Pupil experiences of physical restraint in school, their relationships with staff members, and alternative strategies

A thesis submitted to the University of Manchester for the degree of Doctor of Educational and Child Psychology in the Faculty of Humanities

2023

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Contents

Word Count: 24,950

List of tables and figures

Abstract

Background: Physical restraint involves the use of physical contact to restrict or influence the movements of another person and is used in schools to manage pupil behaviour that is harmful to themselves or others. Concerns have arisen regarding potential overuse of physical restraint in schools and a lack of legislation around its recording. Research suggests that pupils with special educational needs and primary-aged pupils are most likely to be physically restrained, but their views are largely absent from the literature.

Methods/ participants: Paper one is a systematic literature review investigating alternative approaches and interventions used in educational settings in an attempt to reduce the frequency and/or duration of physical restraint. In the second paper, the views of four primary-aged pupils were gathered via semi-structured interviews to explore their experiences of physical restraint, relationships with staff members, and alternative strategies.

Analysis/ findings: The systematic literature review found that the majority of the fifteen studies saw a decrease in the frequency and/or duration of physical restraint in educational settings following the introduction of alternative strategies. The paper discusses the facilitative aspects of school-wide and individual interventions that led to positive outcomes. Paper two's findings discuss the overall negative experiences of physical restraint that pupils shared, and the variation around whether they could separate these feelings from members of staff implementing the restraint.

Conclusion/ implications: Educational settings have successfully reduced the use of physical restraint using alternative school-wide or individual interventions, with some results being maintained longitudinally. Pupil ideas around alternative strategies in paper two complement these findings, as well as the consideration around the interplay between physical restraint and pupil-staff relationships. Implications for Educational Psychologists include the importance of sensitively obtaining pupil views in situations where physical restraint is part of a behavioural management plan. Paper three discusses the dissemination of these results to Educational Psychologists and other professionals.

Declaration

No portion of the work referred to in this thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Copyright statement

Acknowledgements

Thank you to my supervisor Emma Harding for supporting me with my doctoral research and encouraging to me reflect on what has been an interesting and emotive topic to research. It has been brilliant to research this topic as part of the Restrictive Practice Research Group at the University of Manchester and contribute to a growing field of research. I would also like to thank my family and friends for their support and patience throughout my doctorate.

Acknowledgements

Introduction

Aims and rationale

Physical restraint is a form of restrictive practice that involves "direct physical contact" with an aim to "prevent, restrict, or subdue movement of the body or part of the body of another person," (HM Government, 2019, p.9). This research aimed to expand on the limited existing literature regarding children and young people's experiences of being physically restrained in educational settings. The main areas explored in papers one and two include the reduction of physical restraint use in educational settings, alternative strategies and the experiences of children and young people (CYP) themselves. This area of research makes up part of the wider restrictive practice research group at the University of Manchester, which is currently exploring the use of physical restraint and seclusion in schools in England. The restrictive practice research is commissioned by the Association of Educational Psychologists (AEP) following a motion in an AGM in 2018. Multiple research projects were commissioned following an initial commission, creating a wider research group focusing on restrictive practice in schools in the UK.

Physical restraint has negative physical and mental consequences for CYP who experience it in school (Challenging Behaviour Foundation [CBF], 2019). Research from the CBF (2019) identified that 58% of CYP experienced physical injury as a result of physical restraint, including injuries such as bruises and broken bones. Physical restraint also had a negative emotional impact on 91% of CYP, with some CYP finding it harder to trust adults or communicate with them as a result (CBF, 2019). It was therefore identified that the use of physical restraint in schools in England should be reduced where possible and limited to incidents where it is used as a last resort for the safety of the CYP or others. The researcher was interested in the area of restrictive practice due to their background working in mainstream and special educational needs (SEN) schools where physical restraint was used to manage unsafe behaviour in young pupils. In the majority of these cases, physical restraint was used as a last resort, where the child or others were at risk of significant harm. However, the researcher was interested in understanding more around the impact of physical restraint, and what strategies could be used in place of this. De-escalation

strategies are commonly included in programmes that train school staff in behavioural management techniques including physical restraint, (Team Teach, 2021). De-escalation strategies can be verbal or non-verbal and support the diffusion of a challenging behaviour before physical restraint is required. A key gap in the current literature is the limited amount of research eliciting the views of CYP who experience physical restraint in schools in England. There are a few studies that explore the views of CYP in England, but the majority of research either focuses on the views of families, or CYP in residential care, (CBF, 2019: Steckley & Kendrick, 2008: Willis, Harrison & Allen, 2021). At the time this research was conducted, there were no legal obligations for schools in England to record incidents of physical restraint, and media reports suggested that this may have led to its overuse, (Harte, 2017) (Mencap, 2019).

Research questions and focus

Paper one explored the existing literature regarding educational settings who aimed to reduce or eliminate the use of physical restraint using alternative whole-school and individual approaches. The research questions for paper one were as follows:

- What strategies or approaches have been trialled to reduce physical restraint in educational settings?
- How effective have these been in reducing physical restraint in educational settings?
- What are the facilitating aspects of these approaches and what are the barriers?

In paper two, the views of CYP who had experienced physical restraint were gathered, with a particular focus on alternative strategies and their relationships with staff members carrying out the physical restraint. The following research questions were explored:

- What are children and young people's views on their experiences of physical restraint in schools?
- What are children and young people's views on alternatives to physical restraint or de-escalation strategies?

- How have their experiences of physical restraint influenced their relationships with school staff?

The research question regarding relationships was included following the researcher's pilot study (conducted online) where relationships were identified as a key theme from the participant's transcript. This pilot study aimed to determine the best methods and resources for eliciting CYP views around their experiences of physical restraint to inform the methods used in the main research project.

Paper three details the dissemination of papers one and two and the importance of sharing findings with a wide audience including pupils, educational professionals, and government guidance consultations.

Research strategy

For paper one, the research strategy was to conduct a systematic literature review around methods of reducing physical restraint in educational settings. Although the researcher was hopeful to find studies based in the UK, the research found during the literature search was conducted either in The United States of America (USA) or Canada. The majority of studies found in the search discussed the importance of reducing the use of physical restraint in schools. However, some studies did not test the strategies discussed to explore their effectiveness in reducing physical restraint and those that did focused on mixed residential-educational settings. Whilst important, the originality and focus of the researcher's work was related to the reduction of physical restraint in educational settings. The researcher chose to conduct a systematic review of the literature because the nature of this method enabled a clear overview of the research which, in turn, could be presented as a clear overview for the audience when sharing the findings. This approach also allowed the researcher to be specific with their research questions and combine the results of studies with an overview of their methodology/participants. It also enabled the researcher to include quantitative and qualitative data, which was important as it provided a greater insight into the area, e.g. understanding what could have supported a reduction in restraint,

or how long the reduction was maintained for. Thematic analysis, as described by Braun and Clark, (2006) was used to generate themes within the papers.

A pilot study was conducted before data gathering for paper two. This was carried out virtually (due to Covid-19 restrictions) to ascertain the suitability of resources and research design for the target age group of pupils (4-11 years old). As the researcher was placed in local authority Educational Psychology Services during their training, they had the potential to access a wide range of different educational settings that used physical restraint. Research suggests that the use of physical restraint is more prevalent within the special educational needs (SEN) population, especially at primary age, which meant that the researcher's placement area was an appropriate setting for data gathering, (Challenging Behaviour Foundation , 2020). The researcher also had existing links with a primary school in the North West to complete the pilot study for the main piece of research.

For the main data collection for paper two, the researcher linked up with a school in a neighbouring local authority through their link Educational Psychologist and five participants were identified and informed parent/carer consent was obtained. One of these participants chose not to participate in the sessions on the first day, therefore four participants took part in the full data collection process. Semi-structured interviews were conducted with participants, using the resources informed by the pilot study. Building on research conducted earlier in the research group (Stothard, 2022), a Data Gathering Protocol was used to support the initial meetings with the school and subsequent considerations for the data collection, e.g. any further needs the pupils may need support with during the research. Data was recorded and transcribed, with some of the participants choosing to express themselves visually as well as verbally (e.g. writing or drawing pictures as they went along). Thematic analysis was used to extract key themes from the data and practical implications for EPs and other educational professionals were considered. Semi-structured interviews were chosen as the method of data collection because it provided both structure and freedom for participants during the research. For example, the structure supported participants to discuss questions and events relevant to their experiences of physical restraint, but allowed for deviation to topics or areas that the participants wanted to share.

Providing them with a visual timetable and choice over breaks and break-activities also seemed to support participants to feel comfortable during the research.

Paper three focused on the dissemination of research, and used Harmsworth and Turpin's (2000) framework to guide the researcher's focus of dissemination and at which level. It was important with this research that the information was presented and fed-back in a way that was accessible to a varied audience.

Ethical considerations

The use of physical restraint is a sensitive area to explore due to the highly emotive nature of physical restraint incidents. The main ethical consideration at the start of this research focused on the necessity of obtaining the views of CYP with consideration for how to minimise any discomfort or distress they may experience whilst discussing incidents in the research. The pupils commonly experiencing physical restraint are a highly protected group as pupils with SEN are generally considered to be a 'vulnerable group,' (National Foundation for Educational Research, 2023). It was considered how pupils with SEN can often not have their views elicited or used meaningfully in matters regarding themselves, (Noble, 2003 as cited in Harding & Atkinson, 2009). In this study it was important to ensure that CYP had the opportunity to express their views, as the United Nations Convention on the Rights of the Child (UNCRC, 1989) highlights how CYP should be involved in decision-making that influences support they receive.

Within paper two's research, steps were taken to minimise discomfort at every stage for the participants, including their choice as to whether a key adult was present during the data collection, a rapport-building session before data collection, child-led breaks and child-led visual timetables during the sessions. Additional steps that supported the participants included them taking ownership over elements of the research, such as the voice recorder, as some participants felt more comfortable playing around with this and listening to their own voice back to understand what the researcher would hear when transcribing the session.

Supporting participants to decide whether they would or would not like to take part also seemed to empower their inclusion in the research. During the rapport-building session, one participant seemed unsure as to whether they would like to take part in the data gathering. The session aims, resources and structure were explained to them, and the participant was able to think about their decision for a week until the researcher returned, at which point they gave informed consent to take part in the data collection. Overall, the ethical considerations in this research focused on the need for participants to be informed and able to make their own decisions about their involvement in the research.

Ontology, axiology and epistemology

Ontology in research is described as the "nature" of what you are investigating and what we can find out about reality, (Snape & Spencer, 2003 as cited in Al-Saadi, 2014), (Yulianto, 2021). The researcher adopted a critical realist approach for their research. Critical realism is described as studying not just the observable part of a phenomenon, but also the underlying structures, (de Souza, 2014). This approach balances the 'real' world which exists regardless of whether or not we can objectively perceive it, with the 'observable' world which can be empirically measured, (University of Warwick, 2020). In this research, the 'real' element is the use of physical restraint, and the 'observable' world involves the frequency of its usage and how pupils experience these incidents. Therefore, the focus would be on the subjective experiences of pupils, how physical restraint affected pupils and staff members, as well as the underlying structures that could contribute to restraint reduction.

Axiology in research refers to the influence a researcher's values have on the nature and approach of the research, (Kivunja & Kuyuni, 2017). The researcher considered their own values around person-centred work and ensuring that they followed the Human Rights guidance that CYP should have a voice in matters concerning them, (UNCRC, 1989). In this research, the researcher felt strongly that CYP's voices should be at the centre of the empirical research, due to the limited existing data in this area. The researcher's past experiences regarding pupils who had been physically restrained also influenced their

decision-making around the resources used in the research. Most of the CYP the researcher witnessed being restrained were primary-aged children and the researcher aimed to collect data from this sub-group of CYP in an accessible and flexible way so that CYP could make the most out of expressing their views.

The researcher's critical realist ontological approach and axiology influenced their epistemology: how they carried out their research. Epistemology involves how we think about the world and how we can collect data and interpret it to make sense of it, (Al-Saadi, 2014). In this research, the subjective experiences of CYP were gathered in relation to the objective act of physical restraint. The data collection, including the use of the Data Gathering Protocol and structure of the data collection sessions, were influenced by the participants and supporting members of staff. The researcher continually reflected on their interactions with participants and used this information to inform their research, e.g. creating member-checking posters and amending session structures.

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Paper One: Reducing physical restraint – a systematic literature review

This paper was published by the Journal of Research in Special Educational Needs (JORSEN) April 2023, the publishing and formatting guidelines for this journal have been included in Appendix 1.

Abstract

Physical restraint is a restrictive practice used in schools across the UK and there have been recent concerns around the appropriateness and frequency of using this intervention with pupils, (Challenging Behaviour Foundation, 2019). Current data suggests that pupils with Special Educational Needs (SEN), a vulnerable and diverse group, are experiencing the majority of physical restraint used in educational settings. Physical restraint can lead to negative emotional and physical consequences in pupils who experience it and it is therefore important to explore alternative strategies to reduce or eliminate its use in educational settings. A systematic literature search found fifteen studies (date range 1999-2019) that explored the effectiveness of school-wide or individual approaches in reducing the frequency and/or duration of physical restraint. Most studies saw a significant decrease in physical restraint, and this study will discuss the key elements of the successful approaches, as well as considering the facilitators and barriers to implementation.

Keywords

Physical restraint, restrictive practice, reduction, special educational needs (SEN), de-escalation.

Introduction

Physical restraint is a form of restrictive practice used in schools with an aim to prevent harm to the pupils, staff, or damage to property. The Equality and Human Rights Commission (2019) defines restraint as 'an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently,' (2019, p.4). In educational settings, staff can receive training in physical restraint, which includes de-escalation, holding and moving techniques that restrict the freedom of movement of a pupil. Recent research has highlighted the potential of over and improper use of physical restraint in educational settings, with multiple ethical concerns around its implementation as an intervention to be used with pupils (Challenging Behaviour Foundation 2019; Gage, Pico and Evanovich 2020; Scheuermann, Peterson, Ryan and Billingsley 2016).

Reasons for using physical restraint and current legislation

The Committee of the Rights of the Child (2016) suggest that physical restraint should only be used on a child or young person as a last resort (Legislation 40c). However, in the United Kingdom (UK), national guidelines recommend using physical restraint to protect a pupil or a member of staff from harm, but also to prevent 'disruptive behaviour' or 'remove disruptive children from the classroom where they have refused to follow an instruction to do so,' (Department for Education 2013, p.5). A survey by the Challenging Behaviour Foundation (CBF 2019), found that the reasons recorded for using physical restraint can be very vague, including preventing 'disruptive behaviour' without going into detail around what this includes. This evidence suggests that physical restraint may not be being used as a 'last resort' intervention and its overuse may be going some way to normalise its usage rather than looking for alternative strategies (Dunlap, Ostryn and Fox 2011).

Overall it is important to consider alternatives to physical restraint to ensure that the best strategy has been used to support a child or young person's needs.

Current usage of physical restraint

In the UK there is no legal obligation to record incidents of physical restraint in educational settings. A Freedom of Information request in 2017 found that there were around 13,000 incidences of physical restraint in the previous three years in educational settings in England, Scotland and Wales (Harte 2017). However, some local authorities who were asked to provide information reported that they did not record incidents and only nine of England's 153 local authorities provided the requested information. Therefore, the number of reported incidences of physical restraint in the UK are likely to be a significant underestimate of the true total, suggesting that physical restraint may be used more widely than first thought. A separate report in Scotland reported that at least 2,500 physical interventions were carried out with pupils in Scotland across three academic years (Macaskill and Allardyce 2022). In the United States (US) it was found that around 122,000 pupils experienced restraint or seclusion at school during the 2015-16 academic year (Schifter 2019).

Of those pupils who have had their incidents of physical restraint recorded, the majority have special educational needs (SEN). In the US Gage, Pico and Evanovich (2020) found that pupils with disabilities were seven times more likely to be physically restrained, with the percentage of pupils being restrained in special needs schools at 99%. An article by Schifter (2019) also highlighted that pupils with disabilities make up around 12% of pupils enrolled at educational settings, but represent 71% of pupils who are physically restrained in those settings. In the UK the CBF (2019) surveyed parents and carers of pupils who had been physically restrained at school and found that 88% of incidents reported in their survey were carried out with children or young people with a disability. These statistics suggest that the population receiving the majority of physical restraints at school are highly vulnerable and calls into question their equitable access to education and whether these pupils are having their human right to freedom from 'inhuman or degrading treatment or punishment' upheld in comparison to pupils without disabilities (Equality and Human Rights Commission 1998, Article 3).

Impact of physical restraint on pupils and families

Aside from the immediate effects of physical restraint preventing a pupil from harming themselves or others, it can have a significant physiological and emotional impact on the restrainee. A British Broadcasting Corporation (BBC) article by Harte (2017) reported 731 injuries resulting from physical restraint over three years, with the actual number of injuries likely to be even higher due to under-reporting. The article also summarises concerns from parents and carers around the physical impact of some forms of physical restraint, including positional asphyxia and bruising on the arms and chest. The 2019 report from the CBF found that, of the incidents of restraint recorded in the survey, 58% led to the pupil being injured, with 81% of these injuries not reported by the school. In the US, the National Disability Rights Network produced a report in 2010 that outlined examples of pupils being physically and emotionally harmed as a result of physical restraint and seclusion in schools. Examples included young children being excessively restrained and injuries resulting from aggressive and forceful restraint, including pupils needing emergency medical treatment and even death.

Pupils can also experience significant negative emotional effects as a result of being restrained in schools. The CBF's (2019) report found that parents and carers reported some children were 'unable to communicate,' had 'reduced trust in adults,' 'low self-esteem,' and 'anger towards staff,' as a result of being physically restrained (page 19). In addition, special education staff members implementing physical restraint have been found to experience physical and emotional harm regardless of the accuracy and success of the method of restraint used (Laymon 2018). Recent research has explored the impact restraint has on relationships in schools and found that pupils voiced a variation of positive, negative and negligible effects of restraint on their relationship with staff members (Willis, Harrison and Allen 2021). These findings are particularly pertinent when considering that physical restraint is commonly used in educational settings that cater for pupils with SEN, in particular, those with social, emotional and behavioural needs; a highly vulnerable population (Gage, Pico and Evanovich 2020).

Need for alternatives

In light of the above evidence suggesting that physical restraint is not only overused, but also emotionally and physically harmful to pupils, it would be sensible to evaluate alternative strategies that can be used in place of physical restraint or in an attempt to reduce the likelihood that a pupil is in danger of harming themselves or others (CBF 2020: Gage, Pico and Evanovich 2020). Although some of the research into the over-use of physical restraint has been conducted in other countries, the patterns of how often it is used and the demographics of those pupils is largely similar. For example, in the USA physical restraint is used significantly with pupils with SEN which is a similar finding to that of parent surveys in the UK, (CBF 2019: CBF 2020). The Equality and Human Rights Commission suggests that 'children have a better chance at success when the relationship between the school and its pupils is prioritised,' emphasising the importance of keeping children or young people at the centre of decision-making around interventions such as physical restraint (Equality and Human Rights Commission 2021, 2).

Guidance has been issued around the need to reduce the use of physical restraint in schools. The Department for Education in the UK called for a positive approach to behaviour and minimising restraint, as well as the importance of involving children, young people and their families in decisions regarding their support (HM Government 2019). In the US the Keeping Pupils Safe Act (2021-22) has recently been submitted for consideration, which would prevent schools from using physical restraint, except when there is a danger to other pupils or staff. It also would require all incidents of physical restraint to be recorded and reported to parents and carers. Common alternatives to physical restraint include the use of school-wide behavioural approaches to promote positive interactions within the pupil's environment to reduce the need for restraint (Center on PBIS 2023). The fixed-time-release (FTR) approach has also been utilised at a more individual level, initially based on research which found this to be a successful method for reducing time in 'time-out,' (Luiselli 2008; Mace, Page, Ivancic and O'Brien 1986). This involves a young person being released from a physical hold after a specific amount of time has passed, rather than waiting for a specific behaviour to stop. A review by Sturmey (2018) highlighted that a reduction of physical restraint was possible with young people and adults with additional needs. However, the

settings included in this review were a mixture of educational, residential, community and psychiatric placements.

This review aims to evaluate the research that has been conducted into strategies and approaches that aim to reduce or replace physical restraint in educational settings. Research into alternatives is currently limited with varying focus on individual and whole-school approaches into reducing or eliminating physical restraint. Therefore, the following research questions were identified for this systematic literature review:

- What strategies or approaches have been trialled to reduce physical restraint in educational settings?
- How effective have these been in reducing physical restraint in educational settings?
- What are the facilitating aspects of these approaches and what are the barriers?

Method

To collate the different interventions and approaches trialled to reduce physical restraint in educational settings, a systematic search of the literature was conducted. The Preferred Reporting Items for Systematic Reviews (PRISMA) approach was used during the literature search and the process has been summarised below in Figure 1 (Page et al. 2021). A scoping review was also initially considered, to look at guidance around the reduction of physical restraint in educational settings. However, a systematic literature review would provide a clear overview of approaches which have been actioned and evaluated regarding their effectiveness. This would hopefully provide findings that could be applied and used within other educational settings to reduce the use of physical restraint.

Figure 1 – PRISMA flow-chart

Identification of new studies via databases and registers	Identification of new studies via other methods

Records identified from:

Databases (*n*=878)

→ Records removed before screening:

Duplicate records removed (*n*=12)

Records marked as ineligible by automation tools (*n*=0)

Records removed for other

Records screened (*n*=866)

→ Reports excluded (*n*=818)

Reports sought for retrieval (*n*=48)

→ Reports not retrieved (*n*=2)

Reports assessed for eligibility (*n*=46)

→ Reports excluded:

Reason 1 (*n*= 3)

Reason 2 (*n*= 17)

Reason 3 (*n*= 8)

Reason 4 (*n*=5)

New studies included in review (*n*=15)

Records identified from:

Websites (*n*= 0)

Organisations (*n*= 0)

Citation searching (*n*= 8)

Reports sought for retrieval (*n*=8)

→ Reports not retrieved (*n*=0)

Reports assessed for eligibility (*n*=8)

→ Reports excluded:

Reason 1 (*n*= 0)

Reason 2 (*n*= 5)

Reason 3 (*n*= 1)

Reason 4 (*n*= 0)

Inclusion criteria were applied to ensure the relevancy of the articles collected:

- The research must be from a peer-reviewed journal, or an accepted dissertation from grey literature.
- The research paper is in English, or has been accurately translated to English.
- Research must focus on the reduction or elimination of physical restraint.
- Research is based in an educational setting and not in a primarily psychiatric or residential setting.
- The sample must include children and young people aged 0-25.
- The research must consider reducing physical restraint or using alternative strategies, not generally discuss physical restraint and its impact.
- Papers must be published no earlier than 1990.

The inclusion criteria did not include papers written earlier than 1990 because corporal punishment was legal in schools in England until the end of 1989, (MacGregor & Walker,

1989). Therefore, including studies about physical restraint at a time when pupils could be legally disciplined or punished using physical force may have created a conflict in the understanding of its usage.

Literature searches were conducted between April 2021 and August 2022 using the following databases: British Education Index (BEI), Google Scholar, Journal Storage (JSTOR), PsycInfo, ProQuest, Scopus, and Web of Science. The terms 'physical restraint' / 'restrictive practice,' 'school' / 'educational setting,' and 'reduce' / 'decrease' / 'minimise' were used and systematically combined together during the search. Additional articles were also found from reference harvesting identified papers. In Google Scholar, over 17,000 results were generated during the literature search, so the first ten to fifteen pages of each search were reviewed, at which point, irrelevant articles began to appear.

Grey literature was seen as important to include due to the scarcity of research into this area. Weight of Evidence (WoE) checklists were used to ascertain the value of each. Combined residential and educational settings were only included where the educational setting was the main or equal focus of reducing restraint, as some studies sought to generalise progress at school to home settings.

