Socio-Emotional Aspects of Home-School Relationships regarding Parents of Children with Special Educational Needs and Educational Practitioners;

Perceptions of Blame, Stigma, Partnership and Empathy

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Declaration

This thesis results entirely from my own work and has not been offered previously for any other degree or diploma.

Signed ....

Date 03/09/13

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List of abbreviations

ADHD: Attention Deficit Hyperactivity Disorder

ASD: Autistic Spectrum Disorder

BESD: Behavioural, Emotional and Social Difficulties

CAMHS: Child and Adolescent Mental Health Services

DCSF: Department for Children, Schools and Families

DfE: Department for Education

DfEE: Department for Education and Employment

DfES: Department for Education and Skills

IPA: Interpretative Phenomenological Analysis

OCD: Obsessive Compulsive Disorder

ODD: Oppositional Defiance Disorder

OfSTED: Offices for Standards in Education

PMLD: Profound and Multiple Learning Difficulties

SCLD: Speech, Communication and Language Difficulties

SLD: Severe Learning Difficulties

SEN: Special Educational Needs

SENCo: Special Educational Needs Co-ordinator

TA: Teaching Assistant

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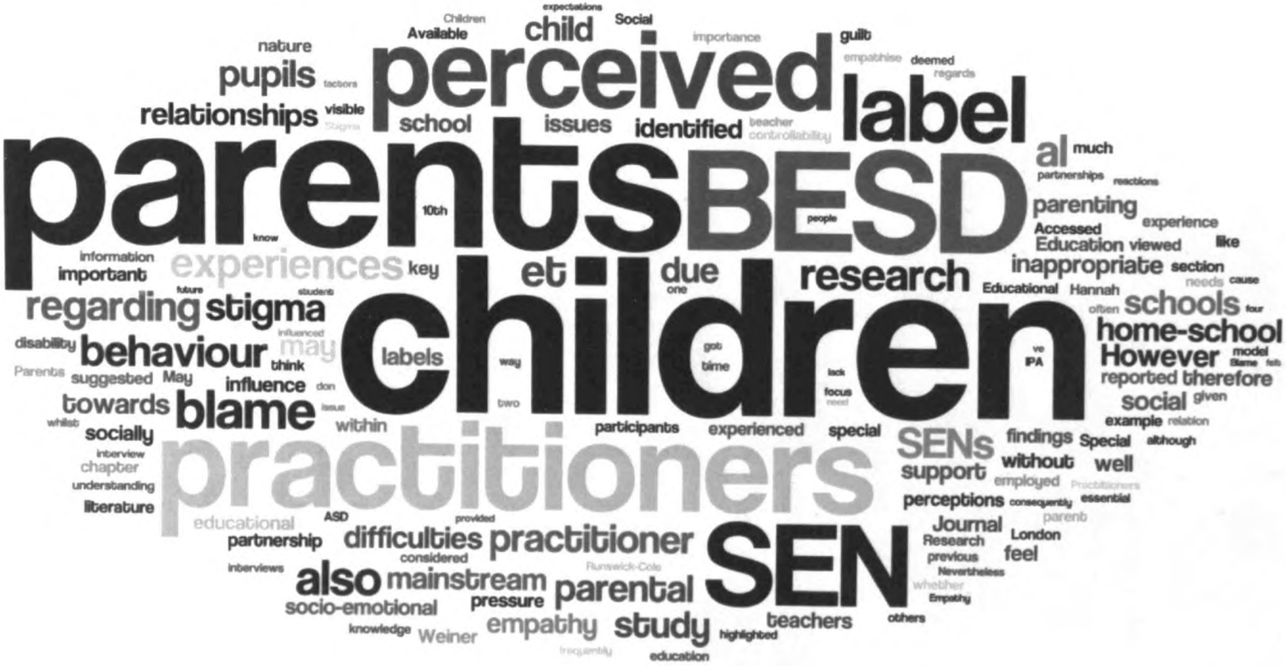
Abstract

There are frequent suggestions that parents of children with Special Educational Needs (SEN) and educational practitioners (practitioners) experience adversarial home-school relationships. Yet there was scope to explore the influence of the perceived *nature* of children's SENs on socio-emotional issues implicated in these relationships, namely blame and its closely related concept of stigma, in addition to partnership and empathy. Previous literature in this specific area had predominantly focused on parents who had children with the label of Behavioural, Emotional and Social Difficulties (BESD). This provided opportunity to also give voice to parents of children with other SENs in further depth, as well as practitioners.

This study therefore investigated socio-emotional aspects of home-school relationships with parents of children with SEN and practitioners, in accordance with a conceptual framework involving blame, stigma, partnership and empathy. Weiner's (1980) attributional model regarding the perceived controllability of stigmas was used as a theoretical lens. Based on an Interpretative Phenomenological Analysis approach, semi-structured interviews were conducted with 22 parents of children with SEN (both with and without the label of BESD), and 15 practitioners.

Findings identified how the perceived nature of children's SENs influenced perceptions of controllability, which impacted on experiences of blame, guilt and stigma. These experiences framed interest in 'labels' of SEN for children. With regards to partnership and empathy, the following factors were influential; practitioner approachability and trustworthiness, elements implicated in social class, head teacher approaches to SEN, and whether practitioners had children with SEN themselves.

This thesis highlights the importance of eliciting the experiences of parents of children with varying labels of SEN, who had very different stories to tell, whilst also recognising the need to give voice to both parents and professionals when considering socio-emotional aspects of home-school relationships. The need for wider practitioner investment in, and socio-emotional understanding of, the experiences of parents is also considered.



Word cloud with thanks to wordle.net

Publications arising from this thesis

Journal Articles

Broomhead, K. E. (in press). 'Going the extra mile'; educational practitioners compensating for perceived inadequacies in the parenting of children with Behavioural, Emotional and Social Difficulties. *Pastoral Care in Education*

Broomhead, K. E. (2013). 'You cannot learn this from a book'; pre-service teachers developing empathy towards parents of children with Special Educational Needs (SEN) via parent stories. *European Journal of Special Needs Education,* 28, 2, pp. 173-186

Broomhead, K. E. (2013). Preferential treatment or unwanted in mainstream schools? The perceptions of parents and teachers with regards to pupils with Special Educational Needs (SEN) and challenging behaviour. *Support for Learning,* 28, 1, pp. 4-10

Broomhead, K. E. (2013). Blame, guilt and the need for 'labels'; insights from parents of children with Special Educational Needs (SEN) and educational practitioners. *British Journal of Special Education,* 40, 1, pp. 14-21

Conference Papers

Broomhead, K. (2012). Developing Empathy; encouraging student teachers to build effective relationships with parents of children with SEN. *Teacher Education Advancement Network Conference, Aston University, Birmingham, UK, 18th May*

Broomhead, K. (2012). 'When you've got that diagnosis…it's a big weight off your shoulders': the need for a label of Special Educational Needs to reduce parental blame and guilt. *British Educational Research Association Conference, University of Manchester, Manchester, UK, 4th – 6th September*

Introduction

Background

Developing effective relationships between parents and schools has been a major issue on the national educational agenda for several decades (Department for Children, Schools and Families, DCSF, 2009a, Department for Education and Skills, DfES, 2007; 2005; Department for Education and Employment, DfEE, 1997). Yet several groups of parents are often suggested to face barriers to successful relationships with their children's schools, one group being those who have children with Special Educational Needs, or SEN (Lamb, 2009; Parsons et al, 2009; Peters et al, 2008; Runswick-Cole, 2007).

However, there is opportunity to consider how home-school relationships may be influenced by the perceived *nature* of children's SENs. Weiner's (1980) extensions of attribution theory, supported by a wealth of literature (Weiner, 2012; Mak and Kwok, 2010; Weiner, 2006; Poulou and Norwich, 2002; Corrigan et al, 2000), have identified that the perceived origins and controllability of stigmas can influence the reactions of others. For example, individuals with stigmas deemed to be controllable (in other words the perceived cause is viewed as subject to personal influence) are suggested to frequently experience negative reactions from others, in the form of blame and stigma. This is in contrast with individuals with perceived uncontrollable stigmas which are believed to have biological 'causes', who are suggested to experience sympathy (Weiner et al, 1988). There is evident opportunity to explore the relevance of this theory within an SEN context, from an educational perspective; examining whether the labels of SEN given to children, and the perceived nature of their difficulties, influence assumptions of cause and controllability, as well as how these factors are implicated within home-school relationships.

Additionally, there is scope to further examine *socio-emotional* aspects of home-school relationships, in particular blame, stigma, (socio-emotional aspects of) partnership and empathy. These personal, emotive interactions with others (Becker and Luthar, 2002; Santrock, 1997) are often hidden behind the more practical issues when considering home-school relationships. For example from an educational perspective, policy and research in this area has frequently concentrated on issues regarding the amount of communication parents and schools engage in, as well as parental satisfaction with SEN support available for their children from educational practitioners (Davies et al, 2011; Peters et al, 2008; O'Connor et al, 2005). Although these practical issues are essential to understand, it is evident that the more personal and sensitive aspects of home-school relationships require further consideration. This area is therefore crucial to explore further, particularly due to the context of SEN being an emotionally charged area.

Combining the above areas (the perceived nature of children's SENs, home-school relationships and socio-emotional issues) raises another question; what do we know about how the perceived nature of children's SENs specifically influences perceptions and experiences of these socio-emotional aspects of home-school relationships? Although there has been consideration of how parents of children with the label of Behavioural, Emotional and Social Difficulties (BESD) may be blamed and stigmatised for their children's difficulties by educational practitioners (Peters and Jackson, 2009; Harborne et al, 2004), which is an important area to explore further, there is also opportunity to consider these socio-emotional issues with parents of children with SENs other than BESD in more depth (within a specific educational context). The voices of educational practitioners have also not been recognised in detail within this very specific research area. Acknowledging parents of children with varying SENs is necessary, to refrain from assuming that these socio-emotional issues are only of significance for parents of children given labels of BESD with regards to home-school relationships, whilst recognising that BESD remains of key interest. It is also important to ensure that practitioners are given the opportunity to share their perspectives, as they are often viewed as the 'blamers' within home-school relationships (Francis, 2010; Peters and Jackson, 2009; Harborne et al, 2004).

Personal interest

These evident areas for future research provide justifications for further study, and the consequent value and contribution that this could make within the context of home-school relationships. However, I also have personal reasons for undertaking a PhD in this area. Often research proposals arise due to the researchers having direct emotional attachment to the phenomenon that they intend to investigate, often deeply rooted in their past experiences (Pansiri, 2008; Okely and Calloway, 1992). In this context, this could equate to actually parenting a child given a label of SEN (Truss, 2008; Winterton, 2006; Barratt, 2000; Glynne-Rule, 1993).

This was not the case for myself. My interest in SEN and home-school relationships originally stemmed from undertaking two voluntary positions as an undergraduate student. The first position involved supporting children with SEN during extra-curricular activities. Through this work, I frequently spoke to the parents of children that I was supporting, which often led to them discussing their experiences, both positive and negative, of working with the practitioners concerned with their children. The second position involved volunteering as a classroom assistant at two mainstream primary schools, providing insight into the 'other side' of home-school relationships. Although these voluntary positions very much began as an add-on to my studies, due to the expectation that work experience must complement my degree, it paved the way for a much deeper interest in parent-school relations.

More recently, and more specifically to this research, the potential influence of the perceived nature of children's SENs and SEN visibility on experiences of blame and stigma have, in a way, been experienced by myself. I support a six year old child with SEN, Harry (pseudonym), who often displays what is deemed to be extremely inappropriate behaviour, so much so that he has an assistance dog to support him (details withheld to maintain confidentiality) in addition to assistance from support workers such as myself. On occasions Harry and I go out alone or with his family, but without his assistance dog, leading to negative reactions from others towards his parents and myself. This contrasts heavily with the reactions received when the dog is with us, who in theory provides a visible explanation for Harry's perceived socially inappropriate behaviour. The long periods of time I have spent with Harry's family have also led to them sharing very emotional stories with me regarding their relationships with practitioners and others.

These personal experiences have therefore provided insight into both 'sides' of home-school relationships, and the differing highs, lows, pressures and experiences that can be encountered by parents and practitioners. They have also given me an empathic understanding of how the perceived nature of children's SENs, as well as their visibility and the child's consequent behaviour, may influence reactions from others and perceptions of blame and stigma. Consequently, my prior experiences have not only impacted on my choice of topic, but have also influenced my understandings of SEN and home-school relationships.

More specifically the major focus in this study, the experiences of parents of children with SEN both with and without the label of BESD, emerged from the small-scale qualitative research project I conducted for my Masters dissertation. Based on individual interviews with six mothers of children with SEN, it became evident that four mothers were overall dissatisfied with the relationships that they had with their children's schools. In addition to this, two of these four mothers were clearly extremely dissatisfied, and interestingly both had children with the label of BESD. This led to me questioning whether the 'type' of SEN that a child had influenced home-school relationships, and thus the starting point for my PhD was identified. Furthermore, upon reflecting on my Masters dissertation during writing up, I felt that it was problematic that educational practitioners had not been given a voice in the process. Based on this, I recognised that future research examining parents' relationships with schools should incorporate the views of educational professionals; after all, there are two 'sides' to home-school relationships.

The study

The overall aim of this study was to gain an understanding of *socio-emotional* issues implicated in the relationships regarding parents of children with SEN (both with and without the label of BESD) and educational practitioners (referred to as practitioners throughout this thesis), according to a conceptual framework involving blame, stigma, partnership and empathy. This was due to these issues often having been hidden behind more practical issues regarding home-school relationships in previous investigation. This study also contributed an educational approach to the issues surrounding blame, stigma and empathy which had often previously been examined from a medical or clinical psychological perspective. A further contribution involved eliciting the views and experiences of both parents of children with SEN and practitioners. As this thesis was based on the relationships between home and school, ensuring that both parents and practitioners had a voice in the process was perceived to be essential, but this had not always been the case in previous research. More specifically, the experiences of parents with children given various labels of SEN were heard. This was to refrain from assuming that issues implicated in my conceptual framework (regarding blame, stigma, partnership and empathy) were only of significance for parents of children with the label of BESD, which previous research had not always acknowledged, whilst also recognising that BESD was of key interest to the research. The over-arching research question for this study was;

- What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of socio-emotional aspects of home-school relationships?

This was separated into four sub-questions, in accordance with the conceptual framework;

1. What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of *blame* in relation to these children's difficulties?

2. What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of *stigma* in relation to these children's difficulties?

3. How do parents of children with SEN (both with and without the label of BESD) and educational practitioners perceive and interpret socio-emotional aspects of home-school *partnerships*?

4. How do parents of children with SEN (both with and without the label of BESD) and educational practitioners perceive themselves to *empathise* with and acknowledge each other's perspectives?

The research was approached via Interpretative Phenomenological Analysis (IPA), a qualitative research perspective which focuses on gaining an in-depth understanding of how individuals make sense of significant life experiences (Smith et al, 2009). IPA was perceived to be a fitting approach for this study as parenting a child with SEN can be viewed as a transformational life experience, with the area of SEN being emotionally charged for both parents and practitioners. More specifically, I conducted semi-structured interviews with 37 participants in total; 22 parents of children with SEN, and 15 practitioners. Parents were separated into four sub-groups, based on the perceived nature of their children's reported SENs;

- 'with the label of BESD'; those with children who displayed frequent perceived socially inappropriate behaviour (often given labels of Attention Deficit (Hyperactivity) Disorder, Oppositional Defiance Disorder and Obsessive Compulsive Disorder);
- 'without the label of BESD'; those who had children with an SEN who did not reportedly experience behavioural, emotional or social difficulties (in this study's case parents of children with Dyslexia, Dyspraxia, Moderate Learning Difficulties, Down's Syndrome, Cerebral Palsy, Speech and Language Difficulties, and Duchenne Muscular Dystrophy);
- 'visible SEN and perceived socially inappropriate behaviour'; parents of children with (in this study's case) Down's Syndrome and/or Severe and Profound Learning Difficulties, which frequently involved them displaying perceived socially inappropriate behaviour but for which there was a visible 'explanation' (in other words the children's 'different' physical appearance);
- 'classic ASD'; parents of children with 'severe' Autistic Spectrum Disorder (ASD) who reportedly displayed socially 'unusual' behaviour (such as hand flapping, repetition of conversations, perceived difficulty communicating and relating to others), but which was deemed to be a characteristic of their perceived developmental, communicative disability

Additionally, practitioners were divided into two groups based on whether they were employed in mainstream or special (predominantly BESD) schools. Interviews with parents and practitioners provided a thorough qualitative insight into experiences of blame, stigma, partnership and empathy regarding both 'sides' of home-school relationships. Data analysis adhered to IPA guidelines, by following the five-stage analysis process produced by Smith et al (2009), with Smith being the founder of IPA.

The research was undertaken at a time when the SEN system was rapidly changing, and continues to do so, due to intentions set out in the SEN Green Paper *Support and Aspiration: a new approach to special educational needs and disability* (Department for Education, DfE, 2011a), the 2013 Children and Families Bill, and the indicative draft of the new *0-25 Special Educational Needs Code of Practice* (DfE, n.d). These changes have key proposed implications for the education of pupils with SEN, not least those with the label of BESD, and it was consequently a worrying, unpredictable time for both parents of children with SEN and educational professionals.

Research trajectory

The starting point of the study was my interest in SEN and home-school relationships. Due to much wider bodies of literature existing here, a narrowing down was evidently necessary, and it was for this reason (together with my personal interests and findings generated during my Masters degree) that I was specifically interested in exploring experiences involving parents of children with the label of BESD. As considered later in this thesis, this led to exposure to the concepts of blame and stigma, the key components of my conceptual framework (considered in depth during chapter 1). These concepts were framed with Weiner's (1980) attribution model regarding perceptions of controllability and reactions to stigmas. However, this resulted in further development of the conceptual framework of the study, due to the implicated concepts of (emotional aspects of) partnership and empathy. A further narrowing down was therefore identified; there was scope to specifically explore *socio-emotional* aspects of home-school relationships.

Nevertheless whilst reviewing the literature in this specific context, it became evident that there was opportunity to recognise the views of parents with children given labels of SEN other than BESD, as well as the experiences of educational practitioners. It is due to this later acknowledgement of parents of children with other SENs that disability theory became of particular relevance; an enormous area of research, rife with debate (Farrugia, 2009; Shakespeare, 2006; Dowling and Dolan, 2001; Johnston, 1997; Shakespeare and Watson, 1997; Oliver, 1996). Therefore, although the findings of the study are considered in relation to disability theory (such as models of disability and ableism), it is important to emphasise that this was not the key analytical tool used, and these interpretations are therefore inevitably restricted. Instead drawing out parental and practitioner experiences in cases involving children given the label of BESD were of key interest, whilst also acknowledging the views of parents with children with other SENs, using the previously identified conceptual framework as well as Weiner's (1980) attributional model as a theoretical lens.

Key findings

Interviews with parents and practitioners yielded many key findings in accordance with the conceptual framework of the study, of significance for the four research sub-questions under examination. A summary of these findings is provided below, in relation to each research sub-question.

What were the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of ***blame*** *in relation to these children's difficulties?*

Firstly, parents of children with the label of BESD perceived themselves to be heavily blamed (and consequently experienced intense guilt) for their children's difficulties, with *all* practitioners interviewed reporting that BESD was due to ineffective parenting or, in their words, that pupils with the label of BESD led chaotic, dysfunctional lives with no boundaries. Parents were viewed as responsible for the onset of BESD in their children, which was the first indication (of many) that BESD was recognised as a controllable SEN by practitioners. Many practitioners appeared to have become de-sensitised to the reported 'dysfunctional' home lives of pupils with the label of BESD, but suggested that they compensated for this perceived lack of parental responsibility by supporting the socio-emotional needs of their pupils themselves.

No blame from practitioners towards parents of children with SENs other than BESD was reported, nor were blame or guilt highlighted by these parents. Instead, these other SENs were referred to as "real special needs", highlighting the perceived illegitimacy of BESD. The varying experiences of blame also framed reasons for parental interest in labels (formal diagnosis) of SEN for their children. Parents of children with the label of BESD talked of labels primarily in an attempt to absolve their blame and guilt, whilst those with children with other SENs were focused on labelling to access further support for their children.

What were the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of ***stigma*** *in relation to these children's difficulties?*

Differential treatment was reportedly experienced by *all* parents of children with SEN, as well as by some of their children. However, the types of reactions from others were perceived to be influenced by the perceived nature of their children's SENs, with parents of children with the label of BESD reporting intensely negative reactions whilst other parents reported eliciting pity (supporting Weiner's (1980) extensions of attribution theory to reactions to stigmas, and highlighting attitudinal barriers recognised by the social model of disability). SEN visibility was also a key influencer, as the perceived socially inappropriate behaviour of children with visible SENs was perceived to be excused.

This differential treatment often resulted in parents reportedly losing friends (regardless of the perceived nature of their children's difficulties), which led to some seeking friendships with other parents of children with SEN. Furthermore, practitioners employed in BESD schools interestingly identified experiencing stigma themselves, which was linked to the wider stigma surrounding BESD. The differential treatment or stigma endured by parents and practitioners also influenced pressure experienced with regards to ensuring children behaved 'appropriately'.

*How did parents of children with SEN (both with and without the label of BESD) and educational practitioners perceive and interpret socio-emotional aspects of home-school **partnerships**?*

With regards to the effectiveness of 'partnerships' and the role of parents within them, the perceived nature of a child's SEN was not a reported key influencer. Instead, factors implicated in the social class of parents were perceived to have more of an impact. The knowledge that working-class parents had about their children was perceived to be undervalued, regardless of the perceived nature of their children's SENs, although the parenting skills of those with children with the label of BESD also appeared to (again) be viewed as inadequate by professionals which influenced their perceived role. This contrasted with middle-class parents, who perceived themselves as experts on their children's difficulties. Furthermore, the effectiveness of home-school partnerships were influenced by practitioner approachability, practitioner trustworthiness, and head teacher approaches to SEN and partnership matters. Finally, there was evidence to suggest that practitioners withheld information from parents of children with SEN.

How did parents of children with SEN (both with and without the label of BESD) and educational practitioners perceive themselves to ***empathise*** *with and acknowledge each other's perspectives?*

Parents perceived practitioners to lack empathy, unless professionals had children with SEN themselves. Similarly, practitioners viewed parents of children with SEN as unable to empathise unless they were, or had been, employed in the education sector. With the intention of exploring how empathy and understanding between parents of children with SEN and future practitioners could be encouraged, I therefore arranged for a parent to share her 'story' with 344 student teachers, via an opportunity that arose during the research. This highlighted how empathy and understanding *were* perceived to be able to be developed in practitioners (in this case student teachers), regardless of whether practitioners were parents of children with SEN themselves. This was a welcome finding, considering many parents questioned whether practitioners had the capacity to empathise with them.

Wider findings

This study began with a specific interest in how the perceived nature of children's perceived difficulties influenced perceptions of controllability, and consequent parental and practitioner experiences of socio-emotional aspects of home-school relationships. However, the study opened up much wider issues including the problematic governmental focus on parental determinism, deficit discourses surrounding 'poor' parenting practices and consequent state (practitioner) intervention, issues surrounding the labelling and medicalisation of children, home-school disjuncture, and the need for further parent- practitioner socio-emotional exchange.

Thesis outline

In **Chapter 1**, (The Home-School Relationship), I consider the importance of 'effective' home-school relationships, situating this topic within the current policy context. I then continue to identify the conceptual framework and theoretical lens of the study (particularly drawing on Bernard Weiner's work), and highlight how giving voice to both parents and practitioners formed the basis of this research. Definitions of SEN, and more specifically definitions of BESD, are also considered.

Chapter 2 (Literature Review) provides a thorough examination of previous research in this field, by focusing on the four concepts of key interest for this study in specific relation to SEN and home-school relationships; blame, stigma, partnership and empathy (the conceptual framework). Each section identifies areas where future research was necessary (namely providing practitioners and parents of children with SENs other than BESD with a voice, whilst also recognising the importance of listening to parents of children with the label of BESD), and continues to situate my study.

Chapter 3 (Methodology) justifies the methodological decisions made to investigate the study's research questions. This chapter considers the overall philosophical underpinnings of the study (interpretivism and constructivism) and in particular identifies why an Interpretative Phenomenological Analysis (IPA) approach was adopted. Further details are provided regarding the research context of the study, paying particular attention to access, sampling (including concerns surrounding the 'categorisation' of participants according to the labels of SEN attached to children) and ethical issues. Subsequently, the pilot study, data generation and data analysis methods used for the main study are discussed.

A **Findings Overview** follows, as a short caveat to the four findings chapters. This provides an outline of key findings in accordance with the study's conceptual framework, and information regarding the structure of these four findings chapters.

Chapters 4 (Blame), **5** (Stigma), **6** (Partnership) and **7** (Empathy) take each concept in turn and identify the key ideas developed from interviews with parents and practitioners, with direct reference to each research question being addressed. These findings are discussed in relation to previous literature.

Chapter 8 (Implications of Findings for Practice and Recommendations for Action) fully concentrates on the implications of findings regarding blame, stigma, partnership and empathy for practice, continuing to provide suggestions for how socio-emotional issues evident within these home-school relationships could be addressed. Wider implications of findings regarding policy and practice, and consequent tentative recommendations, are also considered.

A **Conclusion** (Bringing Blame, Stigma, Partnership and Empathy Together: the impact on home-school relationships) shares the overall contribution of this thesis, bringing the four concepts together to consider their influence on home-school relationships regarding parents of children with SEN and practitioners. The implications of these findings for research, contributions, and the value of the study are also highlighted. Strengths and limitations of the research process, as well as areas for future research are then discussed.

Chapter 1: The Home-School Relationship

Developing effective relationships between schools and parents, more specifically those of children with special educational needs (SEN), is a major issue on the national educational agenda (DfE, 2011a; DCSF, 2010; DfES, 2007). This has consequently led to much research examining various aspects of these relationships (O'Connor et al, 2005; Spann et al, 2003; Paradice and Adewusi, 2002). This chapter firstly identifies the importance of effective home-school relationships, situating the issue within the current policy context. Theoretical underpinnings of the study are then considered, continuing to focus on definitions of SEN, and more specifically definitions of Behavioural, Emotional and Social Difficulties (BESD).

