

Restrictive Interventions including use of Reasonable Force and Seclusion Policy (2026)

The Board of Trustees, CEO and Strategic team are committed to safeguarding and promoting the welfare of children and young people and require all staff and volunteers to demonstrate this commitment in every aspect of their work.

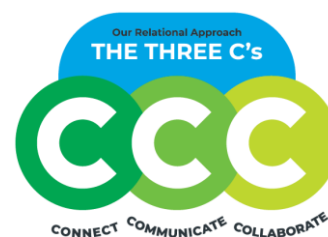
This policy was created and ratified by the Trust Board in:	Mar 2026
The policy owner is:	Strategic Leads
This policy is:	Trust Wide Policy
This policy is to be published on the:	Intranet (for internal use)
This policy is based on:	Other – Drawn up from new
This policy will be reviewed by the Trust Board in: (unless earlier review is recommended by the Trust)	Mar 2027
Policy Version:	V1.0
Signed by the Chair of the Board of Trustees	J Smith

Version Number	Effective Date	Author	Summary of Changes
V0.1			Initial Draft
V1.0	01.04.26		Approved by Board 24.03.2026

The Wensum Trust – Restrictive Interventions including use of Reasonable Force and Seclusion Policy (2026)

1. Purpose and scope

The Wensum Trust is committed to safeguarding, inclusion, and the promotion of positive relationships across all its schools. All interactions, modelling and teachings within The Wensum Trust are guided by our relational approach, enabled by The Three Cs.



We know that for all children, a strong sense of safety comes from structure and certainty, which includes firm boundaries rooted in care and consistency. The majority of children in our schools will be able to meet the expectations of our Behaviour and Self-regulation Policy with minimal support.

However, there will be times when the use of reasonable force including restrictive intervention and seclusion will be lawful and necessary; for example to keep individuals and the wider school community safe. This policy sets out the circumstances when this is necessary and the procedures for recording and reporting these incidents.

This policy applies to:

- All Wensum Trust schools and settings
- All staff, volunteers, contractors, and visiting professionals
- All pupils, including those with SEND, SEMH needs, or disabilities

The policy should be read alongside:

- Safeguarding & Child Protection Policy
- Behaviour and Self-Regulation Policy
- SEND Policy
- Mental Health and Self-Regulation Policy
- Health & Safety Policy
- Complaints Policy
- Staff Code of Conduct
- Searching, Screening & Confiscation Policy

2. Legislative and statutory framework

This policy is informed by:

- Education and Inspections Act 2006 (Section 93)
- Education Act 1996
- The Human Rights Act 1998 (HRA)
- Equality Act 2010

- Children Act 1989 & 2004
- Health and Safety at Work Act 1974
- DfE: Mental Health and Behaviour in Schools (2018)
- DfE: Restrictive Interventions, including the use of reasonable force (from April 2026)
- Keeping Children Safe in Education (2025)
- Working Together to Safeguard Children (2023)
- SEND Code of Practice (2015)
- DfE Teachers' Standard
- Reducing the Need for Restraint and Restrictive Intervention (2019)
- DfE: Behaviour in Schools. Advice for headteachers and school staff (2024)

3. Definitions

Reasonable force

A term used in legislation which includes physical restrictive interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances. Force can be used to implement a non restrictive physical intervention such as a 'supportive arm' or a 'hair grab'.

Restrictive intervention

Overarching umbrella term for *any* action that prevents, restricts, or subdues movement of the body, or part of the body, of a child. Restrictive intervention also includes forcible seclusion, locked doors, mechanical restraints/seatbelt locks, changes to a child's environment and medical devices.

Restraint

A *specific* non-disciplinary intervention which immobilises a child or limits their movement. This may or may not include direct physical contact. For example, holding a child's arms to their sides or removing a child's crutches would both be considered forms of restraint.

Seclusion

A non-disciplinary intervention which involves keeping a child confined to a place away from others, and preventing them from leaving to protect others from harm when a child is experiencing high levels of emotional dysregulation. Disciplinary measures such as removal from the classroom are different and covered in our Behaviour and Self-regulation Policy.

