

**PHYSICAL INTERVENTION POLICY**

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## Introduction

At Nudge Education, our commitment to the safety, dignity, and rights of every young person we support is at the heart of everything we do. This policy outlines how and when physical intervention may be used, making sure it is done safely, lawfully, and only when absolutely necessary.

## Why This Policy Matters

Our approach is grounded in prevention. We aim to create environments where positive relationships and de-escalation strategies are the first response, where young people feel seen, heard, and supported. Physical intervention is never our first choice. It is only considered when all other options have been exhausted and there remains a real risk of harm to the young person, others, or serious property damage that could lead to harm.

## The Legal and Ethical Foundations of Our Practice

Nudge Education's approach to physical intervention aligns with the CPI Safety Intervention™ framework, guided by the principles of *Care, Welfare, Safety and Security*<sup>SM</sup>. We use [Crisis Prevention Institute \(CPI\) Safety Intervention training](#), which is accredited by the British Institute of Learning Disabilities and a part of the Restraint Reduction Network. All our relevant staff receive annual CPI Safety Intervention training.

This policy is underpinned by UK legislation, Department for Education guidance listed below;

- Education and Inspections Act 2006 (Section 93) – which outlines the lawful use of reasonable force.
- DfE Guidance on the Use of Reasonable Force (January 2025) – which provides clear expectations for schools and educational settings.
- Positive Environments Where Children Can Flourish (2018) – focusing on environments that nurture and protect children.
- Children Acts 1989 & 2004 – placing a duty on professionals to safeguard and promote the welfare of children.
- Equality Act 2010 and Human Rights Act 1998 – ensuring all interventions respect the individual's dignity, diversity, and rights.

## What We Mean by 'Physical Intervention'

Physical intervention refers to the use of positive handling techniques taught through the CPI Safety Intervention programme. These interventions are specifically designed to reduce risk of harm and ensure safety, mitigating distress as much as possible. They do not include everyday contact, such as guiding a young person by the arm, offering first aid, or a comforting gesture when appropriate.

## **Who This Policy Applies To**

Every adult working with young people in our care is expected to uphold this policy in all settings, including at home, in school or in the community.

## **Building Confidence and Upskilling Staff**

All staff working with young people where physical intervention may be required are trained in CPI Safety Intervention. This training is not just about techniques, it fosters understanding of behaviour, trauma, and effective de-escalation. Staff are supported through regular refreshers and reflective supervision to ensure their practice remains safe, ethical, and effective.

## **Positive Handling and Safety Interventions**

At Nudge Education, our priority is always to maintain emotional and physical safety for every young person and practitioner. Physical intervention will only ever be used as an absolute last resort, when all de-escalation strategies have been exhausted and there remains an immediate risk of harm.

Every action must be trauma-informed. Any physical intervention must be reasonable, proportionate, and time-limited, and carried out with the utmost care, respect, and sensitivity to the young person's needs, dignity, and history.

Physical interventions may only be used to:

- Prevent a young person from harming themselves or others, or
- Prevent serious damage to property that could result in harm.

Practitioners must exercise professional judgement at all times, using the Decision Making Matrix below to guide them to assess risk. Where interventions are staffed at 2:1 or 3:1, practitioners should be present during the full session and have in-date CPI Safety Intervention training. All incidents must be recorded promptly using the Nudge Education Physical Intervention Form and reviewed by the Intervention Safety Team to ensure accountability, reflection, and learning.

