STEP

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Title:	STEP Policy		
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1. Policy Statement

Our vision statement as a society is: “A society where autism is understood, inclusion is the norm, and every neurodivergent person can lead a fulfilling life.”

In order to achieve this, everything we do must stem from a balanced view of neurodiversity. We must understand that autism and other forms of neurodiversity are simply differences in neurological development and functioning, however some neurological differences may cause challenges in aspects of daily life that could benefit from targeted support. Our support should be underpinned by the recognition that many of the daily challenges faced by autistic and neurodivergent individuals result from unaccommodating environments, rather than because of a “disability”.

In adopting this balanced view of neurodiversity we can derive three important implications for intervention.

Firstly, we must accept, celebrate and account for the individual differences of those who access our services. We must also oppose any attempt to “cure” or “normalise” as there is increasing evidence that trying to impose “normal standards” (whatever they may be) upon individuals can have a damaging effect and lead to “masking”, which is the suppression of natural autistic traits and responses.

Secondly, we must carefully consider the physical and social environment around each person and personalise the support we offer in line with their individual sensory needs. This must be a joint approach, with knowledge and understanding shared amongst everyone supporting an individual, including parents and caregivers, so that we can be consistent, detailed and holistic in our approach. Wherever possible we should work to support autistic and neurodivergent individuals to help them to build self-awareness and understand some of their daily challenges. Through this they can develop skills and strategies to overcome these challenges.

Finally, we must consider those aspects of autism that can cause challenges for those we support. A balanced view would suggest that we should not regard behaviour as being of concern, unless it causes harm or discomfort to the individual, or violates the rights of others. Therefore we must consider whether we are seeing a person showing us characteristics of autism which cause no harm, or cognitive or behavioural phenomena, which might have a detrimental impact on the person’s quality of life if left unaddressed. This requires us to look beyond observable behaviour and consider the sensory and emotional experiences of autistic and neurodivergent individuals, ensuring we do not attempt to reduce or eliminate natural coping and self-regulating strategies, such as repetitive motor mannerisms or “stimming” behaviours. Eliminating such behaviours can lead to individuals being unable to avoid experiences that they fear or dislike, calm themselves, or communicate intense emotions. There is also increasing evidence that atypical developmental processes can actually prove beneficial to that individual’s personal development trajectory; examples are echolalia and hyperlexia as alternative routes into functional spoken language.

2. Our Approach

If we focus solely on the reduction of behaviours that define an autism diagnosis, we fail to consider that these behaviours are the outcome of different underlying neurology. The way we support individuals should instead be informed by their preferences, wishes and aspirations, and take into account their developmental trajectory and natural way of learning. This strengths-based approach to supporting individuals refocuses intervention efforts away from reducing deficits and toward enhancing those activities or skills that naturally lead to learning, social connection and well-being. Intervention efforts should not interfere with unconventional characteristics that cause no harm to an individual or others, such as monotone voice or preference to being alone.

There are poignant accounts from autistic adults who describe the use within early interventions of overbearing physical prompting, ignoring of communication attempts, or outright removal of their right to communicate “no” and how that left them passive, traumatised and vulnerable to abuse. Therefore we must always enable autonomy and choice through the support we provide. To have autonomy one must have functional communication, so we must support every individual in being able to communicate (not simply through speech), so that they can convey how they feel, their choices, likes and preferences. This is a fundamental requirement if we are seeking to personalise the support we provide. Our approach must also be regularly reviewed so that we can ensure we are in fact contributing to the long-term well-being of those we support and promoting autonomy of the individual.

By working closely with those we support, we can develop informed personalised plans underpinned by the above principles. Detailed personalised support plans should reduce the risk of stress, fear or dysregulation – which may result in them reaching crisis. The first step therefore in reducing the use of restraint is to ensure that we recognise those situations or environments which may trigger an emotional reaction in the individual we are supporting, and that we are proactive in our support of them. It is important that we use our knowledge of that person to reduce escalation, calm them, distract them from concern or remove the perceived threat. This is likely to radically reduce the likelihood that any physical intervention will be necessary.