1.1 The importance of effective relationships between home and school

Although this concept has varying interpretations, the term 'relationships' refers to how individuals work with and are connected to others (Hogg and Vaughan, 2011; Duck, 2007). More specifically a broad, albeit dated, definition of *home-school* relationships is provided by Sharrock (1970);

> Home-school relations...is a convenient 'umbrella' term which covers virtually all types of contact between schools and homes...[it] covers the whole gamut of ways in which the school and its staff try to relate to the parents of their pupils
>
> (Sharrock, 1970, p. 12)

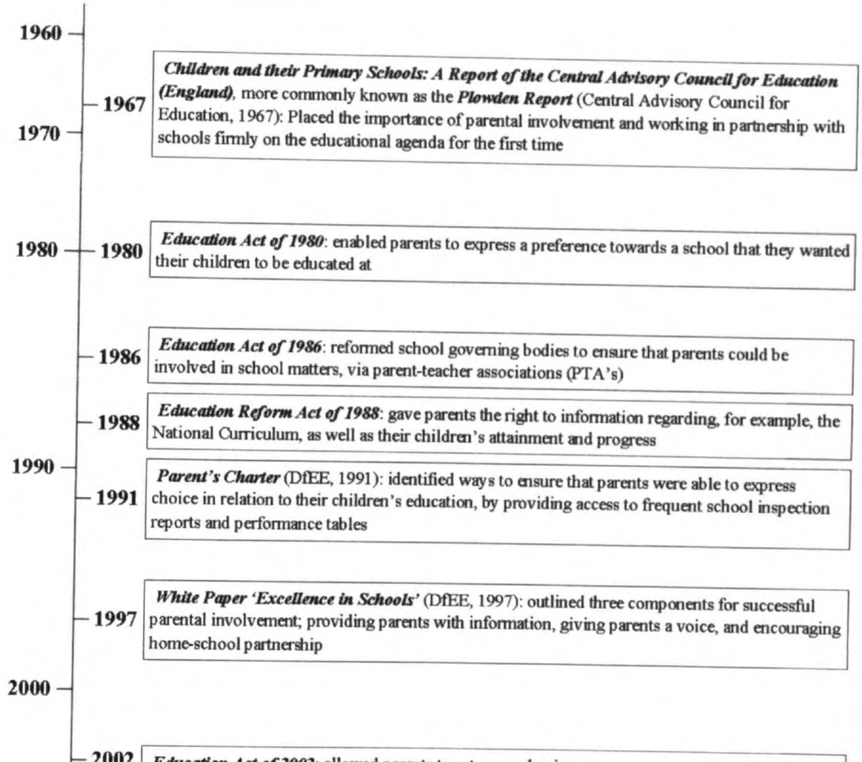
However, more recent definitions are few and far between. This issue is exacerbated by policy failing to define the term despite using it frequently. For example, policy documents use phrases such as "we plan to strengthen home-school relationships" (DfES, 2007, p. 20), and "parents benefit from...better home-school relationships"

(Reynolds, 2005, p. 9), assuming that the term is collectively understood which does not appear to be the case.

Nevertheless, I perceive 'effective' home-school relationships to be productive, mutually supportive relationships where those involved have the opportunity to achieve a desired purpose with regards to the education, development and well-being of the children concerned. On the contrary, caution is required regarding my subjective interpretation of 'effective'. It is also important to consider the issues surrounding interpretations of 'effective relationships', particularly when considering middle-class practitioner perceptions of forming relationships with socially disadvantaged parents, and what both parties may deem to be effective relationships. Factors such as social class, ethnicity, gender and age of children (to name a few) may all come into play when determining what constitutes 'effective' relationships.

Nonetheless, successful relationships between parents and schools are suggested to have key benefits for children with regards to learning, motivation and achievement (Harris and Goodall, 2007; Desforges and Abouchaar, 2003; Miller, 2003). Parents can also benefit from successful relationships with schools, as it may lead to increased awareness of practitioner practice and support available (Clark, 2009; Desforges and Abouchaar, 2003). Additionally, schools may receive key information from parents which could increase their knowledge of pupils' home environments and parental perspectives, potentially leading to improvements in their practice and school standards (Reynolds, 2005; Bastiani, 2003). In other words, the need for effective home-school relationships revolves around the importance of a knowledge exchange and understanding between parents and practitioners.

Due to the identified benefits of positive relationships between parents and schools, much policy has focused on developing them (see Figure 1.1.1 for an overview of the history of this policy since 1967).



1967 — ***Children and their Primary Schools: A Report of the Central Advisory Council for Education (England)***, more commonly known as the ***Plowden Report*** (Central Advisory Council for Education, 1967): Placed the importance of parental involvement and working in partnership with schools firmly on the educational agenda for the first time

1980 — ***Education Act of 1980***: enabled parents to express a preference towards a school that they wanted their children to be educated at

1986 — ***Education Act of 1986***: reformed school governing bodies to ensure that parents could be involved in school matters, via parent-teacher associations (PTA's)

1988 — ***Education Reform Act of 1988***: gave parents the right to information regarding, for example, the National Curriculum, as well as their children's attainment and progress

1991 — ***Parent's Charter*** (DfEE, 1991): identified ways to ensure that parents were able to express choice in relation to their children's education, by providing access to frequent school inspection reports and performance tables

1997 — ***White Paper 'Excellence in Schools'*** (DfEE, 1997): outlined three components for successful parental involvement; providing parents with information, giving parents a voice, and encouraging home-school partnership

2002 — ***Education Act of 2002***: allowed parents to set up academies

2005 — ***Education Act of 2005***: required schools to provide parents with information regarding the occurrence of schools inspections, and access to all school inspection reports

White Paper 'Higher Standards, Better Schools for All: More Choice for Parents and Pupils' (DfES, 2005): influential document, stated that schools must ensure that they welcome and encourage the involvement of *all* parents, as some may find involvement difficult

2006 — ***Childcare Act of 2006***: placed a duty on LEA's to provide information, advice and assistance for local parents, regarding services which may be of interest to them

Education and Inspections Act of 2006: enabled parents to be consulted by Ofsted, and therefore allowed them to inform school inspections

2007 — ***'Every Parent Matters'*** (DfES, 2007): acknowledged the practical and emotional barriers that parents may experience, when attempting to become involved in their children's learning

2009 — ***White Paper 'Your Child, Your Schools, Our Future'*** (DCSF, 2009b): identified the importance of home-school partnerships, and provided a 'Parent Guarantee' outlining the rights of parents in relation to involvement in their children's education

Figure 1.1.1: Timeline of policy relating to home-school partnerships, from 1967 to present

Based on the government's prioritisation of encouraging home and school to work together, literature has identified that many parents are satisfied with the relationships that they have with their children's schools (Peters et al, 2008; Bastiani, 2003; Desforges and Abouchaar, 2003). However, research indicates that several groups of parents may experience difficulties forming effective relationships with their children's schools, such as those from working-class backgrounds (Harris and Goodall, 2007; Desforges and Abouchaar; Sacker et al, 2001; Crozier, 1999), ethnic minorities (Moon and Ivins, 2004; Desforges and Abouchaar, 2003), fathers (Goldman, 2005), and parents of children with SEN (Parsons et al, 2009; O'Connor, 2008; Cole, 2007). The relationships regarding parents of children with SEN and educational practitioners (referred to as practitioners throughout this thesis) are the focus here on.

1.2 Special Educational Needs (SEN) and the home-school relationship

It is important to acknowledge from the outset that wide use of the term *Special Educational Needs* is problematic, as "within-child factors" are the focus (Runswick-Cole and Hodge, 2009, p. 199). In other words, the concept resonates with the medical model of disability (discussed further in section 1.4), where disability is viewed as an "individual, medical deficit" (Goodley and Runswick-Cole, 2012a, p. 58; Llewellyn and Hogan, 2000; Oliver, 1996). This is evident in the definition provided by the SEN Code of Practice, where a pupil with SEN is referred to as having;

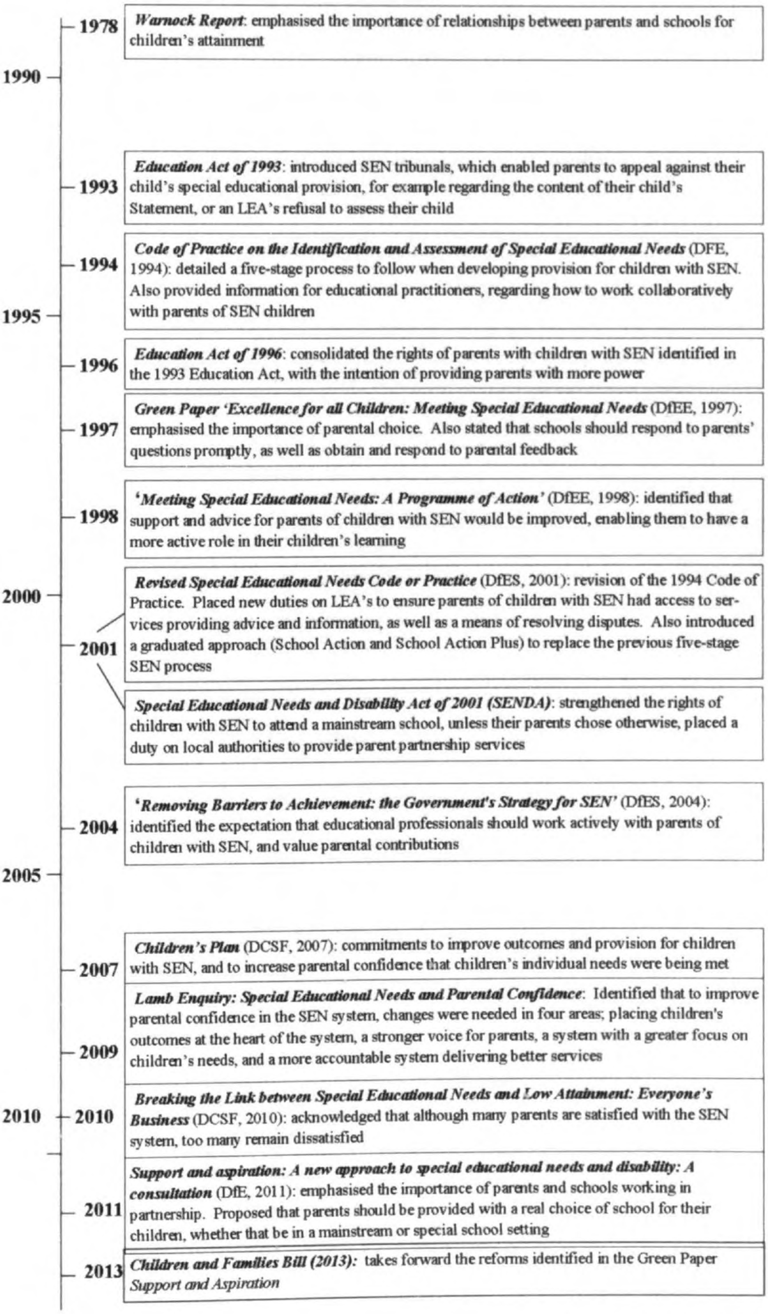
> a significantly greater difficulty during learning than the majority of children of the same age; or have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age
>
> (DfES, 2001, p. 6)

This same definition has been problematically used in the recent 2013 Children and Families Bill, thereby highlighting that a medical approach to SEN continues. However, the term SEN also incorporates three 'groups' of children at present; those receiving School Action support, pupils provided with School Action Plus intervention, and those with Statements of SEN. It is important to identify here that the SEN system in England is currently undergoing considerable changes. The SEN Green Paper *Support and Aspiration* (DfE, 2011), and the more recent Children and Families Bill published by the Department for Education in February 2013, have identified proposals to replace the School Action, School Action Plus and Statementing categories with a new assessment process and combined Education, Health and Care (EHC) Plan by 2014. A revised SEN Code of Practice is also expected shortly (with an indicative draft currently available); over ten years on from its predecessor (DfES, 2001). At present, there is much uncertainty about how these changes will be actioned, and it is consequently a worrying time for those involved. However as these changes have yet to be implemented, I will very briefly discuss the current SEN categories as they stand; the categories which also applied to parents and educational practitioners whilst my study took place. Pupils are identified as needing support at the School Action Stage if they are deemed to require;

> Interventions that are additional to or different from those provided as part of the school's usual differentiated curriculum offer and strategies
>
> (DfES, 2001, p. 52)

If School Action support is deemed 'inadequate', then School Action Plus intervention involves resources from external services such as speech and language therapy or educational psychology involvement (DfES, 2001). However, if pupils do not make 'sufficient' progress at the School Action Plus stage and "have demonstrated significant cause for concern" (DfES, 2001, p. 56), a statutory assessment is sought to obtain a Statement of SEN. This Statement outlines the special educational provision a child needs, which the Local Education Authority (LEA) are legally bound to provide as outlined in Section 324 of the 1996 Education Act.

Parent-school relations are of key interest as it is evident that effective relationships between parents of children with SEN and practitioners are often absent, if not adversarial (Peters et al, 2008; Runswick-Cole, 2007; Whitaker, 2007; Hess et al, 2006). 1,618,340 pupils were recorded as having an SEN in England in January 2012, representing 20.6 per cent of all pupils (DfE, 2012a), thereby indicating that issues with home-school relationships may be affecting many parents, children and practitioners. A wealth of policy has therefore focused on developing the home-school relationships between parents of children with SEN and practitioners (see Figure 1.1.2 for a historical overview of key policy in relation to SEN, since 1978).



1978 ***Warnock Report***: emphasised the importance of relationships between parents and schools for children's attainment

1993 ***Education Act of 1993***: introduced SEN tribunals, which enabled parents to appeal against their child's special educational provision, for example regarding the content of their child's Statement, or an LEA's refusal to assess their child

1994 ***Code of Practice on the Identification and Assessment of Special Educational Needs*** (DFE, 1994): detailed a five-stage process to follow when developing provision for children with SEN. Also provided information for educational practitioners, regarding how to work collaboratively with parents of SEN children

1996 ***Education Act of 1996***: consolidated the rights of parents with children with SEN identified in the 1993 Education Act, with the intention of providing parents with more power

1997 ***Green Paper 'Excellence for all Children: Meeting Special Educational Needs*** (DfEE, 1997): emphasised the importance of parental choice. Also stated that schools should respond to parents' questions promptly, as well as obtain and respond to parental feedback

1998 ***'Meeting Special Educational Needs: A Programme of Action'*** (DfEE, 1998): identified that support and advice for parents of children with SEN would be improved, enabling them to have a more active role in their children's learning

2001 ***Revised Special Educational Needs Code or Practice*** (DfES, 2001): revision of the 1994 Code of Practice. Placed new duties on LEA's to ensure parents of children with SEN had access to services providing advice and information, as well as a means of resolving disputes. Also introduced a graduated approach (School Action and School Action Plus) to replace the previous five-stage SEN process

Special Educational Needs and Disability Act of 2001 (SENDA): strengthened the rights of children with SEN to attend a mainstream school, unless their parents chose otherwise, placed a duty on local authorities to provide parent partnership services

2004 ***'Removing Barriers to Achievement: the Government's Strategy for SEN'*** (DfES, 2004): identified the expectation that educational professionals should work actively with parents of children with SEN, and value parental contributions

2007 ***Children's Plan*** (DCSF, 2007): commitments to improve outcomes and provision for children with SEN, and to increase parental confidence that children's individual needs were being met

2009 ***Lamb Enquiry: Special Educational Needs and Parental Confidence***: Identified that to improve parental confidence in the SEN system, changes were needed in four areas; placing children's outcomes at the heart of the system, a stronger voice for parents, a system with a greater focus on children's needs, and a more accountable system delivering better services

2010 ***Breaking the Link between Special Educational Needs and Low Attainment: Everyone's Business*** (DCSF, 2010): acknowledged that although many parents are satisfied with the SEN system, too many remain dissatisfied

2011 ***Support and aspiration: A new approach to special educational needs and disability: A consultation*** (DfE, 2011): emphasised the importance of parents and schools working in partnership. Proposed that parents should be provided with a real choice of school for their children, whether that be in a mainstream or special school setting

2013 ***Children and Families Bill (2013):*** takes forward the reforms identified in the Green Paper *Support and Aspiration*

Figure 1.1.2: Timeline of policy relating to the partnerships between parents with SEN children and educational practitioners

The most recent policies, as discussed above, are the SEN Green Paper *Support and Aspiration* (DfE, 2011a) as well as the Children and Families Bill introduced in February 2013. These documents have proposed a huge 'shake-up' to the SEN system, revolving around;

- early identification and intervention with the development of a birth to 25 Education, Health and Care (EHC) plan system, to replace the SEN assessment and Statementing process, with the intention of putting support in early and challenging low expectations of these pupils;
- "giving parents control" (DfE, 2011, p. 7) via the option of a personal budget and incorporating the "family's ambitions" (DfE, 2011, p. 5) within the EHC plan;
- addressing teaching, learning and achievement of pupils with SEN;
- preparing young people with SEN for adulthood, and finally;
- ensuring that services work together to support families

As these proposed changes are yet to be implemented, it is not possible to specifically explore them in any depth (although many issues raised during this thesis have evident links with them, and they are returned to when considering implications and recommendations). Nevertheless, despite a wealth of policy in this area, whether all parents of children with SEN and practitioners have effective home-school relationships is extremely questionable. This is because home-school relationships may be influenced by the perceived *nature* of a child's SEN. This issue forms the basis of this thesis.

1.3 Conceptual framework; blame, stigma, partnership and empathy

Four predominant factors are of perceived importance in relation to SEN and home-school relationships, and form the conceptual framework of this study; blame, stigma, partnership and empathy. These concepts are vital to consider due to the socio-emotional focus of this thesis in relation to home-school relationships regarding parents of children with SEN and practitioners. There was also much opportunity for future research to investigate these four concepts in further depth (as considered in chapter 2).

However, it is important to be more specific regarding how I was led to these four concepts, whilst highlighting that these concepts (together with their definitions, wider contexts and a review of literature) are considered in much more depth during chapter 2. My specific personal interest was BESD, which perhaps unsurprisingly led to a key focus on blame, as notions of blame are so heavily infused within BESD discourses (considered in chapter 2). This was the beginning of the formation of the conceptual framework for this study. I then looked to theory to locate conceptual discussions of blame, and was directed by the literature to the attributional work of Weiner (1980) regarding controllability, considered in depth within section 1.4. However, I quickly began to realise how very closely related stigma was to blame, due to links with Weiner's (2006; 1995; 1993; 1980) controllability ideas. This developed the conceptual framework further. In parallel with this, as mentioned earlier (and discussed in chapter 2), I began to recognise scope to explore experiences of blame and stigma with parents of children both *with and without the label of BESD*. This consequently highlighted the importance of considering aspects of disability theory, namely models of disability (the medical and social models) as well as ableism, in addition to applying Weiner's (1980) ideas as a key theoretical lens.

Additionally, reviewing literature and theory regarding the influence of blame and stigma on home-school relationships made it difficult to escape the large yet complex research area of partnership, and therefore this concept was also important to explore (whilst ensuring a necessary narrowing down was made due to this being such a large area of research). I looked to theory once again to interpret partnership, namely Dale's (1996) models of home-school partnerships from an SEN perspective, as well as Epstein's (1995) theory of school, family and community partnerships (considered in chapter 2). However, this interestingly led to a consideration of empathy; a concept which appeared to be implicated in socio-emotional aspects of partnership as the latter requires an exchange of knowledge, understanding and positive regard (key components of empathy). Partnership and empathy also provided the opportunity to potentially recognise positive practice implicated within home-school relationships, which would have been difficult if this thesis had solely concentrated on blame and stigma. Nevertheless, blame and stigma, as well as BESD, were the predominant focus of this study which is reflected in the larger word space given to these issues throughout this thesis.

The following section, 1.4, expands on the influence of Weiner's (1980) attributional model of reactions to stigmas, used as a theoretical lens during this research. Section 1.5 then concentrates on introducing models of disability, a second area of theory of importance to the research, whilst acknowledging that Weiner's ideas were the key analytical tool used to frame my study.

1.4 Theoretical underpinnings: attribution theory and Bernard Weiner

As briefly introduced in section 1.3, this study draws on Bernard Weiner's extensions of attribution theory regarding controllability (Weiner et al, 1988; Weiner et al, 1982; Weiner, 1980), as a theoretical lens in which to explore the influence of the perceived nature of children's SENs on experiences of socio-emotional aspects of home-school relationships. I was led to Weiner's (1980) ideas of controllability and reactions to stigmas whilst initially locating conceptual discussions of blame and consequently stigma; two key components of the conceptual framework of this study. This section therefore highlights the relevance of Weiner's (1980) attributional model of controllability and reactions to stigmas for my research.

Before considering the work of Weiner, it is important to contextualise his work within the field of social psychology and developments over the past several decades. During the early 1970s a naïve psychologist model arose, originating from the work of Fritz Heider (1958). This model proposed that individuals constructed "rational, scientific-like, cause-effect analyses" (Hogg and Vaughan, 2011, p. 43) of human behaviour in order to understand the world around them; in other words, people were intuitive or naïve psychologists, and needed to attribute causes to their own behaviour and that of others in order to make sense of their world (Boyle et al, 2009; Trope and Gaunt, 2007; Weiner, 1980).

This naïve psychologist approach and the work of Heider (1958) formed the foundations of attribution theory, which dominated social psychology within the 1970s and 1980s (Hogg and Vaughan, 2011; Weiner, 2008; 1995; 1993). Attribution theorists, influenced by developments by Jones and Davis (1965) as well as Kelley

(1967), were focused on understanding how untrained observers, or "the person on the street" (Weiner, 2008, p. 152), perceived and reached decisions regarding the causes of their own and other people's behaviour (Trope and Gaunt, 2007; Antaki 1981), based on the assumption that "cognitions mediate between stimuli and reactions" (Forsterling, 2001, p. 10). Attribution theorists were concerned with the *perceived* causes of behaviour, rather than intending to interpret the *actual* causes of behaviour (Forsterling, 2001).

However, the naïve psychologist approach was challenged in the late 1970s and early 1980s by the cognitive miser model (Fiske and Taylor, 1984). This model suggested that individuals did not actually make scientific, logical cause-effect analyses of behaviour proposed by attribution theorists; instead it was proposed that information was processed via cognitive short-cuts (Hogg and Vaughan, 2011; Poulou and Norwich, 2002). In other words, individuals were suggested to ignore large pieces of information from the environment to ensure that social judgements could be made swiftly, and to prevent a strain on mental resources (Corcoran and Mussweiler, 2010; Klein, 2001; Payne and Betman, 2001; Payne et al, 1996; Nisbett and Ross, 1980). However, this paved the way for the development of the "motivated tactician" concept, which characterised individuals as;

> having multiple cognitive strategies available, which they choose among on the basis of personal goals, motives and needs
>
> (Hogg and Vaughan, 2011, p. 44)

That is to say, individuals were suggested to interchange between processing information swiftly and processing information more deeply, depending on the degree of motivation towards the issue or situation (Fiske and Taylor, 2013; Ruscher et al, 2000).

Due to these critiques, theories of attribution evidently no longer dominate within the field of social psychology. On the other hand, the "permanent legacies" (Weiner, 2008, p. 155) that attribution theories have left cannot be ignored. These theories therefore continue to provide influential ways of thinking about human behaviour, in addition to being applied within other fields of psychology and education (Mak and Kwok, 2010; Boyle et al, 2009; Poulou and Norwich, 2002; Corrigan et al, 2000; Weiner et al, 1988).

More specifically, theories of attribution remain of relevance to this thesis due to the work of Bernard Weiner. Weiner was initially implicated within the area of attribution theory due to his work on achievement motivation, applying theories of causal inference to experiences of success and failure (Weiner, 1985; 1979; 1974). It was here that three dimensions of causality were firmly introduced; locus (whether the cause of an event is internal or external to the actor involved), stability (whether the cause is deemed to be temporary or permanent), both of which were originally identified by Heider (1958) but subsequently developed by Weiner (1979), as well as controllability (whether the cause is subject to personal influence) added by Weiner (1980; 1979).

However emerging from this, and of key applicability to my research, were Weiner's developments regarding reactions to stigmas (Schwarzer and Weiner, 1991; Schmidt and Weiner, 1988; Weiner et al, 1988; Weiner, 1980), which continue to influence research regarding blame and stigma in a variety of contexts (Carpenter and Paetzold, 2013; Nestler and Egloff, 2013; Wickens et al, 2011; Wilson et al, 2011; Mak and Kwok, 2010; Dale et al, 2006; Poulou and Norwich, 2002; Corrigan et al, 2000). Therefore, although I acknowledge that the overall influence of attribution theory no longer dominates the field of social psychology, it is this specific extension of attribution theory which remains of relevance to blame and stigma research, and consequently to my study.

The causal dimension identified by Weiner (1980; 1979) which is of key importance for this thesis is controllability. Controllability, or "the capacity to volitionally alter a cause" (Weiner, 1993, p. 959), is closely related to the concepts of responsibility, blame and deservedness (Weiner et al, 2010; Weiner, 2007; 1992; Schwarzer and Weiner, 1991). Weiner initially used the terms controllability and responsibility interchangeably (Weiner et al, 1988). However, he later acknowledged that they differed as in some situations a cause may be viewed as controllable, yet mitigating circumstances apply (such as the individual being viewed as unable to determine right from wrong) which could prevent the individual from being held responsible (Weiner, 1995; 1993). Weiner's key studies regarding reactions to stigmas are considered below (particularly Weiner, 1980, Weiner et al, 1988 and Weiner, 1993), with a focus on the concept of controllability.

Firstly, Weiner's (1980) paper was the starting point of extending his attribution ideas to reactions to stigmas. In this paper, a series of experiments explored the influence of controllability (in addition to locus and stability) on affective reactions and judgements of help giving. In his initial experiment, 30 psychology students judged the likelihood of providing help in 16 situations regarding the lending of class notes, where locus, stability and controllability were manipulated. Students identified that less help would be provided if the cause was deemed to be controllable by the individual who required the class notes, compared to if it was uncontrollable. Weiner then explored the wider applicability of these findings using Piliavin et al's (1969) vignettes where an intoxicated or visibly disabled individual required help. Psychology students were asked to describe their feelings with regards to each scenario (such as pity, concern or anger), and subsequently rated perceived controllability and likelihood of helping. These experiments identified that intoxication was perceived as controllable, with the individual deemed to be responsible for its onset, which led to anger and a lack of judged helping behaviour. However physical disability was viewed as uncontrollable and generated pity, in addition to judged helping behaviour.

These experiments led to Weiner (1980) proposing that attributions to perceived controllable causes lead to negative affective reactions from others (such as anger or avoidance), and judged helping behaviour is low, whilst attributions to uncontrollable causes lead to positive affect and helping behaviour. In other words;

Attribution (controllable) → affective reaction (anger) → judged helping behaviour (no help/avoidance)

Attribution (uncontrollable) → affective reactions (pity/sympathy) → judged helping behaviour (help/approach)

These ideas regarding the influence of controllability of stigmas on affective reactions and judgements of helping behaviour were developed further in Weiner et al's (1982) study and more significantly in Weiner et al's (1988) paper. In the latter, reactions to ten stigmas were examined; Alzheimer's disease, blindness, cancer, heart disease, and paraplegia, all of which were referred to by the researchers as having biological causes, in addition to AIDS, child abuse, drug use, obesity and Vietnam War Syndrome, which were referred to as having behavioural causes. 59 psychology students were asked to rate these stigmas on perceived responsibility, perceived controllability, blame, affective reactions (anger and pity) and judgements of help-giving. Findings identified that stigmas referred to as having biological causes were perceived as uncontrollable, whilst behavioural stigmas were deemed to be controlled by the stigmatised individual. Further to this, individuals with perceived controllable stigmas were judged as more responsible, more blameworthy, and generated more anger, whilst eliciting little sympathy from respondents. This was in contrast with individuals with perceived uncontrollable stigmas, who were not viewed as responsible for their stigmas, and therefore participants identified that they would give sympathy and help to these individuals.

Evidently, there are issues here regarding assumptions made about the biological and behavioural perceived nature of these stigmas. Therefore in a further experiment detailed in Weiner et al's (1988) study, the origins of these stigmas and perceived controllability were manipulated. Results highlighted that perceptions of controllability of stigmas could be influenced by disclosing further information about the individual or their stigma.