# The Decision-Making Matrix<sup>SM</sup>

Severity of Harm	<b>Catastrophic</b> Death will occur, or the level of injury will lead to permanent or irreversible ill-health	MEDIUM	HIGH	EXTREME	EXTREME	EXTREME
	<b>Major</b> Psychological or physical injury will require treatment leading to long term incapacity or disability	MEDIUM	HIGH	HIGH	EXTREME	EXTREME
	<b>Moderate</b> Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health	LOW	MEDIUM	HIGH	HIGH	EXTREME
	<b>Minor</b> Psychological or physical injury will be non-permanent and/or cause no lasting ill-health	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	<b>Negligible</b> Psychological or physical injury will be minimal	LOW	LOW	LOW	MEDIUM	MEDIUM
		Rare Will probably never happen	Unlikely Is not expected to happen, but it could	Possible Might happen	Likely Will probably happen	Certain Will undoubtedly happen
Likelihood of Behavior						

  

OVERALL RISK RATING GUIDE (Color code)			
Green (G)	Yellow (Y)	Orange (O)	Red (R)
Low Risk	Medium risk	High Risk	Extreme Risk

## How We Use Physical Intervention

When physical intervention is used, it must be:

- **Reasonable** – it matches the level of risk and is no more forceful than absolutely necessary.
- **Proportionate** – it balances the need for safety with the least restrictive option.
- **Time-limited** – used only as long as required to reduce the immediate risk.
- **Respectful** – preserving the young person's dignity and emotional wellbeing.

All incidents are carefully reviewed and documented. Parents/carers are informed promptly, and staff involved receive debriefing and support. We also ensure that any lessons learned inform future practice, risk assessments are updated, safety planning is considered, and forms a basis of staff development or further training.

## Trauma-Informed Considerations

Before and during any safety intervention, practitioners must consider:

- Whether the young person's EHCP or Pen Portrait highlights any medical, sensory, or trauma-related factors that make certain physical interventions inappropriate (e.g. a history of physical or relational trauma).
- Whether there are alternative strategies such as verbal de-escalation, non-restrictive physical interventions, or disengagement that could safely resolve the situation. These must always be attempted prior to any physical intervention.
- The emotional state of the young person and practitioners, ensuring responses

remain calm, intentional, and proportionate.

- The need to protect the young person's dignity and emotional safety throughout and after the incident.

This approach to positive handling reflects Nudge Education's trauma-informed and attachment-aware principles, recognising that sustainable change is achieved through consistent, supportive relationships. By prioritising safety, empathy, and connection, we enable young people to develop self-awareness, resilience, and intrinsic motivation to make positive and lasting choices.

## **Celebrating Progress**

At Nudge Education, we recognise that connection and belonging are the strongest motivators for positive change. Our approach focuses on celebrating progress, building self-esteem, and restoring relationships, rather than applying traditional systems of reward and punishment.

Each intervention is individualised and shaped around the young person's strengths, interests, and personal goals. Practitioners use encouragement, recognition, and relational feedback to reinforce positive engagement and emotional growth.

Examples of positive reinforcement may include:

- Verbal or written praise, offered privately or publicly as appropriate
- Recognition through shared reflection or celebration of progress
- Communication of achievements to parents, carers, or professionals
- Access to meaningful activities aligned with the young person's interests

When challenges arise, we focus on natural and restorative responses that help young people reflect, repair, and learn. Examples may include:

- Reflective conversations to understand precipitating factors and develop solutions
- Restorative actions to repair relationships or environments
- Temporary withdrawal from an activity, only when needed to maintain safety
- Honest feedback to parents or carers, and commissioners shared sensitively and constructively

Our goal is to help every young person develop insight, emotional regulation, and intrinsic motivation supporting long-term growth, not short-term compliance.

## **Promoting Positive Responses to Dysregulation**

- Mutual respect and role modelling is the expectation of the entire organisation.
- The concept of punishment has not been found to be effective in altering patterns of dysregulation in young people with Social, Emotional and Mental Health Difficulties. This is prohibited from any Nudge Education intervention.
- We work with the young people in our care and those around them to find out the most contextually appropriate response to supporting dysregulation.
- Responses to dysregulation based on natural and logical consequences, supporting young people to reflect, repair, and take responsibility for their actions when they feel safe and ready to do so.
- Similarly, positive behaviour needs to be recognised and reinforced.
- We will persevere with patience, dedication and flexibility to see positive change over time.