3. Supporting People to Reduce Behaviour that Challenge Us

Rather than talking about “behaviours that challenge” or “behaviours of concern”, we think about the behaviours as a challenge for us. That means not blaming an individual for what they do, but understanding why they do it and considering how to improve their environment and wellbeing so they no longer need to behave in ways that challenge us.

Behaviour is influenced by a combination of two main things:

- Things internal to us, including: our thoughts and emotions; physical and mental health; whether we’re in pain, tired or hungry; past experience; skills and abilities; how we communicate; how much we understand, and what conditions we have.
- Things external to us, such as our physical and social environments, including: if they’re too hot, noisy, crowded, cramped or boring; our access to things we want; our ability to get away from things we dislike; who is with us; how people treat and communicate with us; things we have to do, and how much help we get.

We are more likely to be happy and calm when we are free from pain and anxiety and are in a comfortable place with familiar people we trust. Likewise, we are more likely to be aggressive and angry when we are tired, hungry and in an unfamiliar place, with strangers who don’t understand us.

Behaviours are considered challenging when people see them as socially unacceptable, difficult or dangerous. They can lead to an individual having a poor quality of life and being socially disadvantaged. They include things like shouting, threatening, hurting other people or yourself, and breaking things.

All behaviour has meaning and is a way of communicating. At the North East Autism Society, we take a person-centred approach to understand why someone is behaving in a certain way, and to try to improve their environment so their needs are met in non-challenging ways. That’s why we prioritise effective planning and monitoring to develop proactive strategies and promote early intervention, which ultimately reduces the need for restraint.

We recognise that, in order to effectively reduce behaviour that challenges us, we must provide highly personalised support and be aware of each individual’s needs across all of our services. To do this, NEAS has developed a range of assessment tools which enable us to:

- Carry out a sensory assessment of each person that we support, so that we are aware of processing differences. We can use our understanding in this are to create support plans which remove unnecessary challenges, or which allow us to work with the individual to develop coping strategies.
- Carry out a communication assessment, which allows us to understand receptive and expressive communication (verbal and non-verbal).
- Work in partnership with those we support.
- Understand an individual’s history.
- Understand any additional needs or co-occurring conditions.
- Create person-centred environments.

When crisis does occur, we should support the individual during the early stages where proactive strategies are more likely to be successful by introducing something meaningful to them. For example, rather than using an assault such as a grab to get the attention of others, the individual can be supported to replace this with the use of a communication aid, such as symbols.

A referral would also be made, and further assessment carried out to obtain information on the baseline of the dysregulation and what is displayed once the individual is in crisis. This evidence is then used to develop a STEP Plan for the individual involved. Refer to section 6 of this policy for more information on STEP Plans.

4. Training

All NEAS staff complete comprehensive, mandatory training, which begins with a five-day induction programme and focuses on understanding autistic people, communication and sensory processing, and the implications for practice. It also includes the teaching of breakaway and restraint techniques designed to keep the individuals we support and staff safe, and the legal and moral issues surrounding this. Those working directly with or who have prolonged interaction with the individuals we support must as a minimum be able to correctly perform breakaway techniques.

This must be completed by all staff before their first day of duty and will be followed by workplace induction, in which service managers will help new staff to understand how the Society's policies apply in that specific service. Most importantly managers will support new starters to understand the needs of each individual they will support. This will involve a detailed exploration of assessment materials, details of how autism (or other forms of neurodiversity) affect the individual, as well as a detailed examination of the ways in which they like to be supported, and why.

It is essential for staff to understand the differences in the way an individual processes information or sensory stimulation, so that they can anticipate situations or places which may be challenging, or identify when the individual is being adversely affected by their environment. This will enable staff to support individuals so that they can move away from challenging or dysregulating situations.

Training to provide a more detailed understanding of autism and neurodiversity will then be provided during the first three months of employment. This will be linked with work-based projects so that staff can use newly acquired knowledge to increase their understanding of those they support.

The Society will provide specialist training when the need for it is identified by managers, through team meetings, observations or supervision.