Finally in 1993, Weiner extended his proposed attribution model to include assigned responsibility;

Attribution (controllability) → assigned responsibility → affective reactions → behaviour (help/no help)

Weiner's ideas regarding judgements of controllability and affective reactions to stigmas (more specifically controllable-anger-no help and uncontrollable-pity-help links) have been heavily replicated and supported over the past several decades (Nestler and Egloff, 2013; Wickens et al, 2011; Wilson et al, 2011; Weiner et al, 2010; Hinshaw, 2007; Weiner, 2006; Hinshaw, 2005; Corrigan et al, 2000; Menec and Perry, 1998; Schwarzer and Weiner, 1991; Schmidt and Weiner, 1988). For example, Dijker and Koomen (2003) identified that behaviourally caused stigmas, which individuals were viewed to be personally responsible for, led to avoidance and irritation from others as opposed to sympathy or pity. Literature has also explored Weiner's ideas regarding controllability and emotions within the specific context of SEN (Carpenter and Paetzold, 2013; Mak and Kwok, 2010; Lucas et al, 2009; Mantler et al, 2003; Poulou and Norwich, 2002; McGuinness and Dagnan, 2001; Chavira et al, 2000; Stanley and Standen, 2000; Brophy and Rohrkemper, 1981). For example, Dale et al (2006) applied Weiner's model to the context of SEN, and identified that mothers of children with ASD made various attributions regarding their children's difficulties which were consistent with Weiner's ideas about controllability.

Nevertheless this attribution model has not escaped criticism, particularly in relation to concerns regarding the assumed automatic, scientific sequence of the model (Poulou and Norwich, 2002; Ickes, 1996), due to advances with regards to the cognitive miser and motivation tactician perspectives (Corcoran and Mussweiler, 2010; Klein, 2001; Fiske and Taylor, 1984). In addition to this, there are limitations in terms of the role-enactment methodology frequently used, as well as samples frequently comprising psychology students, leading to concerns regarding applying this model to actual situations and other populations Dijker and Koomen, 2003; Poulou and Norwich, 2002; Menec and Perry, 1998; Schwarzer and Weiner, 1991). It is also important to acknowledge that some studies have failed to establish an association between perceived controllability and affective emotions and reactions (Bailey et al, 2006a; Rose and Rose, 2005; Jones and Hastings, 2003; Hastings and Brown, 2002).

To summarise, Weiner's work has evidently influenced a wealth of research on controllability, responsibility, blame and stigma (Nestler and Egloff, 2013; Wickens et al, 2011; Wilson et al, 2011; Corrigan et al, 2000), with research justifying how his attributional model can be helpful within the research context of SEN, and BESD more specifically (Carpenter and Paetzold, 2013; Mak and Kwok, 2010; Lucas et al, 2009; Dale, 2006; Mantler et al, 2003; Poulou and Norwich, 2002; Chavira et al, 2000). This research base continues to grow, with Weiner's ideas at the core. However, Weiner's extensions of attribution theory to explore reactions to stigmas are not without their methodological limitations. Theories of attribution have also been critiqued by newer models within social psychology; acknowledged by Weiner (2008) himself. Consequently, although Weiner's ideas regarding controllability underpin my research and frame the focus of it, and continue to be influential within the context of blame, stigma and SEN, these limitations are also kept in mind.

My study therefore intended to explore the relevance of this model within an SEN context and from an educational perspective, by qualitatively examining perceptions and experiences of SEN controllability and an exploration of how they influenced socio-emotional aspects of home-school relationships. As exploring such sensitive issues with children with SEN would raise ethical concerns (considered in section 3.4.7), I was interested to examine whether the influence of perceived SEN controllability extended to *parental* experiences. Of specific interest here were the experiences of parents who had children with the label of Behavioural, Emotional and Social Difficulties (BESD), an SEN which has the possibility of being viewed as a controllable SEN due to its parallels with mental health difficulties (particularly in terms of invisibility and behaviour deemed to be socially inappropriate, discussed further in chapter 2). However, it was *not* assumed that BESD would be viewed as controllable, which was the reason for exploring perceived causes. The experiences of parents with children given other labels of SEN were also important to consider, exploring the potential influence of perceived causes and controllability on socio-emotional aspects of home-school relationships.

1.5 Models of disability

Whilst recognising that models of disability are of relevance to this thesis, the study utilised Weiner's (1980) attributional model as an analytical tool for exploring perceptions and experiences of socio-emotional aspects of home-school relationships. This was due to me being particularly interested in how the perceived nature of children's SENs framed perceptions of cause and controllability, and consequent parental and practitioner experiences of blame, stigma, partnership and empathy, with a particular focus on BESD; a necessary theoretical narrowing down in order to contain the study. Nevertheless, links are made to models of disability throughout this thesis, and a brief discussion of the medical and social models of disability are provided below.

The medical model of disability has two broad underpinnings; first that the 'problem' of disability is a medical deficit inherent within the individual, and secondly that disability is a tragic (informed by the personal tragedy theory of disability), unfortunate event (Goodley and Runswick-Cole, 2012a; Ho, 2004; Tregaskis, 2002; Oliver, 1990). From this perspective, the focus is on medicalisation and diagnosis of perceived conditions or syndromes, intervention and rehabilitation (Goodley and Runswick-Cole, 2012b; Milton, 2012; Farrugia, 2009; Fisher and Goodley, 2007; Shakespeare, 2006); that is, the individual is hoped to be "alterable" whilst society is not (Llewellyn and Hogan, 2000, p. 158). In relation to children with SEN, the child is deemed to be deficient or deviant; their difficulties are perceived to be 'within-child' and tragic (Goodley and Runswick-Cole, 2012a; Runswick-Cole, 2008; Liasidou, 2008; Solity, 1992), with their identity being lost behind "the veil of a syndrome" (Runswick-Cole and Hodge, 2009, p. 200).

The social model came about in response to this model, with the underpinnings of the medical model and pathologisation of individuals being actively challenged (Harpur, 2012; Reindal, 2008; Ho, 2004; Tregaskis, 2002; Humphrey, 2000; Hughes and Paterson, 1997; Oliver, 1996; Union of the Physically Impaired against Segregation, UPIAS, 1976). Whereas the medical model perceives disability as an individual, medical deficit, the social model advocates that it is society that is disabling, due to structural, practical and attitudinal barriers (Goodley and Runswick-Cole, 2012a;

Tregaskis, 2002; Oliver, 1990); or as Oliver (1996, p. 32) states "not deny[ing] the problem of disability but locat[ing] it squarely within society" . This was developed by Swain and French (2000) who identified an affirmation model, which challenged the perception that disability is an inherently tragic event (Runswick-Cole, 2010). In relation to children with SEN, this model identifies that children experience heavily embedded exclusionary practices within schools (Runswick-Cole and Hodge, 2009; Ho, 2004; Davis and Watson, 2001) and, in addition to this, that society disables their families due to inequalities in opportunities, outcomes and provision (Dowling and Dolan, 2001).

The social model of disability is invaluable in acknowledging wider social influences on the (often oppressive) experiences of children and their families. However, criticisms of this model have also been raised, with regards to the social model making assumptions that disability would disappear if barriers were removed, dangers of overgeneralisation, as well as some impairments being perceived to be privileged over others (Harpur, 2012; Ryan and Runswick-Cole, 2008; Shakespeare, 2006; Gabel and Peters, 2004; Chappell et al, 2001; Humphrey, 2000; Barnes, 2000; Llewellyn and Hogan, 2000; Hughes and Paterson, 1997; Johnston, 1997). Tregaskis (2002) and Oliver (1996) therefore suggested that the social model should be used as a *starting point* for discussion surrounding disability.

Nonetheless, as mentioned earlier, critically exploring debates surrounding the use of models of disability were beyond the scope of this thesis. This was emphasised by Oliver (1990), who recognised that when considering issues within this area of research there is a danger that controversies surrounding models of disability, and their potential applications, may become the focus. This thesis therefore makes reference to models of disability whilst acknowledging that the research was theoretically driven by Weiner's (1980) extensions of theories of attribution.

1.6 Neglected voices

It is important to acknowledge that the voices of parents with children with SEN more generally are frequently neglected and devalued, due to the power and authority held by practitioners and other professionals (DfE, 2011b; Duncan, 2003; Paradice and Adewusi, 2002; Case, 2000). Continuing to give voice to parents of children with SEN was therefore paramount and formed the basis of this study.

However, although practitioner views dominate policy and more general debates regarding SEN, there is scope to recognise the views of practitioners in specific relation to *socio-emotional* aspects of these home-school relationships (the focal point of this thesis). Parental experiences have often been focused on when researching blame and stigma, as well as socio-emotional aspects of partnership (trust and approachability), which is understandable due to the emotive perceived nature of these concepts (considered in chapter 2). Nevertheless, much can also be learned from practitioner experiences of blame, stigma, partnership and empathy, as these socio-emotional factors form the foundations of effective home-school relationships. It was therefore essential to give voice to both parents *and* practitioners in parallel; parents due to their frequently devalued voices, and practitioners due to scope to explore their experiences in specific relation to socio-emotional issues.

1.7 Behavioural, Emotional and Social Difficulties (BESD) and the home-school relationship

Before discussing definitions of BESD, it is important to identify what is meant by 'behaviour'. This term is not straightforward, with varying interpretations; however it is frequently used to refer to the actions or reactions that individuals display, and the perceived appropriateness of [re]acting in that way under those circumstances (Hogg and Vaughan, 2011; Ajzen, 2005). On the other hand, it is evident that practitioners and parents frequently use the term to refer to 'bad' behaviour. For example, if a mother was asked into school by practitioners to discuss her child's behaviour, it could be assumed that the behaviour discussed would be deemed inappropriate in some way.

A child's behaviour may be influenced by a variety of factors, some of which are perceived to be biological and genetic, in addition to early life experiences, family environment, school environment, community environment, socio-economic status (SES) and ethnicity (Sheppard, 2011; Pickles, 2010; DfES, 2007; Hunter-Carsch, 2006; Visser, 2003; Hamill and Boyd, 2001; Cooper et al, 1994). The westernised culture has been controversially identified in the literature as having a significant impact on children's behaviour, due to perceptions of 'family breakdown' (Pickles, 2010) an increase in the employment of mothers (DfES, 2007), the use of new media including the Internet, and an escalating amount of relative child poverty (Layard and Dunn, 2009), to name but a few.

More specifically, it is generally reported in the literature that children given the label of *BESD* are suggested to experience difficulties with their behaviour, emotions and/or social relationships which consequently interfere with their learning and development (Cole and Knowles, 2011; DCSF, 2008; SEBDA, 2006; Poulou and Norwich, 2002; Corbett, 2001; Gray and Noakes, 1998). Nearly twenty-two per cent of all pupils with SEN in England were recognised as having BESD in 2012, of which ninety-two per cent were educated in mainstream schools (DfE, 2012a). However, BESD is frequently perceived to be an extremely vague and imprecise label due to the lack of a universally accepted definition (Bennett, 2007; SEBDA, 2006; Thomas, 2005; Visser, 2003; Poulou and Norwich, 2002). For example, Visser and Stokes (2003) stated that;

> Finding a definition of emotional and behavioural difficulties, which is unequivocal proves problematic
>
> (Visser and Stokes, 2003, p. 66)

This had led to the term BESD being interpreted in various ways, on a macro and micro level. For example, on a macro level, the DCSF (2008, p. 4) vaguely suggested that pupils with the label of BESD "cover the full range of ability…their difficulties may cause a barrier to learning". This definition is unhelpful, as the phrase 'barrier to learning' needs to be clarified, indicating what constitutes a barrier as well as whose learning they are referring to (the child with the label of BESD or their peers). On the other hand, Poulou and Norwich (2002) provided a more detailed definition and identified BESD as children experiencing;

> difficulties in behaviour, emotions and relationships which are severe and persistent such that they interfere with their learning and development...which overlaps with psychiatric disorder at one end and disruptive behaviour or behaviour problems at the other
>
> (Poulou and Norwich, 2002, p. 112)

Additionally, the Social, Emotional and Behavioural Difficulties Association (SEBDA) recognised that children with the label of BESD may internalise their difficulties, and identified that children with the label of BESD are not simply those who display 'disruptive' behaviour (as supported by Cooper, 2008);

> EBDs…may manifest themselves in many different forms and severities. They may become apparent through withdrawn, passive, depressive, aggressive or self-injurious tendencies
>
> (SEBDA, 2006, p. 1)

However, the two definitions above indicate that the label BESD is given to children with an extremely wide range of perceived behavioural, emotional and social difficulties. This links to suggestions that BESD is a relative, situation-dependent term (Fovet, 2011; Visser, 2011), with definitions of BESD being influenced by;

1) the differing attitudes and/or personal values of practitioners due to their individual job roles and experiences (Fovet, 2011; Visser and Stokes, 2003; Daniels et al, 1998);
2) the varying interest in BESD in macro and micro policy documents (Visser and Stokes, 2003; Ainscow, 1999);
3) parental pressures (Feiler and Gibson, 1999; Clark et al, 1997);
4) as well as the socio-economic status of schools and the amount of children recognised as having SEN in each school (O'Connor et al, 2011; Lewis et al, 2010; Parsons et al, 2009)

I cautiously propose that this latter point implies that schools with high incidences of behavioural, emotional and social difficulties displayed by children may define BESD as solely 'severely challenging' behaviour, to prevent a vast amount of pupils being placed on the SEN register for BESD. The lack of consistency regarding defining BESD may also lead to widely differing support provided for children with very similar difficulties, which may consequently impact on their educational attainment (Visser and Stokes, 2003). For example, Daniels et al (1998) found that pupils with similar behavioural difficulties received varying degrees of support, with some of these pupils being excluded whilst others were provided with additional help and statutory assessment.

The definitional issues regarding BESD are problematised further by the SEN Green Paper *Support and Aspiration* (DfE, 2011a). There has been much criticism of the Green Paper due to a "worrying silence" (Bloor, 2011a, p. 1) on children with the label of BESD, with suggestions that the document;

> Seeks to redefine SEN as purely physical and medical, which could leave children whose needs relate to emotional, cognitive and social factors with little or no support
>
> (Bloor, 2011b, p. 5)

This is reflected in the Green Paper itself, where no attempt is made to address or re-define BESD, with only two paragraphs in the whole report relating to behaviour (which actually concentrate on bullying). The lack of specific focus on children with the label of BESD in the Green Paper is of major concern, as it suggests that policy may be ignoring the wealth of behavioural, emotional and social difficulties experienced by children, which could consequently lead to them being labelled as merely 'naughty' or disruptive (Bloor, 2011a; Cook, 2011). This is problematically complemented by the lack of BESD training, and indeed limited SEN training more generally, that teachers receive (Centre for Social Justice, 2011; O'Connor et al, 2011; Golder et al, 2009; Hodkinson, 2009; Riley and Rustique-Forrester, 2002). There are also suggestions that the government intends to remove BESD from the SEN framework altogether, and instead view these pupils as a vulnerable group based on home circumstances unless a medical 'cause' can be attributed to their difficulties (Ellis and Tod, 2012). This once again displays how the SEN framework continues to be bolstered by the medical model.

However, it is identified in the literature that pupils given (highly contested) labels of SEN such as Attention Deficit (Hyperactivity) Disorder (AD(H)D), Oppositional Defiance Disorder (ODD), Obsessive Compulsive Disorder (OCD) and Tourette's Syndrome regularly experience difficulties with their behaviour, emotions and social relationships, and are therefore often included under the umbrella label of BESD (Cole and Knowles, 2011; DCSF, 2008; British Medical Association, 2006; DfEE, 2001; American Psychiatric Association, 2000). Some research has also proposed that pupils labelled as having Asperger's Syndrome are viewed as having BESD, although there is controversy here (Cole and Knowles, 2011; Clarke, 2008; British Medical Association, 2006; Farrell, 2006). Pupils recognised as having the above SENs are frequently labelled as having BESD, as they are often deemed to display *socially inappropriate* behaviour as a 'characteristic' of their SEN.

The phrase 'perceived socially inappropriate' is used here (and throughout this thesis) to describe the behaviour of children with the label of BESD, as it is less emotionally charged than terms such as 'challenging', 'disruptive', and 'naughty'; all of which would insinuate that the behaviour is 'within-child'. The phrase 'perceived socially inappropriate' identifies that the behaviour is in some way deemed inappropriate by society, and indicates that 'appropriate' behaviour is mediated by cultural norms.

Furthermore, it is important to acknowledge controversy surrounding the use of the abbreviation BESD, as opposed to SEBD or EBD. There is resistance expressed by some towards using the term BESD, due to proposals that this abbreviation exaggerates the behavioural aspect of a child's difficulties, which may subsequently influence how practitioners perceive and respond to the child (Cole and Knowles, 2011). It has been suggested that using the term *SEBD* would be more appropriate, as it recognises social and emotional issues as the child's primary needs (Cole and Knowles, 2011). However, I opted to use the abbreviation BESD throughout this thesis for two reasons; firstly because it is in keeping with the Coalition Government's abbreviation of this concept (DfE, 2011a; DCSF, 2008), and secondly because parents and practitioners used BESD as opposed to SEBD during interviews.

1.8 Other SENs and the home-school relationship

Although some literature has recognised that the perceived nature of a child's SEN may influence socio-emotional aspects of home-school relationships (discussed in chapter 2), these issues have often been considered with regards to parents of children with the label of BESD (Bennett, 2007; Harborne et al, 2004; Miller, 2003). Although it is important to continue to explore the experiences of parents with children with the label of BESD, there is scope for further investigation regarding the experiences of parents who have children given labels of SEN other than BESD (considered in chapter 2).

Children given the label of SEN includes those reported to have a range of difficulties. They include learning difficulties such as Dyslexia and Dyspraxia, as well as Down's Syndrome, Cerebral Palsy, 'classic' Autistic Spectrum Disorder (ASD), Muscular Dystrophy and Severe and Profound Learning Difficulties.

1.9 Summary

This chapter has introduced the focus of the study within the current policy context and the importance of effective home-school relationships. The conceptual framework (blame, stigma, partnership and empathy) of the study has been identified, providing details regarding how these four concepts came to be the focus. The key theoretical lens (Weiner's ideas regarding controllability and reactions to stigmas) together with other relevant perspectives (models of disability, and neglected voices) were also considered, continuing to reflect on definitions of BESD.

The next chapter keeps the conceptual framework in mind and consequently reviews literature regarding socio-emotional aspects of home-school relationships. Blame, stigma, partnership and empathy are considered in turn, where definitions are problematised, as well as each concept being situated within the wider context. Key issues identified in the literature regarding home-school relationships and each of the four concepts are also reviewed in depth.

Chapter 2: Literature Review

The previous chapter situated home-school relationships within the context of SEN, and considered the conceptual framework and theoretical underpinnings of the study. This chapter reviews research regarding the four concepts of key interest for this research (which form my conceptual framework); blame, stigma, partnership and empathy. These concepts are of crucial importance to this thesis, due to the focus on experiences of *socio-emotional* aspects of parent-school relations. This literature review concludes by identifying areas where future research is necessary, continuing to situate my study.

The literature reviewed for this research predominantly focused on parents of children with SEN aged between four and sixteen years old; the time where children are frequently assessed, and SENs are formally recognised, during primary or secondary school. It is also when children are in full-time, compulsory education where parents and practitioners regularly require contact (DCSF, 2010; DfES, 2007; 2001). The literature examined was predominantly from the UK; however, it was necessary to consider studies conducted abroad, predominantly in the United States (such as Hess et al, 2006 and Spann et al, 2003), due to the limited UK literature in several areas of this field which are identified as such in this review.

It is important to identify here that although each concept is examined separately to aid understanding and reduce the complexity of this thesis, all four concepts are intrinsically linked due to their socio-emotional focus. It is also crucial to acknowledge at this early stage in this thesis that the four concepts I am examining are not straightforward; they are difficult to define, with their meanings frequently shifting. I can only attempt to identify my conceptualisations, and support my understandings of these concepts with evidence and definitions provided by previous literature, whilst acknowledging the limitations of doing so.

Blame

This section will begin by considering definitions of blame. The issues regarding blame and SEN will then be placed within the wider context of parental blame. Finally, four key areas regarding blame will be examined in relation to parents of children with SEN and practitioners; blame towards children with SEN; blame towards their parents; parental self-blame (guilt); and the perceived importance of labelling. Blame is of particular interest due to the negative impact that it can have on relationships (Peters and Jackson, 2009; O'Sullivan and Russell, 2006; Miller, 2003; Poulou and Norwich, 2002).

2.1 Definitions of blame

Before definitions of blame are considered, it is crucial to identify that blame is a complex concept to define as its meaning shifts, and it is frequently interpreted in various ways. Nevertheless, several definitions of blame have been provided in the literature, which are helpful when endeavouring to understand this concept. A statement which attempts to define blame is that of Sher (2006);

> Blame is a stance or attitude that a person takes towards himself or another on the basis of a judgement that that person has in some way failed to conform to some moral standard
>
> (Sher, 2006, p. 7)

This definition beneficially encapsulates self-blame, in other words that individuals may blame themselves and experience guilt (examined later in this chapter). However, Sher's (2006) definition does not identify that blame may influence relationships between the blam*er* and the blam*ed*, as considered by Scanlon (2008);

> Blame is not just a negative evaluation or appraisal of a person but a particular understanding of our relations with him or her
>
> (Scanlon, 2008, p. 151)

To summarise, blame is suggested to be a *negative* perception made by a person towards themselves or another individual, based on a judgement that the individual has failed to conform to a perceived moral standard, involving the blam*er* examining the relationship between themselves and the blam*ed*.

2.2 Reasons for, and impact of, blame

It has been suggested that blame is such a prominent social behaviour due to living in a society where our actions and behaviours are frequently evaluated, by ourselves as well as other individuals, due to the inherent aim of assessing ability and performance (Weiner, 2006; Forsterling, 2001; Harvey and Weary, 1985). Evaluating behaviour occurs from a very early age, which is reflected in a statement by Shaver (1985);

> As very young children we learn to assert that 'it wasn't my fault' or that 'I didn't mean to do it'. Responsibility and blame follow us into adulthood, as personal or organisational failings require explanation
>
> (Shaver, 1985, preface)

For this reason, blame is suggested to be an extremely powerful motivator and reinforcer (Furnham, 2003; Forsterling, 2001). It is important to recognise here that blame does not necessarily lead to punishment of the blamed (Antaki, 1981), and also Sher (2006) stated that blaming a person and actually communicating this blameworthiness are distinct. However, blame may lead to the blamer revising their attitude towards the blamed, which may have an impact on the relationship between the individuals involved (Scanlon, 2008; Antaki, 1981). In other words, blame may *change* relationships.

There are four main issues in the literature regarding blame and SEN which have attracted much controversy and are examined below. These issues relate to blame towards children with SEN, blame towards parents of children with SEN, parental self-blame (guilt), and the perceived importance of labelling. These issues are discussed below, and indicate a need to explore experiences of blame with parents of children with a range of SENs (not just solely those with the label of BESD) as well as with practitioners.

2.3 Wider context regarding parental blame

Issues regarding blame towards parents of children with SEN are situated within a much wider context of parental blame. There is a problematic focus on "parental determinism" in UK policy (Peters, 2011, p.3); that is, parenting is perceived to be the crucial factor determining the life paths, well-being and attainment of children (Asmussen et al, 2012; Bjarnason et al, 2012; DCSF, 2009a; DfES, 2007; 2005). This point is highlighted in *Every Parent Matters*, which stated that;

> Parents and the home environment they create are the single most important factor in shaping their children's well-being, achievements and prospects
> (DfES, 2007, p. 1)

This notion of parental determinism is firstly too simplistic as it implies that parenting comes in isolation from socio-economic and environmental factors. However, this approach is also problematic as it has subsequently led to parents and home circumstances (that parents are perceived to singularly 'create') being held wholly accountable for any difficulties experienced by their children, such as perceived socially inappropriate behaviour and low attainment, but also for wider issues like falling school standards and childhood obesity (Clarke and Churchill, 2012; Day et al, 2012; Easton, 2011; Lloyd et al, 2011; Peters, 2011; Broadhurst, 2009; Holt, 2009; Gillies, 2006; DfES, 2005; Williams and Gersch, 2004). For example, Moran and Ghate (2005) stated that;

> To judge by the attention given to parenting by UK policy makers in recent years, you could be forgiven for thinking that there were few headlining social problems- from anti-social behaviour on our streets to childhood obesity and falling standards in schools – for which 'better parenting' was not the solution
> (Moran and Ghate, 2005, p. 329)

There has been a renewed interest in a perceived lack of parental responsibility over the past two years due to the ramifications of the 2011 riots in several UK cities, where much of the violence was attributed to 'ineffective' parenting (Addley, 2011; Gentleman, 2011; Lewis and Malnick, 2011), with suggestions that many parents are bringing their children up "without a moral framework" (Edwards, 2010, p. 64). These assumptions are working alongside evidence of a move away from "the privacy of family life" towards much state intervention (Edwards, 2010, p. 63) particularly where parenting is deemed to have 'failed' (Exley, 2013; Gillies, 2012).

This state intervention resonates with Foucauldian (1979) analysis regarding surveillance, with suggestions that children and their parents are "made the subjects of intervention" (Arai, 2011, p. 41). This surveillance and consequent intervention by the state appears to have increased dramatically over the past decade, particularly towards those deemed to be experiencing socio-economic disadvantage (Arai, 2011). Possible pre-cursors of this are the abuse and neglect cases of Victoria Climbié, 'Baby P' and Shannon Matthews, as well as more recently the Philpott children and Tia Sharp; all extremely tragic, yet heavily sensationalised by the media (Bracchi and Kelly, 2013; Lowbridge, 2013; Gammell, 2009; Stokes, 2008; Pook, 2002) and subsequently resulting in further state intervention into 'problem' families (Exley, 2013; Gillies, 2012; Arai, 2011).

There is also an evident class issue here; parents are divided into the binaries of good and bad (Reay, 2010), with 'good parenting' assumed to equate to middle-class values and norms of parenting (Klett-Davies, 2010; Perrier, 2010). Working-class parents are therefore often deemed to be failing in bringing up their children (Exley, 2013), and are consequently subjected to interventions which intend to make them more responsible, in order to "save the next generation" (Gillies, 2012, p. 18). Such strategies involve parenting contracts, classes and help lines (Clarke and Churchill, 2012; Craig, 2012; Day et al, 2012; Walters, 2012; Whittaker and Cowley, 2012; Aldridge et al, 2011; Lloyd et al, 2011), although larger initiatives such as the *Big Society* have also been developed by the current Coalition Government with the intention of addressing "poor parenting" (Runswick-Cole and Goodley, 2011, p. 882). Gillies (2012) and Klett-Davies (2010) have therefore suggested that parenting is no longer defined in relation to love and care; it has instead come to be viewed as a skill which can be taught, learned and consequently improved in line with middle-class practices.

More specifically, blaming *mothers* for their children's perceived difficulties relates to wider mother blame, regardless of whether they have children with SEN. Mothers are frequently perceived by society to be responsible for their children's development and well-being (Peters, 2011; Moses, 2010b; Fisher and Goodley, 2007; Buswell-Griffiths et al, 2004), and "held under the professional gaze" (Goodley and Runswick-Cole, 2011a, p. 82), as maternal competence is subject to an increased level of surveillance (Ryan and Runswick-Cole, 2009; Todd and Jones, 2003; Foucault, 1979). This relates to cultural belief systems, where society identifies mothers as caregivers and fathers as providers, even when these roles are not adopted (Day et al, 2009; O'Brien, 2008; Page et al, 2008).

2.4 Blame towards children with SEN and their parents

This section reviews literature relating to blame expressed towards children with SEN (more specifically those with the label of BESD, reflecting the literature base) and their parents, regarding the onset of their perceived difficulties.

