place, the concertation mechanisms will enable the establishment of functional ties among all the actors. Support for local mechanisms is particularly important.

The mandates associated with the local, regional and provincial concertation mechanisms must be carried out taking into consideration the mission and the legal and administrative obligations of the bodies covered under this agreement.

In this section, the composition, the operation and the areas of concertation are defined for each of the three concertation mechanisms.

3.1 LOCAL CONCERTATION

A local concertation mechanism is established in the territory of each of the school boards. However, depending on the specific circumstances of certain regions, the regional concertation mechanism may define the “local territory” differently. The local mechanism, which may become the main concertation lever benefiting youth, is the preferred means for integrating the various policies, orientations, intervention programs and discussions that interest those wishing to cooperate in the development of young people.

3.1.1 Local concertation mechanism

- The local mechanism encompasses representatives of the school board, schools, institutions in the health and social services network, community organizations and parents’ organizations of both networks.
- Other partners interested in the development of young people, notably childcare centres and the municipal community, may also be involved.

3.1.2 Operation

- The school board and a local community service centre (CLSC) in the territory assume joint responsibility for leading and coordinating the work of the local mechanism, in concert with the other partners.

3.1.3 Mandate

- Develop and establish a joint local action plan.

This action plan, preceded by a clientele profile, sets out the targeted clientele, the common objectives to be attained, the common principles on which the institutions, the schools and the bodies base their interventions, the services covered under the plan, the specific and joint responsibilities of the partners, the modes of support for school teams and the results assessment mechanisms.

- Lead the milieu and organize joint training programs.
 - Determine joint training needs, notably with respect to intervention plans and individualized, intersectoral service plans.
 - Organize joint tables for sharing expertise and sharing information for human resources.
 - Clarify and acquire a common understanding of certain concepts, notably youth protection, health promotion and openness to the community.
- Put in place means to resolve disputes quickly.
- Produce an annual report on the application of the agreement.

3.1.4 Areas of concertation

Organization of the full range of services

Implementation of a continuum of integrated services that ensures optimal use of available resources.

- Implement a set of integrated promotion and prevention services in order to foster the development of young people's full potential.
- Identify the adapted interventions required for each of the various transitional phases that children and youth experience, notably the transition from the childcare centre or other childcare service to the school environment, from preschool to elementary school, from elementary school to secondary school and from school to working life.
- Analyze the situation of children and youth who show signs of maladjustment and who do not obtain the services they need at their school or within the framework of services offered by the institutions of the health and social services network. Identify solutions to problems associated with moving youth outside the school's territory; these solutions should promote their reintegration into school.
- Determine support measures for parents.
- Distribute information on the organization of services of each partner; define the factors that may influence the services of partners; clarify the responsibilities and the expected contributions of the partners.

Conditions of access to services

Development of the access process and criteria; dissemination of the information required to gain easy and fast access to services.

- Clearly identify the entry points to services.
- Implement a common mechanism allowing access to the services using an individualized, intersectoral service plan for complex situations requiring the intervention of both networks.
- Determine the conditions that allow youths with impairments who use school services to gain access to rehabilitation centres, if parents so request.

Intervention plans and individualized, intersectoral service plans

Develop a concerted process with respect to the procedures for applying the main components of the individualized, intersectoral service plan: pooling of instruments, content, operational process, the participation approach for youths and parents, the responsibilities and the designation of a resource person who facilitates or coordinates the service plan.

- Share information and take concerted action with respect to tools and the approach adopted for the intervention plan.
- Identify, in the intervention plans, the methods that will support youths in their social integration process in order to promote genuine social participation.
- Put in place and make use of intersectoral professional teams (youth intervention teams, clinical teams, multidisciplinary teams).

3.2 REGIONAL CONCERTATION

A regional concertation mechanism is implemented in the territory of each of Québec's administrative regions. This mechanism, which may become the main concertation lever benefiting youth at the regional level, is the preferred means for integrating the various policies, orientations, intervention programs and discussions that interest players concerned with the development of youth on the regional level.

3.2.1 Regional concertation mechanism

- The regional mechanism encompasses representatives of the regional office of the Ministère de l'Éducation, the French-language and the English-language school boards, private schools, the regional health and social services board, the child and youth protection centre, rehabilitation centres for intellectual or physical impairment, hospital centres and CLSCs.
- Representatives of community organizations, the Office des personnes handicapées du Québec, rehabilitation centres for problems of addiction, childcare centres and parents belonging to parents' organizations are called on to participate in the regional concertation mechanism.

3.2.2 Operation

- The regional office of the Ministère de l'Éducation and the regional health and social services board assume joint responsibility for leading and coordinating the work of the regional concertation mechanism.

3.2.3 Mandate

The mandate of the regional mechanism encompasses the following:

- Implement the complementarity agreement in the region, ensuring that the local mechanisms are established in each of the "local territories" and that the commitments arising from the principles contained in this agreement are taken into account in the local action plans.
 - Define the "local territories" in which the local mechanisms must be established.
 - Assist the local mechanisms in the implementation of the complementarity agreement and in the formulation of the action plans.
 - Continually assess the application of the agreement in the region and produce a report to this effect for the provincial concertation mechanism.

- Support intersectoral action by creating functional linkages with partners interested in the development of youth (justice, municipalities, public security, recreation, employers' organizations, childcare centres, etc.).
- Analyze joint training needs and organize training on this agreement, for example, establishing common vocabulary with respect to current practices, individualized, intersectoral service plans and intervention plans.
- Ensure mediation in the event of disputes.

3.2.4 Areas of concertation

Organization of the full range of services

Determination of the guidelines that define a continuum of services covering all the needs of each youth clientele, thereby allowing the development of a full range of integrated services. Specifically:

- Support the development and the establishment of global and concerted intervention in terms of promotion and prevention, including the establishment of more specific services for certain at-risk youths in accordance with the orientations of the Ministère de l'Éducation and the Programme national de santé publique 2003-2012.
- Participate in the regional public health action plan in relation to measures concerning youths in the school environment.
- Analyze the transitional situations of youths with impairments, pervasive developmental disorders or mental health problems requiring additional rehabilitation, child psychiatry services, or additional technical aid.
- Contribute to regional health and social services organization plans.
- Propose procedures to ensure the alignment of regional and supra-regional services of both networks, and harmonize their interventions to ensure complementarity, since they often deal with the same clientele.
 - Advise the regional and supra-regional services of the needs of youths for services.
 - Examine the effects of grouping together youths with special needs and, when necessary, recommend solutions for such concentration in order to improve services.
- Analyze the problems and recommend solutions concerning the situation of youths living with foster families or in rehabilitation centres, who have been moved outside the school territory, in order to promote their reintegration into school.