Searches across all of the above databases resulted in 878 papers, 830 of these were eliminated due to their irrelevancy, due to being duplications, or through not meeting the inclusion criteria when reviewing the title/abstract of the paper. Papers were screened based on the relevancy of the title and subsequently the abstract, before a decision was made on whether to include them in the final sample. From the original total, 46 papers were identified for more detailed reading, and reference harvesting from these papers identified a further eight relevant papers. An example of a paper which did not meet inclusion criteria during the search has been included in Appendix 2).

The reasons for excluding papers in the figure above are as follows:

Reason 1 – studies did not include children and/or young people, or adults were included in the overall sample whose data could not be extracted from those under the age of 25.

Reason 2 – the settings chosen were not educational settings, or were a mixture of residential/educational, but data from each aspect could not be separated.

Reason 3 – studies focused on physical restraint, but provided more general guidance rather than actioning their own research or measures of physical restraint reduction.

Reason 4 – Other: this includes studies that repeated existing information from previous studies in a new way, or only measured physical restraint reduction in the residential aspect of the setting.

One study found focused on the reduction of physical restraint in a group of young people across residential and educational settings, but data recorded from the educational setting could be separated from the residential setting so it was included in the final sample.

Of these papers, fifteen were deemed as eligible using the inclusion criteria with one additional study found within the reference lists of these, please see Table 1. WoE checklists were completed for each study and three (20% of total papers as decided by the research team) were read by a second author who also completed WoE checklists for them, including papers with qualitative, quantitative and mixed designs (Woods 2020a; Woods 2020b). These were completed at the full-text stage of the process after papers had been short-listed based on the inclusion criteria outlined above. Where studies contained mixed methods, both qualitative and quantitative WoE checklists were completed and the checklist scoring highest was taken as the overall score, (please see Appendix 3). Interrater reliability with the second author was 100% across the three papers assessed by both authors. Thematic analysis was used to generate codes and themes from the data, please see Appendix 4, (Braun & Clarke, 2006).

The paper by Beaudoin and Moore (2018) scored fairly low on the qualitative WoE checklist: 45%, however, it has been included in this review as it presents valuable first-hand insights from a family who discuss practical recommendations for the reduction of physical restraint for their son. It is important that these experiences are not lost within the literature around physical restraint, as they offer a person-centred perspective alongside the quantitative and qualitative data provided by other papers.

As previously mentioned, there have been similar patterns of physical restraint usage in educational settings in the UK and USA, which is why non-UK papers were included in this literature review. Findings from these papers may be more generalisable to the location they were conducted in, but strategies and approaches for reducing physical restraint in

schools in the USA and Canada could be used more generally to inform practice in schools in the UK.

Findings

Table 1 – Key features of the selected studies

Author(s), Year, Country	Aim	Participants (age, gender)	Educational setting	Type of intervention (whole school, group, individual)	Methodology, (qualitative/ quantitative)	Weight of Evidence Score	Findings
Beaudoin and Moore, 2018, USA.	Providing the perspective of parents of a young person who had a negative experience of physical restraint in school (and residential care).	One male participant, based on experiences aged 13-26	Combined educational and residential setting	Individual recommendations	Qualitative: first-hand experiences	45%	Recommendations included with anecdotal examples from their child: - Proactive Strategies for reducing restraint e.g. improving communication skills. - De-escalation Strategies e.g. taking time. - Post-crisis Strategies e.g. using data to inform future practice.
Davis, 2013, USA	Extending the utility of fading the length of physical restraint to reduce its intrusiveness.	One male participant aged 18 with Autism	School for young adults with developmental disabilities	Individual	Quantitative	41%	The duration of physical restraint was reduced by 50%. Duration was faded to five seconds, but this led to an increase in the frequency of physical restraints. Incidents of restraint stabilised as the duration returned to 30 seconds.

Dayan, 2013, USA	Evaluate the implementation of a school-wide Positive Behaviour Interventions and Support (PBIS-CHAMPS) program on factors such as pupil behaviour and the frequency of physical restraints in school.	108 pupils (residential and non-residential)	New York State therapeutic school (K-9) SEN	Whole-school (Tier One classroom-based approach)	Quantitative: database analysis	63%	Frequency of restraints was not affected by PBIS intervention. Only a small number of pupils required restraint and their data could not be analysed individually from whole-school data. Suggests more individualised intervention plans may be needed in addition to program.
Fogt and Piripavel, 2002, USA	Create an engaging curriculum, safe learning environment and include parents as partners. Objectives were measured using the frequency of physical restraint and time in seclusion.	Around 70 pupils across the three years (1997-2000)	Approved Private School for SEN pupils: EBD, PDD/ Autism	Whole-school with consideration for Individual Education Plans	Quantitative	52%	69% fewer physical restraints during the year of implementation (1,064 the previous year), and 0 physical restraints the following year (1999-2000).

Gelbar, Jaffery, Stein and Cymbala, 2015, USA	Case study of implementation of School-wide PBIS. Predicted reduction in restraint and seclusion.	20 pupils enrolled for entire school year	Public clinical day treatment school (K-12), pupils with SEMH.	Whole-school (initially starting class-wide)	Quantitative	70%	Number of physical restraints reduced by 25% and restraint duration reduced by 46%. Suggesting that SW-PBIS influenced a reduction in the frequency/duration of restraint.
George, George, Kern and Fogt, 2013, USA	Case study of Fogt and Piripavel's work (2002), with longitudinal data to determine long-term effectiveness.	Around 100 pupils a year (6-21 years old)	Private Alternative Education school (emotional disturbance and ASD)	Whole-school	Quantitative	56%	Physical restraint reduced 99% from 15 years ago when the intervention was first implemented, (1997-8: 1,064; 1998-9: 327; 1999-2000: 0; 2010-11: 4; 2011-12: 3). Suggesting these tier one SW-PBIS strategies could be used at other schools.
Glew, 2012, USA	Evaluate the impact of the Collaborative Problem Solving (CPS) model on use of restraint and seclusion in two SEN schools.	School A: 41 School B: 17 (pupils who took part in the whole study)	2 segregated SEN schools ('Emotionally Disturbed'), K-12 grade	Whole-school, but applied at an individual level	Quantitative	85%	CPS had significant impact on frequency and duration of physical restraint in School B (<5 mins: reduced by 69%, 6-10 mins: reduced by 75%). Total reduction of restraint incidents by 68%.
Hass, Passaro and Smith, 1999, USA	Collaborative approach with staff to increase positive interactions and decrease negative	24 pupils (aged 6-12 years old)	Educational facility for pupils separated from parent/carers	Whole-school	Quantitative	48%	Physical restraint frequency went from 188 pre-staff training (average of 31.3 a month) to 7 (average 1.4 a month) in the follow-up phase. Demonstrates the impact 15 hours of staff training can have.

	interactions with pupils. Aimed to shift interventions to positive/ proactive.		and with severe emotional/ behavioural disorders				
Langone, Luiselli, Galvin and Hamill, 2014, USA	Evaluating the impact FTR has on the frequency and duration of restraint vs. behaviour-contingent release (BCR). FTR: restraint release after a fixed time period. BCR: restraint release after behavioural conditions met.	11 year old boy with ASD	Specialised school for pupils with developmental disabilities	Individual	Quantitative and Qualitative (anecdotal improvements from staff)	67%	From baseline of 1.1 holds a day lasting an average of 2.3 minutes to no longer requiring protective holding by end of study phase. BCR: 1 hr 19 min of restraint vs 15s in the final FTR category (5s). 20s total restraint time in the following four months. Staff noted more compliance and positive peer interactions.
Luiselli, 2008, USA	Evaluate effectiveness of FTR fading to reduce or eliminate physical restraint.	13 year old with ASD.	Specialised school for pupils with intellectual disability	Individual	Quantitative, 3 intervention phases	48%	Physical restraint was reduced and then later eliminated to a 'sit down' method (gentle touch on shoulder and asked to sit down) through FTR-fading. Suggests that FTR-fading is an effective method to reduce and eliminate use of physical restraint.

Miguel, 2016, USA	Provide evidence supporting the elimination of physical restraint and seclusion usage in schools.	Three pupils aged 14, 15 and 21	Port View Preparatory School	Individual (behaviour plans based on FBA) with whole-school organisational policy banning restraint and seclusion	Quantitative	55%	Reduction in 'severe challenging behaviour' without the need for restraint and seclusion which was maintained during the follow-up phase and generalised across their behaviours and the community.
Ryan, Peterson, Tetreault and van der Hagen, 2007, USA	Pilot study to identify current restraint/seclusion practices in SEN school and if staff training in de-escalation strategies would reduce this. Implementing a school-wide intervention plan.	42 pupils (attended at least 75 school days over 2 academic years)	Public special day school (for EBD), average of 90 pupils a day	Whole-school	Mixed: quantitative incident reports and staff questionnaires	74%	Reduction of restraint by 17.6% following staff training, but unable to discount influence of extraneous factors. Restraint was used disproportionately with elementary aged pupils. There was a discrepancy between when staff thought restraint should be used and actual use.
Simonsen, Britton and Young, 2010, USA	Evaluation of introducing SW-PBIS in an alternative provision that already provides	Average 39-53 pupils over three years of study	State-certified non-public school (for pupils with range of disabilities)	Whole-school	Case study (AB design)	70%	Physical restraint decreased after SW-PBIS implementation, but increased as the school moved locations. Decrease in second year of implementation with maintained low level of restraint in a new school environment (despite high levels of enrolment).

	individualised intervention.						
Verret, Massé, Lagacé-Leblanc, Delisle and Doyon, 2019, Canada	Trialling a school-wide de-escalation intervention and challenging the use of seclusion and restraint in schools.	45 pupils who attended all year and experienced seclusion/ restraint	Special education primary school for emotional behavioural disorders	Whole-school	Quantitative-empirical design	74%	Restraint and seclusion decreased throughout the cycles of intervention in favour of de-escalation strategies. Pupil autonomy was targeted to promote self-regulation. Seclusion and restraint was used more with younger pupils.
Wolfel, 2018, United States	Exploring how the Therapeutic Aggression Control Techniques, version two (TACT2) training program supported staff to manage pupil behaviour and de-escalate high-risk pupil.	79 direct care staff working with SEN pupils	Various SEN programs e.g. Autistic Support, Alternative Education	Whole-school	Mixed: quantitative incident analysis and qualitative interviews of staff.	80%	Staff indicated they felt the TACT2 model had an impact on decreasing physical restraint. Additional factors staff thought contributed included: structured classrooms, consistency in handling negative behaviour, and positive behavioural supports.

Overall, the studies outlined in Table 1 present generally show a reduction of the use of physical restraint in educational settings. Ten studies found a reduction in physical restraint frequency and/ or duration and in some cases, these were maintained in the long-term (Davis 2013; Fogt and Piripavel 2002; Gelbar et al. 2015; George et al. 2013; Glew 2012; Hass, Passaro and Smith 1999; Langone et al. 2014; Luiselli 2008; Simonsen Britton and Young 2010; Verret et al. 2019). Two papers did not see a significant reduction in physical restraint (Dayan 2013; Ryan et al. 2007) and the other papers explored recommendations and staff management of behaviour without the use of physical restraint (Beaudoin and Moore 2018; Miguel 2016; Wolfel 2018).

In this section, key themes across the papers will be explored to consider how their different approaches, strategies and methodologies may have influenced the success in reducing the frequency and/or duration of physical restraint. The findings will be further explored in relation to the research questions in the discussion. Thematic analysis was used to extract themes from the studies using a narrative-based approach. This was done to reflect the breadth of different themes and approaches identified within the literature and qualitative data generated in some studies.

Approaches for pupil autonomy and self-regulation

A key element of the school-wide approaches utilised by many studies centred around pupil autonomy and encouraging pupils to self-regulate their own emotions and behaviours. In Fogt and Piripavel's study (2002) pupils were taught strategies via 'Second Step,' a programme where pupils were taught self-regulation and problem-solving skills through role play and life-like situations to support them to identify skills they could easily apply in school. George et al. (2013) expanded on this in their longitudinal evaluation of this research and detailed how pupils were involved in creating action plans and considering replacement behaviours. Pupils were also provided with clear expectations and examples of what positive behaviours would look like. Verret et al.'s (2019) stepped approach to behavioural support began with an emphasis on de-escalation and encouraging pupils to seek adult help if they needed to access resources or outside spaces for this. Pupils shared their views around their dislike of the use of physical restraint and seclusion in school and

could develop their self-regulation skills through this stepped approach. In Miguel's (2016) research, there was a similar focus on prioritising the encouragement of pupils to de-escalate themselves without the use of physical restraint before more restrictive practices were used. School staff supported pupils by ensuring they had easy access to de-escalation strategies and resources in school, using visual cues to prompt replacement behaviours, and ensuring the general classroom environment promoted safety and accessibility. Creating an educational environment conducive to self-regulation and de-escalation in these studies provided pupils with a secure foundation from which to develop their autonomy over their behaviour and emotions.

Facilitation of adult involvement and staff professional development

Staff Professional Development

Although pupils were the main focus and participants for all but one study (Wolfel 2018) the involvement of adults (school staff and other supporting adults) was essential to the implementation of approaches to reduce physical restraint. When specifically considering the impact staff training and professional development had, Hass (1999) demonstrated that just fifteen hours of staff training led to a decrease in incidences of physical restraint from an average of 31 to 2 per month over eighteen months. Verret et al.'s (2019) research also includes staff training as a key component that helped to establish guidance for implementing the intervention.

Glew (2012) found that the success of the Collaborative Problem Solving (CPS) model was related to staff training, their opportunities for continued professional development in this area, and opportunities for reflection and supervision. In Glew's study, they reported that one of their participating schools did not invest the same time and commitment to implementing the intervention, which led to no significant change in frequency of physical restraint when compared with a second participating school, who saw a significant decrease. Valuing the professional development of staff implementing these interventions was found to be an important element of ensuring staff commitment to CPS. George's (2013) research supports these findings and suggests that investment in continued

professional development for staff supported the maintenance of implementing a school-wide Positive Behaviour Interventions and Support (PBIS) approach over time.

Pupil-staff relationships

Many of the studies considered how the relationship between staff members and pupils impacted the success of an approach in reducing physical restraint. Miguel's (2016) study focused on how staff members responded both verbally and non-verbally to pupils in response to negative behaviour. Staff were instructed to be mindful of their non-verbal communication with pupils (e.g. displaying tension or dismay through folding their arms) to prevent a negative response to their behaviour being picked up by the pupil. Relationships between pupils and staff were a common theme throughout many studies, with a particular emphasis on ensuring that interactions pupils had with staff were consistent across the school (Fogt and Piripavel 2002; Gelbar et al. 2015; George et al. 2013; Simonsen, Britton and Young 2010; Wolfel 2018).

Parent/carers

In addition to the importance of school staff, the role of parent/carers was also explored in the research. Beaudoin and Moore (2018) emphasised the utility of including parent/carers in meetings that relate to a pupil's care or management plan, including empowering their contribution and valuing the insight provided by the family's knowledge of the pupil and potential triggers that may escalate to a situation where staff use physical restraint. The school-wide expectations outlined in George (2013) and Fogt and Piripavel's (2002) papers encouraged school staff to develop a positive relationship with parent/carers and to treat them as 'partners' in their child's education. The positive reinforcement from the points-based system in the school-wide interventions was used as a form of home-school communication. Inclusion of parent/carers focused on empowering them to share their knowledge of their child and for school staff to be transparent about the progress they were making at school to improve home-school communication.

Strategies involving the use of data and behavioural plans

Multiple studies used data on pupil behaviour and behavioural management strategies to inform their decision-making when implementing further interventions or strategies in their research. Fogt and Piripavel's (2002) study used data to drive decision-making around how to best support pupils. This included using a points-based system to track how quickly pupils were progressing towards their behavioural goals and holding team meetings to review pupils' progress as needed. This aligns with Beaudoin and Moore's (2018) recommendations of meaningfully analysing data collected to further reduce the frequency of physical restraint. Part of this process involves acknowledging when the data indicates that an intervention is not effective and how it could be adapted to better meet a pupil's needs. The FTR-fading studies all used data around the duration and frequency of physical restraints to decide whether to reduce the fixed-time duration of the physical restraint (Davis 2013; Langone et al. 2014; Luiselli 2008). Participants were released from their physical restraint after a set amount of time, rather than after a target behaviour was observed to have stopped. Langone et al. (2014) used gradual FTR-fading to reduce the physical restraints experienced by one pupil to one hold per month in the follow-up phase. This study also acknowledged the necessity of looking at the data involved with FTR-fading in relation to other factors (e.g. the environment, task the pupil was asked to complete) to better understand how the FTR-fading intervention may have been influenced by additional factors. Data collection in Gelbar's (2015) study also enabled them to identify pupils who were not responding as considerably to the school-wide intervention as others, meaning further, more targeted support could be put in place for them. Overall, the use of data was a consistent theme across many studies, with a particular focus on using it to evaluate the progress of a pupil's behaviour or effectiveness of an intervention.

Approach

Person-centred and relational approaches

Multiple studies kept the pupils at the centre of the focus of their approach as well as their relationships with school staff. PBIS has a person-centred approach at its core, in particular, considering whether a pupil's behaviour has a 'maladaptive function' resulting from a need

they have that has not been met (Dayan 2013; Fogt and Piripavel 2002; Gelbar et al. 2015; George et al. 2013; Simonsen, Britton and Young 2010). This approach prioritises developing an understanding of pupils and how they interact with school staff and their environment, and continually reviewing and adapting processes in order to support them and meet their needs. In a similar way, the CPS model used in Glew's (2012) research also promotes resolution of problems and unsafe behaviours. CPS emphasises the relational role between staff and pupils when working collaboratively to solve problems that arise, improving the problem-solving skills of both parties. A collaborative approach was also used by Hass, Passaro and Smith (1999) with the aim of creating more positive interactions between staff and pupils which would then lead to a positive and secure environment in which staff could encourage positive behaviours and correct negative behaviour without physical restraint.

Proactive and preventative interventions

In addition to the above, studies utilised approaches that were preventative in an attempt to reduce the escalation of behaviours to a point where physical restraint is necessary. Research by Gelbar et al. (2015) and other papers, used school-wide PBIS as a proactive intervention that replaced their existing behaviour system which was mainly reactionary (Dayan 2013; Fogt and Piripavel 2002; George et al. 2013; Simonsen, Britton and Young 2010). Emphasis on what behaviour was expected of pupils, consistent behavioural strategies, positive language and using a token economy created a school environment which was conducive to positive behaviour and supported pupils using positive reinforcement. This was prioritised in Fogt and Piripavel's (2002) study, which also used a token economy and ensured pupils' achievements and progress were celebrated weekly. Although using different school-wide frameworks, Glew (2012) and Wolfel (2018) used approaches which focused on prevention. Glew's (2012) CPS model focused on crisis prevention rather than crisis management, and Wolfel's (2018) study found preventative factors that facilitated the reduction of physical restraint alongside the Therapeutic Aggression Control Techniques, version two (TACT2) programme, including structured classroom environments and consistency in behavioural management strategies used by staff. This aimed to create a positive and safe environment that centred around trauma-

informed principles: to manage behaviours shown by pupils with past trauma without inducing their fight-flight response by using de-escalation strategies at earlier stages.

Gradual approaches

Utilising a gradual or stepped approach was seen to be a key feature of implementing interventions across papers. Ryan et al. (2007) agreed a behaviour plan with staff that progressed from the least to the most restrictive intervention to manage aggressive behaviour in pupils, including an emphasis on strategies that were low anxiety and high security for the pupils. The more restrictive interventions (i.e. physical restraints) were used more frequently with younger pupils, suggesting that younger age groups may still be developing coping skills to manage their own behaviours and emotions, or that age may be influencing staff decisions around the restrictiveness of the intervention chosen. Verret et al. (2019) also used a hierarchy of strategies within a school-wide intervention, but this one focused on promoting pupils' self-regulation skills. In the earlier stages of the hierarchy, pupils were given the opportunity to practise self-regulation and de-escalation skills with an increasing amount of staff support if their behaviour progressed further up the hierarchy. These two examples show how hierarchical or graduated approaches could be used to assess the needs of a pupil and respond appropriately, rather than defaulting to using physical restraint.

Personalisation of strategies

Individual strategies

Although not all studies considered both school-wide and individual approaches, one of the main themes across the studies selected included personalisation of a pupil's environment or behaviour management strategies. Beaudoin and Moore (2018) highlighted the importance of making adaptations to behaviour management strategies and a young person's environment to meet their individual needs, as opposed to generalising approaches across young people, as not all interventions will be appropriate. In their paper they draw attention to relaxation therapy which can be used to de-escalate some young

people, but actually increased their son's frustration in situations where he did not feel in control. This study focused specifically on an individualised approach to behaviour management, as well as studies by Davis (2013), Langone et al. (2014) and Luiselli (2008) which explored the effects of FTR-fading on the incidences of physical restraint in school. In these studies, rather than using behaviour-contingent release, staff released pupils from their physical restraint after a fixed amount of time had elapsed, time which was steadily decreased throughout the study. This allowed the researchers and school staff to respond more directly to the pupil's individual needs. For example, in Davis' study, the FTR time was increased due to an increase in the number of aggressive incidents towards staff, before it was decreased again at a later date as the aggressive incidents decreased. This personalisation of strategies enabled staff to implement an intervention that adapted to the needs of the pupil, rather than following a prescriptive programme. In Luiselli's (2008) research, physical restraint was eliminated for one child using FTR fading, and was replaced by a gentle touch to the shoulder and the phrase 'sit down,' which the pupil responded well to.

Differentiation of school-wide resources

The results in these papers fit well with the individual adaptations that were addressed in papers focusing on school-wide interventions. Researchers exploring the effects of school-wide approaches found that further support and strategies were needed to assist pupils who were not benefitting as much as their peers to a school-wide intervention. Gelbar et al. (2015) and Simonsen, Britton and Young's (2010) research ensured that that individual behaviour plans and strategies were aligned with school-wide expectations. In Simonsen et al.'s study, a core element of the school-wide approach centred around teaching social skills, and these were appropriately differentiated to ensure that all pupils were able to access them and benefit from the teaching.

Understanding the pupil

Further consideration was also given to understanding the response of the pupil when using different strategies. Dayan's (2013) paper did not find a significant reduction in the frequency of physical restraint during the first year of the PBIS Conversation, Help, Activity, Movement, Participation and Success (CHAMPS) intervention. Dayan highlighted how understanding a pupil's response to an intervention can help when making adaptations to it to make it more supportive for them. Langone et al.'s (2014) research involved staff completing a functional behavioural analysis (FBA) for each pupil to assist with the development of a behavioural support plan which included positive reinforcement. Miguel's (2016) research also included FBA and staff were supported to modify the pupils' environment and antecedents where possible. Detailed analysis helped school staff to understand the needs of the pupils they worked with, and how they could support their individual needs through the school-wide approaches and more individualised strategies.

Regardless of whether the approach used in each study was individual or school-wide, the findings highlight the importance of viewing each pupil as an individual, and how this can support them to gain the most from an intervention. The benefits of supporting pupils in this way were clearly evidenced in the papers, and in one case, using an individualised approach enabled the pupil to integrate back into a classroom with his peers (Luiselli 2008).

Discussion

Overall, this systematic literature review explored studies which demonstrated how physical restraint can be reduced in educational settings. Although a few studies did not find a significant decrease in physical restraint, most saw a significant reduction and, in some cases, elimination of its use. The studies looked at pupils across different age groups (3-26 years old) suggesting that this effect is not confined to a specific school stage. The findings will now be considered in relation to the three research questions:

- What strategies or approaches have been trialled to reduce physical restraint in educational settings?
- How effective have these been in reducing physical restraint in educational settings?
- What are the facilitating aspects of these approaches and what are the barriers?

