Behaviour Support and Safety Planning

A Guide for Service Providers

Community Living BC
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Acknowledgement

We would like to acknowledge CLBC staff, Behavioral Consultants, BC Association of Applied Behaviour Analysts, and other partners and professionals who contributed valuable input in shaping the updated Behaviour Support and Safety Planning Guides and Policy. Your support has helped to ensure these resources reflect our organizations values, and are comprehensive, insightful, and practical.

1. Introduction

Behaviour Support and Safety Planning: A Guide for Service Providers (the Guide) is a companion to CLBC's *Behaviour Support and Safety Planning Policy* (the Policy) and provides guidance for implementing the service requirements set out in the Policy. *See* **Appendix 1** – *Behaviour Support and Safety Planning Policy*. Together the Policy and Guide form part of the service contract, and apply to all Service Providers, their staff and contractors. The aim of this guide is to help promote alignment with associated standards, service requirements and outcomes as outlined in the *Service Terms and Conditions for Contracts Between Community Living British Columbia and Service Providers* (Terms and Conditions).

This Guide includes information that supports the development and implementation of Behaviour Support Plans and Safety Plans, identifies key elements, requirements, recommended practices, and clarifies roles and responsibilities.

2. Who is This Guide For?

This Guide is designed for those providing behaviour support to individuals accessing CLBC services. Throughout this Guide we will use the terms ‘Service Providers’ and ‘Behavioural Consultants’ as defined specifically for this Policy. See the Policy for details.

All Behavioural Consultants and Service Providers, including Home Sharing Providers and other sub-contractors are expected to comply with the Policy and Guide.

3. Key Elements of Behaviour Support Planning and Safety Planning

3.1 Participation and Consent

Participation

The individual, their family and/or support networks should be involved in all planning and review processes for behaviour support. When the individual and others involved have questions or concerns, then discussions must occur to understand, and explore planning alternatives if necessary.

Consent

Informed consent is **required** prior to the implementation of a plan and must be provided as per **section 3.5 of the Policy**. Informed consent, including the right to withdraw consent. must be reviewed as part of the planning, authorization, and review processes. Implied consent is not a replacement for formal informed consent. Informed consent, including the right to withdraw consent must be reviewed as part of the planning, authorization, and review processes.

> *When consent cannot be obtained and there are critical concerns for the individual's safety and wellbeing that might only be mitigated using a restricted practice – CLBC must be contacted immediately to determine next steps.*

3.2 Behaviour Support

Behaviour support typically refers to proactive responses to challenging behaviour. The primary goals of behaviour support is to promote the individual's independence and self determination, improve their quality of life, and create a positive and supportive environment for everyone involved.

> *Positive behaviour support is a human rights-based approach which is underpinned by important values including respect, dignity, empathy, choice, person centredness and unconditional positive regard and should be embedded into the support provided to everyone - Considering Additional Risk (nds.org.au)*

Behaviour support may involve implementing a Behaviour Support Plan, and a Safety Plan, if required.

3.3 Function of Behaviour

Behaviour is a form of communication, and all behaviour has a purpose. It is important to understand how a behaviour is adaptive and functional for an individual. There are four common functions of behaviour:

1. Social Attention[1]

to gain some form of social attention, reaction, response, or nurturing from others.

2. Tangibles or Activities

to obtain a tangible item or to gain access to a desired place or activity.

3. Escape or Avoidance

to avoid a situation, task, person, place, other trigger, or stimulus.

4. Sensory Stimulation

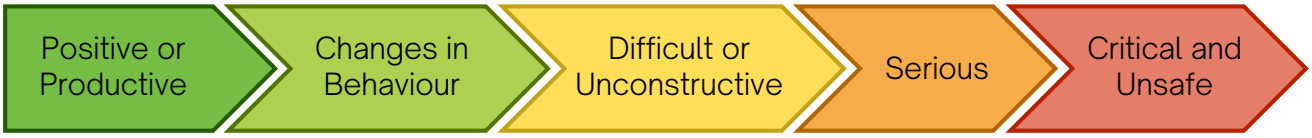
to provide 'self-stimulation' or soothing. The behaviour may give the individual some form of internal sensation that is pleasing or may achieve the aim of removing an internal sensation that is displeasing (such as pain).

A Functional Behaviour Assessment as defined in the Policy, informs the development of a Behaviour Support Plan, and must clearly identify the function of behaviour.

3.4 Recognizing the Potential Impact of Behaviour

Behaviour exists on a continuum, from those that are considered positive or productive, to those that may be critical and unsafe. While an identified behaviour might meet an individual's needs, there are times when it may also be harmful, and result in negative consequences for the individual or those around them.

Not all challenging behaviour requires a formalized response and involvement from a Behavioural Consultant.



[1] Cooper, J., Heron, T. & Heward, W. (2020.). Applied behavior analysis, 3rd ed. Columbus, OH: Merrill.

Positive or Productive

When an individual enjoys a good quality of life, they exhibit productive behaviours and experience improved outcomes such as being better able to manage stress and anxiety. Some examples of positive or productive behaviours include: waking easily, participating in daily routines, meaningful engagement in tasks and activities, practicing new skills, inclusion in the community, visits with friends, family and/or natural supports, etc.

Changes in Behaviour

An early indicator that an individual's needs or wants are not being met, or understood, is often observed as a change – either in demeanor, interests, or level of involvement. For example, when an individual is increasingly disengaged or disinterested in things, places, or people they used to enjoy, or when they express distress or a desire for change. Supportive responses are needed when changes in behaviour are observed. Understanding the individual's experience and updating their person centred plan and service delivery approach may be necessary.

Difficult or Unconstructive Behaviour

When changes in behaviour become more pronounced, they may progressively become difficult or unconstructive. These behaviours can interfere with community inclusion or engagement with others but do not present a safety risk. Without support, the behaviour may remain unchanged, or become more serious, leading to negative outcomes for the individual. Some examples of difficult or unconstructive behaviour include choosing not to engage or avoiding routines and tasks, less interest in waking up in the morning, rude language, taking items from others, presenting as argumentative or uncooperative etc. A review and update of person centred planning is the recommended approach; however, the development of a Behaviour Support Plan might be necessary.

Serious Behaviour

Serious behaviour interferes with learning, daily activities, or community participation, greatly concerns the individual and/or those around them and is likely to result in losses or consequences for the individual (e.g., loss of relationships, reduced inclusion, etc.). While serious behaviour carries no risk of physical harm to the individual or others, there is potential that it will progress over time, to become critical and unsafe. Some examples of serious behaviours include stealing, verbal aggression, challenges with personal care or hygiene, removing clothing in public spaces, wearing multiple layers of clothing, hoarding, etc. A review and update of person centred planning and development of a Behaviour Support Plan is required.

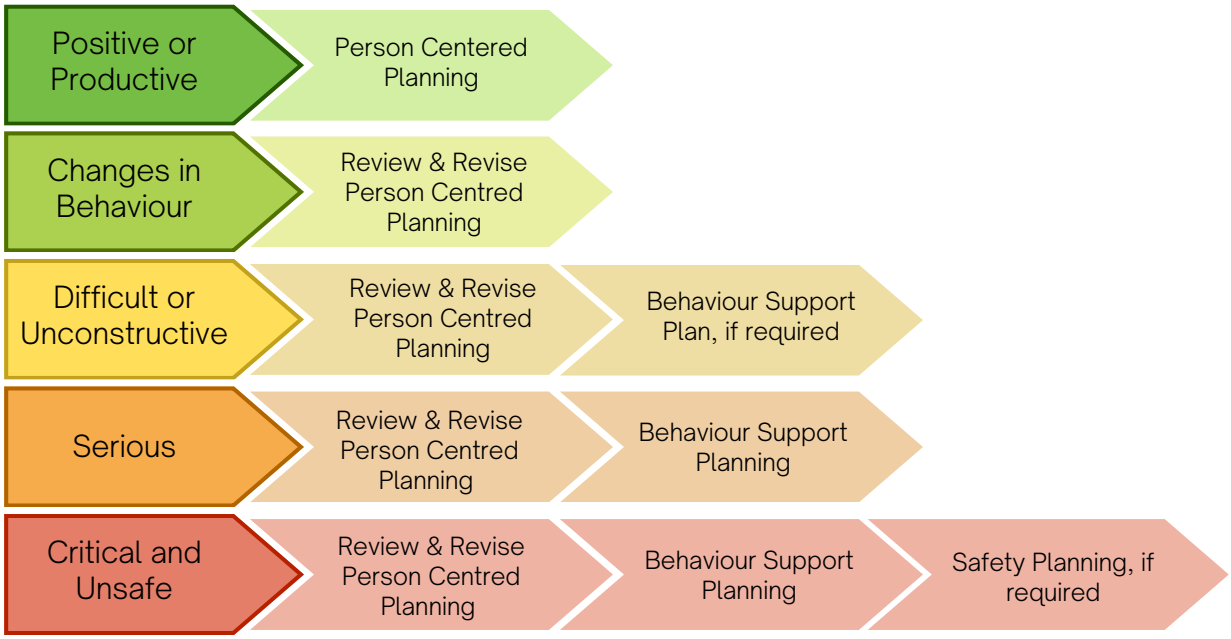
Critical and Unsafe Behaviour

Critical and unsafe behaviour is of such intensity, frequency, or duration that the physical safety of the individual or others is likely to be placed in serious jeopardy. Some examples of critical and unsafe behaviour include self-injury, physical aggression, unsafe food/water seeking behaviours, eating inedible items, etc. A review and update of person centred planning, development of a Behaviour Support Plan is needed, and the development of a Safety Plan might also be required. See **4.1 Types of Plans – Safety Plans** for details.

4. Interventions

4.1 Types of Plans

The goal of planning is to understand the individual and support them to achieve outcomes that are important **to**, and **for** them. The following types of plans provide the structure for the behaviour support approach.



Person Centred Plans

A Service Provider's first response to an observed change in behaviour, or a challenging behaviour, must focus on person centred planning and service delivery. These activities should explore new ways of improving an individual's relationships and quality of life. Behaviour support is always done in the larger context of person centred planning and is based on the abilities and strengths of the individual. Regardless of the type of behaviour observed, individualized planning is the most powerful and sustainable type of behavioural intervention available.

