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Pupils with social, emotional and mental health special needs: Perceptions of how restrictive physical interventions impact their relationships with teaching staff.

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Abstract

Positive teacher-child relationships (TCRs) are vital for pupil well-being and are especially important for at-risk children. This qualitative study investigated the impact of restrictive physical interventions (RPIs) on TCRs in focus groups comprising ten boys aged 9-11 years attending two special schools in England. We examined the immediate and post incident impact of RPIs on the TCRs of two groups: students who have experienced RPIs and those who have witnessed RPIs. A range of consequences for student well-being, educational support and the TCR were identified. The implications of current study findings for the prevention and implementation of RPIs are discussed.

Keywords: restrictive physical intervention; restraint; crisis management; teacher-child relationship; special education

1. Introduction

The quality of a child's relationship with their teachers plays a vital role in shaping social and academic progress (Caplan, Feldman, Eisenhower, & Blacher, 2016). A positive teacher-child relationship (TCR) is viewed as the keystone to success at school, and positive interactions between the two parties increase pupil engagement, shape positive behaviors and cultivate opportunities to develop deeper knowledge and understanding (Pianta, Hamre, & Allen, 2012). The TCRs of children with special educational needs and disabilities (SEND) are seen as being of greater importance than those of non-SEND pupils, particularly in terms of the conflict and dependence dimensions of the TCR (Myers & Pianta, 2008; Santos, Sardinha, & Reis, 2016). However, TCRs are seldom viewed through the lens of pupils with another form of SEND, social, emotional and mental health (SEMH) special needs, defined by the Department for Education in the United Kingdom (UK) (2015, p.15) as children with "a learning difficulty or disability which calls for special educational provision to be made for him or her." Further, the topic is rarely framed in the context of the use of restrictive physical interventions (RPIs) which can be required to manage the challenging conduct of pupils with SEMH special needs.

While controversial, the physical management of pupils with SEMH special needs is sometimes necessary to mitigate the risk their challenging behaviors pose to themselves and others (Office for Standards in Education, hereafter, Ofsted, 2018). It is not possible to clarify the exact number of RPIs that take place in schools in England and Wales (Harte, 2017); however, RPIs are a frequent occurrence in SEMH schools in the UK. SEMH special school classes are small in size (approximately 8-10 pupils per class), and pupils may display high rates of disruptive behavior; meaning that RPIs occur more frequently in special education schools compared to mainstream schools (Department for Education, 2017). Child learning difficulties and disruptive behavior problems are strongly related to poor quality

TCRs (McGrath & Van Bergen, 2015). Given that positive TCRs appear to be particularly important for at-risk children (Sabol & Pianta, 2012), it is important to examine factors that may influence TCR quality. The present study explores how the pupils of two SEMH special schools that form part of an academy trust (Trust N) perceive RPIs to impact their quality of their relationships with teaching staff.

2. Review of Literature

2.1 The Nature and Importance of Teacher-Child Relationships

Minuchin and Shapiro (1983) appraised a range of literature when supposing that school accomplishment is allied with the feelings that pupils have towards their teachers, and the quantity and quality of time they spend with these adults. These individuals and their paraprofessional colleagues (teaching assistants now make up the majority of staff employed in primary special schools in England (Department for Education, 2017) play a pivotal role in child development. In order to conceptualise and measure engagement through the interactions of pupils and teachers, Hamre and Pianta (2007) developed the Teaching Through Interactions (TTI) framework, the structure of which is built around the domains of emotional support, classroom organisation and instructional support. This framework draws on self-determination theory (Ryan & Deci, 2000), a system of intrinsic motivation in human behavior, to support the claim that pupils develop their social and academic abilities when adults satisfy a child's need for emotional connection to those who teach them and the school that they attend. The domain of classroom organisation concerns the teacher's ability to manage time and behavior. Behavior management strategies have demonstrated their effectiveness for building pupil engagement and increasing academic attainment (Arnold, McWilliams, & Arnold, 1999; Emerson, 1995; Evertson, Emmer, Sanford, & Clements, 1983). These domains are inter-related, as effective use of classroom management strategies

promotes positive TCRs, while conversely, the power of the teacher-child relationships in promoting child prosocial behavior and engagement in school is well documented (Hamre & Pianta, 2007). Similarly, the quality of instructional support provided by teachers is also influenced by TCR quality and the ability of teachers to maintain a harmonious classroom environment that facilitates learning (Rudasill & Rimm-Kaufman, 2009).

2.2 Theoretical Models Underpinning Teacher-Child Relationships

Ideas from attachment theory (e.g. Bowlby, 1969) inform current conceptualizations of teacher-child relationship quality. Attachment refers to a child's emotional connection to an adult caregiver and is inferred from the child's tendency to turn to that adult when in need of comfort, support, nurturance or protection (Zeanah, Berlin, & Boris, 2011). Caregiving characterized by sensitivity, availability and responsiveness, particularly during times of distress, facilitates a secure attachment, while children who experience discouraging, rejecting and inconsistent responses develop an insecure attachment. Secure attachment is predictive of positive child outcomes, including emotion regulation, theory of mind, and prosocial behavior (Fearon et al., 2010; Groh et al., 2014). Securely attached children are therefore better prepared to learn and navigate new experiences as they trust adults to provide comfort in times of stress and a secure base from which they can confidently explore the world (Zeanah et al., 2011). In contrast, insecurely attached children develop an internal working model (IWM) of people and the world as unreliable, unsafe, uncaring and even hostile. An insecure attachment style is prevalent in pupils with SEMH special needs (Holmes, 1993). This attachment style is strongly related to externalizing problems and is more common in children who have been maltreated (Fearon et al., 2010).