Significant incident

Any incident where the use of force goes beyond appropriate physical contact between a child and staff. This includes when physical force is used to implement a non-physical restrictive intervention, a restrictive intervention and/or forcible seclusion.

Appropriate physical contact

Schools should not have a 'no contact' policy, nor grant requests from parents or staff members not to use reasonable force and/or restrictive interventions. Depending on individual circumstances, there may be occasions when some physical contact is appropriate, for example:

- To give first aid or comfort to a distressed child
- To escort children, such as holding the hand of a child

- To congratulate or praise a child, for example a pat on the back or a handshake
- To demonstrate how to use a musical instrument or techniques during PE etc
- To search a child or their possessions where there are reasonable grounds to suspect that the child may have a *legally prohibited item* (but not items only banned under school rules).

4. When reasonable force may be used

All members of school staff have a legal power to use reasonable force. Staff may use reasonable force to prevent a child from:

- Causing injury to themselves or others
- Committing a criminal offence
- Damaging property
- Causing disorder among children at the school, whether during a teaching session or otherwise

Physical intervention **must never** be used as:

- A punishment
- A response to non-compliance alone
- A response to verbal aggression
- A routine behaviour management strategy

5. Guiding principles

All our schools work hard to minimise the need to use reasonable force and restrictive intervention (restraints). Staff are trained and follow the guidance of Norfolk Steps and therefore:

- Prioritise relationship-based practice and de-escalation
- Identify possible triggers early and make plans where necessary
- Ensure that any restrictive intervention is lawful, **necessary** and **proportionate**
- Consider the child's **welfare** - their age, SEND profile, trauma history, and communication needs
- Maintain the child's dignity
- Use the least restrictive intervention possible
- End the intervention as soon as the risk has passed

Please see Norfolk Steps ['Identifying needs and promoting positive behaviours resources'](#), for support in understanding and promoting positive behaviour.

Whole school measures include:

- Flooding the corridors to ensure calm corridors during changeover
- Meet and Greet to check in with students as they arrive
- Consistent signage around the HHS expectations in classrooms
- Use of verbal cues to support students to meet expectations
- First notice to best conduct
- Supporting students to recognise emotions and how to manage these

- When the Adults change training for whole staff on using a calm and consistent approach
- Recording and analysing data on the use of restrictive interventions to inform improvement planning

Tailored individual approaches include:

- Being aware of early life and lived experiences impacting children's behavioural responses
- Key staff to support students where available
- Working closely with parents to support individual children
- Strategies to support individual children based on their identified needs, including the development of individual learning and behavioural support plans. (Schools have a legal obligation under the Equality Act 2010 to make reasonable adjustments)
- Giving children time, space and strategies to calm down before their behaviour escalates or after escalation.

6. Staff authorised to use restrictive interventions

In the event of an emergency, all members of school staff have a legal power to use reasonable force. Depending on individual circumstances, staff may need to assess whether restrictive intervention would be **necessary, proportionate** and also determine the impact on the **child's welfare**, balanced against any actions taken.

Norfolk Steps training on deescalation and the use of restrictive interventions should help staff understand how to assess whether their response is reasonable under pressure.

If an assessment has been made to use restrictive interventions, staff should be supported in their decision making.

7. Risk reduction and planning

Identifying individual children's needs, experiences, triggers and functions is key to supporting positive behaviours when SEND or EHCP-aligned learning and behaviour strategies, patterns and risks become apparent.

Where there is an identified risk for specific children, such as an increased likelihood in the need to use reasonable force and/or other restrictive intervention, schools must complete a risk assessment for the child and provide clear details of preventative strategies and the restrictive intervention as part of the child's positive behaviour support plan.

Staff, *alongside* parents/carers must complete Norfolk Steps' checklists, analysis tools, risk assessments and the child's voice for the creation of a bespoke **Positive Behaviour Support Plan (PBSP)**.