2.4.1 Blame towards children with the label of BESD

Firstly, although this thesis focuses on blame between parents and practitioners, it is important to acknowledge that children who display perceived socially inappropriate behaviour have also been suggested to experience blame themselves (O'Riordan, 2011a; Bennett, 2007; Whitaker, 2007; Shuttleworth, 2005; Phares et al, 1996; Brophy and Rohrkemper, 1981). For example, Orsati and Causton-Theoharis (2012) identified that practitioners viewed pupils with (what they referred to as) challenging behaviour as *choosing* to behave inappropriately and consequently blamed them (evidently having parallels with Weiner's controllability ideas). However, although the researchers in this instance talked of pupils with challenging behaviour, no pupils actually had any formal diagnosis of BESD; they were simply "believed to display challenging behaviour" (Orsati and Causton-Theoharis, 2012, p. 7). It is essential that future investigation examines blame towards pupils given labels of BESD, due to the possibility that a formal diagnosis (or label) could alter practitioner perceptions of the cause of the BESD and any consequent blame (discussed in section 2.7).

However, a paucity of research has established whether any other factors play a role in this perceived blame, such as the age of children with the label of BESD. Additionally, limited literature (Shuttleworth, 2005) has explored whether the *type* of school practitioners are employed at influences perceptions of blame towards pupils with the label of BESD. In this case, no practitioners employed in BESD schools were suggested to attribute blame to their pupils. However Shuttleworth (2005) did not examine the experiences of mainstream practitioners, nor has there been detailed exploration regarding whether blame extends to pupils given labels of SEN other than BESD. Evidently, these issues require further research.

2.4.2 Blame towards parents of children with the label of BESD

Furthermore, previous research has suggested that blame is frequently evident between parents and professionals where children with the label of BESD are of concern (Bennett, 2007; 2006; Miller, 2003). A small amount of literature has identified that these parents and practitioners involved frequently blame *each other* for causing and instigating BESD in children, rather than evaluating their own practice (O'Sullivan and Russell, 2006; Miller, 1995; Dowling and Osborne, 1994). This is suggested to be due to parents and practitioners being reluctant to accept personal accountability due to the perceived nature of the child's SEN (Bennett, 2007; Cooper, 2008). This is reflected in a statement by Miller (2003);

> The vexed area of difficult student behaviour is suffused with notions of blame, that people are stuck, demoralised and set against each other as a result of it
>
> (Miller, 2003, p. 101)

On the contrary, other literature questions whether parents and professionals blame each other. An overwhelming wealth of previous research has proposed that the label of BESD is attributed to ineffective parenting and unstructured home environments, consequently leading to intense parental blame (Francis, 2012; O'Riordan, 2011a; Peters, 2011; Lamb, 2009; Arthur, 2005; Galloway et al, 2004; Crawford and Simonoff, 2003; Miller et al, 2002; Miller, 1996). For example Harborne et al (2004), based on interviews with parents of children referred to as having ADHD (included under the umbrella term of BESD), proposed that parents received direct accusations of blame from practitioners for their children's difficulties.

Further to this, there are suggestions that an intergenerational continuity of parental practices occurs, in other words that children repeat the behaviours and practices of their parents once *they* become parents (Bailey et al, 2006b; Leve et al, 2005; Smith and Farrington, 2004; Beyers et al, 2003; Capaldi et al, 2003; Thornberry et al, 2003). For example, a US study conducted by Bailey et al (2009) examined intergenerational continuity of parenting practices (and children's behaviour), across three generations;

grandparents, parents and children. Results identified an intergenerational continuity of 'inappropriate' parenting practices and the use of harsh discipline such as smacking, threatening or screaming at children. Bailey et al (2009) concluded that this occurred due to parents basing their parenting practices on the parenting that they had experienced as children, and consequently continued to use these techniques with their own children. The involvement of harsh discipline was also suggested to develop norms which supported the use of violence and aggression when managing children. However, potential cultural variation must be taken into consideration, due to this study being conducted in the US. On the other hand, it does indicate that the perceived link between the label of BESD and 'ineffective' parenting is framed within a reported intergenerational repetition of parenting strategies; a cycle which is perceived to be difficult to break.

Nonetheless, it has been suggested that socio-economic disadvantage and family pressures may influence parental abilities to support and discipline their children (Centre for Social Justice, 2011; Kiernan and Mensah, 2011; O'Riordan, 2011a; Sheppard, 2011; Vandewater and Lansford, 2005; Hamill and Boyd, 2001), which complicates the perceived clear link between the label of BESD and 'ineffective parenting'. However this does not appear to have been recognised enough in UK policy (considered in section 2.4, the wider context of parental blame). Instead, policy problematically focuses on the sole influence of parenting on the life chances of their children, and often fails to recognise socio-economic pressures. For example, Cruddas (2010) identified that;

> The neo-liberal position refuses to account for the complex ways in which social and economic factors affect parenting practices. Poverty, worklessness, lack of qualifications, poor health and insufficient housing are seen alongside poor parenting, rather than factors that mitigate against families' wellbeing and parents' time and capacity…it becomes clear that the deficits and deviances are located in the family, and more particularly in parents- not in the social and economic conditions that create and reinforce these difficulties
> (Cruddas, 2010, p. 93)

This was directly evident in a speech by Nick Clegg (2010), who stated that "parenting not poverty shapes a child's destiny". It is therefore essential that further investigation in this area considers the implications of these simplistic assumptions on the views and experiences of practitioners as well as parents themselves.

Nevertheless, it is also important to acknowledge that the perceived links between the label of BESD and socio-economic pressures can only take us so far. This is supported by the work of Bennett (2007), as well as evidence which indicated that there are pupils with the label of BESD within independent schools (Fovet, 2011; O'Riordan, 2011a; Skiba et al, 2005), in addition to parents of children with other labels of SEN also often experiencing socio-economic disadvantage (DCSF, 2009b). This suggests that assumptions of socially inappropriate behaviour being caused by 'dysfunctional' home circumstances are too simplistic.

It is therefore evident that the predominant view appears to be that of practitioners blaming parents for the onset of BESD in children. On the other hand, it is important to acknowledge that previous investigation (Francis, 2012; Peters, 2011; and Harborne et al, 2004) has often solely consulted *parents* about their perceptions of blame regarding the onset of BESD, which has resulted in parents stating that they experienced blame from professionals. Although Croll and Moses (1985) briefly explored teacher perspectives of blame, and highlighted that parents were deemed responsible for inappropriate behaviour, this dated research only provided a quantitative insight into the phenomena under investigation. Also, this study concentrated on attributions of 'misbehaviour' rather than exploring children given labels of BESD.

Moreover, Miller (1995) briefly considered practitioner perspectives of 'difficult' pupil behaviour; however the predominant focus of this research was how to manage pupil behaviour in consultation with Educational Psychologists, as opposed to the perceived causes and controllability of the label of BESD. The experiences of educational practitioners have therefore not always been fully considered when specifically exploring perceived causes of the label of BESD and experiences of socio-emotional aspects of home-school relationships. This appears to be particularly problematic as practitioners are often deemed to be 'the blamers' without always eliciting their perspectives. Based on this, there is scope for future research to simultaneously obtain the views of practitioners *and* parents.

In addition to this, much literature has identified that mothers experience considerably more blame for their child's label of BESD compared to fathers, as they are assumed to be their children's primary caregivers and are deemed responsible for their children's development and healthcare, and in these cases, their behaviour (Peters, 2011; Moses, 2010b; Singh, 2004). On the other hand, mothers are often viewed as caregivers regardless of the perceived nature of their children's SEN, and indeed regardless of whether their children have SENs at all (Peters and Jackson, 2009; Ryan and Runswick-Cole, 2008; Runswick-Cole, 2007; Chell, 2006; Holloway, 1998). For example, Jackson and Mannix (2004) proposed that a mother's role as caregiver automatically leads to her being subjected to an increased level of scrutiny. It is therefore essential to consider experiences of blame (regarding the onset of children's perceived difficulties) with those who have children with SEN both with and without labels of BESD.

Nonetheless, societal perceptions of the label of BESD being caused and controlled by ineffective parenting may contrast with the views of parents of children with the label of BESD themselves, who have been suggested to view the label of BESD as having biological causes (Francis, 2012; Blum, 2007; Gerdes and Hoza, 2006; Harborne et al, 2004). However, there is evident scope for in-depth investigation into the perceived causes and controllability of difficulties displayed by children given the label of BESD, with both parents and practitioners.

2.4.3 Blame towards parents of children given labels of SEN other than BESD

As can be seen from the above literature, BESD has often dominated the research area of blame within this specific context. This has resulted in less consideration of experiences of blame regarding parents of children given labels of SEN *other than BESD* (whilst recognising wider blame placed on parents of children with the label of SEN as considered earlier) within the context of home-school relationships. Nevertheless, mothers of children given the label of Autistic Spectrum Disorder (ASD) have also previously attracted blame, as up until the late 1960s ASD was deemed to be caused by what Bettelheim (1967) referred to as 'refrigerator mothers'; those who were viewed as giving their children mechanical types of attention and a lack of emotional warmth (Ladd-Taylor and Umansky, 1998; McDonnell, 1998; Kysar, 1968). Although these ideas have been overwhelmingly discredited, mothers are still suggested to experience blame due to "the ghosts of Bettelheim" (Osteen, 2008, p. 299).

More specifically, one study which has briefly explored the influence of the perceived nature of children's difficulties with regards to blame is that of Francis (2012), from a US perspective. Based on fifty-five interviews with parents of children with varying SENs, Francis (2012) identified that parents of children with physical conditions (such as Cerebral Palsy) which were deemed to have biological causes did not experience blame. However, in addition to potential cultural variation, it is essential to point out that once again the experiences of practitioners were not elicited, nor were parents asked about experiences of practitioner blame, consequently shedding little light on how blame from practitioners may be extended to parents of children given labels of SEN other than BESD regarding cause and controllability. Finally, not all parents participating had children with formally recognised SENs, whilst some children of the parents interviewed were in adulthood. It is therefore essential that future research explores blame with parents of school-aged children given labels of SEN, both with and without the label of BESD, to refrain from assuming that this concept is only of significance for parents of children given the label of BESD.

2.4.4 Areas where further research is necessary

It is important that future research regarding socio-emotional aspects of home-school relationships considers deficit discourses surrounding parenting which are used within UK policy, and elicits the views of practitioners as well as parental experiences with regards to blame and SEN. Additionally, there is opportunity to conduct a detailed exploration of perceptions and experiences of controllability and blame with both parents of children given various labels of SEN (including BESD), and practitioners. This is in order to explore how labels of SEN attributed to children, and the perceived nature of their difficulties, may influence assumptions and experiences surrounding cause, controllability and blame. The practitioner aspect is also essential as previous literature has often focused on the experiences of parents in this specific research area. Although research should continue to elicit the frequently devalued voices of parents, this has consequently led to parents suggesting that they are blamed by practitioners, without always providing practitioners with the opportunity to share their potentially alternate perspectives and experiences, or to identify whether they experience blame from parents.

2.5 Parental self-blame (guilt)

Another issue examined in the literature regarding blame and SEN (and widely examined more generally) relates to the self-blame, or guilt, experienced by parents of children with SEN. A wealth of research has reported that parents of children with a variety of SENs frequently experience guilt, proposing that guilt may be experienced by parents regardless of the perceived nature of their children's SENs (Francis, 2012; Moses, 2010b; Holt, 2009; Blum, 2007; Harborne et al, 2004; Gray, 2002). This has extended to suggestions that mothers experience extreme guilt due to being viewed as their children's primary caregivers (Rogers, 2007; Buswell-Griffiths et al, 2004; Gray, 1993). For example, a qualitative study by Peters and Jackson (2009) based on interviews with eleven mothers of children with ADHD, found that not only did mothers feel blamed by others (professionals, family and friends), but they also blamed themselves and experienced much guilt for their children's ADHD. In specific relation to children given labels of BESD, this has led to suggestions that guilt is a "common, almost predictable, component" of these parents' experiences (Moses, 2010b, p. 117).

Similar findings were highlighted by Glogowska and Campbell (2004) who identified, via interviews with twenty-three parents, that parents frequently blamed themselves for their children's speech and language difficulties (no label of BESD). However, these children were of pre-school age, indicating that their needs had only recently been identified, and consequently parental guilt may have been particularly new and, subsequently, still raw. Additionally, there was also scope for these children's speech and language difficulties to be perceived as influenced by (a lack of) parent-child interaction (and potentially viewed as controllable, Weiner, 1980), providing a possible explanation for why these parents may have experienced guilt for their children's difficulties. Nevertheless, this reflects the importance of exploring the influence of the perceived nature of children's SENs on parental experiences of guilt. There is also much scope to examine guilt with parents of school-aged children with SEN. On the other hand, Glogowska and Campbell's (2004) findings contrasted with Mickelson et al's (1999) research, who suggested that parents of children with biological 'conditions' such as Down's Syndrome did *not* experience guilt, instead attributing their children's difficulties to biological factors or "fate/God's will" (p. 1263). Nonetheless, this study was conducted in the US where religion has a prominent role, and therefore further research within a UK context is essential.

2.5.1 Areas where further research is necessary

Although research has examined guilt experienced by parents of children with a range of SENs (rather than solely those with the label of BESD which previous literature regarding blame has focused on), these were often separate studies which individually focused on specific SENs. Due to this, there is scope for further research to explore guilt experienced by parents within one combined study, consequently eliciting the views and experiences of parents with a range of SENs (both with and without the label of BESD) in parallel. More specifically, it is important to explore experiences of guilt with parents of school-aged children, as well as those of children given varying labels of SEN (to explore perceived biological and behavioural influences) but in a UK context.

2.6 The perceived importance of labelling

This section considers SEN labels, in other words the medicalised formal diagnoses given to children by professionals, which are used within the education, health and social care sectors. The issue of labelling, and whether we should use labels, is a key area to address and yet is a contentious minefield heavily rooted in debates surrounding models of disability and inclusive education (Goodley and Runswick-Cole, 2012a; Ho, 2004; Swain et al, 2003; Llewellyn and Hogan, 2000; Johnston, 1997; Oliver, 1997); far beyond what is possible to explore within the constraints of this thesis. Whilst acknowledging this debate, a narrowing down in focus here was evidently necessary. Therefore, this section solely concentrates on literature which has considered the influence of the perceived nature of children's SENs on parental reasons for interest in labelling.

Firstly previous research has indicated that formal diagnoses of SENs, particularly the label of BESD, reduce parental feelings of blame due to perceptions that the diagnosis shifts blame onto an uncontrollable, biological 'condition' (Blum, 2007; Bennett, 2006; Litt, 2004; Lloyd and Norris, 1999). This has evident parallels with the medical model of disability, whereby the 'problem' is deemed to be 'within-child' (Liaisidou, 2008; Solity, 1992), and is also linked with wider controversy regarding the use of 'diagnoses' within psychiatry (Doward, 2013). However, there are suggestions that parents may engage with differing models of disability dependent on circumstances, as opposed to adopting, for example, a fixed medical approach (Runswick-Cole, 2008; Landsman, 2005). That is to say, parents may engage with the medical model in order to obtain a diagnosis and access support for their children, and yet may also engage with the social model when considering disabling practical and attitudinal barriers.

In specific relation to the label of BESD, Harborne et al (2004) highlighted that once parents received a confirmed ADHD diagnosis they reported much relief and felt blamed less. Hinton and Wolpert (1998, p. 316) identified this as a "label of forgiveness", and suggested that parents of children with the label of BESD are guilty until proven innocent (in other words, guilty of causing their children's difficulties until a formal diagnosis is received). Contrasting to this, Norvilitis et al (2002, p. 62) suggested that formally recognising ADHD in children did not "free their parents from responsibility".

However, less research has examined the *socio-emotional* importance of labelling for parents of children given labels of SEN other than BESD. Nevertheless, there are indications that parents acquire labels of SEN, and consequently have to "pathologise their children" (Goodley and Runswick-Cole, 2010a, p. 282) and adopt medicalised discourses during discussions with professionals, in order to access support for their children (Ong-Dean, 2005). More generally, literature has suggested that diagnoses, and more specifically Statements, of SEN are perceived to have "passported benefits" (Pinney, 2004, p. 40), to specialised support and resources (Riddick, 2012; Lauchlan and Boyle, 2007; Ho, 2004; Archer and Green, 1996; Sutcliffe and Simons, 1993). For example, Paradice and Adewusi (2002) indicated that parents of children with speech and language difficulties felt labels led to an increase in access to support services. This is due to the perceived nature of the SEN system (based on the medical model of disability, Runswick-Cole and Hodge, 2009), where specialist educational provision is reserved for those with a 'formally recognised' SEN (DfE, 2011a; DfES, 2001).

2.6.1 Areas where further research is necessary

Although there has been investigation into the socio-emotional significance of labelling for parents, there is clearly scope to explore this further with regards to blame within the context of home-school relationships. However, again this previous research has concentrated on the experiences of parents; future investigation could examine practitioner experiences of labelling, as well as whether labels of SEN are perceived to influence practitioner attributions and perceptions of parental blame. Furthermore, the views and experiences of parents of children given labels of SEN other than BESD should also be further acknowledged when considering the potential socio-emotional impact of labelling for parents.

2.7 Overall areas for future research regarding blame

There is much scope for further investigation in this area to consider perceptions and experiences of controllability, blame and guilt with parents of children given a range of labels of SEN, and practitioners, within the specific context of home-school relationships. This is due to much previous focus on parents of children with the label of BESD, with less consideration of the experiences of parents with children with other recognised SENs (whilst recognising wider bodies of literature regarding societal blame towards parents, more specifically mothers), regarding perceived causes and perceived controllability. There is also a need to provide practitioners with the opportunity to share their perspectives regarding cause, controllability and blame, to further develop understanding regarding both 'sides' of home-school relationships. Finally, there is opportunity to explore experiences of guilt with parents of school-aged children with SEN, in a UK context.

This section has examined blame, one socio-emotional factor implicated within the relationships regarding parents of children given labels of SEN, and practitioners. The next section in this literature review will explore stigma, which has evident parallels with blame due to links with Weiner's (1980) attributional model.

Stigma

This section explores stigma, a concept very closely related to blame due to the influence of Weiner's (1995;1993; 1980) ideas surrounding perceived controllability, as well as models of disability (Oliver, 1996). Stigma and blame are also closely linked due to the negative connotations attached to these two concepts. Before exploring issues relating to stigma and SEN, it is important to consider definitions of this concept and identify the impact that stigma can have on individuals. Three issues regarding stigma which have appeared in the literature are then examined in depth; stigma towards children with SEN; stigma towards parents of children with SEN (considering the influence of SEN visibility); and parental acceptance of their children's SENs.

2.8 Definitions of stigma

The term 'stigma' originates from the ancient Greeks, where bodily marks were branded on individuals who had disgraced others (Page, 1985). Nowadays, the term stigma is used much more symbolically (Hinshaw, 2007; Weiner, 2006; Angermeyer et al, 2003). Although the meaning of stigma may shift due to varying interpretations, the most frequently referenced definition of stigma is provided by Goffman (1968), who referred to a stigmatised individual as someone "who is disqualified from full social acceptance" (p. 9), due to them being deemed to possess "an attribute that is deeply discrediting" (p. 11). This has links with the medical model of disability, which perceives disability to be a deficit inherent within a person, with the individual being perceived to be deficient or deviant in some way (Tregaskis, 2002; Oliver, 1990). However, Finlay (1999) also provided the following viewpoint;

> If stigma is defined by the reactions of others, it can be seen as being created in the eye of the beholder, and is fundamentally, therefore, a social phenomenon
>
> (Finlay, 1999, p. 31)

The above statement identifies that stigma is based on and formed by the attitudes of others. This has parallels with the social model of disability, in that disablement is socially constructed due to the structural and attitudinal barriers put in place by society (Goodley and Runswick-Cole, 2012a; Oliver, 1996). Hinshaw (2007) also provided a definition to take into consideration;

> Stigma refers to a global devaluation of certain individuals on the basis of some characteristic they possess, related to membership in a group that is disfavoured, devalued, or disgraced by the general society
>
> (Hinshaw, 2007, p. 23)

Furthermore, stigma is often separated into two types; felt and enacted. Felt stigma has been referred to as "the most severe form of unpleasant sensation" (Page, 1985, p. 17-18). Although felt stigma may involve the individual experiencing fear of enacted stigma (Thornicroft, 2006), individuals do not need to actually experience explicit stigma before they feel stigmatised (Page, 1985; Kleck and Strenta, 1980). Enacted stigma, sometimes referred to as concrete stigmatisation, can be defined as "instances of overt rejection or discrimination" (Gray, 2002, p. 737) experienced by individuals from members of society (Thornicroft, 2006; Gray, 1993; Scambler and Hopkins, 1986). This type of stigma is suggested to occur less frequently than felt stigma (Angermeyer et al, 2003). For example, Gray (2002) found that only half of parents who experienced felt stigma identified that they had actually encountered enacted stigma from others.

2.9 Reasons for, and impact of, stigma

Labeling theory, also referred to as Social Reaction theory, proposes that individuals become stigmatised as members of society label "behaviours that do not conform to the norm" (Stuenkel and Wong, 2007, p. 48) as deviant in some way (Pilgrim and Tomasini, 2012; Becker, 1963; Goffman, 1968), again having links with models of disability. Stigmatisation can therefore be viewed as a socially constructed concept (Stuenkel and Wong, 2007; Finlay, 1999), as people are reportedly stigmatised solely due to them displaying certain attributes which some perceive to deviate from "normality" (Kurzban and Leary, 2001, p. 48). Individuals are therefore stigmatised due to society imposing the discredited identity onto them (Stuenkel and Wong, 2007; Goffman, 1968).

It is therefore unsurprising that much literature has suggested that stigma can have extremely damaging effects on the well-being and opportunities of individuals (Hinshaw, 2007; Glogowska and Campbell, 2004). Research proposes that these negative effects may be emphasised if individuals are stigmatised by those perceived to have power and in positions of authority (Hinshaw, 2007; Angermeyer et al, 2003; Page, 1985).

2.10 Wider context of stigma

Firstly in specific relation to the label of BESD, it is important to situate the potential stigmatisation of these children and their parents within the wider context of stigma attached to mental health. As mental health difficulties are frequently perceived to be controllable (Weiner, 2012; Hinshaw, 2007; Weiner, 2006; Corrigan et al, 2000), individuals are reported to regularly experience stigma, and are suggested to attract little sympathy and much avoidance (Mizock, 2012; Pilgrim and Tomasini, 2012; Heflinger and Hinshaw, 2010; Spagnolo et al, 2008; Corrigan et al, 2000; Farina, 1998). For example, Hinshaw (2007) stated that;

> Of all the stigmatised conditions in current society, mental illness is near or at the top of the list
>
> (Hinshaw, 2007, cover)

The wider stigmatisation of mental health issues is of relevance to this thesis, as children with the label of BESD frequently receive support from the Child and Adolescent Mental Health Service, or CAMHS (Cole and Knowles, 2011; British Medical Association, 2006), and BESD has also been referred to as a form of mental health difficulty (Heflinger and Hinshaw, 2010; Visser, 2003). Additionally the perceived controllability of mental health difficulties, and subsequent stigmatisation, is suggested to be due to issues surrounding defining mental health problems and controversy regarding their perceived causes (Hinshaw, 2007; Corrigan et al, 2000), in addition to criticism regarding the use of labels and pathologisation of individuals with 'mental disorders' (Doward, 2013). These are very similar issues highlighted with regards to the label of BESD, for example due to no universal definition of BESD and controversy regarding perceived causes and the use of labels (Bennett, 2007; Thomas, 2005).

Nevertheless, it is essential to acknowledge that those with physical disabilities and learning difficulties, and those related to them, have also long been stigmatised and discriminated against (Harpur, 2012; Milton, 2012; Barg et al, 2010; Weiner, 2006; Forsterling, 2001; Goldstein and Johnson, 1997; Page, 1985; Hunt, 1966). These much wider bodies of knowledge exploring societal barriers experienced by disabled individuals and their families are therefore also crucial to recognise. This highlights the importance of exploring experiences of stigma with regards to a range of SENs.

There are three issues of interest in the literature relating to stigma and SEN; stigma towards children with SEN; stigma towards parents of children with SEN (considering the influence of SEN visibility); and parental acceptance of their children's SENs. These issues are considered below.

2.11 Stigma towards children with SEN

Firstly, much educational research exploring stigma towards children has often focused on those given labels of BESD, and has identified that children with the label of BESD frequently experience stigma and marginalisation within schools (Orsati and Causton-Theoharis, 2012; Centre for Social Justice, 2011; O'Connor et al, 2011; Jull, 2008; Farrell and Polat, 2003; Hastings and Brown, 2002; Wahl, 1999). For example, Moses (2010a) found that thirty-five per cent of adolescents formally recognised as having mental health issues reported being stigmatised by teachers. This has links with the research of Heflinger and Hinshaw (2010), which highlighted that medical professionals, psychologists and social workers held similarly negative attitudes towards those with mental health difficulties as the general public. This is problematic considering that these professionals are involved in providing access to support for those with the label of BESD.

Additionally, there are suggestions that mainstream schools have become reluctant to admit pupils with the label of BESD due to their often perceived socially inappropriate behaviour, which can disrupt teaching and learning, and the high exclusion rates of pupils with the label of BESD reflect this (O'Connor et al, 2011; Jull, 2008; Farrell and Polat, 2003). This has led to criticism towards practitioners employed in mainstream schools, who are perceived to favour exclusion as opposed to taking time to understand and address the needs of pupils with the label of BESD (McGregor and Mills, 2011; Centre for Social Justice, 2011). This has links with models of disability, where structural barriers are deemed to be inherent within schools; the child is expected to be alterable (and in these cases, excluded if this is not possible), whilst the exclusionary perceived nature of the schooling system remains unquestioned (Runswick-Cole and Hodge, 2009; Ho, 2004; Llewellyn and Hogan, 2000).

For example, Orsati and Causton-Theoharis (2012) proposed that "removal becomes the obvious choice when a student presents unwanted behaviour" (p. 12), although recent statistics do identify that ninety-two per cent of children with the label of BESD are educated in mainstream schools (DfE, 2012a). Nonetheless, it is essential to acknowledge the potential challenges involved in educating pupils with the label of BESD in mainstream schools. A lack of time available for practitioners to explore the reasons behind children's label of BESD has been raised, in addition to the limited training available for practitioners to develop their knowledge regarding how to support these children effectively (Teaching Agency, 2012; Centre for Social Justice, 2011; O'Connor et al, 2011; Golder et al, 2009; Hodkinson, 2009; Hastings and Brown, 2002). Due to this it is essential that practitioner perspectives of stigma are elicited in future research, in addition to parental experiences.

Nevertheless, the issue of enacted stigma in mainstream schools has been considered with regards to children with SEN more widely. Bagley and Woods (1998) highlighted how schools "privilege the academic" (p. 763) and consequently marginalise children with SEN (and their parents). They identified how head teachers refrained from discussing SEN provision during open evenings, to prevent "drawing those pupils in" (p. 770), indicating that there may be organisational exclusion of children with SEN on a wider scale (also supported by Squires, 2012, and Runswick-Cole, 2011). This is situated within the structural, practical and attitudinal barriers perceived to be evident within schools with regards to pupils given labels of SEN (Runswick-Cole and Hodge, 2009; Davis and Watson, 2001).

On the other hand, a paucity of literature has questioned whether children with the label of BESD potentially receive 'preferential' treatment from practitioners, or necessary differential treatment which could be interpreted by others as preferential. Moses (2010a) only very briefly touched on this topic, when identifying that twenty-two per cent of adolescents with the label of BESD reported being treated differently from other pupils by school staff, but in a positive manner. It would be particularly interesting for future research to examine this further.

