

# **Ethical Leadership and Physical Restraint – an oxymoron?**

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## **Introduction**

The focus of this paper is deliberately limited to the small minority of situations in which the use of force is still necessary. It should be considered within the context of a wide range of publications and knowledge which focus on positive behaviour management and other ways of avoiding the need to use of force. It is not about promoting restraint, rather that there is clear leadership about if and when the use of force is appropriate. The issue of reasonable force in settings needs to be tackled head on because in the past a failure to do so has resulted in unnecessary confusion and distress.

It is argued that an ethical approach to leadership within such settings is a most important approach. This paper will explore what ethical leadership is, what are the legal issues, and the implications for those leading settings where physical interventions are likely.

## **Ethical Leadership – What is it?**

I believe that leaders have a particular responsibility in the creation of an ethical culture within their organisations.

**Ethical leadership involves both acting and leading ethically over time all the time. (University of Kansas, 2012)**

In order to unpack what this means in terms of physical restraint it is necessary to first examine what is ethics and thinking ethically.

## **What is Ethics?**

Ethics refers to two things:

- to well based standards of right and wrong that prescribe what humans ought to do, usually in terms of rights, obligations, benefits to society, fairness or specific virtues
- to the study and development of one's ethical standards

## **Thinking Ethically**

Velasquez et al (2012) identify that moral issues confront us on a daily basis in our professional and personal lives. They also state that many of us ignore the first and most important step, that of getting the facts. In relation to the topic of this paper, restraint is often characterised as 'wrong' and a 'bad' thing to do. Proponents of banning restraint often claim the moral and ethical high ground and this is even more so when discussions are around restrictive ground restraints. I had an interesting and important recent 'twitter' discussion about this area and for more detail on the discussion please visit:

<http://www.nickburnettccp.com/2011/12/21/to-ban-prone-restraints-or-not/>.

This paper will go onto argue that this is not necessarily so and we need to examine the facts to make an informed decision.

Velasquez et al (2012) also go onto identify that Philosophers have developed five different approaches to values to deal with moral issues:

1. The Utilitarian Approach - To analyze an issue using the utilitarian approach, we first identify the various courses of action available to us. Second, we ask who will be affected by each action and what benefits or harms will be derived from each. And third, we choose the action that will produce the greatest benefits and the least harm. The ethical action is the one that provides the greatest good for the greatest number.
2. The Rights Approach - focused on the individual's right to choose for herself or himself, and an approach that contains a number of other rights including the right not be injured.
3. The Fairness or Justice Approach - The fairness or justice approach to ethics has its roots in the teachings of the ancient Greek philosopher Aristotle, who said that "equals should be treated equally and unequals unequally." The basic moral question in this approach is: How fair is an action? Does it treat everyone in the same way, or does it show favoritism and discrimination?
4. The Common-Good Approach - In this approach, we focus on ensuring that the social policies, social systems, institutions, and environments on which we depend are beneficial to all.
5. The Virtue Approach - In dealing with an ethical problem using the virtue approach, we might ask, What kind of person should I be? What will promote the development of character within myself and my community?

Having knowledge of these approaches suggests we should examine any ethical issue through looking at it from these 5 viewpoints but this method, of course, does not provide an automatic solution to moral problems. It is not meant to. The method is merely meant to help identify most of the important ethical considerations. In the end, we must deliberate on moral issues for ourselves, keeping a careful eye on both the facts and on the ethical considerations involved.

The whole issue of ethics is fraught with difficulties but is something we would all aspire to in our decision making as leaders. In furthering the discussion I will now turn to the legal issues around the use of force which it is hoped would have a close link with ethical decision making around the use of physical restraint.

## **Legal Issues**

Children have a number of enforceable legal rights including their rights to a safe environment at school, in a preventative sense. Staff also have rights. It has been confused by some settings and by some people in senior positions that the child's rights mean that there is a sacrificing of institutional authority and influence.