Strategies and approaches

The studies demonstrated that a variety of strategies and approaches could be used to reduce physical restraint. The majority of studies used a school-wide approach, with the minority using individualised approaches. However, a clear theme was that individualisation and adaptations to the pupil's needs were present in studies with both types of approaches. This suggests that individualisation is crucial to the success of an intervention, and further thought is needed around how school-wide approaches could be adapted for those who need more specific support. Studies who managed this successfully looked at developing detailed behavioural plans for individual pupils or differentiated resources to meet their academic needs (Gelbar et al. 2015; Simonsen, Britton and Young 2010). Across school-wide and individual approaches, there were key themes that strengthened their successful implementation. Studies focused on upskilling not just school staff, but pupils too in an attempt to provide them with greater autonomy in managing their emotions and behaviours, and ultimately reducing the likelihood of escalation. This contributed to preventative or proactive school-wide approaches that focused on reinforcing positive behaviour. Other studies created a gradual approach for staff members to follow that gave them a clear structure around how to support pupils at each point (Ryan et al. 2007; Verret et al. 2019). These two different approaches could have made staff and pupils feel better equipped to deal with challenging emotions and behaviour at earlier stages before things escalated.

Effectiveness at reducing physical restraint

Most studies found significant reductions in the frequency and duration of physical restraint. However, two studies did not find a significant decrease, and it was suggested that staff commitment and a lack of individualised interventions for pupils may have contributed to these outcomes (Dayan 2013; Ryan et al. 2007). In the long-term, one study maintained almost complete elimination of physical restraint (George et al. 2013). The success of this study, reviewing approaches set in place by Fogt and Piripavel's (2002) research, found that key factors of the interventions had been consistently implemented over time. Qualitative data also provided evidence in support of the effectiveness of interventions. In Wolfel's

(2018) study, staff provided anecdotal evidence of when the approaches in place had been effective in reducing the need for restraint, or helping them to feel prepared for managing behavioural difficulties. The voices of the pupils are largely absent from this research and their views need to be collected to ensure that they are experiencing similar positive effects that staff are. But overall, the consensus of staff, where it was recorded, was positive and they seemed confident to action the strategies involved in the intervention. Additional positive effects found in other studies included pupils increasing their social interactions with peers, and reintegration back into a small class (Langone et al. 2014; Luiselli 2008).

Facilitators and barriers

Underlying all of these studies were key facilitators that supported the implementation of the interventions. Continued support and consistency of implementing an approach by educational staff ensured interventions were effectively utilised (Gelbar et al. 2015; Glew 2012). Staff were supported with continued professional development and space to evaluate and reflect on the approaches, which may have increased their levels of commitment. However, staff leadership could present a barrier to maximising the effectiveness of an intervention, as Ryan et al. (2007) suggested in relation to their two participating schools. Differences in the schools' engagement were highlighted, which potentially impacted the effectiveness of the intervention. This demonstrates the importance of having a committed team of staff and leaders within the school to ensure its success.

In addition, it was important that approaches used were adaptable to meet the needs of a highly diverse population of pupils. The researchers recognised the varying needs of pupils with SEN and the need to review individual pupil progress to evaluate their response to an intervention and consider what additional changes they may benefit from (Fogt and Piripavel 2002). Dayan (2013) suggested that this lack of individualised approach and flexibility may have been part of the reason why they saw a non-significant decline in physical restraint in their study.

Implications

Overall, the studies provide evidence of how a variety of approaches can lead to a successful reduction of physical restraint, with commitment from the school staff to implement them. This supports research by Sturmey (2018), who found that the reduction of physical restraint was possible in residential and educational settings for individuals with Intellectual Disability and Autism (range of maintained reduction between 7 months – 11 years). This review provides evidence for successful reduction of physical restraint, specifically in educational settings. The studies provide guidance and ideas for reducing physical restraint in environments where it is arguably being over-used and under-regulated, with negative effects on pupils. Effective whole-school strategies and recommendations discussed in the papers could be applied to other educational settings with appropriate support for staff. For example, schools could support pupils to develop their self-regulation skills, or work more collaboratively with parent/carers around alternatives to physical restraint. At a wider level, the research demonstrates the necessity of sufficient time, space and staff professional development to create meaningful change. There are also implications regarding how educational staff could approach exploring alternatives for physical restraint. Individual adaptations must be made for pupils who may not benefit as much from a general whole-school approach, including avoiding teaching pupils 'blanket' calming techniques that may not suit their needs.

Conclusion and further research

The studies included in this paper explore methods of reducing physical restraint in SEN educational settings. This restricts the generalisability of current findings in relation to mainstream schools, which may face different challenges when implementing alternative approaches. As an increasing number of pupils with additional needs are included in mainstream settings, further research needs to be done to evaluate the effectiveness of physical restraint-reducing interventions in other educational settings. In addition to this, the views of the pupils themselves needs to be further explored alongside the existing research to determine how they experience physical restraint in educational settings, and their views on implementing alternatives. The views of children and young people in

residential care have been explored (Morgan 2012; Steckley 2010) as well as a small number of studies investigating pupil experiences of physical restraint in educational settings (Willis, Harrison and Allen; Sellman 2009). However, it is essential that children and young people remain at the centre of the research into the use of physical restraint in education and how best to support them.

This review suggests that significant reductions in physical restraint can be achieved in SEN educational settings; an effect not confined to one age group. School-wide and individual approaches were effective at reducing physical restraint, but mainly when schools gave the necessary time, commitment, and professional development opportunities needed for them to be successfully implemented. In some settings, the reduction of physical restraint was maintained in the long-term or eliminated altogether. The key findings from these studies should be combined with the views of pupils, family and school staff directly or indirectly impacted by physical restraint to further explore how it can be reduced in favour of alternative methods.

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Paper two: Exploring views of physical restraint in schools: pupil experiences, relationships with staff, and alternative strategies

Abstract

Physical restraint is a restrictive practice used in schools, but there are no up-to-date statistics around the frequency of its usage in England and there are concerns around whether it is being used appropriately and effectively. Pupils with special educational needs are more likely to experience physical restraint in school, but opportunities for them to share their views through research are limited. Through semi-structured interviews, four primary-aged pupils shared their experiences of physical restraint, its impact on their relationships with staff members, and alternative strategies. Overall, participants had negative experiences of physical restraint, highlighting that it should be used for safety, but not minor incidents. All participants identified useful alternative strategies that helped them to feel calmer. The ability to separate negative emotions associated with physical restraint and supporting staff members varied between participants. The findings are discussed in relation to implications for Educational Psychology practice and future research.

Keywords

Physical restraint, pupil views, relationships, alternative strategies, human rights.

Introduction

Physical restraint is a form of restrictive practice used in educational settings as an intervention to 'prevent, restrict or subdue movement of the body, or part of the body of another person,' (HM Government, 2019, p.9). Current government guidance in England suggests that physical restraint (and other restrictive practices) should be used when a pupil is at risk of harming themselves or others, to remove disruptive pupils from the classroom after refusing instructions to do so, and to prevent a pupil from behaving disruptively on a school trip (Department for Education, 2013). In England, recording incidents of physical restraint in school and reporting these to parent/carers, is currently encouraged as 'best practice,' but is not legally enforceable. This suggests that any statistics around the use of physical restraint could potentially be an underestimate of the full extent of its usage. In 2017 around 13,000 incidences of physical restraint had been reported across the previous three academic years in the United Kingdom (Harte, 2017). A survey of families by the Challenging Behaviour Foundation (CBF) found that, of those children and young people who experience physical restraint at school, 88% have special educational needs (SEN) (Challenging Behaviour Foundation, 2019). Recently, the use of physical restraint in school has been called into question by the media and professional bodies such as the Equality and Human Rights Commission (2021), Mencap (2019), and the Association of Educational Psychologists (AEP, 2018) around whether it is being used appropriately and proportionately with children and young people (CYP). This creates a problematic situation, where highly vulnerable CYP are being restrained at school, with very limited information on how often this is occurring and the impact it is having on students. An updated CBF report in 2020 highlighted that 72.1% of incidents of physical restraint were justified with 'unclear' reasons including pupils being 'naughty' or due to 'defiance.' As these terms are quite vague, it is difficult to determine exactly what a child's 'naughty' or disruptive behaviour is and whether it is risking the safety of themselves or others. This calls into question whether physical restraint is being used as a last-resort intervention and it is important to consider whether the negative impact of physical restraint outweighs the frequency and justification for its usage in schools in England.

Impact of physical restraint and Human Rights

It is important to consider the physical and emotional impact physical restraint has on CYP and their families. The report from the CBF (2019) found that 86.5% of CYP were injured during physical restraint, including injuries such as bruising, dislocated joints, and broken bones, with some parents reporting 'too many to list,' (2019, p.18). In addition to the physical consequences of physical restraint, 91% of families also reported issues impacting their child's emotional wellbeing, including: fear of school, reduced trust in adults and difficulties communicating. As well as having a direct negative impact on CYP, these issues are counterproductive. If CYP are unable to communicate their needs due to a lack of trust towards staff, this may increase the likelihood of future physical restraint, and damage their relationships with staff.

The United Nations Convention on the Rights of the Child outlines that schools should ensure that 'school discipline is administered in a manner consistent with the child's dignity' and children or young people should not experience 'inhuman or degrading treatment or punishment,' (United Nations, 1989, p.10). When considering the findings from the CBF, the current use of physical restraint in schools in the UK arguably does not align with these rights. CYP are experiencing significant negative emotional and physical consequences as a result of physical restraint, which may have been used to prevent disruptive behaviour, rather than keeping themselves or others safe. The Human Rights Act also outlines how individuals should be protected from 'inhuman or degrading treatment' including 'serious physical assault,' 'cruel or barbaric detention conditions or restraints' and 'treatment that is extremely humiliating and undignified,' (Article Three, Equality and Human Rights Commission, 1998, as cited in Equality and Human Rights Commission, 2021).The use of physical restraint in schools may be considered a form of physical assault, or humiliating treatment. It is important that we respect and promote the rights of CYP in schools just as much as CYP in other settings, or adults.

The views of CYP

Ofsted's guidance highlights the importance of including CYP in making decisions that impact their support in school, including behaviour plans and decisions around when

physical restraint should be used. However, there is currently a very limited amount of information in existing literature around the best way to include children and young people in conversations around what is a highly sensitive and emotive topic. In England, there have been very few studies directly gathering the views of CYP around their experiences of physical restraint. Sellman (2009) explored the views of secondary school pupils with social, emotional and mental health (SEMH) needs and found that, although pupils thought physical restraint was sometimes necessary, there was often an inconsistent approach to de-escalation beforehand. Pupils were also not provided with opportunities to complete work to repair or re-establish damaged relationships with staff resulting from the incidents themselves. Recent research by Stothard (2022) also explored one young person's experiences of being physically restrained in school. The pupil explained how physical restraint 'hurts' and that some teachers 'only think about what they're doing and trying to keep themselves safe….instead of keeping the children safe,' (2022, p.83). Research by Willis et al. (2021) recorded mixed results around pupils' perceptions of how physical restraint influenced their relationships with school staff and the resulting consequences. Pupils who experienced physical restraint more frequently seemed to have shorter-lasting negative effects compared to those who only witnessed others being physically restrained.

The limited number of CYP voices present in research into physical restraint suggests that more needs to be done to ensure that those who are directly experiencing it are able to share their views. If we are to get a clear view on how physical restraint impacts CYP, we need to ensure that their views continue to be explored and valued in the decision-making around its usage as we have an ethical responsibility to access these silent voices. Therefore, this study aims to gather the views of CYP who have directly experienced physical restraint in educational settings in England. This study aims to explore their views on physical restraint, and around alternatives that could be used in place of physical restraint or to de-escalate situations. CYP should have a say on behavioural plans and interventions implemented in schools, so it is important to elicit their views on this. The participants in the pilot study for this research, and in Sellman's (2009) research discussed their relationships with school staff following physical restraint, suggesting that this is another important area to further explore.

The following research questions were proposed:

- What are children and young people's views on their experiences of physical restraint in schools?
- What are children and young people's views on alternatives to physical restraint or de-escalation strategies?
- How have their experiences of physical restraint influenced their relationships with school staff?

Method

Design and Participants

Research into restrictive practices in schools was commissioned by the Association of Educational Psychologists, following a motion to promote the reduction of physical restraint use in schools (AEP, 2018). Primary schools were initially approached through their link Educational Psychologist in a Local Authority in the North West of England. The use of restrictive practice most commonly begins when pupils are aged 5-11 years old in primary school, therefore, primary aged pupils were selected for this research (CBF, 2020). One specialist Social, Emotional and Mental Health primary-aged setting agreed to take part in the research. A Data Gathering protocol was used to support this process and to help the school identify potential participants (Stothard, 2022), (please see Appendix 5).

Due to the sensitive nature of the research topic, the following inclusion criteria were provided for school staff when identifying potential participants:

- The pupil has experienced physical restraint at least once within the past 6 months,
- The pupil would likely be willing/comfortable to talk about this with the researcher,
- The pupil must not be considered as 'highly vulnerable' e.g. have significant mental health difficulties.

The last inclusion criterion was included due to the recruitment process in the pilot study, where safeguarding reasons meant that a potential participant would not be considered safe to take part in this research. This inclusion criteria is intended to cover considerations and issues that may become apparent in further discussions with school staff which would

make a pupil's involvement in the research unsafe or a level of risk not able to be mediated within the study.

The researcher sought participating schools from across three local authorities from the North West and the schools' link Educational Psychologists passed on details of the research project to settings who used physical restraint with their pupils. All primary-aged educational settings were eligible to tale part (specialist and mainstream). There were difficulties recruiting settings to begin with and there were concerns from settings about the focus of the research questions including the physical restraint itself rather than the positive focus on alternative strategies. The foci of the research questions were not changed, as this may have limited the scope of views participants were able to express about physical restraint.

A specialist primary setting was approached by a link Educational Psychologist and were interested in taking part in the research. The researcher met virtually with school staff to review potential participants and parent/carer consent was obtained. Participants were sent a child-friendly information sheet to review with a member of staff before the first visit and they were asked to provide their consent to taking part in the research at this point. The researcher gained consent again at the start of the data gathering sessions.

Initially, five participants gave consent to take part in the research, but one withdrew their consent at the start of the data collection, after deciding with staff that they did not feel comfortable working with the researcher. Four pupils in Key Stage Two were recruited as participants, with an even gender split between them (two male, two female). To maintain the confidentiality of the four participants, they have been given pseudonyms:

Sophie - Year 4

Adam – Year 5

Katie - Year 6

Alfie - Year 4

Information sheets for participants, parent/carers and staff, consent forms for participants and parent/carers, and introductory email sent to the school have been included as Appendices 6-10 respectively.

Data gathering

Semi-structured interviews were used during the data gathering as they provided the opportunity for participants to communicate their individual views on restraint and the activities could be differentiated and personalised for each of them to meet their needs. Practical activities and resources, a visual timetable, and participant-led breaks were used in each semi-structured interview. These were informed by a pilot study conducted a year prior to this research, where best methods and approaches for eliciting the views of children and young people around physical restraint were trialled.

Participants each took part in two sessions:

Session One: A rapport-building session where the participants and researcher got to know each other and participants asked any questions they had about the second session.

Session Two: A session eliciting the views and experiences of the participants in relation to their experiences of physical restraint in school, relationships with staff, and alternative strategies.

Each session was conducted face to face at the participants' school and lasted no longer than an hour. Only the audio from session two was recorded and anonymously transcribed as the session one's focus was on creating a trusting relationship between the participant and researcher. Some participants chose to draw or write their responses during some of the second session, and the content of these was clarified with them verbally, so that the drawings could be analysed alongside the audio transcript.

Participants were offered the opportunity to have a key adult present, but all four preferred to work 1:1 with the researcher for the majority of both sessions, with the staff members checking in regularly and sat within view in the room next door. The number of breaks, activities and games in each session was influenced by each participant's decisions over the cards on their visual timetable, therefore, not all participants were required to complete every activity.

Full detail on the activities, scripts and resources used in sessions one and two have been included in Appendices 11 and 12.

Data analysis

Thematic analysis was used to explore the qualitative data provided with the participants, with Braun and Clarke's (2006) framework being used to structure this analysis.

1. Familiarising yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

An inductive coding approach was used to ensure that the participants could shape the resulting themes as much as possible, rather than predetermined themes being generated in relation to the three research questions. Themes and groups of codes were checked with the researcher's supervisor to ensure that there was agreement and that the themes were distinct and clear. Please see Appendix 13 for more detail on the thematic analysis coding process.

Ethics

This research received ethical approval from the University Research Ethics Committee (UREC) at the University of Manchester in August 2021 (approval number: 2021-12352-20432), (please see Appendix 14). It also followed guidance from the Health and Care Professions Council Standards of Conduct Performance and Ethics (HCPC, 2016).

Both participants and parent/carers provided informed consent before the data gathering began and participants' consent was checked at the start of both sessions. Participants were informed around how the recording in the second session would be transcribed anonymously and were reminded that they were free to withdraw at any point. Please see Appendix 15 for the Distress Protocol followed during the data collection. Debrief forms were provided to the participants, parent/carers and school staff involved, (please see Appendices 16-18).

Findings

Following thematic analysis, three broad themes were identified from participant data: 'physical restraint,' 'relationships with staff,' and 'views on alternative strategies' which are further divided into sub-themes, please see Figure 2 below.
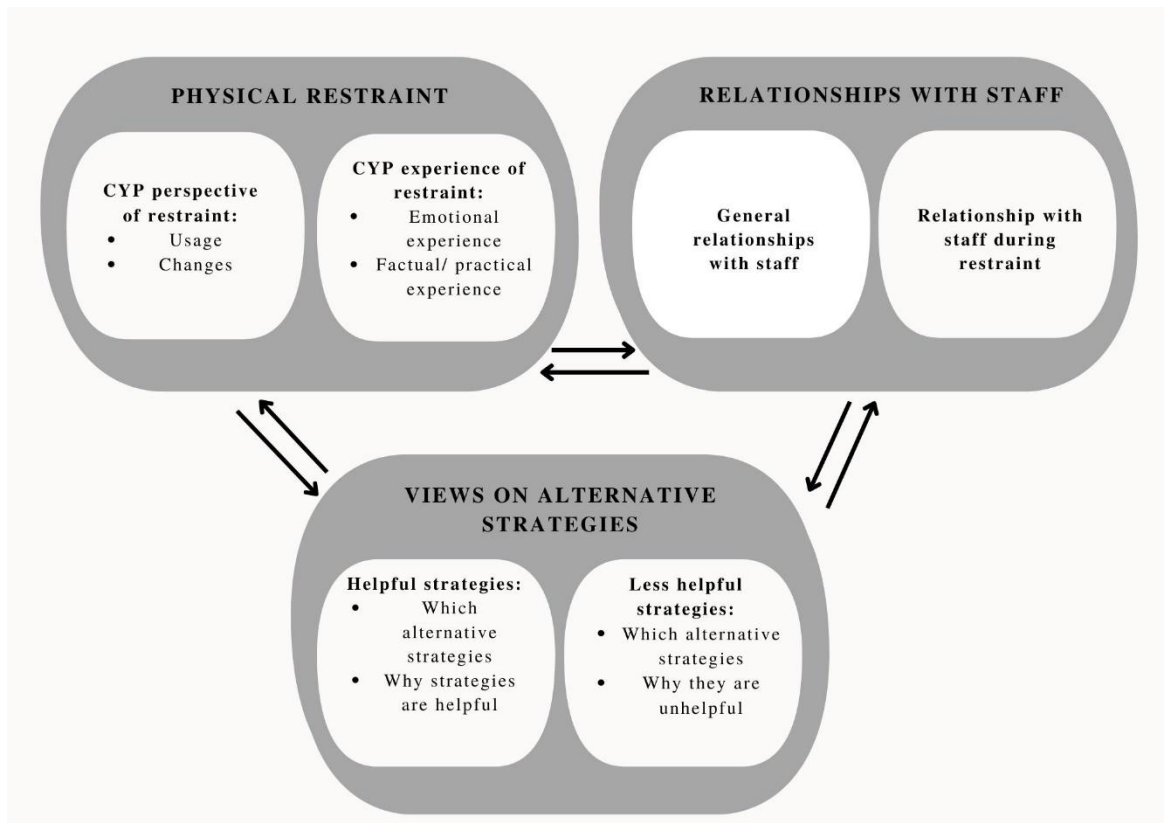
Figure 2 -themes identified using thematic analysis

Theme One - Physical restraint *"where they've like, held me in place"*

This theme includes both the factual and emotional experiences pupils have of physical restraint. Of the four participants, three of them felt comfortable discussing an incident where they had been physically restrained by staff at school, and one participant decided they did not want to discuss this. As shown through the sub-themes, participants had detailed knowledge of these incidents and were aware of when physical restraint may have been used for incidents where safety was not at risk.

Sub-theme: CYP perspective of restraint (usage and changes)

One participant scaled physical restraint as very helpful (5/5) and when asked why, they explained:

'I don't know, because I just like everything to be fair.' *(Sophie)*

The other three participants ranked physical restraint as an unhelpful supportive strategy, (all three scaled it 1/5), but could explain why it was sometimes used at school:

'So I don't hurt others.' 'It's also to keep you safe' *(Alfie)*

'[should be used] when needed.' *(Katie)*

Some participants were able to expand on this and had clear ideas around when they thought physical restraint should and shouldn't be used in school:

Researcher: 'Do you think it was okay to use physical restraint when you were feeling frustrated?'
Adam: 'Depends…If I, if like-, I'm trying to fight someone or something, yeah it's helping, but if it's like something silly like swearing at someone then…'

[When should it not be used?] 'When kids are calm.' *(Alfie)*

Three of the participants were unsure about whether and how they would change physical restraint in school, but one participant explained they wanted to change:

'Holding…so they don't hold you.' *(Adam)*

Participants understood some of the reasons why they may be physical restrained at school, but did not think it was appropriate to use with smaller incidents that could be resolved in a less intensive way.

Sub-theme: CYP experience of restraint (emotional and factual/practical experience)

Participants were asked to think about an incident when they had been physically restrained at school. One participant chose not to take part in this activity, one thought more generally about when they had been restrained at school, and two thought about specific incidents. Generally, the participants' emotional experiences of being physically restrained were negative:

'Angry…and then hot, [pointing to emojis on grid]' *(Adam)*

'[writes] p*ssed off' *(Katie)*

'[points at angry on emoji grid]' *(Alfie)*

Participants gave clear reasons around why physical restraint was a negative experience for them:

'…when someone's taking you back [holding you] they're ending your personal bubble and I-…I don't like that.' *(Adam)*

'It felt like they broke my wrist, but they didn't.' *(Katie)*

' 'cause it [physical restraint] er, stresses me out more.' *(Alfie)*

After physical restraint, the participants often used their own strategies to help them to feel calmer:

'Take deep breaths and calm down.' *(Adam)*

'[After physical restraint] Er, I calm down by kicking a door.' *(Alfie)*

Some of these strategies were also mentioned when discussing alternatives to physical restraint. When talking about the incident of physical restraint itself, two participants were able to go into detail about why they were restrained, how, and what happened afterwards:

'I was in the classroom, and it was a really hard problem and when I put my hand up, the teachers wouldn't help me, so…I-I didn't know what to do. So I just walked out and then I got frustrated and then they hold me.' *(Adam)*

Researcher: '[reading what the participant wrote] they [another pupil] said that you kicked them, but they actually kicked you].'
Katie: '[nodding] and then I kicked them back.'

Overall, participants could explain why they had a negative experience of physical restraint, including an escalation of emotions such as stress, and physical harm. Participants recalling specific incidents explained how and why their behaviour escalated and one explained how a teacher helping them with their work to begin with would have stopped this at the start of the incident. They were also able to utilise calming techniques following the physical restraint.

In summary, participants' views within this theme of 'physical restraint' suggest that more needs to be done to explore why physical restraint is being used with specific pupils and greater insight into whether it is being used appropriately as a last resort. The participants could recall how angry or stressed they felt during incidents and this demonstrates the negative emotional impact of being physically restrained.

Theme Two - Relationships with staff *"she's just dead nice and calm"*

Participants discussed their relationships with school staff more generally, with one participant inviting staff members in to show them how they were doing with the activities in the second session. Relationships with adults were also discussed in relation to incidents of physical restraint and how staff members could support them to feel calm at an earlier point before physical restraint was used.

