When risk outweighs happiness: a reflection on restrictive practices and human rights in support services

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Editorial comment

This paper has many key messages for all those who work with or live with children, young people and adults. Although it is focused on staff and practice in support services, one could argue that it has important messages for child-rearing practices and human interaction more widely. Its basic premise is that often, unwittingly, when trying to manage incidents deemed to be problematic or challenging, we often resort to ways to control and restrict the person or people concerned, rather than trying to ascertain the reasons underlying their behaviour. This can then be the start of a journey which becomes more and more restrictive and the individual(s) concerned have to earn their right to activities or experiences they enjoy, rather than the latter being seen as part of a plan to restore their mood and wellbeing. Although the principles promoted are based on a single case study, any readers who have worked in a number of establishments or worked with families in crisis will instantly recognise the downward spiral resulting from thinking that sanctions work and risk management comes before a detailed analysis of why an individual might be behaving in this way. The author, Rhiannon Ansemous, is an Associate Psychologist with Studio 3, established by Andrew McDonnell who developed the Low Arousal Approach (McDonnell, 2019). She makes the important point that staff working in support services are generally very caring and do not act with malice, but they often lack appropriate training in alternative ways of assessment and approaches, leading to care without insight and resultant harm. For readers wishing to know more about the Low Arousal Approach described in this paper, the book written by Andy McDonnell in 2019, is given in the references.

Introduction

Across the UK, autistic individuals with learning disabilities are supported by services that are expected to promote safety, wellbeing and a meaningful life. Yet in many settings, the concept of "risk" has become a dominant organising force – often at the expense of autonomy, dignity, and happiness. When risk management eclipses a person's right to joy, connection, and agency, the result is not safety, but stagnation and suffering. This overemphasis on risk has been widely criticised in the literature as contributing to the erosion of rights, autonomy, and personhood for individuals with disabilities (Clement and Bigby, 2009).

Restrictive practices remain widespread in services for autistic people in the UK, particularly in response to behaviours of concern, despite national policy emphasising their reduction (CQC, 2020; RRN, 2019). Autistic adults, especially those with learning disabilities, are disproportionately affected by high levels of environmental control, which can compromise emotional regulation, increase distress and reduce their quality of life (Beadle-Brown et al., 2016). This paper contributes to a growing body of reflective practice that questions these dominant risk-driven approaches.

Centred on the anonymised story of Daniel, a 40-year-old autistic man with learning disabilities, this paper explores the psychological and systemic consequences of restrictive care. Daniel's escalating distress occurred in the context of unacknowledged trauma and increasing restrictions. Drawing on trauma-informed principles, psychological theory and human rights frameworks, this paper argues for a cultural shift: from containment to compassion, and from risk avoidance to relational safety.

This paper is grounded in the findings of a three-day, independent service review involving interviews with staff, managers, and professionals, alongside document and behavioural analysis. A thematic analysis was used to identify core patterns in support culture and emotional expression. These insights inform a broader reflection on iatrogenic harm and the role of low arousal, trauma-informed approaches in restoring wellbeing, dignity and voice.

Daniel's story: a life unravelled

Daniel had spent more than two decades attending a life skills programme that formed the cornerstone of his weekly routine. This offered social engagement, a sense of purpose, and the consistency he relied upon to feel secure and regulated. Then, without warning or a phased transition, the placement was abruptly withdrawn. This severed long-standing relationships, stripped away routine, and deeply impacted his sense of identity and confidence.

Daniel's response must be understood through an autistic lens. The sudden loss of structure and relational stability likely intensified his emotional distress. The theory of monotropism suggests that autistic individuals often engage deeply with specific routines or interests; disruptions to these can cause overwhelming cognitive and emotional dissonance (Murray et al., 2005). Milton's (2012) "double empathy problem" further reminds us that autistic distress is frequently misread or invalidated by neurotypical observers, which can exacerbate interpersonal breakdowns and unmet needs.

Simultaneously, Daniel was navigating multiple bereavement, including the death of a beloved uncle and grandfather, while becoming increasingly anxious about his father's declining health. His understanding of loss was shaped by emotional vulnerability and cognitive difference, leaving him without the emotional scaffolding required to process grief. For individuals with intellectual disabilities, grief may manifest in complex ways, often through behavioural expressions of inner turmoil (Dodd, 2005; Reardon, 2020).