The PBSP must include:

- Known triggers
- Support needed in specific situations i.e. support to express emotions and/or access to a quiet space or familiar activities/objects which soothe etc
- Known familiar staff who can help to identify and manage risk at trigger points
- Preferred de-escalation strategies
- Environmental adjustments - removing stimuli which may cause distress, changing tone of voice
- Agreed times when increased adult presence or physical contact may be necessary
- Physical interventions (if any), when these may be necessary and the staff involved
- Post-incident support arrangements

* Please see Appendix A Norfolk Steps' PBSP. Further information can be found on Norfolk Steps ['Identifying needs and promoting positive behaviours resources'](#)

8. Recording and reporting duties

Recording

All interventions involving use of **reasonable force, restraint and/or seclusion** must be recorded on the *same day* or as soon as practicable by the staff member(s) involved in the incident. These records must then be uploaded onto CPOMS. If a member of staff is hurt whilst intervening involving use of reasonable force, restraint and/or seclusion these records must be uploaded onto both CPOMS and CIVICA.

Records must include (as a minimum):

- Name of child and staff directly involved
- Any relevant needs or circumstances of the child i.e. identified SEND and their SEN status code
- Date, time, location and duration of intervention
- Antecedents and triggers
- Any preventative or de-escalation strategies attempted
- Description of the type of reasonable force, degree of force
- Injuries sustained (if any)
- Brief account why the use of force was necessary
- Post-incident support - i.e. medical treatment or other adverse impacts

Schools may also wish to record additional details for example, the child's and/or witnesses' accounts of what happened, when and how parents were notified, and what follow-up has taken place.

***Please see Appendix B and C for Examples of Force/Restraint/Seclusion Incident Recording**

Reporting

A report to Parents/carers must be sent **in writing** (email or online messaging) **within 24 hours** of *each* incident involving use of **reasonable force, restraint and/or seclusion**.

The requirement to report applies even if the use of restrictive interventions has been agreed with parents as part of a child's behaviour support plan.

Report must include (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 force was applied, and the degree of force details of any physical injuries sustained, if applicable

***Please see Appendix D for Example of report for parents/carers**

Exceptions to the requirement to report are where:

- The child is aged 20 or over; or
- It appears to the staff member that doing so would be likely to result in serious harm to the pupil. In this instance, the staff member must report the incident to any parent(s) who it can be reported to
- without resulting in significant harm or, if there are none, to the local authority within whose area the child is ordinarily resident

Best practice would include inviting parents/carers to have a follow-up discussion about the incident where appropriate. Information from this meeting could be used to amend any existing behaviour support plans, as needed.

Serious incidents must be escalated to:

- Principal/Headteacher/Head of School
- Designated Safeguarding Lead
- Trust Safeguarding Lead (where appropriate)
- Local Authority (if threshold for referral is met)

9. Post-incident support

Schools must provide, within 24 hours (or when adequate time has passed to ensure the 'post crisis depression phase' has passed - [Breakwell Assault Cycle](#)):

- Emotional support for the child
- Restorative conversations
- Opportunity for the child to share their perspective
- Staff debrief and supervision (where appropriate/required)
- Review of risk assessments and support plans

10. Training

The Wensum Trust will ensure:

- There is at least one member in each setting trained to be a Norfolk Steps Lead Professional and that this training is updated annually
- All staff receive training in Norfolk Steps 'Step On' de-escalation and behaviour regulation and that this training is updated every 2 years
- Identified staff within each setting receive training in Norfolk Steps 'Step Up' restraint physical intervention which is updated annually
- New staff receive induction on this policy

Schools must maintain a training register. ***Please see Appendix F for Example**

11. Governance and oversight

The Wensum Trust Board of Trustees are responsible for:

- Monitoring and review of this policy annually (or sooner if required)
- Ensuring compliance Legislation changes and DfE guidance updates

Local Advisory Boards must:

- Review school-level data which will be input on the SOAP termly
- Ensure staff have received appropriate training
- Challenge patterns, disproportionality in relation to children who have shared protected characteristics, SEND or other types of vulnerability or over-reliance on restrictive practices

Principals/Headteachers/Heads of Schools must:

- Ensure staff follow the policy
- Ensure accurate recording
- Report concerns to the Designated Safeguarding Lead

12. Complaints and Allegations


Any complaints regarding the use of restrictive interventions should be dealt with in accordance with the Trust's normal complaints procedure. If an allegation regarding inappropriate use of force and/or other restrictive interventions is made against a member of staff, the procedures in Keeping Children Safe in Education should be followed.

