

ORIGINAL ARTICLE

Bad apples or bad barrels? Preventing the misuse of restraint and seclusion with vulnerable children

Brodie Paterson¹  | Christopher Stirling² | James Taylor³¹Queen Mary University of London, London, UK²Crisis Prevention Institute, Manchester, UK³University of the West of Scotland, Paisley, UK**Correspondence**Brodie Paterson, The Faculty of Medicine and Dentistry, Queen Mary University of London, Newark St, London E1 2AT, UK.
Email: drbrodiepaterson@protonmail.com**Abstract**

Scandals involving the misuse of restraint and seclusion in schools emerge with such frequency that the issue might be argued to be an example of what has been termed a 'wicked problem'; that is, one resistant to definitive formulation and thus any permanent resolution. This article critically examines such a characterisation and, drawing on the concepts of corrupted cultures and vulnerability theory, seeks to provide a comprehensive explanation of why patterns of individual and institutional abuse can develop and readily become pervasive. Having suggested what may be the root causes of the phenomenon, the article describes the implications for prevention and the nature of the challenges that may have to be overcome.

KEYWORDS

abuse, children and school, prevention, restraint, seclusion

Key points

- Legitimising restraint and seclusion creates the potential for their misuse.
- Misuse appears more common with younger children with disabilities.
- Preventing misuse means understanding the impact of vulnerability and managing the risk of cultures becoming corrupted.
- Restraint must be used only to prevent serious harm and not to maintain good order.

INTRODUCTION

The lack of universally accepted definitions of restrictive interventions precludes ready international comparisons. For the purposes of this article, those from the Scottish Government's, (2024) guidance on physical intervention in schools will be used. These define restraint as 'An act carried out with the purpose of restricting a child or young person's movement, liberty and/or freedom to act independently' and seclusion as 'An act carried out with the purpose of isolating a child or young person, away from other children and young people, in an area from which they are prevented from leaving' (Scottish Government, 2024, p. 2).

The case for the use of restraint and seclusion as interventions of last resort (Arrivet, 2015; Villani et al., 2012) rests on the premise that there may be behavioural emergencies in which schools cannot discharge their duty of care to the child or others who might otherwise be seriously harmed. However, the use of these procedures in schools remains contentious, with repeated calls to eliminate, reduce or better regulate and monitor their use (CBF & PABSS, 2019; National Disability Rights Network, 2010; Sexton et al., 2022). There is a poor evidence base in support of the contention that either intervention improves safety even in emergency situations (McDonnell et al., 2023) and there are well-founded concerns about the potential for adverse

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physical and psychological consequences (Centre for Mental Health, 2020). Their impact has been suggested to ‘actively recreate and, in some cases, intensify the “challenging” behaviours they are purported to reduce’ (Condcliffe, 2023, p. 141).

Research both nationally (CBF & PABSS, 2019; Children and Young People's Commissioner Scotland, 2018) and internationally (Gage et al., 2020; US Department of Education Office for Civil Rights, 2016) suggests that children with intellectual disabilities (ID) or who are neurodiverse are much more likely to experience both seclusion and restraint. Children with disabilities from black and minority ethnic (BAME) backgrounds may be at even greater risk (Bell & Craig, 2023). This is despite evidence that children with ID are much more vulnerable to experiencing harm due to their use (Harte, 2017). The frequency of injuries reported to be associated with the use of restraint and seclusion are such that children with disabilities are at significantly higher risk than their similar-age peers of acquiring an injury while in school (Scheuermann et al., 2015). Even more worryingly, several deaths have been associated with the use of both restraint and seclusion (Pizer Law, 2025).

