



# POSITIVE HANDLING PRACTICE IN SCHOOLS

A SCOPING REVIEW OF CURRENT ADVICE AND  
GUIDANCE AND A QUALITATIVE EXPLORATION OF  
ITS IMPLEMENTATION IN ENGLISH SCHOOLS

**A THESIS SUBMITTED TO THE UNIVERSITY OF MANCHESTER FOR THE DEGREE OF  
DOCTOR OF EDUCATIONAL AND CHILD PSYCHOLOGY IN THE FACULTY OF  
HUMANITIES  
SCHOOL OF ENVIRONMENT EDUCATION AND DEVELOPMENT**

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## Section 1

### 1.1 List of Tables

#### Paper 1

Table 1. Number of sources and percentage of literature characteristics.

Table 2. Overview of themes and codes across the data set

#### Paper 2

Table 3. Areas of exploration and stimulus activities used.

Table 4. Breakdown of participants for setting and role.

Table 5. Breakdown of themes and codes.

#### Paper 3.

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### 1.2 List of figures

#### Paper 1

Figure 1. Model of Positive Handling Practice

#### Paper 2

Figure 2. Interactive conditions supportive of a knowledge-creating organisation.

### 1.3 Declaration

No section of the work contained in this thesis has been submitted as part of an application for another degree or qualification of any kind at any University or learning institution.

### 1.4 Abstract

#### Background:

Physical restraint or positive handling have become a focus of recent attention. The Association of Educational Psychologists passed a motion to promote the reduction of physical restraint in schools (AEP, 2018) and the Department for Education and Department of Health and Social Care (2019) produced non-statutory guidance aimed at reducing restraint in special schools and education settings serving autistic children. However, the Challenging Behaviour Foundation (2019, p. 4) have also called for greater accountability and further staff training and supervision around positive handling. In this context this thesis explores the guidance available and school staff views of the strengths and needs of current practice.

#### Methods/ participants:

The first paper is a Scoping Review of literature investigating the advice and guidance available to schools to guide their practice. The second paper is an in depth qualitative survey exploring education staff's experiences and perceptions of the strengths and needs of current practice.

Analysis/ findings: The SLR identified 10 key areas of practice: Competence and Accountability, Dynamic Risk Assessment, Equipping Staff, Safety, Systems and Policies, Planned Intervention, The Balance of Power and Control, Post Incident Support,

Relationships and Equality. Paper 2 presents a content analysis of education professionals' experiences and views on current practice and their hopes for future practice.

Conclusion/ implications: The research presents a complex picture around how schools move from guidance to the implementation of positive handling practice. Limited empirical evidence, a lack of statutory rules and systems, wider systemic issues and the demands of working with children with high level needs all present challenges to current practice and limit opportunities to evaluate and improve practice. Paper Three discusses evidence-based practice in relation to the role of practitioner psychologists. Dissemination of these findings and implications for a range of professional practice are discussed.

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## 1.6 Acknowledgements

Thank you to family and friends who have supported me both through my research and personal experiences of restraint.

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A special thank you to the children, young people and colleagues from my teaching and residential care roles. To the boy who liked me, his teacher. Though he knew it already, this research is extra evidence that I did indeed like him too.

### 1.7 Author Information

The Author has a Joint Honours BSc in Psychology and Counselling Skills from The University of Salford, a PGCE in Primary education from Cumbria Primary Teacher Training (Cumbria University).



## Section 2 – Introduction to Thesis

### 2.1 Defining terms around Restraint and Restrictive Practice

A range of terms will be discussed within this thesis. “Restrictive Practice” is used to denote all forms of restriction including active and passive physical restraint, mechanical restraint, chemical restraint and seclusion. “Physical restraint” is used to denote holds and guides only. “Crisis management” is used to denote the actions taken by adults to manage children who are in crisis and may be at risk of harming themselves or another child/adult. “Positive Handling Practice” is used to encompass all facets of restraint practice in schools including prevention work, policy and procedures, and reporting and recording. Though there are challenges around the use of the word “positive” that are discussed within the findings of paper two, it remains the most commonly use term in schools and thus it will be included in this paper.

### 2.2 Research aims

The overall aim of this thesis is to add to the research in the field of restraint and restrictive practice and to gain an understanding of the guidance and implementation of restraint and positive handling practice in schools.

The researcher’s interest in restraint and restrictive practice derived from personal and professional experience of the use of restraint in schools. The researcher experienced an incident of restraint in school as a child and has also been trained in and practiced crisis management and positive handling within previous roles as a Residential Care Worker and a Teacher. Through these experiences the researcher has developed an interest in the conflicting factors and dilemmas that adults face when managing crises and the emotional impact of those crises on adults and children. Differences between policy and practice in social care

settings and school settings were also noted when the researcher entered the teaching profession. Differences in the way different staff members used relational approaches and implemented policies around behaviour and expectations also became an area of interest when the researcher taught a child who moved from being regularly restrained to restraint not being needed. The Educational Psychologist linked to the school asked the child what had contributed to the changes in his behaviour and he attributed it all to relationships stating that he felt liked by the staff in his class and that he liked them.

When the Association of Psychologist presented their research commission to Trainee Educational Psychologists on the Doctorate in Educational and Child Psychology, it was felt that the researcher would be able to build on their previous experiences and knowledge and that there was an opportunity to explore how practice was being lived out and the factors influencing practice.

There are three papers within this thesis that are linked by their exploration of positive handling practice from guidance to implementation. Paper 1 is a scoping review entitled “A literature review exploring the legal, ethical and practice-based information school may wish to consider regarding restraint/positive handling”. The aim was to develop knowledge of the advice and guidance available to schools, and to explore the content of that to find out about what current practice should look like. The research question for this project were: What does the literature say about the legal aspects of positive handling practice? What ethical consideration does the literature suggest schools make? This paper adopted a Scoping review approach and looked at both academic and grey literature.

Once the expectations for practice had been explored the researcher turned their attention to the extent to which this was able to be implemented in practice. Paper 2 explored school staffs’ views and experiences around implementing positive handling practice. Research

questions were: What are school staffs' experiences of implementing restraint and positive handling practices in schools? What are the strengths and needs of current restraint and positive handling practice?

Paper 3 considers evidence-based practice and practice-based evidence within the Educational Psychology field and sets out a plan for dissemination of the research in a way that will contribute to the existing evidence base in the field of restraint and restrictive practice and support professionals at all levels of practice to consider where their current practice is and how to build on this.

## 2.3 Research Strategy

### Paper 1

A Scoping Review was undertaken to explore the legal and ethical guidance available to schools and the content of this. In order to establish what constituted ethical and to develop the inclusion criteria the researcher explored codes of ethics for relevant professions (British Psychological Society, 2018a; Department for Education, 2021; Sharma, 2021; The British Association for Early Childhood Education, 2021), and the Human Rights Framework for Restraint (EHRC, 2019). Database and web-based searches, reference harvesting and consultation with legal professionals led to a large quantity of data being reviewed. Sixty items met the inclusion criteria and were analysed. Ten areas of practice were highlighted and a model of positive-handling practice in schools was produced from the results. The review further highlighted discrepancies in the guidance available to different types of schools and a lack of UK based academic research that explored the guidance and implementation of positive handling practice.

## Paper 2

The focus of this paper was to begin to explore staff members' views and experiences of implementing advice and guidance around positive handling practice in schools. The model of practice developed from Paper 1 indicated that factors at individual, class, family, organisational and national level influenced practice. Therefore exploration of practice needed to access the views of staff at different levels of the organisation, and stimulus materials needed to access views at as many levels as possible. Focus groups were chosen to meet this need and stimulus activities were generated to support discussion (Barbour, 2018; Colucci, 2007) and practice in different types of setting was explored. Paper 2 gives an overview of the eight themes of practice identified by participants across a specialist and mainstream primary school.

### 2.4 Ontological, epistemological and axiology stance

Coe (2017, p. 1) defines ontology as “our own and others’ views about the nature of reality”, epistemology as being concerned with “how we can know about reality” and axiology as the different values we hold that underpin the way we go out about practice and research.

Moon and Blackman (2014) position ontology on a continuum with naïve realism at one end and relativism at the other. Naïve realism is the idea that a single reality exists and can be measured where the appropriate methods are applied during investigation. Relativism is the belief that our reality is constructed mentally, is subjective and unique to each individual and cannot be measured exactly. Critical realism acknowledges an external reality which exists independent to our beliefs or ideas; however, our understanding of that world is a construction developed from our assumptions and prior experiences (Maxwell, 2013). The

researcher's belief is that where the information from these papers is combined with research gathering the views of children and families and where positive handling practice continues to be investigated that we will be able to develop the knowledge and tools needed in order to reduce or in some schools eradicate the need to restrain.

Coe (2017) refers to the complex nature of research paradigms and the idea that it is more than the researcher just adopting a positivist or constructivist approach. He presents the different views about the nature of research that might contribute to the way that it is undertaken. Reflecting on this in line with the current project the researcher posits that the phenomena of restraint and restrictive practice can be understood by analysing and comparing the different aspects of practice and through sourcing information from a range of people involved in practice. However, the researcher also acknowledges that acts and experiences of crises, restraint and restrictive practice will be interpreted subjectively dependent on that person's historical experiences and belief systems. These in turn will influence views on what best practice might look like. In terms of the epistemology, the researcher adopts a critical realist approach which acknowledges subjective experience but believes that we can construct an understanding and research a shared truth which can be applied to support practice. This can be seen in the way Paper 1 collates the advice and guidance from a range of perspectives into a tangible model of practice and in Paper 2 through the use of focus groups and interview methods as a means of generating an understanding of practice through exploration of the different experiences and views.

With respect to axiology specific to restraint. The researcher believes that everyone's voices should be heard in order to fully understand practice. From experiences of managing crises and using and being the recipient of restraint, the researcher's view is that more could be done to understand practice and work to reduce restraint. There is an acknowledgment that in situations where there is danger of significant harm restraint is necessary and that eradicating

restraint completely is impractical and could pose dilemma with respect to schools staff's duty of care. Due to experiences of eradicating the need for restraint with one pupil, the researcher holds the belief that supporting emotions, relationship and communication are key to reducing levels of restraint.

It is worth noting, that this research arose from a motion to reduce levels of restraint in schools (AEP, 2018). This motion was put forward and approved by practicing Educational Psychologists who had grown concerned about the use of restraint in schools. Therefore the commissioner's axiology, the project aims and the formation of a restraint and restrictive practice research group at the University of Manchester will have guided the research to some degree.

## 2.5 Methodology

### Paper 1

Due to the lack of academic literature exploring the implementation of positive handling practice in UK schools a systematic literature review was deemed insufficient in being able to answer the research questions set. Lew et al. (2022) note that scoping reviews are more beneficial when researchers want to summarise, identify and examine a particular topic which is not yet fully-defined and where the research base is such that there are gaps in knowledge. In order to conduct a Scoping Review the researcher adopted approaches suggested in Arksey and O'Malley (2005); and Levac et al. (2010). This ensured that the review was conducted in a measured way with a clear process of sourcing, analysing and synthesising the data. As described in the Research Strategy section, the inclusion criteria was developed through analysis of codes of practice and relevant frameworks to support a more informed and

scientific approach. Directive content analysis (Hsieh & Shannon, 2005) was applied to the findings as part of the collating, synthesizing and summarising process.

## Paper 2

The research considered mixed methods survey research designs to collect information about practice from school staff. However, it was felt that due to the sensitive nature of the topic conducting research in person or virtually would better enable the researcher to monitor participants' wellbeing. In addition, the researcher wanted to capture school staff's experiences alongside their views and focus groups were found to provide greater opportunity for participants to share their experience as individuals and as a group (Barbour, 2018).

The initial aim for participant recruitment was to source participants from existing networks within local authorities as this would allow for participants to have the security of the existing network, and would create opportunities for a diverse range of school settings to be involved in the research. However, in trying to locate and recruit existing groups it was found that there were not many existing groups for teachers and teaching assistants. An online head teacher group was sourced however, head teachers within the group did not consent to participate citing their workload as influencing their ability to stay on the call to participate. After six months of failing to recruit, a decision was made to tap into existing networks within schools rather than local authorities and this proved successful. To stay within the boundaries of ethical approval, maintain a sense of safety, and to respect head teachers' workload, a decision was made to complete individual interviews with head and deputy teachers rather than gather head teachers who were not known to each other for a focus group.

Hennink and Leavy (2014) discuss the importance of managing the potential for bias within focus group methodologies. They suggest considering the experience of the researcher and the way the focus groups are conducted, and putting safeguards within the analysis process.

To reduce the potential bias in the delivery, the researcher used three independent assistant moderators for each of the three focus groups. Stimulus activities for the focus groups were generated through reflection on existing literature on positive handling and crisis management (Challenging Behaviour Foundation, 2019, 2020; Double Exposure/Flashback TV, 2005; Goldberg, 2017b; Hodge, 2015; Perkins & Leadbetter, 2002; Montminy (2011) in Tan et al., 2011). The decision to use existing, predominantly academic literature, was felt to give greater protection against the influence of biases on the discussion. As an additional safeguard the stimulus activities were checked for the appropriateness of their use by three trainee educational psychologist who had previous experience in positive handling practice in schools: two of these were independent of the research and one was part of the restraint and restrictive practice research group but not involved in this research. Within the analysis process a mixture of conventional and evaluative analysis was used (Hsieh & Shannon, 2005; Schreier, 2019). The approach most likely to be influenced by bias was the evaluative analysis where participants' comments were recorded as either strengths and needs of practice. This was thoughtfully conducted by the researcher and checked for bias at the individual level, all data derived from content analysis went through a peer review process as suggested by Hennink and Leavy (2014). Additionally, part of the dissemination plan involves returning to the schools to disseminate and check the findings and involve participants in the decision-making process around how they would like their views to be shared.



## 2.6 Ethical Considerations

Due to the controversial nature of the topic, a high level of consideration of how to conduct the research in an ethically sound way which was beneficial to the participants and their schools. This involved considering carefully how participants would be sourced and grouped, the creation of focus group rules, the careful selection of stimulus materials, the creation of a distress protocol, the inclusion of an assistant moderator and the creation of a debrief leaflet which encouraged self-care and included information on where to access support (See Appendix 6.10). The research was approved by the Ethics Committee at the University of Manchester in October 2021 (See Appendix 6.3). Data was managed in accordance with an approved plan (See Appendix 6.3). Information collected in the focus groups which included audio recordings and materials collected as part of the stimulus activities were anonymised. Audio recordings were collected and transcribed using the transcribe function on Microsoft Word Online. Upon completion of the recording these were automatically saved to the researchers University of Manchester secure One Drive. Once the transcripts had been checked back-up recordings taken on an encrypted Dictaphone and audio files stored on the secure One Drive were deleted. Participants were informed verbally and within the Participant Information Sheet around how their data would be collected, used and stored, and about their right to withdraw (See Appendix 6.7). Written consent was gained from all participants.

## 2.7 Contributions to research

Paper 1 provides an overview of the current positive handling practice advice and guidance from government, academic literature, and independent organisations. It provides a model of practice to support schools in their thinking about the implementation of positive handling practice within their school. Paper 2 provides an overview of two schools experiences of implementing positive handling practice, and their views on the strengths and needs of current practice. Both papers highlight inconsistencies and barriers to practice. Paper 2 highlights strengths and progress in current practice and shares ideas about where practice could be improved and what would support better implementation of the advice and guidance.

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Section 3 – Paper One: A literature review exploring the legal, ethical and practice-based information school may wish to consider regarding restraint/positive handling.

### 3.1 Abstract

Positive handling practice in UK schools has garnered attention in recent years following a number of organisations raising concerns around current practice. Guidance provided to schools by UK Government can be critiqued for being vague, leaving too much to school's discretion, and for not considering all education settings. A Scoping Review was conducted to ascertain what both the government and wider literature advises UK schools to consider. Literature analysed revealed 10 areas of practice for schools' consideration: Competence and Accountability, Dynamic Risk Assessment, Equipping Staff, Safety, Systems and Policies, Planned Intervention, The Balance of Power and Control, Post Incident Support, Relationships and Equality. A model of positive handling practice was produced and implications of this model for practice are discussed.

Keywords: positive handling; physical restraint; school leadership, crisis management.

### 3.2 Introduction

#### Defining restraint and positive handling practice

Within this paper positive handling practice is taken to include everything that has the potential to influence rates of restraint, and everything that happens before, during and after individual incidents of restraint. The term restraint is used for acts of active and passive

physical restraint, chemical restraint, mechanical restraint. Active physical restraint is defined as a method “in which a pupil’s actions or movements are controlled by the active use of force” and passive “involves direct physical contact but not active force” e.g., using physical means to safeguard a reception child who is drawn to heights and active as one (EHRC, 2021, p. 11). Additionally, positive handling practice is posited to apply to all school settings in the United Kingdom.

#### [The current picture](#)

“The Use of Reasonable Force Advice for headteachers, staff and governing bodies” (Department for Education, 2013) guides how the law can be applied. More recently, guidance to reduce restraint and restrictive interventions in specialist education and health and social care settings and which also references its potential utility in other settings, was produced. (Department for Education & Department of Health and Social Care, 2019). However, the element of the law that permits restraint to be used in schools to maintain discipline and order; and the lack of statutory systems and processes have been criticised (Challenging Behaviour Foundation, 2020).

Scheuermann et al. (2016) examined the codes of professional practice and ethics of organisations representing educators who work with students with severe behavioral challenges in order to discuss professional practice issues and the ethical issues related to these practices. Six areas for school leaders to consider were identified: safety of physical methods, staff training needs, how to ensure staff use the least restrictive means and are using restraint appropriately, how to avoid the continued use of ineffective interventions and how to avoid disproportionate use on particular groups. In terms of what schools might do to achieve this, Verret et al. (2019) found that a school reduced their rates of restraint and seclusion by

implementing a school-wide de-escalation plan alongside training and a focus on interventions to support behaviour. The details of adopted approaches were not referenced.

Training Providers play a significant role in guiding and advising schools' practice; however, Couvillon et al. (2018) found wide variations in what US training providers emphasise. In the UK, teachers' responses to a behaviour management training programme advocating an emphasis on de-escalation and relational approaches alongside “a commitment by organizations, and individuals within an organization, to a framework of risk reduction strategies” have been explored (Hayden & Pike, 2005, p. 175). 3 months after this training teachers reported feeling more confident and knowledgeable in: staff and pupil safety, the legal framework, dealing with crises, and preparedness to respond to a physical challenge. However, there was no longer term follow up or views gathered in relation to how the training was being implemented. Additionally, parents whose children have experienced restraint indicated practices inconsistent with guidance, for example, not always receiving reports of incidents of restraint. (Challenging Behaviour Foundation, 2019).

Existing literature in the field of restraint has largely been carried outside of the UK or within health and social care settings in the UK, thus limiting its applicability. This scoping review seeks to provide an overview of the available UK literature which can inform day to day positive handling practice and the systems surrounding it to guide the implementation of positive handling practice in schools.

### 3.3 Methods

The review method adopted was grounded in the methodological framework for Scoping Reviews developed by Arksey and O'Malley (2005), considering critiques by Levac et al. (2010). A Scoping Review is an iterative process and that the methods listed below were revised and reviewed throughout the process, and the stages often overlapped.

#### Stage 1– Identifying the Research Question

Through the authors' reflections and discussions around the current picture, the following research question was generated: What legal, ethical and practice-based guidance does the literature offer to schools around positive handling practice?

#### Stage 2 and 3 – Identifying relevant studies and Study Selection

Searches were performed on electronic databases (PsycInfo. and ERIC), an internet search engine (Google), through reference harvesting and the researchers' existing networks and known literature. Legal professionals were also consulted to ensure avenues not widely known in the field of education were uncovered, leading to a search of the British and Irish Legal Information Institute website database.

Search terms used included:

- (1) Physical restraint and ethic\* and legal NOT psychia\*
- (2) Positive handling and ethic\* and legal NOT psychia\*
- (3) restraint AND ethic\* AND (law OR legal)
- (4) Physical restraint in schools
- (5) Positive handling in schools
- (6) The legal and ethical implications of restraint in schools
- (7) Positive handling/restraint training for schools



Inclusion criteria were:

- 1) Written in English
- 2) Relevant to an education setting/s within the United Kingdom
- 3) Written after 2013 for any legal literature (to illustrate practice following the introduction of The Use of Reasonable Force law (Department for Education, 2013)) or after 2000 for other literature (to capture the broad range of issues leading up to and beyond this change).
- 4) Relevant to the review question, for example, it must consider restraint practice issues around:
  - Decision making
  - Competence and Accountability
  - Power and Control
  - Relationships
  - Equality
  - Feelings of Safety

These heading were created from an inductive content analysis of the following documents related to educational professionals' broader ethical practice: Teachers' Standards (Department for Education, 2021); Code of Ethics for Early Education (The British Association for Early Childhood Education, 2021); Paving the way for Ethical Leadership in Education (Sharma, 2021); BPS Code of Ethics and Conduct (British Psychological Society, 2018b); Human rights framework for restraint (EHRC, 2019)

Due to the limited amount of UK-based research in the field of physical restraint in schools, grey literature was included in the scoping review. 60 pieces of literature met the criteria and were included in the review.

## Stage 4 – Charting the Data

To support analysis, the following information was collected:

- (1) The type of data (e.g. journal articles, news articles, podcasts, books)
- (2) The sector/area in which the data was published
- (3) The intended audience for the piece
- (4) The position of the author
- (5) The purpose of the piece
- (6) Which of the inclusion criteria it met.

Collecting the author's position and the purpose of the piece allowed researchers to illustrate the spread of views across a controversial topic with some strong opinions. Five randomly selected pieces of literature were independently charted by the lead researcher and then the second author. The results of these were compared and reviewed to refine the charting process.

## Stage 5

### 5a. Decision-making around Analysing and Summarising

Using guidance from Hsieh and Shannon (2005), the lead researcher adopted a two stage inductive and directed approach to content analysis. The initial stage resulted in the following categories: Decision making, Competence and Accountability; Power and Control; Relationships; Equality and Feelings of Safety which were then iteratively applied to the inclusion/ exclusion criteria. To ensure that no data or meaning was lost from the literature, the framework for analysis enabled new information to emerge and additional categories were created to encompass data found (see table 2).

Quantitative information was deemed necessary to support transparency. Thus numerical data, which explore the types, frequency and percentage coverage of categories across the entire data set, are presented.

#### 5b. Decision-making around Reporting the results

Following analysis by the lead researcher, the table of codes and categories was subjected to 2 member-checking processes. First by the second author, next by an additional researcher undertaking separate research in the field. The codes, categories and a series of quotes were also presented to a group of head teachers to ensure they held meaning for those who may be engaged in positive handling practice and answered the questions set by the researcher.

