**FINDINGS OF THE Ontario Survey of PROVINCIAL Quality Assurance Measures on BEHAVIOUR INTERVENTIONS FOR Adults with Intellectual Disabilities and Challenging Behaviours**

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**Objectives:** The Quality Assurance Measures (QAM) for Behaviour Interventions and the QAM Policy Directives are part of the Ontario Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act (2008). The goal of this research is to survey developmental service personnel’s knowledge, opinions, and experience related to the implementation of the QAM and Policy Directives.

**Methods:** Ontario-wide recruitment was undertaken of four groups of developmental service personnel who completed group-specific online surveys. Agency and service network representatives distributed flyers and/or information letters with survey links to all potentially qualifying contacts. The surveys took 15-30 minutes to complete, depending on the length of a group-specific version. Opinion and experience-related questions were Likert-type or multiple choice. All knowledge questions were multiple-choice, with one correct option. As of December 29, 2017, 45 behaviour consultants in behaviour support services, 11 behaviour support service managers, 19 direct-care staff, and 27 direct-care managers participated in the survey. Most of the participants (23.52%) were from the Toronto region followed by the Central East (19.61%), East (18.63%), North and South (15.69% each), and Central West (2.94%). Data collection is ongoing.

**Results:** Out of the seven total questions surveying the knowledge of QAM for Behaviour Interventions and Policy Directives, personnel in behaviour support services (behaviour consultants and managers, combined) had significantly more correct responses overall (*Mdn* = 5.00) than the two groups of direct-care personnel, combined (*Mdn* = 3.00), *U* = 254.50, *z* = -6.39, *p* < .001, *r* = -.63. On a scale from Very Unsatisfied to Very Satisfied, most participants in all four groups reported being mostly satisfied with the QAM overall, with 52.57% of all participants endorsing this option. There were no significant differences in the distribution of overall QAM opinion across the four groups of personnel, (3) = 5.26, *p* = .15. The highest-rated QAM-related concern among behaviour support service personnel was the mismatch between QAM expectations and available resources. In direct-care services, front-line staff’s primary concern was that the new BSPs are difficult to follow, while direct-care supervisors were predominantly concerned with not having access to sufficient QAM training resources.

**Discussion/Conclusion:** Identifying knowledge, training, and implementation gaps for QAM and Policy Directives for Behaviour Interventions provides information that behaviour and community support agencies, and the Ministry of Community and Social Services can use to improve relevant practices. The poster will expand on these preliminary findings with a larger sample size and outline the limitations of this research.

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