Studies have consistently suggested that children with intellectual/learning disability and behaviours labelled ‘challenging’ are at an increased risk of experiencing abuse (CBF & PABSS, 2019; Kelly, 1992) and multiple such episodes (Dion et al., 2018). This phenomenon has been observed in schools in the UK and elsewhere (Arrivet, 2015; Human Rights Watch & American Civil Liberties Union, 2009; McCarthy, 2018; Richards et al., 2019). Such findings have led some countries such as New Zealand (Te Tāhuhu o te Mātautanga/Ministry of Education, 2023) to prohibit seclusion. Elsewhere, including Scotland (Scottish Government, 2024), England (DfE, 2023) and Northern Ireland (Northern Ireland Department for Education, 2023), we have seen moves to introduce or revise existing guidance on the use of seclusion or to focus on prevention through the promotion of human rights.

Desirable as such efforts may be, the evidence shows they have repeatedly failed (Equality and Human Rights Commission, 2021; Fetter-Harrott, 2012). In settings such as mental health (NHS England, 2024), adult learning disability (Durham Adult Safeguarding Partnership, 2023) and residential childcare for children with autism in Australia (Boland, 2024), where there is no shortage of professional and practice guidance, we have continued to see the misuse of restraint reported. There are now multiple examples of schools (Council for Disabled Children, 2021) where the misuse of restraint and seclusion is reported to have become widespread and normalised. New scandals appear with sufficient regularity to indicate that current preventative efforts are failing and to suggest that misuse may be a more widespread problem than previously recognised

(Child Safeguarding Review Panel, 2024; Children's Commissioner for England, 2024).

AIMS

The seemingly intractable nature of the challenge posed by the misuse of restraint and seclusion in schools may suggest that it is an example of what has been termed a ‘wicked problem’; that is, one resistant to definitive formulation and thus any permanent resolution (Rittel & Webber, 1973). This article argues that its seeming irresolvability should, however, be viewed, at least in part, as a consequence of a failure to develop a definitive formulation; that is, to actually understand why such patterns of behaviour in school staff may develop and persist. We can develop and evaluate preventative interventions, even if it is only in terms of being good or bad, that may better manage the problem, but only if this deficit is addressed.

In addressing the deficit, we will draw on the concept of ‘corrupted culture’, first developed in a classic article by Wardhaugh and Wilding (1993) examining the development and normalisation of abuse, including the misuse of restraint and seclusion in a residential childcare service. It will, though, also draw on and develop a novel interpretation of vulnerability theory that includes children, school staff and schools as organisations (Clough, 2017; MacKenzie et al., 2014).

CORRUPTED CULTURES

The term ‘corruption’ is now typically used to refer to the actions of individuals involved in financial impropriety (Lawrence, 2013). However, in its original usage in the eighteenth century, it referred less to the actions of individuals than to the general moral health of organisations, the relationships within them, how power was exercised, and the nature of the culture (Hill, 2006). It is in this sense that it will be used in this article.

Corrupted cultures may develop in schools for several reasons, including when an organisation's internal economy of influence (Wesche et al., 2010), containing its formal and informal performance measurement and reward systems and its leader's emphasis, causes people to act in ways that breach its obligations – in this instance, to nurture, educate and critically safeguard the children in its care. In such a context, perhaps the most critical argument against the use of restraint and seclusion is that while they may not be intrinsically punitive, they are highly prone to being misused as forms of punishment (Bowers, 2005; NHS England, 2024) including with children with significant disabilities (Morrison, 2007; Smith et al., 2019).

Lessig (2015) suggests that the endpoint in the development of a corrupted culture is reached when public

trust in an institution falls in response to the collective perception that the institution and its leadership are no longer behaving in accordance with society's understanding of its stated purpose. This, though, requires that the failings of the organisation become public. If the loss of public faith in an institution, however, is the endpoint in the development of a corrupted culture, where might we look for the beginnings to inform prevention efforts?

BAD APPLES OR BAD BARRELS? A MISLEADING FRAME?

