

Restraint Reduction and the use of Restrictive Practice in Schools Policy

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Scope

This policy applies to all children, young people, and adults supported within National Autistic Society schools. It is relevant to all staff, volunteers, and professionals working in these settings who may be involved in the planning, delivery, or oversight of support involving restrictive practices.

Purpose

This policy outlines the National Autistic Society's commitment to the reduction of restraint and the minimisation of restrictive practices within its schools. It reflects the organisation's core philosophy of promoting dignity, respect, and the rights of all children, young people, and adults in our care.

The use of any restrictive intervention must be guided by the principle of safety for the individual and those around them and must always be a last resort.

Important Note

Where a child, young person, or adult is referred for admission (Admissions Policy SO-0230) to a National Autistic Society school and their documentation indicates that seclusion or restraint is required as part of their behaviour support plan, this must be escalated to both the Director of Education and the Assistant Director of Education for review and approval.

Introduction

The National Autistic Society recognises that autistic children, young people, and adults may, at times, experience significant distress. This distress can manifest in behaviours that are perceived as challenging and, in some instances, may pose a risk of harm to the individual, their peers, staff, or members of the public. These behaviours may appear unpredictable and can be distressing for all involved. As an education provider, our primary responsibility is to ensure the safety and wellbeing of all individuals in our care. This policy is underpinned by the need to balance the right to liberty, dignity, and respect with the duty to protect individuals from harm. This principle is aligned with the Restraint Reduction Network (RRN) Key Strategy 1 and forms the foundation of our approach to reducing restrictive practices.

Legal Context

There is no single statute that comprehensively governs the use of restraint in educational settings. Instead, the legal framework is shaped by a combination of common law principles and statutory provisions, including Section 93 of the Education and Inspections Act 2006, which permits the use of reasonable force by school staff to:

- Prevent the commission of an offence.

- Prevent personal injury or damage to property (including self-injury).
- Maintain good order and discipline within the school environment.

The use of physical intervention must always be lawful, necessary, and proportionate. Unauthorised or excessive use of force may constitute a criminal offence and could result in disciplinary action or prosecution. Any physical intervention that causes harm or injury, without legal justification, may be considered assault.

Under common law, reasonable force is permitted only when there is a genuine belief that harm is imminent. The force used must be the minimum required to prevent harm and must be proportionate to the risk. Actions taken in bad faith or involving excessive force fall outside the protection of the law.

Restrictive practices must only be used in exceptional circumstances and as a last resort to ensure the safety and welfare of the children, young people and adults we support. Staff must be able to demonstrate that all less restrictive alternatives have been considered and found ineffective.

The Studio 3 Managing Signs of Distress framework, which includes training in Low Arousal Approaches, equips staff with non-aversive strategies to prevent and reduce the need for restrictive interventions. These approaches focus on de-escalation, stress reduction, and understanding the individual's experience of distress. As staff develop their skills and understanding, reliance on restrictive practices is expected to reduce, in line with the Restraint Reduction Network's Key Strategy 4.

The UK Government's guidance, Reducing the Need for Restraint and Restrictive Intervention (2019), outlines the following key principles:

- All forms of physical intervention, including the threat of force, are governed by criminal and civil law.
- Unnecessary or inappropriate use of force may constitute assault and infringe upon the rights of the individual under the Human Rights Act 1998.
- Restrictive interventions must only be used when absolutely necessary, in accordance with legal and ethical standards, and must always respect the dignity and rights of the individual.
- Restrictive practices must never be used as a long-term solution. There is particular concern about their institutionalised or repeated use.

Staff must act in accordance with this policy and ensure that any intervention is justifiable, proportionate, and aligned with best practice. All efforts should be made to provide high-quality support and teaching that reduces the likelihood of distress and the need for restrictive practices.

Commitment to RRN Standards

The National Autistic Society is committed to the Restraint Reduction Network Training Standards, which promote:

- The protection of fundamental human rights and the use of person-centred, therapeutic approaches.
- Improved quality of life for both those being supported and those providing support.
- A reduction in the use of restrictive practices through prevention, de-escalation, and reflective practice.
- A deeper understanding of the root causes of behaviour, recognising that many behaviours stem from unmet needs.
- The use of restrictive interventions only when absolutely necessary, and in the safest and most dignified manner possible.

These standards also include codes of practice for both trainers and trainees and are supported by six key strategies for restraint reduction.

The 6 key strategies for restraint reduction

The National Autistic Society adopts the Restraint Reduction Network's Six Key Strategies as a framework for embedding a culture of safety, dignity, and respect across all schools. These strategies guide our commitment to reducing the use of restrictive practices and promoting positive, person-centred support.