Staff must not be automatically suspended unless necessary to protect children or the integrity of the investigation.

13. Appendices

- Appendix A: Page 8 Norfolk Steps' Positive Behaviour Support Plan
- Appendix B: Page 10 Force/Restraint/Seclusion Incident Recording Including named Restraint/Force
- Appendix C: Page 14 Force/Restraint/Seclusion Incident Recording Minimum Requirements
- Appendix D: Page 17 Parent Notification Template
- Appendix E: Page 19 Staff training Register

Name:	DOB:	Date:	Version of plan: Review Date:
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	Areas of strengths: <ul style="list-style-type: none"> Can be academic, personal, social, emotional Hobbies out of school 	SEN stage: <ul style="list-style-type: none"> No SEND / SEN support / EHCP referral/assessment/plan 	Pupil voice: <ul style="list-style-type: none"> How does the pupil feel about school? What do they enjoy/not enjoy? Who helps them at school? What parts of the day are better/worse for them? What lessons are better/worse for them? Can they talk about their behaviours? What helps them the most? What makes things worse?
	Motivators: <ul style="list-style-type: none"> What helps the pupil in moments of escalation or crisis? What distracts/diverts them? What helps to regulate them? 	Areas of Need: <ul style="list-style-type: none"> SEMH/Cognition and Learning/Communication and Interaction/ Sensory and/or Physical Any diagnoses Can include assessments/screeners here e.g. INDEs, Boxall Profile, Cognitive assessments etc 	Presenting behaviours that challenge or cause harm: Provide an overview of the main behaviours being displayed that challenge or harm. You might decide to focus on one or two that you are most concerned about initially. It is helpful to record four things about the behaviour: <ol style="list-style-type: none"> "appearance" – what the behaviour looks like; what the pupil does, "frequency" - how often the behaviour occurs,
Possible triggers: Think about places, specific situations, people, activities, changes, sensory issues <ul style="list-style-type: none"> Family / friends related e.g. contact with mum, when friends don't want to play Interactions with others e.g. when directly asked not to do something, specific staff members Activities/lessons e.g. writing, transitions that are too long, afternoon sessions Physical environment e.g. noise and crowds Other e.g. hot weather 		Positive behaviours we are supporting: Include the positive behaviours which the pupil is working towards e.g., following instructions safely, accessing and engaging in learning, taking turns etc <ul style="list-style-type: none"> Try to be as specific as possible with behaviours you will support e.g. following two-part visual instructions safely, accessing short 10-minute bursts of learning with frequent movement breaks and engaging in interests-led activities, taking turns 	

3. "severity" - how severe the impact of the behaviour is and, 4. "duration" - how long the behaviour lasts. Staff should aim to identify whether behaviours are accidental / involuntary / subconscious / conscious – this will impact how you respond.	Possible functions: <ul style="list-style-type: none"> What does the behaviour achieve for the pupil? What might the pupil be trying to communicate through this behaviour? Is the behaviour...gaining positive or negative attention / escaping or avoiding something or someone / accessing an object or activity they want / gaining sensory feedback or stimulation? 	when participating in adult led turn taking game with 3 other pupils <ul style="list-style-type: none"> Does the pupil need to learn a particular skill before they would be able to display these positive behaviours? How will they be supported to learn these skills?
Differentiated measures to proactively promote / support positive behaviours e.g. First and then, 'working for' boards, visual timetable, visual aids (feelings charts, zones of regulation, fix it board), social stories, use of visual timers, task breakdown, Autism friendly environment, modelling, sensory circuits, sensory breaks, PATHS, Thrive approaches, home / school communication <ul style="list-style-type: none"> What alternative or more appropriate skill can you teach the pupil in order to reduce the need to engage in this behaviour? What changes can you make to the environment or the pupil's schedule in order to decrease their exposure to triggers? How have you addressed the need that the pupil was trying to communicate? Is there any need for a reward / incentive scheme in the short-term? 		
The strategies you choose should be different depending on the function of the behaviour.		
Positive behaviours: <ul style="list-style-type: none"> Behaviours, body language, facial expression, language, tone of voice, levels of engagement 	What we will say and do to regulate behaviours and reinforce positives: Positive reinforcement approaches used. Examples may include: <ul style="list-style-type: none"> reward / recognition positive scripts sensory time 	