### 3.4 Results

#### Literature Characteristics

The range of included data is shown in Table 1. The length of the pieces of data varied, with government guidance and reports from independent organisations being the longest and information from training providers the shortest.

*Table 1 Table to show number of sources and percentage of literature characteristics <sup>1</sup>*

| Data Type                          | Position of the Author | Purpose/s of the literature |
|------------------------------------|------------------------|-----------------------------|
| Media <sup>2</sup> 27 (46%)        | Pro 32 (53%)           | To advise 31 (52%)          |
| Government 7 (12%)                 | Balanced 16 (27%)      | To inform 41 (68%)          |
| Journal 3 (5%)                     | Anti 10 (17%)          | To persuade 15 (25%)        |
| Independent Organisations 13 (22%) | Unclear 1 (2%)         | To explore 5 (8%)           |
| Training Provider 10 (17%)         |                        |                             |

<sup>1</sup> Some pieces of data were categorised in multiple categories therefore percentages will surpass 100%

<sup>2</sup> Media encompasses podcast, radio, video, and newspaper mediums.

## Data Analysis

Ten overarching themes, termed ‘areas of practice’, comprised of 66 codes formed the final content analysis (see Table 2). Each area of practice will be presented in turn.

*Table 2 Overview of themes and codes across the data set*

| Themes<br>(no. of times referenced, % coverage) | Codes   |
|---|---|
| Competence and Accountability (306, 26%)        | Complying with the law<br>Monitoring and Reviewing<br>Reporting and Recording<br>Guidance Compliance<br>Openness and transparency<br>The role of wider professionals<br>Defensible Practice<br>Appointing a Lead                      |
| Dynamic Risk Assessment (269, 17%)              | Not punish, humiliate or cause pain.<br>Minimum use<br>Balancing risks, rights and needs<br>Reasonable and proportionate<br>Considering the impact of choices.<br>Teacher’s managing emotions and states.<br>Assessing the individual |

|                      |            |  |
|----------------------|------------|--|
|                      |            | <p>Deciding to call for help</p> <p>Continued communication</p> <p>Considering timing</p> <p>Selecting appropriate action</p>  |
| Equipping Staff      | (210, 16%) | <p>Completing training needs analysis</p> <p>Building knowledge and understanding</p> <p>Considering whether leaders are equipped</p> <p>Planning training</p> <p>Communication between senior staff and staff team</p> <p>Ensuring ongoing CPD</p> <p>Keeping things simple</p> <p>Ensuring access to supervision</p> |
| Safety               | (168, 12%) | <p>Children's safety</p> <p>Safe training</p> <p>Feeling safe to practice and report</p> <p>Risk assessment</p> <p>Staff physical safety</p> <p>Injury risk</p>  |
| Systems and Policies | (130, 8%)  | <p>Risk management systems</p> <p>Setting realistic expectations for staff and pupils</p> <p>Positive and proactive approaches</p>   |

|   |  |
|---|--|
|   | <p>Multi-disciplinary approaches</p> <p>Lone working policies</p> <p>Considering cost</p> <p>Being clear and consistent</p> <p>Behaviour and restraint policies</p> <p>Reviewing the ethos</p> <p>Against no touch policies and total restraint elimination</p>  |
| Planned Intervention (125, 8%)            | <p>Person centred planning</p> <p>Identifying needs and triggers</p> <p>Alternative strategies</p> <p>Acting early</p> <p>Preventative intervention and support</p> <p>Assessing environmental and contextual factors</p> <p>Considering evidence base</p> <p>Reactive strategies</p> <p>Linking with SEND Support plans and EHC Plans</p> |
| The Balance of Power and Control (96, 5%) | <p>Empowering staff</p> <p>Empowering and including parents</p> <p>Empowering and including children</p> <p>The power to use reasonable force</p>  |

|                                |   |
|--------------------------------|---|
| Post Incident Support (54, 3%) | Staff support<br>Support for children<br>Debrief  |
| Relationships (67, 3%)         | Knowing the child<br>Fostering belonging<br>The link between relationship quality and levels of restraint<br>Staff relationships<br>Tools to build relationships<br>Understanding parents |
| Equality (20, 1%)              | Not using disproportionately on children who belong to protected groups.  |

### Competence and Accountability

The following Laws were referenced as applicable to restraint practice:

- Human Rights Act (UK Government, 1998)
- The power to use reasonable force under the Education Act (UK Government, 2006)
- The Health and Safety at Work Act (UK Government, 1974)
- The Equality Act (UK Government, 2010)
- The Mental Capacity Act, specifically around deprivation of liberty (UK Government, 2005)
- The United Nations Convention on the Rights of the Child

These define when it is legal to restrain (e.g., to prevent harm to a person and when significant criminal damage occurred). Education settings under the remit of social care could restrain when: *“preventing a child who is accommodated in a secure children's home from absconding from the home.”* (Department of Education, 2015) In educational settings, restraint could be used when pupils were *“engaging in any behaviour prejudicial to the maintenance of good order and discipline.”* (Department of Education, 2021a) These documents refer to acts of restraint as needing to be reasonable and proportionate.

Within the theme *competence and accountability*, it was highlighted that schools are liable for the actions of those they invite onto the school site (e.g. training providers and the police) and must do “due diligence” (Dawes, 2020e; Department for Education & Department of Health and Social Care, 2019). Dawes (2020e) suggested that schools should request information from their training provider about how they risk assess and review the techniques they teach and check whether the provider involves medical, legal and health and safety professionals within these reviews. The Department for Education and Department of Health and Social Care (2019) state that when staff call the police they “are responsible for alerting police officers to any specific risks or health problems that a child or young person may have...as well as monitoring the child or young person’s physical and emotional wellbeing and alerting police officers to any specific concerns.”

Other codes centred around reporting, recording, monitoring and reviewing. Education settings under the social care remit had a clear set of formal rules for reporting and recording incidents whereas these were advised in the following areas for education settings but with no legal requirement:

- Positive Handling Policies and practices



- Staff training needs
- The level of restraint at the individual child level: using risk assessments, positive handling plans and incident records.
- The level of restraint across the school to identify overuse and monitor the use of restraint across groups protected under the Equality Act (2010)

*Openness and transparency* were seen to be necessary to avoid “going back to this underground situation again. Where on the surface it looks great, but underneath that, you know, you’ve got people living in fear.” (Dawes, 2020b) and “they [staff] don’t feel empowered to speak up and raise an issue because, well, that’s for organisational reputation.” They referenced the impact on the monitoring and reviewing process and missed opportunities to improve practice. It was criticised that “although schools were, as directed, recording incidents, this information was not uniformly returned to LEAs. Neither was there any system for analysing the data on a local or national basis.” (Hart & Howell, 2004). Some sources advocated the appointment of a lead and the involvement of wider professionals within these processes. Jendoubi (2002) suggested this person: holds responsibility for guiding other staff on using reasonable force and working with children and their families to report incidents of restraint, manage complaints and involve them within the governance arrangements.

#### Dynamic Risk Assessment

The *dynamic risk assessments* school staff make in moments of crisis were considered to include:

- Who is at risk of harm, and what is the nature of the risk?
- How likely is the harm, and how serious will it be?

- Would restraining this young person be about safety, or is it about my feelings of powerlessness and frustration?
- Will the consequences of restraining the child be less or more harmful than the behaviour itself?
- How would restraining the child affect the rest of the group?
- What would the consequence be of not restraining the child?
- Are there alternatives that I could use?
- Are there enough staff with the right skills to perform restraint safely and effectively?
- What is the least restrictive and most respectful way of restraining the child?
- What is the plan if the young person cannot be restrained appropriately?

The outcome of this rapid assessment should be in line with the child's care plan unless there are clear reasons based on the risk of harm that justifies overriding it (Davidson et al., 2005).

In addition, the sources outlined what teachers should be aware of, what may/may not be considered appropriate and what to look out for. Team Teach (2018) recommends that, where possible, staff *“use de-escalation, diffusion and distraction strategies instead”*. EHRC (2019) states that *“Restraint that amounts to inhuman or degrading treatment can never be justified”*, *“techniques intended to inflict pain as a means of control must not be used”* and *“it is always unlawful to use force as a punishment”*. Other sources suggested that restraint should not be used for low-level incidents or to gain compliance (Challenging Behaviour Foundation, 2020). This in direct contrast to the guidance where restraint is permitted to maintain discipline and order. (Department for Education, 2013)

Physical restraint was positioned as needing to be a last resort, with minimal force that is proportionate to the circumstances and seriousness of the harmful behaviour. (Davidson et al., 2005; Department for Education & Department of Health and Social Care, 2019; Department of Education, 2021a; Hackney Learning Trust, 2017; Jendoubi, 2002). Jendoubi

(2002) offers examples of when it may be reasonable to use restraint: violence against staff, pupil fights, behaviour that causes an immediate risk of accidental injury and incidents of absconding where the child may then be in danger.

The ethical dilemmas and the professional judgement required by education staff were discussed, highlighting the need to balance the risks of intervening/failing to intervene and the rights, needs and best interests of the child, other children and any staff present (Department for Education, 2013; Department for Education & Department of Health and Social Care, 2019; Department of Education, 2015, 2021b; Dynamis Training, N.D.; EHRC, 2019; Goldberg, 2017b; Ridley & Leitch, 2021; Team Teach, 2018).

Sources referenced timing de-escalation techniques as early as possible, the need to make decisions quickly, use restraint for the shortest time, and consider when to release. (Davidson et al., 2005; Dawes, 2020b; Department of Education, 2015; Hackney Learning Trust, 2017; Rights 4 Children, 2018). Davidson et al. (2005) stated not to “*rush the process*” but to be vigilant of the child’s state and always release early when: there are injury, sickness or breathing difficulties; threats to wellbeing from a longstanding health concern, or when the adult cannot continue safely due to the child’s violence or the adult's loss of control, and there is not trained adult to take over.

Continued communication with the young person and supporting adults throughout the moment of crisis was highlighted. (Hackney Learning Trust, 2017; Jendoubi, 2002; NFPS Ltd, N.D.) Hackney Learning Trust (2017) listed verbal and non-verbal strategies which could be used throughout crises: lowering the tone of voice, using distraction, giving the child choices, listening to the child and acknowledging their feelings, giving the child space, telling

the child what you want them to do rather than what not to do, give them time to process and follow directions, using words and phrase to de-escalate, thinking about body language and position and what it might be communicating, maintaining neutral facial expressions, slowing your own breathing to remain regulated.

Sources suggest that adults remain self-aware and continually reflect on: what triggers their emotional responses, how emotions could be unintentionally communicated, and what strategies might support them to regulate during the management of the situation. (Cornwall, 2000; Davidson et al., 2005; Dawes, 2021; Double Exposure/Flashback TV, 2005; Hackney Learning Trust, 2017; Jendoubi, 2002)

#### Equipping Staff

This section largely focused on the roles of senior leaders and how they ensure staff are equipped to practice in a way that minimises restraint and that they have sufficient staff in post to achieve this (Council for Exceptional Children, 2010). Most references explored the process of identifying and meeting staff members' training needs around knowledge, skills and understanding. In terms of decisions made around training, literature suggested senior leaders do a detailed training needs analysis, thoroughly vet training providers checking the syllabus safety, liaise with the training provider around how the training can be adapted to meet the needs of the school population at the time and agree how often the training is to be reviewed and refreshed. Davidson et al. (2005) also suggests that to safeguard against staff members reliance on physical methods, initial staff inductions should include only non-physical crisis management skills and restraint techniques taught later.

Regarding knowledge and skills, literature noted that staff need knowledge beyond law and

guidance, they also need knowledge of which techniques would and would not be appropriate for their school population and when they should and should not be used. They need to know the potential risks that come with each of the restraint techniques. They would also need to build their knowledge skills and understanding of how to engage in dynamic risk assessment during a crisis and how to de-escalate. Finally, they would need access to training and support that provides the skills and knowledge to identify and manage any underlying causes for the unsafe behaviour. For example, the *“effects of negative experiences or impairments on that development and group processes”* (Davidson et al., 2005). Training referenced in the literature included: trauma-informed practice, supporting children with SEND, sensory needs and training linked to specific disabilities or diagnosed conditions present within the school community (Davidson et al., 2005; Department for Education & Department of Health and Social Care, 2019; Department of Education, 2015).

Another facet of senior leaders roles in equipping staff is around the communication and relational aspects of leadership. Senior leaders need to be communicating policies and procedures clearly, not just about restraint, but about related topics such as behaviour management and child protection (Jendoubi, 2002). Davidson et al. (2005) also suggest senior leaders have an ongoing role to provide support, mentoring, supervision and monitoring in order to ensure staff feel and demonstrate that they are motivated and equipped to live out the desired practice on a day to day basis.

## Safety

The risks pupils can pose to themselves and other pupils were discussed in relation to whether or not to use force. (Get Safe Training, N.D.; Goldberg, 2017b; Jendoubi, 2002). Staff were encouraged to consider the emotional impact of restraint on feelings of safety and

the impact of previous trauma upon how restraint might be received (Hart & Howell, 2004). Systems around the child that might make things feel safer and thus prevent incidents, e.g., rules and policies, the learning environment and wider school environment, whether there was an ethos of ‘fairness’ and a spirit of care were referenced (Department of Education, 2015; Jendoubi, 2002). Staff members’ knowledge of the risks specific techniques pose was discussed, for example manoeuvres that exert force on the chest, lungs, sternum, diaphragm, back, neck, or throat should never be used and where possible, adults should avoid taking a child to the floor and using techniques that put pressure on joints. (Council for Exceptional Children, 2010; Davidson et al., 2005), and staff should observe for positional asphyxia symptoms during restraint (Cotton, 2019; Dawes, 2020c; Get Safe Training, N.D.; NFPS Ltd., N.D.).

For adults’ sense of *safety*, a fear of allegations and the impact of managing challenging behaviour on staff’s physical and mental well-being was highlighted (bild, 2015; Dawes, 2020b; Double Exposure/Flashback TV, 2005; Goldberg, 2017b; Hackney Learning Trust, 2017). Team Teach (2018) posits, *"If staff do not feel safe and valued, nor will children, young people or adults that they educate and care"*. To support staff to feel safe, sources suggested: considering education staff’s training needs, thinking about the staff’s physical and personal circumstances concerning fitness to practice restraint, issuing clear guidance, considering lone-working arrangements, and adopting solution-focused approaches within the monitoring of restraint (Davidson et al., 2005; Dawes, 2018, 2020a; Double Exposure/Flashback TV, 2005; Hart & Howell, 2004; Team Teach, N.D.).

The completion of individual and setting risk assessments was central to keeping all parties

safe and providing evidence in the event of litigation. Dawes (2020e) highlights that once a behaviour presents, it becomes a foreseeable risk that should trigger the creation/review of risk assessments. Risk assessments processes should: include pupil and staff voice, identify high-risk locations, seek to understand the behaviour in terms of triggers and underlying needs, and consider the unique risk factors that influence the level of danger, e.g. health conditions, medication, age, build etc. (Davidson et al., 2005; Department for Education & Department of Health and Social Care, 2019; Jendoubi, 2002)

### Systems and Policies

The ethos underpinning positive-handling practices and the systems and policies created from it were discussed. Positive behaviour support approaches and a focus on prevention were favoured (Bild, 2015; Cornwall, 2000; Cotton, 2019; Council for Exceptional Children, 2010; Department for Education & Department of Health and Social Care, 2019). Davidson et al. (2005) suggest leaders create a positive ethos and culture by maintaining a pleasant building and environment, creating safe spaces for overwhelmed children, and develop and review shared values amongst the staff team. They emphasise the importance of supporting staff to live out those values in everyday practice and celebrating good examples.

Sources suggested that positive handling policy adopts a child-centred approach; includes the range of responses and options available to staff; sets out what reasonable adjustments might be made; reference training provided to staff; detail risk assessment procedures; sets out post-incident support and monitoring measures; and cross reference legislation, guidance and local strategies (Davidson et al., 2005; Department for Education, 2016a; Department for Education & Department of Health and Social Care, 2019; Hackney Learning Trust, 2017; Jendoubi, 2002).

Dawes (2020b, 2020d) detailed that settings should strive for restraint elimination but not at the expense of the duty of care. No restraint and no touch policies were suggested to be unhelpful because they conflict with education professionals' duty of care in a situation where someone could incur serious harm (Department for Education, 2013; Department of Education, 2021b).

Individualised planned intervention, was seen as central to prevention. (Council for Exceptional Children, 2010; Davidson et al., 2005; Department of Education, 2015, 2021b). These should describe the need and define changes to the environment, adult responses, alternative resources, interventions to support skills development, and support from external agencies (Dawes, 2019b; Department for Education & Department of Health and Social Care, 2019). The Department of Education (2015) suggests that action taken should be evidence-based and that advice should be sought from relevant professionals to support this.

#### The Balance of Power and Control

Considering how the power to use force “*affects a person's feelings and control over their own body*” was discussed (Rights 4 Children, 2018). Davidson et al. (2005) stressed that adults “*must always take using the power seriously and constantly question it*”.

Empowering and including children and their parents at all levels of positive handling practice was emphasised. Sources suggested achieving this through: supporting them to share their voice, keeping communication lines open, involving them in decision-making, risk management and support plan processes; and co-producing policies, procedures, resources



and materials with them (Association of Directors of Children's Services Health, 2009; bild, 2015; Challenging Behaviour Foundation & PABSS, 2020; Cornwall, 2000; Davidson et al., 2005; Department for Education & Department of Health and Social Care, 2019; Department of Education, 2021a, 2021b; Jendoubi, 2002; Ridley & Leitch, 2021)

Additionally, staff should work to empower children to feel a sense of control and move towards self-mastery of emotions and behaviour. Davidson et al. (2005) suggest doing this through modelling how to remain in control, avoiding punishment as a means of controlling behaviour, encouraging cooperation over coercion, offering choices, encouraging reflection, and providing opportunities for children to achieve and feel good about themselves.

The need to ensure all staff members feel empowered to manage challenging behaviour and practice appropriately was also raised (NFPS Ltd, N.D.; Ridley & Leitch, 2021; Team Teach, N.D.). Dawes (2020a, 2020b) suggests that equipping staff with training and skills, and creating safe systems for staff to report and reflect upon incidents helps build confidence and avoid feelings of helplessness.

#### Post Incident Support

The importance post-incident *"learning, support, reflection and repair for all involved"* (NFPS Ltd, N.D.) including tending to medical needs, providing respite for those involved, and accessing external advice/support, was highlighted (Jendoubi, 2002). The need to support recovery from restraint experiences was present in the literature with frequent reference to the need for schools to provide post-incident support for all parties. However,

The Challenging Behaviour Foundation (2020) feel that current arrangements do not go far enough and call for investment in psychological and therapeutic support for children and families who have experienced traumatic restraint. Rights 4 Children (2018) state that children should be made aware of how to complain and “*offered the chance to talk about how they feel afterwards*” so that “*they and staff can learn from what happened and avoid restraint in the future*”.

Staff should also have the opportunity to manage their own feelings and debrief the situation (Davidson et al., 2005; Department for Education & Department of Health and Social Care, 2019). In the event of an allegation or suspension of a staff member, schools should ensure that the staff member has continued pastoral care and access to a named contact for support (Department for Education, 2013). Sources advised trained staff facilitate a comprehensive and timely debrief that includes emotional support; reflection and exploration of the incident, patterns and trends; and time to plan how to repair relationships and adapt personalised plans (Association of Directors of Children’s Services Health, 2009; Council for Exceptional Children, 2010; Department for Education & Department of Health and Social Care, 2019; Hackney Learning Trust, 2017; Hart & Howell, 2004).

### Relationships

Documents reference the interdependence between relationship quality and level of restraint stating that restraint can damage relationships but relationships can also support reductions in the level of restraint. (Davidson et al., 2005; Department for Education & Department of Health and Social Care, 2019; EHRC, 2021; Hackney Learning Trust, 2017; NFPS Ltd, N.D.). Cornwall (2000) emphasises that “*a young person’s emotional growth depends as*

*much on 'how things are done' as 'what is done' and attitudes and relationships are key to this process".*

Sources discussed the sharing of information (e.g. history of trauma, risk assessment details, action plans) to support staff understanding of the child. (Department for Education, 2013; Department of Education, 2015; Hart & Howell, 2004) Shared time, conversation, humour, fun and adults showing their 'human side' was described as fostering relationships and belonging (Davidson et al., 2005; Dynamis Training, N.D.; Eley & Smythe, 2018). Likewise, listening to and acknowledging perspectives, creating a safe space for talking about emotions, anticipating and responding to needs, providing children with opportunities to feel valued and celebrated in the community was recommended (Cornwall, 2000; Davidson et al., 2005; Department for Education & Department of Health and Social Care, 2019; Dynamis Training, N.D.; Hackney Learning Trust, 2017; NFPS Ltd, N.D.).

Sources briefly referenced supporting parents by listening, advising, supporting and building parents' confidence. (Eley & Smythe, 2018) Also briefly referenced was the importance of senior leadership building positive relationships with and between education staff as part of developing open and supportive cultures (Davidson et al., 2005; Team Teach, N.D.).

### Equality

References to equality detailed the obligation to make reasonable adjustment for children with SEND (Department for Education & Department of Health and Social Care, 2019; Department of Education, 2021a; Hackney Learning Trust, 2017) and the need to monitor and evaluate rates of restraint on children who belong to groups protected under The Equality Act (2010). EHRC (2019) details that a setting must collect and analyse data on this to be able to

know whether their practice is discriminatory.

### 3.5 Discussion

In the context of rising numbers of children with Education Health and Care Plans and a shortage of specialist school places perhaps indicating an increased likelihood that other settings are supporting children with high-level needs (HM Government, 2022; Office for National Statistics, 2022; Ryan & Peterson, 2004), this review seeks to ascertain what both the government and wider literature advises UK schools to consider in their positive handling practices. Using Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner & Ceci, 1994) the findings have informed a model giving an overview of the factors influencing practice in positive handling practice in schools (See Figure1).