Person centred planning lays the foundation for effective service delivery. It includes regular review of goals, and evaluates progress made towards identified outcomes. Every individual should have a plan completed specific to the services they receive – the more comprehensive the service, the more comprehensive the plan should be. Service Providers must review planning expectations as outlined in Schedule B of the Terms and Conditions.

Behaviour Support Plans

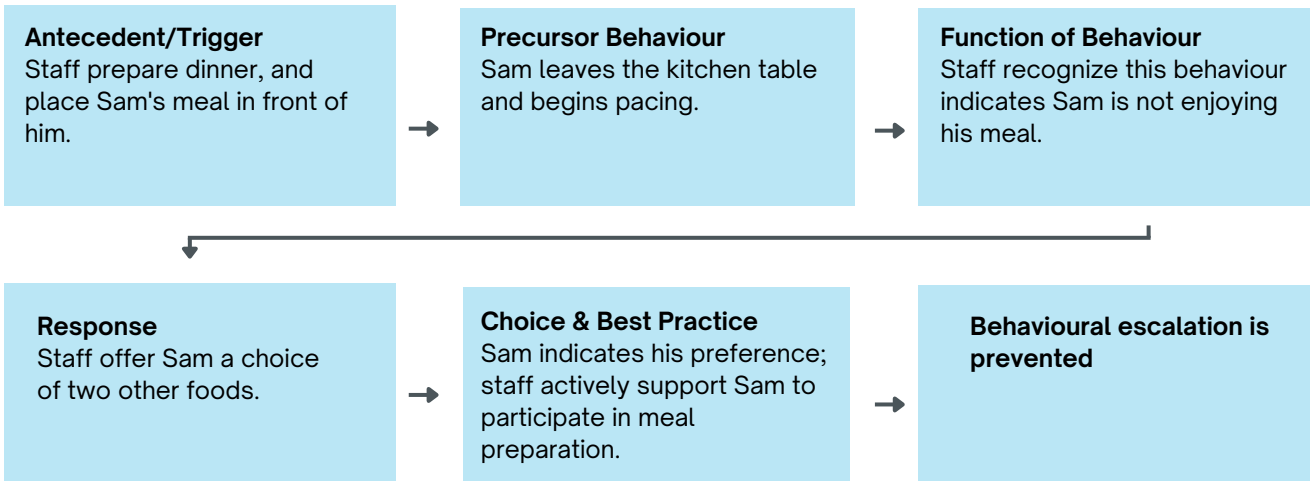
Behaviour Support Plans must be developed and implemented with individuals who exhibit Serious or Critical and Unsafe behaviour and may be developed for those exhibiting difficult or unconstructive behaviour.

Behaviour Support Plans focus on proactive, positive strategies, and do not include use of restricted practices. They must include strategies for supporting an individual in different environments or when facing different triggers.

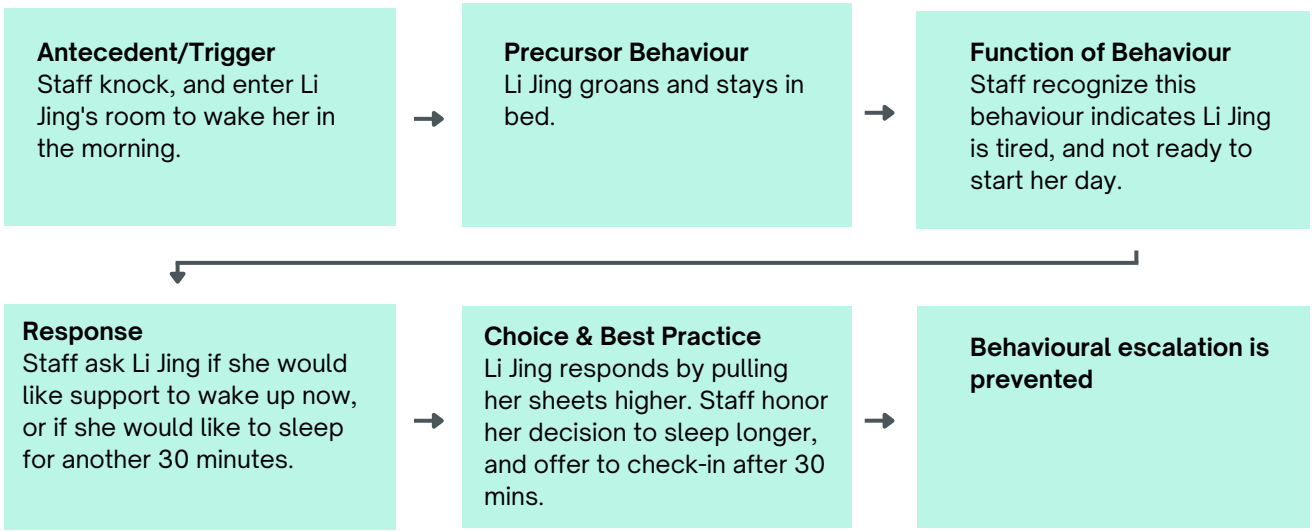
This approach requires Service Providers to recognize and respond to precursor behaviours (see BSSP Policy for definition). When precursor behaviours are observed, Service Providers can employ de-escalation strategies identified in the Behaviour Support Plan. These strategies should stop a challenging behaviour from occurring and interrupt an escalation cycle. Behaviour Support Plan approaches must always be utilized as they mitigate the risk of a behaviour escalating to a more serious or critical level where restricted practices might be necessary.

The following examples highlight ways staff might recognize and respond to precursor behaviours:

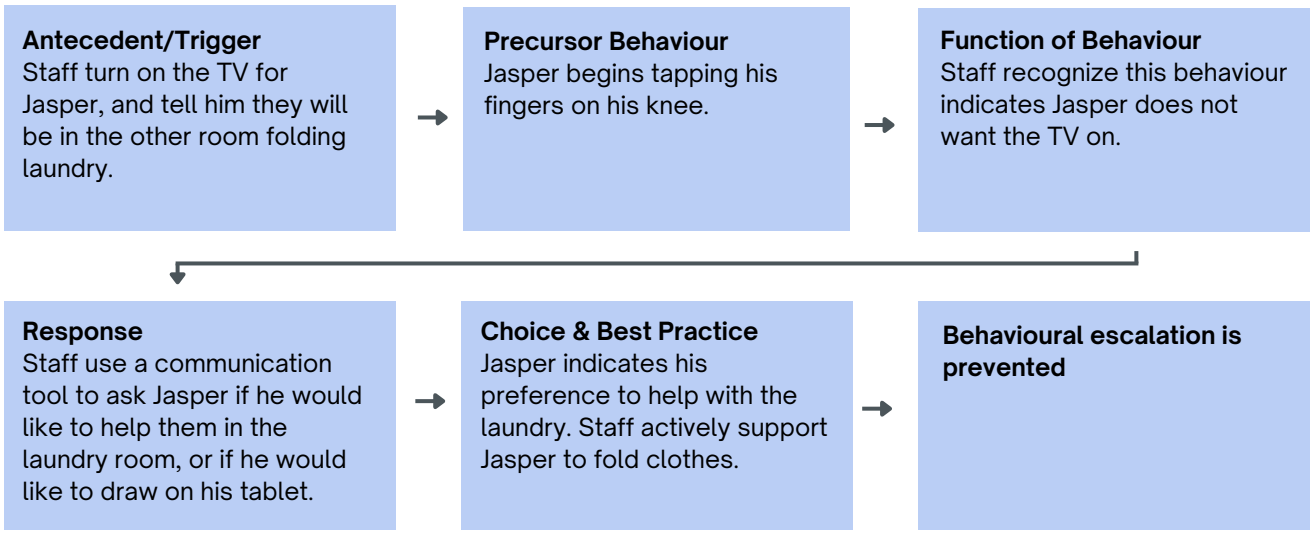
Example 1: Sam



Example 2: Li Jing



Example 3: Jasper



If the program staff did not recognize the precursors in these scenarios, it is possible that the individuals' behaviour would progressively escalate in an effort to get their wants or needs met. As staff increase their familiarity with triggers and precursors, planning can adapt to be more proactive, and capitalize on new opportunities to promote independence and skill development.

Behaviour Support Plans should be updated as an individual makes progress on identified goals. Shifts in Behaviour Support Planning should reflect new opportunities for the individual to learn or enhance skills, and opportunities to increase tolerance for routines or habits which promote independence and which the individual finds difficult. Goals, and progress made towards them should be clearly documented.

Development

- A person with training and expertise in completing Functional Behaviour Assessments and developing Behaviour Support Plans leads this process:
    - Behavioural Consultants complete functional behaviour assessments in order to develop and update Behaviour Support Plans for individuals that present with critical and unsafe behaviour and may be requested to develop Behaviour Support Plans for difficult, unconstructive, or serious behaviours.
    - Service Providers with training and expertise in this area, as outlined in the Policy, can develop and update Behaviour Support Plans. This will typically be done for individuals whose behaviours can be clearly understood and supported through targeted interventions and staff training within service settings (i.e., for difficult/unconstructive, or serious behaviour).
- When an individual is supported by various programs or services, it is recommended that one consistent plan be developed outlining interventions, and information about how approaches may be adapted to suit different environments or triggers. This promotes collaboration, knowledge sharing, and consistency among Service Providers.

The most important step in a behaviour support approach is to identify and understand the reason behind an individual's behaviour. This allows Service Providers to change the dynamics that make the challenging behaviour useful for the individual. Changing the dynamics most often requires:

- changes to the environment to better meet sensory needs,
- changes to interpersonal relationships,
- teaching new communication skills to Service Providers as well as the individual,
- teaching different coping skills and methods to all parties;
- and maximizing an individual's control of their life.

Effective Behaviour Support Plan development and implementation requires collaboration with the individual and key partners, use of evidence-based interventions and practices, and consistent implementation of these practices by all those working with the individual.

Successful implementation of Behaviour Support Plans requires Service Providers to try different approaches in many different areas of service delivery. The onus for enacting change via behaviour support is on the Service Provider, not the individual.