2.11.1 Areas where further research is necessary

Firstly, it is evident that experiences of stigma regarding children with the label of BESD have often been focused on, highlighting scope to consider this issue in relation to children with other SENs (whilst recognising wider bodies of literature surrounding the marginalisation of children with SEN in mainstream schools, Runswick-Cole, 2011; 2008; Bagley and Woods, 1998). Additionally, it would be interesting to explore further whether stigmatising attitudes are held by practitioners, which Heflinger and Hinshaw (2010) found to be the case in the medical profession. Finally, it is essential to refrain from assuming that pupils with the label of BESD solely experience stigma. To explore this, further investigation into the possible 'preferential' treatment that those with the label of BESD may receive from practitioners, as well as the possible preferential treatment of children with labels of SEN other than BESD, is important.

2.12 Stigma towards parents of children with SEN

Family members of directly stigmatised individuals are also suggested to experience stigma, referred to as courtesy stigma (Peters and Jackson, 2009; Hinshaw, 2007; Runswick-Cole, 2007; Thornicroft, 2006; Corrigan and Miller, 2004; Glogowska and Campbell, 2004; Crawford and Simonoff, 2003; Page, 1985; Goffman, 1968). This stigma is due to their relationship with a directly stigmatised individual, rather than due to any personal characteristic that they possess (Gray, 1993).

2.12.1 Courtesy stigma experienced by parents of children with SEN

A considerable amount of research has identified that parents of children with the label of BESD are courtesy stigmatised, due to the behavioural perceived nature of their children's difficulties (Koro-Ljungberg and Bussing, 2009; Peters and Jackson, 2009; Harborne et al, 2004; Crawford and Simonoff, 2003; Norvilitis et al, 2002; Gray, 2002), with further indications that mothers experience more stigma than fathers (Blum, 2007; Gray, 1993). Furthermore, literature suggests that parenting a child with the label of BESD can be especially distressing, as parents are stigmatised because they are related to the stigmatised child and are often perceived to have caused the BESD, but would be greatly criticised if they refused to be associated with the child (Norvilitis et al, 2002).

This stigma has been suggested to involve avoidance from others (having parallels with Weiner's attributional model), which leads to their social activities being restricted, consequently impacting on friendships (Peters and Jackson, 2009; Harborne et al, 2004; Crawford and Simonoff, 2003). For example, Peters and Jackson (2009), based on in-depth interviews with eleven mothers of children with ADHD, found that mothers were not often invited to social activities, or were unable to access social opportunities, because of reluctance from others to engage with or look after their children. As well as this, their friendships with other adults were strained due to the perceived socially inappropriate behaviour displayed by their children. Koro-Ljungberg and Bussing (2009) found that this frequently led to parents socialising with other parents of children with the label of BESD to not only ensure that their children's behaviour was understood, but also to attempt to normalise the behaviour, in addition to gaining support.

However, it is important to refrain from theorising that courtesy stigma and issues regarding friendships are only experienced by parents of children with the label of BESD, as research has indicated that parents of children given other labels of SEN have also experienced these issues (Mak and Kwok, 2010; Ryan, 2010; Farrugia, 2009; Gill and Liamputtong, 2009; Rogers, 2007). For example, Glogowska and Campbell (2004) interviewed parents of children displaying speech, language and communication difficulties (SLCD) and similarly found that parents felt courtesy stigmatised due to their child's SEN, such as by being avoided by neighbours and others members of the public.

More generally, there are suggestions that visibly disabled individuals (and those associated with them) may experience differential treatment but in the form of pity (Loja et al, 2012), corresponding with the medical model of disability whereby disability is problematically deemed to be unequivocally tragic (Goodley and Runswick-Cole, 2012a; Ho, 2004; Oliver, 1996). There are also parallels here with Weiner's (1980) model, where those with visible, perceived uncontrollable stigmas are suggested to experience pity and approach behaviour (Dijker and Koomen, 2003; Menec and Perry, 1998; Weiner et al, 1988). However, there is evident scope to explore this issue further with parents of children given various labels of SEN.

Nevertheless, it is important to acknowledge that some research has suggested that enacted stigma is rare amongst parents, and has proposed that felt stigma actually occurs (Huws and Jones, 2008; Angermeyer et al, 2003). For example, Gray (2002) found that parents had difficulty distinguishing between felt and enacted stigma during interviews. Due to this, it is essential that future research examines whether parental experiences of stigma are direct experiences, or whether they are actually feelings of how others perceive them in public.

Finally, Gray (1993) proposed that parental experiences of courtesy stigma were influenced by the age of their children, with parents of younger children feeling more stigmatised than parents of older children. This could be due to parents becoming more emotionally detached, or de-sensitised, over time to the comments and behaviours of society in relation to their child (Ryan, 2010; Gray, 2006; 1993). On the other hand, it may be that parenting becomes less salient and consequently parents are less involved as their children age (Harris and Goodall, 2008; Desforges and Abouchaar, 2003; Williams et al, 2002).

2.12.2 The influence of SEN visibility

Children with the label of BESD (as well as those with 'classic' ASD and some learning difficulties) more often than not have similar physical appearances to 'typically developing' children, in other words they have an SEN which is not immediately visible to others.

When a child with an 'invisible' SEN is behaving in a socially appropriate manner, their parents are unlikely to experience stigma. On the contrary, when a child with an 'invisible' SEN *does* display perceived socially inappropriate behaviour, literature suggests that the child and their parents may encounter a vast amount of stigmatisation as there is no visible explanation for the child's conduct (Francis, 2012; Ryan, 2010; Blum, 2007; Thornicroft, 2006; Gray, 2002). This can lead to observers reacting negatively and perceiving the child to be 'naughty' rather than recognising their SEN, which may lead to hostility towards their parents (Chambres et al, 2008; Harborne et al, 2004; Gray, 2002).

Furthermore, mothers of children with ADHD interviewed during Harborne et al's (2004) study briefly suggested that parents of children with visible SENs, such as Down's Syndrome, would experience few negative reactions if their children were to display perceived socially inappropriate behaviour, as the perceived uncontrollable perceived nature of their disability is visible. This was supported by Blum (2007), who identified how ten mothers of children with the label of BESD viewed themselves as experiencing more stigma than those with children with visible SENs. However, it is essential to acknowledge that the actual views and experiences of parents with children with visible SENs were not elicited in these instances. This is an area for future research, to ensure that parents of children with visible SENs are able to share their perceptions regarding the significance of visibility in relation to experiences of stigma.

2.12.3 Areas where further research is necessary

Heflinger and Hinshaw (2010) suggested that direct investigation of courtesy stigma experienced by parents is underexplored. It would therefore be beneficial for further research to examine perceptions and experiences of courtesy stigma with parents of children given various labels of SEN, considering how the perceived nature of their difficulties could provide further insight into stigma (using Weiner's 1980 attributional model, as well as models of disability, as analytical tools).

Additionally, future research involving parents of children with both 'visible' and 'invisible' SENs would be interesting to undertake, due to the potential influence of this factor on the reactions of others. This is essential to consider due to suggestions that parents of children with visible SENs experience less stigma than parents of children with the label of BESD, which have not been explored in depth via direct investigation with these parents.

Furthermore, it would be of interest to examine whether practitioners working directly with pupils with SEN experience stigma themselves, particularly those employed in BESD schools which are frequently stigmatised (Shuttleworth, 2005). This is an issue which has not been considered extensively in previous literature, and consequently warrants further investigation due to the close contact that practitioners (particularly those employed in special schools) have with pupils with SEN.

2.13 Parental acceptance of their children's SENs

Finally, there are suggestions in the literature that parents can experience a variety of emotions once their children are formally recognised as having an SEN; denial to ease the unexpected shock, followed by grief, with this grief suggested to arise due to parental expectations of having a 'normal' child being shattered (Rogers, 2007; Hess et al 2006; Duncan, 2003; Bruce and Schultz, 2001; Case, 2000; Seligman and Darling, 1997). Nevertheless, this is very much in line with the medical model way of thinking, based on 'personal tragedy' theory, whereby disability is problematically deemed to be unequivocally tragic (Goodley and Runswick-Cole, 2012a; Liasidou, 2008). There has therefore been a move towards resisting this bereavement discourse within the context of SEN (Ryan and Runswick-Cole, 2008; Fisher and Goodley, 2007; Swain and French, 2000), highlighting the importance of considering the positive aspects of parenting children with SEN.

2.13.1 Areas where further research is necessary

It would be interesting to explore whether experiences of denial or grief are evident within the responses of parents with children with SEN (whilst refraining from over-emphasising these discourses), and if so whether the perceived nature of children's difficulties play any part in this. Including the voices of parents of children with various SENs in future research is therefore essential, specifically identifying the perceived nature of these SENs.

2.14 Overall areas for future research regarding stigma

Firstly, Hinshaw (2007) suggested that there is much scope to investigate experiences of stigma with parents of children with various SENs. This is clearly evident based on the issues considered above which have prioritised experiences involving children with the label of BESD (whilst acknowledging wider bodies of literature regarding stigma and disability). Additionally, Dale et al (2006) identified that conducting a study involving parents who have children with various SENs would be beneficial, as stigmatisation may differ based on the perceived nature of a child's SEN. Finally, Corrigan and Miller (2004) proposed that much research on stigma in this area has been based on interviews with family members, in other words the parents or siblings of children with labels of SEN (mainly BESD). Although this is understandable, it is essential that future research also explores the perceptions and experiences of those who are more indirectly related to children with SEN and their families. From an educational perspective this would mean practitioners such as class teachers, teaching assistants, SENCos, head teachers and home-school liaison officers.

This section has explored the concept of stigma within the context of SEN. The next section in this literature review considers the issue of home-school partnership, which may be influenced by blame and stigma.

Partnership

The focus of this section continues on from the previous two concepts examined, and explores socio-emotional aspects of partnerships between parents of children with SEN and practitioners. This section will begin by considering definitions of home-school partnership, continuing to examine policy regarding partnership between practitioners and parents of children with SEN. This section identifies a narrowing down in focus, by concentrating on reviewing literature which has explored *socio-emotional* aspects of partnerships between parents of children with SEN and practitioners. This narrower focus was essential due to the vast research area of partnership (Peters et al, 2008; O'Connor et al, 2005). Three issues identified in the literature regarding home-school partnerships between parents of children with SEN and practitioners are examined; the perceived role of parents of children with SEN in home-school partnerships; parental (dis) satisfaction with home-school partnerships (exploring trust and approachability); and practitioners withholding information from parents.

2.15 Definitions of partnership

Home-school 'partnership' is an extremely prevalent term and has been since 1967 when the *Plowden Report* was introduced (DfE, 2009a; DfES, 2007; Todd, 2007), yet it appears very difficult to define (Todd, 2007; Wolfendale, 1983). It has been suggested to involve parents and practitioners sharing a purpose, mutual respect, and the willingness to negotiate (Pugh, 1989), as well as a knowledge exchange and making decisions together (Westergårda and Galloway, 2010; Cross, 1989; Mittler and Mittler, 1983). Of particular relevance to this thesis due to its socio-emotional focus is Mittler and Mittler's (1983) definition (although there is evident concentration on the perceived 'needs' of parents);

> Partnership calls for an exploration of the needs of the families, of their feelings about their own competence and their own emotional and social resources as a family
>
> (Mittler and Mittler, 1983, p. 11)

Nevertheless, Vincent (2000, p. 5) defined partnership as the "actual, intended or, more often, ideal relationship between parents and teachers". This definition is useful in the sense that it highlights perceptions about the frequent outcomes of home-school partnerships, in other words that partnership is expected but does not necessarily occur between parents and schools, and is therefore perhaps an unachievable goal. However, there are evident continuing issues related to defining partnership. This is supported by Todd (2007) who stated that;

> Partnership was and is clearly on the agenda, but realising it in anything more than name has seemed to have been problematic
>
> (Todd, 2007, p. 70)

The issues regarding defining partnership are exacerbated by policy failing to provide any such definitions (such as DfE, 2011a; DCSF, 2010; Lamb, 2009; DfES, 2007; OfSTED, 2006), and instead assumes that the concept is collectively understood. Bold, vague statements are evident throughout policy such as "we will help professionals...work in partnership with parents" (DfES, 2001, p. 4) and "it is important that schools work in partnership with all parents" (DCSF, 2010, p. 32). These phrases are clearly difficult to interpret without being supported by a definition of partnership, and ignore the issues surrounding partnership with regards to power and expertise. Therefore, although this thesis frequently uses the phrase ‘partnership’, it is important to keep in mind the acknowledged complexities regarding its use. My approach to partnership is framed within Epstein’s (1995) theory of School, Family and Community Partnerships, which places emphasis on schools, families and communities working together, and developing “overlapping spheres of influence” (Epstein, 1995, pg. 702). If these spheres are separate, targets for the child may not be shared, and those involved may be pushed apart (Epstein, 1995). On the contrary if the spheres overlap, joint activities between schools, families and communities have the potential to flourish, potentially having positive implications for children’s development, attainment and socio-emotional well-being (Epstein and Sanders, 2006; Epstein, 1995). However, it must be acknowledged that Epstein’s model is solely based on reflection of activities that parents may engage in (Desforges and Abouchaar, 2003), and caution is required when applying it to a UK context (Edwards and Warin, 1999).

Nevertheless, researchers have questioned whether it is actually possible for practitioners to form effective partnerships with parents, when so much power rests with the school (Reynolds, 2005; Crozier, 1999; Fylling and Sandvin, 1999), as considered further in section 2.18. It is here that various models of partnership are of influence, which have been evaluated by Dale (1996) in specific relation to parents of children with SEN and practitioners. Firstly, the Expert Model is the traditional perception of home-school partnerships, where practitioners are viewed as experts and parents as passive, compliant participants with a limited role, little responsibility, and a lack of involvement in decision-making (Wearmouth, 2004; Dale, 1996). The Expert Model has been heavily criticised, as it places parents in a powerless position, reducing the control and influence that they have in relation to decision-making about their children's education (Dale, 1996).

This led to consideration of the Transplant Model (Mittler and Mittler, 1983), which involves practitioners "transplant[ing] skills and expertise to parents" (Dale, 1996, p. 9) to develop their abilities and confidence. The Transplant Model views educational professionals as providing *instruction*, with parents sharing feedback on the success of interventions. This model has also been criticised, as it assumes that all parents are motivated to receive instruction from professionals to support their children, which consequently ignores differences in parenting style, norms, expectations and availability of resources (Dale, 1996). Additionally, this model does not acknowledge parental expertise on their children (Wearmouth, 2004), and is again not a 'full partnership' as practitioners retain control (Dale, 1996; Cunningham and Davis, 1985).

This led to Dale (1996) developing the Negotiation Model; a potentially more realistic expectation of parent-school relations, defined as;

> a working relationship where the partners use negotiation and joint decision-making and resolve differences of opinion and disagreement, in order to reach some kind of shared perspective or jointly agreed decision on issues of mutual concern
>
> (Dale, 1996, p. 14)

This model recognises the valuable differing contributions that parents and practitioners can provide. The focus is on negotiating these contributions, joint decision-making, and providing the opportunity for parents and practitioners to share their varying perspectives. Nevertheless, the professional continues to retain power within this model (Dale, 1996), and questions surround whether all parents are able to negotiate and resolve differences of opinion in a way that is deemed appropriate.

2.16 Socio-emotional aspects of partnership

A wealth of literature has examined practical issues regarding partnership between practitioners and parents of children with SEN, such as home-school communication and parental satisfaction with support provided to children with SEN by practitioners (Davies et al, 2011; Peters et al, 2008; O'Connor et al, 2005; Lindsay and Dockrell, 2004; Spann et al, 2003). However, less investigation has specifically concentrated on the socio-emotional issues involved in home-school partnerships. Due to this, my focus here on is the more socio-emotional aspects of home-school partnerships, such as trust and approachability. This links to the other socio-emotional issues that this thesis is concerned with; blame, stigma and empathy. This narrowing down in focus was also important due to the enormity of the research area of partnership (Lamb, 2009), therefore as partnership was only one area of interest in this study it was beyond the scope of this thesis to explore the more practical issues. Three issues of particular interest which have socio-emotional links have been identified in the literature; the role of parents of children with SEN in home-school partnerships, parental satisfaction with home-school partnerships (exploring trust and approachability), and practitioners withholding information from parents. These three issues are examined respectively below, in specific relation to parents of children with SEN and practitioners.

2.17 Wider context of partnership

It is important to identify that the issues considered below are not solely issues for parents of children with SEN; they may also be experienced by parents of 'typically developing' children (Peters et al, 2008; Harris and Goodall, 2007; Bastiani, 2003; Desforges and Abouchaar, 2003). For example, **practitioner** power and the undervaluation of parental knowledge are frequently recognised in broader home-school partnership literature (Reynolds, 2005; Williams et al, 2002; Crozier, 1999). There is also a large literature touched on by Dale (1996) concerning doctor-patient relationships, where medical professionals are viewed as experts and patient knowledge is undervalued, despite patients having valuable expertise regarding their own health.

2.18 The role of parents of children with SEN in home-school partnerships

The Home-School Knowledge Exchange Project, led by Professor Martin Hughes, emphasised that homes, schools and communities have substantial "funds of knowledge" (Hughes, 2007, p. 1), a concept introduced by Gonzalez et al (2005), which can develop and support the learning of children (Feiler et al, 2008; Hughes et al, 2003).

However, a wealth of literature has identified that practitioners rarely provide parents with the opportunity to share the extensive knowledge that they have about their children, and this knowledge is consequently undervalued (Hodge and Runswick-Cole, 2008; Cole, 2007; Runswick-Cole, 2007; Hess et al, 2006; Norwich et al, 2005; Lindsay and Dockrell, 2004; Geeter et al, 2002; Nind, 2002; Paradice and Adewusi, 2002). This is suggested to be due to some practitioners perceiving parental knowledge to lack credibility (Cole, 2007; Spann et al, 2003). This has led to suggestions that practitioners have power and are viewed as the experts on children's SENs, rather than parents (Case, 2000; Lake and Billingsley, 2000; Dale, 1996) because practitioners are perceived to have a higher degree of *professional* knowledge regarding children's SENs (Lamb, 2009), whilst the emotional involvement of parents is not acknowledged (Blamires et al, 1997). For example, Edwards and Warin (1999) identified that schools placed little importance on listening to parental expertise.

However, it must be recognised that the amount of perceived power and expertise held by parents (and whether they are viewed as experts) is suggested to be influenced by social class. This concept is notoriously difficult to define and explore (Reynolds, 2005; Reay, 2000), therefore caution is required regarding over-simplistic assertions of social class and socio-economic status. Instead, it is helpful to consider social class in relation to the interacting (and often compounding) impact of social, environmental and economic advantages and disadvantages. Nevertheless, social class has previously been defined in relation to household income, occupation, education level, housing, as well as material goods (Francis, 2012; Gillies, 2006; Vincent, 2001).

There are suggestions that working-class parents may be intimidated about engaging with their children's schools (Aldridge et al, 2011; Macleod, 2008; Lacey, 2001), or have 'fewer skills' to successfully work in partnership with practitioners (DfE, 2011a; Surestart, 2007; Reynolds, 2005). On the contrary, middle-class parents are identified as often having a shared discourse with practitioners because they are regularly of the same social class, which may lead to more effective parent-school relations (Desforges and Abouchaar, 2003; Browne, 1992).

Furthermore, Fylling and Sandvin (1999) interestingly proposed that the role of parents of children with SEN, and how they were perceived by practitioners, could be influenced by the *perceived nature* of their children's SENs. Based on interviews with teachers and parents in Norway, they constructed two parent roles; parents as 'implementers' (where practitioners perceived parents only as an extension of activities provided in school, with no possibility of influencing decisions), and parents as 'clients' (part of their child's difficulties "either as a direct cause of their problems or as an obstacle to solving them", Fylling and Sandvin, 1999, p. 150). However, the aspect of Fylling and Sandvin's (1999) work which is of direct relevance to this thesis is their suggestion that;

> There is a greater risk of ending up in the role of 'client' if the child has emotional or behavioural problems
>
> (Fylling and Sandvin, 1999, p. 150)

Nonetheless, the influence of the perceived nature of children's SENs on perceived parental roles was only briefly considered by Fylling and Sandvin (1999). This issue therefore requires further investigation with parents of children with a range of SENs (in other words, with and without the label of BESD), as well as practitioners. It is also important to identify here that the term 'client' appears problematic as it has close links with the phrases 'consumer' and 'customer' (O'Connor, 2008; Boutskou, 2007; O'Connor et al, 2005; Wearmouth, 2004), which have very different connotations in the parental involvement and partnership literature to those proposed by Fylling and Sandvin (1999). The phrase 'client' is therefore questionable and does not appear to appropriately reflect the perceived blame placed on parents of children with the label of BESD, which Fylling and Sandvin (1999) appeared to be referring to here.

2.18.1 Areas where further research is necessary

Although Fylling and Sandvin (1999) made preliminary suggestions that the perceived nature of a child's SEN may influence the role of their parents in home-school partnerships, this has not been explored in depth with parents of children with a range of SENs. This highlights a key area for future research, whilst also considering how social class may influence parental experiences and practitioner perceptions of their role and knowledge.

2.19 Parental (dis)satisfaction with home-school partnerships

Furthermore, an overwhelming wealth of research in this area has suggested that parents of children with SEN often do *not* have effective partnerships with their children's schools (Westergårda and Galloway, 2010; Penfold et al, 2009; Cole, 2007; O'Connor et al, 2005; Duncan, 2003; Russell, 2003; Paradice and Adewusi, 2002; Case, 2000), with Hess et al (2006) proposing that parents felt that they did not have a voice when associating with practitioners.

This has led to consideration of factors which may influence parental satisfaction; two with socio-emotional groundings being trust and approachability. Literature has suggested that it is essential for practitioners to appear approachable and accessible, as this influences trust that parents place in practitioners (Centre for Social Justice, 2011; Knopf and Swick, 2007; Hess et al, 2006; Stoner and Angell, 2006; Tschannen-Moran, 2004; Keyes, 2002; Whalley, 1997). Trust is a major issue to consider, due to indications that it is a pre-requisite for developing positive, collaborative relationships between parents and schools. Trust is another concept which is difficult to define (Tschannen-Moran, 2004), due to varying interpretations. However, Tschannen-Moran and Hoy (2000) stated that trust involves being;

> dependent on other people to behave in accordance with our expectations. It is imperative that we have confidence that our expectations of other people will be met
>
> (Tschannen-Moran and Hoy, 2000, p. 549)

Tobias (2009), based on interviews with parents of children given the label of ASD, identified that parents expressed satisfaction towards teachers who were approachable and projected a positive, trustworthy attitude to them and their children, even when they wanted to discuss minor concerns. This was supported by Shelden et al (2010) who, based on interviews with sixteen mothers of children with SEN, found that when head teachers were perceived as approachable, accessible and caring, by being willing to listen to parental concerns, or providing additional support for parents despite being frequently busy, much trust was placed in them by parents. On the contrary, it must be identified that this study was conducted in the US; therefore there is much scope to investigate this issue with parents of children with SEN in the UK. Nonetheless, an earlier study by Stoner et al (2005) similarly proposed that negative experiences between parents of children with SEN and practitioners dramatically reduced parental trust.

2.19.1 Areas where further research is necessary

Previous research has not always distinguished between SENs in this area, whilst the satisfaction of parents with children with the label of BESD regarding socio-emotional aspects of home-school partnerships has not been specifically explored. It is vital that this area is investigated with parents of children with the label of BESD, due to possible links with blame and stigma, whilst also recognising the experiences of parents with children with other SENs. Additionally, as parental dissatisfaction with practitioner practice has been widely reported, it is important that further research provides practitioners with the opportunity to share their perspectives, with the intention of hearing from both 'sides' of home-school relationships.

More specifically, there is opportunity to explore perceptions and experiences of trust and approachability in a UK context with parents and practitioners. Furthermore, a paucity of research has examined whether parents need to appear trustworthy and approachable for positive partnerships to flourish, or whether this is perceived to be the sole responsibility of practitioners. This therefore highlights another important area for future research.

2.20 Practitioners withholding information from parents

Finally, there have been indications in the literature that practitioners may withhold information from parents regarding their children's perceived difficulties and support available (Hodge and Runswick-Cole, 2008; Woodcock and Tregaskis, 2008; Nichols and Read, 2002; Paradice and Adewusi, 2002). On the other hand, Moses and Croll (1987) investigated the communication levels between teachers and parents of 2317 pupils with SEN, and highlighted how practitioners expressed a desire to see the parents of 37.3 per cent of pupils with SEN more frequently. Although this study was conducted over twenty years ago, it does highlight that a lack of perceived ineffective information exchange may not simply be due to practitioner practice. It also justifies the importance of eliciting the views of practitioners alongside the (continuously devalued) views of parents, rather than often relying on parental experiences to interpret perceptions of practitioners withholding information.

2.22.1 Areas where further research is necessary

Little previous research has explored in-depth perceptions and experiences of practitioners withholding information from parents, and whether this is influenced by the perceived nature of children's SENs. This would be an interesting avenue to pursue.

2.21 Overall areas for future research regarding partnership

It is evident that there are two key issues with previous literature with regards to examining socio-emotional factors of partnerships between parents of children with SEN and practitioners. The first issue is that previous literature has not always given voice to both parents and practitioners in parallel. It is important that future research continues to give voice to parents of children with SEN, whose opinions and experiences are often devalued within policy and practice. However, it is similarly important to elicit the views and experiences of practitioners in this area, as 'partnerships' involve both parents and practitioners. Secondly, the influence of the perceived nature of children's SENs on the perceived effectiveness of partnerships has not been explored thoroughly. Only Fylling and Sandvin (1999) identified that parents of children with the label of BESD were more likely to experience difficulty with partnerships; however their ideas were not substantiated with direct experiences from parents of children with the label of BESD, nor those with children given other labels of SEN. Future research is therefore essential here. Another issue to explore is the perceived importance of practitioner trust and approachability from a UK perspective. The next, and final, section in this literature review will explore empathy.

Empathy

The focus of this final section continues on from the previous three socio-emotional concepts considered. Empathy is implicated within partnership in particular, as partnership may involve empathic understanding; more specifically an exchange of knowledge, socio-emotional understanding, support and positive regard. Empathy will firstly be defined, paying particular attention to the differences between empathy and sympathy. The limited literature regarding perceptions of empathy between parents of children with SEN and practitioners will also be acknowledged, indicating a need for further research in this area.

2.22 Definitions of empathy

Empathy has been identified as an elusive concept (Hojat, 2007), yet a vast amount of researchers have attempted to define it (Clark, 2010a; Decety and Jackson, 2006; Keen, 2006; Wied et al, 2005; Eisenberg and Strayer, 1987; Clark, 1980). One frequently cited definition is that by Carl Rogers (1959), who referred to empathy as:

> To perceive the internal frame of reference for another with accuracy as if one were the other person but without ever losing the *'as if'* condition
> (Rogers, 1959, p. 210)

More recently, Decety and Jackson (2006) have defined empathy as;

> The capacity to understand and respond to the unique affective experiences of another person
>
> (Decety and Jackson, 2006, p. 54)

Elaborating on these definitions, empathy can be viewed as a process; listening to another's experience, followed by interpreting and reflecting on information provided about the experience, and potentially responding to the disclosure in the form of support (practical or pastoral), a knowledge exchange, or improving practice. Empathy is therefore a *feeling*, due to the involvement of understanding, reflection, imagination and compassion, but may lead to an *action* in response to the disclosure. The process of empathy is also suggested to involve sharing in an individual's emotional state, as Hojat (2007, vii) indicated that empathy is "the projection of feelings that turn I *and* you into I *am* you, or at least I *might be* you".

It is important to identify that sympathy is suggested to be distinct from empathy (Clark, 2010b; Hojat, 2007; Decety and Jackson, 2006; Keen, 2006; Eisenberg and Strayer, 1987). For example, whilst empathy relates to increased understanding of an individual's concerns, sympathy involves a reaction to an individual's distress which may lead to feelings of sorrow towards the individual (Clark, 2010b; Hojat, 2007; Decety and Jackson, 2006; Gribble and Oliver, 1973).

