

1.10.1 Barricading

Regulations and standards

England:

- [Regulation 6: The quality and purpose of care standard](#)
- [Guide to the quality and purpose of care standard](#)
- [Regulation 7: The children's wishes and feelings standard](#)
- [Guide to the children's wishes and feelings standard](#)
- Regulation 11: The Positive relationship standard
- Regulation 12: The protection of Children standard

Wales

- [Social Services and Well-being \(Wales\) Act 2014](#)
- Regulation 25: Respect and sensitivity
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/25/made>
- Regulation 59: Records
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/59/made>

Related Policies

- **Children's Bedrooms**
- **Managing Behaviour Policy**
- **Suicide Prevention Policy**
- **Searches and Confiscation Policy**
- **Ligature Cutter Policy**
- **Safe Practice in Homes Policy**

Related guidance

Incidents Guidance summarises what constitutes an Incident, provides guidance on recording of Incidents, notifications and management reviews.

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1. Introduction

All teenagers are driven to spend time free of adult observation and supervision, this is part of the important identity formation task of adolescence. However, barricading is different to this and we should not dismiss it as 'normal teenage behaviour'. Barricading is where children lock or barricade themselves into a room in a way which prevents Carers from gaining access to the room.

Our young people have typically experienced trauma and adversity in childhood. Although they now need safety and a low stress environment, they can behave in ways that reduces safety and increases stress. As therapeutic Carers we have a duty of care to act quickly and effectively to resolve situations where we cannot physically reach a vulnerable young person.

2. General Principles

Barricading may be reactive – e.g. a response to bad news, shame arising from a difficult interaction, a 'flight' response to perceived danger. Or it may be proactive – this is particularly the case with young people with a history of fire setting, self-harm/suicidal ideation, smoking or substance misuse.

Where there is a risk of barricading this should be considered as part of a young person's Personal Plan and IBSP prior to admission and regularly be updated following admission. All those involved in the care of the young person, including covering Carers and waking night Carers, should have knowledge of the risk assessment and management plan.

Planning and prevention strategies can significantly reduce the risk of barricading. Where children and young people are at a higher risk of barricading, the Manager and Carers should be alert to environmental opportunities for young people to barricade. Ultimately, how we best respond is informed by our knowledge of the child and therefore, our understanding of the risks inherent in their behaviour. Risk assessments and particularly Individual Behaviour Support Plans should be informed by Foundations for Attachment principals.

3 Planning

Children and young people are typically at their most dysregulated in weeks and months following admission, and until Carers become attuned to their needs. It is therefore important that as much information as possible is gathered prior to admission in order to allow for effective planning. It is important to know whether young people have used or attempted to use barricading, including locking themselves in rooms or using significant threats intended to deter entry to bedrooms, in previous placements.

It is important to know whether this has been reactive, and in response to what stimulus? Or, proactive, with the goal of what outcome? This information should be addressed in the Young Person's Personal Plan/My Life Plan, Risk Assessments and their Individual Behaviour Support Plan.

Where it is possible to meet with a young person or their representative prior to admission, they should participate in an initial planning discussion regarding the structure, routines and boundaries of the home. This will include those circumstances where a Carer may enter a room, including the bathroom, against the expressed wishes of the young person should they feel the child's safety is compromised. This information should be reflected in the Welcome Book or Young Person's Guide to the home. This is especially important where a young person is considered to be at risk of self-harm/suicide, fire setting, sexually harmful behaviours, smoking or substance misuse. Barricading will form part of this discussion.

Personal Plans/My Life Plans will regularly be updated with new information and strategies relevant to the care of the child or young person. Any new strategies or plans will be developed in discussion with the young person to ensure that they have a good understanding of how Carers are likely to respond to increased levels of risk.

4. Prevention

The most easily managed strategies for the prevention of Barricading are environmental.

Most doors in Bryn Melyn homes open outwards to prevent barricading. Where this has not been possible, for example a bedroom door at the top of the stairs, young people at a high risk of barricading should not occupy these rooms. Where there is a high risk or history of barricading, clutchless locks should be fitted to prevent young people holding the lock against Carers.

Furniture can be fixed to the floor to prevent its use as a barricade. It is important to be aware that most things may be used to prevent a door from being opened including toilet rolls and towels, cushions and clothes. These should be factored into any environmental assessment of the home where barricading is a risk. Managing the environment should be part of every young person's IBSP and Risk Management Plan.