Strategy One: Leadership

The National Autistic Society establishes a clear mission, philosophy, and set of values that prioritise non-coercive, respectful approaches to support. The Assistant Director Operations and Strategy and the National Lead in Low Arousal and Behaviour Management Lead commit to developing, implementing, and monitoring a comprehensive restraint reduction plan. This plan is regularly reviewed to ensure continuous improvement and alignment with best practice

Strategy Two: Data Collection

The Assistant Director Operations and Strategy and the National Lead in Low Arousal and Behaviour Management Lead will use a systems-based approach to evaluate the effectiveness of restraint reduction plans.

The education directorate identifies and monitors key performance indicators that reflect outcomes for children, young people, and adults. Data is used to inform decision-making, drive improvement, and ensure transparency and accountability.

Strategy Three: Workforce Development

Staff are equipped with the knowledge, skills, and confidence to prevent and respond to distress in a safe and supportive manner. Studio 3 training focus' on understanding the causes of distress, de-escalation techniques, and the use of restraint only as a last resort. Competency-based training ensures that staff can manage risk while upholding the rights and dignity of those they support.

Strategy Four: Using Prevention Tools and Strategies

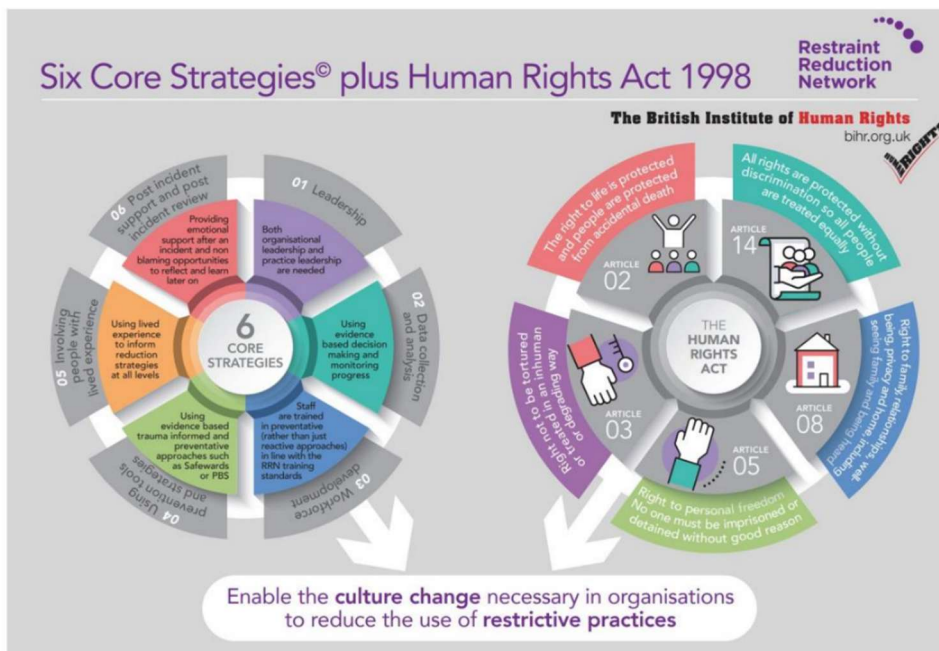
Personalised support and proactive support centred to the individual needs of each child, young person, or adult. Restraint reduction tools and personalised planning are used to inform proactive strategies that reduce the likelihood of distress and promote emotional regulation, communication, and independence.

Strategy Five: Involving People with Lived Experience

The National Autistic Society is committed to ensuring that children, young people, adults, and their families are actively involved in shaping the support they receive. Each school must create meaningful opportunities for individuals to participate in a variety of roles within the school community. Their insights and lived experiences should directly inform continuous improvement of schools.

Strategy Six: Post Incident Support and Post Incident Review

Post-incident debriefs reviews and reflective practice are embedded into the organisational culture. These processes support learning, emotional recovery, and school development. Lessons learned from incidents are used to refine practice, improve outcomes, and reduce the likelihood of future restrictive interventions.



Restrictive Physical Interventions (RPI's)

All children, young people, and adults supported by the National Autistic Society who require any form of supportive strategy will have an Individual Support Plan (ISP) and a Risk Assessment Management Plan (RAMP). This plan outlines the individual's preferences, strengths, aspirations, and the proactive and reactive strategies required to support them effectively and safely.

Restrictive practices are categorised as either planned or unplanned interventions. Further detail on these categories and their application can be found in the Restrictive Practice Procedure (SO-0040PR).

Where a restrictive intervention is used with an individual who has underlying health conditions, medical attention must be sought immediately, in line with RRN Key Strategy 5.

Duty of Care

All staff within the National Autistic Society have a legal and ethical duty of care to the children, young people, and adults they support. This duty requires staff to take reasonable steps to prevent foreseeable harm and to act in a way that promotes safety, dignity, and wellbeing at all times.

