The Right to Pause

Processing. Recovery. Rest. The right to simply be.

A quiet moment is not an empty moment.

A practical guide for teachers, classroom assistants, nurses, therapists, visiting professionals and anyone supporting learners with profound and multiple learning disabilities (PMLD) or complex support needs.

Why this guide exists

In a busy classroom, a pause can be mistaken for a gap that needs filling. Yet a learner may be processing a cue, recovering from a transfer, enjoying a familiar sound or simply needing time without another demand.

The aim is not to make every day quieter. It is to make the pace more responsive to the person living it.

What this guide offers

Practical questions, short examples and team habits to help protect processing time, recovery and choice without compromising essential care, safety or learning.

Our starting point

Essential care and meaningful learning matter. So does having time when nothing is expected. The individual care plan and professional guidance always take priority.

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The day is already full

What a timetable may not show.

A full timetable does not tell us how full a day feels to the individual.

A day of necessary care and activity

Arriving and settling in. Personal care, medication and individual nutrition and feeding support. Transfers and positioning throughout the day. Physiotherapy stretches, time for movement and exploration on the floor, supported walking and standing, including the use of specialist equipment such as walkers or Activest. Hydrotherapy, occupational therapy, learning activities and opportunities for communication and connection.

Every part of the day matters

These activities support health, comfort, mobility, participation and learning. Yet moving between them can take time and energy. A full timetable does not always reflect the physical, sensory and emotional demands of the day — or the time someone may need to settle, process and recover.

What can be easy to miss

Preparing for an activity, adjusting positioning, responding to discomfort and waiting for a familiar communication cue are all part of the day. They may not appear as separate timetable entries, but they still require attention and time.

Ask a different question

Rather than asking only, “What are we doing next?”, consider: “What has this person already experienced today, and what might they need now?”

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Three kinds of pause

They overlap, but they are not the same.

1. Processing time

After an object, spoken cue, sensory experience or switch opportunity, allow individualised time to take in what is happening and, if appropriate, respond. Avoid repeating prompts too quickly or filling the silence.

In practice: present one familiar cue, wait, observe and respond to what the person actually communicates. A delayed response is still a response.

2. Recovery time

After an activity, transfer, therapy, personal care or medical intervention, the person may need time to settle. Watch for individual signs of comfort, fatigue, distress or readiness. Follow their care plan.

In practice: build a realistic transition between activities. Check comfort and positioning rather than automatically moving to the next planned task.

3. Time without demands

A person does not always need a task, question, switch, conversation or sensory activity. Supported, comfortable rest and quiet companionship can be valuable in their own right.

In practice: offer an appropriate opportunity to rest or simply enjoy company without requiring a response or measurable outcome.

Remember

A pause is not a technique for producing compliance or a particular response. Its value is in respecting the person's pace and needs.

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Pause is not withdrawal

Keep the person supported, safe and included.

Stay available

Quiet time is not leaving someone unattended. Remain responsive to comfort, communication, positioning and medical needs, following the individual care plan.

Follow clinical guidance

Medication, nutrition support, airway care, pressure relief, repositioning, monitoring and urgent interventions must not be delayed for the sake of silence. Some people need movement, stimulation or reassurance rather than a quiet environment.

Observe without guessing

Stillness is not proof of calm; movement is not proof of discomfort. A change in breathing, facial expression, movement, vocalisation or attention may be meaningful for one person and not another. Interpret observations in context, with people who know the individual well.

Respect choice

Where possible, offer choices about company, sound, activities and rest using the person’s established communication methods. Do not assume that an adult’s preferred environment is the learner’s preference.

When something changes

If behaviour, comfort or responsiveness changes unexpectedly, follow the person’s care plan and escalation procedures. A pause is never a substitute for assessment or essential support.

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Protect processing time

One interruption can change the opportunity.

A familiar classroom moment

A member of staff presents an object, offers a switch or invites a choice. They pause. A colleague enters and starts a conversation. Attention shifts; the opportunity may be lost. The learner may have been preparing to respond.

What helps

Use an accessible, agreed cue. Give the individual their usual processing time. Watch carefully without demanding an immediate response. Avoid talking over them, changing the question or repeating the cue before they have had a fair opportunity.

If someone enters

A quiet signal from staff can show that a communication opportunity is underway. Visitors can wait silently or step outside if their request is not urgent. Make exceptions immediately for essential care.

Afterwards

Before writing “did not respond”, consider access, positioning, fatigue, timing, competing noise and interruption. Describe what was observed rather than assigning a fixed meaning to silence.

A useful team habit

Agree how colleagues will recognise an active communication opportunity and how to hand over observations without turning them into assumptions.

A response should not have to compete with the room.

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Make space in the timetable

Small changes can protect meaningful time.

Look at the whole day

Review how personal care, nutrition support, transfers, equipment, therapies and learning activities cluster. Notice repeated transitions and periods with little chance to settle.

Plan transitions, not just activities

Allow time for preparation, positioning, communication and recovery where appropriate. A timetable with every minute allocated may be tidy on paper and exhausting in practice.

Agree what is flexible

Distinguish essential scheduled care from activities that can move, shorten or change. Follow prescribed routines and individual plans; never delay necessary support to preserve a planned pause.

Share the approach

Agree as a team what processing time and recovery look like for each person: familiar cues, helpful environments, comfort indicators, support needs and when to seek professional advice.

Review, do not assume

Notice patterns over time and discuss them with the individual where possible, family and relevant professionals. If a planned quiet period is not helpful, change it. A pause should fit the person, not the other way around.

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For everyone entering the room

A welcoming room can also protect quiet moments.

Visitors are welcome

Our classroom includes colleagues, families, therapists, medical staff and other professionals. Their input is valued, and essential access must remain straightforward.

Pause at the doorway

Look and listen before beginning a conversation. An apparently quiet room may be in the middle of communication, learning, rest or recovery.

If it can wait, let it wait

Enter quietly and keep your voice low. If a conversation is not urgent, wait outside or choose another moment. Avoid talking across a learner or treating their activity as background.

If you need to interrupt

Approach the supporting adult discreetly, explain what is needed and allow them to help manage the transition. When possible, tell the learner what is happening in their usual accessible way.

Essential care comes first

Urgent medical needs and essential support must never be delayed. Staff should make it easy for visiting professionals to know when immediate access is required.

Being welcome and being considerate belong together.

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A one-minute team check

Use this at handover, induction or the start of a shift.

Before I begin

What has this individual already experienced today? Are they comfortable and appropriately supported? What does their care plan say?

Before I prompt

Have I allowed enough processing time for this person? Am I noticing their own communication rather than waiting for the response I expected?

Before I add another activity

Is this meaningful or necessary now? Have I allowed for transition, positioning and recovery? Would a change of pace be more appropriate?

Before I interrupt

Is it urgent? Could I enter quietly, wait or speak somewhere else?

At handover

Share what the person experienced, what helped and what remains uncertain. Use observations, not labels such as “fine”, “uninterested” or “non-compliant” without context.

A final thought

Not every moment needs an outcome. Every person deserves consideration.

This guide supports reflective practice. It does not replace individual care plans, professional assessment or local safeguarding and clinical procedures.

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