Conditions of access to services

Making of recommendations concerning the conditions that guarantee access to the appropriate service and clarifying the partners' respective responsibilities.

- Propose methods to solve disputes in cases where the organizations' responsibilities toward certain youths is neither clear nor exclusive.
- Analyze the situation of youths benefiting from regional and supra-regional services, and determine the conditions to better adapt these services to their needs, in accordance with the orientations of the special education policy of the Ministère de l'Éducation, notably in terms of integration.
- Propose special conditions facilitating access to educational services for youths living in substitute settings (institutions, foster families, group homes and other settings), child and youth protection centres and rehabilitation centres. Specify the responsibilities of parents and of the substitute settings.

Intervention plans and individualized, intersectoral service plans

Pooling of the main components associated with the individualized, intersectoral service plans.¹⁸

- Define the guidelines of a common process for assessing the needs and abilities of youths; advise partners of the instruments used; and finalize complementary or common instruments.
- Promote the utilization of individualized, intersectoral service plans.
- Collaborate in the establishment or the use of professional teams (clinical teams, multidisciplinary teams, youth intervention teams, and where necessary, intersectoral teams).

3.3 PROVINCIAL CONCERTATION

A concertation mechanism at the provincial level is established under the joint responsibility of the Ministère de l'Éducation and the Ministère de la Santé et des Services sociaux. This mechanism, which may become the main concertation lever benefiting youth at the provincial level, is a means for integrating the various policies, orientations, intervention programs and discussions that interest players concerned with the development of young Quebecers.

3.3.1 Provincial concertation mechanism

- The provincial mechanism encompasses representatives of the Ministère de l'Éducation, the English-language and the French-language school boards, the regional offices of the Ministère de l'Éducation, public educational institutions and private educational institutions, the Ministère de la Santé et des Services sociaux, the regional boards of the Ministère de la Santé et des Services sociaux, CLSCs and parents' organizations.
- Representatives of other partners, such as the Office des personnes handicapées du Québec, rehabilitation centres for intellectual or physical impairment, child and youth protection centres, hospital centres, rehabilitation centres for problems of addiction, and the Ministère de la Famille et de l'Enfance are called on to participate in the provincial concertation mechanism.

3.3.2 Operation

- The Ministère de l'Éducation and the Ministère de la Santé et des Services sociaux assume joint responsibility for leading and coordinating the work of the provincial concertation mechanism.

3.3.3 Mandate

- Implement the complementarity agreement at the provincial level.
 - Distribute the complementarity agreement to all authorities and bodies involved.
 - Implement the complementarity agreement at the provincial level, support its establishment and ensure that it is applied in all of Québec's administrative regions.
 - Carry out the continuous assessment of the application of the agreement and make a report to the ministries.
 - Analyze the reports pertaining to the implementation of the agreement from each of the regional concertation mechanisms.
 - Produce a report for the purpose of advising and making recommendations to the ministries on the status of the application of the agreement.

18. In this joint process, it would be appropriate to take into account the work in progress at the OPHQ, which addresses the updating of the design and the implementation of the individualized service plan.

- Design training and facilitation activities for the milieu and promote research and development.
 - Design or pursue training plans consistent with local and regional needs, and support their implementation.
 - Determine research and development priorities that may impact innovation with respect to the complementarity of services, and specify criteria for allocating research subsidies.

3.3.4 Areas of concertation

Organization of the full range of services and conditions of access to services

Support for the establishment of a continuum of integrated services in the targeted settings.

- Define the fields that are specific to each network and those that are common to both networks, determine the solutions to common problems and specify the means required to ensure continuity of services between networks.
- Harmonize the province-wide policies, orientations and programs of both ministries.
- Establish concertation regarding the promotion of health and well-being and prevention, namely the support required to develop and implement global and concerted intervention.
- Harmonize the vocabulary used in the different policies, orientation documents and intervention programs.
- Ensure that the activities of the regional and supra-regional services of both ministries are coordinated and complementary; where applicable, suggest the necessary adjustments.

Intervention plans and individualized, intersectoral service plans

Joint definition of the main components of a framework concerning the individualized, intersectoral service plans and clarification of the concept of confidentiality.



4 Responsibilities of the partners under the agreement



The following section describes the general and the specific responsibilities related to the application of the complementarity agreement. This description ensures a comprehensive understanding of the responsibilities of all the partners in the education network and the health and social services network who work together under the agreement.

THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

General responsibilities

The Ministère de la Santé et des Services sociaux determines the priorities, the objectives and the orientations in the field of health and social services and oversees their application.

- It establishes policies on health and social services and oversees their implementation and application by regional boards as well as their assessment.
- It approves the priorities and the sections of the regional plans that deal with the organization of services submitted to it by each regional board.
- It ensures equitable distribution of human, material and financial resources among the regions and oversees the monitoring of their utilization.
- It oversees the promotion of teaching and research.
- It develops frameworks for the management of human, material and financial resources.
- It establishes policies and orientations concerning the workforce of the health and social services network, monitors their application and assesses them. It ensures the interregional coordination of health and social services, especially in order to make such services more accessible to all segments of the population of Québec.
- It establishes a national public health program that frames public health action at the local, regional and provincial levels.
- It takes the measures necessary to ensure the health and well-being of the population.
- It determines the orientations that an institution must take into account when it adopts a procedure for the application of certain measures to place persons under control.

Responsibilities specific to the application of the agreement

- It ensures that the complementarity agreement is part of the Ministère's priorities.
- It collaborates closely with the Ministère de l'Éducation and ensures that its policies and orientations are coordinated with those of the Ministère de l'Éducation. It also collaborates with other ministries, notably the Ministère de la Famille et de l'Enfance.
- It designates a person responsible for the complementarity agreement.
- It shares responsibility with the Ministère de l'Éducation for establishing, leading and operating the provincial concertation mechanism pursuant to the complementarity agreement; to this end, it appoints the managers who will participate in the mechanism, establishes a timeframe for work and determines an annual action plan.
- It ensures that each of the regional health and social services boards, in concert with the regional offices of the Ministère de l'Éducation, establishes a regional concertation mechanism that is operational.
- It undertakes to produce a report on the application of the complementarity agreement.