A child's attachment quality reflects their IWM of interpersonal relationships, which develops in infancy through repeated interactions with the primary caregiver (Zeanah et al., 2011). This IWM is believed to guide the child's feelings, thoughts, and expectations in

relationships across the lifespan, including with teachers. Indeed, research has shown links between secure parent-child attachment and secure attachment to teachers in early childhood (Ahnert, Piquart, & Lamb, 2006; Booth, Kelly, Spieker, & Zuckerman, 2003). In contrast, poor quality TCRs are linked with insecure attachment to teachers in early childhood (O'Connor & McCartney, 2006), while high levels of teacher sensitivity can protect against an insecure parent-child attachment (Buyse, Verschueren, & Doumen, 2011). Attachment theory is integrated with Bronfenbrenner's (1979) ecological systems theory, recognizing that teacher-child relationships are the product of both teacher and child characteristics (e.g., externalizing problems, learning difficulties) which exert reciprocal relationships on each other, and students and teaching staff are embedded within larger school, community and education systems which may either support or constrain the development of positive TCRs. Thus, according to attachment theory, positive TCRs are likely to reduce challenging behaviors that necessitate an RPI, reduce child distress both during and after an RPI, and decrease the likelihood that children will appraise an RPI as reflecting a lack of care, concern or even hostility on the part of adult teaching staff.

2.3 Teacher-Child Relationships of Special Needs Pupils

Hamre and Pianta (2005) suggested that the relationship issues discussed above are felt more acutely by pupils who bring pre-existing risk factors (e.g., learning difficulties, developmental delay and emotional and behavioral problems) into school. Research in a sample of 10-12 year olds (N=289) found that pupils who struggle to regulate their emotions experience poorer quality TCRs than their peers, and pupils with emotional problems had less affiliation with those who teach them and appeared less connected to their school than typically developing pupils (Murray & Greenberg, 2001). This finding is consistent with research that found pupils at risk of being referred to specialist provisions were more likely to have experienced greater levels of TCR conflict (Pianta, Steinberg, & Rollins, 1995).

Children who remained in mainstream schools but who continued to experience negative TCRs and show disruptive behavior also experienced negative outcomes.

3.4 Restrictive Physical Interventions and Social, Emotional and Mental Health Special Needs Pupils

Pupils with SEMH special needs display challenging behaviors which can range from mild (e.g., tantrums, frequent talking) to severe, include sexually abusive remarks, absconding from school, damaging school property and assaulting teachers and peers (Kiernan & Kiernan, 1994). Such behaviors can erode a TCR and are linked to teacher burnout (Hastings & Bham, 2003; Miller, 2010). Longitudinal research suggests that a breakdown in the TCR leads to a cycle of further challenging behaviors and accompanying relationship difficulties (Doumen et al., 2008). Equally, there is evidence that supportive TCRs have the ability to reduce challenging behaviors (Anderman & Anderman, 1999; Skinner & Belmont, 1993).

A study of the perspectives of pupils with SEMH highlights the role of care in the TCR (Glass, 2011). Interviews and classroom observations showed that teachers who remove pupils causing a disruption in class may be demonstrating care towards some pupils, while simultaneously denying it to others. When discussing the rejection of a peer from his classroom, Jack offered the following:

“It shows that they [teachers] care about their class and that the other kids learn. It somewhat shows that they care because they kicked him out, but it doesn't really show that they care about the kid who got kicked out, sometimes they just punish the kid because he disrupted the class.” (Glass, 2011, pp. 176-177)

Pupils with SEMH special needs sometimes display violent conduct and RPIs are used as a means of preventing harm. Ofsted (2018) cautions that RPIs should be reasonable and proportionate to the antecedents. Some suggest that RPIs increase the quality of care by protecting children from harm, yet others feel RPIs place all concerned at risk of physical and psychological harm (Glasper, 2014) and civil libertarians argue that restraint is an indefensible way of managing behavior (Day, Daffern & Simmons, 2010). When RPIs become a regular occurrence, and challenging behaviors are such that mainstream schools are unable to meet the needs of a pupil with SEMH difficulties, it is common for these individuals to need access to specialist provisions. In the UK, most pupils who attend special schools will have undergone thorough, multi-agency assessments that lead to the creation of a document called an Education, Health and Care Plan (EHCP). These legally binding documents set out how and why children and young people aged 0 to 25-years-old need individualised support (Ekins, 2012). Parents of those with an EHCP have the right to request a place at a special school (DfE, 2015). Latest governmental data show that, in 2018, 44 per cent of pupils with EHCPs were educated at state-funded special schools (Henshaw, 2019). Subtexts to this figure included the unknown number of eligible parents and families who, for whatever reason, choose not to seek a place at specialist provisions and the growing number of pupils with EHCPs who are denied places at special schools due to a lack of capacity at these settings (Busby, 2018). These data suggest that special schools represent a context where more RPIs take place and a key environment in which the impact of RPIs on TCRs needs to be investigated.