Martin and Evans (1984) observed a recurrent phenomenon in a meta-analysis of a series of inquiries whose focus was the abuse of vulnerable adults. Such inquiries typically started by focusing on the actions of aberrant individual practitioners, the 'bad apple' approach. The premise is that their removal would resolve the problem. However, as such inquiries progressed, they invariably shifted their focus onto the organisation's culture, the 'rotten barrel', which had become the primary source of corruption via its toxic influence on staff beliefs, values and behaviour (Bowie, 2010).

Zimbardo (2007) has described the impact of such circumstances upon staff as the 'Lucifer effect'. Staff whose personal values may be positive can lose their self-awareness and capacity to reflect, becoming 'de-individuated' under the malign influence of a culture where responsibility for their actions becomes diffused. If 'people do not feel individually accountable, now they will do things that they ordinarily say, "I would never do that"' (Zimbardo, 2007, p. 73). Martin and Evans (1984) assert that labelling and its negative consequences in 'othering' significantly increase the likelihood of abuse. As Hannah Arendt (1951) observed, referring to those involved in the perpetration of the Holocaust, labelling in some circumstances creates a 'moral distance' between us and the 'other'. The effect is to dehumanise those labelled.

Haslam and Reicher (2012) propose that such 'situational' explanations are flawed. In the most extreme of circumstances, some people will refuse to participate in abusive behaviour even when under significant pressure to do so (Browning, 1993). Consequently, Haslam and Reicher argue that those who engage in what they term 'doing evil' 'should be seen and judged' as having done so knowingly and not be absolved of guilt by reason of unconscious conformity (Haslam & Reicher, 2012, p. 2). The implications for prevention would appear straightforward. We should monitor the actions of every school staff member with CCTV to ensure that abuse is detected and prosecuted. Better yet, we should seek to avoid employing people who are evil or who, given the opportunity to do so, may act in evil ways.

Unfortunately, neither of these potential solutions is without problems. CCTV and personal body-worn cameras are now used in UK and US schools (Taylor, 2018). Further research on the use of both is needed but, as indicated by the investigation into Whitfield School in England (Children's Commissioner for England, 2024) which was prompted by the discovery of multiple recordings of the misuse of restraint occurring over years, the question of who scrutinises the recordings must be resolved. The notion of exclusion, that is, screening out those who may be potential perpetrators of abuse, is also problematic (South et al., 2015). Vetting has a significant role in safeguarding by preventing those with known histories of concern from gaining access to vulnerable children. There is, though, little evidence that we can readily identify those who may be particularly susceptible to the influence of an established corrupted culture (Paterson et al., 2011).

VULNERABLE CHILDREN

It is vulnerability, as it impacts upon the young child with ID or who is neurodiverse, that may explain their significantly increased risk of experiencing the misuse of restraint and seclusion in comparison to their peers (Robinson, 2012). These children and their parents are often vulnerable because of situations they find themselves in. They are disempowered, stigmatised and blamed (Mak & Cheung, 2008). A particular concern is that the school itself typically investigates allegations of misuse of restrictive interventions and thus lacks independence (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020).

Many health conditions may cause an ID (Vasudevan & Suri, 2017). A significant developmental delay is common to them all and central to the diagnosis of an ID. This will vary between children, but it typically includes delays in cognitive development, speech and communication, and emotional and behavioural regulation (Banerjee et al., 2022). Such children are often developmentally still dependent on the presence of key adults to co-regulate their emotions and behaviours, and in school, in the absence of these connections and relationships, they may readily become and stay dysregulated (Silkenbeumer et al., 2016). They may struggle to understand and communicate the reasons for their distress due to their disabilities and a lack of skills and knowledge in staff (Hofmann & Müller, 2022). They may also not be able to articulate their experience of abuse, meaning that it is less likely to be detected and more likely to be repeated (Ahsen et al., 2015).

Inevitably, some of these children may find the school experience, expectations, and sensory environment overwhelming without substantial adaptations. In their absence, and in light of their inability to comply with

unrealistic expectations based on their chronological age and not their cognitive development, their distress must be recognised as having its source in the child's disability (Druckman et al., 2021).