The level of authority and influence would obviously depend on the context, age and characteristics of the child. The child's possession of legal rights provides certain legal protections and remedies but does not allow them to do what they want, when they want, just as an adult's legal rights does not allow them total freedom. As identified in the following judgement:

**“Teachers, no less than other citizens, have rights which include the right not to be assaulted, threatened with violence, insulted in a public place or defamed. Students also have [these] rights.” Carson v Minister for Education (Qld) 1989.**

## **The Law**

### **Best interest**

The overriding principle relating to positive handling is that the best interests of the client take precedence over every other consideration. The first line of the United Nations Convention on the Right of the Child states that the welfare of the child shall be the paramount consideration. Paramount in this context means that it is the first thing people should think about and it should take precedence over every other consideration. This is sometimes referred to as the paramouncy principle.

### **Reasonable, Proportionate and Necessary**

The legal systems of Australia contain the concept of common law. Most common law hangs on the word “reasonable” yet the word keeps changing meaning depending on the circumstances of each case. For example an action taken in response to an attack with a baseball bat might be deemed reasonable by a court, whereas exactly the same action taken in response to a verbal assault would be judged to be excessive and unreasonable. What determines the reasonableness of a particular intervention is often governed by whether or not it was “proportionate”. Interventions should also be seen to be necessary.

Staff should always use the least intrusive and least restrictive intervention for the shortest time to keep people safe.

### **Making Reasonable Adjustments**

Organisations are expected to make reasonable adjustments to their environments and routines to ensure that people have equal access to services, irrespective of their disability. What constitutes “reasonable” adjustment will be clarified by court judgements in the future.

Often the focus is on physical disability when people discuss disability discrimination, but there are many examples where people are excluded from education and training as a result of their own behaviour. Behavioural, emotional and social difficulties perhaps should be considered a disability in certain circumstances.

Enforcing rules concerning safe behaviour in the short term need not be discriminatory; however organisations would have to show that they make reasonable adjustments to their routines and policies in the longer term to take account of any behaviour which results from a disability.

Where challenging behaviour is the factor which is limiting a person's opportunities the minimum "reasonable adjustment" an employer can make is to ensure adequate staff numbers and provide better guidance and training.

### **Duty of Care**

Both employers and employees have a duty of care. Employers also have a duty of care towards their staff. It would be negligent of an employer not to provide the time and resources for proper training. It would also be negligent of an employee not to cooperate with their employer over occupational health and safety issues.

The term "duty of care" is an important one in most legal systems. Anyone who is paid to work with children or vulnerable adults has duty of care towards them. "Negligence" involves a breach of that duty of care which results in injury. For a case of negligence to be proved all three elements must be evident:

- Firstly there must be a duty of care.
- Secondly there must be a breach of that duty of care which normally means somebody took an unreasonable risk.
- Thirdly there must be some ensuing damage or injury.

A breach of duty of care may involve either taking unreasonable action (acts of commission) or failing to take reasonable action (acts of omission). Where risk is foreseeable there is no excuse for waiting until damage or injury occurs. A responsible approach is to anticipate what could possibly go wrong and look at what steps can be taken to prevent it.

### **Occupational Health and Safety Planning**

The employer has a legal responsibility to ensure that there are safe systems in place to assess and reduce risk. Employees have a legal duty to cooperate in all health and safety matters.

### **Risks Assessment**

There should only be one event in which a previously unanticipated behaviour takes staff by surprise. An unforeseen event may require an emergency response, but after that staff have a duty to plan ahead. Previous behaviour is the best guide to future behaviour and if a person has presented dangerous behaviour in the past there must be a risk assessment.

### **Risk Reduction**

Once a level of risk has been established staff need to look at possible ways of reducing the risk. It is important to stress that it is not always possible to eliminate risk, but both employers and employees are expected to cooperate to take reasonable steps to reduce identified risks, where possible.