THE MINISTÈRE DE L'ÉDUCATION

General responsibilities

The Ministère de l'Éducation defines the nature of educational services to be offered as well as their general organizational framework. It ensures that the educational services are implemented in a coherent manner, according to the education needs of the population and Québec's socioeconomic evolution.

- It defines educational programs and complementary services.
- It contributes to the harmonization of educational orientations and activities with general government policy, according to the economic, social and cultural needs of Québec.
- It directs and coordinates the application of its policies.
- It adopts the necessary measures to gather, process and disseminate information in order to provide the support required for the school population planning and evaluation process.
- It is responsible for the allotment rules and the allocation of resources to the school boards.
- It is responsible for the policy on special education and the resulting action plan.
- It determines orientations concerning complementary educational services.

Responsibilities specific to the application of the agreement

- It ensures that the complementarity agreement is part of the Ministère's priorities.
- It collaborates closely with the Ministère de la Santé et des Services sociaux and ensures that its policies and orientations are coordinated with those of the Ministère de la Santé et des Services sociaux. It also collaborates with other ministries, notably the Ministère de la Famille et de l'Enfance.
- It designates a person responsible for the complementarity agreement.
- It shares responsibility with the Ministère de la Santé et des Services sociaux for establishing, leading and operating the provincial concertation mechanism pursuant to the complementarity agreement; to this end, it appoints managers who will participate in the provincial mechanism, establishes a timeframe for work and determines an annual action plan.
- It ensures that each of its regional offices, in concert with the regional health and social services board, establishes a regional concertation mechanism that is operational.
- It determines the educational orientations for students targeted by the complementarity agreement.
- It undertakes to produce a report on the application of the complementarity agreement.

THE REGIONAL BOARD

General responsibilities

The main object of the regional board is to plan, organize, implement and evaluate, in the region, the orientations and policies developed by the Minister.

The board encourages public participation in the management of the public network of health and social services and ensures that users' rights are protected.

- It formulates priorities in matters of health and well-being according to the needs of the population of the region and within the scope of the objectives fixed by the Minister.
- It draws up a regional public health action plan that is consistent with the prescriptions of the national public health program and that takes into account the specific characteristics of the population living in the region.
- It establishes service organization plans in its territory and evaluates the effectiveness of services.
- It allocates the budgets intended for the institutions and grants subsidies to community organizations and accredited private resources.
- It ensures the coordination of the special medical activities of physicians who are subject to an agreement and the activities of institutions, community organizations, intermediate resources and nursing homes accredited for the purposes of subsidies, and promotes their collaboration with the other agents of community development.
- It takes the necessary measures to ensure public health.
- It ensures economical and efficient management of the human, material and financial resources at its disposal.

Responsibilities specific to the application of the agreement

- It ensures that the complementarity agreement is part of the priorities of all the institutions of the health and social services network in the region, and that this agreement is operational.
- It ensures that the institutions involved take into consideration the orientations and actions resulting from the complementarity agreement in activity planning, interventions and the organization of services in the region.
- It shares responsibility with the regional office of the Ministère de l'Éducation for establishing, leading and operating the regional concertation mechanism pursuant to the complementarity agreement; to this end, it appoints managers to the mechanism.
- It ensures that all types of institutions of the health and social services network in the territory are represented in the regional concertation mechanism.
- It ensures that the orientations chosen by the regional concertation mechanism are taken into consideration by the institutions of the health and social services network of the territory.
- It fosters the implementation of a service continuum, by optimizing resources and by seeking to develop efficient procedures for these services.
- It organizes joint training programs.

THE REGIONAL OFFICE OF THE MINISTÈRE DE L'ÉDUCATION

General responsibilities

The regional office of the Ministère de l'Éducation helps promote and implement in the school system the policies and programs developed by the Ministère.

- It promotes adherence by the school system and the public to the main objectives of the Ministère, namely the implementation of education reform and the success of the greatest possible number of students.
- It ensures the Ministère's presence in the region and provides information services.
- It provides support and ensures concertation and facilitation in schools by playing an active role in the field in the following areas: general and continuing education; vocational and technical education; the development of partnerships with regional actors in other sectors of activity.
- It monitors the region's school bodies administratively in relation to regulations and funding activities under the responsibility of the Ministère.

Responsibilities specific to the application of the agreement

- It ensures that the complementarity agreement is applied at the regional level.
- It shares responsibility with the regional health and social services board for establishing, leading and operating the regional concertation mechanism pursuant to the complementarity agreement; to this end, it appoints a manager to the mechanism.
- It ensures that all the school boards in the territory are represented in the regional concertation mechanism.
- It ensures that private educational institutions in the territory designate a representative to participate in the regional concertation mechanism.
- It organizes joint training programs.

THE SCHOOL BOARD

General responsibilities

The school board ensures that the persons who come under its jurisdiction are provided the educational services to which they are entitled under law.

- It admits persons who come under its jurisdiction to educational services.
- It organizes educational services or, if the school board can establish that its resources are insufficient or if the school board agrees to grant the request of parents, entrusts the organization of educational services to another school board, a body or a person with which or whom it has entered into an agreement, while making sure the services are provided as near to the student's place of residence as possible.
- It enters into agreements with institutions of the health and social services network.

The school board also exercises the following functions:

- It establishes programs respecting complementary educational services and special educational services. These are programs offering: support services, designed to provide the student with conditions that are conducive to learning; student life services, designed to foster the student's autonomy and sense of responsibility, his moral and spiritual dimensions, his interpersonal and community relationships, as well as his feeling of belonging to the school; counselling services, designed to help the student throughout his studies, with his academic and career choices, and with any difficulties he encounters; promotion and prevention services, designed to provide the student with an environment conducive to the development of a healthy lifestyle and of skills that are beneficial to his health and well-being.
- It establishes the educational services and distributes them among the schools.
- It adopts a policy concerning the organization of educational services for handicapped students and students with social maladjustments or learning disabilities.
- It adapts the educational services provided to a handicapped student or a student with a social maladjustment or a learning disability according to the student's needs and in keeping with the student's abilities as evaluated by the school board.

