
**Planning for the Future Is Important**

It is important for identified pre-frail or frail persons to begin advanced care planning as early as possible.

**Intersectoral Collaboration Is Needed**

Frailty is complex. Collaboration across health and social sectors is needed to support the person.

**Frailty Must Be Considered Earlier**

Frailty should be monitored in all adults with IDD beginning at 40 years of age.

**The Evidence Base Must Be Grown**

Since the study of frailty and IDD is relatively new, the body of literature is small and limited in scope.

**Informal and Formal Caregivers Have Needs**

Carers should receive the knowledge, skills, and assistance needed to support the individual.

**Safety Is a Priority**

A comprehensive risk assessment is needed to ensure the person is safe and feels secure.

**Improvement & Maintenance Are Viable Goals**

Planning must take into account both the risk of future decline and the opportunity for improvement.

**Aging in Place**

Decline in health or life changes should not mean leaving your home. Use of home-based health services, environmental accommodations, prevention, and supportive tech can help keep people at home.

**Person-Centred Approach**

Any action taken to address pre-frailty and frailty status must be done within a person-centered context that privileges and respects the autonomy of the person to make choices about his/her care.