### **Protection from Uncontrolled Risk**

If the remaining risk is still significant, which may be the case when the hazard is violent behaviour, then the employer may take steps to organise work to reduce exposure. Help protocols in Team-Teach are designed to reduce

exposure of individual staff by encouraging teamwork, saving face by changing face.

### **Communication**

Where a risk has been identified there is a duty on both employees and employers to communicate the risk to anyone likely to come into contact with it. Employers have a duty to provide to their employees the “information, instruction, training and supervision necessary” to enable them to perform their work in a manner that is safe and without risk to their health.

### **Employee Duties**

Employees also have a duty to take all reasonably practicable steps to ensure that they do not take any action, or make any omission, that creates a risk, or increases an existing risk, to the health or safety of themselves, or of other persons (whether employees or not).

### **Human Rights**

Many countries have integrated international conventions on Human Rights into their legislation. In recent years great progress has been made in promoting the rights of children and vulnerable adults. However, this does not mean that everybody can always do exactly as they please. All societies have to balance rights against responsibilities. In some societies adults who understand the risks are allowed to make choices which may place them in danger. Adults are allowed to smoke, drink and indulge in a range of dangerous sporting activities. Children and vulnerable adults are not always given the same choices and staff need to think carefully about the implications of this. In the absence of any specific legislation, such as a court order, staff should only take actions which could be construed as preventing a person having access to their full human rights when it is absolutely necessary to protect their welfare.

There are occasions when caring adults have a duty to take action on behalf of the people to whom they owe a duty of care. Sometimes carers are obliged to take actions which would in other circumstances be unreasonable or even illegal. People do not normally touch other people unless invited, interfere with their property, move them from place to place or restrict their movement. Yet for carers there may be times when such actions are reasonable and even necessary.

If they fail to take action, and as a result negligently allow a child or vulnerable adult to come to harm, they could be liable for any damage which ensues.

When people are honest in their attempts to do the right thing they are said to be acting in “good faith”. Staff who act in good faith in the best interests of those for whom they have a duty of care deserve support.

### **Policy and Guidance**

There are certain key principles that have been identified that policy and guidance for staff should include in this area, they are:

- Values – policy and guidance should clearly identify the values basis of the organisation

- Risk and Restraint Reduction – it should emphasise a proactive approach to support strategies and interventions
- Ensure the rights of service users is acknowledged and their views sought
- Least restrictive intervention for the minimum time
- Identifies how staff are supported and debriefed

### **British Institute of Learning Disabilities (BILD) Code of Practice**

The Code of Practice is an example of good practice in terms of promoting legal and ethical issues within the area of physical restraint. The UK Government commissioned BILD in 2001 to write a Code of Practice for Trainers in Physical Interventions. This is now in its third edition which identifies itself as a code of practice for the use and reduction of restrictive physical interventions. Its three editions reflect the journey that many countries/organisations often go through as well:

1. Acknowledge restraint is being used
2. Restrain better/safer
3. Reduce the amount of restraint

It talks about balancing the rights and responsibilities of individual staff members and service users; acknowledging that the safety of staff and the people they support must be taken into account. The latest edition is about refocusing previous work onto highlighting:

- 'the importance of positive behaviour support
- the importance of reducing the use of restrictive physical interventions
- issues relating to poor practice
- examples of best practice and positive support of vulnerable children, young people and adults
- the importance of appropriate cultures within care and education and high quality services' (p 10-11, BILD, 2010)

It is now a requirement that any training that includes physical interventions within an education settings is accredited under the BILD Code of Practice.

### **Safeguarding Children**

As a parent I would want to protect my own children from harm. I would also want them to be protected at school and if they were in residential care I would want them protected there too. I would want to know that somebody would comfort them if they were upset. I would like to think that if they needed to talk, a Principal would invite them into the office, sit down and listen to them, rather than call for a witness. I would like to think that if they were crying in the playground a teacher aide would not be too scared to give them a cuddle. No doubt some experts will already be squirming at such unprofessional behaviour, but perhaps it is time to challenge the experts.