Responsibilities specific to the application of the agreement

- It is part of the regional concertation mechanism established pursuant to the complementarity agreement.
- In conjunction with the other partners, the school board shares responsibility with the CLSC for leading and coordinating the work of the local concertation mechanism. It develops a joint local plan of action. To this end, it appoints a manager to the local concertation mechanism.
- It ensures that the orientations and the actions resulting from the complementarity agreement are taken into consideration in the planning and implementation of its services.
- It ensures that the orientations and the actions chosen by the local concertation mechanism and the regional concertation mechanism are taken into consideration by the schools involved.
- It promotes the implementation of a service continuum through the optimization of resources.
- It enters into formal agreements with the partners of the health and social services network with respect to its commitments under this agreement.
- It participates in joint committees.
- It organizes and participates in joint training programs.

THE SCHOOL

General responsibilities

The school is an institution that provides persons with the educational services provided for by the *Education Act* and by the basic school regulation prescribed by the government and that contributes to the social and cultural development of the community.

- In keeping with the principle of equality of opportunity, the mission of a school is to impart knowledge to students, foster their social development and give them qualifications, while enabling them to undertake and achieve success in a course of study.
- The school pursues its mission within the framework of an educational project implemented by means of a success plan.
- The school establishes rules of conduct and safety measures.
- The school implements programs respecting complementary educational services and special educational services set out in the basic school regulation of the Ministère de l'Éducation and determined by the school board. These are programs offering: support services, designed to provide the student with conditions that are conducive to learning; student life services, designed to foster the student's autonomy and sense of responsibility, his moral and spiritual dimension, his interpersonal and community relationships, as well as his feeling of belonging to the school; counselling services, designed to help the student throughout his studies, with his academic and career choices, and with any difficulties he encounters; promotion and prevention services, designed to provide the student with an environment conducive to the development of a healthy lifestyle and of skills that are beneficial to his health and well-being.
- In the case of a handicapped student or a student with a social maladjustment or a learning disability, the principal, with the assistance of the student's parents, of the staff providing services to the student, and of the student himself, unless the student is unable to do so, establishes an intervention plan adapted to the needs of the student. The plan must be consistent with the school board's policy concerning the organization of services for handicapped students and students with social maladjustments or learning disabilities and in keeping with the ability and needs of the student as evaluated by the school board before the student's placement and enrollment at the school. The principal sees to the implementation and periodical evaluation of the intervention plan and informs the student's parents on a regular basis.

Responsibilities specific to the application of the agreement

- The school participates in the local concertation mechanism through its representatives, namely, school principals.
- It subscribes to the orientations and carries out the actions chosen by the local concertation mechanism.
- It participates in joint work and joint training programs.
- It participates in the implementation of the service continuum.
- It participates in the development of individualized service plans for its students and collaborates in the activities of the professionals of the health and social services network.
- As part of the intervention plan, and with the consent of parents, it undertakes to share information with the other partners and to complete the information they currently possess.
- It works in collaboration with the professionals of the health and social services network.

THE PRIVATE EDUCATIONAL INSTITUTION

General responsibilities

The private educational institution is any person or body that, for his or its own account, dispenses all or some of the educational services listed in section 1 of the *Act respecting private education*.

In exercising this function, the private educational institution may, in particular:

- establish, when necessary and in accordance with the guidelines provided in the *Act respecting private education*, programs respecting complementary educational services and special educational services, in collaboration with the institutions of the health and social services network.
- in the case of an institution specializing in special education, with the assistance of the student's parents, of the resource persons in the milieu, and of the student himself, unless the student is unable to do so, establish an intervention plan adapted to the needs of the student.

Responsibilities specific to the application of the agreement

- In concert with other private educational institutions, it delegates a representative to the regional concertation mechanism.
- It subscribes to the governmental orientations on health and social services, and takes into consideration the orientations and actions resulting from the complementarity agreement and the regional and local concertation mechanisms in the planning and implementation of its services.
- It participates in the implementation of the service continuum.
- It participates, when necessary, in other joint work and in joint training programs.
- It participates, when necessary, in the individualized, intersectoral service plans of its students and collaborates with the professionals of the health and social services network.

THE LOCAL COMMUNITY SERVICE CENTRE (CLSC)

General responsibilities

The mission of a local community service centre is to offer, at the primary level of care, basic health and social services, and to offer health and social services of a preventive or curative nature and rehabilitation or reintegration services to the population of the territory served by it.

To that end, the CLSC sees to it that the persons who require such services for themselves or for their families are contacted, assesses their needs, dispenses the required services in its facilities, or in the persons' own environment, in school, at work or at home or, where necessary, refers the persons to the centres, organizations or persons best suited to assist them. As well, the CLSC carries out public health activities in its territory, in accordance with the provisions of the *Public Health Act*.

- As a service provider, the CLSC contributes to reducing or solving health and well-being problems and to responding to the needs expressed by the various groups of its population. The basic services offered by the CLSC should primarily be designed to deal with the problems of the population requiring its services.
- The CLSC contributes to maintaining or restoring conditions that foster the health and well-being of the population in its territory. The CLSC uses various methods to encourage individuals to adopt adequate and responsible behaviours (promotion) and to take action on factors that may cause problems to appear or worsen (prevention).
- The CLSC draws up a local public health action plan that is consistent with the prescriptions of the national public health program and the objectives of the regional action plan and that takes into account the specific characteristics of the population living in its territory.
- The CLSC provides school-aged children with basic health and social services, notably services for the most vulnerable persons and for families and community services.

Responsibilities specific to the application of the agreement

- The CLSC participates in the regional concertation mechanism through its representatives.
- In conjunction with the other partners, the CLSC shares responsibility with the school board for leading and coordinating the work of the local concertation mechanism. It develops a joint local plan of action. To this end, it appoints a manager to the local concertation mechanism.
- It takes into consideration the orientations and the actions chosen by the local concertation mechanism.
- It participates in joint work; it organizes and participates in joint training programs.
- It works in collaboration with the resources of the school system.
- It takes into account the global analysis of the needs of youths and their parents in the implementation of services.
- It participates in the development of individualized service plans for the youths under its responsibility, and contributes to the service plans for other youths.
- As part of the intervention plan, and with the consent of parents, it undertakes to share information with the other partners and to complete the information they currently possess.

THE HOSPITAL CENTRE

General responsibilities

The mission of a hospital centre is to offer diagnostic services and general and specialized medical care. To this end, the hospital centre admits, mainly on referral, the persons who require such services or care, ensure that their needs are assessed and that the required services, including nursing care and specialized, preventive or rehabilitative psychosocial services, are offered within the facilities or, where necessary, that the persons are referred as soon as possible to the centres, organizations or persons best suited to assist them.

The hospital centre is responsible for offering child psychiatry and pediatric services to children and youth requiring specialized intervention in this field.