STEP

STEP is the name adopted by the Society to describe our model of support. The name is meant to emphasise that the support we provide will always be personalised to the individual. It is important to emphasise that through a detailed understanding of individuals we can provide support before challenging events or situations cause them to become dysregulated or distressed.

The training provided covers the following areas:

Proactive training

- Autism and neurodiversity awareness
- Person-centred approaches
- Using proactive support to reduce stress or anxiety
- Supporting effective communication
- Understanding the sensory profile and how to support this
- Working in a collaborative way

Reactive training

- Safe use and application of breakaway techniques
- Legal justification on the use of restraint and how to apply this
- Incident recording
- Post-incident management

5. Supporting Training and Development

The Society has a Learning & Development Manager who is responsible for coordinating the support, development and training of staff. They work alongside the STEP Data Analyst who collects data from every service across the Society and compiles weekly reports which helps us to identify services with a higher-than-average use of restraints, or where there is a temporary increase. Following this they will contact managers to explore the reasons for this. The objective of this is to ensure that managers and their teams have access to advice, support and training. Alternatively, managers may wish to contact the team to request advice, support, training or additional resources.

All services hold weekly STEP meetings to discuss their own data and review the support provided for each individual. This in turn supports the society-wide weekly STEP meetings, in which the Senior Management Team (SMT), STEP Data Analyst and L&D Manager meet to discuss the following;

- Discuss emergency referrals where services require additional support, advice or guidance for an individual, referred by managers
- Annual reviews of techniques included within STEP plans

- Discussing services with elevated use of restraint
- Identifying specific training, mentoring or support needs across the Society
- Identifying resource needs
- Reviewing the effectiveness of current training programmes

We also have a STEP Panel that meets once per month which consists of SMT, Data Analyst, L&D Manager and a range of managers and practitioners. This monthly meeting considers information provided by the Data Analyst as well as discussions about the individuals who may require further support.

Promoting STEP and Respect

STEP seeks to enable the individuals we support to achieve a good quality of life and to access and enjoy events or activities that inspire them. All of our support must reflect respect for the individual and their unique dignity.

We can do this by:

- Promoting positive emotions. Happiness is essential for well-being. Positive emotions modelled by staff may inspire positive emotions in those we support.
- Ensuring all individuals we support have access to a wide range of activities which ensure that they remain engaged.
- Creating opportunities for individuals to develop relationships. This may be with family members, peers or staff members.
- Enabling the individuals we support to make a positive contribution through activities, events or other opportunities that may arise. This is likely to promote self-esteem and provide meaning to their lives.
- Supporting individuals towards achieving meaningful goals, as well as recognising and celebrating success.

"Using person-centred, value-based approaches, promoting positive and proactive support and respect to ensure people are living the best life they possibly can, should in theory promote happiness and reduce behaviours of concern and the need for restrictive practices." (Martin Seligman, 2011)

6. STEP Plans

A STEP Plan is a person-centred document which should set out actions which support the individual, including how to reduce their anxiety and support them to regulate. It should describe actions aimed at distracting or deescalating, as well as clearly outlining when a restraint should be used, how and why.

The STEP Plan is developed through evidence-based practice in collaboration with the individual, their family/guardian/advocate and any other significant individuals. This joint approach is essential to ensuring shared ownership of the plan and ensuring it is consistent.

Where the quality of life of another individual may be affected by a new support plan for an individual, the needs of both parties must be considered and addressed.

The plan will provide strategies for structured support in respect of when the individual becomes dysregulated. Strategies must be clearly linked to stated person-centred outcomes and be supported by evidence.

The STEP Plan must clearly identify:

- Ecological/environmental strategies
- Proactive Support Practices
- Focused Support Strategies
- Incident Prevention and Responsive Planning

The STEP Plans must include:

1. Document History
2. All About Me
    a. Person Interests
    b. Communication profile & strategies
    c. Sensory profile & strategies
    d. Routine & structure
3. Indicators of Wellbeing
4. Health Plans
5. How do we get it Right
6. Assessment of dysregulation
7. Liberty safeguards
8. Reactive strategies
9. Risk Management Plan
10. Post Incident
11. Quality & Standards
12. Consent, capacity & best interests
13. People responsible for the plan
14. Review & evaluation

There may be additional sections added to the plan depending on regulatory requirements of individual services.

