|  |
| --- |
| **ASCETS****Sheffield****Individual Low Arousal Stress Support Plan** |











|  |  |
| --- | --- |
| **Child’s Name:**  |  |
| **Date of Birth:**  |  |
| **Date of Plan:**  |  |

|  |
| --- |
| **The following information captures pupil presentation as part of a stress response** |
| **What are** Type Pupil Name **Signature behaviours (these are behaviours observed as stress levels increase, his stress response).** |
| *
*
 |
| **What are** Type Pupil Name **internal triggers that contribute to this stress response (emotions/physical sensations)** |
| *
*
 |
| **What are** Type Pupil Name **external triggers that contribute to this stress response? (From the environment, another person, places or specific situation)** |
|  |
| **Other relevant risk factors/Health Needs/Trauma/Temporary Interruptions**i.e., Epileptic  |
|  |

|  |
| --- |
| **The Low Arousal Support Plan****(Practical approaches to support at times of increased distress)** |
| **Distraction Techniques –** Pupil special interests/passions? Preferred topic of conversation? i.e., try to prompt familiarity around their favourite experience/topics *(Please list as many below, use additional details for descriptions where necessary)* |
|  |
| **Demand reduction:**This refers to any stimulus that will cause **Type Pupil Name** to become overwhelmed due too many demands/requests to process at once? i.e., Work demands, verbal directions, pupil interactions*(Please list as many below, use additional details for descriptions where necessary)* |
|  |
| **Changes in environment:**Consider factors leading to sensory overload i.e., bright lights – can they be turned off? Can noise levels be reduced? If there are lots of people around [individual], ask them to withdraw or prompt [individual] to move to another area if this is safe and will not overwhelm [individual] with demands.*(Please list as many below, use additional details for descriptions where necessary)* |
|  |
| **Strategic withdrawal:**i.e., removal of other pupils/staff, does the pupil need space, always consider pupil’s dignity and well-being / change of staff*(Please list as many below, use additional details for descriptions where necessary)* |
|  |
| **Planned Escape**i.e**.,** Can the pupil get to their safe place? Is the exit clear from others? Do all staff know where the planned safe space is? Safe space must be taught and practiced with the pupil prior to crisis level. *(Please list as many below, use additional details for descriptions where necessary)* |
|  |
| **Are physical interventions ever required?**If yes, please specify by the methods or techniques used and include how these are reported: |
|  |
| **What strategies are used to debrief** [individual]**?***(Please list as many below, use additional details for descriptions where necessary)*  |
|  |
| **What are our expected outcomes of this plan? (What positive signs are we looking for? Behavioural indicators and Timescales)**1. To reduce [individual]’s stress levels.
2. Reduce the number of incidents and behaviours of concern (stressed behaviours) displayed.
3. To increase the staff/family’s confidence understanding [individual] and their stress.
4. To increase the staff/family’s confidence in supporting the management of [individual]’s stress.
5. To ensure pupil is supported to develop strategies for self-regulation.
6. To maintain a safe, trusted relationship between staff, pupil and home.

*(Please list as many below, use additional details for descriptions where necessary)*  |
|  |

|  |
| --- |
| **Review date** This should be no less than 4 weeks after implementation of this plan and should be measured using a range of the measure in the box above.  |
| Click or tap to enter a date. |
| **Signatures** |
| School |  |
| Parent/carer |  |
| Pupil |  |