Responsibilities specific to the application of the agreement

- The hospital centre participates in the regional concertation mechanism through its representatives.
- When necessary, it participates in the local concertation mechanism and appoints a manager to it.
- It takes into consideration the orientations and the actions chosen by the local concertation mechanism.
- It works in collaboration with the resources of the school system.
- It participates in the development of individualized service plans for the youths under its responsibility, and contributes to the service plans for other youths.
- As part of the intervention plan, and with the consent of parents, it undertakes to share information with the other partners and to complete the information they currently possess.



THE CHILD AND YOUTH PROTECTION CENTRE

General responsibilities

The child and youth protection centre offers to youths in the region psychosocial services, including social emergency services, as are required by their situation pursuant to the *Youth Protection Act* and the *Act respecting young offenders*. It also offers services for child placement, family mediation, expertise at the Superior Court on child custody, adoption and biological history.

To that end, the child and youth protection centre ensures that the needs of the persons who require such services are assessed and that the services which these persons or their families require are offered to them either directly or through the centres, organizations or persons best suited to assist them.

- As part of its mission, the child and youth protection centre offers specialized psychosocial services to children and youths with social maladjustments.
- It also offers outpatient and inpatient rehabilitation services.
- It is in charge of youth protection and of services for young offenders; it is responsible for services for protection, adoption, biological history and family mediation.
- It is involved in treatment activities for children and youths with serious maladjustments and for their families.
- It is responsible for specialized services such as child placement.
- It is also in charge of the rehabilitation of youths with social maladjustments.
- It develops an intervention plan for every child or young person under its responsibility. It offers the appropriate services under the plan and ensures their continuity.

Responsibilities specific to the application of the agreement

- The child and youth protection centre participates in the regional concertation mechanism.
- It participates in the local concertation mechanism; to this end, it appoints a manager to it.
- It takes into consideration the orientations and the actions chosen by the local concertation mechanism.
- It participates in joint work; it organizes and participates in joint training programs.
- It works in collaboration with the resources of the school system.
- It participates in the development of individualized service plans for the youths under its responsibility, and contributes to the service plans for other youths.
- As part of the intervention plan, and with the consent of parents, it undertakes to share information with the other partners and to complete the information they currently possess.

THE REHABILITATION CENTRE

General responsibilities

The rehabilitation centre offers adjustment, rehabilitation and social integration services to persons who, by reason of physical or mental impairment, pervasive developmental disorders, behavioral disorders, psychosocial or family difficulties, alcoholism or other problems of addiction, require such services, as well as persons to accompany them, or support services for their families and friends.

- The rehabilitation centre assesses the needs of youths.
- It develops an intervention plan for every young person under its responsibility. It offers the appropriate services under the plan and ensures their continuity.

Responsibilities specific to the application of the agreement

- The rehabilitation centre participates in the regional concertation mechanism.
- It participates in the local concertation mechanism; to this end, it appoints a manager to it.
- It takes into consideration the orientations and the actions chosen by the local concertation mechanism.
- It participates in joint work; it organizes and participates in joint training programs.
- It works in collaboration with the resources of the school system.
- It participates in the development of individualized service plans for the youths under its responsibility, and contributes to the service plans for other youths.
- As part of the intervention plan, and with the consent of parents, it undertakes to share information with the other partners and to complete the information they currently possess.

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Appendix

Vocabulary

The following definitions¹⁹ are derived from publications or work in progress and are adapted or presented in a literal manner. The reader will find additional information in the sources referenced at the bottom of the page. The terms considered in relation to the complementarity of services provided by the education network and the health and social services network are listed below, followed by the referring page number.

COLLABORATION (30)	INDIVIDUALIZED SERVICE PLAN (32)
COMMUNITY (30)	INTERSECTORAL CONCERTATION (31)
COMPLEMENTARY EDUCATIONAL SERVICES (33)	INTERVENTION PLAN (31)
CONCERTATION (31)	PARTNERSHIP (31)
COORDINATION MECHANISMS (34)	PIVOTAL RESOURCE (32)
EDUCATIONAL COMMUNITY (30)	PROMOTION-PREVENTION (32)
EDUCATIONAL PROJECT (30)	SERVICES (33)
EDUCATIONAL SERVICES (33)	SERVICES – ADAPTATION OF EDUCATIONAL SERVICES (34)
GOVERNING BOARD (30)	SERVICES – SERVICE CONTINUUM (34)
HEALTH AND WELL-BEING DETERMINANTS (33)	SOCIAL PARTICIPATION (34)
“HEALTHY SCHOOL AND COMMUNITY” APPROACH (29)	

“HEALTHY SCHOOL AND COMMUNITY” APPROACH

The “healthy school and community” approach corresponds to a planned and integrated set of programs, services and activities which are dispensed in the schools and the surrounding community in order to promote the physical, emotional, social and cognitive development of children and youths. Multiple, mutually supportive strategies of action are used to optimize the effects on the educational, personal and social success and the health and well-being of youth.

The strategies of action aim to:

- develop attitudes, behaviours and skills among children and youth that promote their health and educational success, notably through the school curriculum
- offer children and youths a positive, healthy and safe school environment in which the social environment is based on the values of mutual assistance, respect and trust
- create ties linking the school, the family and the community so that everyone works together to help children reach their potential and achieve social integration and educational success

The “healthy school and community” approach requires the establishment of a coalition or team of partners comprised of players in education, parents, and social resources from the health field as well as members of the surrounding community of the youths. These actors join forces for the purpose of designing and implementing, in a concerted manner, a global and integrated action plan that includes short-, medium- and long-term objectives. The plan is developed by relying on the knowledge and experience gained in the school and the community and by taking into account the concerns and priorities identified by the actors in the milieu.²⁰

19. These definitions are derived from: Groupe de travail sur la complémentarité des services du réseau de l'éducation et du réseau de la santé et des services sociaux. *Ensemble avec les jeunes : proposition d'un processus de collaboration permettant une complémentarité des services pour répondre aux besoins des jeunes* (Québec: Ministère de l'Éducation and Ministère de la Santé et des Services sociaux, December 2002)

20. Lyne Arcand et al. *Définition "École et milieux en santé,"* Comité provincial "École et milieux en santé" (Québec: Gouvernement du Québec, 2002)

COMMUNITY

The term “community” includes any social environment (village, neighbourhood, etc.) having specific features and influencing the learning and development of children and youth.