Safety Plans

A Safety Plan, as defined in the Policy, is written as an appendix or supplement to a Behaviour Support Plan and is only used in specific situations when restricted practices are needed to ensure safety. Restricted practices outlined in the Safety Plan must be directly linked to the challenging behaviours addressed in the accompanying Behaviour Support Plan. Restricted practices may be necessary when the Behaviour Support Plan approaches have not stopped the challenging behaviour from escalating to a point where the individual or others are unsafe. The majority of staff efforts must be rooted in Person Centred Plan and Behaviour Support Plan responses and must prioritize least intrusive interventions as outlined in the *Guiding Principles* of the Policy.

Following each incident where restricted practices are used, Service Providers and Behavioural Consultants should review the circumstances to gain a greater understanding of the context, triggers, and outcome of the interventions. As with Behaviour Support Plans, Safety Plans should include information for multiple contexts, and environments.

Practices required by the Residential Care Regulations for licensed programs are not considered restricted practices within the Policy, and do not need a Safety Plan.

Development

- Safety Plans must only be developed by a Behavioural Consultant as defined by the Policy.
- When an individual is supported by various programs or services, one consistent plan is required.
- When a Safety Plan is required for one individual, and the restricted practice impacts others – only one Safety Plan is required for the individual for whom the restricted practice is intended. The Service Provider must develop mitigation strategies to limit the impact of the restricted practice for those for whom it does not apply.

Authorization

Safety Plans require written authorization. Behavioural Consultants work with Service Providers to collect documentation from each of the following:

1. The individual or their substitute decision maker

For the purposes of obtaining informed consent, supporting engagement in discussion, development, and review of strategies; and to ensure agreement with the plan and its intent.

For **licensed settings**, consent may be provided by the individual, their formal representative, parent, or relative who is closest to and actively involved in the individual's life.

For **un-licensed settings**, consent may **only** be provided by the individual or their substitute decision maker with legal authority under a Section 9 Representation Agreement, or who is appointed as Committee of Person.

- In cases where the individual is not capable of consenting to the plan or refuses to provide consent and they do not have a Committee of Person or Section 9 Representation Agreement, this must clearly be indicated as the reason for the missing signature on the Safety Plan signature page.

Note: Signatures from others participating in the development of the plan (family, friends, and other support networks) are encouraged and should be noted on the signatures page of the Safety Plan. Their role should be clearly indicated alongside their signature.

2. Behavioural Consultant

For the purposes of confirming the practices used to develop plans comply with expectations as outlined in the Policy and that they comply with the Behaviour Analyst Certification Board's *Ethics Code for Behaviour Analysts.*

3. Medical Practitioner or Nurse Practitioner

An authorization from the medical practitioner or nurse practitioner who is responsible for the individual's health is required **when physical or mechanical restraint forms part of a Safety Plan** to ensure the practice will not pose undue risk or harm to the individual.

4. Service Provider(s)

For the purposes of confirming their understanding of and agreement with the plan, their commitment to implement both the Behaviour Support Plan and Safety Plan, and to be an active participant in progress monitoring.

5. The CLBC Service Delivery Manager

For the purposes of reviewing policy compliance and documenting awareness of practices to be used. Authorization received from the Manager indicates that the Safety Plan can be implemented.

In most cases, authorization from the CLBC Service Delivery Manager will be obtained last – however, when the plan includes considerations related to funding requests, these recommendations must be reviewed and approved by CLBC prior to the plan being finalized.

All signatures must be collected before CLBC can authorize the Safety Plan implementation. The reasons for lack of any required signatures must be clearly documented by the Behavioural Consultant on the signature page of the Safety Plan. As the authorization process can take time, Behavioural Consultants and Service Providers should be proactive in the collection of authorizing signatures.

	Behaviour Consultant	Service Provider	Medical Practitioner or Nurse Practitioner	CLBC Service Delivery Manager	Individual (must be pursued first)	Substitute Decision Maker when the individual cannot authorize
Individual Resides in **Licensed** Setting	✓	✓	✓ Required for physical restraint or mechanical restraint	✓	✓	✓ Committee of Person ✓ Section 9 Representation Agreement ✓ Section 7 Representation Agreement ✓ Parent or representative of the individual or the relative who is closest to and actively involved in the individual's life
Individual Resides in **Unlicensed** Setting	✓	✓	✓ Required for physical restraint or mechanical restraint	✓	✓	✓ Committee of Person ✓ Section 9 Representation Agreement ✗ Section 7 Representation Agreement ✗ Parent or representative of the individual or the relative who is closest to and actively involved in the life of the individual

Medical Consideration Form Requirement

Challenging behaviour may be the result of an underlying medical condition, and "potential medical causes for behavioural issues should be ruled out such as: chronic pain, unrecognized infection, medication effect, and psychiatric issues" [1].

Behavioural Consultants must work with the Service Provider and other regulated health care professionals to outline how medical or biological factors that may influence behaviours were considered. Behavioural Consultants complete the *Safety Plan: Medical Consideration Form* as an addendum to the Safety Plan.

> *For support with the information required for the authorization process, use the Letter to Medical Practitioner or Nurse Practitioner – Safety Plans*, and the *Q&A For Medical and Nurse Practitioners about Safety Plans.*

[1] Community Living British Columbia & BC Ministry of Health (n.d.). *Aware, Share, Care.* awaresharecare.ca

Temporary Safety Plans

While a Functional Behaviour Assessment is being conducted and necessary Behaviour Support Planning occurs, a Safety Plan may temporarily be put into place when critical and unsafe behaviours pose an urgent risk to the individual or others.

Temporary Safety Plans must be clearly identified as such, and include the following information:

- Effective dates during which the temporary Safety Plan will be used.
- Identification of the protocols that will be used and the parameters of when, where, and how long a restricted practice may be used.
- Parameters for data collection, documentation, and reporting.
- Summary of further assessments or tasks that will be completed during the temporary period, such as follow-up with medical professionals, completion of the Functional Behaviour Assessment, etc.

Temporary Safety Plans can only be in place for **up to 60 days**. CLBC must receive a copy of the temporary Safety Plan and be informed in writing as soon as it is discontinued. Notify the liaison analyst if a temporary Safety Plan is required beyond 60 days.

Development

- Temporary Safety Plans must be developed by a Behavioural Consultant and must be developed in compliance with the Behaviour Analyst Certification Board's *Ethics Code for Behaviour Analysts*.

Authorization

Temporary Safety Plans require authorization from:

1. The individual and/or their substitute decision maker.
2. Medical practitioner or nurse practitioner when physical or mechanical restraint forms part of the plan.

In cases where consent from the individual and/or the substitute decision maker is not possible, then notify the Analyst immediately to discuss next steps.

Temporary Safety Plans do not meet the requirements of the *Critical Incidents: Restricted Practice Exemption Framework*, so Critical Incident Reporting is required.

> *When there is risk of immediate harm or injury, emergency use of restricted practice as per section 5.2, may be necessary as an interim measure until the Safety Plan or Temporary Safety Plan is fully authorized.*

5. Restricted Practice

Restricted practices as defined in the Policy are techniques or strategies used when supporting critical and unsafe behaviour, that limit an individual's actions, freedoms, or movement. All restricted practices limit an individual's rights, thus the decision to use them as a behavioural strategy requires appropriate assessment, planning, and consideration. While these practices might stop or prevent a behaviour of concern, they do not *change* behaviour or teach new skills, and should always be used with caution due to possible risks, such as:

- Physical and/or emotional harm.
- Decreased quality of life.
- Over-use, incorrect use, or inconsistent use by staff.

Restricted practice typically refers to interventions that are used in response to critical and unsafe behaviours *when* they occur and should only be used as a last resort in extraordinary circumstances where the personal safety of the individual or others is at risk.

Some types of restricted practice may be used to prevent a critical and unsafe behaviour (such as when using a specialized seatbelt) and are used irrespective of a behavioural escalation.

Use of restricted practice must be reflected in an authorized Safety Plan. Data on the use of restricted practices must be collected and reported to CLBC as required by the CLBC Critical Incidents Policy, and as part of six-month Safety Plan reviews. The only permitted use of restricted practices without advanced written authorization, is in the event of an emergency as per **Section 5.2** of this guide.

> *CLBC's goal is for individuals to receive services that are safe, and ultimately free from any use of restraint and restrictions of rights whenever possible. It is for this reason that Safety Plans are not intended to be permanent solutions.*

5.1 Types of Restricted Practice

There are two broad categories of restricted practices:

1. Restraint (includes environmental, mechanical, physical)
2. Restriction of Rights

Restraint

- Use of environmental, mechanical, physical, or other means to temporarily subdue or limit the freedom of movement, of an individual.
- Must include a time limit appropriate to the type of restraint, and opportunities for the individual to re-engage or try again without the use of restraint.

Environmental Restraint

Involves restricting an individual's free access to their environment, including limiting access to places, or items. An individual's environment includes their room, common areas, and common outside areas, including the community.

Some examples of environmental restraint may include use of:

- physical barriers, such as locks or padlocks, locked cupboards.
- structures, such as fences or gates.
- physical removal of wanted or needed items (e.g., placing something where the individual cannot independently access it if desired).
- Deterrents applied to make the environment less accessible, and require increased effort by the individual to use (e.g., use of a puzzle lock, baby-gate, etc.).

Temporary containment is a type of environmental restraint that refers to the use of a designated space to separate the individual from others, and where they cannot voluntarily leave. Use of this practice must be brief in duration, the individual must **never** be left alone, and staff must actively and frequently check in on the individual to assess their wellbeing. The space must be a safe environment, any locks must be easily released from the outside in the event of an emergency and allow for constant observation and support by staff.

Service Providers must ensure any approved environmental restraint is always in good working order.

> *Excludes:* the individual's environment does not include another individual's bedroom, or areas within a home or community space that an individual would not normally be able to access (e.g., staff's office space, maintenance sheds, etc.).

Mechanical Restraint

Refers to the use of a device to control an individual's movement such as using mechanical fastening tools (e.g.: belts, anklets, rails), or clothing (e.g., arm braces, helmets, gloves, etc.) made or adapted for the purpose of restricting movement or access to the individual's body. Devices must be specially designed for mechanical restraint and must be suitable for use with the individual (i.e., in relation to the individual's age, physical size, and wellbeing).