Sub-theme: general relationships with staff

Generally, participants seemed to have good relationships with staff members at the school, evident from the positive interactions they had with them during the data collection. One

participant was supported by a staff member to de-escalate their feelings of frustration quickly and effectively when being wound-up by another pupil. Another participant talked about the positive qualities they would like in adults who support them:

'…having a favourite teacher… 'cause she's just dead nice and calm, she won't shout at you.' *(Katie)*

Sub-theme: relationships with staff during restraint

There was a difference in participant's views around how they felt towards the staff members physically restraining them. Generally, all three participants who spoke about this had negative feelings towards members of staff during the restraint itself:

'I 'ated them.' *(Adam)*

'[writes] angry' *(Katie)*

'Er, angry.' *(Alfie)*

But after the physical restraint, the participants' views differed, with two reporting that they felt better towards staff after the restraint had ended:

'Er…happy [towards staff]… 'cause they've let go and it starts to get rid of stress.' *(Alfie)*

Katie: [Writes 'happy']
Researcher: 'What was it that made you feel happy to them later on? What did they do?'
Katie: [Writes 'calmed down']

However, one participant still felt negatively towards staff members even after the restraint had ended:

Researcher: 'Did you feel better after [towards staff]?'
Adam: 'No, no, not much.'

It is interesting to consider the difference in responses between participants and the protective factors that enabled two participants to resume their positive relationships with staff members following physical restraint.

Overall, the theme of 'relationships' demonstrates how different the relationships between staff and pupils can be. This theme helps us to explore how the nature of these relationships can be impacted by physical restraint, but also how they could potentially be used to mediate its usage in the first place.

Theme Three – Views on alternative strategies *"I normally just sit on that [sofa] and take deep breaths"*

Participants were invited to choose alternative strategies that supported them to feel calm within a scaling activity, but some also chose to share their own and discussed why they were helpful.

Sub-theme: helpful strategies (which strategies and why they are helpful)

Whilst completing a scaling activity, and discussing helpful activities, all four participants could identify alternative strategies to physical restraint that would support them to feel calmer and less frustrated:

'[moves 'deep breathing' to 5/5 on scaling activity]…because it makes me calm down more.' *(Sophie)*

'Doing what I want. Playing with poppets [referring to fidget toys]' *(Sophie)*

'When they just leave me to meself.' *(Adam)*

'['deep breathing' scaled 5/5] 'cause when I breathe heavily it calms me down a bit.' *(Adam)*

'The one thing that is helpful, is having a favourite teacher…she won't shout at you.' *(Katie)*

'['run around the playground' scaled 5/5]… it's really good 'cause it gets my anger and energy out!' *(Alfie)*

Adam: 'Er, they'll tell them [pupils] to stop, or we'll have to drag you in, instead of,'

Researcher: 'So you'd rather them give you a warning?'

Adam: 'Yeah.'

Participants were able to identify strategies from options in an activity, and others had their own existing strategies that they were already using in school to support their behaviour and emotions. They were very knowledgeable on how and why these particular strategies worked for them.

Sub-theme: less helpful strategies (which strategies and why they are unhelpful)

The participants also shared which strategies they did not find helpful, and what about them did not feel supportive:

'['Reminder of the rules'] 'cause getting a reminder of the rules, it's very annoying and frustrating.' *(Adam)*

Researcher: 'Having a time limit or a sand timer to watch-'

Katie: 'Mm- nope! [puts it on 1/5 on the scale]. It just- it just gets me more angry.'

Researcher: 'What do we not like about that [reminder of the rules]?'

Alfie: 'I don't like rules.'

Overall, the participants had clear ideas around what would be supportive and less supportive for them in school, highlighting the value in including them in conversations about behavioural plans and strategies used by staff to support their behaviour and emotions.

Within the theme of 'alternative strategies' participants identified ideas that were freely accessible to them, but some needed an adult's support for them to be accessed, e.g. fidget toys or running around the playground. This theme therefore highlights the importance of

ensuring that de-escalating and calming strategies are freely available to pupils and how essential it is for their views to be shared so that adults know how best to support them.

Discussion

The findings show that the participants in this study had clear views around physical restraint and how it is used in school. Participants were articulate in sharing their experiences of restraint and how it impacted their emotions and relationships with staff members. The findings will be discussed in relation to each of the three research questions.

Research Question One: What are children and young people's views on their experiences of physical restraint in schools?

Overall, participants described negative emotional and physical effects of being physically restrained in school, including pain and increased feelings of stress and anger. Stothard's (2022) research found similar themes when exploring a pupil's experiences of physical restraint, and explored through artwork how feelings of anger could be overwhelming during the restraint itself. This is an important consideration, as the utility of physical restraint could be reduced if it actually contributes to, or escalates negative emotions and behaviours such as anger. Participants understood why physical restraint was used as a strategy in school, but linked its use to keeping themselves or other pupils safe. One participant was explicit in explaining how physical restraint should not be used for something minor or "silly" such as bad language, which is in line with recent UK government recommendations that physical restraint should only be used to "prevent serious harm," (page 15, HM Government, 2019). Two participants discussed specific incidents of physical restraint and the antecedents to their behaviour escalating: not being given assistance with their work when they requested it, and a disagreement with another pupil. In the first example, the participant identified that it would have been helpful if the staff had assisted him when he had his hand up, before he had become frustrated and things escalated. When discussing the incidents of physical restraint, two participants described their own calming strategies that they used after they had been moved to a quieter space. One participant

used deep breathing to calm down, and the other found kicking a door to be calming. As will be discussed later on, this suggests that there may be other alternative strategies that participants found more effective than physical restraint, which could be used instead.

Overall, the participants seemed to have a straight-forward view of physical restraint: that it should be used to keep people safe, which is only one of the multiple reasons the English Government guidance provides as a rationale for using physical restraint. Although this study did not collect data around participant's physical restraint history at school, in some settings, physical restraint may be used for incidents such as 'disruptive behaviour.' Stothard's (2022) research supports this finding, as the CYP in their research identified that physical restraint should be used when there are no alternative options to assist with an incident. When considering the negative experiences participants had of physical restraint, the findings suggest that it should only be used as an absolute last resort, where safety is at risk.

Research Question Two: What are children and young people's views on alternatives to physical restraint or de-escalation strategies?

Participants were very knowledgeable around which strategies they found useful and less useful to feel calmer in school and some participants used these after they had been physically restrained. Participants identified which of the alternative strategies in the scaling activity they found helpful, and some participants also thought of their own ideas. Generally, participants seemed to find strategies calming when they allowed the release of energy, anger, or stress, with some participants preferring to be active (e.g. running), or still (e.g. deep breathing). Similarly, participants were also confident at identifying strategies that were less helpful and why they were not as effective. They commonly mentioned that some strategies including physical restraint, watching a sand timer, and a reminder of the rules, actually increased their stress or anger.

Most of the strategies participants identified as helpful were things they could access in school, some with the support of an adult (e.g. access to an outside area). Whilst one participant shared why deep breathing supported them to feel calmer, a member of staff joined in with the conversation and it was evident that both the staff member and

participant had a good understanding of why this strategy was specifically useful for them. The participant's session began with a 1:1 structure, but the participant invited the staff member in part way through so they could share their answers to the activity with them. Having a good, shared understanding of alternative strategies to use in place of physical restraint, or to prevent escalation of behaviours and emotions may lead to a more collaborative and positive response. This fits with the findings of Ryan et al.'s (2007) study, where a specialised school reduced the frequency of physical restraint and seclusion by using a graded response with less restrictive interventions earlier on in the process. The alternatives discussed by the participants could form part of this graded response before physical restraint is used as a last resort to protect the safety of the pupil and/or others. Considering the alternative strategies the participants identified as helpful, a key focus could also be on facilitating their independence in accessing these alternative strategies to allow autonomy in de-escalating their emotions and behaviours.

Research Question Three: How have their experiences of physical restraint influenced their relationships with school staff?

The impact physical restraint had on pupil-staff relationships varied between participants. Two participants could separate their positive feelings towards staff members from their negative experience of physical restraint, describing how the release from the restraint made them feel calmer. However, one participant still felt negatively towards the staff members even after the physical restraint had ended, suggesting that the restraint impacted the existing relationship they had with those staff members. This links to existing research from Willis et al. (2021) who also found varied views from pupils about the impact physical restraint had on their relationships with staff members, with some pupils showing an understanding why staff used physical restraint to keep themselves or others safe. Steckley and Kendrick (2008) found a similar amount of variance when interviewing CYP and staff members in residential settings, where trust was highlighted as a key factor in their relationship that supported them through unsafe situations. In this study, one participant shared their views around the qualities a staff member should have to feel supported, including being nice and calm, and two participants scaled 'talking to someone who will listen carefully' as very helpful when feeling frustrated or upset. The importance of

relationships highlighted in these findings suggests that they should be kept at the centre of decisions made around the use of physical restraint in schools. Sellman's (2009) research also highlighted that pupils thought that there were inconsistent opportunities to repair staff-pupil relationships that had been impacted negatively by restraint. Evidently, there may be some protective factors to how physical restraint is carried out in terms of pupils maintaining positive and trusting relationships with staff members both before and after physical restraint. The negative emotions experienced from physical restraint may be transferred onto the existing staff-pupil relationship and more needs to be done to explore the short-term and long-term impact of physical restraint on these relationships.

Implications for EP practice

The main implication from these findings, is the importance of obtaining pupil views around the usage and impact of physical restraint. The participants in this study could not only share their views, but expand on what factors contributed to how they felt or what they experienced during physical restraint. They were able to discuss what was more or less helpful for them in terms of managing their emotions and behaviours, which supports how essential it is to involve pupils in decisions regarding any behaviour support plans. UK Government guidance around reducing the need for physical restraint includes a key principle that: 'when reviewing any type of plan which references restraint…children and young people…should be involved,' (HM Government, 2019, p.19). In order to make this involvement meaningful, it is important to consider the type of participation CYP will have in this process, and how their views can influence and inform adult decision-making, rather than being gathered tokenistically (Hart, 1992). Educational Psychologists are well placed to facilitate discussion between CYP and school staff around the use of different strategies to manage behaviour and emotions and support the meaningful inclusion of these contributions. Inviting CYP to share their views and contribute to making decisions around the creation of support plans in school could lead to more effective and personalised strategies.

The other key implication is to consider how we gather the views of vulnerable CYP from protected groups. Ethically, the planning for this study was very sensitive and included a lot

of choice, breaks, and opportunities for pupils to express their views in different ways. It is essential that we continue to seek the views of these protected populations, as CYP have a right to have their opinions considered when decisions are made around matters involving them (United Nations Conventions on the Rights of the Child, 1989). Over-protecting this population and restricting the opportunities they have to contribute their views and potentially improve the personalisation of support they receive would be detrimental.

From the information shared by all four participants, there are three key areas that an EP could discuss with schools using physical restraint:

1. If physical restraint is being used with a pupil, why and in what situations? Is it only being used when the safety of that pupil or others is compromised?
2. Are there alternative strategies in place to support pupils at an earlier stage to help them to de-escalate their emotions earlier on? If so, are these freely accessible to pupils without needing to request them from an adult?
3. How have the views of pupils been used to inform behavioural management plans and, ultimately, the use of physical restraint? Are pupils aware about why and when physical restraint may be used in school?

Educational Psychologists can therefore support schools to review their use of physical restraint and take steps to minimise its usage where possible.

Limitations

The main limitation of this research is that it only includes the views of four participants from one specialist educational setting where physical restraint was used with multiple pupils. This may limit the generalisability of the data, especially when considering the experiences of pupils in mainstream settings where the use of physical restraint may be less common. For ethical reasons, the participants selected were pupils the school staff thought would be comfortable sharing their views with the researcher, which may have unintentionally excluded participants who may have been less confident. A final limitation is that the member-checking forms that were sent to the school were not returned with any feedback, which means that some caution must be used when interpreting results, as the

pupils may not have double-checked over the summaries they were sent. However, the participant's views have been directly quoted in the findings section where possible to remove some subjectivity of interpretation.

Although three participants felt comfortable to talk about physical restraint, it is worth noting that one of the participants, who initially felt comfortable to share their views, became distressed as the activity started. The Distress Protocol was followed and a key adult supported them and they were okay to continue with the other activities, however, they made the informed choice not to complete the activity associated with physical restraint. This demonstrates the high level of sensitivity and planning needed to reach this group of CYP and more could have been done in the session to prepare the pupil for talking about physical restraint, so they could have made that decision earlier on in the session, and preventing them from becoming distressed.

Future research

Future research could focus on gaining more views from pupils experiencing physical restraint in educational settings, including specialist and mainstream settings in England. It is important to consider the difference participants may have in their views around physical restraint, and the educational setting's approach to it. To ensure we have an accurate picture of CYP views in England, we need to focus on gaining a larger number of views from CYP across different age ranges and settings. Physical restraint is most prevalent in pupils aged between 5-11 years old, which suggests that research eliciting pupil views could target this population in particular (CBF, 2020). However, consideration should be taken with the methods used to elicit the views of younger children, who may find it more difficult to express their views around physical restraint verbally.

In addition to this, there seemed to be a difference between participant's experience of physical restraint and the impact it had on their relationships with staff members during and afterwards. It therefore will be important to investigate this further, to determine what factors are protective or harmful in preserving positive relationships when physical restraint is used, and the impact physical restraint has on existing pupil-staff relationships. The population of pupils who are restrained in England are often highly vulnerable, but there

needs to be a balance between protecting them, and ensuring their views are accessed so we can support them in the best possible way.

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Paper three: Disseminating evidence into practice

Evidence-based practice

Evidence-based practice (EBP) is a term that originally arose in the medical field. Evidence-based medicine was defined as *"the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients…integrating clinical expertise with the best available external clinical evidence from systematic research."* (Sackett, et al., 1996, p.71). In addition to being used in the medical field, the American Psychological Association (APA) define EBP in Educational Psychology (EP) as *"the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences,"* (2005, p.1). Sedgwick and Stothard (2021) discuss how this research underpinning an evidence-base can include studies of varying quality, as defined by the research hierarchy, please see Figure 3, which suggests that randomised control trials (RCTs) produce the highest quality of research evidence versus professional expertise which is ranked eighth (last) (Scottish Intercollegiate Guidelines Network, 2015).

LEVELS OF EVIDENCE

1++ High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias

1+ Well conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias

1- Meta-analyses, systematic reviews, or RCTs with a high risk of bias

2++ High quality systematic reviews of case control or cohort studies

High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal

2+ Well conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal

2- Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal

3 Non-analytic studies, eg case reports, case series

4 Expert opinion

Figure 3 - Levels of evidence, (Scottish Intercollegiate Guidelines Network, 2015).

Within EBP, EPs take the role of scientific practitioners, a role which is described by Woods and Bond (2014, p.75) from Lane and Corrie (2006), as having four key dimensions:

- Effective judgement,

- Reasoning and problem-solving,

- Formulation (grounded in psychology),

- Self-evaluation.

EBP encompasses these aspects of practising as a scientific-practitioner. EPs use their own judgement around whether to implement interventions or approaches with a strong evidence-base and use their reasoning and formulation skills to apply them to specific pupils or groups within their own practice. EPs also utilise the skill of self-evaluation when evaluating how successful an intervention has been and its impact on those taking part. The skills EPs use, as outlined above, therefore link clearly to the concept of EBP. Briner, Deyner and Rousseau (2009) describe how EBP or EB-management also involves looking at different types of research depending on the actual problem and that it is important to not only use specific types of research, or have scholars direct what practitioners should be doing. EPs therefore need to utilise their critical thinking and evaluation skills to determine whether the intervention and evidence base are strong, but also whether the research method used to evaluate an intervention is reflective of how they it may be used in context in their practice.

Arnell (2018) discusses how EBP can influence how EPs practice dependent on contextual factors surround the practitioner themselves, such as their training, context of practice, or personal factors (e.g. beliefs). Arnell expands on this by outlining four ways in which EBP can be understood by EPs based on their perceived role in relation to:

- Their professional responsibility,

- Child and solution-focused outcomes,

- Reputation of the service provider,

- Moral obligations.

This suggests that how EPs interpret EBP can be different and dependent on the interplay of the above factors and the area in which they practice.

The research read and utilised by EPs arguably spans the length of the research hierarchy, (Scottish Intercollegiate Guidelines Network, 2015) and it is important to consider where on the hierarchy the majority of EP research is categorised. When considering the quality of evidence on which to base practice, Sedgwick and Stothard (2021) argue that the context of the intervention and utilisation of the research itself is a main factor. For example, RCTs are only a "gold standard" of research evidence if an intervention being explored is being assessed in its effectiveness within a homogenous sample. In reality, EPs rarely have homogenous groups of children and young people (CYP). Boyle and Kelly (2017) counter the idea of a fixed research evidence hierarchy with a model that is arguably more applicable to EPs. Table 2 below demonstrates how different research approaches can be more or less valuable when considering the type of research question posed. This is very relevant when considering that EPs are often deciding not just if an approach or intervention works, but who it works best for, when and the functionality of the approach in relation to the context of practice, (Boyle & Kelly, 2017 adapted from Petticrew & Roberts, 2003).

Research Questions	Research Designs							
	Qualitative Research	Survey	Case Control Studies	Cohort Studies	RCTs	Quasi-Experimental Designs	Non-Experimental Evaluations	Systematic Reviews
Effectiveness *Does this intervention work?*				+	++	+		+++
Process of service delivery *How does this intervention work?*	++	+					+	+++
Salience (Impact) *Does this intervention matter?*	++	++						+++
Safety *Will this intervention do more good than harm?*	+		+		++	+	+	+++
Acceptability *Will users be willing or want to take up this intervention?*	++				+	+	+	+++

Table Two – Relationships between research questions and research design, (Boyle & Kelly, 2017, adapted from Petticrew & Roberts, 2003).

For EPs to operate as scientific practitioners, the Health and Care Professions Council (HCPC) recommend they need to engage with EBP to ensure their quality of their practice, (HCPC, 2015). Fox (2003) discusses how practitioners can sometimes be reluctant to implement EB findings if there has been little consideration of the context that they work in.

Practice-Based Evidence (PBE)

PBE is defined as the process of practitioners sharing and contributing their developing information to the wider knowledge base available for other practitioners. Therefore there is a two-way transfer of information between the practitioner and the knowledge base, rather than just one way, (Kratochwill, et al., 2012). Practitioners are able to continually monitor and evaluate their practice and include information that may occur through the context of general practice. PBE differs to EBP in this way, as it is grounded more within the context of practice and other practical considerations, however, when used together, the two approaches can enhance the existing evidence base.

Fox (2003) argues that practice-based research (PBR) should be used to support EBP to ensure that these considerations have been taken into account. EBP and PBR should not be considered as separate when they lie along the same continuum, as research is arguably irrelevant if there is no way to utilise it in every-day practice. There needs to be a balance between the consideration of data-driven research and context-based practice. Boyle and Kelly (2017) suggest that PBR and PB-evidence should draw its conclusions from the context and wider picture generated during practice, rather than focusing on specific hierarchies of evidence. Sedgwick and Stothard (2021) also support this by suggesting that EPs should not assume that an intervention is ineffective because of a lack of supporting evidence. O'Hare (2015) summarises that multiple studies have suggested that EBP is largely based on academic research which has taken the focus away from other valuable sources.

Knowledge Transfer

Knowledge transfer in dissemination is described as the exchange of information and knowledge to a specific audience, with an aim for the audience to implement new knowledge where appropriate in their practice, (Becheikh, et al., 2010) (Kuiken & van der Sijde, 2011). Recent research by Cowper (2022) discusses the issue of 'transfer of knowledge' within EBP. Through their research, it was determined that the knowledge transfer process, from research to practice, was recursive rather than linear. Professionals within the research returned to the initial research at different points during the process in

order to balance the contextualisation of findings to their practice, with the original findings and recommendations. Through this, Cowper was able to show that the nature of their actions fit with the APA's definition of EBP, in the sense that practitioners were using their 'clinical expertise' to balance the implementation of the research with the initial research results.

Further research by Kratochwill and Steele-Shernoff (2003) consider issues of implementing EBP (in the form of evidence-based interventions[EBIs]) in practice. Four main themes were explored in relation to issues around sustaining EBIs in practice, including the barriers EPs face in terms of time and resources, and training to successfully implement EBIs. This consideration focuses on the situation EPs may find themselves in after successful knowledge transfer, in relation to the practicality of actioning the knowledge and intervention itself. As well as this, Sedgwick and Stothard (2021) suggest that an EP's personal beliefs may have a hidden impact on their choice of EBIs to implement within their practice, which may unintentionally affect their judgement of the overall quality of the research itself. It is therefore important to consider, not only the theoretical and cognitive processes underlying EBP and its application to practice, but also the practical implications too. As outlined by Fox (2003) lack of consideration of context could detract from a practitioner's motivation to implement findings in the first place. Ultimately, the transfer of knowledge is key to implementing any EBP or PBR, highlighting the essential role that dissemination of findings has regardless of the subject topic or nature of the research.

Effective research dissemination and research impact

Brownson et al. (2018) suggest that there are key aspects to dissemination which must all be considered carefully for it to be successful, please see Figure 4 below. They suggest that consideration of dissemination earlier on in the research process supports its success, as well as earlier links with stakeholders. In addition, Brownson et al. discuss how dissemination is likely to have a higher rate of success of reaching its intended audience when researchers target specific characteristics of this population. When disseminating research, it is therefore important to consider factors of the audience such as the age,

reading-ability, interests etc of the intended audience to ensure that dissemination is both accessible and meaningful. Findings from Minogue, Morrissey and Terres (2022) support these recommendations, as they emphasise the need for a plan for the transfer of knowledge resulting from the research. They encourage this to be thought of throughout the process of research, rather than at the end. However, they also highlight key barriers that health researchers may face when disseminating their findings and knowledge, including time restrictions, limited links with key stakeholders, and dissemination methods which are passive in nature. Taken together, these findings suggest that dissemination should not be a sequential next step when data has been analysed and results finalised, but a conscious thought process throughout the research.
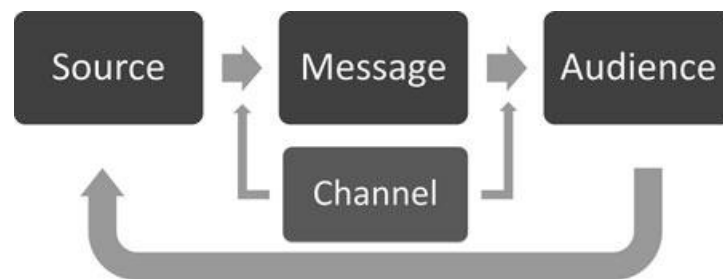
Figure 4 - Model of dissemination, (Brownson et al., 2018).

Harmsworth and Turpin (2000) discuss three main purposes for the dissemination of research:

1. Awareness: of the topic within the target audience, which does not require them to have detailed existing knowledge.
2. Understanding: of research findings by the target audience, which may require some prior knowledge and awareness.
3. Action: direct meaningful and sustained change as a result of dissemination of findings.

When disseminating findings researchers need to be aware of the purpose of their method of dissemination and the outcomes they would like to achieve as a result. Researchers need to consider different types of dissemination in order to do this, to ensure that their findings span the range of the three purposes. Research into the methods used for dissemination of

research suggests that the proportion of scientists who base their dissemination on specific theories or frameworks is limited. Brownson (2013) found that 17% of researchers used a framework or theory to structure their dissemination, and only 34% of researchers involved stakeholders in the dissemination process. Wilson et al's (2010) study explored the number of health researchers who generally used traditional dissemination methods such as peer-reviewed papers and conference presentations. Researchers were found to be motivated to disseminate their findings in a way that had a significant impact, but most did not measure or record information on actual impact their dissemination had after this stage. Researchers also generally spoke about their consideration of end users, but only around a third were reported to have completed actions to support this. Overall, researchers may be very motivated to disseminate and record the impact of their work, but may not be able to action this as they would like to. This again emphasises the importance of planning dissemination for research at an earlier stage, or throughout the process of the research itself.