## **The Issue of touch**

There is a lot of confusion about safeguarding children. As part of the induction a friend's partner in becoming a teacher aide she attended a training day led by an expert on child protection. The expert told the audience that these days he would never touch a child. He would "not even shake a child's hand". The teacher aides were left feeling guilty and confused. In the UK the 'teachernet' website at the beginning of 2007 advised teachers how to avoid allegations. It recommended that they avoid touching children altogether as "even a friendly pat on the back could be misinterpreted." (other government guidance issued towards the end of 2007 stated that "no school should have a no touch policy")

A Secondary School in Queensland has implemented a 'Hands Off' policy designed to reduce the amount of touching between students and also making it clear that staff would not touch students. This was communicated to parents through the distribution of its newsletter which contained photographs of the recent sports day with students leaning all over each other. The Principal has also shared how she was involved in trying to separate a fight. Was either of these examples of poor practice? Without knowing the full circumstances of either situation it is not possible to clearly identify but probably not.

It is too easy for well meaning advice to become inflexible dogma. Surely it is much more appropriate to provide guidance to staff and students on what is appropriate touch rather than 'no touch', which could be at odds with the duty of care legal requirements.

According to the research undertaken by Butler and Mathews (2007), the touching of a student, by way of comfort, encouragement, or as an ordinary and necessary part of maintaining school order is acceptable and does not offend any legal statute. They refer to the case of *Horan v Ferguson* [1995] Qld where it was accepted that a pat on the back to applaud good work or guiding a child into a room was acceptable.

They also note that reasonable physical restraint of a student to protect the student or others is also lawful. Referring to the Victorian Institute of Teaching of Teaching Annual Report 2005-2006 which identifies that failure to restrain a student from harming another student may constitute professional misconduct, and may attract liability in negligence.

At a recent training event led by one of the authors, the issue of touching was discussed. One of the participants shared their school idea of identifying on a body map areas in green that are generally OK to touch with permission, areas in amber to get staff to clarify why they would be touching this area, e.g. the student had fallen over and injured themselves and needed first aid, and areas in red that should not be touched. These areas may vary to some extent depending on the school context. One of the authors was a Principal of a Special School which had students who still required intimate care needs at the age of 18 and 19 and probably would for the rest of their life, so the red areas may have clear stipulations on the circumstances that this would be OK as safeguards for staff and students.

In WA, the concept of Physical Touch<sup>1</sup> is referred to in guidelines, and in SA there are examples provided of appropriate and inappropriate touch. Whilst this is helpful, like all guidance it should be implemented through a questioning approach to make sure it is in the best interests of individual children.

### **Beware absolutes**

In an effort to simplify guidance some of the balancing arguments are often edited out, so that the translation becomes more dogmatic than the original guidance. People subconsciously tend to filter out arguments which do not support their own opinions, resulting in inconsistent messages at local level. Simplistic guidance gives the illusion of clarity until circumstances arise which expose the flaws.

Guidance which instructs that people should always do something, never do something, that it applies in all circumstances and there are no exceptions, should be treated with extreme caution.

In the legal systems of Australia there are very few things people are always allowed to do and very few things that people are never allowed to do. There are general rules but there are also exceptions for exceptional circumstances. As a general rule for most children, for most of the time, physical restraints are not necessary. They are not even an issue. It is obviously unreasonable to use forceful restraint when it is not necessary. This paper focuses only upon those exceptional circumstances in which such actions may be necessary.

### **Restraining**

Restraint is...

‘The positive application of force by staff, in order to overcome rigorous resistance; completely directing, deciding and controlling a person’s free movement. The purpose of its application should be to safeguard the person, other people or prevent significant damage to property. The proper use of which requires knowledge, understanding, skill and judgement. All restraints should be reported, recorded and reviewed.’  
(p16, Team-Teach Course Workbook 2012)

People are restrained on fairground rides, in cars and on aircraft when the seatbelt sign is on. They are restrained with splints and plaster casts to help them heal or prevent further injuries. The rescue services are equipped with a range of harnesses and straps with which to restrain people.