The community is not categorized merely according to social or economic situation, be it disadvantaged or affluent, but also according to the strengths and talents that may be tapped to provide support to youths, parents and the school. The community encompasses not only families with school-aged children, but also all those who are concerned by or have a stake in the quality of education.

The support of the community is tied to actions, notably the actions to promote the development of students that are undertaken by organizations and individuals, businesses, cultural groups, local community service centres (CLSCs) and other health services, recreational centres and institutions, towns and universities.²¹

Community support may be provided to all children and youths or to students attending the school.

EDUCATIONAL COMMUNITY

The school as an educational community empowers all of its actors, both within the school and in the surrounding community. It relies on sharing and the quality of relations among the actors to carry out its educational mission.

The educational community naturally opens to the surrounding community. Indeed, it is important for students to have contact with environments outside the school and to have the opportunity to experience formative education with adults and organizations in the community. Making the school a part of the broader community is especially important for adolescents. Young people need to diversify their commitments and extend their sense of belonging to a larger community.²²

GOVERNING BOARD

A governing board is established in every school to facilitate concertation among students, parents, the school and the community. It is composed of parents, representatives of various categories of staff, community representatives and, if it is a school providing second cycle secondary education, students. The governing board adopts the school’s educational project, oversees its implementation and evaluates it periodically. Other functions devolved to the governing board include: approving the rules of conduct and the safety measures proposed by the school principal, informing parents and the community of the services provided by the school and reporting on their level of quality, approving the approach proposed by the principal for the implementation of the basic school regulation, and approving the approach for the implementation of the complementary educational services and special educational services programs prescribed by the basic school regulation and determined by the school board.²³

EDUCATIONAL PROJECT

The educational project of the school contains its specific aims and objectives for improving student success. It may include actions to promote those aims and objectives and integrate them into the life of the school.²⁴ The educational project is implemented by means of a success plan. The educational project unifies the various aspects of school life into a coherent, meaningful whole. It constitutes the blueprint for the school’s choices and educational interventions.²⁵

COLLABORATION

The concept of collaboration with partners is becoming more and more precise, although the meaning of the concept continues to evolve.

Collaboration is an attitude of openness that makes it possible to work with one or more partners. It may be developed among two or more organizations.

Collaboration is a basic requirement for applying the various structuring modes: concertation mechanisms, partnership projects, service continuums, integrated service networks, the implementation of entry points and the coordination of services by case managers.

While collaboration is an attitude of openness toward working with others, concertation is the implementation of collaboration by actors who share values. Concertation requires a formal structure. Partnership is developed for a specific need or a special client group, and it is often governed by an agreement protocol.²⁶

21. Rollande Deslandes, “L’environnement scolaire,” in M. Hamel (dir.), 6-12-17 *Nous serons bien mieux!* (Québec: Les Publications du Québec, 2001), 257-258.

22. Québec, Conseil supérieur de l’éducation, *L’école, une communauté éducative – voies de renouvellement pour le secondaire* (Québec: Gouvernement du Québec, 1998), 15, 41.

23. Québec, Gouvernement du Québec, *Education Act* (R.S.Q., c. I-13.3, as amended by c. 63) (Québec: Éditeur officiel du Québec, 2002)

24. *Ibid.*

25. Québec, Ministère de l’Éducation, *Complementary Educational Services: Essential to Success* (Québec: Gouvernement du Québec, 2002), 13.

26. Claude Larivière, “Les réseaux intégrés de services: fondements, définitions et modes d’organisation” in *Guide pour soutenir le partenariat: Entente CLSC-centres jeunesse* (Québec: Gouvernement du Québec, 2001), 38. In this document, the author refers to the concept of interorganizational collaboration.

CONCERTATION

Concertation means putting collaboration into action in order to achieve tangible results characterized by the attainment of a shared objective, better coordination of services, or the development of partnership projects to better respond to perceived needs.

J. P. Bélanger²⁷ defines concertation as follows: “a management and coordination process that is formal but not strongly hierarchical or institutionalized. The process is based on the voluntary adherence of a group of autonomous agents seeking to develop and reach common objectives.” [free translation] Consequently, this process maintains the autonomy of each of the actors involved. A more or less official structure usually has to be established to enable the partners’ representatives to meet as often as they decide is necessary in order to monitor the tasks they plan to accomplish by means of a concertation table, an ad hoc task force, etc. Concertation may be local, regional or provincial.²⁸

INTERSECTORAL CONCERTATION

Young people evolve in several life environments. Intervention with them in all these environments cannot be undertaken unless alliances are established with various partners who understand the importance of concertation in attaining common goals. Therefore, the establishment of concertation tables, partnership projects and integrated service networks requires input not only from partners in the education and health and social services networks, but also from partners in childcare centres, municipalities, the recreational, justice or public security sectors, community organizations, employers’ groups and other fields.²⁹

PARTNERSHIP

Partnership may be defined as a privileged relationship based on a project of two or more organizations and manifested through the official exchange of people, information or resources pursuant to an agreement.

Partnership involves a relationship of equality among the various parties, who make a commitment on their own initiative and who act freely.³⁰

Partnership usually develops to achieve rather specific objectives involving a need, a clientele or a project. Two or more players who are competent to pursue these objectives within their respective sectors of activity develop a common course of action. In the case of a partnership, the players act pursuant to an agreement that sets out the objectives pursued, each party’s responsibilities and financial contribution, and manner in which the action undertaken is to be managed and assessed.³¹

INTERVENTION PLAN

Although the concept of the intervention plan can vary, it is defined in the legislation applicable to the health and social services network and the education network.

The *Act respecting health and social services* provides that an institution must develop an intervention plan in order to identify the needs of the user, the objectives pursued, the means to be used and the estimated period during which services are to be provided. The intervention plan must ensure coordination of the services provided to the user by the various resources of the institution that are involved. It must be developed with the participation of the user.³²

In summary, the intervention plan is a tool that an institution or a body develops to define its course of action with a person.³³

In the school environment, the intervention plan (referred to as an *individualized education plan* or an *education plan* in the *Education Act*³⁴) is the main tool under the Act for coordinating the actions undertaken to respond to the needs of handicapped students and students with social maladjustments and learning disabilities.

The intervention plan involves planning a course of action to promote the success of a student who, by reason of a maladjustment or an impairment, requires the establishment of a concerted course of action.

Such planning is accompanied by a concertation process that includes the development, implementation and evaluation of the intervention plan. The concertation process is part of a dynamic assistance process in which the student participates. It is based on a systemic view of the situation and a problem-solving approach.

