National Autistic Society

Guidelines on withdrawal and seclusion in educational and care settings

Guidance

Guidelines on the use of seclusion in educational and care settings

This guidance is supplementary to our framework of best practice in supporting autistic people. It is intended to help provisions preparing for an assessment as well as those carrying out the assessment. Provisions are advised to also refer to relevant statutory and non-statutory guidance from government bodies.

Understanding withdrawl spaces

Many schools and other settings will have a designated area which offers an autistic person respite from an environment where they are becoming distressed or experiencing sensory overload, and where it might be easier for them to self-regulate. This supportive space could be described using terms such as chill-out zone; calm corner; break-out area; quiet space; sensory tent etc

Creating a supportive environment

When we visit a setting, we expect to see that the withdrawal space is maintained as a safe, dignified and comfortable environment with relaxing and attractive décor. Low arousal does not mean that an area is barren, starkly or poorly lit or devoid of decoration

Items and activities which help the individual to self-regulate should be made available, such as sensory chews, fidget items, noise-cancelling headphones, bean bags, puzzles, mindfulness colouring in books etc.

We would expect a member of staff to stay in close proximity to the individual and, where appropriate, provide reassurance and engage the individual in calming activities. However, we recognise that some autistic individuals will find it easier to self-regulate if staff avoid direct social interaction and give them some space.

The designated withdrawal space should ideally be located close to their primary learning environment. This proximity minimises the need for extended transitions, helping to reduce potential anxiety or sensory overload during periods of regulation or downtime.

The transition to and from this space should be supported through clear, consistent routines and visual cues, enabling the young person to move between environments with confidence and predictability.

Whilst an autistic individual may visit a withdrawal space at the request of staff, we consider it good practice to see evidence that autistic individuals are developing autonomy and self-awareness in recognising and being able to access a withdrawal space when it would be helpful for them to do so.

Guidelines on the use of seclusion in educational and care settings

Monitoring use and impact

The time spent in a withdrawal space and how frequently it is used should be closely monitored to ensure that it does not impact on their social inclusion or access to activities. If a withdrawal space is being used frequently, it may indicate that aspects of the primary environment are not meeting the individual's sensory, emotional or social needs. We recommend conducting a structured environmental audit to identify potential stressors or barriers within the setting. This allows for targeted adaptations that can reduce the reliance on withdrawal and promote greater participation and comfort within the shared learning environment.

Access to a withdrawal space should be combined with other approaches, which in the long-term help an individual to self-regulate or avoid distress within their current environment when retreat to a withdrawal space is not an option, such as when out in the community.

The use of withdrawal spaces should be regularly monitored and reviewed, as evidence suggests that spaces initially intended for voluntary use can, over time, drift into becoming settings of seclusion if not carefully managed.

Seclusion in practice

Whilst an autistic individual may visit a withdrawal space at the request of staff, we consider it good practice to see evidence that autistic individuals are developing autonomy and self-awareness in recognising and being able to access a withdrawal space when it would be helpful for them to do so.

We do not expect to see an autistic individual transitioned to or kept in a withdrawal area under duress or prevented from leaving, as this would be considered seclusion.

Provisions should be aware that, like all forms of restrictive practices, seclusion has a high risk of causing trauma and contributing to long-term mental health issues.

We would expect seclusion to only be used in an emergency to avert an immediate risk of significant harm to the individual or others, where no less restrictive option is available. We expect settings to ensure that seclusion does not become routine practice or a 'default' response to distressed behaviour. Rooms should not be set aside for the sole purpose of seclusion or seclusion referenced in support plans.

Guidelines on the use of seclusion in educational and care settings

Policy

Policies and staff guidance should ensure that staff are aware that individuals are likely to experience seclusion as trauma and should avoid implying that seclusion has any positive therapeutic value. There should be safeguards in place before, during and after seclusion takes place, consistent with statutory and non-statutory guidance.

Expectations for Accreditation

Autism Accreditation expects that any incident which results in an individual being secluded in a separate room against their will should be followed up by a multi-professional review of why proactive and preventative strategies and de-escalation techniques proved to be ineffective. It should lead to changes in the individual's support plan to hopefully avoid a further incident.

The setting should closely monitor the use of seclusion to identify any patterns (for example, individuals and staff involved; what happened before it etc). It should be able to demonstrate a trend showing that seclusion is being used less frequently as staff become more skilled and confident in the use of non-restrictive approaches and strategies.

For further support to enhance your practise please visit our Autism Accreditation pages to find out more

National Autistic Society

The National Autistic Society is a charity registered in England and Wales (269425) and in Scotland (SC039427)