2.23 Conceptualisations of empathy

It is essential to consider empathy within this thesis as it is implicated in establishing effective home-school relationships, particularly within an SEN context, due to the importance of teachers becoming attuned to the social-emotional experiences of parents. Psychogiou et al's (2008) notion of parental empathy, in that "perceiv[ing] things from the child's point of view is fundamental to sensitive parenting" (p. 222) can be applied to this context, as an empathic teacher must be sensitive to the perspectives of parents as well as their pupils. I therefore approached my study based on the belief that individuals could be encouraged to develop greater empathy by being vicariously exposed to the experiences of others.

2.24 Empathy between parents of children with SEN and practitioners

The vast majority of literature regarding empathy originates from a medical or counselling and psychotherapy standpoint (Clark, 2010a; Hojat, 2007; Sinclair and Monk, 2005). However, there has been a fair amount of research conducted regarding parenting empathy, in other words empathy expressed by parents towards their children (Goubert et al, 2008; Psychogiou et al, 2008; Vervoort et al, 2007), and teacher empathy towards students (Shady and Larson, 2010; Cruz and Patterson, 2005; Sikes, 1997) with some input in relation to children with the label of BESD (Cole and Knowles, 2011; Cooper, 2007).

Encouraging professionals to empathise with *pupils* is a key concern of education policy in England (DCSF, 2009c). This is due to research which has suggested that empathic parents and practitioners can benefit children's motivation and behaviour (McGregor and Mills, 2011; Cole and Knowles 2011; Psychogiou et al 2008; Cooper, 2007), as well as more general literature indicating that empathy increases the likelihood of helping behaviour and reduces professional stress (Hojat 2007; Decety and Jackson 2006; Eisenberg and Strayer 1987). However, empathy between practitioners and *parents* (of children with or without SEN) has been under-explored, although a lack of practitioner understanding of the daily challenges experienced by parents has been considered briefly (Litt 2004; Paradice and Adewusi 2002). This is despite the government identifying that practitioners must empathise with parents in addition to pupils and their backgrounds (DCSF, 2009c). To do this, they proposed that practitioners should be 'screened' for characteristics such as empathy and understanding, with the aim of improving teaching quality as well as relationships with pupils and parents (Richardson 2010; DCSF, 2009b).

A paucity of research has specifically examined perceptions of empathy from parents towards the practitioners involved with supporting their children, whilst one study has considered empathy displayed by practitioners towards parents of children with SEN; the research by Forlin and Hopewell (2006). The researchers asked a mother of a child with 'severe disabilities' to share her experiences with Australian student teachers. Trainee teachers reflected on the experience and highlighted how their empathy and understanding had increased with regards to parents of children with SEN. However, participants in this study were only asked about their thoughts regarding one mother's experiences of parenting a child with SEN, and empathy was only briefly considered.

Nevertheless, a more general understanding of empathy can be drawn from research in other areas, predominantly from a medical perspective with regards to patients and medical practitioners (Brown and Thompson, 2007; Håkansson and Montgomery, 2003). For example, Brown and Thompson (2007) interviewed nurses supporting patients with obesity, and explored the influence of nurses' own body size on how they related to obese patients. Nurses of slim build were concerned that they lacked empathy and authentic experience, whilst those with a 'large' body size identified that they empathised fully with obese patients. The key conclusions drawn here highlighted the perceived influence of sharing similar experiences on an individual's ability to empathise. Nonetheless, several other studies have highlighted that individuals can empathise with others (even if they have not shared the same experience), if they are aware of the stigma surrounding the issue (Petrich, 2000; Wright, 1998). Based on this, there is scope for further research to examine whether these ideas apply to parents of children with SEN and practitioners.

2.25 Overall areas for future research regarding empathy

There is clearly much scope to examine experiences of parent and practitioner empathy, due to a lack of previous literature in this area. There is also opportunity for qualitative examination of empathy, due to previous research focusing on eliciting information regarding empathy via self-report.

This section has acknowledged the under-exploration of empathy in specific relation to parents of children with SEN and practitioners. Overall areas for future research will now be considered, continuing to situate my study.

Overall areas for further research and situating the current study

This section will identify areas where future research is essential, and subsequently situate my study.

2.26 Overall areas for further research

Firstly, the views and experiences of both parents of children with SEN and practitioners have not always been obtained in parallel. It is essential that research in this area continues to give voice to parents, as they are often devalued and considered via deficit discourses within policy. In addition to eliciting parental experiences, it is crucial to hear the views of practitioners. This is particularly important considering much previous literature has, for example, identified practitioner blame towards parents (Francis, 2012; Harborne et al, 2004) parental dissatisfaction with home-school relationships (O'Connor et al, 2005; Russell, 2003; Paradice and Adewusi, 2002; Case, 2000; Murray, 2000) and practitioners withholding information (Peters et al, 2008; Whitaker, 2007; Hess et al, 2006; Ripley et al, 2001) without always providing practitioners with the opportunity to share their perspectives. To obtain a more 'two-sided' understanding of issues regarding blame, stigma, partnership and empathy, it is essential that future research elicits the views and experiences of both parents of children with SEN *and* practitioners in parallel. This would enable both to have a voice in the process.

Additionally, although the experiences of parents with children given labels of BESD have often been explored with regards to socio-emotional aspects of home-school relationships (Peters and Jackson, 2009; Harborne et al, 2004; Miller, 2003), less attention has been given to the perceptions and experiences of parents with children with labels of SEN other than BESD within this specific context (such as with regards to perceived controllability and blame from practitioners). It is important that future research elicits the experiences of parents with children with SEN, both *with and without the label of BESD*, to refrain from assuming that socio-emotional issues are only of significance for parents of children with the label of BESD, which previous research has not always acknowledged (Bennett, 2007; Chell, 2006; Gray, 1993).

There is also scope to examine socio-emotional issues surrounding partnership, rather than focusing on the more practical issues considered in previous research (Davies et al, 2011; Peters et al, 2008; Spann et al, 2003). Finally, it is essential for further research to explore perceptions of empathy with parents of children with SEN and practitioners, as this is an under-explored area.

2.27 My study

Based on a review of literature and areas for future research identified, the overall aim of my study was to explore experiences of socio-emotional aspects of home-school relationships regarding parents of children with SEN (both with and without the label of BESD) and practitioners, by specifically exploring perceptions of blame, stigma, partnership and empathy; my conceptual framework. In accordance with this conceptual framework, Weiner's (1980) extensions of attribution theory regarding the perceived controllability and reactions to stigmas were drawn on as a theoretical lens. Models of disability were also considered, which became of increasing importance as the research developed due to problematising the use of labels, blame, guilt and stigma.

To summarise, the study intended to explore how labels of SEN given to children, and the perceived nature of their difficulties, influenced perceptions of cause, controllability, and consequent experiences of socio-emotional aspects of home-school relationships. The views and experiences of parents with children with SEN *and* practitioners were elicited, which echoed my purpose regarding acknowledging both 'sides' of home-school relationships. More specifically, the experiences of parents with children with various SENs were heard. This was with the intention of, in a very small way, recognising that children with SEN are not a homogenous group (Goodley and Runswick-Cole, 2010b). However, this was not a direct comparative study; instead, the primary focus was drawing out parental experiences of blame, stigma, partnership and empathy in cases involving children given the label of BESD. On the other hand, listening to the views and experiences of parents who had children given labels of SEN other than BESD was also crucial, to avoid making assumptions that the issues explored were only experienced by parents of children with the label of BESD. The over-arching research question for this study was;

- What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of socio-emotional aspects of home-school relationships?

This was separated into four sub-questions;

1. What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of *blame* in relation to these children's difficulties?

2. What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of *stigma* in relation to these children's difficulties?

3. How do parents of children with SEN (both with and without the label of BESD) and educational practitioners perceive and interpret socio-emotional aspects of home-school partnerships?

4. How do parents of children with SEN (both with and without the label of BESD) and educational practitioners perceive themselves to empathise with and acknowledge each other's perspectives?

Chapter 3: Methodology

In this chapter I explain and substantiate the methodological decisions made to explore the research question and four subsequent research sub-questions for this study identified earlier. This chapter begins by explaining the philosophical underpinnings of the study, and then justifies the reasons for adopting an Interpretative Phenomenological Analysis (IPA) approach. The research context of the study is considered, paying particular attention to access, sampling and ethical issues. Subsequently the pilot study, as well data generation and analysis methods for the main study, will be discussed. Finally, I identify how I undertook a small-scale opportunistic study, which was carried out at a later stage once I had analysed my findings regarding empathy. This small study provided the opportunity to encourage a socio-emotional knowledge exchange between a parent of two children with SEN and student teachers. The following methodological issues of significance for this study are also considered during this chapter; positionality (neutrality), exploitation, validity, reliability and generalisability.

3.1 Epistemological and ontological stances

In relation to epistemology (the theory of knowledge and how it is possible to find out about the world, Hammersley, 2007) I adopted an interpretivist approach. The interpretivist perspective indicates that the social world cannot be studied via the same procedures as the natural sciences because;

> The subject matter of the social sciences- people and their institutions- is fundamentally different from that of the natural sciences
>
> (Bryman, 2008, p. 15)

To understand participants' experiences, it is therefore essential to explore how they interpret and make sense of their own worlds (Hammersley, 2007), consequently leading to researchers frequently using qualitative methods to do so. It was impossible to conduct 'objective' research into home-school relationships as my findings were inevitably influenced by my personal experiences and values; my experiences influenced how I interpreted participants' responses (Brocki and Wearden, 2006; Simpson, 2000). Although interpretivism has been criticised for lacking in verification and generalisation of findings which positivism holds in high regard (Cohen et al, 2011; Hammersley, 2007), my study intended to provide an *insight* into the wider population (Mason, 2002). Additionally, it has been proposed that positivists can become preoccupied with the need for objectivity (which Bryman, 2008 suggested is impossible in social research), isolating themselves from understanding peoples' life experiences (Cohen et al, 2011; Gillham, 2000) and consequently "dehumanising" participants (Hammersley, 2007, p. 5).

Regarding ontology (the perceived nature of reality and what is possible to know about the world, Glesne, 1999), constructivism influenced my research. Constructivism suggests that there are multiple realities as opposed to a single objective reality or any absolute truths (Bryman, 2008; Sarantakos, 2005; Snape and Spencer, 2003). There are 'knowledges' rather than one 'knowledge' which need to be understood and are constructed via social interaction (O'Leary, 2010). In other words;

> If who we are colours what we see and how we interpret it, then the need to hear, see, and appreciate multiple perspectives or realities is essential to rigorous research
>
> (O'Leary, 2010, p. 31)

As interpretivism and constructivism are concerned with understanding how participants make sense of their life experiences, and how knowledge of their social worlds is constructed, both stances influenced my decision to utilise qualitative methods to explore socio-emotional aspects of home-school relationships. Qualitative methods provide the opportunity to "get under the skin" of participants (Gillham, 2000, p. 11), enabling the researcher to elicit an in-depth understanding of participants' experiences of a phenomenon (O'Leary, 2010; Payne and Payne, 2004). However more specifically, I perceived Interpretative Phenomenological Analysis (or IPA) to be the most appropriate approach for this study, with this decision being justified in detail below.

3.2 Interpretative Phenomenological Analysis (IPA)

It is important to acknowledge here that IPA should *not* simply be viewed as an approach to data analysis. Rather, it is a stance adopted by the researcher which informs the whole study, from the planning stages to writing up the research (Smith et al, 2009; Larkin et al, 2006), and influences all methodological decisions made (such as sampling and data generation methods). IPA can be defined as;

> A qualitative research approach committed to the examination of how people make sense of their major life experiences
>
> (Smith et al, 2009, p. 1)

IPA concentrates on eliciting participants' understandings of their own experiences of a phenomenon, rather than the phenomenon specifically, due to the aim of discovering unique insights (Howitt, 2010; Osborn and Smith, 2008; Brocki and Wearden, 2006; Willig, 2008). IPA focuses on generating subjective experiences, rather than engaging in an objective investigation, of a phenomenon. There is also a key focus on exploring major life experiences via IPA, due to the perception that when participants have experienced a significant life event they attempt to reflect on it in depth, with IPA researchers engaging with these reflections (Smith et al, 2009).

IPA is often referred to as a "young" (Larkin et al, 2006, p. 105), inductive approach to qualitative research, due to this stance only being introduced by Jonathan Smith in 1996. Nevertheless, it has gained status amongst qualitative researchers in the UK (Langdridge and Hagger-Johnson, 2009; Howitt, 2010). Jonathan Smith, a health psychologist, developed IPA to provide a qualitative approach located within psychology rather than other disciplines (Smith et al, 2009). Although Smith founded IPA in the sense of placing these terms together to form an overall approach to qualitative research in psychology, Smith himself points out that the theoretical underpinnings informing IPA have much longer histories (Smith et al, 2009; Smith, 2004). The next section will explore these theoretical influences.

3.2.1 Theoretical underpinnings of IPA

IPA is informed by three key theoretical foundations; hermeneutics, phenomenology and idiography (Smith and Eatough, 2006). Firstly, the 'interpretative' aspect of IPA is linked to hermeneutics, as it relates to theory of interpretation (Smith et al, 2009). This crucial aspect of IPA recognises the importance of eliciting information regarding how participants make sense of, or interpret, their own experiences, and the meanings that these experiences have for them (Howitt and Cramer, 2008; Smith et al, 2006). However, IPA is frequently referred to as a *double hermeneutic* approach, due to there being two stages of interpretation. The first stage involves participants attempting to make sense of and interpret their experiences (as discussed above), whilst the second stage involves the researcher understanding and questioning participants' interpretations of their experiences (Huws and Jones, 2008; Osborn and Smith, 2008). In other words from a hermeneutic perspective, it is essential for IPA researchers to;

> See what it is like from the participant's view, and stand in their shoes. On the other hand, the IPA researcher is also wanting to stand alongside the participant, to take a look at them from a different angle, ask questions and puzzle over things they are saying
>
> (Smith et al, 2009, p. 36)

Secondly IPA has phenomenological underpinnings, which are to be expected considering phenomenology relates to the study of personal experience (Langdridge and Hagger-Johnson, 2009; Smith et al, 2009). This theoretical influence identifies the importance of exploring an individual's personal account of an event or experience, rather than obtaining objective statements about that experience (Kvale and Brinkmann, 2009; Osborn and Smith, 2008). Finally IPA is influenced by idiography, the thorough exploration of individuals rather than groups (Smith et al, 2006). It is essential for IPA researchers to investigate how experiences are significant for participants in detail (Smith et al, 2009; Smith, 2004), rather than "jumping to generalisations" which Osborn and Smith (2008, p. 56) suggest may occur when research involves large samples.

In the next section, I will justify why I used IPA to explore socio-emotional aspects of home-school relationships.

3.2.2 Rationale for the use of IPA

Firstly, IPA is particularly suited to investigating significant experiences in participants' lives (Smith et al, 2006). This is due to the perception that when a major event has happened, participants will attempt to reflect on it in-depth, and IPA researchers can engage with these reflections to understand the phenomenon being explored (Smith et al, 2009). This was of key relevance for my study, as parenting a child with SEN can be viewed as a transformational life experience (O'Connor et al, 2005). The area of SEN is also often sensitive and emotionally charged for both parents and practitioners (Lamb, 2009), therefore I perceived IPA to complement the research area. Additionally, IPA can be viewed as a meticulous repackaging of qualitative methods already legitimised in educational research, providing accessible guidelines regarding how to conduct IPA research (see Smith et al, 2009). As IPA originates from a health psychology perspective where rigorous, quantitative methods are frequently used, a 'brand' of qualitative analysis may have been necessary to reflect this. This guidance was essential for understanding IPA and applying it effectively during my study.

On the contrary, it is important to acknowledge criticisms of IPA. Firstly, this approach requires participants to be articulate in order for them to engage with their experiences of a phenomenon at length, which Willig (2008) suggested restricts the applicability of IPA. On the other hand, this is not a problem specific to IPA; it also applies to many qualitative approaches where eliciting in-depth information from participants is essential. Secondly, IPA has been suggested to be too descriptive (Willig, 2008; Madill et al, 2005). However this has been disputed by IPA researchers, who identified that conceptual comments made during analysis (where participants' responses are scrutinised and interpreted via psychological theory), move IPA away from a solely descriptive analysis (Smith et al, 2009; Brocki and Wearden, 2006).

Finally, there are suggestions that IPA is closely related to grounded theory, or "the systematic collection and analysis of data with the aim of generating theory" (Langdridge and Hagger-Johnson, 2009, p. 405). Willig (2008) questioned why an IPA approach would be adopted over grounded theory, considering the latter is much more established. However, due to debate surrounding which version of grounded theory is most appropriate (Charmaz, 2006 or Strauss and Corbin, 1998), IPA provided an opportunity to conduct a similar in-depth analysis without having to engage in this controversy. This potentially allows researchers "more room for creativity and freedom" (Willig, 2008, p. 69).

Additionally, there are subtle differences between IPA and grounded theory, with regards to focus, which help identify why the former was adopted for my study as opposed to the latter. Firstly, grounded theory is suggested to be most suitable when existing theories do not address the issue under examination or where there is little previous literature (Creswell, 2008; Payne and Payne, 2004; Grbich, 1999), which was not the case for my research. As well as this, Brocki and Wearden (2006) indicated that IPA is suitable when investigating personal experiences (of key importance for my research), whilst grounded theory is more appropriate when examining social processes. Finally, IPA is focused on exploring convergence and divergence in participants' experiences, which was important for my study due to exploring the influence of the perceived nature of children's SENs on socio-emotional aspects of home-school relationships. Contrasting to this, those approaching their research via grounded theory generate data until theoretical saturation occurs, that is, until no new themes emerge (Creswell, 2007; Dey, 2004) with the intention of generalising findings (Charmaz, 2006; Brocki and Wearden, 2006). As stated earlier, generalising findings was not of key concern for my study; instead gaining an in-depth understanding of participants' experiences was the focal point, which reflects the aim of IPA research.

IPA (together with my epistemological and ontological perspectives) influenced the use of semi-structured interviews as the data generation method for my research, with this decision being justified below.

3.2.3 Rationale for the use of semi-structured interviews

Interviews are perceived to be one of the most powerful ways of understanding another's perspective (Fontana and Frey, 2000), and provide a "pipeline for transporting knowledge" (Holstein and Gubrium, 2009, p. 141), via interaction between the interviewer and participant (Kvale and Brinkmann, 2009). Semi-structured interviews were used during my study as they are perceived to be the most appropriate method of data generation when conducting IPA research (Osborn and Smith, 2008; Brocki and Wearden, 2006). This is due to the necessity of IPA researchers entering as far as possible into participants' worlds to interpret their experiences, whilst also probing them for further information where required (Osborn and Smith, 2008; Smith and Eatough, 2006; Gray, 2004).

Additionally, semi-structured interviews are particularly helpful when exploring sensitive issues which require in-depth responses (Wisker, 2008; Seidman, 1991). This was a key aspect of my study due to the concepts under investigation being emotionally charged and personal for participants. However more generally, interviews enable the researcher to understand when questions have not been understood by participants, with the interviewer being able to provide clarification (Kvale and Brinkmann, 2009). The order of questions in the interview schedule can also be rearranged, with some questions potentially being omitted, according to what is appropriate for each interviewee (Robson, 2002).

Nevertheless, criticisms of interviews have been put forward. Firstly they are time-consuming (due to much necessary planning, travelling to conduct interviews and the transcription process), and potentially involve social desirability bias. Power relations may also be a concern if the interviewer is perceived to have higher status or authority by participants (Applied Educational Research Scheme, AERS, 2009). This issue may have been reduced during my interviews, as I was positioned by many parents and practitioners as 'the young student' who they were 'helping' (see section 3.7.4). However, it is important to acknowledge that this power factor potentially evident during interviews is difficult to resolve (Warin, 2011; Vincent and Warren, 2001).

Focus groups could have been utilised during my study, reducing the time needed for data generation (although potentially increasing the transcription process), and due to suggestions that participants may be encouraged to share their experiences by other focus group members (Robson, 2002). However, confidentiality would have been extremely difficult (David and Sutton, 2011; AERS, 2009) if not impossible due to the presence of others. This would have been particularly problematic for my study due to the sensitive perceived nature of the research topic, and may have prevented participants from sharing their experiences. This is supported by Crawford and Simonoff (2003) who used focus groups to investigate parental perceptions of services available for children with the label of BESD. They identified that this method may have made parents reluctant to share their experiences due to the lack of confidentiality. Furthermore, involving practitioners in focus groups could have had severe implications regarding pupil and school confidentiality. More generally, the risk of several participants dominating the conversation during focus groups could have occurred (AERS, 2009; Robson, 2002; Oates, 2000), which is highlighted in section 3.7.3.

3.3 The research context; access

A purposive sampling approach was adopted to ensure the research questions were of significance for potential participants (Creswell, 2007; Sowell, 2001), in other words to ensure that they had personal experience of SEN and home-school relationships. This is the same approach adopted by previous studies in this area of interest (O'Connor, 2008; Stoner et al, 2005). I therefore approached potential participants based on the knowledge that they were parents of, or were practitioners concerned with, children with SEN. It is important to note here that parents and practitioners were not linked in any way; in other words, they were not paired cases or dyads (justified in section 3.4.6). Details regarding how parents and practitioners were specifically approached are detailed below.

3.3.1 Accessing parents of children with SEN

I approached parents via several support and activity groups for children with SEN and their families in Lancashire. I was an employee of one activity group at the time of approaching participants, and another two activity groups were run by my husband. Due to this, I was well known to many parents of children with SEN, which may have influenced their agreement to participate. However, I would like to stress that the activity group I was directly employed with ended just after I had approached participants, due to a lack of funding. Although unfortunate, this may have reduced pressure on parents to participate as they would not have seen me again in the near future. It is also important to point out here that approaching parents via support groups, or activity groups specifically for children with SEN, has its limitations. It may have resulted in parents participating who were experiencing particular difficulties and therefore seeking support from others in perceived similar situations, which could have influenced findings. This is particularly important to highlight considering emotionally charged issues (such as blame and stigma) were the focal point of the research. This issue is returned to when considering findings.

I also approached potential participants via an online forum for parents in the North West of England. A short overview of the study was placed on the forum, together with details regarding how parents could initiate contact (by sending me a private message via the forum), if they were considering taking part. Although it must be acknowledged that parents of children with SEN could only be approached via the forum if they had internet access, recent statistics identify that eighty per cent of all UK households have access to the internet, with many being households of lower social-classes (Office for National Statistics, 2012). A key benefit of approaching parents via the internet was that it meant there was no pressure on parents to take part, as their participation was based on them contacting me via the online forum private messaging system.

Parents of children with SEN could have been accessed via schools. However, refraining from adopting this approach ensured that schools were able to remain anonymous, as I only asked parents to identify whether their children attended a mainstream or special school. Parents were therefore aware that I had no connection with their children's schools, which may have made them more comfortable with sharing their personal experiences.

3.3.2 Accessing practitioners

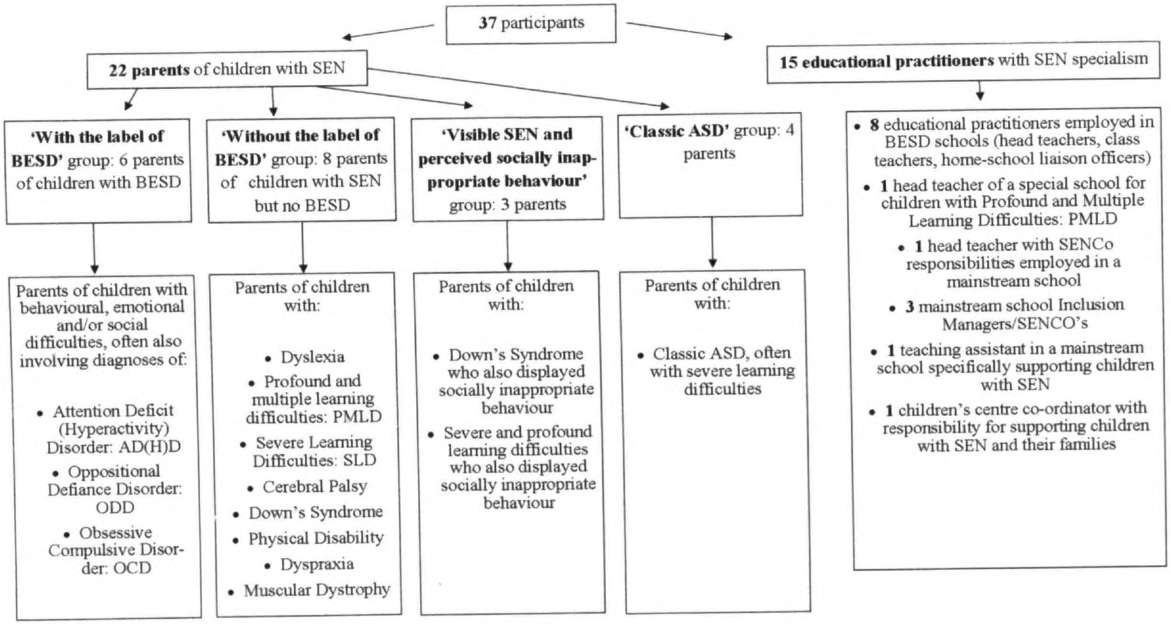
With regards to practitioners, I firstly approached *mainstream* primary and secondary schools in Cheshire, Lancashire and Merseyside, by posting or emailing information about my research to head teachers. The approached practitioners were not linked to the parents interviewed in any way (in other words they were not paired cases, see section 3.4.6). I was clear about schools being unable to remain anonymous, as I intended to interview practitioners at their place of work. However, I reassured potential participants that this information would be kept confidential, and I reiterated that I had no connection with the parents of children who attended their schools.

Accessing practitioners was much more difficult compared to approaching parents, with a fairly low initial response rate. However, I then began to approach special schools (particularly BESD schools) across the North West of England in the same way, which resulted in a much higher response rate. The low response rate at first could have been due to approaching head teachers of mainstream schools, who I cautiously propose may not have had such an invested interest in SEN (contrasting to the response from head teachers of special schools where SEN was clearly of key concern). Nevertheless, there was some response from mainstream schools, for example when the head teacher was also his school's Special Educational Needs Co-ordinator (SENCo), and where head teachers had passed on my details to their schools' SENCos. Perhaps to overcome this initial low response rate from mainstream schools I should have specifically contacted the SENCos at mainstream schools, but this did not seem appropriate due to the ethical issue of directly contacting them without first informing head teachers (the gatekeepers).

I felt it was important to encourage participation from practitioners working in both mainstream and special school settings. This was due to their possibly differing experiences, as well as due to parents of children attending both mainstream and special schools taking part. I achieved this aim, which is reflected in my final sample discussed in the next section of this chapter. However, it is important to acknowledge that this sample was opportunistic, due to the practical constraints of accessing participants outlined above.

3.4 Sampling

My overall sample consisted of twenty-two parents of children aged between four and sixteen with SEN, as well as fifteen practitioners with SEN responsibilities employed in mainstream and special schools. By parents I mean those who had parental responsibility for, or care of, a child (Childcare Act, 2006). With regards to practitioners, I am referring to those who were supporting children and young people with SEN, and their families, within an educational setting. Figure 3.4.1 below shares an overview of sampling criteria and categories of participants (more detailed tables about each are provided later in this chapter);



Note: many of the children of those parents interviewed had multiple SENs

Figure 3.4.1: Flow chart providing sampling details for the study

With regards to sample size, Smith et al (2009) proposed that a small sample (up to twelve participants) is often utilised when conducting IPA research, as it is important to "do justice to each participant's account" (Smith et al, 2009, p. 327). That is to say, it is essential to gain a detailed understanding of participants' accounts which makes data generation and analysis time-consuming, and therefore a smaller sample may be more appropriate (Osborn and Smith, 2008; Larkin et al, 2006). My sample of thirty-seven participants could therefore be considered large for an IPA study, however I felt this was appropriate for the following reasons.