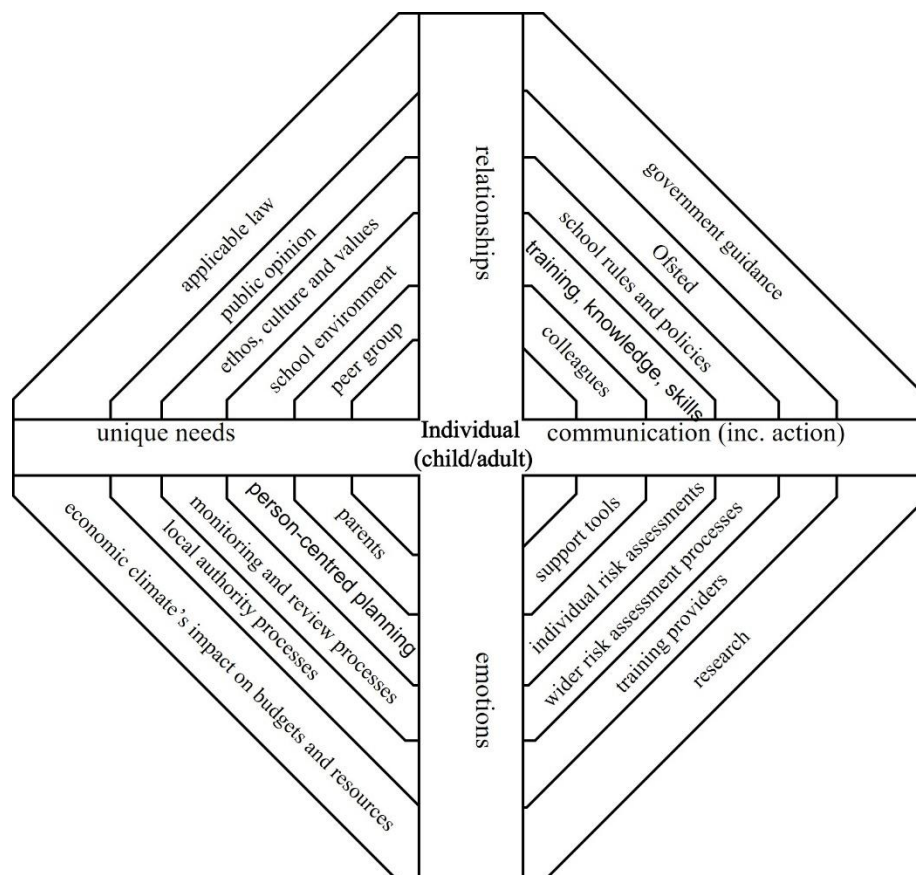


Figure 1 Model of Positive Handling Practice

### The model

represents the people and processes involved at all levels of practice. Running through every level of practice are the unique needs, communication, relationships and emotions. Unique needs appertain to the individual, the situation, and the school. For example, the child's particular SEND needs. Communication and relationships encompasses all interactions experienced between those involved e.g. head teacher and staff, co-production with parents, interactions between teacher and child. Finally, the emotions section include things such as children and adults' sense of safety and the emotional impact of incidents of challenging behaviour and restraint upon all people present.

### Relationships and Communication

Koenen et al. (2019) refer to teacher sensitivity (the attunement between a member of staff and a child) and consider teacher appraisal theory (Fried, 2011). They discuss how levels of teacher sensitivity can support de-escalation but suggest that repeated crises affect the appraisal of incidents and limit capacity to be attuned and make effective decisions. This reduced attunement therefore may impair the adults' ability to identify triggers and warning signs and reflect on what children's behaviour is communicating. Chamberlain et al. (2020) suggest that not enough focus is placed on equipping teachers with skills and knowledge around connecting and building effective relationships. In line with the literature reviewed, they posit that "expressing care, challenging growth, providing support, sharing power and expanding possibilities" are elements of an effective student-teacher relationship.

(Chamberlain et al., 2020, p. 143) Within the guidance analysed, talk of *power* within the relationships focused mainly on the handing over of power through involvement within and co-production of systems and processes. Beyond brief references to providing children with

choice during moments of crisis, and general tips for good communication, there was little mention of power dynamics in daily interactions. Further research and guidance is needed in this area and there may be utility in exploring whether approaches with a strong focus on the nuances of interactions and relationships e.g. Video Interactive Guidance interventions (VIG) and Restorative Practice work to minimise levels of restraint.

Also highlighted was the importance of communication between head teachers/senior leaders and teachers and teaching assistants. Research into disruptive behaviours has found that introducing policies and systems is not enough. It is the engagement between people that enables policies, values and systems to be lived out and be consistently and effectively implemented across schools (Collie, 2021; Handler et al., 2007). Collie (2021) highlighted constructive 1-1 feedback and joint team problem solving as important in helping teachers develop competency and sense of belonging, agency and self-efficacy when managing disruptive behaviours. Furthermore, Goh and Bambara (2010) found evidence to suggest schools that made team decisions (including parents and other key professionals) yielded better intervention effectiveness when supporting children's needs. It would seem that trusting relationships between adults are needed to facilitate effective open, transparent, blame-free ethos, discussions, feedback and collaborative problem-solving.

#### Unique Needs

Literature analysed referenced the uniqueness of each child, school and crisis situation and the need for schools to tailor positive handling practices around unique factors. (Council for Exceptional Children, 2010; Department for Education & Department of Health and Social Care, 2019; Jendoubi, 2002). Positive Behaviour Interventions and Supports (PBIS) which aim to co-construct the triggers and functions of behaviour, have potential as a tool to allow schools to tailor approaches to their setting; reducing levels of behavioural incidents and

restraint across a range of populations (Allen, 2018; Corcoran & Edward Thomas, 2021; Duda et al., 2004; Grey et al., 2018; Hetzroni, 2009; Lee et al., 2021).

Dawes (2019a, 2020a, 2020b) highlighted the importance of risk assessment at all levels and completion of a training needs analysis to identify the unique needs of the school community in relation to positive handling practice. This information should then guide the training provider selected and support conversations around tailoring training to the exact needs. Whilst most training provides support to schools to complete an initial assessment of need, regularly evaluating and reviewing the needs of the school community is more likely to alert senior leaders to changes which require a response. In terms of implementation of practice following training, the Education Endowment Foundation report on putting evidence into practice has a number of recommendations that align with the current literature and could support the review and continued development of positive handling practice in schools (Sharples et al., 2019). This includes viewing implementation as an ongoing process, considering and developing the ethos and culture to support practice, identifying barriers to good practice and adapting training, systems and procedures to overcome them, making a leadership plan and reviewing how ready the school is for implementation, supporting and monitoring staff throughout implementation, and finally considering how to sustain effective practice.

### Emotions

Teachers' perception of their role in managing challenging behaviour suggests teachers' strive to communicate care, build trust, consider children's perspectives (Jiang et al., 2019). However 91% of parents felt there had been an emotional impact on their child following restraint (Challenging Behaviour Foundation & PABSS, 2020, p. 18; Challenging Behaviour Foundation, 2019, p. 3). Petrovic et al. (2022) argues that though education staff are aware

of the need to support children's mental health, they need more training and ongoing professional development centred around strategies. and the implementation and evaluation of those strategies. The Department of Health and Department for Education (2017) and Eley and Smythe (2018) also acknowledge the need to provide parents support directly or by signposting to support services. Referrals to Early Help are common in practice, however in one authority the Local Government Association (2022) found that social stigma and a lack of confidence to speak openly were contributing factors to 20% of families declining support. Sensitivity towards these issues and a preparedness to adjust family support plans seems important.

Lawrence et al. (2010, p. 386) highlight the vulnerability of education staff stating that "when a professional intervenes in an aggressive exchange involving individuals under their duty of care, the way in which their actions are perceived and evaluated by relevant stakeholders can have important legal, professional and safety implications." Balancing the competing rights and needs of those present requires split-second high stakes decision making under conditions of fear/anxiety which may contribute to a lack of openness and transparency between education staff and parents and senior leaders. Martin (2020) suggests school leaders create psychological safety for their staff by: placing value on feedback, reflection and acknowledgement of mistakes; modelling the act of receiving, accepting and responding to feedback; assigning a 'devils advocate' role in reflective meetings, by repeatedly seeking their views and encouraging them to show their human side.

The expectation for school staff is to remain calm and in control at all times; be aware of themselves and their triggers; and actively change their body language, facial expressions in order to appear calm when negative emotions are present. Aday et al. (2017) define this as a response-focused approach to emotional management (mainly suppression). Suppression of



emotion can create a tendency for adults to be drawn to negative emotions, negatively impacting the student-teacher relationship and increasing the risk of burnout (Jiang et al., 2019; Kasperski & Yariv, 2022; Lee et al., 2016). Alternative strategies for emotional regulation include: situation selection, situation modification, attention deployment and cognitive change; some of which are impractical within positive handling practice. For example, adults cannot deploy their attention elsewhere when they have a duty of care to resolve harmful situations. Kasperski and Yariv (2022) highlight cognitive change as a helpful strategy for education staff. This involves managing emotion by re-evaluating situations and one's own capacity to cope. Jiang et al. (2019) also found that teachers valued speaking to the student post incident as an emotional regulation tool. This aligns with Restorative Practice approaches which allow outlets for both adult and child to express and work through the emotions that arose during challenging situations.

Positive handling practice is complex and overlaps with many other fields of research and practice. Disparities between the statutory requirements in education and health and social care and views from parents and the media paint a picture of inconsistencies in practice and a workforce under pressure concerning challenging behaviour (Challenging Behaviour Foundation & PABSS, 2019, 2020; Goldberg, 2017a, 2017b). Whilst this Scoping Review can be considered comprehensive, the lack of academic literature and research specific to positive handling practice in UK schools means that a number of sources analysed would be considered grey literature. A number of government policy and guidance documents were analysed, but a paucity of research and national data collection systems in UK schools leads to questions about the evidence-base and efficacy of current guidance and practice. For practice to move forward a clearer conceptualisation of best practice in positive handling and the facilitators and barriers to implementing such practice is required.

### 3.6 Acknowledgement

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## Section 4 – Paper 2 The implementation of physical restraint in school settings. The strengths and needs of current restraint practices

### 4.1 Abstract

There is little research exploring positive handling practice in English schools, which, coupled with a lack of centralised monitoring processes, means little is known about what practice in schools looks like, and the Department for Education have recently consulted on the use of restraint and restrictive practices in schools. Research has begun to emerge surrounding children's views on current practice, but to affect change; we also need to understand practice from the viewpoint of the people who carry out and influence such change. Focus groups and interviews explored school staff's experiences of positive handling practice and their ideas for moving practice forward. Content analysis of data identified themes including Social and Emotional Wellbeing, Prevention and De-escalation, Time and Resources, Relationships and Communication, Defining Restraint, Repair and Reflection, External Influences and Recording and Monitoring. Findings are discussed with reference to self-determination theory and transformative change across education systems and within schools that can lead to more regulated children, adults and families.

### 4.2 Introduction

Current guidance available to schools includes advice provided to head teachers around the implementation of the use of reasonable force laws, and additional specific guidance on reducing restraint and restrictive practice in specialist school settings (Department for Education, 2013; Department for Education & Department of Health and Social Care, 2019). Mallowney and Kelly (2023) conducted a scoping review of what these and other literature

suggests schools should think about when considering positive handling practice in their schools. From this the following model was developed (see figure 2):

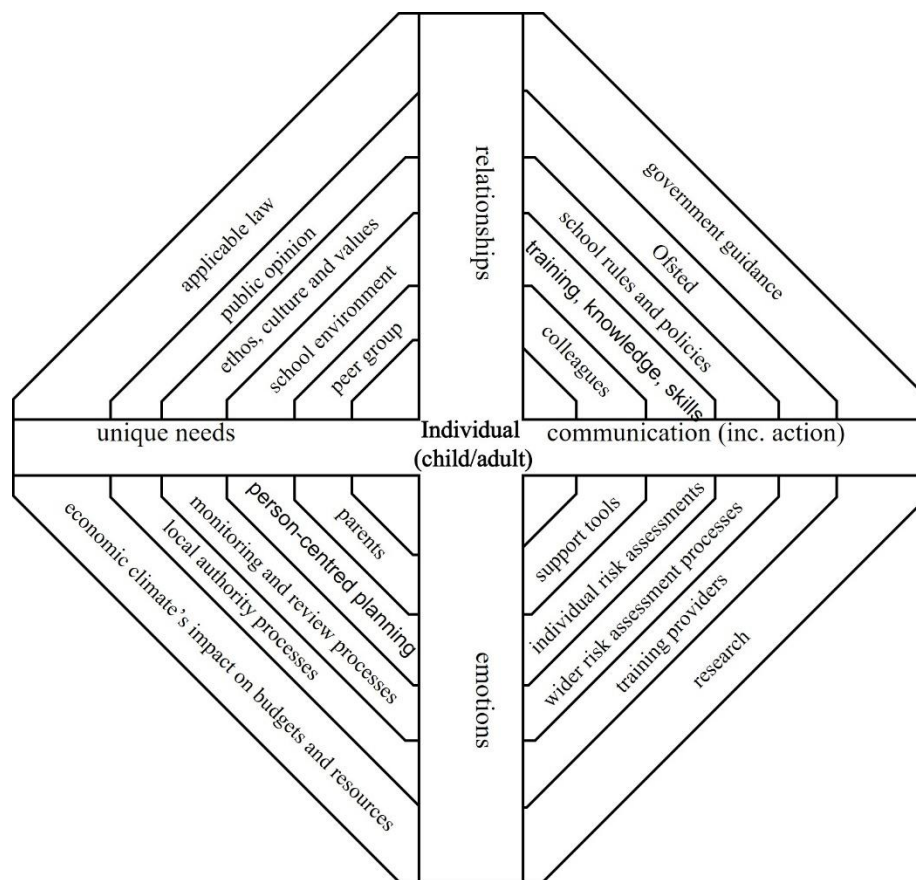


Figure 2 Model of Positive Handling Practice (Mullowney & Kelly, 2023)

The model positions positive handling practice moving beyond restraint, de-escalation and individualised planning to include systemic factors referenced in the literature that may influence how teachers implement guidance on crisis management and restraint. The model also introduces four pillars of practice: relationships, communication, emotions and the unique needs. These should be considered at all levels of practice and in relation to every member of the school community who is involved in positive handling practice or impacted by it (e.g., individual children and staff, families, cohorts of children and staff). In addition to the model, Mullowney and Kelly (2023) defined 10 areas of practice that the current guidance and literature suggest schools should consider when thinking about restraint. The

most referenced themes were *competence and accountability*, engagement in *dynamic risk assessment* and information around *equipping staff* to practice effectively.

In terms of accountability, positive handling practices and systems in England have been critiqued for an absence of statutory guidance, centralised monitoring systems and mandatory requirements to record and report (EHRC, 2021; TES, 2020). Thus it will be useful to explore what education staff at all levels do to ensure accountability within current practices and how they create the conditions for practice to be evaluated and further developed in a way that both supports and protects all members of the school community.

Competence comes hand in hand with the themes of Equipping staff and engaging in Dynamic Risk Assessment during moments of crisis. In their study on the impact of restraint and crisis management training programmes, Hayden and Pike (2005) measured rates of confidence, knowledge and preparedness highlighting that to practice competently staff need to both feel and be equipped in assessing and responding to crisis situations. The author would argue that education staff also need to be and feel equipped in prevention and expand their knowledge in fields that can influence a child's ability to regulate. Markkanen et al. (2019) suggests that crisis management training should include how to support children's mental health and wellbeing, as well as the development of skills around noticing and anticipating pupils' moods and knowing how to respond. Additionally it is useful to think beyond interactions with the individual child, for example Markkanen et al. (2019) talks about training staff how to make changes to the environment and whole school approach. For example, preventing restraint for a child whose sensory needs are the underlying cause could involve liaising with parents, senior leaders, maintenance staff, Occupational Therapy professionals and looking at the SEND Code of Practice for advice and training around reasonable adjustments and

adaptations to the school environment (Department for Education & Department of Health, 2015).

Current and historic literature involving parents and children suggests that in real-world practice barriers exist which are influencing school staff's ability to practice effectively. Parents in a survey felt that teachers needed more training and support in order to reduce the use of restraint on children with SEND, and that communication of incidents of restraint was not happening as effectively as it should (Busby, 2019; Challenging Behaviour Foundation & PABSS, 2019; Challenging Behaviour Foundation, 2020; Goldberg, 2017b). When discussing his experience of positive handling practice, a child in research by Stothard (2022) discussed potential facilitators and barriers. He noted the impact of crisis situations on teachers' ability to appear in control and manage situations effectively. He felt that teachers needed more time to spend getting to know the children and that they needed to talk to children more to find out what might help. Though it is worth noting that this is one child's experience and there is a lack of the child's voice within the current research base to further validate these reflections.

In terms of education staff's voice, Madden and Senior (2017) surveyed the skills teachers use to manage children in crisis and asked teachers to rate the effectiveness of them. The most effective tools were felt to be rapport building and acknowledging the child's feelings. However, they also noted that that some strategies rated as important were not reported as being used frequently, perhaps indicating that staff know what they need to do but are facing barriers or difficulties when implementing strategies to prevent and de-escalate.

There is little in the way of research exploring what the facilitators and barriers of good

positive-handling practice might be. However, some international studies and studies which evaluate the impact of crisis management and restraint training have yielded clues on systemic issues that may influence competent positive handling practice. Issues discussed during these studies included: the experience level and number of staff in the setting, overreliance of those trained in restraint to be called to manage every crisis, time constraints, uncertainty about when crisis situations become recordable incidents, a need for training to be more personalised to the unique context of the school, insufficient training in areas linked to restraint prevention e.g. social, emotional and mental health, a need for senior leadership to more clearly communicate the policies and procedures, and for senior leaders to be more involved in providing ongoing support to their staff (Griggs et al., 2011; Perkins & Leadbetter, 2002; Scheuermann et al., 2016).

Concerning policy implementation and guidance, Fogt and Piripavel (2002) noted that school staff should review approaches to behaviour management and ensure a shared vision amongst staff around what the adopted approach means in practice. Which Minahan and Ablon (2022) recommend is rooted in relationship building and positions behaviour as a skills deficit rather than a choice. Ryan et al. (2009) reviewed restraint policies from different states in America and found inconsistencies in whether staff training and first aid safeguards were mentioned. Further policy discrepancies around whether restraint due to property damage constituted reasonable and proportionate action were noted. They recommended that training in crisis prevention should be provided to all staff and schools should have procedures for monitoring children during restraints and access to training in CPR and defibrillation.

This research aims to add to the extant literature by exploring school staff views of the implementation of positive handling practice in English schools.



### 4.3 Method

#### Epistemological Position

This research adopted a critical realist approach. Participants' contributions were complex and varied, representing what Roberts (2014, p. 2) terms "different domains of reality." Engagement of participants at group and individual level led to an emergence of common threads and shared beliefs. Bhaskar et al. (2001, p. 1) state that "critical realism helps us to develop and more sharply argue for, first, that science should have generalising claims. Second, the explanation of social phenomena by revealing the causal mechanisms which produce them is the fundamental task of research."

#### Design of the study

Due to the complexity and controversy surrounding the use of restraint in school, and a lack of research exploring the implementation of positive handling practice in English schools, the chosen method needed to: facilitate an in-depth exploration of views and current practice, allow potentially conflicting views to be safely brought to the surface and, where possible, provide an opportunity for participants and researchers to develop a shared understanding. Focus groups have been found to be an appropriate methodological choice for difficult topics and are described as a flexible method that can be used as a tool to "elicit exchanges between participants as they co-construct perspectives and responses," (Barbour, 2018, p. 2; Colucci, 2007)

Initially, intentions were to complete focus groups with groups of head teachers and groups of teachers and teaching assistants. However, post-pandemic influences and head teacher workloads meant that it was not logistically possible to access groups of head teachers. As research into positive handling and crisis management has highlighted potential issues relating to power dynamics and teachers feeling safe and supported (Mullowney & Kelly, 2023; Perkins & Leadbetter, 2002), the data collection method for head teachers was adapted to interview format.

### Focus Group Protocol

The emphasis on the researcher being a facilitator/moderator who helps to create the right conditions for discussion and can “[pick up on] differences in views or emphasis of participants” and “explore these” (Barbour, 2018, p. 2). A protocol was developed to ensure participants felt cared for and supported during the discussions. This included co-producing a contract around participation and confidentiality with participants; making provisions for participants to take a break, withdraw and seek support from an assistant moderator; and discussions at the beginning and end of the group around self-care within and following participation in the focus group.

Colucci (2007, p. 1426) recommends using activity-oriented questions in focus groups and “magic tools and fantasy” to support participants in exploring the current situation and what could be different about practice. Free listing and open questioning were used at the start of each discussion area to let the facilitator know where the participant's knowledge and comfort levels lay. Where participants required prompts to discuss further, stimulus material was shared (see Table 3). These were developed by reflecting on the current literature on positive handling and teacher experiences of managing crisis situations, considering participant welfare, and exploring the research questions. The activities were then developed by the lead

researcher and reviewed by the supervisor before being approved by The University of Manchester Ethics Board.

*Table 3 Areas of exploration and stimulus activities used*

| Area of exploration  | Initial activity/question   | Prompts used where required.  |
|--|---|---|
| How did the group define positive handling?                                      | What is positive handling to you?   | Excerpts from EHRC (2021) and Hodge (2015)  |
| What were the groups' experiences of positive handling practice?                 | What are your experiences of managing crises and broader practice?<br><br>How do you look after yourself within this process? | A Sentence completion activity:<br>“A good day supporting children with high-level needs is when....”<br>“A bad day supporting children with high-level needs is when....”<br>A question:<br>“What emotions do you experience when practising?”<br><br>An excerpt from Tan et al. (2011)<br><br>An excerpt from Perkins and Leadbetter (2002) |
| What did the group see as the strengths and needs of positive handling practice? | This question was asked directly to account for the individuality of each group and each school.                              |   |
| Where would the group like to see practice go next?                              | Considering the different things that influence practice in school, how   | A ranking activity focused on how much they felt certain factors influenced positive handling practice.   |

|  |   |  |
|--|---|--|
|  | would you like practice<br>to move forward? | A sentence completion activity:<br>“I wish I....”<br>“I wish my....” |
|--|---|--|

All questions, activities and stimulus materials were piloted with three trainee educational psychologists with prior experience practising positive handling. Feedback was sought on whether the questions achieved the objectives of providing answers to the research questions and safely encouraging topic exploration. Minor amendments in question-wording were made to support safe exploration.

#### Interviews

Head teacher interviews used the same structure, questions and stimulus materials to support consistency.

#### Participants

Schools were recruited through Educational Psychologists sending a ‘registration of interest’ email inviting interested schools to contact the researcher. The researcher then sent a more detailed participant information sheet and met with head teachers to gain consent to speak with school staff. Participant Information Sheets and consent forms were then shared with individual staff members. Two schools agreed to participate in the research. The first school was a Specialist SEMH school in the North-West of England. The head teacher detailed that they were near the beginning of their journey in exploring ways to reduce restraint levels. The second school was a Mainstream Primary in the North-West of England. The head teacher reported the school to have high levels of children with SEMH as their primary area of need

in their Education, Health and Care Plan. Two head teacher/deputy head teacher interviews and four focus groups were conducted: two teaching assistant and two teacher groups. Each group had an assistant moderator who was responsible for monitoring the wellbeing of participants and noting down key concepts and themes discussed.