The team will work collaboratively during this stage to determine whether the individual has the capacity to consent to restrictive practice in accordance with the Mental Capacity Act and the accompanying code of practice. Staff should refer to the Society's Mental Capacity Policy for further guidance.

The STEP Plan should be aimed at achieving outcomes for the individual, such as:

- Beneficial changes to environmental factors

- The development of appropriate skills which are functionally equivalent to the identified factors that the individual displays when dysregulated
- Enhanced management by professionals and stakeholders when the individual reaches crisis

The STEP Plan must be made available to all individuals involved in the person's life including parent(s)/carer(s) and advocates. It is our responsibility to ensure that they are aware of the contents of the STEP plan and have signed that they have seen the contents of this document. We take the assumption if it has not been signed and there is no communication regarding the plan that they had read the contents of the document. In some cases, parent(s)/carer(s) and advocates may refuse to sign the document however through our assessment process, entrance requirements and through this policy we are able to implement what is laid out in the plan. The plan must also be accessible to all individuals in a format and/or language that can be easily understood by everyone involved with the plan.

7. Restrictive Practice

A restrictive practice is any action or intervention that limits a person's rights, freedom of movement, or ability to make decisions. It is making someone do something they don't want to do or stopping someone doing something they want to do. Different types of restraint are collectively referred to as restrictive practices.

The Restraint Reduction Network sates that there are eight different types of restraint that fall under the category of restrictive practices. At North East Autism Society we only permit the use of three of these restraints.

These are:

- Physical restraint – this is the use of direct physical contact by an individual to limit, restrict or subdue another person's freedom of movement or mobility.
- Mechanical restraint – this the use of a physical device or equipment attached to a person's body to restrict movement. The only equipment currently used within NEAS are harness's, buckle boss and backpacks with reins.
- Chemical Restraint – is the use of medication administered to reduce or stop an individual from escalating into crisis. This medication is not considered as part the individuals normal routine but will be administered as PRN, to which a protocol will be in place. Most commonly the medication administered will be antipsychotics or sedatives.

Within our education settings you may come across the term 'seclusion'. Seclusion is broadly termed as keeping someone locked within a room, without access to running water or a toilet. **This is not condoned to be used at NEAS**. Within our education settings seclusion has a different meaning within the context of educational policy. It is described as a non-disciplinary intervention involving keeping a learner confined to a place away from others and preventing them from leaving as a safety measure. What NEAS does not condone is the

use of seclusion to lock or obstruct a doorway to prevent someone from leaving the room. Likewise NEAS does not condone using furniture or objects to restrict someone's movement to or to create a barrier.

It is our intention to minimise the use of restraint and to emphasise sound, proactive support strategies based on the needs, characteristics and preferences of each individual we support.

While staff are trained to implement proactive and reactive strategies, the greatest emphasis should be placed on being proactive in our understanding of the individuals we support, while promoting independence, health and well-being.

The use of restraint of any kind must be a last resort, when all other proactive strategies or other means of supporting an individual have failed, and there must be substantial justification.

On the use of restraint there is 4 areas of justification whereby restraint may be used when all other strategies have failed;

1. Harm to themselves over and above their perceived regulatory threshold, which is stated in their STEP plan
2. Harm to others where it is a continuous assault and with intent to cause significant harm
3. Damage to property where this is significant, requires repairs and causes day to day disruption
4. Any criminal activity

Restraint must be carried out using an agreed technique, which has been approved by a physiotherapist, uses reasonable force (out of necessity) and be used for the minimum amount of time possible. Staff must also show a willingness to disengage as soon as it is safe, and in the best interest of the individual, to do so.

After the use of any restraint there must be a full debrief to establish whether restraint could have been avoided, whether the restraint worked safely, whether further training is required.