Over time, Daniel became increasingly anxious, withdrawn, and, at times, aggressive. These behaviours were not signs of dysfunction, but coherent responses to trauma and disempowerment. As his world became less predictable and relationally secure, his distress escalated. Yet, rather than responding with curiosity or compassion, the service increasingly focused on controlling risk, missing critical opportunities to support emotional healing.

The rise of restriction: when risk becomes the priority

Over an 18-month period, a clear pattern emerged. With every expression of distress, a new restriction was introduced. Daniel was no longer permitted to go on outings to watch cars pass – an activity that provided calm and sensory regulation. He was told he could not have a girlfriend. When it was suggested that he might benefit from visits with a therapy dog, given his clear affection for animals, the idea was dismissed on the grounds of risk. Yet when this was questioned, it became clear there had been no prior incidents involving dogs. The concern was based solely on anticipated or perceived risk. Daniel was also prevented from joining a new day group and access to preferred television programmes and foods was similarly withdrawn.

Each of these decisions, in isolation, may have appeared defensible within the service context. However, their cumulative effect was profound. The piecemeal removal of Daniel's regulating and meaningful activities resulted in the systematic erosion of his autonomy and wellbeing. His right to happiness was not viewed as intrinsic, but as something contingent upon behavioural compliance. This approach directly contravenes the principles outlined in the United Nations Convention on the Rights of Persons with Disabilities, which affirms the right to participation, choice and community inclusion (United Nations, 2006).

The dangers of this model are well-documented. Restrictive practices – including the withdrawal of social, sensory, or relational activities – are rarely effective at reducing behaviours of concern. Instead, they can entrench distress, damage trust and escalate behaviours over time (LaVigna and Willis, 2012; McGill et al., 2010). Within risk-averse service cultures, human rights may be gradually sidelined, replaced by behavioural compliance as the primary measure of success. In such contexts, emotional needs are often neglected, and the person behind the behaviour can disappear entirely.

When the man behind the behaviour disappears

As restrictions increased and behaviours were increasingly pathologised, something tragic began to unfold: Daniel, the person, started to disappear. Conversations about his care became dominated by references to "incidents," "risk assessments," and "interventions". Mentions of his preferences, humour, memories, or aspirations grew increasingly rare. The human behind the behaviour – his personality, interests, and identity – was submerged beneath a sea of procedural documentation. Staff reports detailed antecedents and consequences, but rarely paused to ask: What brings Daniel joy? What makes him feel respected, safe, and seen? What does a good day look like for him?

This is a familiar pattern in risk-dominated environments. Behaviour becomes the primary lens through which a person is viewed. Over time, the individual is no longer perceived holistically but is reduced to a behavioural profile, defined by charts, triggers and scoring systems. In such a framework, emotional needs are overlooked and identity can slowly erode.

To reclaim the individual, services must reorient their approach – one that places connection, story and personhood at the centre. When we shift from reacting to behaviour to understanding the person beneath it, we begin to create the relational safety required for healing and growth.

Caring, but unaware: the role of staff culture

It is important to emphasise that Daniel's support team did not act out of malice or neglect. Many staff members clearly cared for him, expressed sadness about his situation and genuinely wanted to do right by him. But care without insight can still result in harm.

Staff were operating within a culture of fear, blame and heightened scrutiny. With limited training in trauma, autism or relational practice, their default response was to manage behaviour rather than understand it. Research shows that staff working under chronic stress and without adequate trauma training are more likely to adopt reactive, rather than reflective, approaches (Hastings et al., 2004).

In Daniel's service, interventions were often compliance-focused, procedurally driven and reactive. Opportunities for reflective practice were scarce, and little space was available to explore how staff responses might be influencing the very behaviours they sought to manage. This is not a failure of individual staff members. It is a systemic issue. When organisations fail to invest in ongoing training, supervision and reflective support, staff are left ill-equipped to navigate complexity. As McDonnell (2019) argues, without a psychologically supportive culture, even well-intentioned teams can default to control, avoidance and over-reliance on risk management.

Change begins not with blame, but with understanding. Supporting teams to see the person behind the behaviour, to tolerate emotional ambiguity and to explore the meaning behind actions can transform not only individual outcomes, but also enhance staff wellbeing and job satisfaction.

