

<b>Program Area: Child Safety, Family Support and Children in Care Services</b>
<b>Ministry of Children and Family Development</b>
<b>Effective Date: February 7, 2013</b>
<b>Amendment Date:</b>

## Practice Directive

**Practice Directive # 2013-01**

### THE USE OF SAFE ROOMS IN RESIDENTIAL RESOURCES

#### Directive Statement

Effective immediately the use of safe rooms under any circumstances is to be discontinued in all residential resources including foster homes and staffed residential resources.

A safe room is defined as containment of a child within any space from which the child is not able to exit without the permission of another or within which his or her movements may be restricted. This includes seclusion or confinement.

Safe rooms involve the use of a locked door or attendants confining the child for periods of time. Safe rooms do not include behavioural management approaches such as periods of “time out” where a child exercises a degree of cooperation and self control.

#### Key Points

- The use of safe rooms, confinement and seclusion of children for any reason, including behavioural management strategies, is not permitted by ministry policy.
- Policy prohibiting the use of safe rooms, seclusion and confinement in residential resources is addressed in the [Standards for Foster Homes](#) and [Standards for Staffed Children's Residential Services](#).
- In the past, exceptions to this policy were permitted in cases where a child’s behaviour presented significant risk to the safety of the child or others.
- Effective immediately, any current exceptions to this policy are no longer supported and further exceptions will not be approved.
- This Practice Directive applies to all residential resources, including resources licensed under the *Community Care and Assisted Living Act*.
- This Practice Directive does not apply to provincial facilities such as youth custody centres and facilities designated under the *Mental Health Act*.

- In situations where the use of Safe Rooms have historically been used, or it is included in a child's current care plan Ministry and Delegated Aboriginal Agency (DAA) staff should:
  - consult immediately with the child's care team and work collaboratively with the team to identify alternatives to the use of a safe room;
  - contact the relevant Executive Director of Service or Executive Director of Aboriginal Agencies (for DAAs) to inform them of the situation, obtain clinical consultation, support, and direction; and,
  - review the Practice Directive on *Clinical Consultation and Support in Complex, High Risk Child Protection Cases*.

## **References (Relevant legislation, policies, standards, literature)**

[Standards for Foster Homes](#)

[Standards for Staffed Children's Residential Services](#)

[Clinical Consultation and Support in Complex High Risk Child Protection Cases](#)