**It is the responsibility of staff to ensure that they have read applicable pupil behaviour risk assessments and are clear on strategies to be used.**

**De-escalating**

Recognised de-escalation strategies include:

* acknowledging the pupil’s anger/distress
* having the minimum number of staff present necessary
* one adult leading
* using a calm tone of voice and clear, direct language  or pupil's preferred method of communication (focusing on the behaviours you want them to display rather than the ones you don’t)
* adopting a non-threatening body stance and body language
* allowing adequate personal space
* using non-verbal cues
* distracting the pupil from the source of their anger or distress by discussing another topic of their interest
* providing options (within limits) to help the pupil feel they are still in control of their decisions.

**Incident Response:**

Where possible, staff members should:

* have one adult leading engagement with the pupil
* if necessary, seek help from other staff members to ensure the safety of the pupil and others
* ensure there are minimal adults visibly present
* give the pupil space
* suggest the use of quiet spaces – only at timely intervals – not repeatedly
* limit language used – attempting to distract or discuss at this point can escalate the situation
* move all other pupils in the vicinity to a safe distance away from the pupil behaving dangerously
* remove objects that may be used to cause harm from the vicinity of the pupil, if safe do so
* avoid confrontation with the pupil
* this is not the time to discuss the events that have led up to this within the pupil’s hearing as this will contribute to anxieties

**Response and Recovery**

**Incident follow up**

* give the pupil time and space to relax
* at a later point enable the pupil to share what happened and their emotions in a way that works for them – drawing, writing, discussion, etc
* listen – provide no judgment
* use restorative approaches
* use a solution focused approach
* think about similar scenarios and review responses and possible earlier interventions with the child and other stff

Date reviewed: August 2022