A child who is at significant risk as a result of barricading should not be placed in home where the environmental risks cannot be safely managed. For example, a young person at a significant risk of fire setting, suicide or extremes of self-harm should not be placed in a home where the doors do not open outwards.

Understanding *why* children and young people barricade is a vital part of prevention. Therapeutic parenting involves high nurture and high structure. So, we must listen to the child and we must ensure we act from what we know of their hidden and expressed needs. Clinical Consultations, supervisions and team meetings must be used to develop our knowledge and understanding of the issues, and to drive interventions and practice that reduce a young person's need to rely on these coping strategies.

5. Action

If children lock or barricade themselves in a room in order to prevent access by Carers, the actions that are necessary will depend on the risks posed. If at all possible, Carers must act in a way which reduces or prevents the need to act with force but, if the risks escalate to an extent that forced entry is necessary, Carers must act in accordance with the strategies outlined in the young person's Risk Assessments, Management Plans and IBSP. The following is intended as a guide, but interventions must always be specific to the strategies outlined in the individual young person's documentation.

5.1 Low Risk

If the risks are low, meaning that there is no perceived risk of injury, damage to property or of any offence being committed;

- the situation should be monitored
- efforts made to obtain the children's co-operation to resolve it satisfactorily.

The strategies that should be adopted will depend on

- our understanding of the child's needs,

- the child's level of understanding
- the circumstances on the day (is it proactive, reactive? etc.).

Carers should do what they can to maintain a low risk, and not escalate the situation, bearing in mind that it is important to resolve the situation as soon as possible. Children should never be left to 'come out in their own time' on the presumption that they are ok.

5.2 Increased Risk

If there is a risk of Injury, damage to property or of an offence being committed, the actions which Carers should take depends on the immediacy and seriousness of those risks. If other vulnerable children or Carers are barricaded in the room against their wishes, action should immediately be taken to gain entry. Other Carers on duty as well as the Registered or on-call Manager should be consulted before actions are taken if at all possible. However, it is for those Carers, on the spot, to decide what actions are necessary, having considered all the risks and strategies that are available to them.

The strategies that should be adopted will depend on

- our understanding of the young person's needs (history of suicide/self-harm, fire setting, hidden needs)
- level of understanding of the young person
- any other circumstances on the day (is this proactive or reactive?)

Carers should

- Briefly attempt to gain the young person's co-operation, and inform them that Carers may need to force entry.
- Take action to gain entry to the room.
- If necessary, and with the agreement of the Registered Manager or on-call Manager, emergency services may be contacted for assistance.

6. Notifications and Management Review

There are different notifications procedures depending on whether matters are concluded with or without the co-operation of children.

6.1 With co-operation: No Incident occurs

If concluded with the co-operation of the child or young person in that no Incident occurred, the Registered or on-call Manager should be notified at the first opportunity; the Registered Manager will decide whether to notify the relevant social worker.

6.2 Without Co-operation: An Incident occurred

Where entry is forced it is deemed to be an Incident. The Registered or On-Call Manager should be informed and child's Social Worker must be notified within 24 hours or as soon as practicable thereafter.

Depending on the seriousness of the Incident, other people/agencies may have to be notified, see **Delegated Authorities and Notifiable Events**.

The Manager must conduct (and record) a debrief with the young person and Carers as near to the event as possible. Risk assessments and IBSP must be reviewed in the light of any new information gained. See **Incidents General Guidance**

7. Recording

Recording procedures depend on whether matters are concluded with or without the co-operation of children. If there has been no previous occurrence of barricading, the Personal Plan/My Life Plan, risk assessments and the IBSP must be updated accordingly and intervention strategies recorded.

7.1 With Co-operation

If concluded with the co-operation of the child(ren), in that no Incident occurred, it should be recorded in the child's WISL with detail in a Significant Event and noted in the Daily Log.

7.2 Without Co-operation

If an Incident occurred, the records that should be completed will depend on the actions taken by Carers.

Please refer to **Incidents - General Guidance**, for a summary of the actions and records that must be undertaken.

Key/Link worker sessions and house meetings should follow to allow the child(ren) or young person to help develop our understanding and contribute to planning and prevention for the future.

Revision History

Date last updated: July 2020

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End