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## Behaviour & Wellbeing Policy

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<b>Status</b>	Current Policy
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<b>Agreed by FGB</b>	October 2023
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<b>Review Cycle</b>	Annually
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<b>Next Review</b>	October 2024
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<b>Lead Staff:</b>	Deputy Headteacher
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<b>Headteacher:</b>	Jane Hatwell
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<b>Chair of Governing Board:</b>	Alex Krutnik
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## *Mission Statement*

We accept all pupils **as they are** and believe that every one of them is **entitled** to the very **best education**, delivered in an **environment** that is **supportive, caring** and **safe**.

Our goal is to develop our pupils to become:

- **Successful** Learners.
- As **independent** as possible.
- **Confident** individuals and self-advocates.
- **Effective** communicators and **contributors**.
- **Responsible** citizens.

We will do this by working to **ensure we get every aspect of their provision just right**, helping them to achieve academically, personally, socially and morally.

## *Rights Respecting Schools*

The Unicef UK Rights Respecting School Award (RRSA) is based on principles of equality, dignity, respect, non-discrimination and participation. The RRSA seeks to put the UN Convention on the Rights of the Child at the heart of a school's ethos and culture to improve well-being and develop every child's talents and abilities to their full potential. A Rights Respecting School is a community where children's rights are learned, taught, practised, respected, protected and promoted.

Stone Bay School is a Rights Respecting School and this policy is written with specific reference to:

**Article 19 Children** have the right to be protected from being hurt and mistreated, physically or mentally.

**Article 36** (Other forms of exploitation): Children should be protected from any activity that takes advantage of them or could harm their welfare and development.

## ***Introduction***

At Stone Bay school, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health.

We recognise that young people's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

This policy also includes our school policy on behaviour. We feel that the link between behaviour and wellbeing are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need. We consider behaviour to be a message and a form of communication.

## ***Aims***

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where;

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils are supported to be able to communicate with trusted adults about their problems
- positive mental health is promoted and valued
- To create a school culture that reflects our positive attitudes, values and beliefs, with respect for the pupils at its core
- promote self-confidence and positive self-image in our pupils.
- To value and reward success and wanted behaviour rather than focus on unwanted behaviour.

In addition to pupil's well-being, we recognise the importance of promoting staff mental health and well-being; see our Staff Wellbeing Policy.

## ***Purpose of the Policy***

This policy sets out

- how we promote positive mental health

- how we prevent mental health problems
- how we identify and support pupils with mental health needs
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support

## **Definition of Mental Health and Well-Being**

We use the World Health Organisation's definition of mental health and wellbeing: ... a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute in their own way to her or his community.

We want all children/young people to;

- feel safe and happy in school
- be able to express a range of emotions through specialised support and teaching
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

## ***Links to other policies***

This policy links to our policies on Safeguarding, Anti-Bullying, Personal Social Health Education (PSHE)/ Sex and Relationships Education (SRE) Policy , Complaints Policy.

## **A Whole School Approach to Promoting Positive Mental Health**

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, seek help when they need to
3. helping pupils to be resilient learners
4. teaching pupils social and emotional skills and an awareness of mental health

5. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services

6. effectively working with parents and carers

7. supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

## **Roles and Responsibilities**

We believe that all staff have a responsibility to promote positive mental health, and to understand protective and risk factors for mental health.

Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

Our aim is for all staff to understand possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying.

Whole school staff training in supporting Pupils Mental Health will be mandatory as of September 2022

All staff will also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The school's Wellbeing committee meets three times a year to look at the school's strategic direction to supporting whole school wellbeing and positive mental health. The committee consists of:

Senior Mental Health and Wellbeing Lead

Emotional Learning Support Assistant

Social Emotional Mental Health Curriculum Lead

Staff wellbeing team representative

Parent representative

Wellbeing Governor

The school-education based members of the committee lead and work with other staff to coordinate whole school activities to promote positive mental health for both pupils and staff for example:

- Provide support for individual pupils in need of emotional literacy support – ELSA
  - Provide training for staff, ensuring they are up to date with information as to what support is available – Wellbeing Lead, AHTs, Social, Emotional and Mental Health (SEMH) curriculum lead
  - Ensure the SEMH curriculum is relevant and delivered to all pupils across the school -SEMH Lead
  - Make referrals to external services Wellbeing Lead - Asst Head Teachers , Residential Head of Care, Residential Team Leaders.
  - Is the first point of contact and liaison with external services Wellbeing Lead - Asst Head Teachers, Residential Head of Care, Residential Team Leaders.
  - If a Residential pupil needs support from external services the Head of Care or Team Leaders will be the first point of contact and may make referrals.
  - Organise support and training for parents and carers - DHT, Autism and Communication Lead
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- We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals.