*Table 4 Breakdown of Participants for Setting and Role.*

| Job role                  | No. of participants in School 1 | No. of participants in School 2 |
|---------------------------|---------------------------------|---------------------------------|
| Teaching Assistants       | 16                              | 0                               |
| Teachers                  | 11                              | 3                               |
| Head/Deputy Head Teachers | 0                               | 2                               |

#### Data Analysis Methods

Due to the lack of available information on what practice in English schools looks like, all transcripts were analysed using a conventional content analysis method where codes derive from the data. (Hsieh & Shannon, 2005). Emerging themes were checked with another trainee educational psychologist and compared with the notes from the assistant moderator.

Evaluative content analysis was conducted to answer questions about the strengths and needs of current practice (Schreier, 2019). Comments coded under each theme were attributed as positive or negative depending on whether the participant's comments noted a strength or need. Coding queries on data analysis software supported comparisons between the two settings.

#### 4.4 Findings

Eight themes of practice were identified, and within these, there were sixty-five codes.

Table 5 Breakdown of Themes and Codes

| <b>Themes and Codes</b>                              | <b>Number of References across the entire dataset</b> | <b>Percentage of discussion that identified positives.</b> | <b>Percentage of discussion that identified negatives.</b> | <b>Percentage of mentions from Mainstream Setting</b> | <b>Percentage of mentions from Specialist Setting</b> |
|--|---|--|--|---|---|
| <b>Social and Emotional Wellbeing</b>                | <b>164</b>  | <b>33%</b>   | <b>67%</b>   | <b>36%</b>  | <b>64%</b>  |
| Staffs emotional state                               | 57  | 20%  | 80%  | 33%   | 67%   |
| Sense of competency and flow                         | 39  | 29%  | 71%  | 8%  | 92%   |
| Children's ability to express and regulate emotions. | 31  | 43%  | 57%  | 41%   | 59%   |
| Adult coping strategies                              | 27  | 60%  | 40%  | 36%   | 64%   |
| The butterfly effect                                 | 17  | 25%  | 75%  | 37%   | 63%   |
| Hypervigilance and heightened states                 | 12  | 15%  | 85%  | 64%   | 36%   |
| Parents' feelings about restraint                    | 11  | 32%  | 68%  | 36%   | 64%   |
| Impact of the Covid-19 pandemic                      | 7   | 9%   | 91%  | 62%   | 38%   |
| <b>Prevention and De-escalation</b>                  | <b>150</b>  | <b>59%</b>   | <b>41%</b>   | <b>56%</b>  | <b>44%</b>  |
| Weighing up the options                              | 32  | 54%  | 46%  | 33%   | 67%   |
| Knowledge of the child                               | 26  | 66%  | 34%  | 36%   | 64%   |
| Physical and sensory strategies                      | 21  | 96%  | 4%   | 71%   | 29%   |
| Developing and living a shared ethos                 | 18  | 52%  | 48%  | 70%   | 30%   |
|  | 16  | 96%  | 4%   | 91%   | 9%  |

|  |           |            |            |            |            |
|--|-----------|------------|------------|------------|------------|
| Collaborative and child-centred approaches | 16        | 24%        | 76%        | 58%        | 42%        |
| Predictability                             | 14        | 94%        | 6%         | 89%        | 11%        |
| Emotional Support                          | 13        | 19%        | 82%        | 9%         | 91%        |
| Knowing the nature and needs of the cohort | 13        | 97%        | 3%         | 100%       | 0%         |
| Change of Face                             | 9         | 57%        | 43%        | 66%        | 34%        |
| Seeing and celebrating the good            | 9         | 14%        | 86%        | 24%        | 76%        |
| Speed of response                          | 7         | 100%       | 0%         | 100%       | 0%         |
| Attunement with the child                  | 6         | 69%        | 31%        | 75%        | 25%        |
| Safe spaces                                | 5         | 0%         | 100%       | 28%        | 72%        |
| One-to-one support                         | 5         | 100%       | 0%         | 85%        | 15%        |
| Distraction                                | 3         | 84%        | 16%        | 84%        | 16%        |
| Building and Environment                   | 2         | 32%        | 68%        | 0%         | 100%       |
| Therapeutic intervention                   | 1         | 100%       | 0%         | 100%       | 0%         |
| Use of script                              |           |            |            |            |            |
| <b>Time and Resources</b>                  | <b>76</b> | <b>12%</b> | <b>88%</b> | <b>38%</b> | <b>62%</b> |
| Staffing issues                            | 29        | 6%         | 94%        | 24%        | 76%        |
| Needing more time                          | 24        | 8%         | 92%        | 8%         | 92%        |
| School placements                          | 17        | 9%         | 91%        | 48%        | 52%        |
| Funding                                    | 10        | 0%         | 100%       | 78%        | 22%        |
| Access to specialist training              | 9         | 21%        | 79%        | 81%        | 19%        |
| Staff experience                           | 8         | 51%        | 49%        | 18%        | 82%        |
| Access to CAMHS                            | 7         | 11%        | 89%        | 77%        | 23%        |
| Time of day/year                           | 6         | 4%         | 97%        | 25%        | 75%        |

|  |           |            |            |            |            |
|--|-----------|------------|------------|------------|------------|
| <b>Relationships and Communication</b>                     | <b>66</b> | <b>63%</b> | <b>37%</b> | <b>42%</b> | <b>58%</b> |
| Staff supporting each other during crisis moments.         | 18        |            |            |            |            |
|  |           | 83%        | 17%        | 64%        | 36%        |
|  | 17        |            |            |            |            |
| Developing trusting relationships                          | 16        | 66%        | 34%        | 38%        | 62%        |
| Peer relationships and conflict                            | 12        | 40%        | 60%        | 17%        | 83%        |
| Communication with those who hold parental responsibility. |           | 41%        | 59%        | 46%        | 54%        |
|  | 11        |            |            |            |            |
| Communication with children in crisis                      |           | 97%        | 3%         |            |            |
|  |           |            |            | 50%        | 50%        |
| <b>Defining Restraint</b>                                  | <b>61</b> | <b>52%</b> | <b>48%</b> | <b>36%</b> | <b>64%</b> |
| For Safety   | 24        | 52%        | 48%        | 54%        | 46%        |
| Unpleasantness of Restraint                                | 18        | 53%        | 47%        | 16%        | 84%        |
| Last Resort  | 12        | 50%        | 50%        | 34%        | 66%        |
| Subjectivity about where restraint begins                  | 12        | 18%        | 82%        | 0%         | 100%       |
|  | 6         |            |            |            |            |
| Relationships and Interactions                             | 5         | 100%       | 0%         | 57%        | 43%        |
| Guiding and Holding  |           | 60%        | 40%        | 48%        | 52%        |
| <b>Repair and Reflection</b>                               | <b>58</b> | <b>42%</b> | <b>58%</b> | <b>54%</b> | <b>46%</b> |
| Support and repair time for adults                         | 24        | 23%        | 77%        | 62%        | 38%        |
| Children's perceptions                                     | 8         | 46%        | 54%        | 16%        | 84%        |
| Staff debriefing   | 8         | 60%        | 40%        | 16%        | 84%        |
| Moving forward and letting go                              | 7         | 91%        | 9%         | 96%        | 4%         |
| Using documentation to facilitate                          | 7         | 62%        | 38%        | 49%        | 51%        |
| Considering timings  | 5         | 63%        | 37%        | 48%        | 52%        |



|  |           |            |            |            |            |
|--|-----------|------------|------------|------------|------------|
| Talking with children about why restraint happened | 4         | 46%        | 54%        | 30%        | 70%        |
| Immediate aftercare                                | 4         | 87%        | 13%        | 87%        | 13%        |
| Difficulties reflecting                            | 3         | 23%        | 77%        | 0%         | 100%       |
| Discussions with the class                         | 2         | 100%       | 0%         | 100%       | 0%         |
| Debriefs with parents                              | 1         | 0%         | 100%       | 0%         | 100%       |
| <b>External Influences</b>                         | <b>34</b> | <b>8%</b>  | <b>92%</b> | <b>31%</b> | <b>69%</b> |
| Perceptions and Scrutiny from the outside          | 21        | 11%        | 89%        | 19%        | 81%        |
| Need for Statutory Guidance                        | 13        | 7%         | 93%        | 23%        | 77%        |
| Difficult Home Life                                | 10        | 14%        | 86%        | 31%        | 69%        |
| <b>Recording and Monitoring</b>                    | <b>23</b> | <b>45%</b> | <b>55%</b> | <b>19%</b> | <b>81%</b> |
| Collecting information about the bigger picture    | 10        | 33%        | 67%        | 0%         | 100%       |
| Continual Review                                   | 7         | 100%       | 0%         | 88%        | 12%        |
| Difficulties with monitoring                       | 6         | 0%         | 100%       | 0%         | 100%       |
| Improvements over time                             | 4         | 72%        | 28%        | 0%         | 100%       |
| Monitoring staff wellbeing                         | 2         | 45%        | 55%        | 25%        | 75%        |
| Reporting methods                                  | 1         | 31%        | 69%        | 9%         | 91%        |

#### Defining Restraint

Both the mainstream and specialist staff found positive handling practice to be more than restraint: embedding positive handling practice within relationships and interactions and describing a continuum from positive touch to guiding to holding. Both settings were clear

that holds should be a last resort where all other actions had failed and noted that restraint was unpleasant for children and adults.

### Social and Emotional Wellbeing

Staff members' descriptions of a good day centred around children's wellbeing. Their perceived competence in supporting children was discussed in reference to bad days. A good day was when children felt safe/comfortable, could engage positively with friends, and could access learning recognising their social and academic achievements.

TA Group 1 Participant 7: "The worst one is feeling like I've let my colleagues down. Whether that's putting my foot in it...just not doing...the perfect thing, that magic thing."

Staff wellbeing and positive handling practice were discussed to influence each other. Staff spoke of anxiety, panic, worry, guilt, fear, overwhelm, frustration, powerlessness and sadness. They described crying, shaking, breathing issues, changes in adrenaline, and hypervigilance. Coping strategies referenced included laughing and having fun with colleagues and children, storytelling/offloading with others who have worked in the field, exercising, creating separation between work and home, managing their diet, music, podcasts, sorting and organising equipment, taking 5 minutes alone, breathing exercises and the use of cognitive affirmations.

Head/Deputy 1: "I also tell myself that this isn't forever, you know... It will end, and everything will be okay."

Factors described to influence children's level of dysregulation included times of day (post-breaktime), transitions and Covid-19. Staff referenced absconding, verbal and physical

aggression towards staff and peers. Children being “shut down” was attributed to previously successful strategies failing and difficulties in “getting through” to the child. Staff in both settings referenced the “butterfly effect”, where once one child becomes dysregulated, the chain reaction can be challenging to pull back.

TA Group 2 Participant 7: “When you get a bit off flow right: an argument has just carried on from break and that, like, say if you get pulled out just to help one child try to calm down, that impacts my math group that I am meant to be working with. You know they've got to share the adults, it's not fair on them, and then they're behind, then they don't they, it affects other kids.”

#### Prevention and De-escalation

De-escalation strategies mentioned were: sensory boxes, weighted blankets, walks, and the use of positive touch (reassuring hand on the shoulder, hand holding, hugs), emotional warmth/reassurance, a change of face (used before and during crises by mainstream staff), reducing demands and expectations accordingly, the use of guiding techniques to prevent holding (discussed by specialist staff), and distractions methods including sending the child on a job, time with another class and conversations around their interests.

Preventative techniques mentioned by mainstream staff included creating predictable routines, complimentary morning breakfast options, settling activities, time with the school dog or a key adult and consideration around how to use the building to promote regulation and dignity. A group of specialist staff noted that though they were good at looking at what was going wrong and considering how to fix it, there were missed opportunities within practice to explore what contributes to a good day.

Collaborative planning with families and time spent noticing, observing and relationship building was felt to expand knowledge of triggers, early warning signs, and what works. Observation, questioning and the application of personalised scripts and responses from the plan were also noted as helpful in managing crises.

TA Group 1 Speaker 3: “They’re [the plans] flexible. The children have made decisions on that and have agreed to it, and it helps them you know, in that they’ve said “this helps me” and we’re listening to that”

Mainstream staff discussed the importance of working with staff to develop and maintain a shared ethos and policy focusing on emotions and trauma-informed practice. Stress levels were felt to impact staff's ability to live out the shared ethos consistently.

Head Teacher/Deputy 1: “There's some staff that still struggle with the policy, even though they've been involved in it. But I think again that comes down to stress levels and how that's managed”

Levels of predictability were reported to impact children and staff members' emotional responses and behaviours, particularly by specialist staff. Unpredictability, particularly when lone-working, was said to induce panic and affect the decision-making and dynamic risk assessment process leading to difficulties ‘thinking straight’ and automatic or indecisive responses.

## Time and Resources

This theme highlighted systemic needs which were felt to increase the likelihood of children being dysregulated, reduce access to training and limit the time available to engage in prevention and de-escalation (e.g. deliver formal interventions, engage in relationship building and be able to spot early warning signs). Both settings noted shortages of special School placements, children being in the wrong settings, and a lack of community-based early intervention work in children's mental health services as contributing to the levels of dysregulation and challenging behaviour experienced by staff and children. Participant 7 from Teacher Group 1 added that 1:1 support is challenging to source and often provided by inexperienced staff and that this impacts inclusion.

TA Group 2 Participant 4: "[In] the classrooms you have, say, I don't know 10, or 8 to 10 children in it, and then suddenly there's more, great. But then there's \*gestures being packed in\*... it's not comfortable for you as the adult, [and] it can't be comfortable for the kids."

Head teacher/Deputy Participant 2: "Services say, 'Well until they actually attempt suicide seriously, we can't pick that up.,' and it's not acceptable to me because, at that point, the financial need of that child is far greater and really hard to turn around than if we were to get in earlier with those children."

## Relationships and Communication

Both settings held relationships and communication as central. Mainstream staff reported the ethos of the school feeding into relationships at all levels of the school "family". Specialist staff positioned trusting relationships as pivotal to successful de-escalation. Both settings talked about personalising communication to the child and situation.

Teacher Group 1 Participant 4: “You get to know, don't you, what works with each child. So it's important to have a relationship with a child beforehand. They respond differently; some children need that physical reassurance, whereas some children need space.”

Mainstream staff spoke of using statements to reassure and risk assess during crisis moments. They explained how they supported a child to have a voice in moments of crisis, through using repeated conversations, creating safe words, and allowing the child to ask for a change of face. Specialist staff gave examples of explaining why they had to engage in restraint.

Both settings referred to the importance of “open”, “honest” communication and joint working with parents (the specialist staff also referenced social workers). It was also noted that parent's feelings about the education system, their child's behaviour and restraint could impact communication and the likelihood of a shared view.

Headteacher/Deputy Participant 1: “They're [the plans] shared with the family because the parents can always feed into those. Well, if we see this at home, we do XY&Z, and if it's appropriate, we'll try and build that in. Sometimes we find that our communication charts help at home because it might be strategies that the parents haven't used, or wording in particular, that the parents wouldn't use to try and de-escalate”.

When communication and relationships between staff members were discussed, it centred around staff using verbal and non-verbal communication during and after crisis incidents to communicate how to handle the situation, check on each other's welfare, and offer practical and emotional support.

TA Group 1 Participant 1: “We’ve said that on our own, it’s really uncomfortable to make a split-second decision, but we feel a lot better when there is someone else to kinda like, even just give the look or take your lanyard off.”

Peer conflict was seen to increase risk: specialist staff discussed an increased likelihood of injuries to staff and children, children’s perception of blame and the difficulties of managing two bodies. One staff member noted that adults stepping in between had no long-term impact on the child’s ability to manage peer conflict and ‘take responsibility’ and sometimes served only to pass on the harm to the adult.

TA Group 2 Participant 4: “And that’s about one of the hardest because you are getting the middle of them. The arms and legs are flying, and you’re trying to, you know, just get one child if another adult’s with you to then take them out.”

### Repair and Reflection

Both schools reported ensuring that children could calm down and reflect in a way that considered their needs. Specialist staff referenced talking about what happened, whereas the mainstream staff spoke more about engaging in repair work and expanded this to all school community members.

TA Group 2 Speaker 1: “I know there’s kids in my class who can’t reflect on the day. They’ll have to reflect the next day”.

Head teacher/Deputy Participant 1: “There’s a repair process for the class because it could be quite distressing for them, and they don’t understand why it’s had to happen.”

Inconsistencies around post-incident support and reflection for staff were a concern in both settings both settings used words like “should” and “where possible”. Curriculum pressures and safety factors around lone-working were cited. Settings felt that, as with children, there needed to be time to calm down in a personalised way.

TA Group 1 Speaker 8: “I am not going to walk off and leave everyone else to deal with something so I can have 10 minutes. I’m going to dry my eyes, go in the cupboard for 5 minutes and come back out again.”

Both settings noted that writing the report supported reflection though specialist staff felt time pressures impacted their ability to reflect when recording. Mainstream staff spoke about formal debriefing with other staff. Specialist staff stated solo reflection was helpful if it was solution focused, but unhelpful if it was driven by anxiety.

Head teacher/Deputy Participant 2: “Yeah, afterwards, we always do, we always debrief. Talk about what the antecedent was to the behaviour. Can we identify it? What strategies did we use? Did they work?”

Teacher Group 1 Participant 10: “When I have days like that, it's guilt. I think it's my fault first because I've done something, and what am I going to do? I don't know if ambition is the right word, but I want to fix it...Tomorrow what am I going to do to make that not happen again.”

#### External Influences

Staff from both settings referenced perceptions and scrutiny from those outside of the profession and talked about their ‘demoralising’ impact:



Teacher Group 2 Speaker 2: “Newspapers and stuff aren't very positive about teachers in the first place, and parents are very quick to pass the blame... it's hard. It's really tricky, and I think people who don't work in education think that we go in, we teach them we go home. They don't see all that.”

Both settings also discussed that often the child's homelife is a factor which staff worry about and feel little control over:

Teacher Group 2 Participant 2: “They've come in already heightened from home. We keep them safe and do what we can, but then they go back home to that, to what's going on, and then we start that cycle again.”

Staff discussed a need to update guidance and regulation to clarify what reasonable and proportionate means in practice and where the physical contact becomes reportable. They felt all schools should be considered but that the guidance should allow individual schools to adapt their practice to meet the needs of their community.

TA Group 2 Participant 4: “We're all completely different, you know, and if you're making you know, but if you're creating something that has so many grey areas, does that help people individually in our school because we, our school can be completely different from the, the replica in a different Council.”

One participant wanted to make de-escalation and restraint training statutory for all teachers to undertake every three years. They felt that current guidance on the Use of Reasonable Force meant that schools could be leaving untrained staff and their children vulnerable to the

use of techniques that may not be safe and that many were missing out on training in de-escalation and prevention which reduces restraint and helps children to regulate.

#### Recording and Monitoring

Both settings noted that “the documentation of physical restraint has increased,” (TA Group 2 Participant 4). A group of specialist staff suggested using apps to record lower-level incidents to “build the bigger picture” and to aid senior leaders in using that information to monitor and respond to individual staff and children’s wellbeing. They discussed the potential for making quick notes and doing a weekly log on the app to support workload.

Staff briefly spoke about reporting events to LADOs when a child had a mark of any kind. They understood the importance of this but noted that it was anxiety-inducing when it occurred.

Monitoring was only spoken about at the individual child level. This included formal monitoring of plans and informal daily monitoring using “trial-and-error” approaches:

Head teacher/Deputy head teacher Participant 1: “So then we look at scripts that work for that particular child and just keep reviewing them because we need to know what works, and you know, my assumptions aren't always right for that child, so we'll start developing scripts together and review them weekly to try and make sure that we never get to the point where we have to hold.”

#### 4.5 Discussion

This paper details the views of school staff concerning how restraint practice is implemented.

In contrast to the extant literature, which tends to focus on practice from a practical

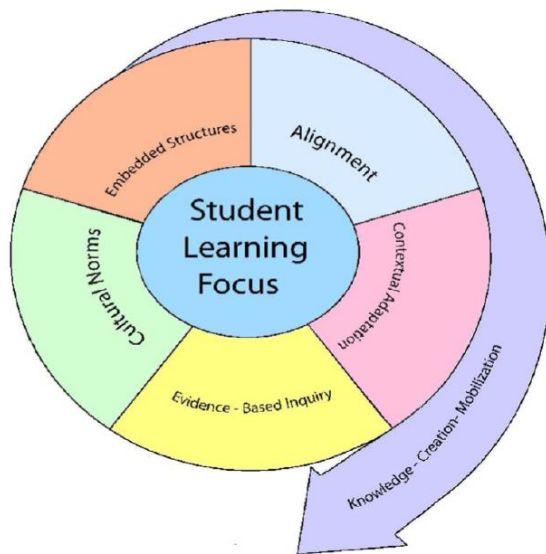
perspective, these participants' accounts highlight their emotional response and sense of self-efficacy around restraint practice. Paper one discusses practice using a multi-systemic approach: however, Hayden and Pike (2005) allude to implementation not just being about having and acting upon knowledge, but also about how prepared and confident staff feel to implement. Given participants discussed their emotional experiences of implementation and tied this closely to how it influences their sense of competence and their ability to live out the ethos, policies and procedures consistently, the findings are considered in relation to Self-determination theory (Deci & Ryan, 2000).

Self-determination theory (Deci & Ryan, 2000) posits that growth and motivation are driven by autonomy (a feeling of empowerment/control), relatedness (a sense of belonging and connectedness) and competence (belief in themselves that they can reach mastery), and whilst Minahan and Ablon (2022) briefly referenced the work that could be done to motivate and empower children to create change, the literature has not considered how we might do this for school staff. Jansen in de Wal et al. (2018) note a relationship between job resources and self-determination within the field of teacher professional development, formulating a model combining the two concepts and the interplay between them. They note work pressure, emotional pressure, transformational leadership, social support and task autonomy as feeding into each other and teachers' sense of autonomy, competence and relatedness. Issues around time and resources, staff's emotional states, gaps in post-incident support for teachers and the importance placed on staff supporting each other appear to link with this concept.

In line with suggestions from international research, one participant felt that all education staff should receive crisis prevention and management training, possibly as part of teacher training (Couvillon et al., 2018; Ryan et al., 2009) Knestric et al. (2020) sought views on this

from tutors of trainee teachers in USA and though some thought this appropriate, as they noted trainee teachers were facing the exact high-level needs as qualified teachers, many felt that this would put students in a position where their placement providers would expect them to manage crises on their own. Participants also valued additional training for teachers in emotions and trauma-informed approaches and individualised plans similar to those recommended by Minahan and Ablon (2022), and some referenced collaborative problem-solving approaches within crisis and debriefing.