The iatrogenic loop: when services become the source of distress

The term iatrogenic refers to harm caused unintentionally by medical or therapeutic intervention. Within the context of autism and learning disability support, iatrogenic effects can occur when the very systems designed to reduce distress inadvertently reinforce or escalate it.

Daniel's experience provides a clear illustration of this cycle:

1. Distress behaviours emerged in response to trauma and loss.
2. Restrictive interventions were implemented to manage perceived risk.
3. Access to meaningful activities and relationships was withdrawn.
4. Emotional needs remained unmet, compounding his distress.
5. Behaviours escalated, prompting further restrictions.

This feedback loop is not an isolated incident. It is common across many risk-averse services. When behavioural responses are managed through restriction rather than understood within their emotional and relational context, the system itself becomes a source of harm. As Gore et al. (2013) note, escalation cycles are often unintentionally maintained by service responses, particularly when interventions are not grounded in values-led, person-centred care. Over time, individuals may internalise blame, lose hope, or experience secondary trauma as a result of punitive or controlling environments.

Breaking this cycle requires a cultural and clinical shift: one that emphasises curiosity over compliance, context over control. Services must embrace trauma-informed principles, embed reflective practices and remain vigilant in examining the unintended impact of their actions. Practitioners should not only ask, *"What is the risk?",* but also:

> *"What is the emotional cost of removing joy, autonomy and connection from someone's life?"*

These are not just clinical concerns – they are ethical ones. NICE (2015) guidelines advocate for proactive, person-centred approaches to behaviours of concern, while the National Autism Strategy (DHSC, 2021) calls for increased autonomy, communication support and a reduction in restrictive interventions. Supporting emotional wellbeing must be recognised not as optional, but as a human rights imperative.

The Studio 3 Low Arousal Approach: a framework for relational safety

The Studio 3 Low Arousal Approach offers a powerful, evidence-informed alternative to traditional, risk-dominated models of care. Developed by Professor Andrew McDonnell, the approach is grounded in non-confrontational, person-centred principles that prioritise emotional regulation, empathy and thoughtful environmental adaptation. At its core, the Low Arousal Approach reframes distress behaviours as meaningful expressions of unmet need or dysregulation. Rather than viewing such behaviours as "challenging," they are understood as forms of communication – signals that something within the relational or environmental context requires adjustment.

Key components of the approach include:

- Reducing demands during periods of heightened stress.
- Avoiding punitive or confrontational responses.
- Using calm body language and non-threatening posture.
- Prioritising relationships, routine, and predictability.
- Supporting staff to reflect on their own emotional responses, beliefs and behaviours.

Importantly, the Low Arousal Approach does not ask services to ignore risk. It asks them to respond to it relationally. It challenges the prevailing narrative that control and restriction are prerequisites for safety. Instead, it promotes co-regulation, emotional attunement and mutual trust. When embedded across a service culture, this model has been associated with reductions in incidents, improved staff wellbeing and the rehumanisation of individuals receiving support (McDonnell, 2019). In Daniel's case, the consistent application of Low Arousal principles could have interrupted the iatrogenic cycle and provided a foundation for recovery, agency and relational connection.

Critically, the model equips staff with a structure for reflection and recalibration. It enables teams to move away from reactive, compliance-driven responses and toward relational understanding. In doing so, services can shift from a culture of containment to one of compassion, where emotional safety is recognised as a cornerstone of genuine support.

What Daniel needed: relational, regulating, respectful support

Daniel did not need more restrictions. He needed more safety. Not physical containment, but emotional safety: the kind that emerges from being seen, understood and supported within a consistent, compassionate, relational context.

A psychologically informed and trauma-responsive model of support would have included:

- Tailored support for grief and loss, including adapted psychoeducation.
- A structured, phased plan to manage the abrupt loss of his long-standing day placement.
- A holistic review of environmental stressors within his shared accommodation.
- Proactive steps to resume meaningful activity, routine, and social connection.
- Consistent implementation of the Low Arousal Approach, with embedded reflective practice and supervision.
- Access to a trusted therapist or keyworker trained in both autism and trauma-informed approaches.