3.4.1. Existing Research on Experiences of Restrictive Physical Interventions

Duxbury (2015) suggested that RPIs lead to physical and psychological trauma. An alternative view is that a child can be a threat to themselves and/or others, necessitating the use of RPIs. Residential SEMH special school pupils' views on RPIs are documented in two

reports by Morgan (2004, 2012). The first report documented various key points: i) RPIs are traumatic (corroborating Duxbury, 2015) and can trigger memories of past abuse/negative experiences – highlighting the need to increase staff awareness that some pupils do not like being touched and understanding of the reasons why, ii) RPIs also affect pupils and staff who witness these events, iii) it is beneficial to discuss RPIs after they take place lest some pupils harbour distrust and resentment to the point that they seek retribution, iv) pupils should be made aware that RPIs may be necessary before they actually experience one, and v) RPIs should only be used as a last resort. However, neither report examined how these events influence the way the pupils related to the adults who teach them, although some pupils' responses touched on the relationship between RPIs and the TCR (Morgan, 2004). For example, some pupils felt “staff rile you until you want to hit them, then they restrain you” (p. 7), or that some learners “still bear a grudge against the way [they were] restrained” (p. 16), suggesting that for some students, RPIs impact the quality of their TCRs.

Morgan's (2012) work did provide some insight into pupils' experiences of witnessing RPIs, with responses highlighting both the emotional consequences and relational impact for both the child being restrained as well as those witnessing the restraint. For example, one group of pupils stated that they often laughed at the child being held. A child who was laughed at by peers while being held said that they wanted to assault those deriding them. Another group of pupils interviewed eight years earlier (Morgan, 2004) went as far as to suggest the impact of witnessing an RPI is similar to being involved in one. Morgan's participants also highlighted instances whereby the behavior of teaching staff actually led to a restraint. The pupils were critical of staff unwilling to back down when experiencing disputes at school: “[T]hese staff “keep in your face” until the danger-point and then violence and restraint are reached’ (Morgan, 2004, p.8). Although the focus of Morgan's work was to seek children's views on the use of restraints in more general terms, his 2012 participants

mentioned that adults performing RPIs need to know a child well before restraining them. Morgan's work therefore suggests that the harsh or aggressive behavior of teaching staff can trigger pupil disruptive behavior, leading to an RPI and that RPIs also have a negative impact on TCR quality. It also indicates that better communication and relationships between teachers and pupils may help to prevent behavior that leads to RPIs, as well as reducing the overall negative impact of RPIs on TCRs.

3.4.1. Broader Views on the use of Restrictive Physical Interventions

Most of the research on RPIs and their impact has been conducted in adult psychiatric hospitals, with much less attention to their use with children in schools. Chien, Chan, Lam, and Kam (2005) investigated the use of restraints experienced by adult participants with mental health difficulties. While negative feelings were expressed (including frustration related to the attitude and behaviors of staff during the restraint, a lack of concern and empathy shown by staff, and a lack of information about the restraint both during and after its use which caused participants to feel powerless and bewildered), positive feelings towards those enacting RPIs were present. These positive experiences were summarised under four themes: safety and trust ("It is very important to have immediate and safe control of my aggression" (p. 82)), care and concern (participants noted an appreciation of staff who showed they cared by being available to assist in restraints), explanation and frequent interactions ("They [the nurses] approached me in a caring and calm manner and explained to me what was happening to me. When I was being restrained, I felt relieved" (p. 83)) and being respected (those restraining patients helped "them to maintain their dignity" (p.83)). Therefore, it is possible that young people experiencing RPIs in schools may also have a range of positive, as well as negative experiences of RPIs.

The current study addresses Morgan's (2004) criticism that researchers are guilty of often failing to study RPIs from the perspective of those who experience them by obtaining

the perspectives of pupils attending special education schools. It also extends his work by directly assessing the impact of RPIs on the TCR in children who have experienced RPIs, and those who have chiefly or only witnessed RPIs. Our study also follows up on the recommendation of Sellman (2009), who argued that TCRs and RPIs need to be investigated in parallel, as the pupils in his study felt the key point was not the ‘tool’ the teacher uses to manage challenging behavior, but the quality of the relationship that contextualises it. As Robert, a 13-year-old who attended a special school in the same region as one of Trust N’s settings, articulated: “[I]f it wasn’t [for] people restraining, the school wouldn’t be here...It’d be smashed up and everything, there’d be people in hospital” (p. 39), but “[I]t doesn’t really matter what’s used, if things are not good between the teacher and that person, it [the behavior management tactic] can be abused...it’s the relationship that really matters” (Sellman, 2009, p.42). The present study aims to provide staff who perform RPIs with a better understanding and awareness of the effect RPIs have on TCRs. Illuminating students’ perspectives will also inform policy and practice regarding the use of RPIs at SEMH schools.

Research Questions

The study adopted a qualitative approach to address the following research questions:

- How do pupils with SEMH special needs who experience RPIs feel such events impact on their TCRs?
- How do pupils with SEMH special needs who witness RPIs feel such events impact on their TCRs?
- How do the above perceptions differ for students who have experienced RPIs compared to those who have primarily witnessed them?

3. Methodology

3.1 Design

This qualitative study employed a cross-sectional design.

3.2 Participants

Across the two schools (A&B), a total of 37 eligible participants were identified, 21 from School A and 16 from School B. Inclusion criteria were pupils of any gender in years 5 and 6 (children aged 9-11 years). School A and B are located in the midlands region of England. Figures produced by the Office for National Statistics (2018) indicated that the schools are located in the region with the second highest UK unemployment rate. School A educates pupils across Key Stages 1-4 (ages 5-16), while School B caters for pupils in Key Stage 2, 3 and 4 (ages 7-16). Informed written parental consent and child assent to participate was provided by 27% of the total sample, six and four pupils at Schools A and B respectively. Six parents declined to give consent (16%) and 21 parents did not respond (43%). All participants were male, with an average age of 9.80 years (SD = 0.48). In England, Key Stages 1 and 2 cover Years 5 and 6 (9-11 years) of primary school, and Key Stages 3 and 4 refer to Years 7-12 post-primary school (12-18 years).