Some pupils will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families.

Support includes:

- Wellbeing Lead, supporting staff to support pupils
- Safeguarding/ DSL Team
- Support staff to manage mental health needs of pupils
- Emotional Literacy Support Assistant (ELSA)
- PROACT SCIPr UK trained staff team:
- CAMHS core meetings to support staff to manage mental health needs of pupils

## Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

### Whole school activities

- Wellbeing themed books in the school library, accessible to all
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school
- Special days and assemblies to raise awareness of mental health
- Wellbeing Plans in place for pupils - written by the support team in school, class and Residential Flats.

### Transition support

- Transition meetings with new parents/carers
- Pupil Passports forms completed by class teachers and shared with class/Residential team to inform Wellbeing Plans
- Key staff may visit home/ nursery/school placements prior to start date

### Class activities

- Zones of Regulation
- Relaxation sessions
- Worry boxes
- Outdoor learning opportunities
- Planned Learning Activities to explore themes and learn about emotions, difference, loss, bullying, change, resilience
- Quiet areas in classes

### Small group sessions

- Social skills/Friendship groups
- Enrichment friendship group
- Therapy rooms – soft therapeutic room and Sensory room used for TAC PAC, Intensive Interaction

### Teaching about Mental Health and Emotional Well-being

Through the Social, Emotional and Mental Health curriculum we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

## ***Wellbeing Support Plans***

Pupils who need adult support with their wellbeing and behaviour, will have an individual Wellbeing Plan in place. The plans are linked to the Zones of Regulation and the school's PROACT SCIPr uk approach, to positive wellbeing and behaviour support.

The Wellbeing Plans use the format of the Zones of Regulation and show how a pupil may present if withdrawn and disengaged (Alert, Engage, Observe), engaged and ready to learn (Proactive), becoming anxious (Active), at crisis point, (Reactive) and returning to calm, (Support Recovery).

The plans include how an adult can support at these different times and also, if appropriate, what the child can do to help themselves thus promoting resilience.

The Wellbeing Plans are written by the class teacher and residential team leader if the pupil resides in one of the residential flats. The plans are shared with all members of the support team in the classroom and Residential Flat.

The plans are then checked by members of SLT, they are then shared with parents. Parents are asked to sign the plans to show that they agree with the support strategies in place.

The Wellbeing Plans are reviewed at the end of every term by the class teacher/residential team leader and updated if necessary. The updates can also happen throughout the year if needed. Any updates to the plans are shared with the class and residential teams and parents. All team members will sign a separate form to say that they have read and understood.

The wellbeing plans will also state if any physical interventions are used to support a child when in crisis. Physical interventions are only used as a very last resort and every other proactive strategy is put in place before an intervention. (Please see Appendix A – Physical Interventions)

## ***PROACT SCIPr UK Training***

[Positive Range of Options to Avoid Crisis and Use Therapy – Strategies for Crisis Intervention and Prevention.](#)

For all staff who work directly with pupils, training in PROACTSCIPr-UK® is mandatory.

PROACTSCIPr-UK® Introductory Training will be provided for all new staff either before commencing employment or very soon after as part of their Induction Training. Refresher Training must then be undertaken annually and it is the responsibility of individual staff members to ensure they attend this training. Stone Bay School also offers on-going training linked to the learning/wellbeing support needs of all pupils.

## ***Proactive strategies***



At Stone Bay we believe that all behaviour is to be seen as a form of communication. The PROACT SCIPr training helps staff to identify why a child may be presenting with a certain behaviour and what we can do to support. We promote a proactive approach to supporting pupils with any challenges that may arise through;

- Difficulty in communication (both expressive or receptive)
- Changes to routine
- Unmet physical needs
- Environmental factors such as noise
- Mental Health/Wellbeing needs

Other strategies to be considered to promote positive, proactive support are;

‘The GATEWAYS’:

- Choice / alternative activity
- Opportunities for interaction,
- Therapeutic alternatives
- Environment
- Interaction
- Relaxation techniques
- Listening techniques
- Sensitivity
- Positive reinforcements
- Relationships

It is important to realise that behaviours, we may be tempted to label as inappropriate or naughty, usually are expressions of an underlying need.