VULNERABLE STAFF

Unfortunately, this vulnerability arising from not having the root cause of their struggle (Druckman et al., 2021) and its behavioural manifestations recognised is magnified by another dimension of vulnerability and its impact upon staff – in this instance, arising from within the psyche of the teacher in the heuristics or mental shortcuts, which may exert a powerful but unconscious bias with regard to how responsibility for the cause of a behaviour is attributed. This in turn affects how a teacher feels and acts in response to it (Paterson et al., 2021).

A recent meta-analysis of the literature (Wang & Hall, 2018) on the attributions of teachers concerning behaviour in the classroom they experienced as challenging concluded that most tended to explain it as due to 'internal' factors located 'within' the pupil or their family, including the personality, attitude, social skills and motivation of the child. The result was that the pupil was held responsible and thus accountable (Wang & Hall, 2018). This 'internal attribution' led to an emotional reaction in the teacher, characterised by anger. This was directed not at the behaviour but at its perceived 'perpetrator', the child. This was reported to have led to actions towards the child reported as being motivated by a desire to exact retribution (Wang & Hall, 2018). This approach may even become normalised as school policy, whether officially endorsed or not (Armstrong, 2018).

In the absence of sufficient training, preparation, and crucially ongoing support to foreground, normalise and supplant, such interpretations, emotional responses and behaviours are unfortunately likely to influence the reactions of teaching staff and classroom assistants to behaviours presented by children with disabilities that they experience as challenging (Armstrong, 2018). When such actions involve the misuse of restraint or seclusion, the physical and psychological consequences for the child may be severe and even life-changing (Kerns et al., 2022).

Children with ID or who are neurodiverse are more likely to develop post-traumatic stress disorder, with the symptoms often misinterpreted as part of their existing condition (Byrne, 2018; Houck & Dracobly, 2022). This is of concern in and of itself, but such symptoms may lead to a significant deterioration in the child's already limited abilities to regulate their emotions and behaviour (Cramer et al., 2024). This may result in an increase in the behaviours of concern presented by the child (Kelly et al., 2023), leading in

turn to yet more restraint and seclusion. In such a context, the child is now often significantly more anxious because of their adverse experiences. In the face of an ever-present threat of punishment, they are, however, now also much less likely to develop the connections necessary for relational holding, the precursor of the development of internal emotional and behavioural regulation needed to replace the need for external physical controls (Steckley & Kendrick, 2008).

Such a scenario should prompt an urgent internal and external review, including a safeguarding referral. The Council for Children with Behavioural Disorders (CCBD, 2009, pp. 14–15) has argued that:

Repeated use of physical restraints for any one student or across different students should be viewed as the failure of educational programming and the likelihood that ... interventions for the students are inadequate and should be modified.

The starting point for any such review must always be the question: are we meeting the basic needs of the child concerned (Autism Spectrum Australia, 2015)? If these are consistently met by schools, further intervention may often be unnecessary.

TRAUMA AND POWER

Unfortunately, the same attribution error that led to the development of behaviours of concern often means the child is again blamed and instead punished further. Because exposure to such behaviours and their involvement in restraint and seclusion may traumatise not only the child but also the staff (Brunzell et al., 2019), over time the result may be a chronically dysregulated child supported by a chronically dysregulated team that are frustrated by their inability to 'control' the behaviour of the child (Axup & Gersch, 2008). Staff trapped by this framing of the situation may consciously or unconsciously experience it as a power struggle with the child in which the child, now framed as recalcitrant, must learn to conform to the demands of staff. This process may affect all staff, but for teaching assistants disempowered by the rigid hierarchies in schools, stigmatised by their work with children with disabilities, and often those most at risk of harm from exposure to distressed behaviours which may present as violence (Holt & Birchall, 2022), the emotional experience may be unendurable (Campling, 2004). Unless recognised and addressed, the result may be that a corrupted culture develops and flourishes subtly or unsubtly, demanding collusion from new staff with not only the behaviours that define it but the attributions that underpin and maintain it (Lawrence et al., 2024).