Participants were categorised by two sub-groups: those who have experienced an average daily RPI rate >0.01 (Group A), and those who have only ever witnessed RPIs or experienced an average daily RPI rate <0.01 (Group B). The latter group was included to examine the perspective that witnessing an RPI may be akin to experiencing one (Morgan, 2004). To enable group comparisons, differences in the time the participants had attended their respective schools was controlled for by dividing the number of times they had been held by the number of days (including school holidays and school absence) since their enrolment date, to provide a rate of physical restraints per day (RPD). Information about the

year group, SEND and rate of physical restraint of each participant is presented by school and SIFG in Table 1. All additional SEND diagnoses were assigned to the participants following prior assessments made by suitably qualified professionals.

Insert Table 1 about here

3.3 Measures

Pupils with SEMH special needs experience difficulties in communicating their thoughts and feelings (Hamre & Pianta, 2007; Hayden & Jordan, 2012, 2015). The conduct of stimuli-informed focused groups (SIFGs) addressed this issue by removing the need for the participants to answer every question posed. In order to experience and witness RPIs, the SIFGs included six social stories with associated photographs of mock RPIs. Although pupils make excellent focus group participants (Stewart, Shamdasani, & Rook, 2007), the decision to support the photographs via the accompanying narratives attempted to address the likelihood that children have less verbal ability than adults. SIFG provide participants with a focal point by centring discussions around the same issue, situating pupils in their own experiences while allowing for a degree of detachment. To make the staged RPIs more relevant to the participants the children featured in the photographs wore Trust N's school uniform. Audio recordings of the SIFGs were taken on a tablet, via an application named TranscribeMe! The application was later used to transpose the discussions into text.

Procedure

Ethical approval was granted by the university ethics board. Head teachers were sent a letter to read, sign and circulate to the parents and carers of pupils in Years 5 and 6 at their schools (ages 9-11). This correspondence also included a child friendly version of the information

and consent forms that parents were asked to read with their child. This was also read to child participants before the start of the SIFGs by the researcher to ensure that rolling assent was obtained, the purpose of which is to allow children the genuine right to withdraw (Lewis, 2002). Children were informed that they could withdraw from the project at any time without giving a reason, and that if they chose to do this, any data they contributed would not be used in the study. They were reminded of this on several occasions during the SIFG.

Student participants formed three stimuli-informed focus groups (SIFGs): two groups consisting of three pupils each at school A and one group of four pupils at school B. Groups A and B relate to the participants who had experienced RPIs themselves and those who had witnessed RPIs. These two groups of participants were represented in all of the focus groups to elicit a range of views and perspectives. Advice was taken from a senior member of staff at School A as to the ability of the children who made up their two SIFGs to make an active contribution to the group. Factors such as clashes of personality and pupil friendships were taken into consideration when deciding who to allocate to these two groups to ensure that the two School A sessions ran smoothly. This was not necessary at School B as only four pupils took part in the discussions. The SIFGs were conducted face to face on the school sites by the same researcher (First author). The use of focus group stimuli and having anonymised data reduced the possibility of the participants and their teachers feeling judged or subjected to close examination. The researcher spent time at the start of each SIFG establishing rapport with the participants through an ice-breaker exercise. Care was taken to give children the time to speak and no time limit was placed on this. Participants were steered away from referencing their own experiences of RPIs and leading questions were avoided. Fictitious names were assigned to all participants in the reporting of results to ensure their anonymity.

Data Analysis

The data was analysed as text in line with the established model presented in Braun and Clarke (2006). Focus group discussions were transcribed verbatim as recommended to provide a 'detailed and nuanced account' (Braun & Clarke, 2006, p.83) and uploaded to NVivo. As a first step, the first Researcher immersed himself in the texts by rereading them while also listening back to the audio recordings to check for accuracy. Following the advice offered by Wyman-Roth (2016), a text cloud of word frequency was actioned prior to drawing up a mental map of what one *should* and *would* look out for within the text. *Should* was in respect of the items that emerged from the text (inductive practice) and *would* related to use of the text to confirm or reject any professional based hypotheses of RPIs impact on TCRs (deductive practice). Although a priori versus a posteriori knowledge suggests qualitative research is driven by inductive reasoning, a mix of the two camps holds sway in this instance. Thorne (2000) observed that qualitative analysis benefits from access to these different strategies.

Findings

Group comparisons are expressed by presenting participant pseudonyms alongside their daily average number of first-hand RPIs experienced since they started at the schools studied and whether they routinely experience RPIs (Group A) or only/mostly witness restraints (Group B). Pseudonyms were also assigned to any staff members referred to by participants. A major source of variation among the participants' comments concerned how RPIs impact the quality of TCRs over time. Responses differ as a function of the initial and short to medium-term impact of RPIs (hours rather than years): hereafter referred to as *in the moment* versus *post-incident impact*. The identified themes are stable across groups, but perspectives varied within-groups and within-participants. Certain participants from both groups offered opinions that they themselves contradicted minutes later; sometimes even while discussing the same

scenario. Although more contradictory views were seen in Group B (only/mostly witness RPIs), this disparity is indicative of the complexity of views and responses evoked by RPIs.