This principle is closely aligned with RRN Key Strategy 1 (Leadership) and Key Strategy 4 (Personalised Support), which emphasise the importance of ethical decision-making, person-centred care, and the reduction of restrictive practices through proactive and preventative approaches.

Staff must also be aware that 'failing to act' when action is clearly required to prevent harm can also constitute a breach of duty of care. All decisions must be made using the best available knowledge at the time and in accordance with this policy, relevant legislation, and professional standards.

Best Interest

Any restrictive intervention must be demonstrably in the best interest of the individual. Staff must be able to show that:

- There was a clear, imminent, and immediate risk of harm to the individual or others.
- All less restrictive alternatives were considered and/or attempted.
- The intervention was necessary to prevent greater harm.
- The action taken was reasonable and proportionate to the level of risk.
- The decision was made with the individual's rights, preferences, and dignity in mind.

When these conditions are met, the intervention may be legally and ethically defensible.

Where possible and appropriate, the views of the child, young person or adult, their family, or advocates should be sought and considered when making decisions around their best interest. Acting in a person's best interest also includes recognising when not intervening could result in greater harm. This principle supports the RRN's emphasis on ethical, person-centred practice and reinforces the importance of reflective decision-making in high-risk situations.

Reasonable and Proportionate

All restrictive practices must be:

- Reasonable: the minimum force necessary to prevent harm.
- Proportionate: appropriate to the seriousness and immediacy of the risk.

Decisions must be based on the best available information at the time and reflect a commitment to the individual's safety, dignity, and rights.

Social Validity

Staff must remain mindful of how any intervention may be perceived by others. Interventions should always reflect how we would wish ourselves or our loved ones to be treated in similar circumstances. This principle of social validity reinforces the importance of dignity, transparency, and accountability in practice.

Seclusion

The National Autistic Society does not support the use of seclusion or segregation in its schools unless in specific circumstances (see Restrictive Practice Procedure SO-0040).

Seclusion is defined as the supervised confinement and isolation of an individual away from others, in a space they are not free to leave. Under the Children Act 1989, any practice that restricts a child's liberty, such as seclusion or enforced 'time out', may constitute a deprivation of liberty and is only lawful in very specific circumstances.

The Human Rights Act 1998 further protects individuals from unlawful deprivation of liberty. Article 5 enshrines the right to liberty and security, and it is unlawful to confine a child or young person without legal authority, even if they are unaware, they are being confined, except in an emergency.

Staff Training and Competency Development (RRN Key 1-6)

In line with RRN Key Strategies 1–6, all training related to physical interventions and restrictive practices must be:

- Needs-led - based on the assessed needs of the children, young people, and adults supported.
- Tiered- aligned with the level of risk and complexity within each school.
- Planned and monitored - supported by a training proposal and Restraint Reduction Plan and subject to regular review by the National Lead in Behaviour Management and Low Arousal and the Assistant Director of Education.

Training must equip staff with the competencies to:

- Understand the causes and of signs of distress.
- Apply proactive, preventative, and non-restrictive strategies.
- Use restrictive practices only as a last resort, and in the safest, most dignified way possible.

Training must be delivered to the highest tier required for the school in which the staff member works. This ensures that restrictive practices are minimised, and that clear, evidence-based reduction strategies are in place.

All training and practice must be reviewed regularly to ensure:

- The use of restrictive practices remains justified and necessary.
- There is a clear trajectory toward reduction and elimination.
- ISPs, RAMPs, Reduction Plans and proactive strategies are effective and embedded in daily practice.

Tiered Framework

The National Autistic Society adopts a Tiered Framework to ensure that staff training is proportionate to the needs and behavioural presentations of the children, young people, and adults in each setting. This approach ensures that interventions are appropriate, proactive, and aligned with the principles of the Low Arousal Approach and the Managing Signs of Distress framework.

Tier One

Tier 1 applies to settings where individuals present with no or minimal signs of distress and are considered low risk. Staff working in these environments are expected to:

- Demonstrate a strong understanding of the Low Arousal Approach.
- Be highly aware of their own behaviour, emotional regulation, and the impact of the environment.
- Use proactive, preventative strategies to maintain a calm and supportive atmosphere.

Tier Two

Tier 2 applies to settings where individuals may present with moderate levels of distress, including increased frequency or severity.

Staff in these environments must:

- Be trained and highly skilled in Studio 3 tier 2 techniques.
- Apply the Low Arousal Approach consistently.
- Be aware of environmental triggers and potential risk.
- Use structured de-escalation strategies to reduce the likelihood of crisis situations.

Tier Three

Tier 3 applies to settings where individuals present with high levels of distress, including frequent or severe distressed incidents and a higher use of restrictive practices, including unplanned interventions.