	<ul style="list-style-type: none"> - Adult check ins / timers
<p>First signs of escalation:</p> <ul style="list-style-type: none"> - List specific behaviours including body language, facial expression, language, tone of voice, levels of engagement e.g. avoids eye contact, clenches fists, lowered voice, swearing, rude gestures - It may be useful to include details of how long they may last and who may be at risk 	<p>What we will say and do to de-escalate/divert:</p> <p>List things you can do to try to prevent the situation from getting worse. Examples may include:</p> <ul style="list-style-type: none"> - Tactical ignoring e.g. swearing (address this another time) - Talk about something happy or use humour - Suggest a calming activity - Personalised scripts (with examples) - Distraction including details of what works - Visual reinforcement of expectation. e.g. refer to Working For Board - Staff model expected behaviours e.g. calm voice and body language
<p>Behaviours that challenge:</p> <ul style="list-style-type: none"> - List specific behaviours including body language, facial expression, language, tone of voice, levels of engagement e.g. not engaging with learning, throwing objects, shouting, refusing to follow instructions - It may be useful to include details of how long they may last and who may be at risk 	<p>What we will say and do to de-escalate/divert:</p> <p>List things you can do to try to prevent the situation from getting worse. Examples may include:</p> <ul style="list-style-type: none"> - Keep a safe distance, if safe to do so - Remove other pupils from class if needed (where to?) - Personalised scripts (with examples) - Distraction including details of what works - Adaptation of expectations - Option for time out - Calm voice and body language
<p>Behaviours that harm:</p> <ul style="list-style-type: none"> - List specific behaviours including body language, facial expression, language, tone of voice, levels of engagement e.g. slapping, pushing, kicking (pushing and kicking usually preceded by swearing), absconding. - It may be useful to include details of how long they may last and who may be at risk 	<p>What we will say and do to best ensure safety:</p> <p>At this stage, the pupil is unlikely to de-escalate through talking or distraction, humour, etc therefore the focus needs to be on keeping the pupil, yourself and others safe.</p> <p>Examples of how you may ensure safety include:</p> <ul style="list-style-type: none"> - Removal of objects that may be thrown/damaged

- Dynamic risk assessment – is it safer to remove pupil or evacuate the other pupils?
- Contact key staff on walkie talkie for support
- Use of Step Up approaches with details of agreed interventions e.g. use supportive arm guide to move pupil to nurture room.
- Move pupils to safe area / evacuate immediate area (include where to)
- If staff are using walkie talkies, please be aware of potential safeguarding issues e.g. – use agreed codes for incidents, use pupil initials - do not name pupil or share confidential information over the radio and ensure radios are turned off when not needed.

De-escalation and Restore / Repair / Reflect

How do you know the pupil is calming down? e.g. body language, facial expression, language / tone of voice / behaviours
 Consider what behaviours you may see if the pupil is still in the phase where it is likely that they could re-escalate if demands placed too soon or if they are asked to discuss the incident. Include timings of how long it takes the pupil to calm on average.