‘In the Moment’ Impact of RPIs on TCRs

Children reported a range of emotional responses to RPIs, leading to a broad theme of emotional responses. All participants used anger to express how they believed pupils would feel about the adults holding them and, without prompting, how they themselves would feel in the same situation, leading to the identification of the sub-theme of ‘anger’. A further sub-theme under emotional responses was that of ‘feeling fearful of the adults.’

Researcher: Would seeing your teacher restrain a pupil affect how you feel about your teacher?

Jordan 0.36A: I would feel scared, anxious and that kind of stuff.

These strong negative emotional responses reflected children’s reporting of physical and emotional discomfort while being held, which then negatively impacted on their feelings about the teacher using the restraint.

Jordan 0.36A: He wouldn’t like him [the teacher] because if you’re getting held and it’s too tight – you don’t like being held and you get red marks on your wrists.¹ It’s too tight.

The participant with the second highest RPI average (Jordan) reported feeling negativity towards teachers because for him, RPIs led to a sense of isolation from one’s peers. This theme of ‘separation’ was confirmed by two Group B participants. However, other children

¹ Trust N’s positive handling policy states an injury sustained during an RPI is not necessarily evidence of malpractice.

saw RPIs experienced by other students as somewhat of a positive outcome. Both participants reported that they took pleasure from seeing RPIs, finding these events exciting; even expressing enjoyment at the lack of dignity their classmates experience when being held and using the RPI as a reason to tease or verbally bully their classmates.

Researcher: Max, would you like to be in a class where there's lots of restraints? [Nods] You would? Why?

Max <0.01B: I find it entertaining. It would make me think of all the people as daft.

Martin 0.4A: If the other child was in the hold, I would kind of rub it in his face.

In contrast, a different Group B participant had a less favourable view of the impact of an RPI on feelings of children who witness the RPI towards their teacher.

Researcher: How would you describe how the child feels about his teacher?

Thomas 0.00B: Not good because he's restraining all his friends. They [the pupils] probably feel left out.

In answer to the third research question, it is plausible to suggest that there were differing views depending on whether pupils frequently experience RPIs or mostly/only witness them. RPIs eliciting positive emotional responses were mostly reported by those who witness RPIs, but were seen as eliciting negative emotions (anger, fear), and consequently exerting a negative impact on teacher-child relationship quality by those who experienced RPIs. An additional theme was that of 'sympathy for the adults.' Participants showed concern for their

teachers' well-being. Children's responses indicated that they recognized that own their actions often placed their teachers or fellow students in danger and tested the adults' resolve.

Researcher: How would it change the way you feel about your teacher?

Archie 0.02A: When you're hurting people and you're throwing chairs or anything that can hit another person – that's very bad. You can get a bruise on your head, or on your face.

Paul 0.08A: I would feel a bit sorry for the teacher because she's come here to teach and not be hit. If a member of staff's been hurt really bad [by a pupil], it would change how you feel about them and care about them [the teacher] more.

Equally, there were a small number of instances where Group A participants felt the use of RPIs obstructed their ability to settle disputes with their peers, leading to resentment towards the adults involved.

Researcher: Paul, would you feel angry with Mr X for restraining you?

Paul 0.08A: Yeah. Because when I get angry, it's like in my mind I've got a goal.

Conversely, the responses of many students indicated that RPIs had no negative or positive impact on their relationships with teachers, therefore a 'no impact' theme was identified.

Researcher: If you were Alex, would this restraint change the way you feel about your teacher?

Max <0.01B: No. I mean, it's just something you'd done so why would it change how you felt about the teacher? The teacher is just doing his job.

Carlos 0.00Y: It wouldn't change his feelings, would it? Because he's experienced lots of them [RPIs].

These differences are an example of how some of the themes are contradictory in nature, with children's perspectives on the emotional consequences of RPIs and impact on TCR quality varying depending on the context and antecedents of each RPI scenario. Even though the children in the present study have varied and complex SEND, they appear sensitive to the need for RPIs under certain circumstances, such as the potential for the child's behavior to harm others. Their responses show that they appear to understand the complexity of the nature, antecedents and consequences of RPIs in relation to their own emotional responses, those of their teachers, and for their peers observing the restraint.

First-hand knowledge of RPIs, as indicated by their more assured responses, suggested that the TCRs of Group A are influenced by a greater variety and intensity of emotional responses to RPIs and may, therefore, elicit more complex responses in relation to their impact on TCRs compared to the views expressed in Group B. For example, it might well be the case that a Group A type child is restrained to stop them hitting their head against a wall and then later restrained in the process of throwing a chair at a teacher or classmate. Compared to the responses of participants who had frequently experienced RPIs (Group A), the responses of those who had mostly/only witnessed RPIs (Group B) were often less sympathetic towards their classmate or had a more limited understanding of the issues at hand.

Researcher: Why wouldn't you be angry with the teacher?

Carlos 0.00B: Because I'm not being held.

Carlos' response is also indicative of how those who witness RPIs tended to offer comments that were either short, closed or more supposing in nature. This suggests that not having

personal experience of a restraint limited Group B's ability to judge the impact of an RPI on the TCR. When asked to consider the impact RPIs have on teaching and whether this had a bearing on the TCR, Group B participants described how the time spent by teachers engaging in RPIs would have a negative impact on their education. Carlos's response above is an example of how Group B type pupils reported feeling left out when their peers received more teacher support and attention during an RPI. Such comments were coded under the theme of 'feeling neglected by the teacher'.

Researcher: How would having lots of holds in your class affect how you feel about your teacher?