Such an approach aligns with established best practices in both Positive Behaviour Support (PBS) and trauma-informed care. These frameworks emphasise the role of meaningful engagement, autonomy, and quality of life as protective factors that reduce the likelihood of behaviours of concern (Allen et al., 2011).

By supporting Daniel relationally, rather than reactively, services could have preserved not only his emotional wellbeing, but also his sense of identity, agency and connection to others.

The ethical imperative: happiness as a human right

Daniel's story raises a profound ethical question: do individuals with autism and learning disabilities possess the same right to happiness, love, and joy as everyone else? If the answer is yes – and it must be – then services must be held accountable not only for managing risk, but also for actively promoting wellbeing and flourishing. This requires a systemic and cultural shift. Happiness must be recognised as a fundamental outcome of care, not an optional extra. Restriction should be the rare exception, justified only in proportionate and time-limited ways. Staff must be supported through training, supervision and reflective practice to understand behaviour as meaningful communication. Services must invest in relationships, environments and routines that regulate, not retraumatise.

A life reduced to compliance and containment is not a life well lived. Psychological safety, like physical safety, must be deliberately and consistently cultivated. It is created through connection, validation, rhythm and access to joy—the very elements that make any life meaningful.

Implications for practice

Balancing risk management with emotional wellbeing remains one of the most critical challenges in supporting autistic adults with learning disabilities. This paper identifies several areas where practice can be strengthened, outlined below.

Invest in training

Equip staff with training that is autism-specific, trauma-informed, and aligned with Low Arousal principles. The emphasis should be on emotional regulation, co-regulation, and compassionate care – rather than behavioural control.

Adopt the Low Arousal Approach

Studio 3's model promotes relational safety, flexibility, and non-confrontational strategies that reduce distress while preserving autonomy and dignity.

Create reflective spaces

Supervision, debriefing and team discussions should include opportunities for staff to explore their emotional responses, values and relational dynamics.

Audit restrictive practices

Regular, transparent reviews should assess the rationale, impact and proportionality of any restrictions. These audits must be grounded in a rights-based framework.

Prioritise happiness and connection

A fulfilling life should not be conditional. Access to joy, relationships and identity-affirming activities must be recognised as protective factors, not privileges to be earned.

In line with the Good Autism Practice framework, these recommendations emphasise emotional regulation, co-produced planning and respectful risk-taking as foundational principles in effective support. Organisational governance should include:

- quality of life audits;
- feedback loops involving individuals and families; and
- meaningful metrics of wellbeing (e.g., frequency of joy-inducing activities, access to preferred routines and environments).

Although this paper is based on a single case study, the patterns observed reflect widely reported systemic challenges within autism and learning disability services. Future research should explore the prevalence of these dynamics and prioritise the voices of autistic people through participatory and inclusive methodologies.

Concluding comments

Daniel's story is not an outlier. It reflects a systemic pattern within services where the weight of risk eclipses the light of personhood. In prioritising containment over connection, many services unintentionally contravene not only best practice guidance, but the core human rights enshrined in UK law and policy. The right to a good life must not be viewed as secondary to the avoidance of incidents.

When happiness is made contingent on compliance, the people we support are reduced to their behaviours, and care systems shift from support to control. Daniel's escalating distress was not a failure of character – it was a failure of the structures designed to protect and enable him. It was a reflection of unacknowledged trauma, unmet emotional needs and an absence of relational safety.

The cost of this failure is profound. When joy, autonomy and identity are sacrificed in the name of perceived safety, the result is not protection – it is harm. In environments governed by fear, risk logs and restrictive protocols, individuals become case files rather than people. Daniel, like so many others, was not seen in his wholeness. He was perceived through the lens of incident reports, triggers and risk categories – a fragmented reflection of the person he truly is.

We must resist this reductionism. Every person we support carries a full and complex life story that deserves to be recognised, honoured and supported. Real change requires more than revised policies—it demands a paradigm shift in how we perceive behaviour, safety and support. Services must adopt the belief that people with disabilities have the right to lead rich, meaningful and connected lives. This means:

- Creating opportunities for joy and identity-affirming activity.
- Supporting autonomy even when it involves uncertainty.
- Building trust gradually, with patience and attunement.
- Interpreting behaviour not as a threat to control, but as a message to understand.