Examples of post incident support for the pupil could include:

- Time to calm (What does this look like? Where? Who with? Doing what? For how long?)
- Time to talk (What about? What are the pupil's interests?)
- Use of visuals as needed e.g. fix it board, restorative timeline
- Restorative approaches (including how much time should pass before any work happens)
- Social stories created/revisited to consider how pupil will be supported next time to prevent these behaviours occurring again
- Protective consequences (must link to the behaviour) e.g. increased staff ratio to support pupil, limited access to outside space
- Educational consequences e.g. apologise to those they have hurt or upset, repair any damage caused, complete learning missed

Signature of plan co-ordinator..... Date

Signature of family Date

Signature of pupil (if appropriate) Date.....

Appendix B



Use of Force/Restraint/Seclusion Incident Record

Child/Young Person _____ Date _____ Time _____

Duration of incident _____ Location _____

Staff member/s involved in incident _____

Staff witnesses _____

Staff members involved in the use of force/restraint?

Child/Young Person witness/es _____

Individual that harmful behaviour was directed at _____

SEND/extenuating circumstance _____

First aid required _____

Details of incident			
Brief description of incident:			
Duration and time of incident			
Trigger/s (tick/highlight the box/es you feel led up to this incident)-			
Noise	New Environment	Anxiety	Change in routine
Personal space invaded	Waiting	Busy environment	Previous incident stress
New/change staff	Tired	Over stimulated (sensory)	Wet/dirty clothes
Not engaged	Separation anxiety	Under stimulated (sensory)	Unable to communicate effectively
Peer incident	Pain/illness	Lack of understanding	Demand request
Other trigger or build-up/accumulation of stress:			
Setting (What was taking place prior to incident, where were staff and peers, what was the CYP doing prior to incident?):			
Preventative/de-escalation measures used by staff: (tick/highlight)- Not an exhaustive list:			
Give space	Reduce noise/verbal	Withdraw peers	Distraction/diversion
Change of face	Clear expectations	Offer an out/escape	Food/drink/toilet
Reminder of working for	Timetable reminder	Make a link/relationship	Removal of possibly harmful items from space
Verbal reassurance	Listening/containment for CYP	Sensory input	Connection with adult
Other measures used:			

Restraint trained in Norfolk Steps	Time spent in RPI and distance travelled	Staff involved	Breathing and well-being checked?
Lone worker:			
Elbow Tuck (Lone worker)			Yes / No
Shield Escort			Yes / No
Two person:			
Elbow Tuck Rescue Shape Standing			Yes / No
Elbow Tuck Rescue Shape to Floor			Yes / No
Elbow Tuck Rescue Shape to Chair			Yes / No
Elbow Tuck Figure 4 Standing			Yes / No
Elbow Tuck Figure 4 to Kneeling			Yes / No
Elbow Tuck Figure 4 to Chair			Yes / No
Braced Elbow Tuck			Yes / No

Restraint/reasonable force used: *Adapt list of used restrictive interventions used in for your setting

Use of force other than restraint trained in Norfolk Steps	Time spent using force and distance travelled	Staff involved	Breathing and well-being checked?
Seclusion			n/a
Alternative to hand hold			Yes / No
Arm hug			Yes / No
Two person arm hug			Yes / No
Personal safety:			
Single wrist grab			Yes / No
Two handed wrist grab			Yes / No
Clothing release -tube grip			Yes / No
Clothing release tangled grip - 'corkscrew'			Yes / No
Hair grab - tube grip			Yes / No
Hair grab tangled grip - 'corkscrew'			Yes / No
Release from front neck grab			Yes / No
Release from neck grab from behind			Yes / No
Bite response release			Yes / No
Other use of force:			