Service Providers must ensure any approved mechanical restraint is maintained in good repair and used as per the stated manufactured purpose. Mobility aids can become mechanical restraints if used for behavioural purposes (e.g., applying the brakes to an individual's wheelchair so that they are unable to move it independently). An individual must not be left unattended when mechanical restraints are used; some exceptions may apply for specific restraints that are recommended for medical purposes (e.g., bed rails used to prevent falls while the individual is asleep).

- *Excludes:* use of devices or aids for therapeutic or accessibility purposes, such as the use of a walking frame for someone who requires mobility support.

Physical Restraint

Involves the use of physical force by one or more persons to prevent, restrict, or subdue the normal movement of any part of the individual's body; this includes manual holds, physically moving an individual, or any other physical interaction that restricts the individual's ability to move freely. **Staff utilizing these techniques must have training from a certified physical response program**, such as MANDT or Non-Violent Crisis Intervention Training.

- *Excludes:* physical redirection or physical prompting when this is gentle, brief, and part of a Behaviour Support Plan.

Additional care is required when restraint comprises part of a Safety Plan due to the potential harm the restraint can cause the individual. Use of restraint **must** immediately stop if it places the health of the individual at risk, and/or when the behaviour is no longer critical or unsafe to the individual or others. Service Providers must have emergency preparedness protocols in place to ensure safety in the event of an emergency, including the development of an evacuation plan that includes additional provisions needed to support individuals who have restraints in place for behavioural, and/or medical purposes.

Restriction of Rights

This involves limiting or removing an individual's access to activities, or actions that restrict an individual's autonomy, choices, and any action that impacts an individual's right to privacy. Restriction of rights must be temporary, and actions should occur to reduce rights restrictions and reinstate rights as soon as possible.

Restriction of rights are subject to ethical considerations, as they infringe on an individual's personal freedoms. Some examples of restriction of rights may include:

- Use of electronic surveillance. Requests for electronic surveillance must comply with CLBC's privacy policies and applicable privacy legislation.
  - ***Note:*** CLBC Authorization of a Safety Plan that reflects the use of electronic surveillance does not remove the requirement for Service Providers and Behavioural Consultants to complete a Privacy Impact Assessment.

- Restricting the individual's right to privacy through direct or indirect supervision (e.g., supervising the individual's access to the internet, applying automated parental controls to websites/streaming services, using a sensor/chime/alarm that alerts staff to an individual's behaviour or activity, etc.).
- Implementing inflexible limits or parameters that restrict an individual's choices or autonomy (e.g., for an individual who engages in hoarding behaviour that affects their safety, parameters may include the practice of 'one item in and one item out').

  › *Excludes:* standard safety precautions and reasonable house rules.

5.2 Emergency Use of Restricted Practice

An emergency is an unanticipated and infrequent occurrence or situation where an individual and/or others are at risk of **immediate** harm or injury. In an emergency, a restricted practice may be used without a Safety Plan or authorizations. Service Providers are required to:

- Ensure staff have completed required training and have the necessary skills to respond to emergency situations, including emergency use of restricted practices.
- Ensure necessary documentation and reporting on the emergency use of restricted practices as per CLBC Critical Incidents Policy.

When the identified behaviour is no longer 'unanticipated' (i.e., it has occurred before under similar circumstances, could reasonably have been predicted) or 'infrequent' (i.e., it has occurred on 3 or more occasions in a 12-month period), Service Providers need to revisit the individual's person centred plan, and consider if a Functional Behaviour Assessment and development of a Behaviour Support Plan may be needed. Proactive planning will help Service Providers mitigate the need for restricted practices. Service Providers must notify CLBC as soon as possible if involvement from a Behavioural Consultant is required.

In situations where a Safety Plan was previously in place, and was successfully faded and discontinued, Service Providers may still refer to it in cases of emergency, as defined above; a new Safety Plan is not required. A review of incidents must occur as part of 12-month Behaviour Support Plan Reviews (see **Section 6.1**), and/or as part of an annual trend analysis as per the Critical Incidents: Service Provider Requirements Guide. When the behaviour is no longer unanticipated or infrequent urgent planning is required, up to and including re-development of a Safety Plan if necessary.

5.3 Critical Incident Reporting

Service Providers and Behavioural Consultants must report critical incidents to CLBC in compliance with CLBC Critical Incidents Policy and the Critical Incidents: Service Provider Requirements Guide.

Debriefing is an important aspect of responding to critical incidents. The opportunity to talk about what happened in a safe and supportive environment is key to helping staff, individuals, and others identify ways to anticipate **and prevent** such incidents in the future.

See CLBC's Critical Incidents: Service Provider Requirements Guide for more information.

5.4 Restricted Practices Required for Medical Purposes

Restricted Practices Required for Medical Purposes Only

Restricted practices required for medical purposes **only**, as recommended by a regulated health professional, does not require Behaviour Support Planning and Safety Planning. The parameters for its use must be understood and documented by the Service Provider. In circumstances where only verbal recommendations have been provided for restricted practice for medical purposes, Service Providers are encouraged to request written documentation from the regulated health professional.

When a restricted practice is required for a medical purpose, it can only be used within the parameters identified by the regulated health professional, or the use may be considered a **prohibited practice**.

Restricted Practices Required for Medical and Behavioural Purposes

Sometimes the *same* restricted practice is required for both a medical purpose **and** a behavioural purpose. When this occurs, there must be collaborative planning with involved partners, that includes a:

- Recommendation from a regulated health professional (Service Providers are encouraged to request written documentation of the recommendation and parameters for its use)
- Behaviour Support Plan
- Safety Plan

Important Considerations

Service providers are expected to:

- Identify when Behaviour Support Planning is needed, such as when the individual's diagnosis presents other behavioural needs that must be addressed within the service setting (e.g.: PICA, Prader Willi).
- Consult with involved regulated health professionals to understand the individual's health needs as they relate to the use of restricted practice required for medical purposes (i.e.: diagnosis, prognosis, treatment plan, etc.).
- Understand the parameters for the use of the restricted practice required for medical purposes, including, safeguards, and how staff would recognize when the practice should be stopped.

When uncertainty exists if a behaviour may be the result of a medical or mental health diagnosis or is occurring as a result of a restricted practice required for medical purposes - consult with the involved CLBC Analyst and Facilitator to discuss next steps and identify other partners involved.

Purpose	Involvement From	Requirement	Example
Restricted Practice Required for Medical Purposes **Only**	Regulated Health Professional	1. Regulated Health Professional's recommendation, and documentation	Bed rails needed because leg spasms cause the individual to roll out of bed when they are asleep.
Restricted Practice Required for a Medical **and** a Behavioural Purpose	Regulated Health Professional & Behavioural Consultant	1. Regulated Health Professional's recommendation, and documentation 2. Behaviour Support Plan 3. Safety Plan	Bed rails needed because leg spasms cause the individual to roll out of bed when they are asleep; **and** are put up when staff assist the individual with morning routines if the individual engages in physical aggression.
Prohibited Practice	⊗	⊗	Bed rails used to prevent the individual from independently leaving their bed at night; a practice not required for health or safety reasons and was not reflected in any supporting plans or documentation.

5.5 Prohibited Practice

Prohibited practices, as defined in the Policy, are actions that are reliant on fear, pain, or threats, or that constitute an infringement on the individual's fundamental human rights. They may be criminal as well as unethical and may constitute abuse or neglect under the Adult Guardianship Policy.

Prohibited practices can **never** be used, even in an emergency. If an incident involving a prohibited practice occurs, Service Providers must stop the practice immediately, ensure the individual is safe, and notify CLBC as required by the CLBC Critical Incidents Policy.

Prohibited practices include and are not limited to:

- Punishment or punitive practices that cause physical or emotional harm to the individual (i.e.: hitting, name calling, excessive physical force, use of noxious substances, etc.).
- Medications which are used differently than prescribed:
  - Administration of medications for the convenience of staff, rather than the benefit to the individual.
  - Overuse of medications that interrupts the individual's ability to function in their daily activities on a regular basis (such as in the case of a sedating, or paralytic medication).
  - Use of a psychotropic drug without medical authorization.
  - Misuse or overuse of a drug for a non-therapeutic or non-medical effect.
- Leaving the individual unattended when mechanical restraints are used.
- Seclusion i.e., Involuntary separation of an individual from normal participation and inclusion; the individual is restricted to a segregated area, denied the freedom to leave it **and is left alone**.
- Ongoing removal of personal belongings from an individual's environment; removal or limiting access to adequate food, clothing, heat, access to health care, shelter, safety, unreasonably limiting access to family or support networks.
- Limiting an individual's independence or mobility through removal of accessibility aids (e.g., glasses, hearing aids, wheelchair, etc.).
- Withholding of personal funds, or finances for the purpose of behaviour control.
- Use of a restricted practice for the convenience of staff.

A permitted restricted practice becomes a prohibited practice when used:

- without prior authorization, and not in response to an emergency.
- in a manner other than intended and described in the Safety Plan.
- in a manner other than intended and described by a regulated health professional (i.e., restricted practice required for medical purposes).

5.6 Standard Safety Precautions and Reasonable House Rules

It is important for Service Providers to understand the difference between a standard safety precaution, a reasonable house rule, and a restricted or prohibited practice.

Standard Safety Precaution

A standard safety precaution includes typical practices most people engage in, such as locking external doors at night, careful storage of chemicals, etc. Safety precautions apply equally to everyone in the setting, should be clearly identified, and the rationale for the precaution should be readily apparent.

Please note: Facility requirements as mandated under Part 3 of the *Residential Care Regulation* are considered to be standard safety precautions within a licensed setting.

Reasonable House Rules

Reasonable house rules are based on sound judgement, are relevant, fair to the individual, realistic, and consistently enforced. A good test for reasonability is to consider whether the average observer would agree that the rule makes sense, or that most adults would adhere to the same rule or practice in their own homes.

> *For example: A staffed living program identified that contact with peanuts cannot occur at the home because one individual has severe anaphylaxis. As a safety precaution, this has resulted in a house rule that peanut butter cannot be in the home.*

6. Expected Outcomes

Behavioural supports are intended to reach a point when identified outcomes are achieved. Reviewing progress made toward expected outcomes is an opportunity to reflect on data collected and to ensure that plans remain current, relevant, and effective in addressing the individual's changing needs and circumstances.