Thomas 0.00B: It would change your learning because every five minutes there's someone being restrained and taken out of the class. I want to do my work.

Archie 0.02A: I feel like I'm going to shout at them [the teacher].

Researcher: Why?

Carlos 0.00B: Because the teacher wouldn't God damn help!

That two of these three extracts were offered by Group B participants suggested that their TCRs as well as their ability to access teacher educational support are negatively impacted by RPIs and the behaviors that trigger them.

Post-Incident Impact of RPIs on TCRs

Martin 0.4A: I'd understand...after the hold.

Transcript comments that related to how long RPIs impact on TCRs (a 'resolution period' theme) revealed the starkest difference between the two groups. By asking participants the average number of hours it would take them to forgive the adults in the scenarios, it was

possible to identify considerable variation across groups in the length of time RPIs impact on TCRs. Participants who had directly experienced RPIs felt it would take, on average, 37 hours (range 24 - 48 hours) before any RPI-induced negativity towards their teachers abated. In contrast, having discounted unrealistic outliers of one second and one million years (both offered by Miles (<0.01) and examples of within participant contradictions). Students who predominantly/only witnessed RPIs felt it would take an average of 1554 hours (range 1 – 8760 hours, median 504 hours) to rebuild a positive TCR after a restraint. There were also three participants (mostly Group B) who felt that experiencing an RPI would result in everlasting damage to their TCRs.

Researcher: Would you forgive your teacher if you were being held?

Carlos 0.00B: No!

Dev 0.00B: No.

Archie 0.02A: Never-ever-ever.

While this may well be the case (all three participants later contradicted themselves on this matter, and one later mentioned it would take him two days to forgive an adult restraining him), the fact that it was raised by Group B participants suggests that the act of witnessing an RPI may encourage some pupils with SEMH special needs to avoid behavior that would increase the likelihood of restraint.

Martin 0.4A: I would feel why do I want to be at this school? Why didn't I just behave at my old school?

Jordan 0.36A: Yes. If you like to start a fight, they can help you stop it, so when you're older you don't cause knife fights in the streets.

Researcher: Even if that meant being restrained?

Jordan 0.36A: Yes. Cos restraining is helping you learn your actions.

Carlos 0.00B: He might think, "What if I'm naughty? Then he'll do that to me too."

In a similar vein, most participants in both groups understood personal safety and safeguarding as the justification for RPIs.

Researcher: Why do you think the teacher restrained Carey?

Max <0.01B: What if she ran into an open road?

Thomas 0.00B: Yeah, so she won't get kidnapped, run over, anything.

Some participants appreciated and even demanded the efforts of staff to secure pupil safety.

Jordan 0.36A: I would feel happy and then grateful for helping us because if Sir holds us, it won't really matter because they're trying to keep us safe.

Researcher: Paul, if you don't feel your teacher can keep you safe, how would you feel about them?

Paul 0.08A: Angry. I would want to hurt them.

Max <0.01B: It's just something you've done so why would it change how you felt about the teacher? The teacher is just doing his job.

This theme, labelled 'appreciation of a teacher's professional duties', showed the participants respected the efforts of the teachers and that RPIs, given the needs of the pupils, are part of the *Teachers' Standards* laid down by the Department of Education (2013). Participants

showed an air of post-incident reflection in that the impact of RPIs on TCRs include an element of trust and that RPIs are not taken lightly by teachers.

Researcher: Do you feel that you could trust your teachers or were you annoyed with them?

Carlos 0.00B: I could trust them.

Archie 0.02B: It is difficult.

Carlos 0.00B: But you [Archie] go and give Ms. X hugs every morning, don't you?

Dev 0.00B: Yeah, that's true.

Paul 0.08A: Staff really don't like holding children.

The topics of how to avoid RPIs and how best to repair their negative impact on TCRs were raised in the SIFGs. A 'communication' theme illustrated the fact that both groups felt it would be worthwhile to talk to a trusted individual before and/or after any RPI. However, some participants felt that it would be difficult to express themselves following an RPI. Others were unable to provide definitive responses to these questions. It is not the case that participants within and across the two groups challenged or disagreed with one another, but that collective and conclusive responses were not always offered. Greater consistency in responses was present for Group A. This group's more direct and frequent experience of RPIs appeared to make them more aware of the quality of their own TCRs and the impact of RPIs on these relationships.

Given time, both groups had a constructive outlook on why teachers use RPIs, meaning that TCRs remain intact and positive. The participants appeared to understand that the purpose of RPIs is to keep them safe, but the holds are unpleasant for children who

directly experience, or who have chiefly witnessed RPIs in different ways. Any unpleasantness subsides in a short space of time, and, despite a small number of exceptions, strong feelings of anger are soon replaced with an appreciation of the adults having the safety and best interests of pupils with SEMH special needs at heart. In short, as time passes, the positive impact of RPIs on TCRs outweighed the negative impact, but more so among children who directly experienced/mostly witnessed RPIs.

Discussion

Current findings are consistent with past research indicating that depending on their context, RPIs can have a positive or negative impact on TCRs (Duxbury, 2015; Glass, 2011; Morgan, 2004, 2012). Some pupils in the current study also perceived RPIs to have a negligible impact on TCRs. This difference in the perceptions both among and between child participants mirrors the divide in adult opinion (Day et al., 2010), but also challenges the views of researchers, policy makers and civil libertarians by presenting findings that suggest RPIs are not always detrimental to TCRs. In general, participant perceptions aligned with past research with teenagers who expressed the view that special schools would not be able to function without the use of restraints (Sellman, 2009). Pupils who attend the schools appreciate the need for RPIs, but they also acknowledge that the relationships they have with the teaching staff play an important role in preventing RPIs from occurring, as well as facilitating student's acceptance of, and recovery from these events.