Marshik et al. (2016) found that the adult's sense of autonomy correlated with the student's sense of autonomy and engagement, therefore making it essential for the whole school community to empower staff by positioning them as what Hannay and Earl (2014, p. 57) term 'knowledge leaders'. Their model of the conditions needed to support a knowledge-creating organisation could be adapted to school communities' journeys to reducing restraint by adapting their approach to supporting dysregulated children (see Figure 2). They suggest leaders should support their staff to develop skills in collaboration, problem framing, critical thinking, innovation, and creativity at all levels of practice. Examples in this study suggested that presently senior leaders are creating opportunities for staff to begin to develop these skills within formation of policies and when reflecting on children's individual plans. Participants in this research also noted how both the degree of shared ethos and consistency across staff were essential elements of practice implementation, indicating that collaborative discussions around how to investigate what needs to change, explore the current norms that are helpful/unhelpful, look at school and individual class contexts, may enable all staff to live out the shared ethos and revisit this as decisions made about where to go next are tested out.



*Figure 3 Interactive conditions supportive of a knowledge-creating organisation (Hannay and Earl, 2014, p. 58)*

Additionally, it was noted that it is easy to become immersed in problems when managing challenging behaviour, so it is important to think and reflect on positive moments for children and staff. The PERMA™ model of flourishing (Seligman, 2011) posits that resilience can be built by actively focusing on positive emotions such as gratitude and joy and that people's automatic thoughts and actions improve. The engagement element of the model also links with the concept of flow, the 'butterfly effect' and the hypervigilance described by staff. Seligman notes that flow is about being engaged and present in a task; during and following crises, some staff reported struggling to 'think straight' while others reported being consumed with thoughts such as worrying about consequences or other staff lone-working.

While implementation of the PERMA model through visualisation, savouring and mindful breathing to cultivate positive emotions can reduce levels of stress and strengthen

relationships (Yeh & Barrington, 2023), participants in this study were clear that increasing school budgets and improving recruitment and retention was also necessary to enable improvements in practice and wellbeing. Participants noted that low staffing levels and time pressures limited practice, reflecting the survey findings of Madden and Senior (2017) that some strategies were noted to be highly important but delivered less frequently.

In line with Fogt and Piripavel (2002), Minahan and Ablon (2022) Stothard (2022), some participants felt that behaviourist approaches such as cloud systems/points systems were ineffective in supporting children prone to entering crisis. Additionally, participants noted that some children struggle to talk about what happened during debrief and that differences occur between the child's and adult's perceptions of what happened. Collaborative problem-solving (Minahan & Ablon, 2022) goes beyond traditional approaches of discussing what happened and what people did. In contrast, restorative conference approaches use a neutral person to carry out the debrief, with both parties given the opportunity to talk about how they felt and who was affected by their actions followed by ideas agreement on putting any wrongs right and rebuilding the relationship.

Participants considered whether parents' and children's reactions to debriefing attempts (aggression and avoidance) were linked to feelings of embarrassment, blame and shame. Cibich et al. (2016) suggest that shame can be a helpful response for the repair and regulation of social behaviour. However, the Compass of Shame model notes that shame responses can also drive aggression, withdrawal, avoidance and (emotional) attacks on the self (Nathanson, 1998). Threats to the social-self can increase levels of shame and decrease self-esteem, with increases in cortisol noted, and those with high but fragile levels of self-esteem were noted to be most at risk of aggressive behaviours. (Gruenewald et al., 2004; Thomaes et al., 2008).

This research aligns with the participants' views in this study and with the child in Stothard's (2022) study, who noted feeling a fear of what peers would think following restraint.

Therefore considering self-esteem and offering intervention may be important to support the repair and reflection process. What Duda et al. (2004, p. 134) term a 'collaborative values-based approach' embedded within Positive Behaviour Intervention Support may help support children and families to manage shame responses. Restorative conversations can occur throughout the day using affective statements and restorative questioning. Effective implementation of restorative approaches requires transformational shifts in culture that ensure groundings in humanity and relationships, changes in power dynamics between senior leaders, staff and children, reflection on social justice and biases within the school system and staff, as well as continued professional development time spent on reviewing the use of restorative approaches to promote staff buy in (Mustian et al., 2021).

For recording and monitoring, The Equality and Human Rights Commission's recent inquiry around reporting, recording and monitoring of restraint in schools found that 91% of schools surveyed collected data about restraints but that fewer schools (77%) had processes in place for analysing this data and the extent to which schools reported and analysed varied (EHRC, 2021). Participants in this study expressed a need for clearer guidance, particularly over what would be considered reasonable and proportionate, where positive touch became restraint and where the recording of incidents should begin on the continuum was expressed (Bartlett & Flloyd Ellis, 2021; Ryan et al., 2009).

Participants talked about using the act of recording, and reviewing response plans to monitor and improve practice at the individual level. However, there was a lack of discussion around wider data analysis, and they noted missed opportunities to analyse other data as a means of

monitoring both staff and children's wellbeing. The potential for overuse of restraint on children with protected characteristics has been reported within international research and UK media (French & Wojcicki, 2017; Goldberg, 2017a; LeBel et al., 2012). Participants' comments echoed such research with homelife, SEMH needs and children's age/ size highlighted within their discussions (Barnard-Brak & Xiao, 2014; Madden & Senior, 2017; Scheuermann et al., 2016).

Organisations have called for data to be collected at school, local authority and government levels to promote accountability and to support equality (Challenging Behaviour Foundation, 2020; EHRC, 2021). This study highlights some of the challenges around how this could be undertaken in a sensitive and productive way: perceptions and scrutiny from those outside of the profession and staff members' anxiety over the potential consequences were noted to affect adults' decision-making abilities and wellbeing. Additionally, participants spoke about the unique makeup of individual schools and cohorts, which is problematic when comparing rates of restraint. Williams (2023) suggests that a heavy focus on academic targets has meant that the quality of learning has suffered and refers to Goodharts Law in economics that "When a measure becomes a target, it ceases to be a good measure." Though collecting and learning from data is important to improve practice, Dawes (2020a) highlights the importance for those involved in monitoring to ensure that the atmosphere they create allows for those practising to feel safe to discuss their own practice needs. Participants in this study highlighted the need to look at numbers in conjunction with the 'big picture' to reduce restraint.



The word transformation appears to sum up where positive handling practice is, and should be heading. Transformation of the education system to build capacity to support inclusion, preventative work (including allowing more time for relationship building), and to improve staff wellbeing. Transformation of guidance and monitoring systems at local authority and government level to ensure that guidance covers all settings and that systems developed create accountability whilst maintaining systems that support openness and transparency. Transformation of schools' social and emotional support approaches for teachers and students. Transformation to the ethos and culture of schools around how they view and respond to the challenging and sometimes harmful behaviour that can present in dysregulated children. Transformation of power dynamics between schools, staff, children, and families. A transformation that will lead to more regulated children, staff and families who work collaboratively to create children who are ready to learn and are developing the social and emotional skills needed to be successful in the world.

#### 4.6 Limitations of the Current Study

The author does not assume that the results of this research can be directly generalised to every school. Participants noted the uniqueness of schools based on: their type of school, the socio-economic context of the area the school is in, and fluctuations in the makeup of the school community from year to year. An assumption is made that the research has provided a window into positive handling practice in school but that this work alone is not enough to understand practice as a whole, and there may be many more facets to practice which were not discussed within the time constraints of this project.

Whilst the participants appeared to receive the research well, with some participants noting that it was cathartic being able to talk about such a controversial topic, there may still have

been things left unsaid due to time constraints or fears relating to staff worries about perception and scrutiny from outside of the school/profession. Future research should continue to consider how to sensitively explore this topic with all key stakeholders and add to the picture of practice.

#### 4.7 Acknowledgements

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## Section 5 – Paper Three: The Dissemination of Evidence to Practice

### 5.1 Introduction

The aims of this paper are to explore the concepts of evidence-based practice and practiced-based evidence within the educational psychology profession. Additionally, it sets out the dissemination strategy for Paper 1 which gives an overview of what the current guidance and advice states schools should consider and Paper 2 which explores schools staffs' experiences of implementing positive handling practice and their views on the strengths and needs of current practice.

### 5.2 Overview of concepts of evidence-based practice and related issues such as knowledge transfer, practice-based research/evidence.

Evidence-based practice in the field of educational psychology focuses on ensuring that both Educational Psychology practice and schools' practices are guided by the evidence base. Fox (2003) emphasises the need to make clear links between evidence and practice positioning evidence-based practice as a process by which professionals create, source and analyse research then apply it to adapt practice in a way that enables outcomes to be set and impact measured. The act of knowledge transfer/modulation from research to those who are in a position to apply it is an additional aspect of this process. Nutley (2013) states that high-quality education cannot be delivered without exploring educational problems and engaging in educational research as a means of finding ways to overcome issues and inform policies and practices. Jones and Mehr (2007, p. 769) add that for psychologists and education staff "employing relevant research findings in professional practice empowers practices, heightening their efficaciousness." Knowledge modulation is defined as interactive and non-

linear and reaching beyond communication of the findings to assimilation of knowledge by practitioners, children and families (Read et al., 2013). Schraw and Patall (2013) suggest prior to deciding on an approach educators, psychologists and policy makers should gather together all of the information and evidence from the field and go through a process of analysing and synthesising information from both supportive and opposing viewpoints before making decisions around implementation. This process goes some way to addressing Fox's (2003) criticisms that in practice it can be difficult for individual practitioners to wade through and make sense of contradictory evidence. However, it does not address Fox's other point that sometimes the evidence base simply isn't there. Jones and Mehr (2007) state that building the scientific knowledge through using research to fill gaps and adding to existing evidence base is vital.

Standards of Proficiency within the Educational Psychology profession state that practitioners need to be aware of issues related to understanding, evaluating and applying research (HCPC, 2016). However, when discussing the process of knowledge modulation Read et al. (2013) point out that it can be difficult for practitioners to evaluate the quality of pieces of research as even researchers themselves disagree about what constitutes as reliable research and how to evaluate it. Fox (2003) refers to the hierarchy of research evidence, which is used in medical practice; this positions more quantitative approaches such as randomised control trials as superior to qualitative approaches and practice based expertise. The model assumes methods at the top of the hierarchy to be rigorous and scientific and less likely to be influenced by biases. However, a critique of such controlled experiments is that they often occur in conditions which are not reflective of real life. It has further been argued that a purely positivist approach dehumanises social issues and does not address the complexity of psychological phenomena and Educational Psychology practice. (Lane & Corrie, 2006;

Maree, 2020). Indeed the BPS Code of Human Research Ethics acknowledges that “the discipline of psychology both as a science and a profession, exists within the context of human society” (British Psychological Society, 2021, p. 8). Fox (2003) adds that adopting this hierarchy of research would be particularly difficult for professionals whose epistemological approach is constructivist in nature. Though evidence-based practice is important and learnings from randomised controlled trials and systematic reviews of such trials are fundamental when evaluating the efficacy of particular treatments or interventions, researchers and practitioners should not discount other approaches where they better fit the research question. Marsh (2005) recommends that practitioners views on the value of different research methods and position quantitative and qualitative methods as equal and complimentary to one another. Further stating that quantitative research is useful to evaluate effectiveness of interventions, whereas qualitative is better suited to research questions which are exploring underlying causes for problems.

The British Psychological Society (2018b) emphasises that psychologists should consider advances in the evidence base when making decisions in practice, they also note that the role involves the technical, practical and ethical aspects centred around decision-making. Fox (2003) states that in order to be able to apply evidence effectively within research, psychologists must be equipped with critical thinking skills and that their training needs to focus on how to effectively evaluate research. British Psychological Society (2018b) further states that psychologists need to be aware of and respond to biases that can arise both within research and practice. When thinking about how to transfer knowledge into practice Read et al. (2013) speak about how the way knowledge is transferred from research to practice is influenced by individual knowledge and disposition, social arrangements and organisational policies and practices. They recommend practitioners work to identify the most prominent voices, critique the information sources, consider power imbalances and of the potential for

political agendas to have an understated presence within research and the interpretation and application of knowledge.

Lane and Corrie (2006) place value on the act of combining meaning and rigour within daily practice and when we consider the way Educational Psychologists at individual and service level operate, they often make decisions based on their experiences of practice and the needs of the key stakeholders. Dobinson and Wren (2019, p. 1) define practice-based evidence as the process of making judgements about how to move forward which are based on 'reasoning from our knowledge and experience'. With others placing value on common sense, humanity and the application of knowledge acquired through trial and error (Jones & Mehr, 2007; Marsh, 2005). Fox (2011) goes further to suggest that practice-based evidence is a process of practitioner experience and reflection as if practice is in fact real-world research. Dutton (1995 cited in Fox, 2011) suggests a model to explain the development of practice-based evidence. They state that one way of collecting information is through 'pattern recognition' or spotting patterns between current and previous experiences. The second cannot be achieved until pattern recognition has been exhausted and processes of knowing how to resolve that particular problem become automated. This is named 'knowing in action'. The final way of using practice as evidence is 'naming and framing' this means matching practice experiences to theoretical frameworks. Marsh (2005) offers caution with respect to 'naming and framing' suggesting that theories without an evidence base are simply good ideas. Criticisms of 'pattern recognition' and 'knowledge in action' are that practitioners need to have had experience in order to apply them thus new practitioners may find an evidence-based approach is more appropriate until they have developed their own knowledge and experience. Psychologists need to be mindful of the subjectiveness of this approach and whether their conceptualisation of the problem fits that of the problem holders: though research by Kennedy et al. (2008) suggests that collaboration and approaches which support main

stakeholders to contribute to or guide solutions is very much a part of the consultation process of Educational Psychologist's work.

Fox (2003) states that the scientist-practitioner model encompasses both research-based and practice-based evidence and suggests that full integration of the two strengthens the potential for advances to be made. Scientist practitioners are described as being "directed by legitimate scientific methods for the resolution of issues, as well as development and enhancement of practice, with the best interest of the client and general practice as the primary focus" (Jones & Mehr, 2007, p. 770).

Maree (2020) refers to the applicative split in the science-practitioner model to talk about the difficulties around trying to integrate science and practice when the scientific (evidence-based) and practice-based approaches are positioned so far away from each other. They suggest that the concept of evidence in psychology should be broader than quantitative comparisons and controlled conditions and should encompass knowledge collected as part of daily practice and qualitative information collected in a scientific manner. They express that psychologists need to be competent in the use and interpretation of scientific methods but have the freedom to use explanatory frameworks/theories, to use their professional expertise, and be able to consider the values and interests of the main stakeholders. Jones and Mehr (2007) also suggest the value in exploring administrative and organisational structures and considering societal views when reflecting on how to transfer evidence to practice. The idea of considering the people and systems on which practice is embedded has been further supported by Dobinson and Wren (2019) who note that decisions about the efficacy of an approach can and should take into consideration the needs of the individuals and the systems in which they are operating. The profession's standards also emphasise the importance of

working collaboratively with stakeholders and considering their views wishes and feelings when it comes to intervention approaches (HCPC, 2016).

In their document 'Educational Excellence Everywhere' the Department for Education (2016b) suggest that "Too little research is directly driven by the priorities of the teachers and schools". When we consider Maree (2020) and Fox's (2003) idea of assimilating evidence-based and practice-based approaches within the science-practitioner model, we can assume that not only can evidence inform practice, but that practice can inform evidence. This research arose through practicing Educational Psychologists' concerns about positive handling practice in schools and a subsequent motion passed by the Association of Educational Psychologist to promote reductions in the use of restraint in schools (AEP, 2018). Though it was not a need directly expressed by school staff prior to being commissioned, both participating schools had positive handling on their school agendas with a view to exploring what could be done to reduce the number of restraints occurring and practice in a way that meets the needs of their community.

### 5.3 Overview of the evidence on effective dissemination of research and notions of research impact.

Research definitions of what dissemination is and how to do it effectively suggest that it means different things dependent on the research questions, the researcher's epistemological approach, whether they are aiming for knowledge transfer, translation or utilization and whether dissemination is seen as a systematic planting of ideas, or more of a scattering. (Hughes, 2003; Tabak et al., 2012). Harmsworth and Turpin (2000) suggest looking at dissemination in three different ways: to build awareness, to support a deeper understanding

and to encourage people in positions of power to take action. Researchers suggest considering the target audience and where in the system you want to target the main element of your dissemination e.g. individual, local-level, organisational level, regional or national level (Harmsworth & Turpin, 2000; Kelly et al., 2019; Tabak et al., 2012)

Hughes (2003) gives examples of positivist models of dissemination. The Research Development and Diffusion model focuses heavily on the development of sound scientific knowledge and works to refine an innovation to the point that the evidence and quality is so sound that once disseminated to the masses it will be adopted. Whereas the Cascade model relies on production of knowledge which is slowly fed down by experts who train others to become experts and this process continues until the innovation has reached the masses. An example of the Cascade approach can be found in the way that Kelly et al. (2019) describe the way Behaviour Analysis approaches started in one State and gradually spread across the United States and then internationally. It is worth noting that both Kelly et al. (2019) and Hughes (2003) describe The Research Development and Diffusion model as time and labour intensive with not enough focus on how we might best disseminate knowledge. Additionally, the separation between the expert knowledge givers and the masses poses risks around misinterpretation of the evidence/approach.

Cook et al. (2013, p. 163) further critiques positivist models of dissemination (Presentations, Journal Articles and delivery of training) and suggests that in order to affect change at practice level, researchers need to modernise their approaches. He describes researchers as ‘an insular group that disseminates research finding primarily through outlets and venues targeting like-minded researchers using traditional approaches’. With respect to educational research Department for Education (2016b) acknowledge that it is not yet easy for teachers to find and use evidence to improve their teaching practice either because the research doesn’t exist or because it is located behind a paywall. Additionally, Schlösser, Dunning, Johnson, &



Kruger (2013, as cited in Kelly et al. (2019) found that people find it difficult to reliably and objectively judge their own competence and this means many might not even identify a need to access the information/training you want to disseminate. Cook et al. (2013) proposes using an alternative framework from the business field and almost treating dissemination as a marketing exercise. The suggested model is based on the SUCCEs model which stands for simple, unexpected, concrete, credible, emotional and story telling (Heath and Heath, 2008 in Cook et al., 2013) This involves presenting information in a simple but powerful ways that relate to real world practice. He discusses limiting the amount of information, removing technical terminology, presenting it in ways that are both surprising and accessible e.g. through analogies, pictorial representations of statistics, and stories that will speak to people and spark their curiosity. He also recommends increasing credibility by involving people working in the field who buy in to your message. Messages such as keeping it simple and accessible and considering your target audience reflect suggestions for how we might move dissemination forwards (Harmsworth & Turpin, 2000; Kelly et al., 2019), however; there is also a need for researchers to consider ethics and the role of bias and thus we cannot treat psychological information in exactly the same way as marketing information.

A systematic review of how research has been disseminated highlights ten steps researchers should move through in order to be successful whilst maintaining their ethical standards:

- Consider the cultural context across the topic and locations of dissemination.
- Develop an understanding of your audience and use appropriate language.
- Keep information simple but accurate.
- Be professional and polite.
- Be proactive not only in dissemination but also in keep abreast with other emerging research in the field.

- Develop your skills in how to use social media appropriately. Establishing online boundaries and having colleagues audit your posts to ensure they are not misinforming or unethical.
- Ensure you verify the legitimacy
- Create sustainable systems taking action against dissemination burnout and thinking about the longevity of the approach/knowledge being shared.
- Be prepared to network.

(Kelly et al., 2019)

The British Educational Research Association (2018) released a framework for ethical dissemination that is specific to research being undertaken in the field of education. Rather than adopting a specific epistemological approach to research and dissemination they stated “Social science is fundamental to a democratic society, and should be inclusive of different interests, values, funders, methods and perspectives.” (British Educational Research Association, 2018, p. 4). The section of the framework focused on dissemination suggests that:

- The findings and the practical significance of them should be communicated in a way that is transparent, clear and with appropriate language. They talk about dissemination at the level of educational professionals, policy makers and the public.
- They suggest making the research more accessible to educational professionals and the public by providing open access when publishing.
- Researchers should be mindful of the impact of their research findings outside of the field of education and should be mindful of issues such as commercial sensitivity for the organisations involved in supporting the research.

- Where findings in the study contain sensitive information that has the potential to raise political issues or be controversial they should inform stakeholders prior to publication.
- That disseminated information should be accurate and not falsified or suppressed in any way nor should it selectively report or sensationalise the research evidence.

With regards to assessing impact, it is suggested that “The most effective scientific achievements are those that instantly improve conditions and have an immediate impact and social significance” (Kelly et al., 2019, p. 440). Wilson et al. (2010) asserts that though this can occur, a survey of researchers suggests that researchers generally take an ad hoc approach to the act of disseminating, that though they complete a range of activities publication in an academic journal is the main focus of their efforts, and that only a few are able to give information about how they measured the impact of their research. In considering how impact may be measured it is useful to consider the methods of dissemination detailed in the research: training, webinars, podcasts, creation of websites, social media post, conference presentations, the use of stories/animations, pictorial representations, creation of visual abstracts, newsletters, blogs, face to face meetings, media interviews, policy briefings, (Kelly et al., 2019; Rodrigues, 2021; Wilson et al., 2010). The author reflects that the measuring of the impact of the dissemination could be guided by the particular method, for example digital/online approaches could be measured quantitatively by the number of shares/views/visits and qualitatively by exploring the contents of comments sections. Where training is delivered, pre and post measures could provide feedback on how your research has been received.

To conclude, much of the research, frameworks and guidance note that the dissemination is dependent on a number of factors which are unique to each research project. The dissemination strategy proposed by Harmsworth and Turpin (2000) allows room for this in that it focuses on the process rather than the outcome/requirements. The questions they suggest considering at each stage: Am I wanting to build awareness, understanding, action or all three? What is it that I want to disseminate? Who are my stakeholders and what am I offering to them? When do I disseminate? What are the most effective ways of disseminating? Who might help me disseminate? How do I prepare my strategy? How do I turn my strategy into an action plan? How do I cost dissemination activities? How do I know I have been successful? This strategy allows room for elements of the traditional, positivist approaches as well as incorporation of elements of the SUCCEs model (Heath and Heath, 2008 in Cook et al., 2013) and adherence to the guidelines set out by British Educational Research Association (2018)

5.4 A summary of the policy, practice and research development implications of my research at research site; organisational level; professional level.

This thesis is made up of a Scoping Review exploring the current guidance available to education staff concerning the use of restraint in schools and an empirical study to explore school staff's experiences around the implementation of positive handling practices. The research aims were to gain a deeper understanding of what positive handling practice in English schools looks like and to explore avenues for how practice might be moved forward. At the start of the project there had been a greater focus on building an understanding and towards the latter stages of the project there was a slight shift to create action around how

schools might be supported to practice positive handling in a way that protects the wellbeing of all members of the school community and reduces the number of restraints in schools.