Above all, it requires asking: are we responding to distress with compassion, or reinforcing it with control? Are we helping people to heal – or deepening their wounds? We must create environments where distress is met with curiosity, not consequence; where emotional safety is prioritised as highly as physical safety; where professionals are supported not only to follow procedures, but to develop presence, relational depth and reflective capacity.

Ultimately, this is not just a clinical or organisational imperative – it is a human one. Services that prioritise emotional wellbeing, meaningful connection and quality of life are more likely to foster stability, reduce behaviours of concern and promote long-term resilience (Beadle-Brown et al., 2016).

The right to happiness is not a luxury. It is not a reward. It is a fundamental human need – and for individuals like Daniel, it is long overdue.

References

Allen, D, James, W, Evans, J, Hawkins, S and Jenkins, R (2005) Positive Behaviour Support: definition, current status and future directions, *Tizard Learning Disability Review,* 10(2), 4–11.

Beadle-Brown, J, Bigby, C and Bould, E (2016) Observing practice leadership in intellectual and developmental disability services, *Journal of Intellectual Disability Research,* 60(3), 246–257.

Clement, T and Bigby, C, 2009, Breaking out of a distinct social space: reflections on supporting community participation for people with severe and profound intellectual disability, *Journal of Applied Research in Intellectual Disabilities,* 22(3), 264–275.

Care Quality Commission (CQC), 2020. Out of sight – who cares? *Restraint, segregation and seclusion review,* London: CQC.

Department of Health and Social Care (DHSC), 2021. *National strategy for autistic children, young people and adults: 2021 to 2026,* London: DHSC.

Dodd, P (2005) *Supporting people with learning disabilities to deal with grief.* London: Mental Health Foundation.

Gore, N J, McGill, P, Toogood, S, Allen, D, Hughes, J C, Baker, P, Hastings, R P, Noone, S J and Denne, L D (2013) Definition and scope for positive behavioural support, *International Journal of Positive Behavioural Support,* 3(2), 14–23.

Hastings, R P, Hatton, C, Taylor, J L and Maddison, C, 2004. Life events and psychiatric symptoms in adults with intellectual disabilities, *Journal of Intellectual Disability Research,* 48(1), 42–46.

LaVigna, G W and Willis, T J, 2012. The efficacy of positive behavioural support with the most challenging behaviour: The evidence and its implications, *Journal of Intellectual and Developmental Disability,* 37(3), 185–195.

McDonnell, A A, (2010) *Managing aggressive behaviour in care settings: Understanding and applying low arousal approaches.* Birmingham: Studio 3 Publications.

McDonnell, A, (2019) *The Low Arousal Approach: Reducing conflict and restraint in challenging behaviour.* Birmingham: Studio 3 Publications.

McDonnell, A A (2020). *Reflecting on restraint and seclusion: A contemporary guide for understanding and reducing restrictive practices in health and social care.* Birmingham: Studio 3 Publications.

McDonnell, A (2020) *Reflecting on Restraint and Seclusion: A Psychological Perspective,* Studio 3 Practitioner Article. Available at: studio3.org/resources/practitioner-articles (accessed 26 June 2025).

McGill, P, Bradshaw, J and Hughes, A (2007) Impact of extended education and training in positive behaviour support on staff knowledge, causal attributions and emotional responses, *Journal of Applied Research in Intellectual Disabilities,* 20(1), 41–51.

Milton, D (2012) On the ontological status of autism: the ‘double empathy problem’, *Disability & Society,* 27(6), 883–887.

Murray, D, Lesser, M and Lawson, W (2005) Attention, monotropism and the diagnostic criteria for autism, *Autism,* 9(2), 139–156.

National Institute for Health and Care Excellence (NICE), 2015. *Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges,* NICE guideline [NG11], London: NICE.

Reardon, E (2020) My father’s death: the thoughts and perspectives of an autistic woman, *Good Autism Practice,* 21(1), 33–35.

Restraint Reduction Network (RRN), 2019. *Standards for reducing restrictive practices.* Available at: restraintreductionnetwork.org/rrn-standards (accessed 26 June 2025).

United Nations (2006) *Convention on the Rights of Persons with Disabilities,* Geneva: UN. Available at: un.org/disabilities/documents/convention/convoptprot-e.pdf (accessed 26 June 2025).