Oliver and Cairney (2019) discuss eight key suggestions and ideas to support dissemination influencing policy:

1. Do high quality research,
2. Make your research relevant and readable,
3. Understand policy processes,
4. Be accessible to policymakers,
5. Decide if you want to be an issue advocate or honest broker,
6. Build relationships with policymakers,
7. Be entrepreneurial,
8. Reflect continuously.

Oliver and Cairney's paper (2019) also highlighted Jones and Crow's (2017) paper which highlighted the importance of utilising the authenticity and emotional appeal of narrative approaches when disseminating evidence that could influence a change in policy. They discuss how this approach support researchers to engage with their audience on a level that fits with their "personal beliefs and understanding."

However, Oliver and Cairney suggest that practical advice for researchers around how to influence policy is generally quite limited and the actions researchers have to consider when disseminating can be very wide-ranging, e.g. from practical issues around report length, to more profound issues around their role and safety.

More modern methods of dissemination are increasingly available for researchers to creatively disseminate their work outside of traditional methods, e.g. peer reviewed journal articles. Cooper (2014) discussed the potential benefits through using the internet and social media (such as Twitter) to disseminate research, but warned that it must be used differently to traditional dissemination methods in order to utilise these benefits. Replicating the data and findings of research through social media may not be more effective than usual methods unless there is an interactive or novel element to it.

Overall, there are multiple considerations that researchers must take into account for the effective dissemination of their work. Ultimately, this planning and reflection process needs to be present throughout the research process, with the research directly influencing decisions around the methods of dissemination.

Implications for dissemination at different levels for paper one and paper two

The following section will explore the implications for the research findings in paper one and paper two in relation to the pupils and school involved in paper two (research site), the researcher's EPS (organisational level), and EP practice more generally (professional level).

Research site

The main function of dissemination at the research site level was to increase awareness of the pupils' experiences of physical restraint in school. When discussing the school's participation in the research, senior staff members expressed an interest in the potential findings about pupil perceptions of physical restraint and how they view those incidents. The researcher considered how findings could be fed-back to the staff, pupils and parent/carers of the pupils taking part and this influenced a different method of

dissemination in comparison to the organisational and professional levels. Dissemination of findings needed to be framed in a constructive and accessible way to ensure they were valuable for staff, pupils and parent/carers moving forwards. Appendix 21 includes the summary research poster created to feedback the main findings from the research. The poster provided a clear overview of the research project as a whole, but also included what would happen next with the findings and how they would be fed-back to other groups. This allowed the findings in paper two to be shared and understood by those who directly took part and are involved in physical restraint usage.

For the pupils themselves, there was a focus on ensuring that they had felt understood and listened to in the dissemination process. During the research, two participants asked what would happen following the data gathering sessions and the researcher explained that they would receive a poster with a summary of their views. The researcher checked if this was how they would like to have their views fed-back, but on reflection it could have been asked as a more open question to see if pupils had other ideas for how they would like their feedback. This poster had a dual function of disseminating key messages the researcher had taken from their semi-structured interviews, but also as a form of member-checking so that pupils had the opportunity to correct anything the researcher may have misinterpreted, (please see Appendix 22). Although no feedback was gained from this due to the pressures on the setting at the time of the research, it can be reflected how personalised feedback to individual participants as well as an overall summary was a useful way of ensuring the material from paper two was accessible to the pupils. In terms of the implications of the research in relation to the participant group itself, there was an emphasis on eliciting CYP views which may contribute to the use of this information to inform behaviour management policies and strategies that directly influence them. It is important that CYP are involved in decision-making involving them, rather than having it decided for them by supporting adults, as outlined in the most recent government guidance regarding the use of physical restraint in schools (HM Government , 2019). This ensures that pupil views are non-tokenistic and are used to inform decisions and plans put in place to support them in school.

Organisational level

The focus of paper one was to give EPs and other educational professionals a broader view of school-wide or individual approaches that supported the reduction of physical restraint. Although these studies generally involved more systemic or larger organisational work, some of the consistent themes to the success of the different approaches could be applied or considered at a more specific level when working with CYP who experience physical restraint in schools. The main dissemination approach for this research is publishing the research in a peer reviewed journal which will be accessible to EPs and other educational professionals. This will allow efficient dissemination to a wide audience, especially if the article can be published as open access so that it can be read by everyone and not require a specific journal subscription.

From paper two, the key findings to be disseminated at an organisational level centred around the voices of pupils who had experienced physical restraint and the importance of utilising these views in EP practice, e.g. for pupils with physical restraint in their behavioural management plans. The researcher presented their preliminary paper two findings at a three EPS team meeting at their placement location. The researcher highlighted key messages for EPs which had a practical application in general practice, including on: consulting with pupils around potential alternatives to physical restraint, and ensuring pupils are included on the strategies used in behavioural management plans created to support their behaviour in school. Therefore, this method of dissemination supported the findings being understood and shared in a way that could result in action and change within the practice of EPs in attendance. Dissemination at the organisational level also involved discussions around eliciting pupil voice around sensitive topics in a way that is accessible for a range of pupils with additional needs. The EPs were made aware of the materials and structure of the data collection sessions in paper two with the expectation that EPs would see the utility in some of these techniques to elicit pupil views in the future, more generally as well as around sensitive topics such as physical restraint.

For paper two, some of the more formal dissemination process occurred alongside the write up of the data analysis and discussion section, which helped the researcher to reflect on how this would be best disseminated to target populations. For example, completing the

school poster whilst writing paper two supported the researcher's thinking around the key messages that should be included in dissemination at the organisational level. The opportunity to feedback preliminary findings at a team meeting across three EPSs supported the researcher to think about key messages to disseminate. It was also an opportunity to gain informal feedback from EPs about what they found helpful or any questions they had. This helped to inform further dissemination within the wider EP community at the AEP conference in November 2022 which will be discussed further in the professional level section below. Ultimately, the reflection and feedback from dissemination throughout the research process supported further thinking on the meaningfulness and effectiveness on future dissemination methods for both paper one and paper two. This is supported by research that recommends scientific practitioners plan the dissemination process at earlier stages during their research, (Brownson, Eyler, Harris, Moore, & Tabak, 2018), (Minogue, Morrissey, & Terres, 2022).

Taken together, the dissemination of findings of paper one and two at an organisational level aimed to raise understanding of pupil experience of physical restraint, as well as suggesting resources that could support the elicitation of views around the topic in future, and potentially other sensitive issues. The dissemination also provides practical ideas around successful factors involved in reducing physical restraint from paper one e.g. developing pupil's self-regulation skills and supporting staff training, which could be actioned by EPs when trying to reduce the use of physical restraint either at an individual level or school-wide level.

Professional level

At the time of writing, the research team had been made aware of a government call for evidence around the use of physical restraint and restrictive practices which could help to inform new guidance around these practices in schools in England (Department for Education, 2023). The dissemination of paper one and paper two alongside the research of other members of the restrictive practice research group is well placed within this call for evidence to inform updated guidance in schools in England around the use of physical restraint (and seclusion). The dissemination potential for this research is therefore very wide

ranging and has direct implications for government guidance. The researcher can focus on ensuring that CYP voices around their experiences of physical restraint in school are represented within this submission of evidence to the UK government.

As previously mentioned, the researcher had the opportunity to present the results of their research at the AEP Conference in November 2022 to EPs who attended in person, or listened to the presented material online. This enabled the researcher, as part of the restrictive practice research group, to reach the wider EP community. Presenting as part of a team helped to contextualise the findings of paper two further with other research projects also exploring physical restraint experiences with staff and pupils, as well as the use of seclusion. This enabled the team to present key findings and recommendations together so that EPs could consider utilising them in their practice. It also enabled more discussion around the topic, as each of the researchers could further discuss findings with interested EPs following the formal presentation. This suggested that the dissemination supported EPs to develop their understanding of the findings of paper two as well as increasing their awareness. From this presentation, the researcher and research team received positive feedback around the proposed idea of a further workshop around restrictive practice, which will contribute to and extend the dissemination process. Including the CYP's quotes in paper two and the AEP conference presentation aimed to connect at an informative and emotional level with EPs, as Jones and Crow (2017) suggest for effective dissemination and policy change.

More general research updates to the AEP National Executive Committee (NEC) that the researcher compiled jointly with the research group followed Oliver and Cairney's (2019) recommendation around engaging with policymakers "routinely and flexibly."

It was also important for the researcher to reflect on the limitations of disseminating the findings of paper one and two. Disseminating information as a research group has advantages, but it also reduces the detail and amount of information one researcher can discuss around their research. In this case, the researcher had to focus on disseminating the results of paper two during the 2022 AEP conference which meant that their paper one findings were not included. The researcher has reflected on this and consideration has been given to including these findings more prominently in future forms of dissemination, such as

in future training to EPs or other educational professionals (as discussed in Table 3 in the following section).

Strategy for promotion and dissemination of research and its impact

The dissemination strategy for this research covered both independent and group dissemination as a restrictive practice research group. The areas researched by other trainees e.g. seclusion and staff experiences of physical restraint, would have been too broad to include in a single research project, but the findings complement those found in this research. Disseminating as a group e.g. at the AEP conference (2022) ensured that the findings from different projects within the research group were presented together, and offered a more holistic picture of physical restraint and restrictive practice in schools. At the AEP conference, it was important that EPs were aware of and understood CYP views around physical restraint, but also had practical recommendations around supporting CYP and the staff carrying out physical restraint. In this way, grouping together dissemination and discussing restrictive practice more widely led to arguably greater reflection around actions as a result from the findings within the EP profession.

Table 3 summarises past, current and future dissemination opportunities in relation to this research, informed by Harmsworth and Turpin's (2000) three purposes of dissemination.

The findings of paper one may be of highest interest to educational professionals who have more systemic opportunities to consider the findings. The researcher used this to decide a journal to submit the research to which included a broad audience of educational professionals. The findings in paper one also relate specifically to pupils with special educational needs (SEN) which suggested that a journal focusing on SEN may be most suitable. Whereas paper two has specific implications for all those who work with CYP who experience physical restraint, which is a wider audience including teaching assistants and teachers. With this in mind, the researcher identified that these findings should be disseminated more widely, potentially in SENCO or Head Teacher Network meetings in their EPS Local Authority. Although this includes only a sub-set of educational staff, the researcher has reflected on the importance of disseminating to those who have the potential to action changes in schools as a result of the findings. For example, a teacher or

teaching assistant may consider the findings important, but it may be the Head Teacher or SENCO who has more direction over the use of physical restraint in pupil behavioural policies.

The researcher aims to publish both paper one and paper two in scientific peer reviewed journals, with the hope that paper one will be published in a journal with a wide ranging audience, and paper two in a journal that is more specific to Educational Psychology. Reflecting on one of the recommendations from Oliver and Cairney (2019), the researcher identified the need to ensure manuscripts of paper one and two were written in an accessible way that avoided psychological jargon where possible. The research around physical restraint and restrictive practice is very limited, which is why it was important to the researcher to ensure that papers one and two both had an opportunity to be published to add to the literature available.

More generally, the findings of paper one, two will aim to be distributed as a training package or webinar that can be accessed by educational staff, initially in the researcher's EPS Local Authority. This focuses on the understanding and action areas as outlined by Harmsworth and Turpin (2000) with the aim of supporting educational professionals to reflect on the use of physical restraint in their setting.

Table 3 - summary of dissemination activities

What is being disseminated?/ Purpose	Target audience	Level of dissemination	Method of dissemination	Date completed (or planned date)	Outcome and impact	Evaluation (or success criteria for future dissemination)
Findings from restrictive practice research group, including findings of pilot study (for paper 2)	TEP community	Awareness/ understanding	Virtual conference presentation	January 2021	Increased awareness around restrictive practices used in schools and current research.	Wide audience of TEPs reached during the conference. Feedback given in virtual conference chat.
Paper 1 provisional findings and	TEP community	Awareness/ understanding	Virtual conference presentation	July 2022	Increased awareness of physical restraint use in schools.	Efficient method of dissemination to reach a wide range of TEP with

pilot study findings/ progress of Paper 2						contact details available for further discussion. Considerations for TEPs around the use of physical restraint in their schools whilst training.
Paper 1 and Paper 2 provisional findings	EPS x3	Awareness/ understanding / action	Face to face CPD input in 3 services team meeting, please see Appendix 23	July 2022	Awareness of ongoing research around restrictive practice and implications for actions that can be taken within casework, especially with educational settings implementing high levels of physical restraint. Awareness of the limited legislation around physical restraint e.g. recording incidents.	Positive feedback received following presentation as well as requests to share materials used to elicit CYP views in Paper 2.

Research progress (Paper 1 and Paper 2)	AEP (commissioner)	Awareness	NEC meeting update	Multiple dates: 03.21, 05.21, 09.21, 02.22, 03.22	Update around progress of research into restrictive practice as a research group.	Feedback via AEP commissioner in research group meetings.
Paper 2 findings	EP community	Awareness/ understanding / action	AEP conference face to face presentation, as a research group, please see Appendix 24	November 2022	Reflections and questions shared during the presentation by EPs. Increased awareness of restrictive practice in schools and impact on pupils and staff.	Wide audience of EPs reached. Feedback taken on board regarding other dissemination ideas e.g. training.
Paper 2 findings	Pupils, teaching staff and parent/ carers	Awareness/ understanding	Summary poster, please see Appendix 20	November 2022	Poster shared with staff members, parent/carers (and pupils where appropriate).	No response from school, but success criteria would include reflections from staff around their inclusion of pupil views in future

						behaviour management reviews.
Paper 1 and Paper 2 findings	UK Government	Action	Research group response submitted to government call for evidence around physical restraint and restrictive practice	Planned date: April/May 2023	Research group to provide evidence for government consultation via web form. Also to take part in AEP meeting regarding their response. Papers one and two could be submitted as paper evidence by the AEP.	Success criteria: findings from the research group contribute to the AEP response to the government, e.g. highlighting the importance of relationships in physical restraint. Updated government guidance reflects consideration of new evidence.
Paper 1 and 2 findings	Head Teacher Network/ SENCO Network	Awareness/ understanding	CPD at Head Teacher Network/ SENCO Network meeting	Planned date: Summer term 2023	Increased awareness of physical restraint practice and including pupil views in behavioural management plans.	Reflection and feedback to wider school staff around the use of physical restraint in school.

Paper 1 and 2 findings	Training for educational professionals	Understanding / action	Educational professionals	Planned date: Summer term 2023	Increased understanding of the impact physical restraint has on pupils. Recommendations for reviewing use of physical restraint in school and involvement of pupil voice.	Reflection and change of physical restraint use in schools to include more pupil voice/collaboration.

Conclusion

EBP and PBE are fundamental components to the EP role as a scientific practitioner and the effective dissemination of research contributes to the growing body of literature. The dissemination of this research builds on the few existing studies around the use of physical restraint in UK educational settings. The continuing work of the restrictive practice research group will support the long-term dissemination of these findings, as well as building a holistic picture of issues and key findings regarding restrictive practices in schools.

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Appendices

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Sections

1. Submission and Peer Review Process
2. Article Types
3. After Acceptance

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Book:
Kornblum, W. & Smith, C. K. (eds) (2004) Social Problems in Schools. (5th edn). Milton Keynes: Open University Press.

Chapter in book:
Roof, C. (ed.) (2000) 'Behavioural difficulties in children.' In R. Davies & D. Galway (eds), Listening to Children, pp. 108–20. London: Fulton.

Journal:
Hadaway, C. (1981) 'The English school environment: proposed changes.' Cambridge Journal of Education, 20 (1), pp. 77–89.

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Firth, G. (2004) Developmental Process in Mental Handicap: A Generative Structure Approach. Unpublished PhD dissertation, Department of Education, Brunel University.

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Effects of SOBER Breathing Space on Aggression in Children with Autism Spectrum Disorder and Collateral Effects on Parental Use of Physical Restraints

Nirbhay N. Singh ✉, Giulio E. Lancioni, Rachel E. Myers, Bryan T. Karazsia, Carrie L. McPherson, Monica M. Jackman, Eunjin Kim & Taylor Thompson

Abstract

Several methods have been used to assist children with autism spectrum disorder (ASD) to self-manage their anger and aggression, including psychopharmacological, behavioral, and mindfulness-based interventions. However, no intervention works well with all children who engage in aggression and there is a need to investigate alternative management techniques. Four children with ASD were taught to use *SOBER Breathing Space* as an informal mindfulness-based practice to control their verbal and physical aggression in the family home. The SOBER Breathing Space required the child to *Stop* and see what is happening, *Observe* physical sensations and emotion regulation changes in the body, *Breathe* by deliberately bringing attention to the breath, *Expand* awareness of the situation, his or her response to the situation and longer term consequences, and *Respond* (versus react) mindfully. Effects of the SOBER Breathing Space on verbal and physical aggression were recorded in the family home, as well as generalization effects at school. In addition, parental use of physical restraints contingent on the children's aggressive behavior was also recorded. In a multiple baseline design across subjects, the children showed they could control their verbal and physical aggression, and could respond mindfully to the emotionally arousing situation instead of automatically reacting in an aggressive manner. Results showed the training effects generalized from home to school, without training in the school setting. In addition, the effects were maintained during the 12-month follow-up period. Furthermore, parental use of physical restraints decreased rapidly and was eliminated within weeks of the children learning to use the SOBER Breathing Space for emotional regulation. This study suggests that some children with ASD may be able to successfully use the SOBER Breathing Space to self-manage their aggressive behavior, thereby eliminating the need for parents to use physical restraints.

This paper did not meet inclusion criteria because, although aggressive behaviour incidents were measured at school, the use of physical restraint was only measured as a variable at home. This means that there was no specific focus on the reduction of physical restraint in an educational setting that could be measured separately from a residential environment.

Kevin Woods, 23.4.20

Doctorate in Educational and Child Psychology
Critical Appraisal Review Frameworks

Quantitative Research Framework

The University of Manchester Educational Psychology Critical Appraisal Review Frameworks were first developed in 2011 (Woods, Bond, Humphrey, Symes & Green, 2011). Since then the frameworks have been developed and extended as flexible tools for the critical appraisal of a wide range of qualitative and quantitative research that may be drawn upon by practising psychologists. This 2020 version of the quantitative research framework amalgamates previous quantitative frameworks to support critical appraisal of quantitative research, whether broadly an evaluation or investigation study.

The frameworks have been widely used and adapted in many published systematic reviews of evidence. Recent versions of the quantitative research frameworks have been used, or adapted for use, in evidence reviews by Flitcroft and Woods (2018); Simpson and Atkinson (2019); Tomlinson, Bond, & Hebron (2020); Tyrell & Woods (2018).

If using, or adapting, the current version of this checklist for your own review, cite as:
Woods, K. (2020) *Critical Appraisal Frameworks: Quantitative Research Framework*. Manchester: The University of Manchester (Education and Psychology Research Group).

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Simpson, J., & Atkinson, C. (2019). The role of school psychologists in therapeutic interventions: A systematic literature review, *International Journal of School & Educational Psychology*. DOI: 10.1080/21683603.2019.1689876

Tomlinson, Bond & Hebron (2020). The school experiences of autistic girls and adolescents: A systematic review. *European Journal of Special Needs Education, 35*(2), 203-219. https://doi.org/10.1080/08856257.2019.1643154

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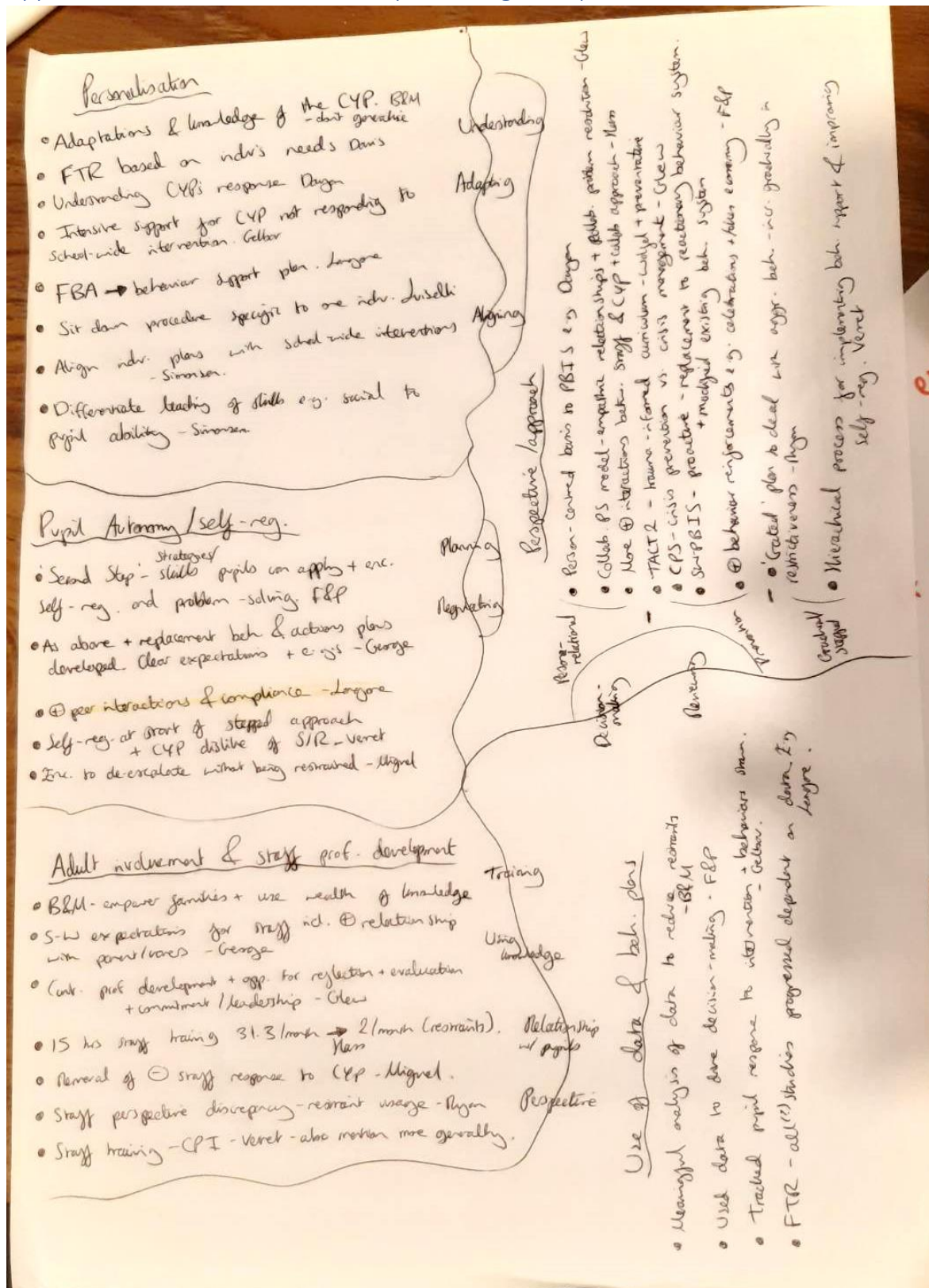Author(s): Ryan, Peterson, Tetreault, and Vander Hagen

Title: Reducing seclusion timeout and restraint procedures with at-risk youth

Journal Reference: The Journal of At-risk Issues

Criterion	Score	R1	R2	Agree %	R1	R2	Agree %	Comment
Design (evaluation studies only)								
Use of a randomised group design	**2 1 0**	0						
(i) Comparison with treatment-as-usual or placebo, **OR**	**2 1 0**	-						
(ii) Comparison with standard control group/ single case experiment design	**1 0**	1						Pre-post study
Use of manuals/ protocols for intervention/ training for intervention	**2 1 0**	2						Initial CPI training on nonviolent crisis intervention training, and additional training at bimonthly meetings.
Fidelity checking/ supervision of intervention	**2 1 0**	0						
Data gathering								
Clear research question or hypothesis *e.g. well-defined, measurable constituent elements*	**1 0**	1						
Appropriate participant sampling *e.g. fit to research question, representativeness.*	**1 0**	1						
Appropriate measurement instrumentation. *e.g. sensitivity/ specificity/ reliability/ validity*	**2 1 0**	2						Student measure over 2 years.
Use of multiple measures	**2 1 0**	2						Staff and student measures.
Comprehensive data gathering *e.g. context of measurement recorded (e.g. when at school vs at home)*	**1 0**	1						Pre and post measurements

Item									Notes
Appropriate data gathering method used *e.g. soundness of administration*	**1**	**0**	1						Checked coding of reports with school
Reduction of bias within participant recruitment/ instrumentation/ administration *e.g. harder-to-reach facilitation; accessibility of instrumentation*	**1**	**0**	1						Reports written for all incidents for all pupils
Response rate/ completion maximised *e.g. response rate specified; piloting; access options*	**1**	**0**	1						Pilot study itself. Data from all pupils.
Population subgroup data collected *e.g. participant gender; age; location*	**1**	**0**	1						Gender, ethnicity, age/grade-level all collected.
Data analysis									
Missing data analysis *e.g. Level and treatment specified*	**1**	**0**	0						Not mentioned
Time trends identified *e.g. year on year changes*	**1**	**0**	1						Pre and post measures compared
Geographic considerations *e.g. regional or subgroup analyses*	**1**	**0**	0						
Appropriate statistical analyses (descriptive or inferential) *e.g. coherent approach specified; sample size justification/ sample size adequacy*	**2 1 0**		1						Appropriate methods used, but no justification
Multi-level or inter-group analyses present *e.g. comparison between participant groups by <u>relevant</u> location or characteristics*	**1**	**0**	1						Age, gender, ethnicity etc
Data interpretation									
Clear criteria for rating of findings *e.g. benchmarked/ justified evaluation of found quantitative facts*	**1**	**0**	1						
Limitations of the research considered in relation to initial aims	**1**	**0**	1	.5	.5				

e.g. critique of method; generalizability estimate							
Implications of findings linked to rationale of research question *e.g. implications for theory, practice or future research*	**1 0**	1					
	Total score			Mean % agree		Mean % agree	
Total (investigation studies) (max=20)							
Total (evaluation studies) (max=28) **Or** **max = 27**		20/ 27					

Personalisation

- Adaptations & knowledge of the CYP. BRM – don't generalise — Understanding
- FTR based on indiv's needs Davis
- Understanding CYP's response Dagen — Adapting
- Intensive support for CYP not responding to school-wide intervention. Gelber
- FBA → behaviour support plan. Longare
- Sit down procedure specific to one indiv. Luiselli
- Align indiv. plans with school-wide interventions — Simonsen — Aligning
- Differentiate teaching of skills e.g. social to pupil ability – Simonsen.