The formulation of positive strategies is dependent on many variables and is under constant review in each intervention. Strategies are more likely to succeed if they are agreed with the young person, fully understood by all concerned, undertaken safely, have an easily achievable objective and are evaluated and rewarded with praise to enhance self-esteem. We want young people to feel safe to be themselves on interventions.

At Nudge Education, we do not assign blame and understand that our practitioners and the team around the young person are doing the best they can with the resources they have. However, we consistently strive for engagement, progress and review practice with a view to supporting each other, with the young person at the centre of everything we do.

## **Recognising Signs of Heightened Emotion**

When a young person is escalating into a state of distress, their body may show signs that they feel overwhelmed, threatened, or unsafe. Recognising these early indicators enables practitioners to respond with empathy, attunement, and CPI-aligned supportive strategies.

## **Supporting a Young Person Experiencing Intense Emotion**

Anger is a natural emotional response and can occur when a young person feels overwhelmed, unsafe, or unable to express their needs. For young people with social, emotional, or mental health needs, strong emotional reactions may reflect past experiences, unmet needs, or limited coping strategies. In a trauma-informed approach, these responses are viewed as signs of distress rather than deliberate defiance.

Practitioners play a key role in recognising early signs of dysregulation, responding with calm and empathy, and supporting the young person to regain a sense of safety and control. The strategies below outline how to provide safe, effective support in line with

## Supporting Emotional and Physical Dysregulation Safely

Some young people experience dysregulation which may involve a range of behaviours. Re-engaging with education is recognised as being potentially distressing or a source of anxiety for a chronically disengaged young person. At such times, young people can react to their circumstances with dysregulation.

Dysregulated behaviour is a form of communication. Sometimes, young people can struggle to identify the root cause of dysregulation and understand or label feelings and emotions. Real or perceived risks, minor disruptive incidents or tensions within a teaching group can provoke incidents which invoke hostile responses in an emotionally fragile young person.

At Nudge we utilise the [Crisis Development Model™](#) as highlighted in the table below:

Behaviour	Staff attitudes/approaches
Anxiety	Supportive
Defensive	Directive
Risk Behaviour	Safety Interventions
Tension Reduction	Therapeutic Support

## Responding to Early Signs of Dysregulation (Integrated Experience)

In the early stages of dysregulation, practitioners prioritise calm, connection, and safety. CPI Safety Intervention™ emphasises that the young person's internal experience and the practitioner's response influence one another, and that supportive intervention at this stage can prevent escalation.

Practitioners should:

- Adapt their level of support based on the young person's emotional state, needs, and communication in that moment.
- Remain aware of their own body language, tone, and emotional regulation, recognising that the adult's presentation can either soothe or unintentionally escalate the young person.
- Respond early and gently when noticing signs of tension, using a low-stimulus, compassionate approach to help the young person feel safe and understood.
- Model calm, regulated behaviour, as this supports co-regulation and helps the young person regain a sense of control.
- Use the young person's responses to guide next steps, adjusting their approach



in a flexible, attuned, and supportive way.

- Provide alternatives and options, planned in advance through risk assessment, to divert the young person away from distress or potential physical outcomes.
- Recognise when a young person is unable to access alternatives, and when distress is building despite supportive strategies.
- Continually assess safety, and when escalation increases, consider what protective steps may be needed to maintain the safety and dignity of all present.

## **Trauma-Informed Approaches to Supporting a Young Person Experiencing Intense Emotion**

Practitioners should:

- Remain calm and regulated, using steady tone and body language to support co-regulation.
- Avoid conflict or power struggles, recognising they can escalate distress.
- Offer space, time, and choice to help the young person regain a sense of autonomy and control.
- Acknowledge and validate feelings, ensuring the young person feels heard and understood.
- Avoid dismissing or minimising emotions, as this can increase frustration or shame.
- Use supportive, solution-focused questions once the young person is ready to reflect.
- Highlight strengths and past successes, building confidence and resilience.
- Use planned, regulated breaks (“time away”) as a supportive regulation strategy, never as punishment.
- Provide opportunities to withdraw safely until emotions have settled.
- Use gentle diversion or alternative activities to help shift focus and reduce intensity.
- Encourage grounding or relaxation strategies, supporting the young person to calm their body and mind.
- Promote emotional literacy, helping the young person understand and express their feelings over time.
- Embed Nudge Education’s six cornerstones, Connection, Movement, Nutrition, Creativity, Reflection and Rest, to support ongoing wellbeing and self-regulation.