Interestingly, the TCRs of those who solely or predominantly witness these events were impacted in similar ways as their peers who frequently experience RPIs, and, in some instances, more negatively. All but one of the emotional response sub-themes identified were consistent with Morgan's (2004, 2012) findings that RPIs have the potential to negatively impact on the quality of the TCRs of children regardless of whether they directly experience,

or chiefly witness RPIs. The views expressed by some pupils in the study indicated that some might seek retribution after being held and the physical discomfort as a result of being restrained was also present, but interestingly these views were more prevalent among children who predominantly witnessed RPIs. One novel finding of the present study was the identification of the theme of the ‘resolution period’, relating to the length of time it takes to rebuild or repair the TCR after a restraint. This factor was absent in the existing literature, and thus this finding makes a unique and valuable contribution to the debate around the use of RPIs and their impact on TCR quality. Although both groups agreed that RPIs sometimes create physical discomfort and elicit negative emotions, these consequences appear to be short-term for children who frequently experienced RPIs compared to those who had predominantly witnessed them. Children who had chiefly witnessed RPIs expressed more negative views on both the short- and long-term impact of RPIs on the TCR. This difference may reflect the greater depth of personal, first-hand experience of how long it takes to re-establish their TCRs among pupils with direct, frequent experience of RPIs. This information is useful as it is an indication that RPIs do not have a long-lasting impact on the TCRs of those who experience them in person.

The understanding, acceptance and sympathy that child participants expressed towards the adults who are responsible for restraining them are not consistent with Miller’s (2010) claim that the use of an RPI always damages the TCR. In the current study, children who expressed trust in the positive intentions of teaching staff in their decision to implement an RPI, as well as recognizing the need for RPIs to keep children and their peers safe, also tended to report a more short-term negative impact of RPIs, and to view the impact of RPIs on the teacher-child relationship more positively. These findings indicate that the use of RPIs in response to child behavior that is likely to cause harm to themselves or others leads to confidence in their teachers, and this acceptance confirms the view that pupils with SEMH

special needs need to feel secure and protected in order to have faith in those who teach them (Sellman, 2009). Equally, participant concern about potential harm to teaching staff suggests pupils with SEMH special needs possess the empathy that Crouch, Keys, and McMahon (2014) identified as a component needed to foster successful TCRs.

Current study findings are also consistent with Raider-Roth (2005) and Hattie's (2009) promotion of trust between staff and students being central to success at school. These findings can also be interpreted from an attachment perspective -- with the concept of an attachment figure as a safe haven to turn to in times of distress central to attachment theory (Bowlby, 1969). Children who are securely attached develop generalized positive expectations of adult caregivers' behaviors (versus hostility and distrust) and are more effective at regulating strong negative emotions (Fearon et al., 2010), such as those displayed by children prior to, during, and after an RPI. Thus, the views of pupils in our sample may reflect secure attachment and hence a positive IWM, leading to positive interpretations of staff decision-making and behavior in relation to the use of RPIs. Consistent with Bronfenbrenner's ecological theory (1979) a positive school environment is also likely to facilitate the development of TCRs characterized by closeness, trust and good quality communication. Future research could assess teacher-child attachment and the school emotional climate to examine whether these factors predict the impact of RPIs for children in special education schools.

Another important theme identified by child participants was the view that RPIs contribute to establishing the calm, harmonious classroom environment needed to foster academic achievement (Emerson, 1995; Evertson et al., 1983). Past research suggests that pupils report better relationships with their teachers when they can complete their work in a well-ordered classroom (Rudasill & Rimm-Kaufman, 2009). Interestingly, when teachers are required to perform RPIs on a frequent basis this was viewed negatively by compliant pupils,

who subsequently feel they are not given the attention needed to pursue their studies. This is consistent with evidence that both the quantity and quality of time spent with teaching staff relates to school success (Glass, 2011; Hamre & Pianta, 2007; Minuchin & Shapiro, 1983; Pianta, 1992). It may also reflect the egocentrism and theory of mind deficits that are often present in children with autism and other developmental disorders (Fletcher-Watson & Happé, 2019), consistent with the characteristics of our sample.

As many RPIs require two adults to support a pupil in crisis, the relationships explored here relate to teaching assistants (TAs) as well as teachers, who are equally likely to perform RPIs. Some participants mentioned that they sometimes view and seek help from TAs differently to their teachers, with some participants mentioning feeling more comfortable with auxiliary staff. In recent years, TAs have received more training and spend more time interacting with children than classroom teachers (Blatchford, Russell, Bassett, Brown, & Martin, 2007). Therefore, TAs may be better placed to develop close relationships and implement RPIs with children who show challenging behaviors. Although recent work has explored the impact of the growing number of TAs in UK classrooms (Webster, Blatchford, & Russell, 2013, 2016), little research has explored the specifics of the relationship between TAs and pupils. There is scope for research comparing the relationship pupils with SEMH special needs have with this group of paraprofessionals to classroom teachers, and how this may influence their experience of RPIs.