Pupil Autonomy / self-reg.

- Second Step – strategies/skills pupils can apply + enc. self-reg. and problem-solving F&P — Planning
- As above + replacement beh & actions plans developed. Clear expectations + e.g.'s – George — Regulating
- ⊕ peer interactions & compliance – Longore
- Self-reg. at heart of stepped approach + CYP dislike of S/R – Verret
- Enc. to de-escalate without being restrained – Miguel

Adult involvement & staff prof. development

- B&M – empower families + use wealth of knowledge — Training
- S-W expectations for staff incl. ⊕ relationship with parents/carers – George — Using knowledge
- Cont. prof development + opp. for reflection + evaluation + commitment/leadership – Glew
- 15 hrs staff training 31.3/month → 2/month (restraints). Nass — Relationship w/ pupils
- Removal of ⊖ staff response to CYP – Miguel.
- Staff perspective discrepancy – restraint usage – Ryan — Perspective
- Staff training – CPI – Verret – also mention more generally.

Restorative / approach

Relational —
- Person-centred basis to PBIS – e.g. Dagen
- Collab PS model - empathic relationships + establish problem resolution – Glew
- More ⊕ interactions betw. staff & CYP + establish approach – Nass
- TACT2 – trauma-informed curriculum – evidence-based + preventative
- CPS – crisis prevention vs crisis management – Glew

Prevention —
- SW-PBIS - proactive - replacement to reactionary behaviour system + modified existing beh. system
- ⊕ behaviour reinforcements e.g. 5:1 celebrations + token economy – F&P
- 'Graded' plan to deal with aggr. beh. – incr. gradually in restrictiveness – Ryan — Gradual staged
- Hierarchical process for implementing beh. report & improving self-reg. Verret

Decision-making —

Use of data & behaviour plans

- Meaningful analysis of data to reduce restraints – BRM
- Used data to drive decision-making – F&P
- Tracked pupil response to intervention + behaviour chan. – Gelber.
- FTR – all (?) studies proposal dependent on data. E.g. Longore.

Data gathering protocol

Section One: Introduction to the research

Overview of the purpose of the research: to gain children's views on their experiences of physical restraint.

Outline of the plan for research: this session, two one-hour sessions with the child. Can feedback written or presentation. Check safeguarding lead and ELSA/MH lead names. Debrief information to follow on completion. Can researcher have the safeguarding lead's contact details for during the research?

Understanding of restraint in the setting

What terms are used to describe restrictive practices/restraint in school? By staff, children/young people?

Are children/young people informed about the use of [restraint] in school? Is the use of [restraint] discussed with children/young people?

What policies are there in school that refer to the use of [restraint]? (Are restraint and behavioural policies on the school's website?)

Which staff are involved in the use of [restraint]? Using, recording, monitoring? (Those on the restraint policy highlighted?)

Has the use of restraint changed since Covid-19 restrictions were introduced?

Section two: Methods

Selecting participants for the research

- Children/young people who have experienced [restraint] in school including those children/young people who are 'harder to reach'
- Need for time to build relationships (and if needed)
- Willingness to talk, inability to talk and how that will be managed within the research process.

Who is best to help with this selection process?

Recap participant chosen, first session is there to build a rapport with them before going further into their experiences of positive handling. Information sheet to be sent for the pupil

and consent form to go through before the session. Ask child if they are happy to work with me at least 24 hours before the session.

How to create understanding and how to get informed assent/consent

Would an initial meeting before data collection be useful/workable? Are there suggestions more appropriate to the setting? What is the best way of getting informed consent from the parents?

Check information sheet and consent form (change as required for setting)

Interviews or focus groups (or both for different children/young people)?

(Update info form in relation to school's behavioural policies). Double check behavioural management strategies used at the school alongside TeamTeach, e.g. red and yellow cards. Incentive or consequence.

Discuss the activity types the researcher is hoping to do with the child to check they are appropriate: stepped questions with visuals, scaling and open questions.

The upper time limit for each session will be one hour. The pupil will have breaks within this hour where needed – how long do staff think would be appropriate for the pupil taking part? Would more, shorter sessions be more appropriate (e.g. 4 x 30 minute sessions)? *Explain that each interview may not last the full hour, it may only be 30/45 minutes altogether.*

Materials

Changes, concerns, comments.

Staff member support during the research process

Would this be helpful?

Who would this be?

Which children and young people would need this support?

What would the support look like? (provide suggestions if required such as staff assisting in initial meeting, staff present during various research processes, staff assisting with the focus group, staff present during the interview etc)

Discussion of boundaries of staff support

- absolute confidentiality
- no follow up questions from staff
- no reporting of research process to other staff or students

Break times?

Flexibility in the data collection methods

Data collection is flexible and will respond to the needs of the children/young people being talked to so any suggestions, changes necessary at any point…

Are there activities that the child may respond to better/likely to not respond to or understand?

Section three: Accessing written data

Who is the best person to talk to about accessing written information about [restraint]?

- GDPR requirements
- School requirements for anonymity etc.
- Behaviour policies
- [Restraint] policies
- Records of [restraint]
- What's your process of restraint? From action → reporting → tell parent →feedback to child.

How and when are incidents of [restraint] recorded?

Where are incidents of [restraint] recorded?

How can we access this information and in what form?

How can we ensure staff are comfortable with researchers accessing this data?

Section four: Research considerations

Prevention of secondary trauma

This will be minimised by close consideration of needs of child/young person, environment, support staff, type of questions/materials use, vigilance for potential distress, research process etc. Any further suggestions?

Are there any children or young people who may be taking part in the research who may be particularly at risk?

Is it appropriate for them to take part in this research and is there anything that can be done to reduce the risk of secondary trauma?

Any other concerns around research and impact on the children/young people involved?

Staff concerns

Are there any further concerns about the research?

How can these be resolved?

If staff develop concerns about the research what process will be in place?

Section five: Dissemination

What would be the appropriate/beneficial dissemination process for staff?

For example: CPD, written feedback, other?

How to ensure confidentiality?

Is there an understanding of qualitative research?

What would be the appropriate/beneficial dissemination process for the children and young people?

For example: accessible written report, meeting to discuss the findings, personalised written feedback, other?

Version 3, 18.08.2021.

The University of Manchester

What children think about positive handling

Hi, my name is Bethany, I work with the University of Manchester and my job is finding out about pupils like you.

Would you like to help me with my work about positive handling? You don't have to if you don't want to.

What am I doing?

School is a place where you should feel safe. Teachers and teaching assistants help children to feel safe at school.

Sometimes, a child might do something that makes themselves or another person unsafe. Teachers and teaching assistants will try to help if this happens. They might remind the child of the rules, or give them a yellow or red card.

If the child is still being unsafe, they might need to physically move the child to another room or hold them in one place. This is called "positive handling".

What do you have to do?

If you want to help, we will meet two times and I will ask you to:

- Play some games to get to know each other.
- Have a chat with me about times when teachers or teaching assistants might have used positive handling with you.
- Help me to do some activities.
- Let me know what things you liked, disliked and what you think I could do better next time.
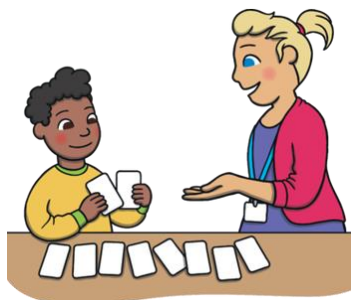
I will be coming to your school to work with you. I will need to record our chat to make sure I can check what we've talked about. One of the adults from your school will also be there to make sure you are safe.

Afterwards we will let your teacher know that you have finished and you can go back to class.
Would that be ok?

<u>Who gets to see your answers?</u>

I will need to know your age, gender (male/female), ethnicity, and what you think about positive handling. Only I will know this.

Your teacher will not.

I will keep your answers safe by making sure that no one else sees them other than me. I won't write your name on any of your work or answers.

I will keep your answers for 5 years and then I will destroy them.

If you want to know more, please ask your mum, dad or the person who looks after you, as I have given them a lot of extra information about this.

What Do you Do Now?

If you have any questions please ask me, your mum, dad or the person that looks after you. Your teacher will be able to pass on your questions to me so I can answer them.

Let me know if you would like to take part.

Thank you for reading this!

Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

Participant Information Sheet (PIS)

Your child is being invited to take part in a research study investigating children's views on their experiences of positive handling in school, and their ideas for alternative strategies. Before you decide whether your child should take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether your child should take part, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

<u>About the research</u>

➢ **Who will conduct the research?**

Bethany Hodgkiss, Trainee Educational Psychologist, Doctorate in Educational and Child Psychology, School of Environment, Education and Development, University of Manchester

Academic Supervisor: Dr Emma Harding, Ellen Wilkinson Building, Oxford Road, University of Manchester

➢ **What is the purpose of the research?**

The purpose of this research is to gain the views of children who have experienced positive handling at school in England. We believe that it is important to research the views of children in order to inform how this behavioural intervention is used in the future.

You child has been chosen through discussion with XXXX school because they have experienced positive handling at school in the past 6 months. There are currently XXXX participants recruited for this research, and we hope to use the information your child provides alongside their information to find out more about how they experience positive handling in school.

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

The findings of this research will contribute to the Trainee Educational Psychologist's research requirements at the University of Manchester. The data may be used to inform future research on this topic. It may also be published in a psychology journal. All information provided by you or your child will be anonymised to prevent identification.

➢ **Disclosure and Barring Service (DBS) Check**

The researcher: Bethany Hodgkiss, has undergone an enhanced DBS check prior to working with participants which was obtained via the University of Manchester.

➢ **Who has reviewed the research project?**

The project has been reviewed by the University of Manchester's School of Environment, Education and Development's ethics committee, and the researcher's supervisor Dr Emma Harding.

What would my child's involvement be?

➢ **What would my child be asked to do if they took part?**

Your child will be asked to take part in-school sessions with the researcher at XXXX school at a times and dates that suit their school timetable. For the first session, the researcher will meet your child to introduce themselves, answer any questions they may have, and generally get to know them to ensure that your child is comfortable talking to them. The second session will be on a separate day. The researcher will meet your child at XXXX school and complete some activities, for up to one hour. This session will focus on gaining your child's views on their experiences of positive handling at school. There will be no risk to your child during the research, and the researcher will check that they are happy to continue with the session at regular points.

Overall, the study should not take more than two one-hour sessions which will both take place during the normal school day at XXXX school, although it is likely that both sessions will not last a full hour. The researcher will follow a Data Gathering protocol that will be shared with XXXX (school staff member) before working with your child, to ensure appropriate support can be put in place before beginning the sessions. A member of staff your child is familiar with may be present during the sessions to offer support if needed. This member of staff will follow the confidentiality guidelines the researcher will be using, and will not share your child's information with other staff. If you have any additional questions about the support provided for your child, please see the contact details at the end of this form.

➢ **Will they be compensated for taking part?**

There will be no payment for participating in this research.

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

It is up to you to decide whether or not your child takes part. If you are happy for them to take part, please:

1. Complete the attached consent form with an electronic signature and return it to: bethany.hodgkiss@postgrad.manchester.ac.uk.

   If you are unable to add an electronic signature, please:

2. Email: bethany.hodgkiss@postgrad.manchester.ac.uk with a statement that you give consent for your child to take part in the study.

   Alternatively, please sign the consent form attached and return it to your child's class teacher, who will pass this on to the researcher.

If you consent to your child taking part, you are still free to withdraw consent at any time without giving a reason and without detriment to yourself or your child. However, it will not be possible to remove their data from the project once it has been anonymised as we will not be able to identify

their specific data. This does not affect their data protection rights. If you do not consent for your child to take part, please either email the researcher that you do not give consent, or let your child's class teacher know that you do not want them to take part.

This research requires the sessions to be audio-recorded for further analysis. Participants must be comfortable with their voice being recorded for research purposes, but will remain free to withdraw at any point if they become uncomfortable. The audio recording will be discussed with the participant before it is started to ensure they understand and are comfortable with the process.

Data Protection and Confidentiality

➢ **What information will you collect about my child?**

In order to participate in this research project, we will need to collect information that could identify your child, called "personal identifiable information". Specifically, we will need to collect their:

- First name (this will be replaced by a pseudonym when the data is anonymised)
- Age
- Gender
- Ethnicity
- School year (e.g. Year 3)
- The number of times your child has experienced positive handling at XXXX school.

Audio recording: We will need to record the second session for data analysis. This will consist of recording only your child's voice, there will be no visual recording of your child. The researcher will only start the recording once your child is ready and comfortable to start. The recording will be stored and transcribed as soon as possible (see the information below).

➢ **Will my child's participation in the study be confidential and their personal identifiable information be protected?**

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

Only the researcher at The University of Manchester will have access to your child's personal information, but they will anonymise it as soon as possible. Their name and any identifying information will be removed and replaced with a pseudonym. Only the researcher will have access to the key that links this pseudonym to their information. The researcher, or a University of Manchester approved transcriber will transcribe the audio file. Once the audio file has been transcribed, it will be destroyed. Any identifying information relating to your child will be removed or anonymised in the final transcription, (e.g. pseudonyms used for your child's name or the school's name). Your consent form and contact details will only be retained for the duration of the study. They will be stored on the university P drive, which is a secure, encrypted drive, and they will only be accessible to the researcher.

The transcript will be stored confidentially on the P drive for 5 years before being destroyed. All other data will be destroyed once the research is completed. Your contact details may be kept

longer if you specifically consent to being contacted about future research, or wish to receive a summary of the research's findings. Also, with your specific permission, your child's anonymised transcript data may be used in future studies, specifically to inform how the researcher approaches more pupils in the future.

Potential disclosures:

- o If, during the study, we have concerns about your child's safety or the safety of others, we will follow the safeguarding procedures at XXXX school.

- o If, during the study, information is disclosed about any current or future illegal activities, we have a legal obligation to report this and will therefore need to inform the relevant authorities.

- o Individuals from the University, the site where the research is taking place and regulatory authorities may need to review the study information for auditing and monitoring purposes or in the event of an incident.

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to your child as a research participant.

➢ **Under what legal basis are you collecting this information?**

We are collecting and storing this personal identifiable information in accordance with UK data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is "a public interest task" and "a process necessary for research purposes".

➢ **What are my rights and my child's rights in relation to the information you will collect about them?**

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.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our [Privacy Notice for Research](documents.manchester.ac.uk/display.aspx?DocID= 37095).

What if I have a complaint?

➢ **Contact details for complaints**

If you have a complaint that you wish to direct to members of the research team, please contact: Emma Harding emma.harding@manchester.ac.uk

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

The Research Ethics Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 275 2674.

If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The 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 about complaints relating to your personal identifiable information Tel 0303 123 1113

Additional information in relation to COVID-19

Due to the current COVID-19 pandemic, we have made some adjustments to the way in which this research study will be conducted that ensures we are adhering to the latest government advice in relation to social distancing. As well as taking all reasonable precautions in terms of limiting the spread of the virus. You should carefully consider all of the information provided below before deciding if you still want your child to take part in this research study. As mentioned previously, if you choose for your child to not to take part, you need to inform the research team. If you have any additional queries about any of the information provided, please speak with a member of the research team.

Are there any additional considerations that I need to know about before deciding whether my child should take part?

Your child will remain in their school class bubble as usual and the researcher will conduct the sessions in a separate room, sat socially distanced from your child. The researcher will wear appropriate PPE as advised by XXXX school and the University of Manchester's guidelines.

If your child is absent from school due to isolation requirements on the day of either session, it will be cancelled and rescheduled after the isolation period has been completed and your child is back in school.

What additional steps will you take to keep my child safe when they take part?

All resources the researcher will be using with your child (activities, games etc) will be disinfected before and after they are used in the session (paper resources will be laminated where possible).

Is there any additional information that I need to know?

The researcher will remain in contact with XXXX school if there are any bubble closures, to make sure the sessions are still okay to go ahead.

What if the Government Guidance changes?

If government guidance changes, the researcher's sessions may be carried out virtually at school. More information would be provided about this if needed. If your child is no longer attending school due to guidance changes or lockdown, the researcher will contact XXXX school to reschedule the sessions.

What if I have additional queries?

Please see the contact details listed below.

Contact Details

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

BETHANY HODGKISS (RESEARCHER/TRAINEE EDUCATIONAL PSYCHOLOGIST)

EMAIL: bethany.hodgkiss@postgrad.manchester.ac.uk

PHONE: ********* (insert researcher's work number)**
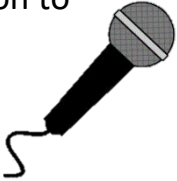
This Project Has Been Approved by the University of Manchester's School of Environment, Education and Development's ethics committee [reference number: 2021-12352-20432].

Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

	Activity	Tick/Cross ✅❌
1	Do you know what we will be doing today?	
	Do you want to ask any more questions about it?	
2	Do you know that you can change your mind if you don't want to take part any more?	
	You do not have to tell me why.	
3	Are you happy for our conversation to be recorded?	
	Are you happy for our conversation to be used in my work/reports?	
4	Are you happy if I write what you tell me in my work/reports?	
	I won't include your name.	

5	Do you know that the things we talk about might not be kept private if I am worried about your safety? We may have to tell your parent/carer, or someone who helps to keep you safe.	
6	Are you happy if I share what we do with other people who do work like me?	
7	Are you happy for Mr/s XXX to sit in the same room whilst we work?	
8	Are you happy to take part in these activities and work with me?	

If you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below:

_____   _____   _____

Name of Child   Signature   Date

_____   _____   _____
Name of the person taking assent   Signature   Date

[1 copy of the consent form will be given to the participant and the researcher will fill in a second copy with the participant's responses to each question, this copy will be retained.]

Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

Consent Form

If you are happy for your child to participate please complete the consent form below in one of the following ways:

1. Complete this form with an electronic signature and return it to: bethany.hodgkiss@postgrad.manchester.ac.uk

If you are unable to add an electronic signature, please:

2. Email: bethany.hodgkiss@postgrad.manchester.ac.uk with a statement that you give consent for your child to take part in the study.

Alternatively, please sign the form below and return it to your child's class teacher, who will pass this on to the researcher.

	Activities	Initials
1	I confirm that I have read the attached information sheet (Version 2 Date 18/08/2021) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my child's participation in the study is voluntary and that I am free to withdraw them at any time without giving a reason and without detriment to myself or my child. I understand that it will not be possible to remove my child's data from the project once it has been anonymised and forms part of the data set. I agree for my child to take part on this basis.	
3	I agree to the interviews being audio recorded.	
4	I agree that any data collected may be included in anonymous form in publications/conference presentations.	
5	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my child's taking part in this research. I give permission for these individuals to have access to my child's data.	

6	I understand that there may be instances where, during the course of the research, information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
7	I agree for a member of staff my child is familiar with to be present during the in-school sessions.	
8	I agree for my child to take part in this study.	

The following activities are optional, your child may participate in the research without agreeing to the following:

9	I agree that any anonymised data collected about my child may be made available to other researchers	
10	I agree that the researchers may contact me or my child in the future about other research projects.	
11	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

_____   _____   _____
Name of parent/carer of the
Participant   Signature   Date

_____   _____   _____
Name of the person taking consent   Signature   Date

[Copy of consent form to be kept by parent/carer and one to be kept by the researcher (once sent back with electronic signature or consent as outlined above).]

Appendix Ten – Introductory email to school

Dear XXX,

I am currently studying as a trainee educational psychologist at the University of Manchester. I would like to invite XXX school to take part in piece of research that I am running as part of my doctorate training course.

The research focuses on children's experiences of positive handling (physical restraint) in school and whether they have ideas on alternative strategies.

I was hoping to work with pupils from your school who have experienced positive handling at school in the past 6 months and would be okay talking to me about this. The pupil must not be considered as "highly vulnerable" e.g. have significant mental health difficulties. The research would involve:

- A brief chat with yourself to identify pupils who may be potential participants.
- Distributing the consent and participation information forms to the pupils' parent/carers and the pupils to see if they are happy to take part in the research.
- A meeting to talk through a data gathering protocol to discuss restraint protocols, methods of the study, and additional support the pupil may need.
- 2x one-hour sessions working in school with each pupil (at a time in school that suits their timetable). These will be conducted on separate days at time that fits in with the child's school day and causes minimal disruption (ideally within the same week).

Due to Covid-19 restrictions, I will be following the University of Manchester's Covid-19 guidelines on safety when conducting research in schools. I will also follow the Covid-19 guidelines for XXX school.

I can confirm that I have gained ethical approval from the University of Manchester School of Environment, Education and Development for this study [**2021-12352-20432**].

If you have any questions about the study, please contact me on this email address, or you can phone me on the following number: ********* (researcher's work number).

Thank you for taking the time to read this email. I look forward to hearing from you.

Kind regards,

Bethany Hodgkiss

bethany.hodgkiss@postgrad.manchester.ac.uk

Session 1 structure and script (total time: 1 hour – including breaks)

Introduction:

Hi XXX my name is Bethany and I work for the University of Manchester. How are you today?

I would like to work with you today and tomorrow. To make sure you're okay with this, I just want to go through some information with you. Is this okay?

I work at the University of Manchester and I'm doing some work about pupils like you. I wanted to talk to you about things teachers or teaching assistants might do to keep you safe in school. Has XXX shown you this information sheet (Child Participant information sheet version 1)? *Share the child participant information sheet. Go through it with the participant:*

"School is a place where you should feel safe. Teachers and teaching assistants help children to feel safe at school.

Sometimes, a child might do something that makes themselves or another person unsafe. Teachers and teaching assistants will try to help if this happens. They might remind the child of the rules, or give them a yellow or red card.