During periods of heightened dysregulation, verbal communication may be ineffective or inappropriate. Practitioners continue to support regulation through calm presence, attuned non-verbal communication, and skills consistent with CPI Safety Intervention™ principles. These approaches aim to restore safety and control without physical intervention wherever possible.

### **During and Immediately After Dysregulation**

- Practitioners must remain calm, objective, and regulated, using quiet, steady communication to avoid overwhelming the young person.
- If no immediate solution is appropriate, practitioners may pause and return to the issue later, once the young person is settled.
- Practitioners should avoid confrontation, power struggles, or rigid positions, and instead respond with flexibility and curiosity.
- Supportive redirection or a change of environment may help reduce emotional intensity.
- Practitioners must continually assess risk, prioritise safety, and follow individual risk assessments.

### **Outcome Resolution**

Following any period of dysregulation, the priority is to restore safety, reduce emotional intensity, and rebuild connection in line with CPI's Care, Welfare, Safety and Security<sup>SM</sup> principles.

### **Post-Incident Reflection and Repair**

- Immediately after an incident the young person should be offered food and drink.
- If any injuries happen to the young person or staff member these must be treated, and recorded by qualified first aid staff.
- Once calm, and when the young person is ready, the young person should be offered a supportive debrief, at a pace that feels safe for them.
- Reflection should explore triggers, alternative strategies, and relational repair, with the aim of preventing future escalation. This reflection aims to restore trust, support emotional recovery.

- Following any dysregulation, a structured debrief must take place for the practitioners involved.

## **Safe and Prohibited Practices During Physical Intervention**

Physical intervention is required only in exceptional circumstances and must always follow CPI Safety Intervention™ principles.

### **Before and During a Hold**

- Wherever possible, practitioners should inform the young person that a safety intervention may be needed.
- Only the minimum force necessary to prevent immediate harm may be used.
- Interventions must be reasonable, proportionate, least restrictive, and time-limited.

### **Prohibited Actions**

Practitioners must never:

- strike a young person (hitting, slapping, punching)
- use sudden or forceful pushing that may cause a fall
- apply pressure to the neck, chest, back, or any area affecting breathing
- use pain-based or joint-manipulation techniques
- use banned CPI holds (e.g., double basket hold, seated double embrace, nose distraction)
- restrain by hair, clothing, or intimate areas
- forcibly remove a young person's clothing

### **During a Hold**

- Practitioners must speak calmly and offer reassurance.
- Holds must be released as soon as safety is regained.

### **Staffing Considerations**

- In 1:1 sessions, if escalation occurs, the session ends early and reflection happens later.
- In 2:1 or 3:1 sessions, intervention may only be used in line with risk assessments and CPI training.

## Oversight

- All incidents are reviewed by the Intervention Safety Team, with data monitored for patterns, training needs, and continuous improvement.

## If an Adult Presents Risk

- Practitioners must not attempt to restrain an adult.
- Move to safety and call the Police immediately.

## **CONFISCATION OF PROHIBITED ITEMS**

Taking a common-sense approach, it is prohibited for any of the following items to be in a young person's possession during intervention, due to the significant risk they pose:

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- fireworks or explosive materials
- pornographic images
- any article that has been, or is likely to be, used to commit an offence, cause personal injury, or damage property

If a practitioner becomes aware that a young person is in possession of a prohibited item, the practitioner must:

- Ensure immediate safety  
Create space, reduce escalation, and avoid confrontation.  
Do not attempt to physically remove the item unless required to prevent imminent harm.
- Contact the Education Intervention Coordinator (EIC) immediately  
Provide clear, factual information about the item and current level of risk.
- In emergency or high-risk situations, contact the Police  
Examples include possession of weapons, suspected criminal activity, or where safety cannot be assured.
- Follow safeguarding procedures  
Inform the Regional Designated Safeguarding Lead (RDSL) if the item indicates

risk of harm to self or others.