Why was it reasonable, proportionate, and necessary (tick/highlight box options, if needed further box to explain in different)		
CYP hurting themselves	CYP hurting peer	CYP hurting staff
CYP damaging property	Risk of CYP hurting themselves	Extreme disruption of setting order
To prevent criminal act	Risk of harm from absconding	Planned proactive use to avoid trigger (as part of a planned agreed intervention)
Other (what could have happened if RPI was not implemented):		
Level of force used:		
Was the minimum level of contact used?		Yes / No
Shortest distance travelled?		Yes / No
Did the level force match the level of threat?		Yes / No
Did the force stop when the danger of harm stopped?		Yes / No
Any other information on the use of force:		
Further details on the use of force:		
Details of any medical treatment for injuries or any other adverse impacts:		
Debriefs:		
Staff debrief with SLT? Yes / No Include brief summary below:		
CYP reflection with trusted member of staff taken place? Yes / No Include brief summary below:		
When staff and CYP have recovered, what relationship building/repair activity is or has been implemented to support well-being? Include brief summary below:		
Senior staff feedback to incident on next step actions to reduce likelihood of reoccurrence (separate attachment recorded and feed back to staff involved may be required)		

Parents/carers of CYP involved and informed in writing of the incident? Yes / No

Date/time _____

Please give reason if parents were not informed

Signature of staff member completing form _____

Printed name of staff member completing form _____

Signature of staff member reviewing form _____ Date

Appendix C

Use of Force/Restraint/Seclusion Incident Record (minimum requirements)

Child/Young Person _____ Date _____ Time _____

Duration of incident _____ Location _____

Staff member/s involved in incident _____

Staff witnesses _____

Child/Young Person witness/es _____

Individual that harmful behaviour was directed at _____

SEND/extenuating circumstances _____

First aid required _____

Details of incident			
Brief description of incident:			
Trigger/s			
Antecedent/ trigger:			
Preventative/de-escalation measures used by staff: (tick/highlight)-			
Not an exhaustive list:			
Give space	Reduce noise/verbal	Withdraw peers	Distraction/diversion
Change of face	Clear expectations	Offer an out/escape	Food/drink/toilet
Reminder of working for	Timetable reminder	Make a link/relationship	Removal of possibly harmful items from space
Verbal reassurance	Listening/containment for CYP	Sensory input	Connection with adult
Other measures used:			
Use of force (including seclusion):			
Staff member/s who used force (including seclusion): _____			
How far/long was force (including seclusion) used for: _____			
Description of force (including seclusion) including positioning of staff:			
Why was it necessary?:			
Was it proportionate?:			
Details of any medical treatment for injuries or any other adverse impacts:			

Post incident support/debrief/recovery (What happened after the incident to support the CYP/s involved to recover? Is the CYP ready to discuss the incident? What needs to be in place to reduce the likelihood of this taking place again?)			
Staff debrief: Yes / No	CYP debrief: Yes / No		
Senior staff feedback to incident on next step actions to reduce likelihood of reoccurrence (<u>separate attachment recorded and feed back to staff involved may be required</u>)			

Parents/carers of CYP involved and informed in writing of the incident? Yes / No
 Date/time _____

Please give reason if parents were not informed

Signature of staff member completing form _____

Printed name of staff member completing form _____

Signature of staff member reviewing form _____ Date _____

Parent/Carer Notification Template

Appendix D

Subject: Notification of Physical Intervention Incident

Dear **[Parent/Carer Name]**,

I am writing to inform you that today,
[child's name]



[date], a physical intervention was used with

The type of force used:

- Reasonable force
- Restraint (name of restrictive intervention used)
- Seclusion

Summary of the incident: [Brief, factual description including location, triggers, de-escalation strategies]

Reason for intervention:

- Injury to themselves
- Injury to others
- Committing a criminal offence
- Damaging property
- Causing disorder amongst children

Duration: [Time]

Staff involved: [List]

Injuries:

- Child: [none / description]
- Staff: [none / description]

A full incident record has been completed and is available for discussion. We would welcome the opportunity to talk this through with you and review any support strategies that may help prevent future incidents.

Please contact [staff name/role] on [contact details] if you would like to discuss this further.

Kind regards, [Name] [Role] [School]

Appendix E

Staff Physical Intervention Training Register

School:

Date:

Staff Member	Norfolk Steps Lead Professional training (Date)	Norfolk Steps 'Step On' De-escalation Training (Date)	Norfolk Steps 'Step Up' Physical Intervention Training (Date)	Expiry/Renewal Date	Notes