VULNERABLE ORGANISATIONS AND THE IMPACT OF SOCIAL POLICY

There is an established literature which argues that one of the often unrecognised tasks for all organisations, including schools, is to provide the structures and social defences needed to contain anxiety associated with their key task. This dates back to Menzies Lyth's work in the 1950s (Menzies Lyth, 1988). The premise is that every organisation has both a conscious and a latent unconscious life. Social defences emerge to provide containment for emotions such as the fear, anxiety, frustration and even hatred that may be evoked by the behavioural distress of a child. These will typically often evolve over time to become cultural and behavioural norms (Stein, 2022). These are then consciously or unconsciously internalised and can include the othering, depersonalisation and deindividuation that may underpin the development and institutionalisation of abusive practice.

The significant increases in stress and anxiety reported to have been experienced in many mainstream schools in different parts of the UK, as a consequence of the challenges involved in making the reasonable adjustments needed to make inclusion work in a climate of economic austerity (Done et al., 2021), may therefore have unintentionally created the conditions in which the misuse of restraint and seclusion have become more likely (Paterson et al., 2021).

IMPLICATIONS FOR PRACTICE

We know, though, how to prevent the development of a corrupted culture and thus abusive practice. The role of leadership in establishing a practice model and disseminating a school-wide culture of compassion, reflection and inquiry is critical (Hodgkiss & Harding, 2023; Suess, 2008). In the absence of a continually communicated, coherent and shared theoretical explanation for the distressed behaviour, and skills in delivering evidence-based interventions, staff are, by default, left in a scenario where they will rely upon their individual and collective judgement frameworks, their unconscious biases (Druckman et al., 2021; Rae et al., 2011) and their individual and collective defence mechanisms (Stein, 2022). This is a profoundly unsafe scenario in any setting where restraint and seclusion are permitted, making misuse all but inevitable. Such cultures must, though, be accompanied by appropriate environments, adequate staffing, and sufficient ongoing training to develop and implement the trauma-informed, attachment-based individual positive behaviour support plans that are also essential (Davy et al., 2024; Poed et al., 2020).

Training will, however, never be enough. Mandatory structured de-briefing after every episode of restraint or seclusion must provide evidence of critical reflection

on how and critically why the efforts in place to prevent failed, and how such learning will be applied to redesign and improve existing support plans (Scottish Government, 2024).

Teachers and teaching assistants must also, as part of any preventative initiative, have regular access to restorative and reflective practice supervision. This is needed to enable the toxic emotions they will inevitably experience when supporting children whose distress may present as behaviours they find challenging to be acknowledged, understood as normal and heard and held in a safe space (Hanley et al., 2017). Such approaches empower schools and teachers to use evidence-based, emotionally literate, compassionate and relationally based strategies to support children, while minimising burnout and compassion fatigue in teachers (Armstrong, 2018; Paterson et al., 2021).

TEACHING AS AN EMOTIONAL PRACTICE

Both being a teacher and the practice of teaching are perfused with the feelings of those involved in the process. Teaching is, therefore, always and inextricably an emotional activity, whether through conscious design or default (Hargreaves, 1998). However, it is only by explicitly recognising the emotional dimensions of practice individually and organisationally, and by nurturing relationships and providing mechanisms, structures and processes to foreground, normalise and safely contain them, that we can minimise any potential negative impact (Bion, 1967). By doing so, we can enable staff to sustain the detached concern central to relationally based and trauma-informed practice (Bryson et al., 2017) within a whole-school attachment-based and trauma-informed approach (NEU, 2024; Thomas et al., 2019). In the absence of such supervision, a form of collective denial may develop in which repressed hostility becomes 'hidden in plain sight', invisible yet exerting a toxic and corrupting effect upon the school's culture (Plapinger, 2013, p. 206).