#### Research Site Implications

Both participating schools were driven to take part in the research because they had been actively working on reducing levels of restraint by finding ways to better support children with Social and Emotional Mental Health needs and their families. Focus Groups were selected as a methodology in order to support the participating research sites to come to a shared understanding around where practice is now and where they would like it to be.

During initial setup meetings, I discussed how they would like to get feedback following their participation in my empirical study and how they would like to access a presentation of my findings from Paper 1. Both schools expressed a wish for me to return to their provisions at a later date to deliver feedback and facilitate their thinking around where their next steps as a school might be. Just prior to data collection, the Department for Education launched their consultation into the use of restraint and restrictive practices in schools, therefore I was able to inform participants that the research may be disseminated in this way. Following the end of the focus groups some participants noted that being able to talk openly about a controversial topic had been helpful for them and others felt hopeful that their experiences of the reality of positive handling practice would be shared at a level which could affect real change.

#### Organisational Implications

The researcher aims to support Educational Psychologists within her current and future service to increase their knowledge of restraint and positive handling practice so that they feel competent and confident in: approaching discussions with schools about their use of restraint; managing situations where there is tension between parents and school staff appertaining to

restraint; supporting children, families, and school staff whose wellbeing has been affected by restraint.

In addition, there are discussions within the current local authority around whether training provided to Educational Psychologists on restraint could be adapting to support social, emotional and mental health specialist teachers and other local authority staff who do outreach work in schools.

Finally, once the government have concluded their consultation around the use of restraint and restrictive practice in schools, I hope to explore whether the local authority are open to developing a positive handling practice policy or including a section on positive handling practice within existing policies around support children with SEND.

#### Professional Implications

The commissioners of the research (The Association of Educational Psychologist) have been contacted by the Special Educational Needs Consortium and there are plans for this research and other colleagues' research in the field to be presented to their delegates in order to support them in increasing their knowledge around positive handling practice in schools.

In addition, the findings from Paper 1 have already been presented as part of a workshop on restraint and restrictive practice at The Association of Educational Psychologists annual conference in November 2022. The purpose of this was to raise awareness across the profession and to build their understanding around the current guidance and the strengths and challenges faced by schools.

Finally, I would like to explore with my new employer in September about the possibility of commissioning a further piece of research which would build on the research I have gathered,

by either by collecting more views, or by doing a case study or action research project with a school who are looking to reduce their levels of restraint and find ways of overcoming the barriers and needs detailed in research paper 2.

### National Implications

Following the launch of the government's consultation into the use of restraint and restrictive practice in schools, the researcher has completed the online form the government launched to seek the views of professionals and families who have knowledge/experience of the delivery of positive handling practice in schools. In addition, there are plans for Paper 1 and Paper 2 to be shared with Policy Advisors within the Department for Education to help inform their review of the current laws and guidance in place for schools. The researcher hopes that this will generate action and lead to amendments in the guidance and possibly laws around the use of restraint in schools.

### 5.5 A specific strategy for promoting and evaluating the dissemination and impact of your research

Using the strategy developed by Harmsworth and Turpin (2000), I have considered: the findings of Paper 1 and Paper 2, the range of target audiences, what to disseminate to whom and how, what the desired impact would be and how I would measure success. I finally considered timescales and practicalities. (See Table 6 below)

I have also considered guidance from the British Educational Research Association (2018), around the potential for disseminated information to create controversy and be politicised. Roberts et al. (2002, p. 114) refers to the idea of “giving the power back to the people,” and the theme concerning ‘perceptions from the outside’ and discussions with participants have

lead me to feel a need for their stories to be heard but the absolute ethical requirement for this to be done in a way that is sensitively. In line with suggestions in the SUCCEs model (Heath and Heath, 2008 in Cook et al., 2013) I am open to involving an willing participants in the dissemination process, particularly within the process of the deciding what to disseminate and boundary setting and accountability on social media platforms (Kelly et al., 2019). My aim to incorporate some story-telling into the dissemination will be an area where this is particularly important. In both Cook et al. (2013) and Kelly et al.'s (2019) papers they highlight the need for information to be simple, credible and accurate as well as sensitively managed. Animation fits this brief and the involvement of the participants within the process will not only address issues of sensitivity but will also add safeguards for ensuring that the subjective interpretation of myself and the animator does not change, dilute or sensationalise the information.

Cooper (2014) summarises the social media tools available for us in research dissemination dividing them into three categories: communication tools, collaboration tools and multimedia tools. The majority of this projects engagement will be a blend of communication and multimedia tools e.g. the distribution of the animation on platforms such as Twitter, the recording of webinars to be places on YouTube or engagement in Podcast where the opportunities are sought. The Economic and Social Research Council (2021) suggest building up your social media presence and making sustained efforts to maintain the number of followers and this is something that will require time.

Kelly et al. (2019) highlights the need for in person as well as social media networking emphasising the need for proactivity. Tap into the commissioners existing networks is important to create opportunities for dissemination of the research to policy advisors and connected use to organisations who are already thinking about positive handling in schools. It will be important to continue these links and seek opportunities to continue networking.



In terms of the plans to influence policy, Oliver and Cairney (2019) highlight the importance of making your research readable, building an understanding of policy processes, considering how to make yourself and build relationships with policy makers, and making a conscious choice about how you want to position yourself (e.g. as an advocate or a broker). Finally the suggest continual reflection on the issue. These will be embedded within elements of dissemination strategy.

Table 6 Table showing the plan for dissemination of findings

| Audience        | What is being disseminated ?  | Purpose of Dissemination  | Method of Dissemination  | Timing                             | Dissemination and resources required                                      | Outcome and Impact  | Impact measurement?   |
|-----------------|---|---------------------------|--|------------------------------------|---|---|---|
| Research School | <i>Paper 1 findings.</i><br><i>Paper 2 findings</i><br><i>Facilitation of next steps</i><br><i>The animation (if agreed to)</i> | Understanding and Action. | Meeting with Senior Leadership, Teachers and Teaching Assistants.<br><br>Additional visits to share prototype version of the | September 2023<br><br>January 2024 | Researcher Time-preparation and meeting<br><br>Commissioning an animator. | Schools will amend existing plans around the use of restraint in schools.<br><br>Staff will develop a shared view | Gain formal feedback on the animation from short questionnaire.<br><br>Check in with School in Spring Term around the impact of the |

|     |  |                                      |  |             |   |  |  |
|-----|--|--------------------------------------|--|-------------|---|--|--|
|     |  |                                      | animation for feedback.                              |             |   | and approach.  | changes made following amendment of existing plans.  |
| EPS | Paper 1 and Paper 2 findings and suggested next steps. | Awareness, Understanding and Action. | Workshop/Pre sentation in team meeting CPD sessions. | August 2023 | Researcher time- preparation and CPD session. | EPs will extend their knowledge of the current guidance and be aware of what ethical dilemmas present in schools. EPs will have an awareness of what good practice currently looks like and what the barriers to good practice might be. | Individual level: Pre and post session measures rating their confidence in consulting around positive handling practice.<br><br>Group level: Present EPs at the beginning of the session with a problem scenario involving restraint that has arisen during a consultation.<br><br>Mind map the issues they might consider, and what action they would take. |

|  |                                    |  |   |                   |   |  |   |
|--|------------------------------------|--|---|-------------------|---|--|---|
|  |                                    |  |   |                   |   | EPs to feel confident in where to signpost schools and families for advice and support.  | Following the end of the session revisit the Mind Map and ask if there was anything they would now add. |
| Other EPs/TEPs<br>And<br>Head Teachers                       | Paper 1 and<br>Paper 2<br>findings | Awareness,<br>understanding<br>and action? | Journal Article<br>Publication                              | September<br>2023 | Researcher time<br>– preparation,<br>submission and<br>review.        | Professional<br>s beginning<br>to<br>understand<br>where<br>positive<br>handling<br>practice is at<br>and consider<br>what stage<br>of the<br>journey their<br>school/settin<br>g is at in<br>terms of<br>their<br>thinking. | Open access<br>publication of<br>Paper 1 and 2.   |
| New employer,<br>The University<br>of Manchester<br>and TEPs | Paper 1 and<br>Paper 2<br>findings | Awareness,<br>Understanding<br>and Action. | Sharing Paper<br>1 and Paper 2<br>with new<br>employers and | Autumn<br>2024    | Researcher time<br>– preparation of<br>meetings with<br>new employer, | The<br>evidence<br>base will   | Does the future<br>research project<br>happen?  |

|                     |                  |                             |  |                                       |  |                   |  |
|---------------------|------------------|-----------------------------|--|---------------------------------------|--|-------------------|--|
|                     |                  |                             | <p>presenting the need for future research.</p> <p>Engaging with those involved with commissioning research at the University of Manchester</p> <p>Presenting a commission to TEPs</p> |                                       | the University and TEPs.                                   | continue to grow. | Does the TEP want to build on my research or take it in another direction? |
| Commissioners (AEP) | Paper 1 findings | Awareness and Understanding | <p>Part of Seminar on Restrictive Practice at AEP TEP conference</p> <p>Part of Seminar on Restrictive Practice at AEP Conference.</p>   | <p>July 2022</p> <p>November 2022</p> | Researcher time – preparation and conference presentation. |                   |  |

|  |                                    |   |  |           |   |  |   |
|--|------------------------------------|---|--|-----------|---|--|---|
|  | Paper 1 and<br>Paper 2<br>findings | Awareness,<br>understanding,<br>action  | Written<br>summary for<br>AEP NEC<br>meeting.<br><br>Sharing both<br>papers with<br>the general<br>secretary and<br>the AEP rep<br>overseeing the<br>commission. | July 2023 | Researcher<br>time-<br>preparation of<br>summary. | Awareness<br>of how the<br>research fits<br>within the<br>research<br>programme<br>and links<br>with<br>research into<br>childrens<br>experience<br>of restraint.                                    | AEP feedback<br>via Restrictive<br>Practice<br>Research<br>Group.   |
| Department for<br>Education<br>Policy Advisors | Paper 1 and<br>Paper 2<br>findings | Awareness,<br>understanding,<br>action. | Emailing of<br>Paper 1 and<br>Paper 2.<br><br>Completion of<br>the online<br>consultation<br>form.   | May 2023  | Researcher<br>time-<br>preparation.               | Awareness<br>and<br>understandin<br>g of the<br>strengths<br>and<br>challenges<br>of current<br>positive<br>handling<br>practice and<br>the role the<br>current<br>guidance<br>plays within<br>this. | The Policy<br>Advisors<br>contact me for<br>further<br>discussions.<br><br>The government<br>paper includes<br>elements of the<br>research.<br><br>The DfE decide<br>to make changes<br>to the law<br>and/guidance in<br>line with what<br>the participants |

|                                      |                               |                                    |   |           |   |  |                            |
|--------------------------------------|-------------------------------|------------------------------------|---|-----------|---|--|----------------------------|
|                                      |                               |                                    |   |           |   |  | in the study suggested.    |
| Special Educational Needs Consortium | Paper 1 and Paper 2 findings. | Awareness. Understanding , Action? | Presentation of the Research Findings to their delegates. | July 2023 | Researcher time – preparation and presentation. | Delegates will extend their knowledge of the current guidance and be aware of the practical and ethical challenges that present in schools. Delegates will have an awareness of what good practice currently looks like and what the barriers to good practice might be. | Training Evaluation forms. |

|  |                   |                                    |  |          |  |   |  |
|--|-------------------|------------------------------------|--|----------|--|---|--|
|  |                   |                                    |  |          |  | Delegates to gain knowledge around where to signpost schools and families for advice and support.   |  |
| Head Teachers and Teachers Unions and the wider teaching profession. | Paper 2 findings. | Awareness, Understanding , Action? | If approved by participants the story telling-animation developed from participants data will be shared with the unions and distributed on social media.<br><br>Webinars for school staff. | May 2024 | Researcher Time-preparation, networking and meetings<br><br>Commissioning an animator. | For Unions to advocate for education professionals and act by continuing to highlight issues with respect to systemic issues impacting on staff and children's wellbeing and consequently | Do the Unions distribute the animation across their networks and platforms?<br><br>Do they begin to campaign or advocate for school and their children on the issues raised?<br><br>When the animation is shared on social media by the researcher, does it get shared |

|  |  |  |                        |  |  |                     |   |
|--|--|--|------------------------|--|--|---------------------|---|
|  |  |  | Recording of Podcasts. |  |  | restraint practice. | widely? What is the reaction on the comments? |
|--|--|--|------------------------|--|--|---------------------|---|

## 5.6 References

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## Appendices

### 6.1 Emotional and Behavioural Difficulties Publication Guidelines

Guidelines can be found on the following webpage:

<https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=rebd20>

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### **Motion 5 – Call to action to promote the reduction of the use of physical restraint in schools**

Physical restraint continues to be used in school across different local authorities despite a lack of evidence that restrictive practices achieve positive outcomes for children and staff. Within region 1 it appears that some schools use physical restraint as a strategy of choice rather than a last resort, applying it indiscriminately to enforce rules and compliance. This is particularly the case with specific groups of vulnerable children and parents may not know how or feel able to complain if they are concerned about how such measures are implemented. We recognise there is some excellent provision based on evidence-based practice such as positive behaviour support and that in rare instances physical restraint may be an appropriate response but hold the opinion that further steps must be taken to prevent the misuse and abuse of physical force in schools.

In 2017 BBC Radio 5 carried out an investigation into coercive and restrictive practices in schools designed for children who are disabled or have special learning needs, sometimes resulting in physical injury. A Freedom of Information Request noted not all LAs were taking an active role in reviewing or evaluating practice. This lack of accountability led Sir Steven Bubb to ask the question “how do we know whether physical restraint is being used as a punishment, which is actually unlawful?”

We believe that physical restraint and other restrictive practices should only be used in exceptional circumstances where a child or young person is at risk of immediate danger or imminent harm and never be used to enforce compliance. The use of alternative, preventative strategies is not only more effective in supporting children but complies with the UN Convention on the Rights of the Child. There is a growing body of explicit and anecdotal evidence that physical restraint and other restrictive practices can cause psychological distress and physical harm for the children and adult/s involved. It increases the potential for negative outcomes such as impaired relationships, re-living trauma, heightening arousal, and can lead to inequalities of care and support. This can be true for onlookers as well as participants.

We call on the AEP to:

- Sign up to the Restraint Reduction Network Pledge to demonstrate a belief that everyone deserves person centred care and support and all children should be treated with dignity, respect, be free from degrading treatment and punishment in line with the UN Convention on the Rights of the Child
- Explore the possibility of funding an AEP member to attend the Restraint Reduction Network Conference and promote this event via the AEP website
- Advocate for the review of the 2013 DfE document “*Use of Reasonable Force: Advice for headteachers, staff and governing bodies*” so it is consistent with current neurobiological understandings and the 2018 Ofsted document “*Positive environments where children can flourish. A guide for inspectors about physical intervention and the restriction of liberty*”.

- 
- Proactively encourage Ann Longfield, Children’s Commissioner for England to follow the example of Bruce Adamson, Children’s Commissioner for Scotland and launch a formal investigation into restraint and seclusion in schools as well as the inadequacy of local authority policy and procedures around recoding of incidents
  - Consider making FOI requests to all LAs regarding the use of physical restraint in schools and publish a summary of findings on the AEP website
  - In conjunction with EP training providers, explore the option of EPiT research aimed at gaining parental and/or children’s views on their experiences of restrictive practices/ physical restraint in school
  - Continue to campaign for all schools to have access to an Educational Psychologist to ensure the school workforce has opportunities to increase their knowledge and skills around the use of non-restrictive practices based on person centred thinking, relational interventions and positive behaviour support with the aim of supporting recovery, promoting positive, mental health, improving physical well-being and social inclusion.

**Proposed by:** Lynne Mackey

**Seconded by:** Lucy Taylor

## 6.3 Ethical Approval



Environment, Education and  
Development School Panel PGR  
School for Environment, Education and  
Development  
Humanities Bridgeford Street 1.17  
The University of Manchester  
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M13 9PL  
Email: [PGR.ethics.seed@manchester.ac.uk](mailto:PGR.ethics.seed@manchester.ac.uk)

Ref: 2021-12859-20570

11/10/2021

Dear Miss Kirsty Mullooney, , Dr Catherine Kelly

**Study Title:** Understanding positive handling practice in schools. What is the current reality for school staff and what might it be?

Environment, Education and Development School Panel PGR

I write to thank you for submitting the final version of your documents for your project to the Committee on 17/09/2021 15:50 . I am pleased to confirm a favourable

ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

### **COVID-19 Important Note**

Please ensure you read the information on the [Research Ethics website](#) in relation to data collection in the COVID environment as well as the

[guidance issued by the University](#) in relation to face-to-face (in person) data collection both on and off campus.

[A word document version of this guidance is also available.](#)

Please see below for a table of the titles, version numbers and dates of all the final approved documents for your project:

### **Document Type File Name Date Version**

Additional docs Distress Protocol v1 010721 01/07/2021 1

Consent Form Consent Form v2 160821 16/08/2021 2

Additional docs Participant Debrief Leaflet v2 160821 16/08/2021 2

Additional docs Pilot Focus Group Feedback Form v2 160821 16/08/2021 2

Additional docs Focus Group Schedule v2 170821 17/08/2021 2

Data Management Plan Data Management Plan for PHP in schools reality 31/08/2021 2

Participant Information Sheet Participant Information Sheet v3 310821 31/08/2021 3

Additional docs Stimulus 1 and question 16/09/2021 2

Additional docs Stimulus 2 and activity 16/09/2021 2

Additional docs Stimulus 3 and question 16/09/2021 2

Additional docs Stimulus 4 and question 16/09/2021 2

Additional docs Stimulus 5 and questions 16/09/2021 2

Additional docs Stimulus 6 and discussion 16/09/2021 2

Additional docs Stimulus 7 and discussion 16/09/2021 2

Letters of Permission Invitation to Register Interest v3 160921 16/09/2021 3

Letters of Permission Registered Interest email v3 160921 16/09/2021 3

Additional docs Information Governance Office Approved PDF 16/09/2021 1

This approval is effective for a period of five years and is on delegated authority of the University Research Ethics Committee (UREC) however please note that it is

only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period or if you wish to

propose any changes to the methodology or any other specifics within the project an application to seek an amendment must be submitted for review. Failure to do so

could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or

kept securely as a hard copy in a location which is accessible only to those involved with the research.

Page 1 of 2

For those undertaking research requiring a DBS Certificate: As you have now completed your ethical application if required a colleague at the University of Manchester

will be in touch for you to undertake a DBS check. Please note that you do not have DBS approval until you have received a DBS Certificate completed by the

University of Manchester, or you are an MA Teach First student who holds a DBS certificate for your current teaching role.

### **Reporting Requirements:**

You are required to report to us the following:

1. [Amendments](#): Guidance on what constitutes an amendment
2. [Amendments](#): How to submit an amendment in the ERM system
3. [Ethics Breaches and adverse events](#)
4. [Data breaches](#)

We wish you every success with the research.

Yours sincerely,

Dr Kate Rowlands

Environment, Education and Development School Panel PGR

Page 2 of 2

## **Understanding positive handling practice in schools. What is the current reality for school staff and what might it be?**

### **Manchester Data Management Outline**

**1. Will this project be reviewed by any of the following bodies (please select all that apply)?**

Ethics

Funder

**2. Is The University of Manchester collaborating with other institutions on this project?**

Yes - Part of a collaboration and not handling data

Kirsty Mallowney will collect and analyse the data. An assistant moderator will be used in the focus group and will check the codes and themes but they will be sourced from within the institution and will be either another Trainee Educational Psychologist or a lecture on the course.

The Association of Educational Psychologists will receive updates on the project as the commissioner but they will not be involved in the collecting, handling or analysing of the data.

**3. What data will you use in this project (please select all that apply)?**

Acquire new data

Audio recordings of the focus group discussions will be taken.

4 of the 7 activities will also collect data which combines discussion and the use of the interactive presentation website [www.mentimeter.com](http://www.mentimeter.com)

As per the terms and conditions of service a basic education licence for mentimeter will

be purchased rather than the free user. This will ensure that both questions and data remain the property of the research and cannot be used by mentimeter.com. When completing the activities participants will go to menti.com on their laptops or mobile phones and they will type in a code unique to each focus group. They will then complete the activity/questions displayed. They are not asked by mentimeter to register nor are they asked to submit names or other personal details.

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See section 5 of mentimeters terms and conditions

<https://www.mentimeter.com/terms> and their security policy

<https://www.mentimeter.com/security-policy>

#### **4. Where will the data be stored and backed-up during the project lifetime?**

Other storage system (please list below)

P Drive (postgraduate researchers and students only)

The audio recordings and the data from mentimeter.com will be exported and uploaded to the P Drive and Kirsty Mullaney's University of Manchester OneDrive and deleted from their original storage locations immediately after the focus groups have taken place.

#### **5. If you will be using Research Data Storage, how much storage will you require?**

Not applicable

#### **6. Are you going to be receiving data from, or sharing data with an external third party?**

No

As detailed a basic education licence for mentimeter will be purchased so data will only be collected using mentimeter. Mentimeter will not have ownership of or permissions to use the data and once exported to a PDF the data collected will be deleted from the researchers mentimeter account after the conclusion of each focus group. Mentimeter does not ask participants to sign up or provide any of their personal details.

Only verbal and email updates will be given to the Association of Educational

Psychologists. No raw data will be shared and they will not be involved in the data collection or analysis.

**7. How long do you intend to keep your data for after the end of your project (in years)?**

0-4 years

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### **Guidance for questions 8 to 13**

Highly restricted information defined in the [Information security classification, ownership and secure information handling SOP](#) is information that requires enhanced security as unauthorised disclosure could cause significant harm to individuals or to the University and its ambitions in respect of its purpose, vision and values. This could be: information that is subject to export controls; valuable intellectual property; security sensitive material or research in key industrial fields at particular risk of being targeted by foreign states. See more [examples of highly restricted information](#) .

Personal information, also known as personal data, relates to identifiable living individuals. Personal data is classed as special category personal data if it includes any of the following types of information about an identifiable living individual: racial or ethnic origin; political opinions; religious or similar philosophical beliefs; trade union membership; genetic data; biometric data; health data; sexual life; sexual orientation.

Please note that in line with [data protection law](#) (the UK General Data Protection Regulation and Data Protection Act 2018), personal information should only be stored in an identifiable form for as long as is necessary for the project; it should be pseudonymised (partially de-identified) and/or anonymised (completely de—identified) as soon as practically possible. You must obtain the appropriate [ethical approval](#) in order to use identifiable personal data.

**8. What type of information will you be processing (please select all that apply)?**



Audio and/or video recordings

Pseudonymised personal data

Anonymised personal data

Personal information, including signed consent forms

Audio recordings will only be held until transcriptions have been produced, anonymised and pseudonymised by a University approved transcriber. Data from mentimeter is anonymous at point of collection and will be exported into a PDF document following conclusion of the focus group.