Staff in these environments must:

- Be trained and highly skilled in the use of the physical skills and skills taught in the 3 Day Managing Signs of Distress training.
- Be highly skilled in the safe and ethical use of physical interventions.
- Maintain a strong focus on proactive planning, risk reduction, and reflective practice.
- Apply the Low Arousal Approach consistently.
- Develop insight into the diverse and complex experiences of individuals, including the impact of trauma.

Tier Four

Tier 4 is reserved for exceptional circumstances where the children, young people or adults require bespoke or non-standard restrictive interventions that fall outside the standard Managing Signs of Distress framework, a formal referral must be made to the National Lead in Behaviour Management and Low Arousal directly from the school's principal. In these cases, staff must receive specialist training approved by Studio 3 Training and Consultancy.

Roles and Responsibilities

Clear roles and responsibilities are essential to ensure the safe, ethical, and lawful use of restrictive practices. The following outlines the responsibilities at each level of the organisation:

Trustees

- Review and approve the policy on the use of restrictive practices.
- Monitor the reduction and use of restrictive practices on a quarterly basis, ensuring alignment with organisational values and legal obligations.

Director of Education and Children's Services

- Oversee the implementation and compliance of this policy across all educational settings.
- Regularly monitor the use of restrictive practices and ensure data is used to inform improvement.
- Ensure appropriate internal and external resources (eg clinical, therapeutic, counselling) are allocated to support both the individuals in our care and the staff working with them, particularly in response to serious behavioural concerns.

Principals

- Ensure full implementation of this policy within their school.
- Maintain robust recording and reporting systems for all incidents involving restrictive practices.
- Ensure all relevant staff receive appropriate training in restrictive practices, including regular 12 monthly refreshers (currently delivered by licenced internal Studio 3 trainers).
- Support staff in developing risk assessments and positive behaviour support plans, seeking internal or external expert input where necessary.
- Ensure that behaviour support plans are shared with parents, carers, advocates, commissioners, and, where appropriate, with the children and young people themselves, recognising the importance of informed consent and upholding dignity and respect.
- Conduct regular reviews and monitoring of all behaviour support and intervention plans.

All Staff

- Act at all times in the best interests of the children, young people, and adults they support.
- Participate in all required training related to restrictive practices and apply the principles and strategies consistently.
- Ensure they are clear on the legal and ethical boundaries of restrictive practices, seeking clarification when needed.
- Use supervision, reflective practice, and support sessions to deepen their understanding of this policy and identify areas for personal development.
- Follow all recording and reporting procedures accurately and promptly.
- Contribute to the development and review of positive behaviour support and care plans, promoting best practice and person-centred approaches.

Complaints

Children, young people, adults, parents, carers, and guardians have the right to raise concerns or make complaints regarding the use of restrictive practices. All concerns should be addressed through the Complaints and Compliments Management Policy (QS-00010).

Allegations against staff

In line with Keeping Children Safe in Education 2025 the process of dealing with allegations, concerns or complaints against Staff, the Principal, Trustees or Volunteers can be found in Appendix 4 of the Schools Safeguarding Children and Young People (Child Protection) Policy (SO-0189).

Whistleblowing

All employees of the National Autistic Society have a duty to report concerns about care practices, including the inappropriate or unlawful use of restrictive interventions. Staff are encouraged to raise concerns in line with the organisation's Whistleblowing Policy, which provides guidance on how to report issues safely and confidentially.

References and Resources

Law

- [Children Act 1989](#)
- [Mental Capacity Act 2005](#)
- [Human Rights Act 1998](#)
- [Education and Inspections Act 2006](#)

Statutory Guidance and Regulations

- [Department for Education - Keeping Children Safe in Education 2025](#)
- [Department for Education - Working Together to Safeguard Children \(2023\)](#)
- [The Education \(Independent School Standards\) \(England\) Regulations 2014](#)
- [Department for Education - Use of Reasonable Force in Schools \(2013\)](#)

Restraint Guidance and Resources

- [Restraint Reduction Network](#)
- [Restraint Reduction Network Training Standards \(2020\)](#)
- [Department of Health and Social Care and Department for Education - Reducing the need for restraint and restrictive intervention \(2019\)](#)

Related Documents

- Information to be recorded for each use of a restrictive physical intervention
- Non-restrictive and restrictive intervention practice
- Restrictive practice form
- How to complete the restrictive practice form
- Procedure for admission
- Unplanned response reporting
- Managing signs of distress framework
- Incident analysis form
- Studio 3 verification sheet
- Protocol for unplanned restrictive practices
- Training request referral form
- Restrictive practice risk management plan (blank)
- Incident management policy (QS-0001)
- Complaints and compliments management policy – schools (QS-0010)
- Schools safeguarding children and young people (child protection) policy (SO-0189)