- Record the incident  
Complete the required documentation on the same day, detailing the nature of the item, circumstances, and actions taken.
- Update risk assessments (RAs)  
Amend the young person's Risk Assessment and Intervention Plan to reflect new information.  
Share updated plans with relevant practitioners and the commissioning authority where appropriate.

If a young person has previously handled items that could pose a risk, practitioners should:

- Review and update the Risk Assessment prior to each session, considering likelihood, precipitating factors, and protective strategies.
- Plan the environment proactively, avoiding locations where access to dangerous items is more likely.
- Use preventative, trauma-informed conversations to support the young person's understanding of safety and boundaries.
- Maintain enhanced vigilance during sessions, particularly during transitions, outdoor activities, or community work.
- Collaborate with parents/carers, commissioners, and multi-agency professionals to ensure consistent messaging and shared safety planning.
- Escalate concerns promptly to the EIC and RDSL if patterns emerge or risk increases.

## **Review Process and Oversight**

This policy is reviewed annually, or sooner if there is:

- A significant incident involving the use of physical intervention.
- Updates to statutory guidance or legislation.
- Feedback from staff, families, or external partners suggesting improvements.

The review will be led by the De-escalation Training Lead in consultation with operational leadership and safeguarding oversight teams, ensuring the policy remains reflective of best practice and current standards.

This policy has been signed off by the Nudge Education Directorate.

*Charlotte Noutch*

*Director of Partnerships & Services*

*5 Dec 2025*

## Complaints and Concerns

We are committed to transparency and accountability. If a young person, parent, carer, or staff member is concerned about the use of physical intervention, they are encouraged to raise this through the following channels:

1. **Informal Concern** – speak to the young person’s practitioner, Education Intervention Co-ordinator, or the Designated Safeguarding Lead for the region. Most concerns can be resolved quickly through open dialogue.
2. **Formal Complaint** – submit a written complaint to Nudge Education’s Complaints Officer. This can be done via email or post. A formal response will be provided within 10 working days.
3. **Escalation** – if you are not satisfied with the outcome, you may escalate the complaint to the Nudge Education Senior Leadership Team or external regulatory bodies as appropriate.

Complaints are always taken seriously. Investigations are carried out promptly and sensitively, with the welfare of the young person being the primary concern throughout.

## Resources

[Nudge Education Physical Intervention Form](#)

## Linked Policies

- Equality, Diversity and Inclusion Policy
- Complaints Procedure and Policy
- Information Security and Data Protection Policy
- Child Protection and Safeguarding Policy

All Policies can be found [here](#).

## **ANNEX A: Trauma-Informed and CPI-Aligned Best Practice for Intervention Management**

This annex outlines the core principles and practices that guide safe, compassionate, and effective interventions with young people. It is grounded in CPI's Care, Welfare, Safety and Security<sup>SM</sup> philosophy and Nudge Education's trauma-informed, relational approach.

These expectations apply to all practitioners and associates involved in supporting young people.

### **1. Trauma-Informed Foundations**

Practitioners should always:

- Approach every young person with kindness, curiosity, and respect.
- Maintain psychological and emotional safety as the priority in all interactions.
- Recognise that all behaviour is communication, often reflecting fear, overwhelm, or unmet needs.
- Use co-regulation—modelling calm, consistent, and predictable responses.
- Consider each young person's history, precipitating factors, sensory needs, and past experiences when planning and delivering interventions.

Practitioners should avoid:

- Judging or personalising a young person's presentation.
- Interpreting distress as defiance or intent.
- Using punitive, shaming, or controlling approaches.