All written or typed data pertaining to individuals (child, teaching assistants, teachers or head teachers) will be anonymised. All written or typed data pertaining to schools and local authorities will be pseudonymised. Participants will be discouraged from disclosing information which might identify someone not present in the focus group. Where any participants talk about an event and the details of the event mean an individual (child or school staff) could be identified, then the details of the incident will be struck from the transcript.

Signed Consent forms will only be kept 0-4years alongside the data. Both will be destroyed at the same time.

**9. How do you plan to store, protect and ensure confidentiality of any highly restricted data or personal data (please select all that apply)?**

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Store data in buildings, rooms or filing cabinets with controlled access

Access data hosted by the University of Manchester via its secure Virtual Private Network (VPN)

Anonymise data

Pseudonymise data and apply secure key management procedures

Where needed, follow University of Manchester guidelines for disposing of personal data

Store data on University of Manchester approved and securely backed up servers or computers

Dependent on participants preferences and Covid-19 requirements regarding face to face research. The research has been planned so it could take place in person or online, and there will be no hard copies of data collected. Most of the data will be the audio recorded conversations that take place within the focus group. 4 stimulus questions will use online presentation website [www.mentimeter.com](https://www.mentimeter.com). A basic education licence for mentimeter will be purchased to ensure that questions and data are kept secure. Mentimeter.com does not collect personal information from the participants and does not ask them to register. As such participants responses are anonymous at the point of data collection. Due to the purchasing of a basic education licence mentimeter will not have any rights to use the questions or data collected. See terms of use detailed in section 5 here:

<https://www.mentimeter.com/terms>

and

<https://www.mentimeter.com/security-policy>

The laptop used for remote working is password protected and this will be stored in a locked backpack when not in use. All data will be stored on the University P Drive via the Global Network VPN and will be uploaded to Kirsty Mullaney's One Drive Document store on the University of Manchester One Drive service. This is encrypted.

Audio recordings will be taken using the Word Online Transcribe Function which automatically saves to Kirsty Mullaney's University of Manchester One Drive Document Store. A back up recording will be taken using a Dictaphone and this will be uploaded to the P drive immediately following the focus group.

Both audio recordings will be destroyed once anonymised and pseudonymised transcriptions have been received.

**10. If you are storing personal information (including contact details) will you need to keep it beyond the end of the project?**

Yes – Other

During the debrief the researcher will say the following statement "We'd also invite you to reach out to us if you have been inspired by today's discussion and would like to learn

more about the academic literature and the other pieces of positive handling research taking place at the University of Manchester."

Where participants choose to reach out and show interest in the other pieces of research we may, with their permission, pass their contact details to other Trainee Educational Psychologists who are doing research in the field of positive handling.

Where they do not reach out to us their contact details will not be held beyond the end of

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the project.

**11. Will the participants' information (personal and/or sensitive) be shared with or accessed by anyone outside of the University of Manchester?**

No

**12. If you will be sharing personal information outside of the University of Manchester will the individual or organisation you are sharing with be outside the EEA?**

Not applicable

**13. Are you planning to use the personal information for future purposes such as research?**

Yes

As stated in Q10.

**14. Who will act as the data custodian for this study, and so be responsible for the information involved?**

Kirsty Mallowney and Catherine Kelly

**15. Please provide the date on which this plan was last reviewed (dd/mm/yyyy).**

2021-07-18

## **Project details**

**What is the purpose of your research project?**

To try and understand positive handling practice from the perspectives of the school staff engaged in the practice, and to begin to explore how practice might move forwards.

### **What policies and guidelines on data management, data sharing, and data security are relevant to your research project?**

University of Manchester Research Data Management Policy

<https://documents.manchester.ac.uk/DocuInfo.aspx?DocID=33802%20>

The University of Manchester Records Management Policy

<https://documents.manchester.ac.uk/display.aspx?DocID=14916>

The University of Manchester Data Protection Policy

<https://documents.manchester.ac.uk/display.aspx?DocID=14914>

The University of Manchester Publications Policy

<http://documents.manchester.ac.uk/display.aspx?DocID=28526>

The University of Manchester IT policies and guidelines

<http://www.itservices.manchester.ac.uk/aboutus/policy/>

The University of Manchester Intellectual Property Policy

<http://documents.manchester.ac.uk/display.aspx?DocID=24420>

## **Responsibilities and Resources**

### **Who will be responsible for data management?**

Kirsty Mallowney (Trainee Educational Psychologist) - Kirsty will lead this

Catherine Kelly (Thesis Supervisor for Kirsty Mallowney) - Catherine will oversee this

### **What resources will you require to deliver your plan?**

Transcription Costs

A basic education licence for mentimeter.com

Access to Video Conferencing Software (already in place)

Dictaphone (already in place)

## **Data Collection**

### **What data will you collect or create?**

4 transcripts will be produced from 4 audio recordings of discussions held in focus groups:

2 head teachers group, 2 teacher groups. A University approved transcription service will

be used to transcribe this. These will be saved as MS Word files.

The following anonymised data will also be collected through the use of mentimeter.com

2 sentence completion activities

1 ranking activity

1 activity in which participants are asked to select 3 emotions to describe their experience.

Answers to these activities will be saved into PDF format.

#### **How will the data be collected or created?**

Two audio recordings will be captured for each focus group discussion: one via dictaphone, 1 via the Word Online Transcribe function (this records audio and automatically transcribes into a separate word document). And the following guidance will be adhered to <https://www.staffnet.manchester.ac.uk/igo/how/ensure-security-ofvoice-recordings/>

The recordings will be named as "head teacher focus group" "teacher focus group" and "teaching assistant focus group" and will be destroyed once transcribed, anonymised and pseudonymised.

The data from mentimeter will be exported to a PDF and uploaded onto the PDrive and Kirsty UoM One Drive. Original data will then be deleted. The documents will be named: "HT mentimeter responses" "T mentimeter responses" and "TA mentimeter responses"

The data collection methods (wording and stimulus activities) will be the same for each of the three focus groups to ensure consistency and a Focus Group Schedule has been produced to assist the research in this task. The data collection methods will be reviewed by the lead researcher's supervisor, the UoM ethics board and will also be trialed in a Pilot group to ensure that the stimulus activities and the approach of the researcher collect appropriate data in a sensitive and robust manner.

In addition there will be an Assistant Moderator who will be asked for feedback at the end of each focus group and encouraged to comment on the consistency and quality of data collection. This feedback will be recorded in the lead researchers research journal.

A University Approved Transcriber will transcribe the recordings to produce an official anonymised/pseudonymised transcript.

The transcriptions and the PDF from mentimeter will be stored on the University P Drive via Global Protect VPN and Kirsty Mullooney's UoM One Drive document store. Following the saving of these documents the original data will be deleted (mentimeter presentation and the audio recording).

Once the data is analysed by the lead researcher, the codes and themes produced will be checked by another Trainee Educational Psychologist or a University staff member. This will ensure quality and consistency.

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## **Documentation and Metadata**

### **What documentation and metadata will accompany the data?**

The researcher will keep a research journal containing a log of all research based activity including the approaches to research taken, the decisions behind them and the considerations made. In addition the ethics application, and records of supervision will be recorded on the University of Manchester eprog system and the Thesis write up produced as part of the research will work to outline how the data was collected.

Following the end of the project and the end of my time at the University all documentation will be transferred over to the University of Manchester and stored in accordance with their policies. This will include: focus group schedules, consent forms, participant information sheets, transcriptions, Research logs, thesis write up etc.

## **Ethics and Legal Compliance**

### **How will you manage any ethical issues?**

The research is required to be approved by the University of Manchester Ethics board and will not commence until this approval has been gained. Each participant will be provided with a detailed information sheet that explains what is expected of them; how their information will be stored, anonymised and used; and details the inclusion and exclusion criteria set up to protect their emotional wellbeing (e.g. exclusion of participants who

have had a restraint related allegation made against them in the past which was partially or wholly upheld, exclusion of participants who are currently under investigation for an allegation, exclusion of participants who are currently undergoing a traumatic event in their lives such as bereavement.)

This will enable participant to give informed consent and their consent will be recorded on a consent form.

Due to the safeguarding concerns that would be raised around poor practice and due to the polarised views on the topic of restraint and positive handling the participants require protecting from any adverse affects on their career.

Participants attending the focus groups will not be mixed with their superiors and there will be strict protocols in terms of confidentiality and what types of information can and cannot be shared outside of the focus groups.

Due to the emotive nature of the topic and the risk of participants and transcribers becoming upset all will receive a warning prior to their role in the research. There will be clear protocols shared detailing what will happen if they get upset, where they can go for support and their right to withdraw their consent up until the point of the transcription being anonymised and pseudonymised will be stressed.

### **How will you manage copyright and Intellectual Property Rights (IPR) issues?**

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Catherine Kelly, Kevin Woods and Caroline Bond (Supervisor and Programme Directors on the Doctorate in Educational and Child Psychology) at the University of Manchester will share IPR with Kirsty Mallowney.

The AEP do not hold any intellectual property rights to the data.

## **Storage and backup**

### **How will the data be stored and backed up?**

All data will be stored on the University of Manchester P: Drive via the Global Protect VPN.

This is backed up on a daily basis. A second back up copy will also be stored on Kirsty Mallowney's One Drive document store.

### **How will you manage access and security?**

Only Kirsty Mullaney will have access to the raw data. I may share the data with Catherine Kelly should I need advice and guidance during analysis however this would only be the transcribed and anonymised/pseudonymised data. Permission to access the data would be given via the document share function on the University of Manchester One Drive system and Catherine would only be able to view and not edit and download the documentation. Data will only be accessed and shared when on the UoM Global Protect VPN.

The audio recordings will be managed in accordance with the following guidance on taking recordings of participants for research projects.

<https://documents.manchester.ac.uk/display.aspx?DocID=38446>

Where data is being sent to the transcriber it will be either uploaded securely onto the transcribers website or will be emailed in an encrypted format and/ or password protected as per the guidance from University of Manchester ICT services.

<https://www.itservices.manchester.ac.uk/cybersecurity/advice/encryption/>

## **Selection and Preservation**

### **Which data should be retained, shared, and/or preserved?**

The anonymised and pseudonymised transcription and the anonymised mentimeter data

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is the only participant information which will be held following the end of the project.

Other documentation which will allow replication of the study such as (research journal, participant information sheets, blank consent forms etc.) will also be retained once the project has finished.

These documents will be held to enable the validation and replication of research findings.

### **What is the long-term preservation plan for the dataset?**

Following my commencement of the course in 2023 the data will be transferred to the University of Manchester Research Data Storage. In accordance with the following



guidelines.

<http://ri.itservices.manchester.ac.uk/rds/>

Catherine Kelly will remain at the University and will be the main custodian of this data.

The data will be deleted after 5 years.

## **Data Sharing**

### **How will you share the data?**

Raw data will only be shared for transcription via an encrypted and/ or password protected format.

In the event that the research is published the anonymised and pseudonymised data may be shared to check the validity and reliability of the findings. Access requests will come through Catherine Kelly at the University of Manchester.

### **Are any restrictions on data sharing required?**

Participant consent will be gained and they will be informed of the process of transcription in the Participant Information Sheet.

Data shared with anyone other than the transcriber will be pseudonymised and anonymised.

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## Distress Protocol

School of Environment, Education and Development

Ellen Wilkinson Building

The University of Manchester

Oxford Road

Manchester, M13 9PL

Should a participant become distressed during the focus group the following will be

followed:

**Distress:** Participant shows signs that they are experiencing distress or exhibits behaviours associated with distress such as crying. This might suggest that the questions asked have caused stress to the participants or that the responses given have triggered personal and traumatic memories



### Step 1:

- Facilitator offers immediate emotional support
- Researcher asks participant if they would like to take a moment out of the room.
- The assistant moderator will join them to check they are okay and monitor them.
- If no, continue with focus group
- Explore distress level and assess risk



**Step 2:**

- If risk is highlighted, assess and proceed to follow risk protocol below:
- Assistant Moderator will remain with the participant and ask participant if there is anyone they would like to come and sit with them and ask how they would like to be supported e.g. brew, tissues, a chat with the assistant moderator, time to call a supporting person in their life.
- Where the participant is ready to leave, they will be issued with the support numbers to use if necessary
- Where a participant leaves the interview whilst in distress without, the support numbers will be emailed to the participant and they will be offered a follow up call or email the next day.

**Follow up:**

- If participant consents, follow up with a courtesy call or email the next day
- Encourage participants to use provided support numbers

## Invitation to Register Interest

*Understanding positive handling practice in schools. What is the current reality for school staff and what might it be?*

**We are seeking participants for a study into positive handling in schools. Participants would need to be head teachers and teachers whose schools train in and use positive handling.**

### **Why is this issue important?**

A recent inquiry by the Equality and Human Rights Commission (2021) has called for government to:

- Consider the introduction of national standards for training
- Consider the introduction of national standards for reporting and recording (equal to that which is currently in place for school exclusions)
- Provide better guidance and ongoing support for schools to help them minimise restraint and restrictive practice and ensure it is only used in accordance with the conventions and acts concerning human rights and equality.

It is expected that practice in this area will develop and change in the coming years and thus it is important that we develop an understanding of teachers' current experiences of practice and hear their views and wishes around what is needed to move practice forward.

### **What is the study and what would it involve?**

The researcher is looking to attend existing network meetings (either virtually or in person) initially presenting an overview of the current legal and ethical guidance on positive handling. The presentation will not form part of the research and will be open to all members of the network but those in attendance at the meeting will be invited to stay after the training to take part in a research focus group on positive handling practices in school.

I have attached the participant information sheet which details what participating in the focus group would entail. Should you require more details prior to inviting me to present at your network meeting please email : [kirsty.mullowney@postgrad.manchester.ac.uk](mailto:kirsty.mullowney@postgrad.manchester.ac.uk)

### **How can I register my networks interest?**

You can register interest by emailing the lead researcher on:

[kirsty.mullowney@postgrad.manchester.ac.uk](mailto:kirsty.mullowney@postgrad.manchester.ac.uk) when doing so please provide a list of date for your Spring and Summer term network meetings to enable us to plan the best time for the focus groups to take place. Likewise you can contact the same email to ask any questions you may have.

PLEASE NOTE: Registering interest would not commit the members of your network to take part in the study. When you register interest you will be sent an email to forward on to your members. It will explain the study in full and all individuals are invited to ask any questions they may have prior to consenting.

Kind Regards

Kirsty Mullowney

Trainee Educational Psychologist and Lead Researcher.



## 6.7 Participant Information Sheet



### Research Participant Information Sheets

*Understanding positive handling practice in schools. What is the current reality for school staff and what might it be?*

This PIS should be read in conjunction with [The University privacy notice](#).

This project forms part of a thesis which is a requirement for the Doctorate in Educational and Child Psychology. It is important that, prior to making a decision about your participation, you understand what you are consenting to and why the study is being conducted. Please read the following information carefully and think about whether you are happy and able to participate.

#### Participant Inclusion Criteria

Positive handling can be an emotive and controversial topic and as such you will be unable to participate in the research where:

- You have had an allegation made against you following an incident of positive handling which was partially or wholly upheld.

- You are currently under investigation for an allegation which was made against you following an incident of positive handling.
- You have social and emotional mental health difficulties.
- You are currently experiencing a traumatic life event e.g. bereavement

To participate you must also be a head teacher, deputy head teacher, teacher, or teaching assistant whose school trains in and uses positive handling practices.

Where you meet all of the requirements and are able to participate you should still consider what is right for you and your emotional wellbeing at this time. You may discuss the contents of this information sheet with others when considering whether to take part and if you have any questions you can contact the facilitator on:

[kirsty.mullowney@postgrad.manchester.ac.uk](mailto:kirsty.mullowney@postgrad.manchester.ac.uk)

#### Who will conduct the research?

Lead Facilitator: Kirsty Mullowney, Trainee Educational Psychologist, University of Manchester.

Academic Supervisor: Dr Catherine Kelly, Ellen Wilkinson Building, Oxford Road, University of Manchester.

#### The Purpose of the Research and my position on Positive Handling.



To qualify as an Educational Psychologist, I am required to carry out a piece of research on a topic relevant to the profession. In recent years there has been increased pressure on schools to reduce the use of restraints and restrictive methods. The government guidance and inquiry by the Equality and Human Rights Commission detailed below are expected to put further demands on schools. The Association of Educational Psychologists commissioned this research after passing a motion to reduce the number of restraints in schools.

Government Guidance: <https://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention>

Inquiry: <https://www.equalityhumanrights.com/en/inquiries-and-investigations/inquiry-how-schools-are-monitoring-use-restraint>

**My position:** As a child I was restrained by medical professionals at school and this experience has had a long lasting and negative impact on me. I was also trained in and used positive handling techniques in my previous job roles. I have experienced what it is like when the restraint elements of positive handling are used unnecessarily, and I have also experienced what it is like trying to make split second decisions in an unsafe situation. For me positive handling is about more than just restraint it's about everything that you do to engage with children who are in crisis. The focus should be less on the number of restraints occurring and more on:

- 1) Whether incidents of restraint were avoidable or unnecessary,
- 2) How we can support school staff to move practice forward.

My belief is that school staff are the key to moving practice forwards because they are living it every day and to understand how to make practice better we need to try and understand current practice from the point of view of those involved.

#### [Why have you been chosen?](#)

You have been chosen because you are a person who is actively involved in positive handling practice. Sharing your views and experiences with the facilitator will give school staff a voice in the ongoing debate around the use of restraint and restrictive methods in schools. It could help us to develop an understanding around what current positive handling practice looks like in English schools. We would also like to generate some ideas for future practice that are workable within the school environment. You are one of the participants involved in the research.

#### [What would I be asked to do?](#)

The research will take place during the academic year of 2021/2022. The Lead Facilitator Kirsty Mallowney will be attending your network meeting on \_\_\_\_\_ and presenting to your group on the legal and ethical guidance available to schools around positive handling practice. Following this presentation you will be given the opportunity to stay and participate in a focus group about positive handling practice in schools. Where the meeting is face to face this will take part in situ, where the meeting is virtual it will use video call

software such as Microsoft Teams/Zoom. You will be in a group of 6-8 people and the focus group will take 45 minutes to 1 hour.

**Please note:** You can attend the presentation without participating in this research.

During the focus group the facilitator (Kirsty Mullooney) plus the assistant moderator \_\_\_\_\_ (who is also a student from the University of Manchester Doctorate in Education and Child Psychology) will provide you with questions, prompts and activities to discuss. Prompts and activities will include things like: listening to audio recordings, watching video clips, ranking activities, findings from research in the field, recommendations from reports and case studies/vignettes. These materials will be used as a tool to promote reflection, discussion and debate; and support participants to share their experiences, thoughts and ideas. 4 of the activities will use the web presentation app <https://www.mentimeter.com/app>. The researcher has a paid licence for mentimeter and as such this means mentimeter will not have any rights to use any of the information you provide as part of the activities. Mentimeter does not require you to sign up or provide any personal details in order to participate. All you will be asked to do is to use a laptop or mobile phone to visit <https://www.menti.com/> and the researcher will provide you with a unique code to enter which will take you straight to the activity. Once each activity has been completed, the researcher will share the groups anonymised responses to encourage further reflection and discussion. Following the end of the focus group all of the information you have given in the mentimeter activities will be downloaded into a PDF and deleted from mentimeter. In addition to the information from mentimeter the focus group itself will be audio recorded and further information about what this will mean for you is provided in the

following sections.

**Please note:** we will not be exposing you to images or videos of restraints in progress. All prompts and activities have been carefully selected and approved by the University of Manchester ethics board to minimise the risk of distress to all participants and group facilitators.

### **Consent, Data Protection and Confidentiality**

You will be asked to provide consent for taking part. The focus group will be audio recorded and you can withdraw consent at any point from signing the consent to when an anonymised transcription of the recording has been produced. The recording will be taken using an encrypted audio device. The data will be stored securely in an anonymised form on an encrypted drive at the University of Manchester. Only the facilitator, her supervisor and a transcriber will be able to access the recording. All references which make participants or other persons working or attending the school potentially identifiable, will be removed.

In order to undertake the research, we will need to collect the following personal information about you:

- Your name –this would only be to gain your consent and pseudonyms will be given to all participants during the transcription process so they are not identifiable.
- Your work email – this would be used to gain your consent, organise the focus groups and to send debrief information following the focus group.

- Your job role (e.g. teacher, head teacher, teaching assistant) – this would be used to enable us to compare the views and experiences of different school professionals and list the number of participants in each role e.g. “The research was conducted with 6 teaching assistants, 8 teachers and 5 head teachers”
- The type of school you work in (e.g. Special/PRU/Mainstream Primary) this would assist us to compare the views and experiences from the different settings and would also allow us to say how many participants worked in each type of school.

We would not need to collect the name of your employer or your local authority and should you mention any these within the focus group discussions we will remove them and replace them with Pseudonyms along with any other identifiable information.

All data will be collected and stored in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 which legislate to protect your personal information. The legal basis upon which we are using your personal information is “public interest task” and “for research purposes” if sensitive information is collected. For more information about the way we process your personal information and comply with data protection law please see our [Privacy Notice for Research Participants](#).

The University of Manchester, as Data Controller for this project, takes responsibility for the protection of the personal information that this study is collecting about you. In order to comply with the legal obligations to protect your personal data the University has safeguards in place such as policies and procedures. All researchers are appropriately trained and your data will be looked after in the following way:

*The study team at the University of Manchester will have access to your personal identifiable information, that is data which could identify you, but they will anonymise it as soon as practical. However your consent form, contact details, etc will be retained for 5 years on the researcher's P-drive on the university computer.*

You have a number of rights under data protection law regarding your personal information. For example, you can request a copy of the information we hold about you, including audio recordings (they will be erased after anonymised transcription). This is known as a Subject Access Request. If you would like to know more about your different rights, please consult our [privacy notice for research](#) and if you wish to contact us about your data protection rights, please email [dataprotection@manchester.ac.uk](mailto:dataprotection@manchester.ac.uk) or write to The Information Governance Office, Christie Building, University of Manchester, Oxford Road, M13 9PL. at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the [Information Commissioner's Office](#), Tel 0303 123 1113.

### **Will my participation in the study be confidential?**

Only the study team and a University approved transcriber will have access to your information and your participation will be kept confidential. **The only other circumstance in which the research team would need to disclose your personal information would be if you share information of a criminal or safeguarding nature during the focus group.**

The audio recording will be used to create transcripts and will be destroyed upon completion of the transcript. As aforementioned it will be stored securely and only the researcher, supervisor and a University approved transcriber will have access to the recording.

To ensure confidentiality, the researcher will de-identify the data allocate pseudonyms for any identifiable information.