Restraining involves holding a person in one place either by the use of biomechanical restraints (muscles and bones), or other mechanical restraints (cushions, furniture, walls, floors, doors, clothing and specialist devices). Some lobby groups campaigned to ban the use of all mechanical restraints without really thinking through the implications.

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<sup>1</sup> PHYSICAL CONTACT – ‘When a staff member uses physical touch but not to the level of restraint for the purpose of caring for, correcting or directing a student. In most instances this will involve little or no force’ WA Department of Education Behaviour Management In Schools 2008

In Australia, most guidance, where present, refers to physical restraint but in a potentially confusing way some States, or settings within States, refer to physical handling as manual handling.

Whilst physical restraint may well involve manual handling, in many situations manual handling refers to intervening for an individual's health needs such as lifting, toileting rather than to protect the individual or others from harm or risk of harm due to dangerous, aggressive or violent behaviour.

Whilst it is unpalatable for many to use the word restraint it is not helpful to children or staff if guidance is not precise about when it is or is not appropriate to be using restraint. Dressing the action up in more palatable language can suggest that it does not happen, this is potentially more dangerous for all involved than accepting it does need to happen on rare occasions and then discussing the implications of this for children and staff.

## **Supporting staff**

Anyone who enjoys physical restraint is in the wrong job and the majority of people who we work with are desperately trying to avoid it. Sometimes guidance gives the impression that staff who find themselves in a situation where the use of force is necessary must have failed in some way. This is unfair.

Staff may do everything right, but still things go wrong. Even the best strategies have a statistical failure rate and when they do fail we should not automatically blame the people who were unlucky enough to be there when it happened. Professional staff who willingly place themselves at risk, acting reasonably and in good faith, deserve to be supported even when things go wrong.

## **Asking the Right Questions**

Some policies look as if they were drafted in an attempt to prevent staff from doing anything that could be challenged. This approach is fundamentally flawed. People in caring professions are often expected to do things as part of their work that would not be allowed in other circumstances.

Sometimes the reason people keep getting the wrong answers is that they are asking the wrong questions. Staff sometimes want the certainty of legal protection but that is not possible in a liberal society. We are all accountable.

There is an expectation in many professions that people will take actions in the course of their work which would be unlawful in other circumstances. Doctors and dentists sometimes cause injury and pain as they attempt to heal people.

If challenged they may have to justify their actions in a Court of Law. Even the armed forces and the police can expect to have their actions challenged in a Court of Law.

Professionals are not given immunity from legal challenge but they do need advice on how to defend their actions. Rather than asking whether a particular course of action might result in a legal challenge, lawyers could be put to work explaining the lawful defences which are available for those courses of action which leave staff feeling vulnerable. The one question staff should always

keep to the fore is how their actions were in the best interest of the child or vulnerable adult. That clear focus is the best guide to legal justification when a member of staff acts in good faith.

### **Lawful Defences**

Rather than focus on futile attempts to produce guidance which prevents staff from taking any action which could possibly result in accusations, which too often has resulted in staff not taking any action at all, we should focus on lawful defences. There are times when staff do need to take action, and failing to take action could itself lead to a charge of negligence.

The focus should be on why it was necessary for a particular member of staff to take action in a particular circumstance. The best lawful defence is that it was necessary to protect the interests of the client. Examples of a lawful defence would be an individual taking reasonable steps to defend himself, his family or others from injury, or to prevent harm to another person or property.

The clearest lawful justification is that the actions of a carer are reasonable, proportionate and in the best interests of the young person. Under Human Rights legislation they should be “absolutely necessary”.

### **Key Points and Questions**

It can help staff to maintain their focus on values and principles by keeping three questions in mind whenever they consider using force to control a person’s behaviour. It may be true that staff are legally empowered to use force to prevent injury, damage, the commission of criminal offences or even to prevent serious disruption.