Firstly, influential IPA researchers have indicated that newcomers to IPA may become overwhelmed by the vast amount of data which may be generated during an IPA study, when a larger sample is utilised (Osborn and Smith, 2008). However, I acquired the skills to conduct IPA research during my Master's degree (where I carried out a small-scale IPA study with two parents and a subsequent IPA study with eight mothers). Therefore I was not a newcomer to IPA research when I began this research; I was confident in using this approach and felt able to adopt this methodological perspective with a larger sample, whilst preserving the quality of my analysis. In addition to this, I had a much longer time-scale to complete my IPA study (three years as opposed to my previous postgraduate degree). This provided me with further opportunity to increase my sample size, which is supported by Smith et al (2009, p. 52) who identified that "there is time to analyse more cases in a PhD".

As can be seen in Figure 3.4.1 above, parents were divided into four sub-groups, whilst there were two sub-groups of practitioners. My decision to separate practitioners based on the type of school they were employed at (mainstream or special) was due to the possibility of them having varying experiences because of the differing clientele of their schools. However, deciding to divide parents into four sub-groups was an incredibly long process, which I will explain below.

3.4.1 The difficulties regarding 'categorising' parents into sub-groups

I began approaching parents with the intention of separating them into two groups;

- a 'with the label of BESD' group, for those parents who had children given labels of BESD
- a 'without the label of BESD' group, for those parents who had children given labels of SEN but not BESD

I would like to stress here that I was uncomfortable using medicalised labels attached to children in order to 'categorise' their parents for this study, due to much wider concerns regarding the pathologisation of individuals (Doward, 2013; Francis, 2012; Goodley and Runswick-Cole, 2012a). This is reinforced by Reindal (2008), who identified that;

> Ever since disability researchers launched the social model of disability and criticised the field of special education for preserving an understanding of disability in accord with a medical model, the special education field has been in a state of crisis. The implication of this has been the embarrassment of talking about categories and levels of functional difficulty, as well as diagnoses
>
> (Reindal, 2008, p. 135)

Nevertheless, it was necessary to engage with these labels and categories in order to explore how they, together with the perceived nature of children's perceived difficulties, influenced parental and practitioner perceptions and experiences of blame, stigma, partnership and empathy. It was also necessary as I was concerned with parental and practitioner perceptions; individuals who frequently used and referred to labels of SEN in order to discuss and make sense of their experiences. My initial intention of separating parents into the above two groups was to ensure that the concepts under exploration (blame, stigma, partnership and empathy) were not solely presumed to be of significance for parents of children with the label of BESD, whilst continuing to have a particular interest in BESD. I therefore set about approaching parents of children with SEN, both with and without labels of BESD.

However whilst conducting interviews with parents, I found that the 'with the label of BESD' and 'without the label of BESD' groups were not sufficient. For example, I interviewed several parents who had children with visible SENs (such as Down's Syndrome) but who also frequently displayed perceived socially inappropriate behaviour, and therefore these parents did not 'fit' into either sub-group (again reiterating issues regarding using labels and categorisation in this way). This led to me developing a third sub-group; parents of children with 'visible SENs and perceived socially inappropriate behaviour'. The terms 'visible' and 'invisible' are used here and throughout this thesis, as opposed to 'unhidden' and 'hidden'. This is because the latter could insinuate that those with SEN are choosing to hide their SEN, whereas the former suggests otherwise and reflected the discourse of parents involved in this study.

Furthermore, I also interviewed several parents who had children with 'classic' (used by the National Autistic Society, 2012) Autistic Spectrum Disorder (ASD), that is to say children (problematically homogenised) as having little verbal communication, with all of these parents suggesting that their children were 'in their own world'. These children also frequently displayed socially unusual behaviour such as hand flapping, echolalia, or repetition of conversations. As these children often displayed perceived socially inappropriate or unusual behaviour, they could be suggested to have behavioural difficulties, and therefore did not 'fit' into the 'without the label of BESD' group. However, they also did not 'fit' into the 'with the label of BESD' group as this form of ASD is not viewed as BESD; it is often recognised as a developmental, communicative disability (National Autistic Society, 2012). I had originally placed these parents in the 'without the label of BESD' group but it became evident that this was clearly inappropriate, as these children exhibited similar behaviours to children with the label of BESD but a severe disability was perceived to be behind it. Nevertheless, these parents in particular made me again reflect on my concerns regarding categorising parents based on the labels given to their children, as well as the issues surrounding labelling itself. I can only acknowledge the issues with doing so whilst recognising that this was necessary due to the focus of my study.

The final parent sample therefore consisted of twenty-two parents, separated into four sub-groups;

- Six parents of children **'with the label of BESD'**
- Eight parents of children with labels of SEN but **'without the label of BESD'**
- Three parents of children with **'visible SENs and perceived socially inappropriate behaviour'**
- Four parents of children with labels of **'classic ASD'**

However, a specific issue experienced during sampling again reiterated the difficulties regarding parental categorisation based on the labels attached to their children. One parent, *Hannah**, had two children; one with the label of BESD, and one with classic ASD. I made the decision to place *Hannah** in the 'with the label of BESD' group as the interview predominantly focused on her eldest child (given the label of BESD), who had been in school for several years, whilst her younger child (given the label of classic ASD) had only just started school a couple of weeks earlier. Caution is nevertheless required when considering *Hannah's** findings.

3.4.2 Specific sampling details regarding parents

As can be seen in Table 3.4.2.1 below, parents of school-aged children given a wide range of labels of SEN (as reported by their parents) from Cheshire, Lancashire and Greater Manchester participated. Eleven parents had children attending mainstream schools (one of which was an independent mainstream setting), whilst the remaining eleven parents were educating their children at special schools (with one attending a residential special school). Six of the children educated at mainstream schools were receiving support at the School Action Plus stage, whilst the other children had Statements of SEN, detailing the special educational provision that they were perceived to need which their Local Authority were required to provide (Section 324 of the 1996 Education Act). With regards to occupation, many parents were employed within educational, childcare or support settings. All parents (and practitioners) were assigned pseudonyms to maintain confidentiality.

Group	Parent	Name	Locality	Occupation	Child with SEN	Age of child	Nature of child's SEN	Level of SEN	Type of school child attends	Other children
Without the label of BESD	P1	Lauren	Cheshire	Childcare business owner Middle class	Harry	10	Dyslexia	SA+	Mainstream	Freya, age 6
Without the label of BESD	P2	Kate	Lancashire	HE Lecturer Middle class	Dylan	10	Dyslexia	SA+	Mainstream	Jessica, age 14
With the label of BESD	P3	Melanie	Lancashire	Youth Worker Working class	Tim	12	ADHD, Oppositional Defiance Disorder, behavioural difficulties	SA+	Mainstream (but previously at Pupil Referral Unit)	Two older sons (one also with ADHD)
With the label of BESD	P4	Sarah	Lancashire	FE Lecturer Middle class	Carl	16	ADHD, Obsessive Compulsive Disorder, anxiety, behavioural and emotional difficulties	Statement	Independent Mainstream	Amelia, age 3
Without the label of BESD	P5	Janet	Cheshire	Insurance Analyst Middle class	Jack and Connor	Both age 9	Dyslexia	SA+	Mainstream	None
With the label of BESD	P6	Tracey	Lancashire	NHS transport Working class	Luke	9	ADHD, behavioural difficulties, anxiety, mental health difficulties, depression	SA+	Mainstream	Daughter, 21, son, 18
Visible SEN and perceived socially inappropriate behaviour (Down's Syndrome)	P7	Kelly	Lancashire	Support Worker Working class	Sally	5	Down's Syndrome, Severe Learning Difficulties, communication difficulties, physical difficulties, social skills difficulties, behavioural difficulties	Statement	Special	Emily, age 8, Mark age 19
Visible SEN and perceived socially inappropriate behaviour (Severe and Profound Learning Difficulties)	F8	Catherine	Lancashire	Parent support worker Middle class	Melanie	15	Severe and Profound Learning Difficulties, Epilepsy, behavioural difficulties	Statement	Residential Special	Richard, aged 12
Classic ASD	P9	Louise	Lancashire	Parent Governor Middle class	George	9	Classic ASD, Severe Learning Difficulties	Statement	Special	Son aged 16
With the label of BESD	P10	Hannah	Lancashire	Business owner Middle class	Mitchell and Aidan	5 and 4	Mitchell- behavioural difficulties, OCD, emotional difficulties, Aidan- Classic ASD	Statements	Mitchell- Mainstream, Aidan- Special	None

Visible SEN and perceived socially inappropriate behaviour (Down's Syndrome)	P11	Rachael	Lancashire	Nursery Worker Working class	Jake	10	Down's Syndrome (inc behavioural difficulties)	Statement	Special	Ben, age 14
Without the label of BESD	P12	Tara	Lancashire	Hotel owner (previously a teacher) Middle class	John	16	Down's Syndrome but no perceived socially inappropriate behaviour Cerebral Palsy, Epilepsy	Statement	Special	Two daughters
Without the label of BESD	P13	Rebecca	Lancashire	Banking Middle class	Ellie	11	Severe and Profound Learning Difficulties, Physical Disability	Statement	Special	None
Classic ASD	P14	Leanne	Lancashire	Education Support Middle class	Kian	13	Classic ASD	Statement	Special	One son, one daughter
With the label of BESD	P15	Michelle	Lancashire	Befrienders Middle class	Oliver	11	Social and emotional difficulties, ODD, behavioural difficulties, Asperger's	Statement	Mainstream	Daughter aged 8
	P16	Ian								
With the label of BESD	P17	Bethany	Greater Manc.	Childminder Working class	Isaac	7	ADHD, ODD, behavioural difficulties	SA+, pending Statement	Mainstream	Younger daughter
Without the label of BESD	P18	Harriet	Lancashire	Care worker (previously employed in education sector) Middle class	Melissa	4	Quadriplegic Cerebral Palsy	Statement	Mainstream	Daughter aged 2
Without the label of BESD	P19	Adele	Lancashire	Unknown Middle class	Matthew	10	Duchenne Muscular Dystrophy	Statement	Special	None
Classic ASD	P20	Sandra	Lancashire	Works for National Autistic Society Middle class	David	13	Classic ASD and Severe Learning Difficulties	Statement	Special	Daughter aged 16
Classic ASD	P21	Abby	Lancashire	Full-time mother Middle class	Callum	6	Classic ASD	Statement	Special	Daughter, aged 4
Without the label of BESD	P22	Julie	Greater Manc.	Adult teacher Middle class	Lucy	13	Moderate Learning Difficulties, Dyspraxia, Speech and Language Difficulties	Statement	Mainstream	None

Table 3.4.2.1: Sampling details for parents who participated in the research

I perceived seventeen of the parents to be middle-class, whilst the remaining five were perceived to be working-class parents. I based perceived social class on parental occupation and housing (similar factors used by Francis, 2012, when conducting research in this area). However, other characteristics such as household income and material goods have also been frequently used to assess socio-economic status (Vincent, 2001). Nonetheless, due to these decisions regarding social class solely being my interpretations, together with notorious difficulty and controversy surrounding how to measure socio-economic status (Gillies, 2006; Vincent, 2001; Reay, 2000), caution is evidently required when considering these categorisations of parents.

With regards to gender, twenty-one mothers and one father participated. This was despite requesting to speak to 'parents' of children with SEN as opposed to 'mothers', although in hindsight perhaps asking 'mothers and fathers' to participate would have been more appropriate. However, the high incidence of mothers participating could have been due to myself being female, or more mothers agreeing to participate because they identified themselves as the primary caregivers. Based on this, I use the term 'parents' throughout this thesis. However, there are concerns that this term is "gender-blind" (Traustadottir, 1991, p. 212), as it does not acknowledge the differing roles and experiences of mothers and fathers with regards to caregiving and educational responsibility. This consequently leads to issues when presenting research, where participants are often referred to as 'parents' of children with SEN when in actual fact the majority are mothers (as identified by Ryan and Runswick-Cole, 2009). Although I acknowledge this issue within my own study, using the term 'mothers' would be inappropriate in this instance due to the participation of one father. Nevertheless, quotations from participants are accompanied by pseudonyms identifying their gender during my findings chapters.

Furthermore, a noticeably higher proportion of the children with SEN were male. However this does reflect recent statistics which have indicated that considerably more boys than girls are formally recognised as having an SEN. For example in 2012, sixty-four per cent of all children formally recognised as having an SEN in England were male (DfE, 2012a).

3.4.3 Specific sampling details regarding practitioners

As can be seen in Table 3.4.5.1 below, fifteen male and female practitioners employed in both mainstream and special (majority BESD) schools participated, from Cheshire, Lancashire and Merseyside. Several practitioners were also parents of children with SEN themselves, or had children with medical conditions. All practitioners had close contact with children with SEN and their families as part of their employment. This was to ensure that the research questions were of significance for participants, and to reflect all parents having children with SEN. It is important to acknowledge that many practitioners being in senior positions may have changed the dynamic. In an attempt to counter-balance this, I also interviewed SENCos, a TA with SEN responsibilities, teachers and a home-school liaison officer, to explore these potentially differing experiences. Due to this, it is important to acknowledge that caution is required when referring to practitioners as a homogenous group, as participants clearly had a range of job roles and experiences.

I aimed to ensure that there was a fairly equal amount of practitioners working in mainstream and special school settings, and subsequently separated them into ‘mainstream school’ and ‘special school’ groups for the purposes of analysis. Separating practitioners based on the type of school that they were employed at was important, as those in special schools worked directly with children with (predominantly) the label of BESD, and therefore provided a more specific interpretation of these pupils and relationships with their parents.

Educational Practitioner	Name	Locality	Occupation	Type of school employed in	Experience	Additional Information
1	Elaine	Lancashire	SENCo	Mainstream	Unknown	Had a daughter with meningitis at six months old, which led to health complications. Daughter is also a student
2	Jean	Merseyside	Teacher in BESD school	Special (BESD)	30+ years (20 in mainstream, 10 in BESD)	Also works in HE
3	Joanna	Lancashire	Children's Centre Co-Ordinator	Mainstream	Unknown	
4	Jackie	Cheshire	SENCo and teacher	Mainstream	20 years	
5	Christine	Lancashire	Teaching Assistant specifically supporting a child with Asperger's Syndrome	Mainstream	16 years experience specifically working with children with SEN	Has a son with dyspraxia
6	Bev	Lancashire	Inclusion Manager	Mainstream	20+ years, previous work in a special school	Nephew with SEN, son with medical issues. Son also is a PhD student
7	John	Lancashire	Head teacher and SENCo	Mainstream	16 years as head teacher	Child with SEN (numeracy difficulties)
8	Steven	Lancashire	Head teacher	Special (BESD)	20 years in mainstream and 10 years in BESD	
9	Lorraine	Lancashire	Head teacher	Special (PMLD)	30 years in special	Child died at young age. Has a daughter who is also a student
10	William	Lancashire	Head teacher	Special (BESD)	25 years in current BESD school	
11	Sam	Lancashire	Head teacher	Special (BESD)	2 years in current BESD school (previous experience unknown)	
12	Daniel	Merseyside	Head teacher	Special (BESD)	20+ years in BESD	
13	Jamie	Lancashire	Head teacher	Pupil Referral Unit	20+ years in mainstream and BESD	
14	Holly	Lancashire	Home-school liaison co-ordinator	Special (BESD)	10 years	
15	Jennifer	Lancashire	Pastoral support co-ordinator and teacher	Special (BESD)	5 years (previously mainstream)	

Table 3.4.5.1: Sampling details of educational practitioners who participated in the research

3.4.4 Decision not to use paired cases/case study approach

I aimed to ensure that parents and practitioners involved in the study were not paired cases. In other words, I did not intend to interview a parent of a child with SEN and consequently interview the same child's teacher to compare experiences. This was firstly because, from a practical perspective, accessing parents of children with SEN and consequently approaching practitioners who supported these same children would be an extremely complex task. This was reflected in the difficulty I experienced accessing practitioners, who were not specifically linked to the parents I interviewed. Additionally, if I had interviewed a parent and then consequently failed to interview the same child's teacher I would have had to potentially discard the parent's transcript, losing valuable insights into parental experiences (as well as wasting parents' time).

However, the key reason why I felt that paired cases were inappropriate was because this approach would have been extremely problematic from an ethical perspective. Parents may have been concerned that their views would be repeated to the practitioners supporting their children, and vice versa, due to the sensitive perceived nature of this study. I was concerned that this would influence participant responses and the possibility of them displaying social desirability bias. Additionally, if parents and practitioners involved were paired cases I, as a researcher, would influence their ongoing relationship. I therefore reiterated to parents that details regarding the school their children attended were not required, except whether their children were being educated at a mainstream or special school. This course of action was taken so that participants would potentially be more comfortable with discussing their experiences of home-school relationships, as they were aware that these thoughts would not be heard by their children's schools. This sampling decision was influenced by Tarr (2004), as well as Fylling and Sandvin (1999), who for ethical reasons chose not to use case studies or paired cases when examining home-school relationships due to confidentiality issues.

However interestingly, it became quite obvious during my first interview with an educational practitioner *Elaine** (a SENCo), and a consequent interview with a TA (*Christine**) who worked in the same mainstream school, that they supported the child of one mother I had interviewed previously, *Hannah**. This was not intentional due to the above reasons. Neither *Elaine** or *Christine** were aware that *Hannah** was involved in my research (or vice versa), and I felt it was appropriate to keep this link confidential.

3.4.5 Why children with SEN did not participate

Children with SEN did not participate in my research, as my predominant focus was on the socio-emotional exchange between home and school. Additionally, it would have been complex to examine these children's perceptions due to the sensitive concepts I was exploring (particularly blame and stigma). More broadly, there are many ethical issues regarding interviewing children with SEN, particularly in relation to vulnerability, competency, informed consent and the right to withdraw (Williams, 2006; Alderson, 1995). However, this is by no means suggesting that children cannot, or should not, be involved within this area of research; quite the opposite. There are studies where children with SEN have beneficially been given the opportunity to share their experiences (Goodley et al, 2011; O'Connor et al, 2011; O'Riordan, 2011b; Crozier, 2000), although there is clearly scope to continue doing so.

3.5 Ethical issues

University ethical approval was obtained in January 2011, and the British Educational Research Association ethical guidelines (BERA, 2011) were adhered to when planning and conducting my research.

3.5.1 Informed consent and the right to withdraw

All potential participants were provided with information sheets regarding the study (see appendices 1 and 2) to consider participation in the investigation, and completed consent forms (appendix 3) if they decided to participate. Ongoing consent was also sought from participants when contacting participants to arrange interviews, and at the beginning of each interview.

Participants were frequently reminded that they had the right to withdraw. The information sheet identified that they were able to withdraw from the study before their interview, as well as any time up to fourteen days after their interview had taken place (as suggested by BERA, 2011 and Oliver, 2003). I felt that this was important in case participants discussed an issue during their interview which they later regretted or had not wanted to divulge. For example, Kvale and Brinkmann (2009) stated that;

> The researcher should be aware that the openness and intimacy of much qualitative research may be seductive and can lead participants to disclose information they may later regret having shared
>
> (Kvale and Brinkmann, 2009, p. 73)

However, no participants withdrew from the study at any time.

3.5.2 Confidentiality

Regarding confidentiality, participants were informed that although I was able to identify them from their responses, this information would be kept confidential, as instructed by Cohen et al (2011) and Keats (2000). Audio-recordings and transcripts were stored electronically and password protected, using pseudonyms rather than participants' real names to maintain this confidentiality (Israel and Hay, 2006). Additionally, I have been deliberately vague regarding the location of participants, which I felt was particularly important for practitioners working in BESD schools due to the low amount of BESD schools in the North West of England.

3.5.3 Harm

I was aware that, due to the sensitive issues I was exploring, participants (especially parents) may have become emotional during their interviews, which Applequist (2009) experienced when interviewing parents of children with SEN. Due to this I was prepared to terminate interviews if participants appeared uncomfortable, as maintained by Cohen et al (2011). Four parents did become upset and cried, whilst talking about how they felt when they were informed of their children's SENs. When this occurred, I gave participants time to compose themselves, and then asked if they would like to continue with the interview, whilst also reiterating that they were under no obligation to do so (as suggested by the AERS, 2009). All requested for their interviews to continue.

However, one interview with a parent was not timed well at all, as it occurred on the same day as her husband's job redundancy. It would have been appropriate to postpone the interview, but the parent insisted on conducting the interview then. As the parent on this occasion had travelled a fair distance to take part (rather than myself), I felt it was inappropriate for me to decide whether to continue with the interview. Due to this, I conducted the interview but kept it short. This was because I was worried about asking the parent to discuss negative issues such as blame and guilt in depth, as I did not want to upset her further. However, the interview still yielded much interesting data.

3.5.4 Interviewing participants in their own homes; my personal safety

I asked participants to identify where they would like to be interviewed; all practitioners requested to be interviewed at their workplace, whilst the majority of parents (with the exception of two mothers who were interviewed at a local University) requested to be interviewed in their own homes. The decision was made to conduct interviews where participants requested, to reduce disruption to their daily routines as much as possible. I also felt that participants would feel most comfortable and relaxed in their selected setting which may have consequently affected their responses (Neuman, 2011; Osborn and Smith, 2008). The decision to interview parents in their own homes clearly reduced my personal safety. However, I ensured that I spoke with parents several times via telephone before their interviews. I also had previous contact with many parents before interviews due to previously supporting their children (when employed by a local activity group), and therefore rapport had been developed beforehand. Nevertheless, I did inform others of the general area that I was going to when conducting each interview (to maintain confidentiality), and when they could expect to see me, as suggested by Walker (2007) and Clark-Carter (1997).

3.6 Pilot study

In this section my pilot study is discussed, as well as the issues raised during piloting.

3.6.1 Pilot study process

The predominant aims of the pilot study were to trial both interview schedules to ensure they could provide the opportunity to elicit rich data in relation to blame, stigma, partnership and empathy; to examine the suitability of questions for parents and practitioners; and finally to test my audio-recording and interview approach.

The pilot study involved conducting individual interviews with two parents of children with the label of BESD, two parents of children with SEN without the label of BESD, and two practitioners. The remaining two parent sub-groups were not included in the pilot study as at the time the issue regarding categorisation of parents had not been raised (see section 3.4.1). Each participant was provided with an information sheet and consent form in the same format as those prepared for the main study. Pilot interviews took place in February 2011. It is important to identify here that the data I generated and analysed for my pilot study was included within my main study. This was because only minor changes were made to my interview schedules during piloting. This data was therefore valuable and would have been inappropriate to discard.

3.6.2 Issues identified during piloting

Several issues were raised during my pilot study. Firstly, I was hesitant to share my own experiences of issues that a parent was discussing, due to the potential influence that they may have had on the participant's subsequent responses. Sharing my experiences during the interview would have reduced exploitation, as 'giving' rather than simply 'taking' information would occur (Warin et al, 2007); in other words I could engage in an exchange of experiences rather than solely 'taking' the experiences of participants. This was a crucial issue to consider in preparation for my main data generation.

Upon reflection, I became aware that it was a balancing act; 'giving' would be appropriate during interviews if it was genuine, but it was essential to be aware of the ethical issues surrounding participants potentially divulging more information than they may have been prepared to share, because of me sharing my experiences. I also needed to be conscious of ensuring that interviews did not turn into a conversation regarding my own experiences. Based on this I refrained, as far as possible, from sharing my experiences with participants during data collection. This decision was influenced by Oppenheim (1992), who stated that;

> An interview…is essentially a one-way process. Indeed, if it should become a two-way process of communication (more like a genuine conversation) it will lose much of its value because of the biases introduced by the interviewer
> (Oppenheim, 1992, p. 66-67)

Nevertheless, it is important to understand the difference between not sharing my experiences (overall) and being disengaged from the interviewee. Although I refrained from sharing my experiences as far as possible, any direct questions posed by the interviewee about my experiences were answered, as suggested by previous research (May, 2011; Glesne, 1999). For example May (2011) identified that;

> To expect someone to reveal important and personal information without entering into a dialogue is untenable. For these reasons, *engagement*, not disengagement, is a valued aspect of dynamic interviewing
>
> (May, 2011, p. 148)

Additionally, I was unable to cover all of the interview questions in several pilot interviews, due to time restrictions and participants focusing on some concepts more than others. However this is essential for IPA research, as participants should influence the direction of their interview and were therefore focusing on issues of significance for them (Smith et al, 2009; Brocki and Wearden, 2006), within the context of home-school relationships.

3.7 Data generation

This section will discuss the interview schedules produced for my research, as well as the interview process and issues identified during data generation.

3.7.1 Interview schedules

Two semi-structured interview schedules were produced (see appendices 4 and 5); one for parents and one for practitioners. All questions were open-ended, encouraging parents and practitioners to talk at length about their experiences. Several questions asked participants to think about past events, for example how parents felt when their children were formally recognised as having an SEN. As these events had often occurred some time ago, issues regarding validity are raised. Cohen (1998, p. 314) suggested that over time, memories of events and experiences become less accurate and "a great deal of specific information can be discarded", which must be acknowledged. On the contrary, although SEN recognition had often happened many years earlier, parents still provided very vivid memories of this experience, most likely due to the perceived emotional significance of formal recognition.

3.7.2 Interview process

Interviews took place during February to December 2011. The length of parent interviews ranged from one hour to over three hours, whilst interviews with practitioners were between thirty and ninety minutes long. A dictaphone was used to audio-record all interviews, which is viewed as essential equipment for IPA researchers (Osborn and Smith, 2008).

Similar standardised instructions (at the top of each interview schedule, see appendices 4 and 5) were read to participants at the beginning of their interviews. All interviews began with questions one and two on the appropriate interview schedules. For parents, these two questions involved asking them about their children and the perceived nature of their children's SENs, as well as how the SENs were formally recognised. For practitioners, I asked them about their job role, and how they were involved in supporting children given labels of SEN. These could be perceived as general questions which eased participants into their interview experience as advised by Keats (2000). However, none of the remaining questions were in any fixed order, providing participants with the opportunity to focus on issues of significance for them, therefore ensuring that they influenced the direction of their interviews. Prompts (italicised questions on the interview schedules) were used rarely, only with two participants who were less articulate and where further information was necessary. The limited use of prompts was to restrict my influence on responses (AERS, 2009; Keats, 2000).

3.7.3 Issues during data generation

A first issue was that although I had intended to conduct *individual* interviews with participants, two parents (husband and wife *Ian** and *Michelle**) and two practitioners who worked at the same BESD school (*Holly** and *Jennifer**) requested to be interviewed together. These decisions were respected, however issues highlighted during these interviews did strengthen my argument regarding why I perceived individual interviews to be most appropriate. It was evident that there was a dominant speaker in each of these interviews; *Ian** during the joint-parent interview, and *Jennifer** in the joint- practitioner interview. *Ian** and *Jennifer** provided small windows of opportunity for *Michelle** and *Holly** to share their experiences, and also appeared to influence *Michelle** and *Holly's** responses. For example, during *Holly** and *Jennifer's** joint interview, I asked the question;

> Do you feel under pressure in any way about ensuring children with SEN behave appropriately in classroom and public situations?