### ***Early Identification of Mental Health needs***

We aim to identify pupils with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Identify individuals who may need extra support
- Analyse behaviour
- Staff report concerns about individual pupils to the DSLs, using ‘IRIS ADAPT’
- Induction meeting for families of children joining the school
- Regularly monitoring attendance data
- Communication between class and residential staff
- Wellbeing and mental health on the agenda of weekly meetings – SLT, DSL, Residential Flat teams, Teachers’ meetings, LSA meetings
- Enabling pupils to raise concerns to a trusted adult
- Enabling parents/carers to raise concerns through a Class Teacher, Residential Team Leader, or SLT.
- Annual Reviews
- Multi Agency meetings

Our aim is for all staff to have had training on the protective and risk factors, types of mental health needs and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Senior Leadership Team or Designated Safeguarding Team.

These signs might include:

- changes in activity or mood or eating/sleeping habits
- changes in behaviour/ change in frequency of behaviour
- Disengaging from classroom/Residential activities if usually engaged
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental that are not documented in Wellbeing plans
- repeated physical pain or nausea with no evident cause

Staff are aware that some of our pupils may present with these signs as part of their diagnosis of Autism. Staff training covers ways to recognise any differences in behaviour and presentation that may cause them concern.

### [Working with Specialist Services to get swift access to the right Specialist Support and Treatment](#)

In some cases a pupil's mental health needs require support from a specialist service. These might include self-harm, anxiety, depression, school refusal and other complex needs.

We make links with specialist services and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

School referrals to a specialist service will be made by the Deputy Headteacher, Asst Heads, Head of Care or Team Leaders, following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

### [Assessment, Interventions and Support](#)

<b>Need</b>  <b>The level of need is based on regular discussions with parents/staff or discussions held at Annual Review meetings with parents and key members of staff</b>	<b>Evidence based Intervention and Support</b>  <b>The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and pupils</b>	<b>Monitoring</b>
<b>Highest need</b>	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies  Educational Psychologist involvement – Referral process through Annual Review in consultation with parents/carers  Early Help referrals through SLT/DSLs	Multi-agency meetings and regular reviews and feedback with parents/carers  Fortnightly DSL meetings – Wellbeing on the agenda
<b>Some need</b>	ELSA intervention – referral made through class teacher or Asst Head Teachers. Parents to be consulted prior to sessions starting.  Internal school referral to Educational Psychologist. Parental consent needed.	Deputy Headteacher and ELSA meet termly to monitor the intervention and set targets accordingly
<b>Low need</b>	Universal support - Class/Residential teams/ SEMH planned learning activities/ enrichment clubs/Communication support	

<b>Specialist Services</b>	<b>Referral Process</b>
Child and Adolescent Mental Health Service (CAMHS)	Referral through Deputy Headteacher, Asst Head Teachers
Child and Adolescent Mental Health Service (CAMHS) for Residential pupils	Referral through Head of Care or Team Leaders
ELSA Intervention	Referral through Teachers or Asst Head Teachers
Schools Educational Psychologist	Referral through class teacher/ support team - parental consent needed
Early Help	Referral through SLT/DSLs
Educational Psychologist (External)	Referral to SEN through Annual Review process by Dept Headteacher or Asst Head Teachers
Kent CAT Team	Referral through school's SLT Communication and Autism Lead

### ***Involving Parents and Carers Promoting Mental Health***

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

#### **To support parents and carers:**

SLT and our Communication and Autism Lead will organise a range of Mental Health workshops accessing expertise from voluntary services such as Kent PACT. This includes topics such as Anxiety, Stress Management and Sleep

We also hand out leaflets and flyers to parents and carers from 'INSIGHT Healthcare' offering free talking therapies and 'Safe Haven Thanet' which is a community mental health and wellbeing support service.

We provide information and signposting to organisations on our Class DoJo a parent/carers communication app, on mental health issues and local wellbeing and parenting programmes

We have an 'Open Door' approach

We support parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting

## Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help

Staff training to raise awareness of Mental Health and emotional well-being topics have been accessed through; The safeguarding training centre' Pupil Mental Health: deepening understanding.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing.

This policy was made in collaboration with the whole school. Its effectiveness will be monitored by the SLT and reported to the Governing body.

This policy will be reviewed annually in line with our Safeguarding Policies.

## **Appendix A**

### **Physical Intervention**

At Stone Bay School, physical interventions are only employed after other, less intrusive, methods have been fully explored and found wanting. Prevention of challenging behaviours through alternative methods should reduce the extent to which physical interventions are employed.