However, rather than focus on the rights of staff it is more helpful to focus on the interests of the child or adult client.

- **How was this intervention in the best interests of the client?**
- **Why was it necessary?**
- **How was it reasonable and proportionate?**

The law also recognises that people make honest mistakes. If a person acts instinctively, in the heat of the moment but in good faith and with the best intentions, this may be a common law defence.

### **Ethical Considerations**

#### **Framework for Ethical Decision Making**

The Ethics Resource Center ([www.ethics.org](http://www.ethics.org)) identify what could be a useful framework for leaders wishing to examine their decision making through an ethical lens.

Six steps to ethical decision making

- Define the problem – PLUS
- Identify the alternatives
- Evaluate the alternatives – PLUS
- Make the decision

- Implement the decision
- Evaluate the decision - PLUS

Where the PLUS are the ethics filters

- P = Policies  
Is it consistent with my organization's policies, procedures and guidelines?
- L= Legal  
Is it acceptable under the applicable laws and regulations?
- U = Universal  
Does it conform to the universal principles/values my organization has adopted?
- S= Self  
Does it satisfy my personal definition of right, good and fair?

If we are using this framework to examine whether we should use physical restraint if we are advocating ethical leadership then there could be some interesting discussions between relevant people.

### **Ethical Principles and Advice**

Adler (1998) identifies what he believes are important ethical principles:

- "No place to run, no place to hide" - No one can escape decisions with ethical implication
- Society could not function without widespread ethical behavior
- There are no moral absolutes- at least no simple ones
- Ethical lines aren't always clear, but that doesn't mean they don't exist
- Most people have an innate drive to act morally that competes with their innate drive for selfishness
- The sincerity and intensity of one's convictions provide no reliable guide to whether they are correct.
- Sometimes none of your options are desirable - you must violate one ethical principle in favor of a higher one

Adler (1998) also identifies what he calls 'ethical advice':

- Be virtually honest with yourself at all times
- Realize that important ethical decisions usually require painful trade-offs, and that you will rarely know whether you've made the right decision
- Try to make ethical decisions through "disinterested reflection", i.e. look at the issue from the perspective of a neutral third party
- Be your most creative when making ethical judgments, not when rationalizing immoral behaviour

## Reducing Risk and Restraint

There have been a number of suggested approaches and tools to help settings implement restraint reduction strategies. Two of these are briefly explored below.

Huckshorn (2005) identified six core strategies he believed were important in implementing a culture of reducing the use of seclusion and restraint:

- Leadership
  - Organisational commitment at a senior level
  - Reduction goal clearly enshrined in mission statements and policy documents
- Using Data to Inform Practice
  - Data driven functional analysis
  - Collection of data on the use of reactive procedures
  - Guidance on data analysis
  - Programmatic evolution as a result of data collection
- Workforce Development
  - Competency based carer / staff training programmes
- Use of Specific Restraint Reduction Tools
  - PBS model
  - Emphasis on prevention
  - Risk assessment
- Service User Involvement
  - Involving service users as partners in initiatives to reduce restrictive practices
- Debriefing Strategies-
  - Post incident support for service users and staff / carers
  - Proactive stress management for service users and staff / carers

Team-Teach Asia Pacific promotes the use of an action plan tool with the purpose of helping services become safer places for people to work in. The aim is that leadership and management of the services can actively look to reduce risk and restraint for the people they are legally responsible for by using the target objectives.

Leadership and management set the conditions by which a risk and restraint reduction culture is established. The active commitment of leadership and management to use a “Risk & Restraint Reduction Action Plan” as a template to assist with this goal has already proved its worth.<sup>2</sup>

The target objectives were informed by:

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<sup>2</sup> See case studies on [www.team-teach.com.au](http://www.team-teach.com.au).