27. Cited in C. Larivière, “Les réseaux intégrés de services : fondements, définitions et modes d’organisation” in *Guide pour soutenir le partenariat : Entente CLSC-centres jeunesse* (Québec: Gouvernement du Québec, 2001), 38.

28. Claude Larivière, “Les réseaux intégrés de services : fondements, définitions et modes d’organisation” in *Guide pour soutenir le partenariat : Entente CLSC-centres jeunesse* (Québec : Gouvernement du Québec, 2001), 38-39.

29. For more information on intersectoral action, see: D. White et al., *Pour sortir des sentiers battus : l’action intersectorielle en santé mentale* (Québec: Les Publications du Québec, 2002)

30. Guy Pelletier, “Le partenariat du discours à l’action,” *Ressources humaines*, (12:3) (Québec: FCSQ, 1998), 99-107.

31. Québec, Conseil supérieur de l’éducation, *Le partenariat : une façon de réaliser la mission de formation en éducation des adultes* (Québec: Gouvernement du Québec, 1995), 22.

32. Québec, Gouvernement du Québec, *Act respecting health and social services – updated* (Québec: Éditeur officiel du Québec, 2001), s. 102.

33. Québec, Comité provincial sur l’intégration des enfants handicapés dans les services de garde, *Guide pour faciliter l’action concertée en matière d’intégration des enfants handicapés dans les services de garde du Québec* (Québec: Ministère de la Famille et de l’Enfance, 2001), 55.

34. Québec, Gouvernement du Québec, *Education Act* (Québec: Éditeur officiel du Québec, 1998), s. 96.14.

The concertation process requires that the school, in accordance with its mission of imparting knowledge to students, fostering their social development and giving them qualifications, determine the objectives to be achieved, the means for achieving them and the desired results. In addition, the intervention plan, which is designed according to the needs and the abilities of the student, must:

- be established under the responsibility of the school principal or the principal of the vocational training centre
- be implemented with the assistance of the student's parents, of the student himself, unless the student is unable to do so, of the school staff and of resources from outside institutions or bodies that provide services to the student
- be designed in a manner that allows for the periodical evaluation of the actions taken and, when necessary, their adjustment
- be formulated and evaluated according to the procedures defined in the school board's policy concerning the organization of services for handicapped students and students with social maladjustments or learning disabilities

The design of the intervention plan provides an excellent opportunity for students and their parents to work with staff and, where appropriate, with other partners.³⁵ The plan must be in keeping with the evaluation of the student's abilities and needs.

INDIVIDUALIZED SERVICE PLAN

Several definitions and approaches are associated with the individualized service plan (ISP). Although work is needed to clarify the concepts, the *Act respecting health and social services* provides that when a youth must receive over an extended period health and social services that require the participation of several institutions, the resource of the institution which provides the greater part of the services involved, or the resource designated following concertation, must, as soon as possible, develop an individualized service plan with the youth and his parents.

An individualized service plan is an instrument for the coordination and integration of services provided by resources from different institutions.

It is used to cover all the needs of the person in all areas of intervention.

The individualized service plan is also a process involving the youth and his parents and includes the following elements:

- a common interpretation of the youth's abilities and needs, based on a global needs assessment
- needs mapping
- the overall objective to be pursued based on the situation and the indicators of expected results
- the intervention strategies to be implemented to ensure genuine integration of the main services to be coordinated
- the estimated period during which services are to be provided and the plan's review date
- the identification of the resource responsible for the coordination, the preparation and the assessment of the plan³⁶

PIVOTAL RESOURCE

The concept of the role of the pivotal resource can vary, ranging from the mediator between the user and the service providers to the case manager; sometimes the pivotal resource is responsible for organizing an individualized service plan.

As an example, the pivotal resource may be considered to be the person who facilitates the intervention; this is the concept used by the Table de concertation des établissements de santé et de services sociaux des Bois-Francis. The pivotal resource does not take charge of the person, but rather the problem-solving process. To do so, he must avoid creating a dependency relationship. His main functions are to monitor the dealings of the youth and his parents in the service network, ensure a continuous line of information among the youth, his parents and the resources, prepare and facilitate, when necessary, meetings with resources, the youth and his parents, and participate in multidisciplinary team meetings or service complementarity meetings. In summary, the pivotal resource makes arrangements to ensure the necessary services are provided. This function aims to integrate and maximize assistance and the involvement of all resources. The pivotal resource monitors the case at all times.³⁷

PROMOTION-PREVENTION

The promotion of health and well-being is a proactive intervention aiming to establish favourable social conditions and to support the development of personal attitudes and behaviours that promote health and well-being. It relies on strategies to foster the acquisition of individual aptitudes, the reinforcement of social participation and the empowerment of communities, the creation of environments favourable to health and well-being, and the improved implementation of preventive services and practices.

35. Québec, Ministère de l'Éducation, *Complementary Educational Services: Essential to Success* (Québec: Gouvernement du Québec, 2002), 13.

36. Régie régionale de la santé et des services sociaux de la Montérégie, *Cadre de référence du plan de services individualisé: jeunes/familles en Montérégie* (Québec: Régie régionale de la Montérégie, 2001), 4-5.

37. Table de concertation des établissements de santé et de services sociaux des Bois-Francis, *Modèle opérationnel de coordination des services géronto-gériatriques de la sous-région des Bois-Francis* (Victorville, 1995)

Promotion acts on the health and well-being determinants of the population and the systems governing it. Its objective is to initiate and foster the development of conditions that are favourable to the health and well-being of individuals, groups and the community.

Prevention corresponds to primary prevention, which aims to reduce the emergence of health- and well-being-related problems by targeting protection and risk factors associated with these problems from a “population perspective,” meaning that at-risk populations are targeted and that action is taken to reduce the incidence of problems. It favours early intervention, before individuals find themselves in a crisis situation and require treatment or rehabilitation.

Risk factors are associated with individuals (smoking, sedentary lifestyle, etc.), with families or life environments (a parent’s chronic illness, socioeconomic status, etc.) and with society in general (poverty, violence, etc.).