6.1 Behaviour Support Plan Outcomes

Expected Outcomes

- The function of the behaviour is understood.
- Precursor behaviours are recognized.
- Safe, planned de-escalation of challenging behaviours occurs.
- Behavioural escalations are prevented.
- The needs and rights of the individual are respected.
- The individual learns meaningful, adaptive, and functional skills.
- The individual's quality of life improves.
- An observed reduction in the frequency, intensity, and duration of the identified behaviour.
- Strategic fading, and eventual elimination of restricted practices when a Safety Plan exists.

› Actions that contribute to the achievement of outcomes

- Identification of de-escalation strategies that are appropriate to different stages of an escalation cycle – from minor precursor behaviours to serious and more critical behaviours.
- Increase in behaviour support skills within the service setting, and consistency in the application of support and service approaches.
- Increase in opportunities for the individual to develop adaptive and functional skills.
- Ongoing review, and data collection.

Behaviour Support Plans – 12-Month Reviews

- Are documented reviews that **must** occur at least every 12 months.
- Documentation may be requested by CLBC.
- When Safety Plans exist, must occur alongside the review of Safety Plans using the *Safety Plan: 6-Month Review Form*, as these plans are interconnected.
- Includes progress made on expected outcomes as noted above.
- Identify action items to be followed-up on during the next review period.

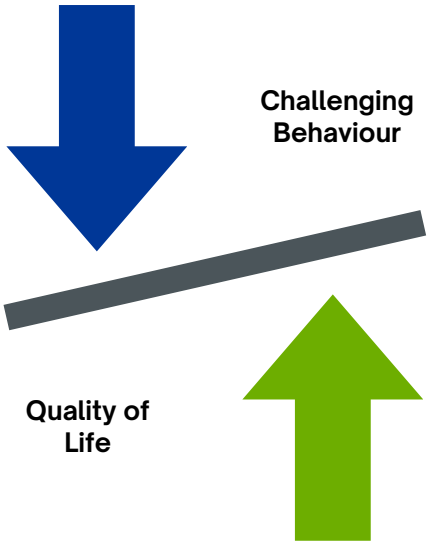
When only a Behaviour Support Plan is present the Behavioural Consultant, in consultation with the Service Provider, might determine that it is appropriate to discharge their services and have the Service Provider continue to implement the Behaviour Support Plan independently. This should be done after evaluating the Service Provider's readiness to implement the plan, providing required implementation support, and identifying that progress is being made on expected outcomes.

Quality of Life

Service Providers and Behavioural Consultants are responsible to align the delivery of services to further the achievement of quality-of-life outcomes, as identified in *Schedule A: Outcomes* of the Terms and Conditions.

Quality of life improvement is the ultimate goal of behaviour support, because when this occurs, the presence of challenging behaviours typically decreases. When this is successful, it can result in an improved experience for others, including staff, families, friends, co-workers, and community members. The focus is always on expanding understanding about the individual and making positive changes in their environment, improving relationships, and supporting meaningful experiences, rather than simply aiming to reduce specific behaviours in isolation of other factors.

When behaviour support is implemented effectively, there will be a reduction in the identified behaviour, **and** a marked improvement for the individual in terms of their quality of life. When positive changes in either of these areas are not occurring – then further assessment and planning is required.



Expected outcomes of Behaviour Support Planning should achieve the following:

Decrease

- in frequency, intensity, and duration of challenging behaviour.
- in risk for harm to the individual and those around them.

Increase

- in skilled, consistent support provided.
- in skills and opportunities for community inclusion.
- in social connections, relationships among friends, family, natural supports, staff, etc.
- in adaptive/functional skills, communication, and self determination.

See **Appendix II: Promoting Success**, for information about approaches that promote quality of life improvements.

6.2 Safety Plan Outcomes

Expected Outcomes

- Minimize risk to the individual and others around them when critical and unsafe behaviours pose a health or safety risk.

› Actions that contribute to the achievement of outcomes

- Planned approaches utilizing the least intrusive interventions possible.
- Consistent utilization of the Behaviour Support Plan strategies.
- Quality of life improvements for the individual.
- Ongoing review and data collection, including gap analysis following incidents of serious or critical and unsafe behaviours.

Since a Safety Plan is written as a supplement or appendix to a Behaviour Support Plan, the expected outcomes for Behaviour Support Plans **must** be achieved alongside outcomes for Safety Plans.

Safety Plans - Six-Month Reviews

- Are documented reviews that **must** occur at least every six months.
- Are recorded on the CLBC *Safety Plan: 6-Month Review Form* and submitted to CLBC by the Behavioural Consultant.
- Must be accompanied by any requests for reporting exemptions made under the *Critical Incidents: Restricted Practice Exemption Framework*.
- Includes a review of all items identified on the *Safety Plan: 6-Month Review Form.*
- Identify action items to be followed-up on during the next review period.

When additional, increased, or alternate restricted practices are identified during the six-month review process, an updated Behaviour Support Plan and Safety Plan must be completed, and authorized.

Fading of Restricted Practices

Safety Plans are not intended to be long term solutions. In keeping with a rights and values-based approach Service Providers and Behavioural Consultants must engage in proactive, positive behaviour techniques, focused on building skills, promoting choice, and changing environments. This in turn should reduce or eliminate the need for restricted practices over time. Therefore, fading, and ultimately discontinuing the use of restricted practice is a key outcome measure for Behavioural Consultants and Service Providers to work towards.

Some restricted practices are in place to *prevent* unsafe behaviours, such as in the case of a specialized seatbelt, and may require a longer window of time to fade.

The requirement to fade restricted practices recognizes that individuals and those working with them have the capacity to grow and change, and challenges Service Providers and Behavioural Consultants to remain vigilant to improve practice in service settings.

6.3 Plan Discontinuation

When it is determined that a Safety Plan, or Behaviour Support Plan is no longer required and can be discontinued, the individual and all involved parties must be notified, with written notification provided to CLBC along with details outlining the decision to discontinue. The notification to discontinue a Safety Plan can occur as part of the six-month Safety Plan review process.

It should be noted that restricted practices that have been successfully faded and discontinued because they were not used in the previous 12 months, may be used in cases of emergency, as laid out in **section 5.2 Emergency Use of Restricted Practice**.

> *When a restricted practice has not been used for 12 consecutive months, the Behavioural Consultant and the Service Providers must plan for the discontinuation of the unused practice by or before the end of the next six-month review period.*

6.4 Not Achieving Expected Outcomes

When expected outcomes are not achieved, further work is needed by the Service Provider and Behavioural Consultant to understand the individual and the situation better, and may include the following actions:

1. Review the Functional Behaviour Assessment

To gather more information, revisit other factors such as emotional and physical health needs, observe the individual, dynamics, and environment more fully, etc., to improve identification of the function of a behaviour.

2. Review the Behaviour Support Plan

To determine if the strategies reflected are appropriate for the individual, and well suited to the environment; and update as required.

3. Consider the effectiveness of plan implementation

Which may require a closer look at how consistently staff implement the person centred plan, Behaviour Support Plan, and Safety Plan in practice. Staff within a program will have different levels of skill and comfort, and some may require greater assistance with learning and implementation.

4. Ongoing learning and skill development

Service Providers and Behavioural Consultants should anticipate initial and ongoing learning needs. A training and maintenance plan may be established to provide opportunities for coaching and mentorship by supervisors and experienced staff. If resources to support additional capacity building or behavioural skills training are needed, the request should be brought forward to CLBC for consideration.

This is a team approach and requires openness to different perspectives from professionals, paraprofessionals, Service Providers, and other partners to circumvent any barriers to plan development, implementation, or achievement of outcomes. Individuals, families, and/or support networks have important perspectives and insight to contribute and should be included as equal partners in understanding behaviours and generating solutions.

7. Roles and Responsibilities – Development and Implementation

7.1 Community Living BC

CLBC's role in the behaviour support process is to determine when Behavioural Services may be required, and to facilitate connections between Service Providers and Behavioural Consultants.

Facilitators plan with individuals, families and/or support networks, and complete the request for service process when additional services are needed, such as involvement from a Behavioural Consultant.

Analysts review *Safety Plan: Six Month Review Forms* to oversee progress made on expected outcomes of Behaviour Support Planning, and Safety Planning. When outcomes are not being achieved, and/or when planning is complex, CLBC staff may participate in planning discussions and progress reviews.

Analysts conduct annual monitoring activities with Service Providers and Behavioural Consultants to ensure policy compliance, and service quality.

See the Policy, **section 3.7.3 CLBC Requirements** for more details.

7.2 Behavioural Consultants

See the Policy, **section 3.7.2 Behavioural Consultant Requirements** and related responsibilities.

Evaluating Readiness and Ability to Implement Plans

The role of Behavioural Consultants extends beyond the development of a Behaviour Support Plan or Safety Plan, as discussed in **4.1 Types of Plans**. Behavioural Consultants also play a role in:

- Engaging with the individual, their family and/or support network to complete assessments, develop plans, and complete reviews.
- Evaluating the environment or service context.
- Developing and describing behavioural interventions before implementation.

- Continual evaluation of behavioural interventions.
- Identifying types of interventions which can be reasonably maintained within the type of support or service environment (e.g., approaches that may be effective in a staffed setting, may not be possible in a shared living environment).
- Addressing conditions which may interfere with or prevent plan implementation.
- Supporting a process of behavioural skills training.

Providing Behavioural Skills Training [1]

Training and skill development are essential components for the successful implementation of Behaviour Support Plans and Safety Plans. The process of learning, and practicing the skills required for behaviour support and interventions is often referred to as Behavioural Skills Training, which is focused on instruction, modeling, rehearsal, and feedback.

When a Behavioural Consultant has developed a Behaviour Support and/or Safety Plan, Behavioural Skills Training is an essential component of transferring knowledge and responsibility to the Service Provider for implementation and may not follow the same path in all cases. Some Service Providers have the capacity to assume greater responsibility with effective Behavioural Skills Training for their staff, while others may require stronger involvement, or re-engagement from the Behavioural Consultant as part of the capacity building process.