Conclusion and Recommendations

Children who chiefly witness, as well as those who frequently experience RPIs perceived them to have a range of positive, neutral and negative impacts on TCRs. Some restraints were seen to be physically and emotionally uncomfortable, but there was a general understanding that the adults who perform RPIs are doing so in the best interests of the child. Although children in both groups felt that TCRs could be rebuilt after a restraint, children

who mostly witnessed RPIs tended to believe that it would take much longer than those who had direct experience of RPIs. Consistent with Morgan (2012), participants discussed the possibility of talking through an RPI as a means of avoiding future holds, but only when they feel ready to do so. Greater coverage of how to develop successful TCRs, thus reducing the need for RPIs, need to be incorporated into initial and in-service teacher training programmes. Presently, it is mainly at Master's degree level that teachers and scholars are able to explore SEND matters in detail, with many entering the profession report feeling ill prepared to support pupils with special needs (Robertson, 2017). Current findings also suggest that guidance on how to conduct post incident discussions and restorative approaches in SEMH schools that employ RPIs would be useful. However, an increase in RPIs and ever-growing pressures through curriculum constraints limit the ability to give time and space to conduct RPI debriefs that involve discussions with pupils and adults together or separately. Therefore, opportunities for teaching staff and pupils to talk through any RPI need to be embedded within the school timetable.

Current findings should be interpreted with reference to the broader context of education in the UK. Cuts to central funding and a significant increase in the number of Education, Health and Care Plans² since the introduction of the Children and Families Act 2014 Special Needs Act have put a huge strain on SEND provisions. This situation means those who require additional support to develop successful TCRs are often deprived access to smaller class sizes and/or specialist provisions (Clifton & Harte, 2018). These pupils' TCRs are therefore hampered by a lack of specialist staff or focused attention, which may increase the frequency of RPIs (O'Brien, 2018; Richardson, 2018). Debates around inclusion in schools (see Warnock, 2005) mean that it is not always the case that pupils with SEMH

² A statutory plan detailing the education, health and care support provided to children with SEND. EHCPs are written by a local authority after a multi-agency assessment of a child has deemed such a plan is necessary.

special needs who experience RPIs attend special schools. Moreover, media reports (Busby, 2018) make the case that a large number of special schools in the United Kingdom are at or above capacity, meaning there is no other option for pupils with SEMH special needs than to remain in their mainstream schools; often on reduced timetables. Therefore, one important area for future research is to explore if the TCRs of mainstream pupils with and without SEMH special needs who are exposed to or experience RPIs differ from those who attend special schools.

A limitation of the present study is that only male pupils opted to take part. The schools who participated in the research had high male:female pupil ratios (School A's student body was comprised of 80% male pupils and for School B it was 87.5%), therefore future work could target schools with a greater number of female pupils. Teachers tend to report poorer quality TCRs with boys (McGrath & Van Bergen, 2015), and boys show more physical aggression towards their classmates and teachers, while girls display more covert antisocial behavior and relational aggression (e.g., ostracism, rumour spreading) (Allen, Hwang, & Huijding, 2020). This suggests that future research should include a mixed gender sample to examine if there are gender differences in pupils' perceptions of RPIs and their impact on TCR quality.

Social scientists regularly discuss children and scrutinise their development, actions and interactions without considering their voices within these dialogues. The present study aimed to provide a platform to some of the most vulnerable of these individuals, with findings indicating that the sensitive and significant issue of how RPIs impact on the lives of pupils attending schools requires continued attention. Another implication is that improved understanding of RPIs in educational settings can be achieved through requiring schools to make public their use of RPIs which would hold them to greater account and provide a clearer picture of the current situation. One important direction for future research is to

investigate the physical and emotional impact of implementing RPIs on teaching staff. In the current study, pupils expressed an understanding that implementing RPIs places a strain on teachers. Our findings indicate that most children understand the need for an RPI, and that RPIs do not tend to have a long-term negative influence on their feelings towards the teaching staff who implement them. Raising awareness of these views may be helpful in reducing the negative emotions (e.g., stress, guilt) that teaching staff may experience in relation to RPIs.

Table 1

Participant Information

School A			
SIFG 1			
Child	Year Group+	Key SEND	RPD (Group)*
Paul	5	ASD	0.08 (A)
Martin	5	ASD/ODD	0.4 (A)
Jordan	5	Attachment disorder	0.36 (A)
SIFG 2			
Max	6	PDA/ASD/ADHD/ODD	<0.01 (B)
Thomas	6	ODD	0 (B)
Miles	5	ADHD/SLCN	<0.01 (B)
School B			
SIFG 2			
Child	Year Group+	Additional SEND	RPD (Group)*
Robert	5	None	0.07 (A)
Archie	5	None	0.02 (A)
Carlos	5	ADHD/MLD	0 (B)
Dev	6	MLD	0 (B)

Note: SIFG = stimuli informed focus group; SEND = special educational needs and disabilities; *RPD=Restraints per Day: number of RPIs/days since admission; Group A = students who have experienced an average daily RPI rate >0.01; Group B = students who have only ever witnessed RPIs or experienced an average daily RPI rate <0.01; ADHD=Attention Deficit Hyperactivity Disorder; ASD=Autistic Spectrum Disorder; ODD=Oppositional Defiant Disorder; MLD=Moderate Learning Difficulties; DA=Pathological Demand Avoidance; SLCN=Speech Language and Communication Needs; Year 5 = 9-10-year-olds. Year 6 = 10-11-year olds.

Declaration of interest statement:

Jonathan Willis had a position as Head Teacher at a special education school during the three-year period prior to the submission of this article. The remaining authors have no conflict of interests to disclose. Jennifer Allen and Amy Harrison read and approved the final draft of the manuscript. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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