PREVENTION AND REGULATION

There remain strong arguments for banning the use of both restraint and seclusion. Without reliable data on their use and associated injuries, it is impossible to quantify any benefit their legitimisation brings, and the harms associated may significantly outweigh them (Equality and Human Rights Commission, 2021). The continued use of restraint and seclusion on 'children with psychosocial disabilities, including children with autism, in schools' in the absence of such data has been criticised by the UN Committee on the Rights of the Child (2016).

In the absence of such a ban, we must, though, be sceptical of the value of single-dimensional interventions,

whether these involve more robust policy guidance or improved approaches to behaviour management. ‘Wicked problems’ must always be understood to be systemic and not individual problems, and thus not problems that can be caused by or solved by altering any single aspect of the system (Grint, 2010).

However, preventing the misuse of restraint and seclusion must start with acknowledging that they are being used. Describing restraint as ‘support’, ‘positive handling’ or ‘care’, which some education staff have expressed a preference for (DfE, 2024), is profoundly misleading and may lead staff to underestimate the potentially catastrophic impact of these interventions on the child. Isolating a child in a locked room, in the absence of the detailed individualised child-centred preventative strategies needed to ensure it is the least restrictive intervention, is not seclusion. It is solitary confinement and may in some circumstances be a criminal act (Brown, 2020).

Enacting a complete ban on either restraint or seclusion, or indeed both, may be impractical. Schools have an enhanced duty of care for children with disabilities or who are neurodiverse. In some instances, failing to momentarily restrict the child’s behaviour where it was foreseeable that such a decision would be likely to result in severe injury would be unethical and unlawful. Staff without training in such situations may unwittingly use highly dangerous procedures, and training may thus play a crucial role in helping to keep some children safe.

Misuse prevention requires the enabling and quality assurance infrastructure within the school and the authority that ensure that restraint or seclusion cannot be used in the absence of regularly reviewed individual support plans designed to eliminate their use. The vulnerabilities in children, staff and systems that create the potential for corrupted cultures to develop will always be present and must be understood and actively managed (Nunno et al., 2021). The problem of corrupted cultures and the misuse of restraint and seclusion thus remains a wicked one. There is no ‘stopping solution’; that is, no permanent fix to the problem (Rittel & Webber, 1973).

CONCLUSION

Schools must be constantly sensitive to how one person’s influence can significantly impact a group (Ebrahim & Paterson, 2022). An individual can exert a significantly negative influence on how situations are understood and responded to, establishing norms within the group and making it hard for others outside the ‘group’ to challenge bad practices. Expecting ‘bystanders’ to be courageous and confront such problematic behaviour when there is literature telling us they are, with good reason, often frightened of the consequences for themselves and their careers (University of Greenwich/Public Concern at Work, 2013) is a policy that has repeatedly failed (Calcraft, 2005). Structured training for staff on

how to intervene in situations of concern regarding corrupted cultures or questionable practices while minimising risk to themselves must be an essential component of any restraint and seclusion misuse prevention strategy (Gamble Blakey et al., 2023).

Teachers, and indeed all staff working in schools, need to be aware of and understand the connectedness between the internal/intrapersonal and external and environmental factors that influence their professional practice and decision-making. While individual ‘bad apples’ evidently exist, we must remain aware that subgroups within a team, regardless of their official status, may also come to hold significant power in setting and enforcing cultural norms. It is therefore vital that all individuals within a system are enabled to uphold the explicit values of the school and encouraged and supported to challenge the individual, team and service when behaviours are not in keeping with those values. This supports ongoing, active, open learning, addressing issues as they arise with individuals and teams and helping to continually nurture the culture needed.

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ORCID

Brodie Paterson  <https://orcid.org/0009-0008-3616-8098>

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