Behavioural Consultants, Service Providers, and CLBC communicate and work together to identify the best approach for training, including timelines, sustainability considerations, and outcome measures.

Data Analysis and Review of Outcomes

It is a responsibility of the Behavioural Consultant to work with CLBC to identify trends, and a broader strategy towards improving alignment with the Policy and its guiding principles.

Behavioural Consultants must review incident data, and other information collected by Service Providers to evaluate how effectively Behaviour Support Plan approaches are being used, and whether a plan is meeting an individual's needs. When outcomes are not achieved, it is important for the Behavioural Consultant to work collaboratively with the Service Provider, and other key partners to understand where opportunities exist and to develop a mitigation plan.

Fading of restricted practices is an important outcome measure that Behavioural Consultants must oversee. They are responsible to identify opportunities, or strategies to fade the use of restricted practices, and to work collaboratively with the Service Provider to ensure that reasonable efforts are made, and progress is reported using the *Safety Plan: 6 Month Review Form*.

[1] Gaunt, S.,Karpel, S. & Savino, K. (n.d.). What is Behavioural Skills Training (BST). How to ABA:The Bx Resource. What is Behavioral Skills Training (BST) - How to ABA

CLBC staff may request general data about the number of Safety Plans that exist within a community or region, and the overall fading strategy. While approaches taken to fade the use of restricted practices will be individualized and program specific, the Behavioural Consultant may identify broader opportunities to inform and educate Service Providers or community partners about best practices, and guiding principles of behaviour support.

7.3 Service Providers

See the Policy, **section 3.7.1 for Service Provider Requirements** and related responsibilities.

Service Providers collect and give accurate data to the Behavioural Consultant that informs assessments and plan development and offers feedback as to the effectiveness of a plan following implementation.

Internal Supervision and Oversight

Service Providers ensure that behaviour support as developed for the specific needs of the individual is *implemented*. Service Providers oversee staff performance and learning to recognize promising practice and ensure accountability to the individual by responding to implementation needs promptly. This oversight is required during all stages of Behaviour Support Planning, and Safety Planning including development, implementation, and progress reviews.

Behaviour support is complex and may be overwhelming when implementing changes at first. Service Providers who recognize this and promote healthy program dynamics and values, will have more success with achieving effective outcomes for the individuals they support.

When restricted practices are needed, it is essential that Service Providers have procedures in place to protect individuals against misuse, to oversee the individual's safety, and their physical and emotional dignity during and following the use of these practices. These protocols might differ depending on the type of practice used.

Service Providers must ensure staff:

- Are trained on using least intrusive interventions first, on how to recognize when use of a restricted practice is appropriate, and when it should be stopped due to harm or detriment to the individual.
- Are trained on the safe use of a restricted practice, including ongoing monitoring of the individual during the period when a restraint is used.
- Follow all instructions in the Safety Plan, and/or recommendation from a regulated health professional regarding the procedures and parameters of use.

- Understand emergency response procedures, including procedures specific to supporting individuals who may have environmental or mechanical restraints in place when an emergency occurs (such as a housefire, urgent evacuation, motor vehicle accident, etc.).

Service Providers work collaboratively with Behavioural Consultants and other key partners to ensure timely review of all plans, and progress is made towards expected outcomes. If conditions exist that may interfere with the successful implementation of a plan, further work is required to identify ways of addressing these needs with training, mentoring, environmental changes, service adjustments, etc.

Ongoing Training and Development

Continuous quality improvement in the area of behaviour support is an important focus and may require Service Providers to explore broader education, training, and development opportunities for their staff and sub-contractors. As Service Providers expand their own internal capacity, updates should be provided to CLBC as part of annual monitoring discussions.

Service Providers must ensure their staff involved in supporting an individual with behaviour support meet minimum training requirements:

- Initial orientation to the Service Provider's policies and procedures related to ethics, values, rights, attitudes, behaviour support language and strategies, positive behaviour support, collaboration with professionals, communication techniques, Critical Incident response and reporting, and health and safety.
- Basic certification in interventions related to Behaviour Support Planning, and Safety Planning through a competency-based training program such as MANDT or Crisis Prevention Intervention (CPI), and regular recertification and refreshers as required.
- Training, mentoring, and supervision in the specific strategies and techniques to be used with each individual, as set out in their Behaviour Support Plans and Safety Plans.

When additional support is needed, Service Providers work with CLBC to plan for, and identify resources required to build capacity related to behaviour support, when available.

Appendix I: Policy

Policy Number: SE4.252	**Policy Section:** Supports and Services	**Effective:** May 15, 2012 **Amended:** April 15, 2024
Title: Behaviour Support and Safety Planning Policy	**Executive Sponsor:** VP, Service Delivery and Innovation; VP, Quality Assurance and Indigenous Relations	

Summary

This policy explains what Behavioural Support Plans and Safety Plans are.

It describes how 'restricted practices' may be needed to keep people safe and explains how their use are planned in certain situations.

The policy is part of a set of tools including the *Behaviour Support and Safety Planning: A Guide for Service Providers*.

The policy explains what CLBC staff, service providers, and individuals must do for a safety plan to be approved, and what to do after restricted practices are used.

1. Purpose

The *Behaviour Support and Safety Planning Policy* outlines the responsibilities of Service Providers who directly support individuals with challenging behaviours, Behavioural Consultants who work with these individuals, their families and/or support networks, and CLBC staff.

This policy sets out requirements for the development, implementation, monitoring and review of Behaviour Support Plans and Safety Plans. Compliance with this policy is a service requirement of the *Service Terms and Conditions for Contracts Between Community Living British Columbia and Service Providers* (Service Terms and Conditions).

This policy will be reviewed annually together with the *Behaviour Support and Safety Planning: Procedures and Practice Guide for CLBC Staff* (the Procedures and Practice Guide), or the *Behaviour Support and Safety Planning: A Guide for Service Providers* (the Service Provider Guide). They are applied as one standardized set of requirements and guidance for behaviour support, including the development and implementation of Behaviour Support Plans and Safety Plans.

2. Definitions

Behaviour Support: The strategies and interventions used to reduce challenging behaviour, increase quality of life, and minimize harm. These behavioural interventions are functionally based and are integrated with person centred planning.

Behaviour Support Plan: An individualized, written document developed to inform and enhance the support provided to individuals who have been identified as requiring behaviour support. It outlines specific behaviour support interventions, strategies, and implementation requirements.

Behavioural Consultant:

i. A professional with graduate qualifications (i.e., has completed a Bachelor's **and** Master's or Doctoral degree in Clinical or Educational Psychology or Special Education) or

ii. A Board Certified Behaviour Analyst or

iii. A person who has completed a Bachelor's degree and is under the clinical supervision of a professional with graduate qualifications (as above) and is either:

   a. In the process of completing graduate work (as above), or

   b. Has extensive demonstrated competence in functional behaviour assessment and the development and implementation of Behaviour Support Plans and Safety Plans.

Committee: An individual appointed by the Supreme Court of British Columbia under the *Patient's Property Act* to assume responsibility for managing either or both the personal (Committee of Person) and/ or financial and legal affairs (Committee of Estate) of an adult who has been found "incapable". Committees have the right and the duty to protect the adult or their property and assume full decision-making responsibility on behalf of the adult.

Cultural Safety: An outcome of respectful engagement based on recognition of the power imbalances inherent to service systems, and the work to address these imbalances. A culturally safe environment for Indigenous peoples is one that is physically, socially, emotionally, and spiritually safe without challenge, ignorance, or denial of an individual's identity. Practicing cultural safety requires having knowledge of the colonial, sociopolitical, and historical events that trigger disparities encountered by Indigenous peoples and perpetuate and maintain ongoing racism and unequal treatment.

Functional Behaviour Assessment: a structured process combining direct observation, data collection, and analysis to learn more about the individual, their behaviour, and its function.

Licensed Facility: Any facility licensed under the *Community Care and Assisted Living Act*, and subject to oversight by the Medical Health Officer through each regional Health Authority

Precursor Behaviour: A behaviour that predictably occurs before a more challenging behaviour and can be used to identify that the challenging behaviour is about to occur.

Prohibited Practice: An action that is reliant on fear, pain, or threats, or that constitutes an infringement on the fundamental human entitlements or rights of an individual. Includes the use of any restricted practice in a manner other than authorized. A prohibited practice can never be used.

Representative: A trusted relative, friend or advocate authorized by an adult under the provisions of a Representation Agreement (see Sections 7 or 9 of the *Representation Agreement Act*), to support them with decision making or to make decisions on their behalf when they are incapable of making decisions independently.

Restraint: Use of physical, mechanical, environmental or other means to temporarily subdue or limit an individual's right to freedom of movement.

- Physical restraint – use of physical force by one or more persons to prevent, restrict, or subdue the normal movement of any part of the individual's body
- Mechanical restraint – use of a device to control an individual's movement
- Environmental restraint – restriction of an individual's free access to all parts of their environment, including limiting access to places or items

Restricted Practices: Techniques or strategies that limit an individual's rights, behaviour or freedom of movement, including:

- Restriction of rights and restraint, except
  - Where it is for **medical purposes** as prescribed by a regulated health care professional, and is not required for behavioural purposes

Restriction of Rights: This involves limiting or removing an individual's access to activities or actions that restrict an individual's autonomy, choices, and any action that impacts an individual's right to privacy.

Safety Plan: An individualized, written document designed to address situations where critical and unsafe behaviour has the potential to harm the individual or those around them and restricted practices are needed. The Safety Plan outlines the strategies and procedures to respond to the behaviours and reduce risk, and is linked directly to the behaviour support strategies outlined in the Behaviour Support Plan.

Service Provider: For the purposes of this policy, a person or organization under contract with CLBC to deliver supports and services directly to individuals and implements Behaviour Support Plans and Safety Plans. This does not include agencies providing communication and behavioural support.

3. Policy

3.1 Guiding Principles

These principles are foundational to the behaviour support planning approach and guide the practice of CLBC staff, Service Providers and Behavioural Consultants.

Respect Individual Rights and Identity
Individuals are treated with the same degree of respect and dignity that would be afforded to any citizen. In particular, the dignity, values, cultural safety, cultural identity, sexual orientation, gender identity and expression, and personal choices of the individual must be respected and safeguarded.