Physical interventions are not seen as a discrete self-contained package, but a graduated response to minimise conflict/anxiety and avoid confrontation. At Stone Bay School, staff working with pupils are trained in positive approaches to behaviour change and also in PROACT-SCIPr-UK® techniques/interventions appropriate to the needs of the children in their education and care. Staff are only to use techniques taught and authorised by Stone Bay School.

Force is usually used either to control or restrain - ranging from guiding a pupil to safety by the arm to a student needing to be restrained to prevent violence or injury.

- It must always be 'Reasonable in the circumstances' meaning using no more force than is needed.
- Control means either passive physical contact, e.g. standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom.
- Restraint means to hold back physically or to bring a pupil under control when they are resisting.
- School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil. (DfE 2013)

After every physical intervention, an Incident record for use of physical intervention will need to be completed by the relevant member of staff, on the same day the incident has taken place. All staff have a duty of care to check for possible injury to a pupil or any other party involved (as stated in Section 550a and circular 10/98 of the Education Act).

Parents/Carers will be contacted by telephone and informed in all cases. If we are unable to reach parents/carers by telephone on the same day a message will be left for parents to contact us.

In some cases, an accident form will also need to be completed.

If the intervention involves a Child in Care the Social Worker/Care Manager will also be informed.

Following a physical intervention, pupils will be given recovery time and low demand activities to ensure the situation is not reignited. Members of staff involved in difficult incidents must also be given the opportunity, as necessary, to recover and be debriefed.

Every incident involving a physical intervention is debriefed by the Wellbeing Support Officer, SLT, or a member of the PROACT team. This also gives the team a chance to reflect

on the staff's practices advice on future incidents and ultimately reduce the use of future physical intervention as per the government guidelines. Reducing the Need for Restraint and Restrictive Intervention

Physical Interventions should only be used when all other strategies have been tried and found to be unsuccessful. PROACTSCIPr-UK® physical interventions are not pain or punishment based and should be used for the least amount of time and least amount of force and intrusion.

Strategies for physical contact/interventions should be detailed within a wellbeing plan/care plan formulated for the pupil. These interventions must then be properly and regularly reviewed.

## The Legal Framework surrounding Physical Interventions

Physical interventions will only be used as a last resort and in accordance with the BILD Code of Practice, The Health and Safety at Work Act, 1974 (HASAWA) and KCC Guidelines and will also conform to the PROACT-SCIP®UK principles. Planned Physical Interventions will be specified in pupils' individual Behaviour Support Plans.

However, Stone Bay School considers non-restrictive manual guidance of pupils to be supportive practice; this will include assistance up to and including touch support. Physical interventions beyond this (e.g. One and two-person escorts and wraps) are considered restrictive and must only be used in the scenarios stated below.

The non-statutory guidance, 'Reducing the Need for Restraint and Restrictive Intervention' states that, *'Restraint should only be used where it is necessary to prevent risk of serious harm, including injury to the child or young person, other children or young people, to staff, the public or others, if no intervention or a less restrictive intervention were undertaken'*.

When deciding whether to adopt a Physical Intervention staff need to be asking themselves:

- Is the proposed intervention in the best interest of the individual?
- Is it the least restrictive intervention that can be used?

Staff must be able to answer 'Yes' to each question in order for the intervention to be legal.

PROACT-SCIP®UK suggest using the acronym TINA when considering the use of Physical Intervention, THERE IS NO ALTERNATIVE.

Should a pupil demonstrate one of the legally stated categories, physical interventions may be used as an emergency response to cease or to prevent the following:

- Self-injury
- Injury to others
- Severe destruction of property
- Committing an offence

Physical interventions may only be used by members of staff who have undertaken the accredited training. However, all staff have a duty of care to intervene when the above categories apply. In those cases, the minimum reasonable force, the minimum duration of

time and “least restrictive physical intervention” (BILD CofP) must apply, whilst maintaining the dignity and safety of all concerned.

Force should be used as a protective measure and never as a disciplinary penalty (Education Act 1996, Section 548)

Physical Interventions are only to be used:

- In the best interest of pupils
- For the shortest period of time
- Using the minimal reasonable force
- With respect to the child’s personal dignity
- With respect to age, gender and cultural background
- With consistency of approach from staff
- Where staff support each other in managing a crisis
- When they are based on a gradient support
- When other strategies have failed

Physical interventions should not:

- Cause injury
- Punish
- Cause Pain
- Create distrust
- Become routine
- Force compliance
- Be used in anger
- Humiliate a child
- Deprive
- Frighten
- Take the pupil’s body out of natural alignment
- Hold joints
- Restrict breathing or impact upon the pupil’s airways

### ***Minimising the need to use physical interventions***

Stone Bay School follows the BILD Code of Practice Guidelines 4<sup>th</sup> Edition linked to the use of Physical Interventions. A Pupil with an identified Physical Intervention within their Wellbeing Support Plan should also have a Physical Intervention Reduction Plan contained within it.