 If the child is still being unsafe, they might need to physically move the child to another room or hold them in one place. This is called "positive handling"."

Some of the teachers and teaching assistants have used positive handling with you before and this is why I have asked to talk to you. I wanted to do some work with you to find out what you think about positive handling.

We'll do a few activities today to get to know each other and you can ask me any questions you might have. XXX will stay with us to make sure you are safe/if you need to go for a quick break. We'll probably have a break about half-way through, does that sound okay?

Tomorrow we will do some more activities and I will ask you some questions about positive handling and other things teachers and teaching assistants could use instead. You can also let me know how what you thought about working together. I will need to record our voices in the next session so I can check what we have talked about, I won't record your face.

Do you have any questions?

I just need to check you are okay with a few things before we can start. Please can you tell me if you are okay (thumbs up) or not okay (thumbs down) for the things I'm going to read out? *Go through the child consent/assent form and record the participant's responses. Double check that the participant is happy with XXX present with them for support.*

Great, so for today, I won't be recording our conversation, that will be next time. We will do a few activities, have a chat, and you can ask me any questions you might have about tomorrow.

Before we start, I want you to know that anything you tell me in this session is private *(check their understanding of private).* I will only share what we have talked about with another person if I am worried about your safety. I won't include your name with your answers, and I will keep them safely on the university computer drive (check understanding of computer drive). After the next session, I will listen back to our recorded conversation and write down what we chatted about. I won't include your name, school or other important personal information. Afterwards, I will delete the recording,

but I will keep what I have written for up to 5 years on the university storage drive. If you change your mind about working with me, you can ask to stop and go back to class at any point – you won't be in trouble. This session and the next session will last an hour each. If you feel like you need a break whilst we're working together, please let me know.

Do you have any questions for me?

Are you happy to begin?

Activities:

(Visual resources included in this plan will be printed and laminated for the participant to use if needed).
1. Okay, I want you to imagine that you're living in a space station. All of a sudden, the space station stops working and you have to leave as quickly as possible.

You are only allowed to take 5 things with you. What 5 things would you take? (Provide example of what you would take if needed for prompting).

(Options for expression:

-   *Verbal*
-   *Drawing pictures on whiteboard*
-   *Choosing from laminated pictures of objects*
-   *Scale laminated objects*
-   *Act out what they might need)*

Why did you choose those items?
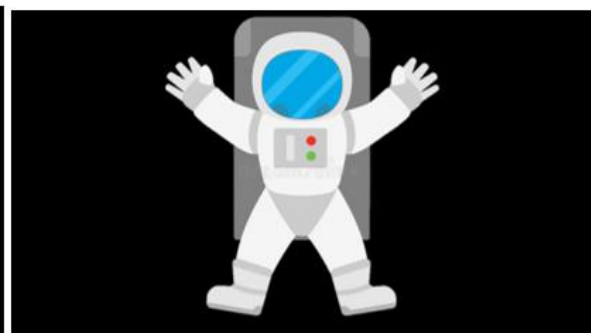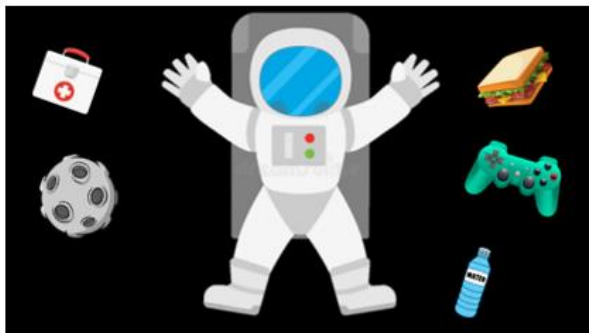
2. For the next game, I want you to do some drawing on your whiteboard. I want you to draw/write:

- your favourite food,   - your favourite sport,   - your favourite film,   - your favourite place,
- your favourite lesson, -your favourite game,   - your favourite animal.

(Options for expression:

- *Verbal*
- *Drawing*
- *Choose from laminated picture options*
- *Scale some laminated options)*

Researcher to give their favourite items too.

You'll need your whiteboard for this next activity!

What is your favourite food?

What is your favourite sport?

What is your favourite film/TV programme?

What is your favourite place?

What is your favourite lesson?

What is your favourite game?

What is your favourite animal?

School:

The next few questions I have are about school.

How is school at the moment?

What are you liking about school?

What are you not liking about school?

Who is important to you at school?

(Options for expression:

- *Verbal*
- *Scaling along a numbered/facial expression scale*
- *Drawing what they like/dislike/their classroom/who is important to them etc)*

Positive handling (or alternative phrase: 'physical restraint' etc):

Next session I want to chat about positive handling – have you heard about that before?

(If not heard of…) Positive handling is used by teachers and teaching assistants. If they think a child is being unsafe, they might physically move the child to another room, or they might hold the child in place.

Your teacher said that you have had teachers and teaching assistants use positive handling with you before. Do you remember a time/s when this has happened?

(If not…) Can you remember any time when teachers or teaching assistants might have picked you up to move you? Or when they might have held your arms or legs to stop you from hurting yourself or another person?

(Allow time for the child to talk as little or as much as they want about it if they can remember).

At the next session, I would like to ask you more about this. We won't talk about it the whole time, I will also have some other activities to do. Is this okay?

(If the participant is unsure about positive handling, the following could be used):

- Social story
- Dolls/toys to show an example of a teacher moving a child out of the classroom (kept very simple)

Questions:

Do you have any more questions you want to ask me before I go?

Do you have any questions about what we will be doing next time?

"How are you feeling about tomorrow?"

(Options for expression:

- *Verbal*
- *Scaling/facial expression scales*
- *Thumbs up/middle/thumbs down*
- *Drawing how they feel*
- *Showing facial expression of how they feel).*

Final game:

(If time…) Shall we play another game to finish?

- Pictionary
- Eye-spy

(Before they leave the room, ensure the participant knows their way back to their classroom/the staff member is able to escort them back to the classroom).

Additional visual resources:
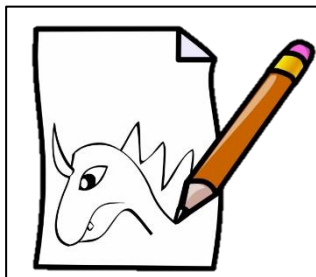
Feelings scale

Emotion cards

Break

Talking
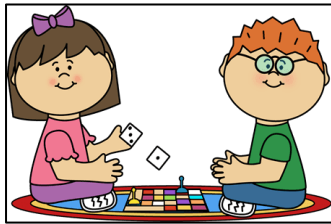
Play a game

Activity

Drawing

Finished

Visual timetable cards *(use if needed – either shorter "first and then" or longer sequence of activities)*

Semi-structure interview overview and resources *(the resources in 2.a. may be adapted to*

include more of the school's behavioural strategies).

Structure for session:

1. *Introduction*
2. *Activities*
3. *Evaluation*

1. *Introduction*

"Hi XXX, how are you today?

Before we start today, I just want to double check that you're still happy to work with me?

I will need to record our session today, I will only record what we say, I won't record your face. I'll keep this recording somewhere safe and I won't share it with anyone else. Is that okay?

"How are you feeling about today?"

(Options for expression:

- *Verbal*
- *Scaling/facial expression scales*
- *Thumbs up/middle/thumbs down*
- *Drawing how they feel*
- *Showing facial expression of how they feel).*

Brilliant, so today, I we will do a few activities together and then have a chat about positive handling and school. Do you remember what positive handling is? *(Re-explain if participant is unsure/can't remember).* Before we start, I want you to know that anything you tell me in this session is private (check their understanding of private). I will only share what we have talked about with another person if I am worried about your safety. If you change your mind about working with me, you can ask to stop and go back to class at any point – you won't be in trouble. At the end, I might ask you some questions about how I did during the session. *Double check that the participant is happy with *staff name* present with them for support.* Do you have any questions? Are you happy to begin?"

2. *Activities*

2.a. Scaling

Scaling behavioural management techniques (*these can be adapted to reflect the school's behavioural management strategies if appropriate*)

"For the first activity, I want you to tell me what you think about some ways schools help children to behave well. For each one, I want you to point at the smiley face to show me how much you like the idea and how helpful you think it would be *(show example)*.

Do you have any questions?

Are you ready to start?"
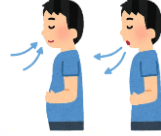
Visuals to be printed out for the session.

Prompt when participant has decided: e.g. "how come?" "why are we saying…(3/5)?" (move on if unsure so don't feel pressured).

(Options for expression:

- *Use face scale*
- *Show own facial expression for how they feel*
- *Have a try out or think about each one*
- *Draw their own face to scale them*
- *Ranking each strategy*
- *"Keep" (treasure chest visual/smiley face visual/thumbs up visual) or "bin/get rid of" (bin visual/unhappy face/thumbs down visual)*

A chance to calm down

A time limit

A run across the playground and back

Getting a yellow or red card

Positive Handling	Going to a quiet space

Having a reminder of the rules	Doing some deep breathing

Talking to someone who will listen carefully	Are there any things that you would find helpful that I have missed?

2.b. Thoughts worksheet (adapted for primary age and virtual use):

"For our next activity, I want you to think about a time when teachers or teaching assistants at XXX school have used positive handling with you. Can you think about a time when this has happened?"

(Go through the visuals and questions in activity 2.b.).

(If the participant can't remember a specific time they were restrained, but remembers it generally, go through the questions that seem appropriate to what they can remember).

(Options for expression:

- *Verbal*
- *Drawing (on a whiteboard/paper)*
- *Toys or dolls (acting out/to show who was involved)*
- *Storytelling/how the character felt, etc.*
- *Scaling for the emotional questions*
- *Laminated visuals to help with the general details e.g. rooms in the school.)*

Think about a time when you have had someone use "positive handling" with you.

Tell me about what happened:
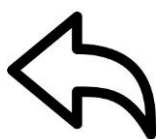
Where were you?

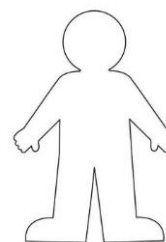Who was with you?

What was happening?

What day/time/lesson?

What was happening before this?

How did you feel inside?

What were you thinking about?

How did you feel to the people using the positive handling with you?

Did you move to a different room or place in school?

Is there anything else that would have helped you to be safe?

What else could the teachers/teaching assistants have done to help you?

HELP

"That's great, thank you XXX. You did a brilliant job answering those questions! Your answer were really interesting. We've got two more things left to do – would you like a quick break/game before we carry on?"

(Play a game if a break is needed).

Now we're going to have a think about some questions about positive handling. If you're not sure about a question, or don't want to answer it, you can say "pass" and I'll move to the next question. There aren't any right or wrong answers, it is just what you think that matters. Are you okay to start?"

2.c. Positive Handling Questions (to be asked verbally)

(Options for expression:

- *Scaling (changing the question to a more closed question than open)*
- *Drawing,*
- *Ideal classroom (for questions 1, 7, 8 etc)*
- *Laminated visuals for prompts or ideas*
- *Dolls/toys to reframe the question, e.g.: "what else could Miss do to help Amy stay safe in school?"*

1. What else do teachers and teaching assistants do that helps you to stay safe?
2. Do you think positive handling helps children to stay safe?
3. When do you think positive handling should be used?
4. When do you think positive handling should not be used?
5. Do you think that teachers and teaching assistants should use positive handling to help children stay safe?
6. Do you think they were okay to use positive handling with you? Why/not?
7. If you could change one thing about positive handling, what would it be?
8. Can you think of something that you might find more useful when you are behaving in an unsafe way?
9. Is there anything else you want to talk to me about?

"Thank you, that was really useful. You did a great job answering those questions!

Do you have any questions for me?

"Well done! We've almost finished, we've only got one thing left to do. I would like you to answer these questions about how you have found this session and how I have done. If you're not sure about a question, just say "pass" and I will move onto the next one.

Do you have any questions?

Are you okay to start?"

3. *Evaluation*

(Options for expression:

- *Drawing*
- *Scaling*
- *Verbal)*

What have you liked about today's session?

What have you not liked about today's session?

Is there anything I could've done to make it more fun?

Did you think the session was too long, too short, or about the right amount of time?

How did you feel during the session? The past session? (smiley faces scale if needed).

Have I missed anything that you think it would be important to talk about?

Is there anything else you want to tell me?

"Thank you so much for working with me today XXX! You've done a brilliant job! *(Share the debrief sheet with participant and talk them through it).* Have you got any more questions you want to ask me? *(If no questions…)* We've finished all the activities, you can go back to class and tell your teacher that you've done a fantastic job!"

(Before they leave the room, ensure the participant knows their way back to their classroom/a staff member is there to escort them back to the classroom).

Additional visual resources:

Keep (treasure chest) or throw away (bin), or not sure- resources for activity 2a, (if needed).

Happy/sad faces or like/dislike faces
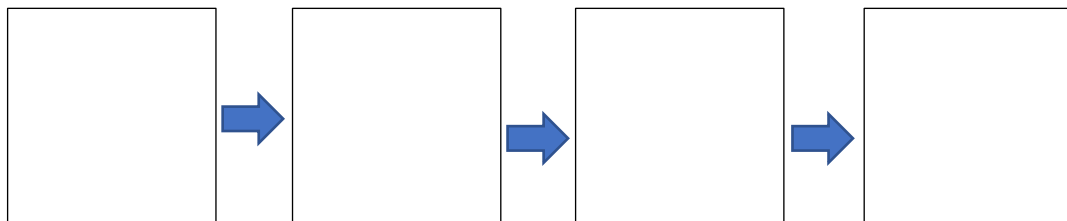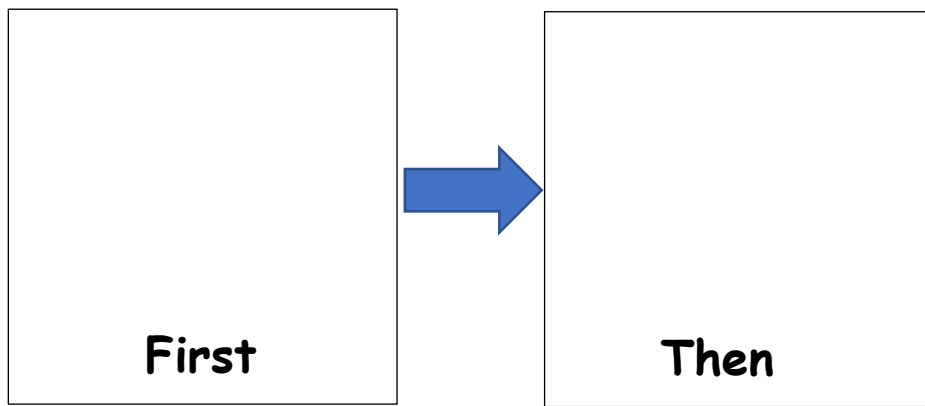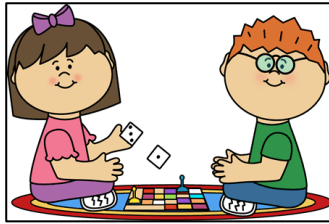

Feelings scale

Emotion cards

First

Then

Break

Play a game

Talking

Activity

Finished

Drawing

Visual timetable cards *(use if needed – either shorter "first and then" or longer sequence of activities)*

Appendix Thirteen – Paper two thematic analysis coding examples

Reminders of the rules is annoying.	**00:02:14 Participant 2** 'cause getting reminder of the rules, it's very annoying and frustrating.
Dislikes reminder of the rules because some at school are 'unfair'	What do we not like about reminder of the rules? **00:04:33 Researcher** Cos some of the rules are unfair in this school.
Really disliked reminder. Didn't like rule reminder because doesn't like rules	**00:03:03 Researcher** Why do we not like having the rules reminded to us, what do we not like about that? **00:00:05 Participant 4** I don't like rules.
Reminder of the rules was not helpful. Reminders of the rules aren't helpful.	**00:04:34 Researcher** Having a reminder of the rules. Is that helpful or not ...der of the rules. **00:00:37 Researcher** Not very helpful. That's a red face.

(13)

Wasn't sure if anything about restraint needed changing (regarding restraint)	And then... if you could change one thing about it, what would it be? ***[Participant 3] has picked up the recorder and is fiddling with it/buttons and moving it around** **00:32:58 Participant 3** Erm....no?
Wouldn't change anything about restraint	**00:13:38 Researcher** If you could change one thing about it, what would you change? Participant 4: Nothing
If could change one thing about restraint, it would be to get rid of 'holding.'	So if you could change one thing, about physical intervention –if you had a magic wand to change one thing about it, what would it be? PTO
Not sure what else could be helpful when being unsafe	**00:13:56 Researcher** Erm, can you think of something else that you might find helpful if you're being unsafe? **00:14:09 Participant 4** Erm.....erm...er.....I don't know.
Couldn't think of anything else staff could have done during restraint incident (instead of)	What could they have done instead that would have been useful? **[Participant 3] writing as researcher is asking** **00:23:51 Participant 3** Nothing.

Appendix Fourteen - Ethical approval letter

Environment, Education and Development School Panel PGR

School for Environment, Education and Development

Humanities Bridgeford Street 1.17

The University of Manchester

Manchester

M13 9PL

Email: PGR.ethics.seed@manchester.ac.uk

Ref: 2021-12352-20432

26/08/2021

Dear Miss Bethany Hodgkiss, , Dr Emma Harding

Study Title: Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

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 24/08/2021 11:08 . 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

Letters of Permission BH DBS Scan 27/07/2021 1

Additional docs F2F Session 1 structure and script version 2 27/07/2021 1

Additional docs F2F Session 2 structure and script version 2 27/07/2021 2

Consent Form Child participant assent form version 1 27.07.21 27/07/2021 1

Participant Information Sheet Physical restraint PIS for 5-11 years version 1 27.07.21 27/07/2021 1

Consent Form Child participant intro script GDPR 27/07/2021 1

Consent Form Child participant assent form version 1 27.07.21 27/07/2021 1

Participant Information Sheet Child participant intro script GDPR 27/07/2021 1

Participant Information Sheet Child participant assent form version 1 27.07.21 27/07/2021 1

Letters of Permission Introductory school staff letter 27/07/2021 1

Additional docs Distress Protocol v1 27/07/2021 1

Additional docs Risk assessment 27.07.21eh signed 27/07/2021 1

Participant Information Sheet Physical restraint PIS for 5-11 years version 1 27.07.21 27/07/2021 1

Additional docs Child debrief form 27/07/2021 1

Additional docs Parent-carer debrief form 27/07/2021 1

Additional docs School debrief form 27/07/2021 1

Data Management Plan Data management plan 30.07.21 v2 30/07/2021 2

Additional docs Data gathering protocol v3 18.08.21 18/08/2021 3

Consent Form Parent-carer consent form v2 18.08.21 18/08/2021 2

Participant Information Sheet Parent-carer information form v2 18.08.21 18/08/2021 2

Additional docs Ethics amendments from review letter 18/08/2021 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.

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

School of Environment, Education and Development
Ellen Wilkinson Building
The University of Manchester
Oxford Road
Manchester, M13 9PL

Distress Protocol

A school staff member will be present during the session to offer emotional support if the participant becomes distressed. The researcher will also have the school safeguarding lead's contact details throughout data collection in case they are concerned for the safety of those taking part or if any disclosures are made.

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:
- Staff member offers immediate emotional support
- Ask participant if they would like to go to the breakout room
- If no, continue with focus group
- If yes, researcher support participant to the breakout room
- Explore distress level and assess risk

Step 2:
- If risk is highlighted, assess and proceed to follow risk protocol
- Staff member to remain with participant
- Ask participant if there is anyone you can call to come and meet the participant or to let them know they are feeling some distress
- When participant is ready to leave, they will be reminded of the support numbers to use if necessary
- Researcher to seek support from supervisors

Follow up:
- If participant consents, follow up with a courtesy call or email the next day/contact via the appropriate staff member.
- Encourage participants to use provided support numbers

There is also the possibility that a participant could make a disclosure of abuse involving themselves or someone else. Should this happen, the researcher would have a professional duty to act in accordance with the BPS Professional Practice Guidelines (2008).

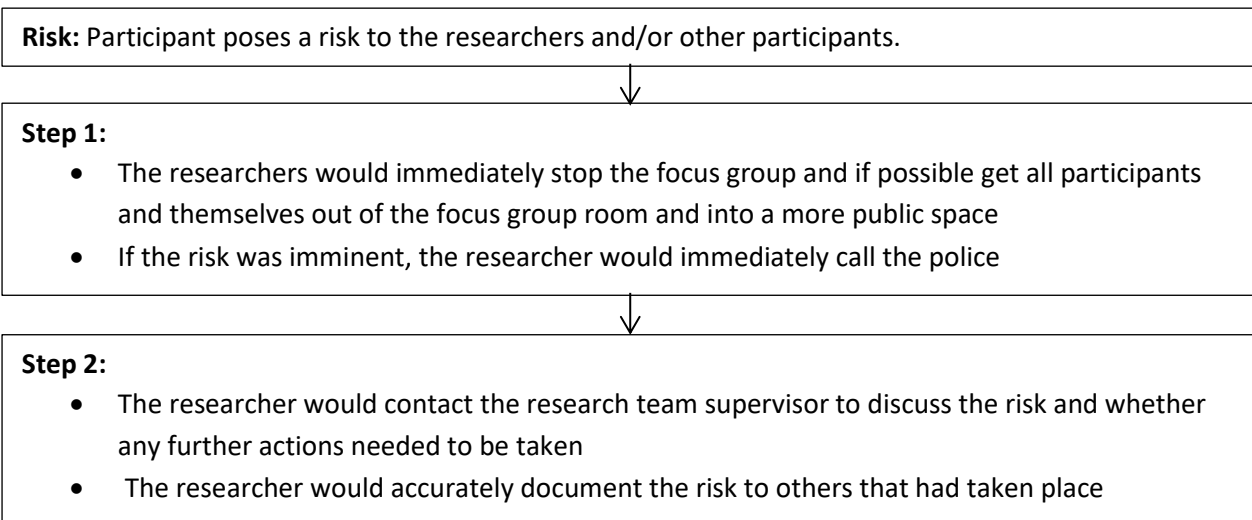Should a participant disclose information that implied a risk to the participant or someone else the following steps would be taken:

Risk: Participant discloses information which implies risk to themselves or to another person.

Step 1:
• Researcher will accurately document the information disclosed.
• Researcher will contact their research team supervisor to discuss the information disclosed and the most appropriate course of action.

Step 2:
• If action is felt to be required the researcher will immediately report these concerns to the most appropriate child or adult safeguarding team
• Where possible, any concerns would be discussed with the individual and they will be informed that the researcher will be sharing information to respect confidentiality
• All actions will be completed with priority and done so at the soonest available opportunity.
• The researcher will keep a clear written record of the concern and all steps taken to deal with the matter, for example who the concern has been raised with and on what date.

Should a participant behave in a way (e.g. violent) that posed a risk to the researchers or other participants during the focus group the following steps would be taken:

Risk: Participant poses a risk to the researchers and/or other participants.

Step 1:
• The researchers would immediately stop the focus group and if possible get all participants and themselves out of the focus group room and into a more public space
• If the risk was imminent, the researcher would immediately call the police

Step 2:
• The researcher would contact the research team supervisor to discuss the risk and whether any further actions needed to be taken
• The researcher would accurately document the risk to others that had taken place

All participants will be fully debriefed after all stages of the research, as will the supporting adult and participant's parent/carer.

Thank you for working with me!

I hope you have found it interesting.

I will send a poster of your thoughts and ideas to Mr/s XXXX so you can check that I have understood your opinions correctly.

If you feel upset about anything we have chatted about, or if you want to talk to another adult about them, you could talk to:

- Your parents or the person who takes care of you at home
  - Mr/s XXXX (insert safeguarding lead's name)
    - Mr/s XXXX

If you have any more questions for Bethany, please talk to Mr/s XXXX and they can let Bethany know.

Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

Parent/carer Debrief Sheet

Thank you for consenting for your child to take part in the two in-school sessions for this study. Please note that the researcher will be in touch with school after XXXX (insert time frame) to double-check their interpretation of your child's views. This will involve the SENDCo sharing a summary sheet of your child's thoughts and views from the second virtual session. We hope that they have found it interesting and have not been upset by any of the topics discussed. However, if you or your child have found any part of this experience to be distressing and you wish to speak to one of the researchers, please contact:

Bethany Hodgkiss: bethany.hodgkiss@postgrad.manchester.ac.uk

*********(insert researcher's work number).

There are also a number of organisations listed below that you can contact.

Organisations	
Self Help (counselling service): https://www.selfhelpservices.org.uk/ 0161 226 3871	**Samaritans:** 116 123 (freephone, 24 hours a day) www.samaritans.org
The Mix: 0808 808 4994 (3pm – 12am everyday)	**MIND:** 0300 123 3393 (9am – 6pm, Monday – Friday) info@mind.org.uk

Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

School debrief sheet

Thank you for working with us to complete this pilot study. Please note that the researcher will be in touch with school XXXX (insert time-frame) to double-check their interpretation of the child's views. This will involve sharing a summary sheet of their thoughts and views from the second virtual session. We hope that you have found it interesting and have not been upset by any of the topics discussed. However, if you have found any part of this experience to be distressing and you wish to speak to one of the researchers, please contact:

Bethany Hodgkiss: bethany.hodgkiss@postgrad.manchester.ac.uk

*********** (insert researcher's work number).

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About the Journal

Educational Psychology in Practice is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's Aims & Scope for information about its focus and peer-review policy.

Please note that this journal only publishes manuscripts in English.

Educational Psychology in Practice accepts the following types of article: Research Article, Practice Article, Review Article.

Open Access

You have the option to publish open access in this journal via our Open Select publishing program. Publishing open access means that your article will be free to access online immediately on publication, increasing the visibility, readership and impact of your research. Articles published Open Select with Taylor & Francis typically receive 95% more citations* and over 7 times as many downloads** compared to those that are not published Open Select.

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Updated 14th June 2022

Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

A Data Management Plan created using dmponline

Creator: Bethany Hodgkiss

Affiliation: University of Manchester

Template: University of Manchester Generic Template

Last modified: 30-07-2021

Children and young people's views on their experiences of physical restraint, relationships with school staff, and alternative behavioural strategies.

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 owning or handling data

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

Acquire new data

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

P Drive (postgraduate researchers and students only)

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

< 1 TB

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

No

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

5 - 10 years

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

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

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

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

Anonymise data

Pseudonymise data and apply secure key management procedures

Participant names will not be included in the data - they will be replaced by an ID number or pseudonym. The name of the participant's school will also be given a pseudonym.

The audio recording of the participant will be transcribed as soon as possible and then destroyed afterwards to remove identifying voice information. Audio data will be recorded on the researcher's secure UoM Office log-in where it can be automatically transcribed (and the audio file can therefore be deleted), a back-up password protected dictaphone will also be used to record audio if this fails. In this case, the file will be stored on the university P drive prior to transcription via a university approved transcription service. It will only be accessible to the researcher whilst on the p drive before being deleted after transcription.

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

Yes – Other

Only personal information which is essential to the data analysis and interpretation will be kept beyond the end of the project, e.g. the participant's age. This will be kept for 5 years in accordance with the University's data management requirement. It will be completely anonymised and pseudonyms will replace the participant's name and school.

Consent forms and other personal identifying information will only be retained for the duration of the study. They may be used to contact the parent/carer if they specifically consented to being contacted to take part in future research or requested a summary of the findings. If applicable, this information will also be stored on the researcher's university P drive.

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?

No

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

Dr Emma Harding

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

2021-07-27

Project details

What is the purpose of your research project?

This is an exploratory study which has been informed by an earlier pilot study on eliciting children and young people's (CYP) views on their experiences of physical restraint within schools. It will address the following research questions:

How do CYP experience incidents of physical restraint at school?

How are the CYP's relationships with school staff affected when they are physically restrained by them?

What alternative strategies do CYP think could be used to manage their behaviour, either prior to, or in place of, physical restraint?

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

Data protection policy

Intellectual property policy

Records management policy

SOP for information security classification, ownership, and secure handling information

Research data management policy

SOP for taking recordings of participants for research projects

The University of Manchester Publications Policy

The University of Manchester IT policies and guidelines

Responsibilities and Resources

Who will be responsible for data management?

Bethany Hodgkiss - Postgraduate researcher, as supervised by Dr Emma Harding

What resources will you require to deliver your plan?

Access to the researcher's secure university Office/Microsoft account. A password protected dictaphone (as a back-up recorder). Access to the University P drive for storage.

Data Collection

What data will you collect or create?

Audio data which will be transcribed as soon as possible into a digitally written format. All identifying personal information will be removed/pseudonyms will replace names. The original audio file will be destroyed as soon as the transcribed file has been created.

Relevant background information for the participant such as age, gender, and ethnicity. This information will be stored digitally. A consent form will be electronically signed by the child's parent/carer, or they will send an email expressing their consent, or they will give verbal consent over the phone, which the researcher will make a digital note and date of as evidence.

All digital data mentioned above will be stored digitally on the encrypted University P drive. 2 copies of each data source will be created and stored on the drive in case of technical faults.

There will be a maximum of 10 participants in this study, so the data collected will very likely be below 1 TB as stated previously.

How will the data be collected or created?

Audio data will be collected via the researcher's secure Office/Microsoft account which will automatically transcribe the data. A password protected dictaphone (as recommended by the University of Manchester 's IT services), will be used as a back up recording device in case the other recording fails. The audio file would then be sent to a university recommended transcriber to be transcribed.

Consent will be obtained digitally or verbally as mentioned previously. Background data will be digitally recorded using Word or Excel, before being saved on the university P drive.

Each data file will be named numerically, e.g. "Audio 1" or "Transcript 1" for participant 1. Each file will also be labelled with the date and version number where appropriate.

The file structure will be consistent and the researcher will keep track of the general file structure in their research diary to help this.

Documentation and Metadata

What documentation and metadata will accompany the data?

The data will be stored with an accompanying document which explains what each file contains (e.g. "Transcription of second session with participant" or "Background information Participant 1") and the names of all the relevant data files. The methodology will also be stored alongside the data so that there is a clear explanation of how each piece of data was obtained and why.

Most data will be qualitative, and will be interpreted using thematic analysis. A clear process of how the researcher used thematic analysis to identify themes in the data will be kept with the transcript. To maintain the participants' confidentiality, there will be a key for the background data. This may not be shared to other researchers depending on the decisions made by the participants' parent/carers about whether they consent to their child's data being shared beyond the current study.

Ethics and Legal Compliance

How will you manage any ethical issues?

Anonymising data: Each participant's name and school name will be removed and replaced with a pseudonym to maintain confidentiality. During transcription, additional identifying personal information will be removed/replaced with pseudonyms. The identifying voice-data will be destroyed as soon as the transcription has been completed.

Consent and reusing/sharing of data: Each participant's parent/carer will be provided with a consent form and information sheet that explains the data management and guidelines the researcher will be following. It will outline that the data will be stored for a maximum of 5 years (in line with university guidance). They will be asked to provide specific, optional consent for the researcher to share or reuse this data in future studies.

Each child participant will also be asked to fill in an assent/consent form (verbally with the researcher transcribing their responses to reduce Covid-19 transmission). They will also be asked if their data can be shared or reused in future studies (using ageappropriate language).

Length of time data is kept for: The researcher will explicitly state in both the parent/carer
and child participant information forms that their data will be stored for up to 5 years. The researcher will check the child participant's understanding of "secure computer storage". Data that is not essential for the analysis or interpretation of results will not be maintained longer than needed and will be confidentially destroyed.

A pseudonymisation key will be stored securely and separately to the data set.

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

The copyright and Intellectual Property Rights of the data will be shared between the researcher (Bethany Hodgkiss), the researcher's supervisor (Dr Emma Harding). Permissions regarding the re-use of data will depend on whether the parent/carer of each participant consents to their child's data being shared or re-used.

Storage and backup

How will the data be stored and backed up?

The data will be stored primarily on the University P Drive which is encrypted. Two copies of each data record will be stored here in case of technical faults with the original version. Data on this drive is backed up daily. If the researcher leaves the university before the end of the 5 year data retention period, they will make arrangements for alternative secure storage of the data as it will no longer be accessible on this drive once the researcher has left.

Consent forms will be scanned in and stored virtually on the P drive with the paper copies being destroyed. They will only be kept for the duration of the data collection of the research.

How will you manage access and security?

The data stored on the university P drive will be encrypted and the researcher's username and password will both be needed to access these. The researcher will not give access to these log-in details to any other parties if the parent/carer does not consent to their child's data being shared/reused in future studies. The researcher will also only have access to the password to the back-up encrypted store on their computer.

Audio data transferred from the researcher's university account will be completed on the same device used to audio record the research session to minimise data transfer. If the back-up audio recorder is used (password protected dictaphone) and the data needs to be sent for transcription: the audio file and email used to send this information to the transcriber will be end-to-end encrypted by the researcher.

Paper data may be collected if the participants choose to draw their responses during the interviews. Any paper copies will be scanned in and uploaded to the p drive (with the original copies being shredded/destroyed). The child participants' consent forms will also be scanned in/stored this way.

Selection and Preservation

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

All data should be retained/preserved for 5 years in line with the university guidelines. Data will only be shared if each parent/carer of the child participant gives explicit consent for the researcher to do so on the consent form. The data will be retained in the researcher's university P drive and the back-up system previously mentioned. If alternative storage is needed at any point, the researcher will discuss this with their supervisor for advice on alternative secure storage systems.

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

The data will be stored on the university P drive or encrypted back up store for the 5 years recommended by the university. The metadata, details on data analysis, and research resources/methodology details, will be stored alongside this data to help interpret it if it is needed in the future.

Data Sharing

How will you share the data?

Data will only be shared if the parent/carer of each child participant gives explicit consent for the researcher to do so on the consent form. If consent if given, data will only be shared electronically. The researcher will share the data via their secure university email and will use Outlook's end-to-end encryption service.

Are any restrictions on data sharing required?

Data will only be shared if the parent/carer of each child participant gives explicit consent for the researcher to do so on the consent form. All data will have been fully anonymised/pseudonyms will be used to replace identifying information. This will eliminate the risk of confidential data being linked back to the participant who provided it.

Children's views of physical restraint in school

Why do we want to learn more about children's views of physical restraint?

Children and young people are physically restrained at schools in England, most often at primary school age (5-11 years). However, there has been very little research around how children and young people feel about these incidents. We wanted to find out their views around physical restraint, if they have ideas for alternative strategies, and how it may affect their relationships with staff at school.

How did we gather children's views?

Four pupils took part in two 1:1 sessions each. Different activities were used to gather their views. The second session was audio recorded, the children's views were anonymised and then analysed by the researcher.

What did we find? The key messages we took from what the children said are:

- Physical restraint should only be used to stay safe: "like if I'm fighting, but not if it's something silly like swearing."

- Physical restraint was something they felt negatively about: "[it] stresses me out more," "[I felt] angry…hot," and "[it] ends your personal bubble."

- It could make them feel "angry" towards staff during the restraint. Some children felt the same after the restraint ended, others felt happier towards staff: "[them] letting go…got rid of all my stress."

- They had strategies they thought could help instead of physical restraint, and understood why they found them helpful: "[running around the playground] helps me to get my anger and energy out," "[deep breathing makes them feel] calm."

What next?

We want to use what we learnt from children in this research to advise school staff and other professionals about using physical restraint in schools. It's important for all of us to ensure children's views are included in conversations about the support they receive in schools. They have brilliant ideas!

Overview of research

Katherine Stothard and Kevin Woods – Understanding the experiences and views of children and young people who have experienced physical intervention in school.

Bethany Hodgkiss and Emma Harding – Further exploring the experiences of children and young people, including their ideas around alternative strategies to physical restraint.
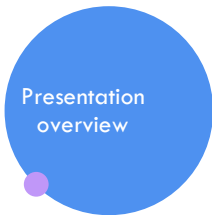
Kirsty Mullowney and Catherine Kelly – conducted research exploring what current training and positive handling practice looks like from the perspective of those delivering training and providing support to schools.
Next phase of research will explore school staffs' experiences of positive handling and the strengths and needs of current practice.

Ellen Quinn and Emma Harding – exploration of the experiences of secondary pupils in seclusion in pupil referral units.

Physical Restraint in Schools: The Voice of Children and Young People

Bethany Hodgkiss

Presentation overview

• Why research the use of physical restraint in education settings?

• Definitions of physical restraint

• Pilot study

• Preliminary results of recent study

Rationale for research

• Education Act – introduction of reasonable force
• Confusing government guidance and discrepancies between the systems in place for children's care settings vs schools.
• Lack of laws – reporting and recording, specific to restraint. (ABH, GBH, Human Rights)
• High stakes nature of the issue for schools and local authorities – allegations, pupil wellbeing, staff wellbeing and safeguarding.
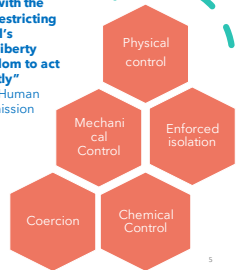• Challenging Behaviour Foundation 2019/2020

Gap in research

Department for Education

The Challenging Behaviour Foundat


How do we define restraint?

"'Restraint' is an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently"
Equality and Human Rights Commission (2019) p.4

Physical control

Mechanical Control

Enforced isolation

Coercion

Chemical Control

Children's views on their experiences of physical restraint in school, relationships with staff and alternative strategies

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Pilot Study

Established methods of best-practice when gaining the pupil's views, including: rapport-building, flexibility, and choice of expression.

Participant was very knowledgeable on other strategies that would help them before the need for restraint/as an alternative.
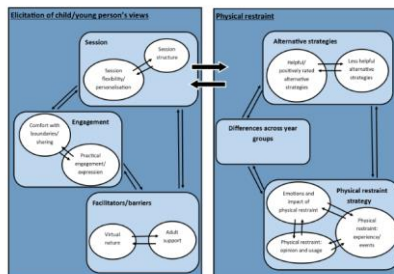
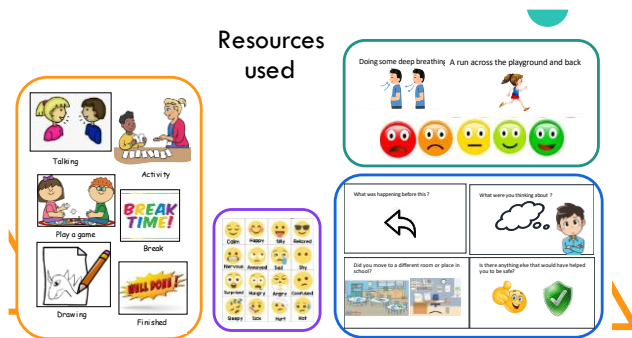### Current research - method

Recruited 4 pupils from a primary SEMH setting
Two sessions:
• 1 - Rapport-building session
• 2 – Gaining their views

Member-checking – participants were sent a poster summarising their views to check through with staff

Resources used

Preliminary findings

Pupil views on physical restraint
- Most pupils ranked physical restraint as 'unhelpful.'
- Pupils identified things that could've helped in the lead up to restraint being used.
- Described feeling "angry," "hot," and "p*ssed off" during restraint.
- Thought restraint should be used to stay safe and used when needed.
- Two pupils shared their strategies for calming down following restraint.

Pupil views on alternatives
- All pupils could identify which alternative strategies might work for them.
- Three pupils had ideas on strategies they thought would work in place of being restrained/before things escalated, e.g. "having a favourite teacher….nice and calm, and won't shout," "kicking a door," "giving me a warning before taking me out of the room," "a teacher helping me to leave the room [voluntarily]," and "fidget toys."

Preliminary findings (continued)

Pupil relationships with staff
- Pupils had negative feelings towards those restraining them e.g. "I hated them," "felt angry [towards them]."
- Two pupils felt better/happier with staff after the restraint had ended, one pupil still felt angry towards them.
- One pupil shared how a "favourite teacher" who was "nice and calm" supported them to feel calm.

Eliciting pupil views
- Movement breaks were key.
- Pupils responded best when given choice and ownership over the activities/visual timetable.
- Flexibility with tasks and how pupils liked to express their views supported them to engage.
- Providing space for their interests.
- Ownership over the voice recorder.
- Presence of different key adults during the sessions made them feel more informal.

Summary

- Very vocal group of pupils from a hard to reach group.
- The pupils did not necessarily see physical restraint as something that should not happen, but as something that should only be used when absolutely necessary.
- The pupils often had clear ideas on what strategies would help them to feel calm rather than physical restraint. Some of these were already accessible to them in school.
- Some pupils were able to separate their feelings around being restrained from their feelings towards members of staff, but others did not.
- Allowing the pupils to direct the information gathering meant they engaged well and were keen to share their views.

Thank you

Any questions?

Restrictive Practice: The Experiences of Children and Young People and School Staff

Katherine Stothard, Kirsty Mullowney, Bethany Hodgkiss and Ellen Quinn

aep

MANCHESTER 1824
The University of Manchester

Overview of research

Katherine Stothard and Kevin Woods – Understanding the experiences and views of children and young people who have experienced physical intervention in school.

Bethany Hodgkiss and Emma Harding – Further exploring the experiences of children and young people, including their ideas around alternative strategies to physical restraint.

Kirsty Mullowney and Catherine Kelly – My research has focused on the advice available to schools about positive handling practice, and how they are implementing it in real world practice.

Ellen Quinn and Emma Harding – exploration of the views and experience of seclusion, from the perspective of secondary school staff and students in a pupil referral unit.

2

Presentation overview
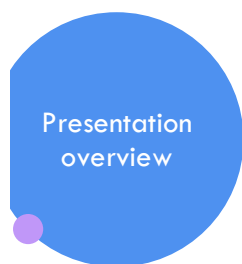
- Why research the use of restrictive practices in education settings?
- Definitions of restrictive practice
- Voice of the child – existing research, data gathering processes, current research and exploration of alternatives.
- Voice of the education professionals.
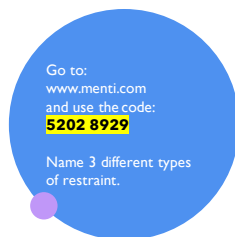- The role of relationships and perceptions in the context of restrictive practice.

Rationale for research

- Education Act - introduction of reasonable force
- Confusing government guidance and discrepancies between the systems in place for children's care settings vs schools.
- Lack of laws – reporting and recording, specific to restraint and seclusion. (ABH, GBH, Human Rights)
- High stakes nature of the issue for schools and local authorities - allegations, pupil wellbeing, staff wellbeing and safeguarding.
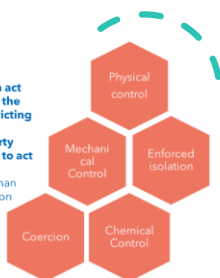- Challenging Behaviour Foundation 2019/2020

Gap in research

Department for Education

The Challenging Behaviour Foundation

How do we define restraint?

Go to:
www.menti.com
and use the code:
5202 8929

Name 3 different types of restraint.

"'Restraint' is an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently"
Equality and Human Rights Commission (2019) p.4

Physical control
Mechanical Control
Enforced isolation
Coercion
Chemical Control

6

Children's views on their experiences of physical restraint in school, relationships with staff and alternative strategies
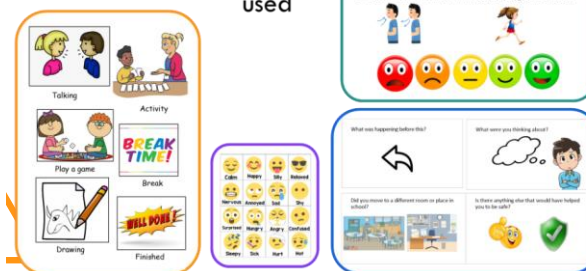
Methods

Pilot study: Virtual interviews with a KS2 pupil who had been physically restrained in school. Established methods of best-practice when gaining the pupil's views, including: rapport-building, flexibility, and choice of expression.

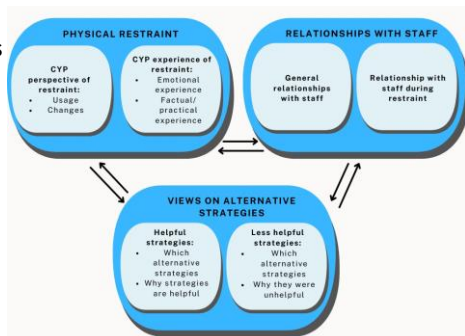**Research project:** Recruited 4 pupils from a primary SEMH setting

Two face-to-face sessions:
- 1 - Rapport-building session
- 2 – Gaining their views

Resources used

Talking / Activity / Play a game / Drawing / BREAK TIME! / Break / WELL DONE / Finished

Doing some deep breathing   A run across the playground and back

What was happening before this?   What were you thinking about?

Did you move to a different room or place in school?   Is there anything else that would have helped you to be safe?

Findings

PHYSICAL RESTRAINT
- CYP perspective of restraint:
  - Usage
  - Changes
- CYP experience of restraint:
  - Emotional experience
  - Factual/ practical experience

RELATIONSHIPS WITH STAFF
- General relationships with staff
- Relationship with staff during restraint

VIEWS ON ALTERNATIVE STRATEGIES
- Helpful strategies:
  - Which alternative strategies
  - Why strategies are helpful
- Less helpful strategies:
  - Which alternative strategies
  - Why they were unhelpful

Physical restraint

Usage
- Restraint should be used when needed to stay safe.
- Should not be used for incidents such as disruptive behaviour

Experience
- All described negative feelings whilst being restrained.
- Most pupils ranked physical restraint as 'unhelpful.'

"like if I'm fighting, but not if it's something silly like swearing,"

"angry...hot"

"last time it felt like they broke my wrist"

"stresses me out more"

"ends your personal bubble"

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Relationships with staff

General relationships
- Pupils seemed to have a good relationship with staff.
- Pupils valued having a trusted adult they could work with.

Relationships during physical restraint
- Pupils had negative feelings towards staff restraining them.
- Some felt better towards staff after the restraint, others didn't.
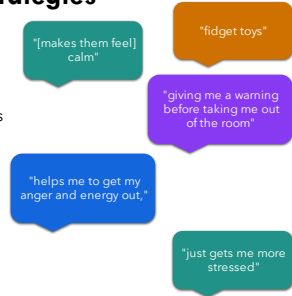
"having a favourite teacher….nice and calm, and won't shout,"

"I hated them,"

"felt angry [towards them]"

"letting go…got rid of all my stress"

Views on alternative strategies

Helpful strategies
- All pupils could identify alternatives that supported them.
- 3 suggested ideas on strategies that would work in place of being restrained/before things escalated.

Less helpful strategies
- They could explain why certain strategies were helpful or unhelpful.

"[makes them feel] calm"

"fidget toys"

"giving me a warning before taking me out of the room"

"helps me to get my anger and energy out,"

"just gets me more stressed"

Summary

- Pupils saw physical restraint as something that should only be used when absolutely necessary.
- Pupils had clear ideas on alternatives/de-escalation strategies.
- Some pupils could separate negative feelings around physical restraint from their relationships with staff, others could not.
- Implications for how we gain pupil views and share them in relation to physical restraint.

Future research

- So what? Is it all about relationships?

- Next..
  - Systematic literature review on the (bi-directional) impact of relationships on restrictive practices.
  - Research project gathering the views of young people from alternative provisions/PRU and their experience of seclusion in a mainstream setting.
    - The current schedule includes reflections on their relationships at school.
    - Data gathering protocol

Key takeaways

- Importance of relationships within school
- The role of the EP
  - Training opportunities
  - Encouraging relationshiped practice
    - Bridging parents and school
    - Supporting with school specific needs e.g. improving belonging, de-escalation and debriefing
  - Facilitating difficult conversations

Welsh Government - Reducing Restrictive Practices Framework (October, 2022).
No Safe Place: Restraint and Seclusion in Scotland's Schools (December, 2018).

References

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