Focus on Quality of Life
Behaviour support focuses on benefits for the individual by promoting quality of life in the areas of personal development, self determination, interpersonal relations, social inclusion, rights, and emotional, physical, and material wellbeing.

Prioritize Least Intrusive Interventions
All interventions must be the least intrusive option for addressing the behaviour while ensuring the safety of the individual and others.

Continuous Assessment and Monitoring
Behaviour Support Plans and Safety Plans should be continually assessed and monitored to ensure their effectiveness and to make necessary adjustments.

3.2 Operational Context

3.2.1 Behaviour support planning and safety planning is a collaborative approach between CLBC, Behavioural Consultants, Service Providers, individuals, their families and/or support networks, and community partners. It is an important element of improving individual quality of life that can be incorporated into both formal and informal supports.

3.2.2 Legal authority for the implementation of Behaviour Support approaches that involve restricted practices is derived from individual consent, the *Community Care and Assisted Living Act – Residential Care Regulations*, or the *Adult Guardianship Act*. How CLBC obtains consent for implementation of these approaches differs across scenarios and applicable legislation.

3.2.3 This policy will be reviewed on an annual basis, led by CLBC Quality Assurance working in collaboration with the CLBC Policy department.

3.3 Behaviour Support Plans

Behaviour Support Plans, as defined above, **may** be developed and implemented for individuals who exhibit behaviour that is difficult or unconstructive. They **must** be developed and implemented for individuals who exhibit behaviour that is serious or critical and unsafe.

Behaviour Support Plans:

- Outline an approach for reducing challenging behaviour while enhancing an individual's quality of life.
- Are developed with the involvement of the individual, their family and/or support network, Service Provider staff, and others as necessary.
- Must include a functional behaviour assessment.
- Must not include restricted practices.
- Are led in their development by a person with training and expertise in completing functional behavioural assessments and Behaviour Support Plans.
- Must be made available to Service Provider staff for use and reference.
- Must have copies of plans developed by Service Providers available to CLBC upon request.

3.4 Restricted Practices

Restricted practices:

- May only be used as a planned intervention when they are outlined in a Safety Plan and required authorizations have been provided. See *3.5 Safety Plans* for further details.
- Must not be included in a Behaviour Support Plan.
- May be used without a Safety Plan or authorizations in an emergency, where a person's safety is at imminent risk.

Use of a restricted practice is reportable as outlined in the *Critical Incidents Policy* even when used as part of a Safety Plan. See the *Critical Incidents Policy* for further information. Restricted practices needed for behavioural and medical purposes must be included in a Safety Plan.

3.5 Safety Plans

3.5.1 Safety Plans, as defined above, **must** be developed and implemented when restricted practices are needed in response to critical or unsafe behaviour.

Safety Plans:

- Must be developed by a Behavioural Consultant.
- Can only be put in place as an adjunct to a Behaviour Support Plan with clear links between the behaviour(s) identified in the Behaviour Support Plan and the restricted practice required.

- Are developed with the participation of individuals, their families and/or support networks, who must be fully informed about the rationale for their use, including any proposed restricted practices.
- Must include the key content identified in the **Service Provider Guide - Appendix III: Key Elements of Behaviour Support and Safety Planning.**
- Must include a *Safety Plan: Medical Considerations Form* to ensure consideration of medical factors that may influence behaviour.
- Must be reviewed every six months and submitted to CLBC.
- Must develop a new Safety Plan when restricted practices are added or changed.
- Must be discontinued if the restricted practice(s) identified within have not been used for 12 months, as indicated by critical incident reporting, and/or other data collected.
- Must not have more than one active Safety Plan per individual.

3.5.2 Before a Safety Plan can be implemented, it must be authorized in writing by each of the following:

- The individual and/or their Committee of Person or Representative (as established under Section 9 of the *Representation Agreement Act).* For all licensed settings, consent requirements under the *Residential Care Regulation* apply.
- A qualified Behavioural Consultant, as defined above in **section 2: Definitions**.
- A medical practitioner or nurse practitioner, **if** the Safety Plan includes restraint(s), as defined in this policy, excluding environmental restraints.
- The Service Provider
- A CLBC Service Delivery Manager

3.5.3 Where an individual resides in an unlicensed setting and consent cannot be obtained, or in cases of abuse, neglect or self-neglect, CLBC will determine whether an order made under Section 54 of the *Adult Guardianship Act* is needed to authorize the implementation of a Safety Plan. Prior to making an application for an order, CLBC must follow the Safety Plan development process.

3.6 Temporary Safety Plans

3.6.1 Temporary Safety Plans may be put into place without a Behaviour Support Plan in place where restricted practices are required, and a functional behaviour assessment is being conducted to develop a Behaviour Support Plan. A Temporary Safety Plan can only be in place for **up to 60 days.**

3.6.2 Temporary Safety Plans require authorization from:

- The individual and/or their Committee of Person or Representative (as established under Section 9 of the *Representation Agreement Act*). For all licensed settings, consent requirements under the *Residential Care Regulations* apply.

- A medical practitioner or nurse practitioner, if the Safety Plan includes restraint(s), as defined in this policy, excluding environmental restraints.

3.7 Roles

3.7.1 Service Provider Requirements

Service Providers must:

- Comply with this policy and the *Behaviour Support: A Guide for Service Providers* when developing, implementing, and reviewing a Behaviour Support Plan or Safety Plan.
- Have written internal policies, procedures, and documentation requirements outlining their behaviour support approach.

Safety Plan Development

When a Safety Plan is needed, Service Providers work with CLBC and a Behavioural Consultant to support the development of a Safety Plan.

When restricted practice(s) in one individual's Safety Plan impacts or has potential to impact others, the Service Provider must develop mitigation strategies to limit this impact.

Behaviour Support Plan and Safety Plan Implementation

Service Providers implement Behaviour Support Plans and Safety Plans.

Service providers ensure their staff have access to the plans for implementation and review and that they receive and maintain the necessary training and certifications to implement the plans.

Behaviour Support Plan and Safety Plan Review and Evaluation

Service Providers:

- Review and evaluate Behaviour Support Plans at least every 12 months and update as necessary. Service providers document and track these reviews internally.
- Collect data as per requirements identified in the Behaviour Support Plan and Safety Plan.
- Where there is a Safety Plan, work with the Behaviour Consultant to conduct the Behaviour Support Plan review at six-month intervals to coincide with the Safety Plan review using the *6-Month Safety Plan Review Form*.
- Share data with Behaviour Consultants as part of Safety Plan review process.

3.7.2 Behavioural Consultant Requirements

Behavioural Consultants must comply with this policy and the *Guide for Service Providers* when:

- Developing, reviewing, supporting, and evaluating the implementation of a Behaviour Support Plan or Safety Plan, and
- Working with Service Providers to develop and enhance their capacity for behaviour support planning.

Behavioural Consultants must provide CLBC with finalized copies of all Behaviour Support Plans and Safety Plans.

Behaviour Support Plan Development

Behavioural Consultants must work with the Service Provider, the individual, their family, and/or support network to consider the individual's quality of life when developing a Behaviour Support Plan.

Safety Plan Development

Behavioural Consultants develop Safety Plans to comply with the requirements outlined in *3.5 Safety Plans* of this policy. When developing a Safety Plan, Behavioural Consultants:

- Must develop a behavioural support plan if one is not present when a Safety Plan is required.
- Are responsible for ensuring all the required authorizations are obtained. They can work with Service Providers to collect these authorizations.
- Complete the *Safety Plan: Medical Considerations Form* and obtain the medical practitioner or nurse practitioner's authorization signature.

Behaviour Support and Safety Plan Implementation

Behavioural consultants work with Service Providers on the implementation of each plan and transfer knowledge and/or behavioural skills training to support Service Provider readiness and ability.

Behaviour Support and Safety Plan Review and Evaluation

When there is a Safety Plan in place, Behavioural Consultants must review the Safety Plan and the associated Behaviour Support Plan every six months. This includes:

- Reviewing and, as necessary, renewing any requests for exemption from critical incident reporting requirements as per the *Critical Incidents: Restraint Exemption Framework.*
- Reviewing incident data and other information collected by the Service Provider to evaluate how effectively the behaviour support approaches have been used, and whether the plan is meeting the individual's needs.
- Submitting documentation of this review to CLBC using the *6-Month Safety Plan Review* Form to present a summary and analysis of information and data collected over the six month period.

- Planning for the discontinuation of the Safety Plan together with the Service Provider at the next six-month review, if a restricted practice has not been used in the previous six months.

3.7.3 CLBC Requirements

Facilitators

When behavioural services are required, facilitators:

- Work with individuals, their families and/or support networks to identify potential need for behaviour support planning when assisting with and reviewing an individual's Personal Summary as per the *Support and Planning Policy.*
- Work with Analysts to support Service Providers to access behavioural services for the individuals they support as per requirements and process outlined in the *Resource Allocation Policy*.
- Immediately report any alleged use of prohibited practices to the Service Provider's liaison analyst.

Analysts

Analysts either as liaison to the Service Provider or to the Behavioural Consultant, carry out the processes necessary to support vendors' policy compliance and the implementation of Behaviour Support and Safety Plans. Through their review and monitoring activities, analysts have an important role in understanding whether progress toward or achievement of expected outcomes outlined in the individuals' Behaviour Support and/or Safety Plan(s) is occurring.

When Safety Plans are required, analysts:

- Review all Safety Plans and Behaviour Support Plans to ensure that they meet the requirements set out in this policy and in the *Guide for Service Providers*
- Ensure that all required authorizations have been provided
- Obtain Service Delivery Manager authorization, and
- Escalate issues in Safety Plan development or implementation with regional leadership.

Service Delivery Manager(s)

- Authorize Safety Plans to ensure they are compliant with all requirements
- Review service delivery approach
- Flag issues that may require follow-up. This does not apply to temporary Safety Plans.
- Works with analysts and, as necessary, the Quality Assurance team to resolve or escalate issues in Safety Plan development or implementation that cannot be resolved with Behavioural Consultants and Service Providers.