While we deliver bespoke training to all staff so they can safely support individuals who may require some form of restraint, in emergency situations our support may vary from the strategies set out in the plan. In this situation, a referral must be initiated immediately by the service manager, which is then discussed at the weekly STEP meeting, to which it will be agreed what further action needs to be taken, this may result in the need to call a multi-disciplinary meeting. Staff should refer to the STEP manual for further details.

Staff will only utilise agreed restraint techniques they have been trained in, and that are listed in the individual's plan. If a technique is not in the individual's plan, only after the agreed techniques have been implemented and failed can an emergency technique be used, to which there must be a referral submitted. We also understand that in times of crisis, as

we work with human beings, unpredictability is a part of this and the techniques taught may be difficult to use. In this case if we are justified, in relation to the 4 areas of justification listed, and the support provided does not lock any joints or is harmful in any way then this is an appropriate response to a behaviour that challenges us.

Individuals involved in restraint should be checked and assessed for any signs of injury or psychological distress and offered the opportunity to be seen by a medical practitioner within 24 hours of the incident. The individual should also be offered the opportunity to participate in a debrief, depending on understanding and capacity, of the incident.

If restrictive practice is integral to the individual's plan, an 'acknowledgement' should be shared with relatives/guardians/advocates and social workers RRN framework. This will be in the form of an email/pre-prepared form.

8. Post-incident support

NEAS recognise that post-incident support is crucial to the well-being of staff and those who access our services.

Debriefing sessions will be promoted to identify key factors leading to and displayed during an incident, to ensure that the individual in question is listened to and supported completely by staff. To support this process staff must ensure that an individual's plan is followed. Where appropriate, the individual will have the opportunity to attend a debriefing session specific to their needs. Staff must take every opportunity to identify positive and negative indicators relating to an individual's well-being during the post-incident period. Medical advice must be sought if the individual is indicating distress, possible harm and/or pain following any restrictive practice. Designated first aid is available within all services and all staff are trained to a basic level with the awareness to trigger designated first aid in the interest of health and safety. Staff must continually refer to the plan throughout this process to achieve personalised and person-centred support to maximise the potential and success of debriefing sessions with the individual at the heart of the process.

NEAS believe that post-incident support is equally significant for staff as it is for the individuals who access our services. Service managers must ensure that protocol is in place within their staffing structure to provide the opportunity for staff to participate in debriefing sessions within 24hrs of the incident happening. A debrief must take place after any incident that is categorised as either level 4 or level 5, due to the severity and intensity of the incident. NEAS recognise the importance of debriefing sessions to provide necessary support to staff at a time where emotions are often heightened, and support is required to channel emotion through discussion. As well as opportunity to talk through the strategies used for proactive and restrictive practice leading up to and during the incident. With that in mind debriefs have two components.

The first component of the debrief is the Staff Welling Check, this is the opportunity for staff to express their feelings out about the incident and talk through their thoughts and opinions. As this component is about staffs' feelings and opinions, we recognise this doesn't

need to be a formal record nor discussed as a group as some staff may not be comfortable talking in front of other staff. The options open to staff are an informal chat with their colleagues, mentor or manager, see appendix B. Or if staff don't want to openly talk with others there will is an option of a Microsoft form to write what their feelings and thoughts are.

The second component of the debrief is the Post Incident Reflective Account, this is the reflective component where staff can discuss the events of the incident and build a clear picture of what happened. As well as reflecting on if the incident happened again, see appendix A. The purpose of this component is to be reflective about the incident and staff are reminded at the beginning of every debrief session that it is not a 'blame game' and that the debrief session can be stopped and resumed at another time.

"A professional debriefing is the opportunity to discuss a stressful situation that you have been involved in, to retell the story in a non-blaming one-to-one situation and to reflect upon what has happened and learn from it." (Brown and Bourne, 1996)

To support reduction in restrictive practice, service managers will use debriefing data to ascertain the preventative measures endorsed by staff and review this information in conjunction with the individual's plan. The service manager will collaborate with staff throughout the process of debriefing to highlight any variance between strategies used and agreed strategies within the plan. It is vital to look at this information closely and discuss this further with staff as the variance could be significant for future support.