- Research conducted by the NFER who looked at how Circular 10/98 "On" The Use of Force to Control or Restrain Pupils." had impacted on services.
- The guidance produced by the DfES IRS Co-ordinators.
- George Matthews (Owner and Director of Team-Teach in the UK, and joint Director of Team-Teach Asia Pacific) attending, as an observer, the Gareth Myatt inquiry.
- Providing expert witness reports related to investigations into staff practice have helped determine the key areas that managers should be aware of related to risk and restraint.

The Reducing Risk and Restraint Action plan has the following headings:

- Service/Employer Strategy
- Policy
- Critical Friends
- Risk Assessment
- Incident Reports
- Positive Handling Plans
- Complaint and Concern, Listening and Learning Procedures
- Staff Training
- Training Provider

Whilst in isolation the action plan tool will not ensure that services are becoming more effective in reducing risk and restraint it can prove a useful starting point or audit tool for services to assess where they need to develop further.

## **Conclusion**

Behaviour does not occur in a vacuum and as the emphasis has moved towards ameliorating the fears, frustrations and discomforts which create behaviour difficulties so the requirement for the use of force in all settings has diminished. Sensitive management of the environment, greater understanding of the internal processes which drive human behaviour and the provision of skills in defusion, de-escalation and diversion have rightly been at the centre of guidance and training.

Although we are much more comfortable talking about those strategies, leaders also have a duty to give clear advice and leadership about what to do when the use of force becomes necessary. The majority of professional staff are trying to do the right thing in difficult circumstances. Too often guidance which is intended to address those difficult circumstances cannot resist the temptation to drift back to the discussion of more palatable alternatives, concentrating upon risk avoidance at the expense of risk management.

One of the philosophical approaches mentioned at the beginning of the paper was that of a 'Rights' Approach. Interestingly, The BILD Code recognises:

'the importance of balancing the rights of vulnerable children and young people with the rights of those people who choose to support, educate and work with them.'(p7)

Examining this often unspoken, as it is an unpalatable, element of supporting children who display behaviours that present risk to themselves or others is a crucial element of successful leadership in such settings. I would argue that ensuring leaders are making decisions through an ethical lens will be much better placed to be able to justify their decisions to others and more importantly themselves.

## **References and Further Reading**

- Adler, R. (1998). 'Managerial Ethics' Copyright National Rural Education Association Fall 2003
- Allen, B., (2003) "Changing Minds": Steaming Publications
- Allen, B., Burnett, N., Matthews, G. (2012). "Team-Teach Course Workbook" Steaming Publications
- British Institute of Learning Disabilities (2010) "Code of Practice for the use and reduction of restrictive physical interventions": BILD
- Burnett, N. and Allen, B., (2010) "Reducing Risk and Restraint in Asia-Pacific" Nick Burnett Publishing
- Burns, J.M. (1978) 'Leadership' New York: Harper and Row
- Butler, D. and Mathews, B. (2007) Schools and the Law, Federation Press: Sydney
- Ethics Resource Center, 'A Process for Ethical Decision Making' - 1747 Pennsylvania Ave, Suite 400, Washington, DC 20006 – accessed at [www.ethics.org](http://www.ethics.org) on 19/4/12
- Huckshorn, K. (2004-1). Reducing seclusion & restraint use in mental health settings. *Journal of Psychosocial Nursing & Mental Health Services*, 42(9), 22-33.
- Huckshorn, K. (2004-2). *Six core strategies to reduce the use of seclusion and restraint planning tool (draft)*: Kevin Huckshorn.
- Huckshorn, K. (2005). *Reducing the use of seclusion and restraint: A national initiative toward culture change and transformation*. Alexandria: Kevin Huckshorn.
- Starratt, R.J. 1991 – 'Building an Ethical School: A theory for practice in educational leadership'. *Educational Administration Quarterly*, 27 (2), pp. 185 - 202
- Velasquez, M., Andre, C., Shanks, T., S.J., and M.J. Meyer – 'Thinking Ethically: A Framework for Moral Decision Making' Santa Clara University <http://www.scu.edu/ethics/practicing/decision/framework.html> accessed 19/4/12