### **2. Professional Attitude and Presentation**

Practitioners should:

- Present as calm, grounded, and emotionally regulated, even during escalation.
- Maintain clear, consistent boundaries that reinforce safety.
- Stay objective and non-reactive, avoiding power struggles.
- Listen actively and show empathy through tone, posture, and presence.
- Be flexible and adjust their approach according to the young person's state.

Practitioners should avoid:

- Becoming emotionally entangled or escalating alongside the young person.
- Overreacting, raising their voice, or using sarcasm.
- Creating win/lose dynamics or insisting on compliance during distress.

### **3. Trauma-Informed Use of Non-Verbal Communication**

Practitioners should:

- Maintain open, non-threatening body language and appropriate distance.
- Use soft facial expressions, slow movements, and steady breathing.
- Offer a seated or lower-status posture to reduce perceived threat.
- Use gestures sparingly to support communication.
- Observe and respond to non-verbal signs of distress or escalation.

Practitioners should avoid:

- Towering over young people or entering their personal space.
- Using intense eye contact or rigid posture.
- Showing visible frustration, tension, or fear.
- Using physical contact unless it is supportive, invited, and appropriate.

### **4. Trauma-Informed Verbal Communication**

Practitioners should:

- Speak softly, slowly, and clearly.
- Validate feelings (“I can see this is difficult for you”) and offer reassurance.
- Use simple choices to provide a sense of control.
- Use collaborative language (“Let’s find a way forward together”).
- Provide natural consequences and clear explanations without threats.
- Paraphrase to ensure understanding and reduce miscommunication.

Practitioners should avoid:



- Direct confrontation or “You must” statements.
- Referring to past incidents or mistakes during escalation.
- Public discussions of personal information.
- Trying to reason or investigate once the young person is in crisis.

## **5. Trauma-Informed De-Escalation**

Practitioners should:

- Intervene early when recognising signs of distress.
- Reduce sensory input (e.g., noise, pace, demands).
- Offer space, time, and supportive distance.
- Use grounding, distraction, or calming strategies aligned with the young person’s preferences.
- Respect the young person’s need to withdraw safely.

Practitioners should avoid:

- Overloading the young person with verbal instructions.
- Continuing demands during escalation.
- Allowing situations to drift into avoidable conflict cycles.

## **6. Safe and Appropriate Use of Physical Intervention**

If a safety intervention becomes necessary, practitioners must:

- Use physical intervention only as a last resort, to prevent harm.
- Apply the least restrictive, reasonable, and proportionate intervention possible.
- Ensure, wherever possible, that two adults are present.
- Follow only CPI-approved skills in line with Nudge Education’s training.
- Continuously assess the young person’s physical and emotional safety.
- End the intervention as soon as safety is regained.

Practitioners must avoid:

- Any form of punitive, restrictive, or pain-based intervention.

- Holding in a way that contradicts a young person's EHCP, Pen Portrait, or known trauma.

## **7. Post-Incident Reflection and Repair**

After any significant incident, practitioners should:

- Support the young person through a calm, compassionate debrief when they are emotionally ready.
- Explore precipitating factors, emotions, and preferred strategies for future situations.
- Rebuild connection and ensure the young person feels safe and valued.
- Record the incident clearly and accurately using the required documentation.
- Participate in practitioner debrief to reflect on practice, emotional responses, and wellbeing.

Practitioners should avoid:

- Debriefing before the young person is regulated.
- Assigning blame or revisiting the incident in a punitive way.

## **8. Consistency, Predictability, and Planning**

Practitioners should:

- Start and end sessions on time to build trust and predictability.
- Prepare plans that reflect the young person's needs, precipitating factors, and preferred strategies.
- Maintain consistent routines that help young people feel safe.
- Communicate clearly with colleagues to ensure joined-up, secure support.

Practitioners should avoid:

- Sudden changes without explanation.
- Unclear expectations or inconsistent responses.