9. Recording and monitoring

We strongly recognise the importance of recording (legal requirement) and monitoring in relation to the Society's STEP model. Staff are trained to capture a sequence of events and record data in a sequential order which is crucial to the monitoring and evaluative process.

We record incidents within all services, with the support we provide during that time, into the following categories;

- Non-restraint
- Breakaway
- Restraint

Staff should record any incident where the individual has become dysregulated regardless of whether this has resulted in a breakaway and/or restraint. All incidents must be recorded on MACS within 24 hours to ensure the information provided is a true reflection of events.

Mangers are required to review all incidents within 48 hours of the incident being submitted, ensuring that a secondary staff member has signed if required. This will also allow for managers to speak to staff about the incident if required before signing it off. Staff should refer to guidance on incident reporting for further information.

A debrief session must be made available to staff within 24 hours of the incident. Debrief records should be stored securely in individual staff files. Please refer to guidance on debrief for further information.

We rigorously monitor and evaluate our data recording to identify patterns and develop strategies to reduce the use of restraints.

Staff must ensure that all records are stored safely, and the information held is strictly confidential in adherence to the General Data Protection Regulations. Staff must not share data with outside agencies unless prior consent has been granted by Heads of Service.

In the event of a serious incident staff should utilise the SOS button on MACS to ensure it is reported. This button does not replace any immediate action in response to the event such as calling managers/seniors/ on call manager to initiate a response to an ongoing event. The SOS button is used to notify relevant managers and senior managers of the serious incident and is done so via email, which is why it is important to ensure that there are protocols in place for immediate action if a serious incident does occur.

Reporting to parents or carers

As part of the statutory duty within our schools, any use of restraint must be reported to parents or carers as soon as practicable after the incident. Staff should endeavour to do this no later than the same day. The duty to report applies even if the use of restrictive interventions is agreed with parents as part of the STEP plan.

Whereby staff believe reporting this could cause harm to the learner, they should report it to another parent(s) if practicable. If there are none, this would need to be report to the local authority where the individual is ordinarily resident.

Schools should communicate this information to parents or carers in writing. For example, via email or online messaging system. A report of the incident made to parents should include the following details as a minimum:

- time, date, location and approximate duration of the intervention
- brief account of why the intervention was assessed as necessary in that instance
- brief account of what type of restraint was applied and where this sits on our risk register
- details of any physical injuries sustained, if applicable

10.Legal considerations in relation to STEP

NEAS's STEP model complies with the Restraint Reduction Network (RRN) Code of Practice.

During induction training, staff are made aware of legal parameters on the use of restraint and of the justification needed to implement any restraint. Staff also understand that any breach during restrictive practice could escalate to prosecution under Common Law, Civil Law and/or Employment Law.

NEAS adhere to the guidance contained in the:

- Education Act 2011 (section 175)
- Children's Act 2004 (section 11)
- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenge (NICE guidelines, May 2015)
- Ensuring Quality Services, NHS England
- Restraint Reduction Network Training Standards (1st edition)
- Department for Health guidance – Positive and Proactive Care – Reducing the Need for Restrictive Physical Intervention 2014
- Skills for Care guidance – Positive and Proactive Workforce 2014
- Restrictive interventions, including use of reasonable force, in schools - Guidance for schools in England April 2026
- Education and Inspections Act 2006 (section 93A)
- Children's Home Regulations 2015
- Mental Capacity Act 2005 (Inclusive of Deprivation of Liberty Safeguards)
- Children and Families Act 2014
- Criminal Law Act 1967
- Mental Health Act 1983
- Health and Safety at Work Act 1974

This guidance has been prepared in the context of the Human Rights Act (1998):

- Article 2 – Right to life, where failure to intervene may lead to danger of death.
- Article 3 – No one shall be subjected to torture or inhuman or degrading treatment or punishment.
- Article 5 – Right to liberty and security of person. Any infringement of article 5 rights should allow the person right of appeal.
- Article 8 – Right to respect for private and family life. Any interference with article 8 rights must be necessary and proportionate and in accordance with law.