Quality Assurance

- Ensures organizational compliance with this policy by supporting regions with the review of complex behavioural support and safety planning issues.
- Leads and schedules the annual *Behaviour Support and Safety Planning Policy* review and evaluation. The review is completed with the CLBC Policy department.

References

Adult Guardianship Act

Adult Guardianship Policy

Behaviour Support and Safety Planning: A Guide for Service Providers

Community Care and Assisted Living Act

Critical Incidents Policy

Critical Incidents: Request for Exemption Form

Critical Incidents: Restricted Practices Exemption Framework

Cultural Safety Policy

Ethics Code for Behaviour Analysts

Role of Formal and Informal Representatives Policy

Service Terms and Conditions for Contracts Between CLBC and Service Providers

Safety Plan: 6 Month Review Form

Standards for Home Sharing

Standards for Home Sharing Policy

Standards for the Coordination of Home Sharing

Standards for the Coordination of Home Sharing Policy

Support and Planning Policy

Appendix II: Promoting Success

Incorporating the following elements into planning, development, and implementation of behaviour support helps promote effective outcomes for individuals.

Individualized

Person centred plans, Behaviour Support Plans, and Safety Plans must be uniquely created for each individual. 'Stock' plans and interventions do not meet CLBC requirements.

Trauma Informed Approach

Trauma can occur at any point in an individual's life. Trauma is often rooted in feelings and experiences, so a situation that caused an individual to feel hurt, scared, alone, helpless, or out of control may have a lasting influence (e.g., abuse, neglect, moving to a different home, loss of a friend or preferred staff person, etc.). Many individuals who receive CLBC services are not able to tell their own stories, and so it is possible that an individual's current behaviour "may be [a way] of adapting to and coping with past traumatic experiences"[1] or may be the individual's way of communicating that a situation causes them distress.

An individual's lived experience and diverse history must be acknowledged when completing assessments and developing plans. When history is factored in, the likelihood of developing a trauma-informed plan increases, and the chance of causing future trauma is reduced.

A key component of trauma informed practice is trust. Incomplete, or inconsistent application of a person centred plan, Behaviour Support Plan or Safety Plan can result in distress for the individual because unpredictability contributes to uncertainty. When an individual knows what to expect and that expectations will be the same with **all** staff who support them, their ability to build trust, and strengthen relationships improves.

The emotional impact of using restricted practices must also be considered. While a restricted practice may be used to prevent or reduce harm or injury to the individual and others, it can simultaneously result in the individual feeling unsafe. Service Providers must bring this awareness into their practice and monitor the individual's wellbeing during and following the use of restricted practices, particularly when a restraint is used.

Another important factor in trauma informed practice is self determination. Individuals whose choices and preferences are honoured, are more likely to experience improved outcomes from behaviour support. Service Providers who understand that behaviour is communication, and prioritize individual decision making, will enhance an individual's level of control in their life.

Rajaraman, A., Austin, J., Gover, H. Cammilleri, A. Donnelly, D., Hanley, G. (2022). Toward trauma-informed applications of behaviour analysis. Journal of Applied Behaviour Analysis, 33, 40-61, doi: 10.1002/jaba.811

There may be times when an individual requests their Service Provider support them through the application of boundaries that are restrictive and fall outside the scope of a Safety Plan, a reasonable house rule, or standard safety precaution. When this occurs, Service Providers must use a trauma informed approach to understand why this type of request may be useful for the individual and explore other less intrusive ways they can get their wants and needs met.

Individuals may recover from past traumas through the healthy relationships they build with others and are further empowered in their lives when these relationships support personal development. Enhancing existing skills or developing new functional skills will help improve the individual's quality of life and promote safe and effective services.

Cultural Safety

Behavioural Consultants and Service Providers must ensure that services are delivered to individuals in a way that is culturally safe, as defined in the *Cultural Safety Policy*. When working with Indigenous individuals, it is important to understand and consider how systemic barriers and sociopolitical events, both past and present, play a role in shaping lived experience. Service Provider investment in cultural competency, cultural sensitivity, and relationships is important to understanding individuals and their unique perspectives. Involvement of the individual, their family and/or natural supports in the development and review of plans, will help to ensure supports are provided in a culturally safe way. Refer to CLBC's Cultural Safety Policy and the Cultural Safety - CLBC Service Provider Practice Guide for more information.

Focusing on Quality of Life

Self Determination

It is important to consider approaches that promote greater self determination and independence, such as increasing skills related to communication and decision making.

It is common for an individual to express themselves without speaking, through sign language, facial or physical movements, etc. Some individual's use tools or resources that expand opportunities for non-speaking communication (e.g.: tablets, PECS, speech-generating devices etc.). Individuals are empowered when they are understood, and their choices are reflected in planning, daily tasks, and service delivery.

Personal Development

Personal development includes learning new adaptive or functional skills, as well as helping the individual increase their tolerance for difficult environments or tasks that are important for their wellbeing (e.g.: personal hygiene, vehicle safety, etc.). Service Providers must remember that personal development is not an all or nothing endeavor; every day presents opportunities to practice skills, explore interests, and meaningfully engage. This process takes patience and is often effective when tasks are broken into smaller components, and the individual is supported to take breaks, have opportunities to make mistakes, and to keep trying.

Social Inclusion

For some individuals who present with challenging behaviour, their world becomes smaller because their needs are not well understood. This social isolation contributes to feelings of loneliness, and boredom that can compound the presence of challenging behaviours. Improvements made in the area of inclusion may be demonstrated through opportunities for the individual to be valued for their contributions and have meaningful engagement with others in their community by frequenting favorite places and participating in neighbourhood events. Social inclusion is also a natural safeguard, to ensure individuals are seen, and recognized as members of their community.

Interpersonal Relationships

Friends, family and/or natural supports keep life interesting, provide opportunities for engagement and learning, and support feelings of belonging. Encouraging existing relationships and supporting the development of new ones will make a difference in the individual's life, and also provide a natural safeguard. Support from funded Service Providers is meaningful and valuable, and it is essential that one function of that role is to expand the individual's natural support network. When paid supports are the only significant relationship in an individual's life, this can create uncertainty. The longevity of these relationships is unreliable because staff may change roles, take leaves, or move on from an organization. "The resulting instability and isolation can be devastating for people and is the root cause of many of the problems they experience." [1]

> *The more a person's life is spent within services or only with paid staff, the more isolated and vulnerable they become. We need to ensure that the work we do providing a service doesn't contain a person's life there. – United Response (p. 12)* [2]

[1,2] United Response. (n.d.). Foundations of Good Support. (p 1-18), Retrieved from https://s33156.pcdn.co/wp-content/uploads/Foundations_of_Good_Support.pdf

Appendix III: Key Elements of Behaviour Support Plans and Safety Plans

Functional Behaviour Assessments Involve:

- Interviewing the individual, their family and/or support network, support staff and others who know the individual.
- Directly observing the individual within various environments, and those who work with them to gather information about antecedents and setting events related to the behaviour.
- Reviewing background information including past behaviour plans, medical information, person centered plans, psychological reports, etc.
- Developing a summary, including a hypothesis about the function of the behaviour for the individual.

Behaviour Support Plan Key Content:

- Relevant background information such as health, social and mental health factors, including information about the individual's values, lifestyle, interests, preferences, culture, and spirituality.
- Summary of relevant medical information, including a list of current medications.
- Brief summary of previous Behaviour Support Plans and interventions (if applicable).
- Challenging behaviours are identified, including a clear description of the behaviour, and how often it occurs.
- Function for each behaviour of concern is identified.
- Description of precursor behaviours, setting events, antecedents, and consequences.
- Positive behavioural strategies to be used in response to each behaviour of concern; description of approaches to be used at different stages of an escalation cycle.
- Behavioural goals linked to skill development, communication, and Quality of Life.
- Outcome measurements to be used to determine progress made for the annual review of the plan.
- Training requirements for staff.

Safety Plan Key Content:

- Clear links to the challenging behaviours outlined in the Behaviour Support Plan.
- Clear description of the restricted practice to be used, including details for how, when, where, and by whom.
- Identification of training/certification required for restraint techniques used.
- Timeframes outlining how long the practice may be used for and the conditions in which it must be stopped.
- The approach to fade restricted practice, if known.
- Description of the method used to gather and report data, and method to be used to monitor and evaluate the effectiveness of the Safety Plan.
- How the Service Provider will monitor and assess the individual's safety and wellness, particularly when physical and/or mechanical restraint is used.
- Authorizing signatures.
- Safety Plan: Medical Consideration Form

Appendix IV: Resources

Job Aids, Templates and Tools

Service Providers and Behavioural Consultants can access the following job-aids, templates, and tools on CLBC's website, here.

- Information for Individuals about Behaviour Support
- Information Sheet Behaviour Support
- Safety Plan: 6 Month Review Form
- Safety Plan: Medical Consideration Form
- Q&A Medical and Nurse Practitioners about Safety Plans
- Letter to Medical Practitioner or Nurse Practitioner – Safety Plans

Critical Incident Reporting

- CLBC Critical Incidents Policy
- Critical Incidents: Service Provider Requirements Guide
- Critical Incidents Restricted Practice Exemption Framework

Other Related Behavioural Resources

- Ethics Code for Behaviour Analysts
- National Disability Services of Australia has developed a suite of resources and educational videos related to Positive Behavioural Supports which can be found here: Considering Additional Risk (nds.org.au). Some resources include:
  - A Trauma Informed Approach to Positive Behavior Support
  - Foundations of Positive Behaviour Support Films
  - Recognizing Restriction on People's Lives
  - Positive Behaviour Support eLearning Program

Other Planning and Quality of Life Resources

An effective way to improve relationships, develop trust, and promote quality of life within service settings, is by fostering meaningful engagement in activities and relationships. Active support is one way of achieving this and can be included in an individual's person centred plan, and/or Behaviour Support Plan.

- United Response has developed helpful resources that service providers can refer to related to active support, positive behaviour approaches, and foundations of good support:
  - Active Support: An Essential Component of the Way We Work
  - positive-behaviour-support-and-active-support.pdf (pcdn.co)
  - Four questions to ask when supporting a person whose behaviour can be challenging - United Response
  - Foundations_of_Good_Support.pdf (pcdn.co)
  - Resources - United Response