### **What happens if I do not want to take part or if I change my mind?**

You are not obliged or expected to take part: it is your decision. Should you decide to take part you are required to sign and return the consent form provided. Following this, you can withdraw at any stage up until the data has been transcribed and anonymised, and the audio recording deleted. Withdrawing part way through the study will be of no detriment to you and the researchers understand that what is important is to do what is right for you.

The audio recording of the focus group is essential in order to complete a transcript for analysis. If you should consent to the research but at any time feel uncomfortable, e.g. when the interview / focus group is being recorded, you are free to stop the recording at any time.

### **Will my data be used for future research?**

When you agree to take part in a research study, the information about you may be provided to researchers running other research studies in this organisation. The future research should not be incompatible with this research project and will focus around the use of restraint on children. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by organisations and researchers to conduct research in accordance with the [UK Policy Framework for Health and Social Care Research](#).

This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of health and

care research and cannot be used to contact you regarding any other matter or to affect your care. It will not be used to make decisions about future services available to you.

**Will I be paid for participating in the research?**

There is no payment for participation in this research.

**Will the outcomes of the research be published?**

A doctoral thesis will be submitted to the University of Manchester as part of the Doctorate in Educational and Child Psychology assessment requirements. Findings may be used in future research and could contribute to research submitted for publication in a peer-reviewed journal. A summary of the project outcomes will be shared directly or via email to all participants

**Who has reviewed the research project?**

The project has been reviewed by Dr Catherine Kelly, Research Co-ordinator and lecturer on the Doctorate in Educational and Child Psychology, and the University of Manchester School Ethics Committee.

**What if you want to make a complaint?**

**Minor complaints**

If you have a minor complaint, please contact the researcher(s) in the first instance.

**Kirsty Mullaney** (Trainee Educational Psychologist)

[kirsty.mullaney@postgrad.manchester.ac.uk](mailto:kirsty.mullaney@postgrad.manchester.ac.uk)



Alternatively, you can contact the researcher's university supervisor:

**Dr Catherine Kelly**, Ellen Wilkinson Building, University of Manchester.

0161 275 3511 or [catherine.kelly@manchester.ac.uk](mailto:catherine.kelly@manchester.ac.uk)

### **Formal complaints**

If you wish to make a formal complaint or if you are not satisfied with the response you have gained from the researchers in the first instance, then please contact

The Research Governance and Integrity Manager, Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL, by e-mailing [Research.Complaints@manchester.ac.uk](mailto:Research.Complaints@manchester.ac.uk), or telephoning 0161 275 2674.

### **What do I do now?**

If you have any queries about the study or if you are interested in taking part, then please contact the researcher:

**Kirsty Mallowney** (Trainee Educational Psychologist)

[kirsty.mallowney@postgrad.manchester.ac.uk](mailto:kirsty.mallowney@postgrad.manchester.ac.uk)

**This project has been approved by the University of Manchester School of Environment,  
Education and Development**



**Participant Consent Form**  
*Understanding positive handling practice in schools. What is the current reality for school staff and what might it be?*

**Consent Form**

This project has been approved by the Ethics Board from University of Manchester School of Environment, Education and Development. If you are happy to take part in the research project, please complete the form below:

|  | PLEASE INITIAL |
|--|----------------|
| 1. I confirm that I have read and understood the attached <b>Participant Information Sheet.</b>  |                |
| 2. I confirm that I meet the criteria to participate as described on <b>Page 1 of the Participant Information Sheet.</b>                                     |                |
| 3. I understand that my participation is voluntary and that I may withdraw at any time before data analysis without needing to provide a reason.             |                |
| 4. I agree to the recording, transcription and analysis of my interview according to the information in the attached <b>Participation Information Sheet.</b> |                |
| 5. I understand that once anonymised, any data collected may be shared with other researchers for future research.   |                |

|  |  |
|--|--|
| 6. I understand that my right to confidentiality may be waived<br><br>if I disclose any information of a safeguarding or criminal<br><br>nature. |  |
|--|--|

I provide consent for the six statements above and agree to take part in this research

|                     |       |           |
|---------------------|-------|-----------|
| _____               | _____ | _____     |
| Name of participant | Date  | Signature |
| _____               | _____ | _____     |

## 6.9 Focus Group Schedule



### Focus Group Schedule

#### Overview of Timings

Timings – 30 minutes presentation (not part of the research)

Break – 10 minutes (allows people who don't want to participate to leave and gives people a break)

Introduction and ground rules: 15 mins

Focus Group: 1hr

Debrief: 5 minutes

**Total time: 2 hours**

#### Introduction and Ground Rules (15 mins)

##### *Intro (2 mins)*

As we start I would like to refresh with you my position on positive handling. For me positive handling is about more than just restraint it is everything that you do to engage with children who are in crisis. Supporting children in crisis is a challenging aspect of your roles and I acknowledge that positive handling practice is complex.

For me the focus moving forward should be less on the number of restraints occurring and more on:

- 3) Being able to identify when restraints are avoidable or unnecessary,
- 4) How we can support school staff to move practice forward.

My belief is that our discussions today will help to build a picture of what current practice is like on the ground and what it could be in the future. My aim is not to judge but to listen and try to understand practice from your perspective. You are the experts because you are the ones who live the practice every day.

In terms of how today will run I will try to make it as interactive as possible. Share as much or as little as you feel comfortable sharing from your own experience. At points in today's session the materials used may remind you of crises situations which you found upsetting or you may feel uncomfortable about what is being discussed.

We've set up a number of options for you to take if this happens:

You can switch your video screen off/ **You can opt out of the particular discussion or activity and take a moment to yourself.**

You can join the open breakout room we have set up and take a minute. The assistant moderator will join you in the breakout room to check that you are okay and offer support./ **You can take a moment outside. The assistant moderator will join you to check you are okay and offer support.**

If you feel, for whatever reason, that you can no longer participate you can inform the assistant moderator either in the breakout room or via private message on the chat and then leave the call./ **If ,for whatever reason, you feel you need to leave the session you have a right to do so we'd just ask that you inform the assistant moderator that you are leaving.**

All participants will receive a welfare check in via email or telephone following their participation.

*Confidentiality and Group Rules. (7 mins)*

“The education profession can be a small world and the people who are in this group are people we are likely to come across in future during training, network events or if we move schools. We may also have common links and shared people that we know. It is therefore really important to agree some rules and boundaries both for within the focus group and around confidentiality outside of the group.

We want to create a safe space to discuss restraint practices and we want rules that will enable us to take away any learnings from today whilst also being private, respectful and ensuring we act to protect each-others reputations as education professionals.

I am open to hearing any views and the only time I would take action is if you shared something that would be considered a reportable offence in terms of safeguarding or criminal activity.”

*\*Group to create rules. The assistant moderator to type them into a word document that will be sent both sent to participants in the chat and it will also be emailed to participants with the debrief leaflet\**

*Ice breaker (2 mins)*

Participants will be shown the image from the link below.

“I know I sometimes felt my classroom was this crazy so I thought we’d start out by looking at the image and picking out some of the safety and behaviour management issues and chatting about them. My favourite is the young man on the table claiming the table with his flag like he is an

[https://www.alamy.com/a-chaotic-and-wild-school-class-image348067359.html?pv=1&stamp=2&imageid=E6BEE0A7-8D4E-4157-8E5A-54097CE72285&p=802909&n=0&orientation=0&pn=1&searchtype=0&lsFromSearch=1&srch=foo%3dbar%26st%3d0%26pn%3d1%26ps%3d100%26sortby%3d2%26resultview%3dsortbyPopular%26ngps%3d0%26qt%3dchaotic%2520classroom%26qt\\_raw%3dchaotic%2520classroom%26lic%3d3%26mr%3d0%26pr%3d0%26ot%3d0%26creative%3d%26ag%3d0%26hc%3d0%26pc%3d%26blackwhite%3d%26cutout%3d%26tbar%3d1%26et%3d0x000000000000000000000000%26vp%3d0%26loc%3d0%26imgt%3d0%26dtfr%3d%26dtto%3d%26size%3d0xFF%26archive%3d1%26groupid%3d%26pseudoid%3d%26a%3d%26cdid%3d%26cdsrt%3d%26name%3d%26qn%3d%26apalib%3d%26apalic%3d%26lightbox%3d%26gname%3d%26gtype%3d%26xstx%3d0%26simid%3d%26saveQry%3d%26editorial%3d1%26nu%3d%26t%3d%26edoptin%3d%26customgeoip%3d%26cap%3d1%26cbstore%3d1%26vd%3d0%26lb%3d%26fi%3d2%26edrf%3d%26ispremium%3d1%26flip%3d0%26pl%3d](https://www.alamy.com/a-chaotic-and-wild-school-class-image348067359.html?pv=1&stamp=2&imageid=E6BEE0A7-8D4E-4157-8E5A-54097CE72285&p=802909&n=0&orientation=0&pn=1&searchtype=0&lsFromSearch=1&srch=foo%3dbar%26st%3d0%26pn%3d1%26ps%3d100%26sortby%3d2%26resultview%3dsortbyPopular%26ngps%3d0%26qt%3dchaotic%2520classroom%26qt_raw%3dchaotic%2520classroom%26lic%3d3%26mr%3d0%26pr%3d0%26ot%3d0%26creative%3d%26ag%3d0%26hc%3d0%26pc%3d%26blackwhite%3d%26cutout%3d%26tbar%3d1%26et%3d0x000000000000000000000000%26vp%3d0%26loc%3d0%26imgt%3d0%26dtfr%3d%26dtto%3d%26size%3d0xFF%26archive%3d1%26groupid%3d%26pseudoid%3d%26a%3d%26cdid%3d%26cdsrt%3d%26name%3d%26qn%3d%26apalib%3d%26apalic%3d%26lightbox%3d%26gname%3d%26gtype%3d%26xstx%3d0%26simid%3d%26saveQry%3d%26editorial%3d1%26nu%3d%26t%3d%26edoptin%3d%26customgeoip%3d%26cap%3d1%26cbstore%3d1%26vd%3d0%26lb%3d%26fi%3d2%26edrf%3d%26ispremium%3d1%26flip%3d0%26pl%3d)

*Activity 1 (8 mins) What is positive handling?*

At the end of the your thinking time we'll come together, share ideas and try to come up with a definition. (5 mins)

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I'm going to play you a 2 minutes audio excerpt from a BBC Sounds 5 Live Investigates episode in restraint. You will hear a head teacher from a special school give an overview of the cohort, their backgrounds and the behaviour.

Following the audio clip I would like you to go to [www.menti.com](https://www.menti.com) and type in the code xxxx xxxx to complete the following sentences:

A good day working with children with high levels needs is when...

A bad day working with children with high levels needs is when... (4 min to listen and do)

Discuss and share answers (5 min)

*Activity 3 (7 mins) What are education staffs experiences of the current systems of reporting, recording and monitoring restraint?*

I am going to share with you some quotes from a piece in the USA where a teacher talks about some of the systems she has in place around positive handling. What systems have you experienced in your practice? And what are your reflections on both those and the ones described by Sarah? (2 mins to read, 5 min to discuss)

*Activity 4 (8 mins) What is it like having to make split second, high stakes decisions in a crisis situation?*

We're now going to watch a (2 min) section of a video called "Safer Schools." It's quite an old video but the things that it discusses still bear relevance. Once you've watched the video I will give you a minute to gather your thoughts (1 min)

We'll then discuss our thoughts as a group (5 mins)

*Activity 5 ( 8 mins) What emotions are teachers experiencing and how are they managing them?*

A study by Perkins and Leadbetter (2002) highlighted the emotional pressure on educators with respect to positive handling practice. Go to [www.menti.com](http://www.menti.com) and type in the code 3503 0009 and type in the kinds of emotions you experience when supporting children in crisis. (3 mins)

Now look at the list of coping strategies given by Perkins and Leadbetter's participants and we'll discuss how you cope and what's in place to support you to manage your emotions when working with children with high level needs? (5 mins)

*Activity 6 (8 mins) What are the things educators feel have the most influence on practice?*

Go to [www.menti.com](http://www.menti.com) and type in the code 6325 4667 You will see a list of statements that come from studies by Perkins and Leadbetter (2002), French and Wojcicki (2017) and from my research (Mullowney, 2021) order them according to the level of impact you think they have on positive handling practice? (3 mins)

Once your done we'll gather together and explore your choices and the rationale for them. (5mins)

*Activity 7 ( 4 mins) What do you educators think the future of positive handling practice should be?*

To end I thought it would be nice to complete the following sentences to share your hopes and wishes for the future in terms of positive handling practice go to [www.menti.com](http://www.menti.com) and type in the code 6325 4667. Complete the sentences:

I wish I....

I wish my school/LA would...

#### Debrief (5 mins)

I'd like to thank you for your time and efforts today. I really enjoyed the discussion and I hope that taking part has given you a bit of time and space to reflect. I also hope that you have gained something from the experience that you can take back to your own school or classroom.

I know that working in schools and particularly working with children and young people with high-level needs can be an emotional rollercoaster. Given that a lot of this focus group centred around your experiences and emotions I would like you to take a moment to think of something you can do to help you reset and do a bit of self care today. When you have thought of something please raise your hand so I can see when everyone is done.

Debrief leaflets are available on the table here/in the chat. They detail what to do if you feel affected by what we have discussed today. We will be emailing you tomorrow to check you are well, please do reach out to me or my supervisor if you have been affected by the discussions today. We'd also invite you to reach out to us if you have been inspired by today's discussion and would like to learn more about the academic literature and the other pieces of positive handling research taking place at the University of Manchester.

I'd like to reiterate how thankful I am for your time and I hope you enjoy the rest of your day/evening.

#### 6.10 Debrief Information

**Participant Debrief Leaflet**

Thank you for contributing your time, knowledge and experiences to this study. The study was concerned with exploring positive handling practices in school and how it might move forwards.

If you have any questions about the study at this time please feel free to contact the researcher Kirsty Mallowney on [kirsty.mallowney@postgrad.manchester.ac.uk](mailto:kirsty.mallowney@postgrad.manchester.ac.uk)

If you are experiencing any distress arising from your participation in the study we encourage you to contact Kirsty Mallowney on [kirsty.mallowney@postgrad.manchester.ac.uk](mailto:kirsty.mallowney@postgrad.manchester.ac.uk) or Dr Catherine Kelly on 0161 275 3511 or [catherine.kelly@manchester.ac.uk](mailto:catherine.kelly@manchester.ac.uk).

If you are unable to contact anyone from the University or feel you need to seek further support and need someone to listen please seek support from the following channels:

**Open to all participants:**

<https://www.samaritans.org/how-we-can-help/contact-samaritan/>

<https://www.educationsupport.org.uk/helping-you/telephone-support-counselling>

**Union Support Lines:**

Where you are a member you may also consider seeking emotional support from your Union such as:

<https://www.naht.org.uk/advice-and-support/contact-us-for-support/>



<https://neu.org.uk/employment-adviceline>

**Head Teacher Specific Support Lines:**

<https://www.headrestuk.co.uk/>

## 6.11 Phase 1 Data Analysis

### Extract of Transcript Analysis

 TA Group 2 

Click to edit

### Transcript

00:00:13 Group Facilitator: OK, we're recording...so the first activity is: "What is positive handling to you?"

I will give you one minute to talk amongst each other about what?

00:00:24 Speaker 2

That what that phrase means, what is positive practice to you?

(Discussion time: see notes from moderator)

00:01:48 Facilitator: OK, let's gather together. What does that mean to you?

00:01:55 Speaker 1: We were just saying that it doesn't always feel positive like, you know, it's it's called like a positive handling kind of situation. It's always kind of done when there's like negative or unwanted behaviour so, like it's...

00:02:10 Speaker 2: I'm not sure what... yeah. It doesn't feel like, yeah, like it's the true, you know reflection of what's going on in the classroom what's going on and why you're handling a child like that, because it's not positive at the time it's, you know what you're doing it for, it's positive to keep people safe and keep other peop...keep children safe. But to me it's not a positive thing at all. Just feels very uncomfortable.

Nodes\\Initial Codes and Themes exported from NVivo

| Initial Codes                                       |   |                                      |
|---|---|--------------------------------------|
| Access to CAMHS                                     | Communication with children in crisis                     | discussions with the class           |
| Access to specialist training                       | Communication with those who hold parental responsibility | distraction                          |
| Adult coping strategies                             | considering timing  | emotional support                    |
| attunement with the child                           | Continual review  | Flow and sense of competency         |
| Building and environment                            | debriefs with parents                                     | For safety                           |
| change of face                                      | Developing and living a shared ethos                      | Funding                              |
| Children's ability to express and regulate emotions | Developing trusting relationships                         | Guiding and holding                  |
| Children's perceptions                              | Difficult home life                                       | Hypervigilance and heightened states |
| Collaborative and Child-centred                     | difficulties reflecting                                   | immediate aftercare                  |

| Initial Codes  |  |  |
|--|--|--|
| Collecting information about the bigger picture        | Difficulties with monitoring through comparisons | Impact of Covid                                    |
| Importance of giving adults time and support           | physical and sensory strategies                  | Staffing issues                                    |
| Improvements over time                                 | Perceptions and scrutiny from the outside        | Staff's emotional state                            |
| Knowing and considering needs and nature of the cohort | Predictability                                   | Talking with the child about why and how to avoid  |
| Knowledge of the Child                                 | Relationships and interactions                   | The butterfly effect                               |
| Last resort  | Reporting methods                                | Therapeutic intervention                           |
| Monitoring staff wellbeing                             | safe spaces                                      | Time of day and year                               |
| moving forward and letting go                          | School placements                                | Unclear definition of reasonable and proportionate |
| Need for statutory guidelines                          | Seeing and celebrating the positives             | Unpleasantness of restraint                        |
| Needing more time                                      | Speed of response                                | use of scripts                                     |
| one to one support                                     | Staff debriefing                                 | Using documentation to facilitate                  |



| Initial Codes                    |   |                         |
|----------------------------------|---|-------------------------|
| Parents feelings about restraint | Staff experience                              | Weighing up the options |
| Peer Relationships and Conflict  | Staff supporting each other in crisis moments |                         |

## Nodes\\ Final Themes and Codes Exported from NVivo

| Name of Theme and Codes                            |
|--|
| Defining Restraint                                 |
| For safety   |
| Guiding and holding                                |
| Last resort  |
| Relationships and interactions                     |
| Unclear definition of reasonable and proportionate |
| Unpleasantness of restraint                        |
| External Influences                                |
| Difficult home life                                |

| Name of Theme and Codes                                |
|--|
| Need for statutory guidelines                          |
| Perceptions and scrutiny from the outside              |
| Prevention and De-escalation                           |
| attunement with the child                              |
| Building and environment                               |
| change of face   |
| Collaborative and Child-centred                        |
| Developing and living a shared ethos                   |
| distraction  |
| emotional support                                      |
| Knowing and considering needs and nature of the cohort |
| Knowledge of the Child                                 |
| one to one support                                     |
| physical and sensory strategies                        |
| Predictability   |
| safe spaces  |
| Seeing and celebrating the positives                   |

| Name of Theme and Codes                                   |
|---|
| Speed of response   |
| Therapeutic intervention                                  |
| use of scripts  |
| Weighing up the options                                   |
| Recording and Monitoring                                  |
| Collecting information about the bigger picture           |
| Continual review  |
| Difficulties with monitoring through comparisons          |
| Improvements over time                                    |
| Monitoring staff wellbeing                                |
| Reporting methods   |
| Relationships and Communication                           |
| Communication with children in crisis                     |
| Communication with those who hold parental responsibility |
| Developing trusting relationships                         |
| Peer Relationships and Conflict                           |
| Staff supporting each other in crisis moments             |

| Name of Theme and Codes                             |
|---|
| Repair and Reflection                               |
| Children's perceptions                              |
| considering timing                                  |
| debriefs with parents                               |
| difficulties reflecting                             |
| discussions with the class                          |
| immediate aftercare                                 |
| Importance of giving adults time and support        |
| moving forward and letting go                       |
| Staff debriefing                                    |
| Talking with the child about why and how to avoid   |
| Using documentation to facilitate                   |
| Social and Emotional Wellbeing                      |
| Adult coping strategies                             |
| Children's ability to express and regulate emotions |
| Flow and sense of competency                        |
| Hypervigilance and heightened states                |

| Name of Theme and Codes          |
|----------------------------------|
| Impact of Covid                  |
| Parents feelings about restraint |
| Staff's emotional state          |
| The butterfly effect             |
| Time of day and year             |
| Time and Resources               |
| Access to CAMHS                  |
| Access to specialist training    |
| Funding                          |
| Needing more time                |
| School placements                |
| Staff experience                 |
| Staffing issues                  |



## 6.12 Phase 2 Data Analysis

### Overview and Examples of use of Sentiments to Code Strengths and Needs of Practice

The screenshot shows the 'Positive' sentiment analysis interface. On the left, a 'Sentiment' sidebar contains a table with the following data:

| Name     | Files | Referenc |
|----------|-------|----------|
| Positive | 6     | 235      |
| Negativ  | 6     | 245      |

The main area displays six document thumbnails with their respective counts: DHT interview (40), HT transcript (41), TA Group 1 (45), TA Group 2 (25), Teacher Group 1 (43), and Teacher Group 2 Primary (41). Below the thumbnails, three reference snippets are shown:

**Reference 5 - 0.32% Coverage**  
, I'll ring the family before the school day and say this member of staff isn't in so this is how the day will start.

**Reference 6 - 0.66% Coverage**  
They know the child hopefully will respond to that if the child doesn't respond to it the key members of staff very much know about that child and how to support and hopefully deescalate, so the same level of anxiety isn't in place on a good day.

**Reference 7 - 0.62% Coverage**

The screenshot shows the 'Negative' sentiment analysis interface. On the left, the 'Sentiment' sidebar is identical to the previous screenshot. The main area displays a list of references for the 'DHT interview' file, which has 27 references coded with 30.14% coverage. The references shown are:

**Reference 1 - 0.48% Coverage**  
A bad day supporting children with high level of needs is when we have staffing issues: the key member of staff for that child might be off poorly or not in for whatever reason.

**Reference 2 - 0.21% Coverage**  
But that's not, you know, I don't always know or sometimes it's last minute

**Reference 3 - 0.82% Coverage**  
Their morning would be unpredictable erm and that more than likely would cause dysregulation for that child and I think everyone then heightened emotions cause the child becomes very hypervigilant because they don't know what's coming. Staff become hypervigilant because they know that child struggles.

**Reference 4 - 0.59% Coverage**

At the bottom, a navigation bar shows 'Section 1' and 'of 3'.

Notes: Statements were noted as strengths (positives) in practice if they either a) mentioned something recommended in the guidance and advice or b) if the participant directly expressed them as a strength.

Statements were noted as needs (negatives) in practice if they either a) mentioned a barrier to the implementation of the guidance and advice or b) if the participant express them as a need/problem.