And the United Nations Convention on the Rights of the Child:

- Article 3 – The best interests of the child must be a primary consideration in actions concerning children.
- Article 6 – Every child has the right to life, survival and development.
- Article 12 – The child's view must be considered in all matters affecting him or her.
- Article 19 – Protection from abuse and neglect.
- Article 23 – Children with a disability.

Appendix A

north east autism society

Reflective Practice Post-Incident Debrief Form

The purpose of the debrief is to be used as a reflective tool to learn what happened and to see, if we can do differently next time. It is not to be used to point fingers or to feel like you are being told off. If you want to stop this at any time, please let us know and we can reconvene.

Name facilitator	

Name of staff participating in debrief	

Discussion points

- Was it appropriate and proportionate?
- Was the incident in line with the plan?
- Was this a new behaviour?
- Were any new proactive strategies used?
- How do you feel the incident went?
- Would you do anything differently next time?
- Is there anything you want to share with team off the back of the incident
- Did you feel supported during the incident
- What do we think went well

STEP

Staff Name _____ Staff Signature _____

Staff Name _____ Staff Signature _____

Staff Name _____ Staff Signature _____

Staff Name _____ Staff Signature _____

Staff Name _____ Staff Signature _____

Staff Name _____ Staff Signature _____

Appendix B

Post Incident Staff Welfare Check

The purpose of the debrief is to decompress, feel heard and explore the emotions felt during an incident. This is about checking in not checking up, this is not a space for criticism or blame.

Name facilitator	

Name of staff participating in debrief	

Discussion points

- How are you feeling?
- Talk me through what's been happening.
- What's been on your mind?
- How are things going?
- How are you feeling after the incident happened?
- How can I support you moving forward

Appendix C

Use of Restraint (Physical intervention)

I am writing to inform you about an incident involving **[insert learner name]** that took place on **(date)** at **(time)** in **(location)** for **(approximate duration of intervention)**. Staff assessed the situation and deemed physical intervention to be necessary in this instance to ensure the safety of **[insert learner name]** and others.

During the incident, staff used an approved physical intervention technique described as **(add restraint technique)** with reasonable force. **[insert learner name] did not sustain any physical injuries during the incident or (did sustain and detail physical injuries sustained).** The intervention was carried out in line with our schools STEP and safeguarding policies, and only for as long as was necessary to manage the situation safely. At all times, staff prioritised **[insert learner name]** dignity and wellbeing.

Following the incident, **[insert learner name]** was supported to regulate, and we have discussed strategies to help prevent similar situations in the future. We will continue to work closely with you to support **[insert learner name]** needs and ensure they feel safe in school.

If you would like to discuss the incident in more detail, please contact me on **(insert phone/email)** to arrange a convenient time to have a follow up discussion about this incident.

Thank you for your continued support

Kind regards

Seclusion

I am writing to inform you about an incident involving **[insert learner name]** that took place on **[date]** at **[time]** in **[location]** for **[approximate duration of seclusion]**. Staff assessed the situation and deemed that the use of seclusion (a non-disciplinary intervention involving keeping a learner confined to a place away from others and preventing them from leaving as a safety measure) was necessary as a last resort to ensure the safety of **[insert learner name]** and others. Staff will never lock or obstruct a doorway to prevent a learner from leaving during the use of seclusion. Likewise, staff will not use any objects or furniture to restrict a learner's movement or to create a barrier, such as using furniture to corral learner.

During the incident, staff **[did not need to use any physical intervention techniques or used an approved physical intervention technique described as [add restraint techniques]** with reasonable force. **[insert learner name] [did not sustain any physical injuries during the incident] or [did sustain and detail physical injuries sustained].** The intervention was carried out in line with our schools STEP and Safeguarding policies, and only for as long as was necessary to manage the situation safety. At all times, staff prioritised dignity and wellbeing.
Following the incident, **[insert learner name]** was supported to regulate, and we discussed strategies to help prevent similar situations in the future . We will continue to work closely with you to support needs and ensure they feel safe in school.

If you would like to discuss the incident in more detail, please contact me on **[insert phone/email]** to arrange a convenient time to have a follow up discussion about this incident.

Thank you for your continued support