An electronic record of all incidents, including those necessitating physical intervention, are kept on a Behaviour Support Database. This information will be used to gain information regarding the number and types of incidents an individual or groups are experiencing. This can prove valuable when reviewing a pupil’s Wellbeing Support Plan as it may highlight specific difficulties pupils are experiencing or patterns in behaviour, e.g. specific lessons, environments or times where there are more incidents recorded. The recording of all incidents allows us to monitor the reduction of Physical Interventions

## ***Appendix B***



## *The Use of Seclusion and Timeout*

### *Time Out*

At Stone Bay School, we aim to support pupils' behaviour through proactive means. Staff are encouraged to look for 'early warning signs' and may need to use available spaces within the school or classroom. Corridors, playgrounds, available classrooms and play areas can all be used to separate the pupil from the escalating scenarios.

A pupil may be withdrawn to another area in order to separate the pupil from the environment where unwanted behaviour is occurring, as long as the pupil is continuously observed and supported by at least one trained member of staff. The area may be secured to prevent the pupil from leaving (e.g. "double handled door") but must not otherwise be locked so as to exclude other members of staff. The period of time must be kept to a minimum.

It is vital that appropriate levels of supervision are maintained in order to ensure that the pupil remains safe, is not experiencing distress and has every opportunity to return to contact with others when ready.

At Stone Bay School time out should only be used as specified within the pupil's Wellbeing Support Plan and as part of an overall proactive approach.

### *Seclusion*

It is an offence to lock a person in a room without a court order except in an emergency, for example where the use of a locked room is a temporary measure while seeking assistance.

**Locked includes another person holding a door shut.**

Seclusion is also sometimes defined as confinement alone in a room. This use, where a young person is forced to spend time on their own against their will, is considered to be a restriction of liberty and should usually only be used under the Mental Health Act, where secure accommodation has been approved, or where a court order is in operation.

The use of seclusion (where a pupil is forced to spend time on their own against their will) is a form of physical intervention and should only be considered in exceptional circumstances and as a last resort.

Seclusion is to provide short term management in an emergency situation to eliminate immediate high risk presented by the behaviour of an individual. Its sole aim is 'to contain severely disturbed behaviour which is likely to cause harm to others' *'Department of Health 2008'*

Staff may sometimes conclude that seclusion is in the best interest of the pupil whose behaviour is of immediate concern. Seclusion must always be proportionate to the risk presented by the pupil.

Seclusion can be defined by the following points

1. The pupil is taken to the room/area by a member of staff
2. The pupil is monitored from outside the room/area
3. The pupil is unable to leave the room/area

As with all Physical Interventions, staff must record and report the incident in accordance with school procedures. Details of duration, use of appropriate communication, level of support, etc. **must be** recorded. Opportunities for pupils to leave the room/area will be offered at frequent intervals. At all times any pupil using the room/area should be constantly observed. A member of the Senior Leadership team must be called in any case where Seclusion occurs.

## ***Searching, Screening and Confiscation***

Schools in England have powers to search and screen pupils and confiscate prohibited items. The Department for Education released Departmental Advice called "[Searching, screening and confiscation](#)" January 2018. This advice applies to all schools in England.

### **Searching**

School staff can search a pupil for any item if the pupil agrees.

Headteachers and staff authorised by them have a statutory power to search pupils or their possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item.

#### **Prohibited items are:**

- knives or weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that the member of staff reasonably suspects has been, or is likely to be, used to commit an offence, or to cause personal injury to, or damage to the property of, any person (including the pupil)

The Headteachers and authorised staff can also search for any item banned by the school rules which has been identified in the rules as an item which may be searched for.

### ***Confiscation***

School staff can seize any prohibited item found as a result of a search. They can also seize any item, however found, which they consider harmful or detrimental to school discipline.

### ***Schools' obligations under the European Convention on Human Rights (ECHR)***

Under article 8 of the European Convention on Human Rights pupils have a right to respect for their private life. In the context of these particular powers, this means that pupils have the right to expect a reasonable level of personal privacy.

- The right under Article 8 is not absolute, it can be interfered with but any interference with this right by a school (or any public body) must be justified and proportionate.
- The powers to search in the Education Act 1996 are compatible with Article 8. A school exercising those powers lawfully should have no difficulty in demonstrating that it has also acted in accordance with Article 8.