The major difference between promotion and prevention concerns the targeted objectives and the approaches used. Prevention aims to reduce a specific health or well-being problem by acting on risk factors. The concept of prevention encompasses interventions and the services to be provided. In contrast, the health and well-being promotion involves efforts to enable individuals, groups and communities to deal as harmoniously as possible with their reality, to integrate risk, constraints, sadness, suffering and joy in their daily existence and to act in an autonomous, responsible manner, according to their own capacity as well as that of their peers to be autonomous and act responsibly. The interventions therefore address health and well-being determinants. Promotion requires social participation and the assumption of social responsibility as well as the reinforcement of the potential of individuals and communities.³⁸

HEALTH AND WELL-BEING DETERMINANTS

Health and well-being determinants are the factors and conditions that influence health and well-being. They include biological factors, life habits and behaviours linked to health and well-being, the physical and social environment, namely the living conditions of individuals and groups, as well as the organization of care and services.³⁹

SERVICES

A service is a set of activities to be carried out by means of human, material and financial resources. Each activity, and consequently, each service, is designed according to one or more specific objectives concerning youths and their environment.⁴⁰

EDUCATIONAL SERVICES

The educational services provided to students encompass preschool education services, elementary and secondary education services, complementary educational services and special educational services.⁴¹

COMPLEMENTARY EDUCATIONAL SERVICES

The goal of complementary educational services is to facilitate the student’s progress in his various learnings. The *Basic school regulation for preschool, elementary and secondary education* provides for four complementary educational service programs. The school boards are responsible for establishing these programs, listed below:

- support services, designed to provide students with conditions that are conducive to learning
- student life services, designed to contribute to the development of students’ autonomy and sense of responsibility, their spiritual dimensions their interpersonal and community relationships as well as their feeling of belonging to the school
- counselling services, designed to help students throughout their studies, with their academic and career choices and with any difficulties they encounter
- promotion and prevention services, designed to provide students with an environment conducive to the development of a healthy lifestyle and of skills that are beneficial to their health and well-being⁴²

38. Lyne Jobin, *Un langage commun : pour bien suivre les investissements en promotion de la santé et du bien-être et en prévention* (Québec: Ministère de la Santé et des Services sociaux, Service des orientations stratégiques de santé publique, 2000), 4-7.

39. *Ibid.*, 4-7.

40. Réseau de la Santé et des Services sociaux de l’Estrie and Réseau de l’éducation de l’Estrie, *Projet d’ajustement du modèle d’organisation des services aux jeunes en difficulté*, Working document (2001), 20.

41. Québec, Gouvernement du Québec, *Regulation to amend Basic school regulation for preschool, elementary and secondary education*, Order in council 865-2001 dated 4 July 2001 (Québec: Gazette officielle du Québec, 2001)

42. Québec, Ministère de l’Éducation, *Complementary Educational Services: Essential to Success* (Québec: Gouvernement du Québec, 2002), 14.

SERVICES – ADAPTATION OF EDUCATIONAL SERVICES

The adaptation of educational services must be viewed primarily in terms of the services provided to all students, and secondly, in terms of adapted services, which are more specialized. Adaptation may be carried out in various ways: by adjusting or modifying practices or by proposing to the student various possible ways of finding the response that is best adapted to his needs. Whatever the means chosen, adaptation requires an open attitude toward differences and creativity in seeking to make adjustments to meet the specific needs of students.

The adaptation of services is the fundamental orientation of the *Education Act*.⁴³

SERVICES – SERVICE CONTINUUM

The concept of a service continuum refers both to the continuity and the complementarity of the services required by a given clientele, for example, youth in difficulty or persons with impairments or severe, persistent mental health disorders.

The concept of the service continuum starts with acknowledgment of the existence of common clients who receive services from two or more bodies within one of the service networks or both networks. The service continuum explicitly recognizes that clienteles have needs that must be met by a set of institutions through prevention, primary-level or emergency services, or through specialized services, or through educational services or services provided in the milieu by community resources. The service continuum relies on a typical response process—centred on the service plan—which first assesses capacities and needs, then develops and implements intervention strategies to monitor and provide support, and finally, assesses the results.

The service continuum aims to reduce numerous grey areas observed in the traditional operating procedures and to overcome the lack of effective collaboration mechanisms (referral protocols) that has prevented certain youths from receiving the services they need.

Organizations adhering to a service continuum aim to mobilize their resources around interventions pursuant to a plan of action or a service plan that has been agreed upon.

The continuum may be relatively limited, as in the case of a single referral, or more complex, as in the case of the development of an individualized service plan for youths with diverse needs who require the services of several bodies. In all cases, it is important for all the partners involved to adopt the means required to monitor the evolution of their interaction and the impact of the interaction on shared clienteles.⁴⁴

COORDINATION MECHANISMS

By “coordination” is meant the set of operations required to ensure harmonious contributions from each of the partners so as to avoid overlap, inconsistency or shortcomings.⁴⁵ By ensuring that the different actors develop a common vision, coordination makes unified, consistent action possible. Group work is an excellent way of facilitating coordination. Information circulates better and faster.⁴⁶

The organizations involved foster coordination by adopting official mechanisms such as a regional or local mechanism.

SOCIAL PARTICIPATION

Social participation involves a reciprocal exchange between the individual and the community. On the one hand it implies the collective responsibility of allowing everyone to participate actively in society; on the other hand, it implies the individual responsibility of acting as a responsible citizen.

Social participation may take various forms: paid work, the investment of people and resources in a business or a community project, mutual assistance and volunteer work, commitment to democratic institutions, etc. It may also be more informal in nature, such as involvement with one’s own family. Consequently, it first becomes evident in the ties between the individual and his family and loved ones. Next, it takes form in the relations between the individual and his various life environments, namely, school, the workplace, community life, etc. Finally, the relationship between the individual and his community is also a manifestation of social participation.⁴⁷

43. Québec, Ministère de l’Éducation, *Adapting Our Schools to the Needs of All Students: Policy on Special Education* (Québec: Gouvernement du Québec, 2000), 20.

44. Claude Larivière, “Les réseaux intégrés de services : fondements, définitions et modes d’organisation” in *Guide pour soutenir le partenariat-Entente CLSC-Centre jeunesse* (Québec: Gouvernement du Québec, 2001), 41-43.

45. Association des CLSC et des CHSLD du Québec and Association des centres jeunesse du Québec, *CLSC et centres jeunesse : des établissements qui s’appuient pour les services aux enfants, aux jeunes et à leur famille* (Montréal: les Associations, 1998), 16.

46. Pierre Baranger et al., *Gestion : les fonctions de l’entreprise* (Paris: Vuibert, 1998), 38-40.

47. Québec, Conseil de la santé et du bien-être, *La participation comme stratégie de renouvellement au développement social* (Québec: CSBE, 1997), 3-4.

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