Whilst I said this *Holly** began to nod; however *Jennifer** stated "I wouldn't say there's a *pressure*..." and continued to explain her reasons. This then led to *Holly** highlighting that she also did not feel pressured, despite nodding earlier. The evidence of dominant speakers in both joint interviews supported my decision to use individual interviews in the majority of cases.

Finally, two parents (*Bethany** and *Julie**) appeared to have an 'alternative agenda' during interviews. *Bethany** used her interview to relay her concerns about her child's 'severely aggressive' behaviour and to complain about waiting for a Statement for him. *Julie** used her interview to discuss inclusion more generally. Although I did steer the discussion towards the four concepts I was examining, I accepted that these parents wanted to share with me the issues that were of significance for them.

3.7.4 Positionality and neutrality; 'the young student'

Warin et al (2007, p. 127) indicated that the positionality of researchers is influenced by the "ongoing acquisition of information between interviewer and interviewee", with regards to issues such as gender, age and parenthood, all of which may have influenced my ability to develop rapport with participants (O'Leary, 2010). It is therefore important to identify here that I, as a (non-disabled) young, female interviewer with no children, influenced the rapport developed with participants as well as the findings that I elicited from them. In other words my findings would be different to those obtained from, for example, an older female interviewer with children, due to the inevitable influence of interviewer characteristics. However, it is impossible to identify the impact that positioning had on participant responses.

Additionally, parents and practitioners appeared to position me as 'the young student', who needed 'help' which they could provide in the form of information. This appeared to be influenced by participants frequently having other children of a similar age to me (not those with SEN which the interviews situated on), who were often involved in degree study, and appeared to view my research as similar to an undergraduate dissertation. Parents and practitioners therefore often felt that they understood the difficulties involved in accessing participants and wanted to 'help' me, due to having children going through a similar process (such as "my daughter's doing her dissertation too", *Tracey**), or in *Bev's** case wanting to "do my bit to assist PhD students because my son's doing his at the moment". Nevertheless, being positioned as the young student could have been beneficial, as I feel it may have decreased the power imbalance that is often involved during interviews, with interviewers often having more perceived status (AERS, 2009; Gray, 2004).

Furthermore, I was not viewed as a neutral researcher; parents perceived me to be on their 'side', whilst practitioners viewed me as being on their 'side'. This was also found by Wilkinson (1998), who similarly conducted interviews with parents and teachers. This supported why I refrained from engaging in too much discussion with participants about my experiences.

3.8 Data analysis

Regarding data analysis, the full recording of each interview was transcribed immediately after it had occurred, including any emphasis on particular words, as well as any pauses, hesitation or laughter (as suggested by Osborn and Smith, 2008). The five-stage analysis process developed by Smith et al (2009) was followed, as opposed to any other IPA guidelines available (such as Langdridge and Hagger-Johnson, 2009). This was because Smith was the founder of IPA and these guidelines were also the most recent at the time of data analysis. Table 3.8.1 provides details of each stage. However before reading the table below, it is essential to point out that a case-by-case analysis was conducted. In other words stages one to four were completed for participant one, continuing to complete stages one to four for the remaining participants in turn, as advised by previous literature (Howitt and Cramer, 2008; Osborn and Smith, 2008). This is due to the idiographic perceived nature of IPA

(Smith et al, 2006; Smith, 2004). Stage 5 was therefore only completed once *all* interviews had been individually analysed.

Stage	Details of stage
1: Immersion in data	Involved reading and re-reading the transcript, as well as listening to the participant's audio-recording, to encourage familiarity with, and immersion in, the participant's experiences. This also involved noting down any initial thoughts or questions that came to me when reading the transcript
2: Initial noting	Resembled a free textual analysis, where any data of interest was commented on. Making descriptive comments (relating to the actual content of the transcript), linguistic comments (such as repetition, emphasis, hesitation and laughter), and finally conceptual comments (interpretative and interrogative, by making sense of the data with the use of psychological theory and concepts)
3: Developing emergent themes	Developing emergent themes (in other words succinct statements) to summarise segments of comments made during stage 2. Reducing "the volume of detail...whilst maintaining complexity" (Smith et al, 2009, p. 91)
4: Searching for connections across emergent themes	Searching for associations between emergent themes, which involved combining themes (if they centred on a similar concept), or discarding them if they were not perceived to be of relevance to the research questions. A table of super-ordinate and sub-ordinate themes was then developed for the participant, with the table also providing evidence from the participant's original transcript to support the theme
5: Searching for connections across all interviews	Involved the combining and relabeling of themes, with the end result being overall tables of super-ordinate and sub-ordinate themes for each parent sub-group (four) and each educational practitioner sub-group (two)

Table 3.8.1: Details of Smith et al's (2009) five-stage analysis process

I produced detailed tables of themes for each sub-group, providing quotations from participants to support each theme, as well as details regarding the participant's pseudonym and quote numbers from their original transcript.

3.9 An opportunistic study for developing empathy in student teachers; obtaining feedback

This section discusses a small-scale study undertaken as an 'add-on' to the research. This was purely an opportunistic study, as an opportunity arose for one mother interviewed, *Hannah**, to engage in a knowledge exchange with student teachers, with the intention of encouraging empathy and understanding in future practitioners. It became evident during interviews in the main study that most parents felt that practitioners could not empathise with them unless they had children with SEN themselves (discussed in chapter 7). Another route encouraging practitioners to empathise with parents was therefore essential to consider. Interestingly *Hannah**, the mother of two sons with SEN, appeared to recognise this issue herself and took practical steps towards helping practitioners to empathise with her, by firstly presenting her 'story' to the mainstream practitioners involved with supporting one of her children. The statement below is taken from *Hannah's** interview, just a few days before she shared her experiences with practitioners;

> *Hannah* ('with the label of BESD'):* I've offered to go in and do a talk with them, 'cause I've said no point you saying you don't get it if I don't share it, so I'm going to say this is what it's like as a family, this is our sleeping, our eating, our mobility

There was evidently a very personal reason for *Hannah** initially sharing her story; to improve home-school relationships between her and her son's school, and to help teachers understand her son more. *Hannah** went on to share her story with mainstream practitioners shortly after her interview with me, and interestingly I interviewed two mainstream practitioners, *Elaine** (SENCo) and *Christine** (TA) who had attended the talk. Both commented on *Hannah's** story during their interviews without me prompting them, and stated that it was a very helpful and positive experience.

Developing from this, I arranged for *Hannah**, the mother of two sons with SEN, to share her 'story' with 344 student teachers (over four separate sessions) at two North West of England universities, where I had contacts. I felt this additional research was essential to conduct, to explore whether empathy could be developed in practitioners.

*Hannah's** 'story' involved her sharing her experiences regarding living with two children with SEN during many aspects of daily life; sleeping, eating, shopping, mobility, relationships, socialising, sensory, routines, transition and rigidities. Personal examples were given when explaining each of these issues to student teachers. She also discussed her experiences of communicating and forming relationships with teachers, which were clearly of key relevance for student teachers and had implications for their practice. However, her final point made was that having children with SEN was a socio-emotional journey for parents not just a practical journey which practitioners were frequently focused on. At the end of each session, students were asked to complete an online feedback form, and anonymity was reiterated. The online feedback form consisted of five open-ended questions, asking students to consider;

1. How *Hannah's** experience had made them feel;
2. Whether there was anything *Hannah** mentioned that they were not aware of;

3. Whether *Hannah's** story could help them in any way (in terms of their career as well as working with children with SEN and their parents);
4. Whether they could empathise with parents of children with SEN more or less than before the session;
5. Whether there was anything else that they would like to add that had not been covered

Overall, fifty students out of the total 344 attending *Hannah's** talks provided open-ended feedback via the online survey, equating to just a fifteen per cent response rate. For *Hannah's** first talk, all fifteen students present responded. Of the remaining three sessions, just thirty five students altogether provided feedback. It is important to highlight that the hundred per cent response rate from *Hannah's** initial talk (and consequent lower response rates at her later talks) could have been due to my attendance at the first session. I was only able to attend *Hannah's** first talk, but during this session I personally requested feedback from students, and identified that it would be valued.

This contrasted with the structure of *Hannah's** later talks, where I was not present and students were only informed about the online feedback form at the very end (when most were leaving). This highlighted the importance of the researcher being present and discussing the study on the rate of student responses. On the other hand, only a limited amount of time was available to explore this strategy. If this was the key focus of my research, more time could have been devoted to increasing student response rates. Content analysis was utilised to develop themes from student feedback, and the categories developed during analysis related to the impact

*Hannah's** story had had on student teachers. These themes are discussed in chapter 7.

Research exploring empathy has predominantly utilised self-report, the method adopted in this opportunistic part of the research. It must be acknowledged that self-assertions of empathy are not without their limitations particularly in relation to social desirability bias, due to this concept being perceived as a moral goal (Hojat 2007). Nevertheless, these self-assertions do provide insight into perceptions of a concept that is complex to explore. This is supported by the idea that;

> teachers' professional values, dispositions and attitudes can be as important as more measurable and quantifiable aspects
>
> (European Commission Directorate-General for Education and Culture, 2011, p. 7)

3.10 Issues regarding validity, reliability and generalisability

This section will consider validity (quality), reliability (transparency) and generalisability (transferability) below.

3.10.1 Validity (quality)

Regarding validity, it would be inappropriate to propose that the responses generated from participants correspond exactly with the events actually experienced by them (Gillham, 2000; Denscombe, 2007). Instead I aimed for verisimilitude, in other words the trustworthiness of data, as suggested by Webster and Mertova (2007). Additionally, Yardley (2000) beneficially identified four broad principles to assess the *quality* of qualitative research, which Smith et al (2009) specifically related to IPA research; sensitivity to context; commitment and rigour; transparency and coherence; and finally impact and importance.

In relation to sensitivity to context, researchers should be sensitive to the setting in which their study is situated, and the data generated from participants (Smith et al, 2009; Yardley, 2000). I was sensitive towards, and engaged with, participants, and was sensitive to the data generated during my study due to the in-depth and interactional perceived nature of IPA data generation and analysis (Smith et al, 2009). Finally, I was sensitive to the raw data collected by including many direct quotations from interviews within my findings chapters. Nevertheless subjectivity is clearly apparent here, with the suggestion that;

> when we turn from data to text we are already in the process of infecting the narrative with our own subjectivities
> (Goodley and Runswick-Cole, 2012a, p. 56)

Regarding commitment and rigour, I was extremely committed to my research as the concepts under investigation were of personal interest to me. However, it was also important to be committed to participants; in other words, ensuring that they were comfortable during interviews, and investing much time and effort in analysing their responses (Smith et al, 2009; Yardley, 2000). With regards to rigour, I ensured that accessing appropriate participants, conducting interviews and analysing responses were all carried out thoroughly.

The third principle, transparency and coherence, refers to how clearly all stages of the research process are explained when writing-up the study (Smith et al, 2009), which I have evidenced within this chapter. Finally, Yardley (2000) identified that the research conducted should have impact and importance, which is considered thoroughly in chapter 8 and my conclusion.

3.10.2 Reliability (transparency)

Interviews were not standardised and findings developed from analysis were my interpretations, which consequently raises concerns regarding reliability (Clarke et al, 2008; Denscombe, 2007; Robson, 2002). On the contrary, the flexibility of interview questions is an inherent characteristic of IPA research. It has therefore been suggested that transparency, also referred to as dependability (O'Leary, 2010; Payne and Payne, 2004; Lincoln and Guba, 1985), should replace reliability when considering qualitative investigation (Cohen et al, 2011; Yin, 2011; Perakyla, 2009; Simco and Warin, 1997). This means providing much information regarding data generation and analysis processes, which has been discussed in this chapter.

3.10.3 Generalisability (transferability)

Several researchers (O'Leary, 2010; Kvale and Brinkmann, 2009) have indicated that *transferability* should replace generalisability when discussing qualitative inquiry. In other words, qualitative researchers should demonstrate that knowledge developed during the study can be transferred to other situations, such as a different setting or another group (O'Leary, 2010). My findings can therefore be tentatively transferred to other parents and practitioners within the context of SEN, due to findings having implications for other parent-school relations. My study also contributes to wider bodies of knowledge, considered during chapter 8.

3.11 Summary

This chapter has justified my epistemological and ontological perspectives, leading to identifying why I adopted an IPA approach for my study. I then discussed access and sampling approaches, including how I decided upon involving four parent sub-groups (whilst acknowledging categorisation issues) and two educational practitioner sub-groups. Ethical issues and piloting were also considered, and I explained how data was generated and analysed for the main study. The next four chapters identify the study's key findings in relation to the four concepts explored (blame, stigma, partnership and empathy), and discuss these findings with reference to previous literature. However, an overview of findings is firstly provided.

Findings Overview

The previous chapter explained and justified the methodological decisions made to investigate socio-emotional aspects of home-school relationships regarding parents of children with SEN (with and without the label of BESD) and practitioners. Before moving on to discuss my key findings in the following four chapters (chapters 4 to 7), it is important to provide a summary, and identify the structure of these subsequent chapters.

Summary of key findings

Table 4.1 below details the super-ordinate themes developed from parental responses, arranged according to my conceptual framework;

Parents

'With the label of BESD'	'Without the label of BESD'	'Visible SENs and perceived socially inappropriate behaviour'	'Classic ASD'
Blame 1: Practitioners perceived to blame BESD on ineffective parenting or pupils with the label of BESD themselves, despite parents perceiving the label of BESD to be biological. Parental guilt and focus on finding a cause for their children's label of BESD	**Blame 1:** SENs perceived to be biological, uncontrollable conditions; no reported blame or guilt and lack of importance placed on finding a cause	**Blame 1:** SENs perceived to be chromosomal, uncontrollable conditions; no perceived blame from practitioners, family or friends, and no parental guilt	**Blame 1:** ASD perceived to be biological; no parental guilt and lack of importance placed on finding a cause
Blame 2: Parental need for labels of BESD to absolve blame and guilt	**Blame 2:** Labels for access to support for children	**Blame 2:** Labels for access to support for children	**Blame 2:** Labels for access to support for children
Stigma 1: Perceived differential (but sometimes perceived preferential) treatment towards children with the label of BESD by practitioners; 'unwanted' pupils		**Stigma 1:** Perceived differential treatment towards these children by practitioners; 'unwanted' pupils	

Stigma 2: Perceived enacted stigma towards parents of children with the label of BESD from practitioners and other parents/friends; losing friends	**Stigma 1:** Perceived pity towards parents of children with SEN from other parents/friends and general public; losing friends	**Stigma 2:** Perceived pity towards parents of children with visible SENs and perceived socially inappropriate behaviour from other parents and the public	**Stigma 1:** Perceived pity towards parents of children with the label of BESD from other parents/friends; losing friends
Stigma 3: Parental pressure about ensuring children with the label of BESD behave appropriately; increased pressure due to invisibility of BESD	**Stigma 2:** Parental pressure about ensuring children with SEN behave appropriately; visible SENs perceived to reduce stigma	**Stigma 3:** Parental pressure about ensuring their children behave appropriately, but having children with visible SENs perceived to reduce stigma	**Stigma 2:** Parental pressure about ensuring children with classic ASD behave appropriately
Stigma 4: Parental difficulty accepting their children's label of BESD at first; gradual acceptance	**Stigma 3:** Gradual acceptance	**Stigma 4:** Parental difficulty accepting their children's visible SENs and inappropriate behaviour	**Stigma 3:** Parental difficulty accepting their children's ASD at first; gradual acceptance
Partnership 1: The influence of factors implicated in social class on whether parental knowledge was perceived to be valued	**Partnership 1:** Parental knowledge perceived to be valued, the influence of factors implicated in social class	**Partnership 1:** Parental knowledge perceived to be undervalued; the influence of factors implicated in social class	**Partnership 1:** Parental knowledge perceived to be valued; the influence of factors implicated in social class
Partnership 2: Varying effectiveness of home-school relationships; the importance of practitioner approachability and trustworthiness	**Partnership 2:** Varying effectiveness of home-school relationships; the importance of practitioner approachability and trustworthiness	**Partnership 2:** Varying effectiveness of home-school relationships; the importance of practitioner approachability and trustworthiness	**Partnership 2:** Overall effective home-school relationships
Partnership 3: Practitioners perceived to withhold information	**Partnership 3:** Practitioners perceived to withhold information	**Partnership 3:** Practitioners perceived to withhold information	**Partnership 3:** Practitioners perceived to withhold information
Empathy 1: Practitioners not perceived to empathise with parents of children with the label of BESD; perception that empathy not possible unless practitioners have children with similar SENs	**Empathy 1:** Little perceived empathy from practitioners towards parents of children with SEN; perception that empathy not possible unless practitioners have children with similar SENs	**Empathy 1:** Much perceived empathy from practitioners towards parents, although empathy possible when practitioners have children with similar SENs	**Empathy 1:** Little perceived empathy from practitioners towards parents of children with classic ASD; perception that practitioners cannot empathise unless they have children with similar SENs
Empathy 2: Parents perceiving themselves to empathise with practitioners, particularly when parents had been employed in the education sector	**Empathy 2:** Parents perceiving themselves to empathise with practitioners, particularly when parents had been employed in the education sector	**Empathy 2:** Parents perceiving themselves to empathise with practitioners, particularly when parents had been employed in the education sector	

Table 4.1: Super-ordinate themes (regarding blame, stigma, partnership and empathy) identified for all parent sub-groups

To summarise the above table, the *perceived nature* of children's SENs appeared to influence parental perceptions and experiences of blame, guilt and stigma. For example, parents of children with the label of BESD reported much blame from practitioners, experienced guilt, and discussions regarding the reasons for labels of SEN centralised around intentions of absolving this blame and guilt. These parents also talked about the differential treatment that they had experienced in the form of enacted stigma and negative reactions from others. They suggested that this stigma was due to their children's difficulties being perceived as controllable and caused by themselves as parents. These parents also reported feeling under much pressure about ensuring that their children behaved appropriately, due to the invisibility of their children's 'conditions' and their children frequently displaying perceived socially inappropriate behaviour. This contrasted with parents of children with other SENs, who reported experiencing no blame from practitioners or guilt regarding their children's difficulties (and were only interested in labelling to obtain support for their children), whilst the differential treatment they identified experiencing was in the form of pity or sympathetic attitudes from others. The visibility of some of their children's difficulties was also perceived to reduce parental pressure. These findings are supportive of Weiner's (1980) model regarding perceived controllability and affective reactions.

With regards to partnership, the perceived effectiveness of partnerships and the perceived roles of parents varied, regardless of the perceived nature of children's SENs. Instead, practitioner approachability and practitioner trustworthiness, factors influencing social class, as well as head teacher approaches to SEN and partnership matters, were of key importance. However, parents were also concerned that practitioners withheld information from them regarding their children. A similar situation was evident in relation to empathy; the vast majority of parents (regardless of the perceived nature of their children's difficulties) indicated that practitioners could not and did not empathise with them, unless practitioners had children with SEN themselves. Therefore, the experience of concern here was whether practitioners had children with SEN, rather than the perceived nature of children's SENs. All of the above points are considered in depth during the following four chapters, recognising the importance of considering (often underplayed) socio-emotional issues, and including the experiences of parents with children given various labels of SEN.

The two practitioner sub-groups also highlighted similar findings regarding blame, stigma, partnership and empathy, considered in Table 4.2 below;

Educational Practitioners

Mainstream School Practitioners	Special School Practitioners
	Blame 1: Perceived mainstream practitioners to blame pupils with the label of BESD for their difficulties
Blame 1: Practitioners blaming the label of BESD on 'ineffective parenting'	**Blame 2:** Practitioners blaming the label of BESD on 'ineffective parenting'; practitioners compensating for 'ineffective parenting'
Blame 2: Practitioners perceiving SENs other than BESD as biological and uncontrollable; lack of practitioner blame towards these parents	
Blame 3: Benefits of finding perceived causes, but not viewed as essential	**Blame 3:** Benefits of finding perceived causes, but not viewed as essential
Blame 4: Formal recognition of BESD (labelling) perceived to be used by parents to absolve perceived blame, although labels can be helpful for obtaining funding and support for pupils	**Blame 4:** Formal recognition of BESD (labelling) perceived to be used by parents to absolve perceived blame, although labels can be helpful for obtaining funding and support for pupils
Stigma 1: Perceived necessary differential/preferential treatment towards children with the label of BESD by practitioners; negative impact of doing so on their peers	**Stigma 1:** Perceived enacted stigma towards children with the label of BESD by mainstream practitioners; unwanted
	Stigma 2: Courtesy stigma experienced by practitioners, attributed to working in BESD schools
Stigma 2: Practitioner pressure about ensuring children with the label of BESD/SEN behave and achieve appropriately; perceived additional pressure on practitioners who have specific SEN responsibilities	**Stigma 3:** Perceived parental pressure about ensuring children with the label of BESD behave appropriately, due to invisibility of BESD, although no practitioner pressure

Partnership 1: Overall effective relationships with parents of children with SEN; perceived importance of practitioner approachability and trustworthiness	**Partnership 1:** Overall effective relationships with parents of children with SEN; perceived importance of practitioner approachability and trustworthiness
Partnership 2: Practitioners withholding information from parents to prevent misinterpretation or disengagement	**Partnership 2:** Practitioners withholding information from parents to remain professional and to prevent parental disengagement
Empathy 1: Perceived empathy from practitioners towards parents of children with SEN, particularly when they have children with similar SENs	**Empathy 1:** Perceived empathy from practitioners towards parents of children with labels of SEN (mainly BESD)
Empathy 2: Little/no perceived empathy from parents of children with SEN towards practitioners; empathy only perceived to occur when parents had been employed in the education sector	**Empathy 2:** Empathy perceived from parents of children with labels of SEN (specifically BESD) towards practitioners

Table 4.2: Super-ordinate themes (regarding blame, stigma, partnership and empathy) identified for both practitioner sub-groups

As can be seen from the above table, all practitioners interviewed perceived BESD to be caused by ineffective parenting, having links with parental determinism and discourses of 'poor parenting'. However, other SENs were viewed as biological and uncontrollable (supporting the experiences of blame reported by parents). Practitioners also suggested that parents of children with the label of BESD used labels in an attempt to absolve blame and to provide excuses for their children's difficulties and perceived socially inappropriate behaviour. With regards to stigma, practitioners employed in BESD schools interestingly reported experiencing courtesy stigma themselves due to working in these schools, which was linked to the wider stigma surrounding BESD. However practitioner pressure was influenced by the type of school that participants were employed at.

Furthermore, practitioners reiterated the importance of being approachable and trustworthy for encouraging home-school partnerships to develop. Nevertheless, they acknowledged that they did interestingly withhold information from parents, but this was rationalised in terms of preventing parental misinterpretation or disengagement.

In relation to empathy, although most practitioners reported that they perceived themselves to be empathic towards parents (contrasting with the views of parents), they identified that parents only empathised if they had been employed in the education sector. The super-ordinate themes displayed in the above table (and introduced briefly here) are explored in depth during chapters 4 to 7, whilst also reinforcing the importance of including practitioner voices.

Links to Weiner (1980)

As discussed earlier, Weiner's (1980) model regarding the perceived controllability of stigmas and reactions from others was used as a theoretical lens, and applied to this SEN context. As can be seen from the above summaries, Weiner's (1980) model was found to be of relevance; the perceived nature of children's SENs influenced parental and practitioner perceptions and experiences of controllability, cause, and socio-emotional aspects of home-school collaboration. SENs were perceived to be controllable (BESD) and uncontrollable ('without the label of BESD', 'visible SENs' and 'classic ASD'), with the origins of these SENs perceived to be behavioural (BESD viewed as caused by ineffective parenting practices) and biological (SENs other than BESD). These perceptions of controllability and cause framed the perceptions and experiences of socio-emotional aspects of home-school relationships, namely reported parental blame and guilt (in cases regarding children given labels of BESD, but a perceived lack of blame and guilt in relation to other SENs) as well as stigma (perceived negative reactions towards parents of children with the label of BESD, reported pity towards other parents), which are considered throughout this thesis. Figure 4.1 below summarises these key findings with regards to links to Weiner's work;

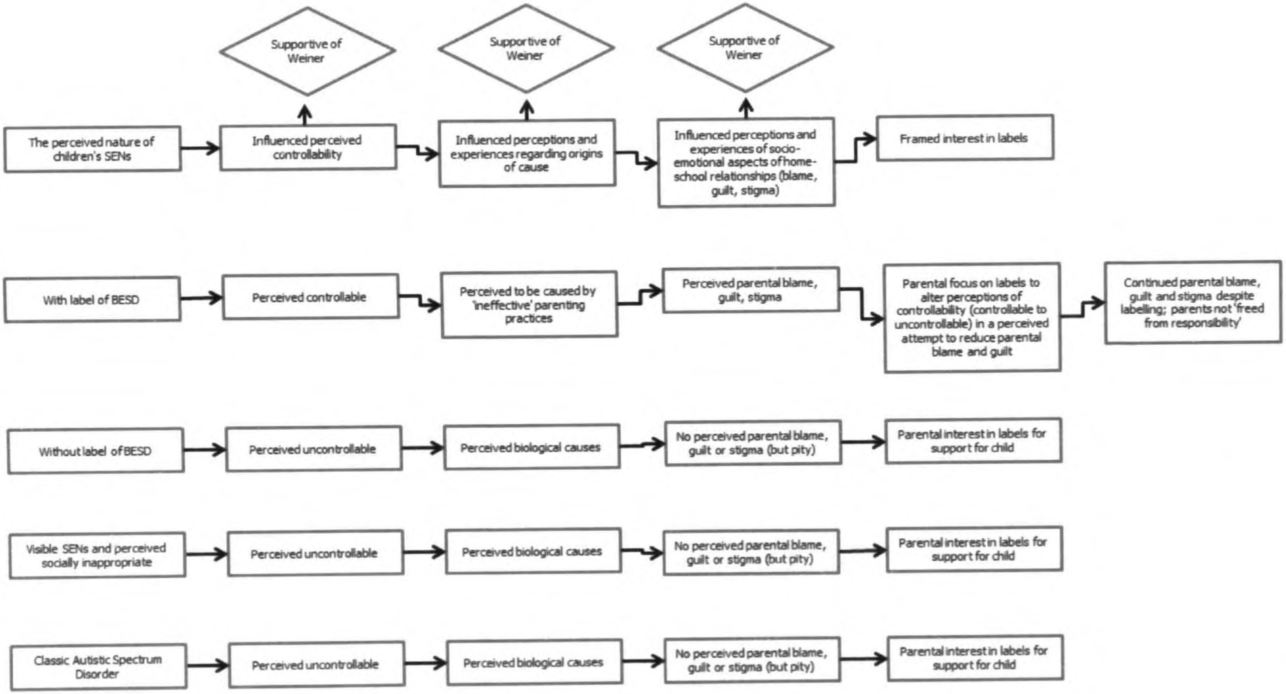


Figure 4.1: Summary of findings with links to Weiner

Structure of combined findings and discussion chapters (chapters 4 to 7)

In relation to structure, I discuss the key findings regarding each of the four concepts in *separate* chapters; blame (chapter 4), stigma (chapter 5), partnership (chapter 6) and empathy (chapter 7). I acknowledge that each concept was complex and interlinked, making it difficult to 'compartmentalise' them in this way. However, in order to present findings in a logical, readable manner, I made the decision to separate findings based on the key concept that they were concerned with. Nevertheless, a 'wider implications' section (section 8.5) and my conclusion bring these concepts together in order to consider their overall socio-emotional messages.

In addition to this, I opted to combine the 'findings' and 'discussion' sections when considering each concept in chapters 4 to 7; therefore my findings for each concept are theorised and then directly linked back to the literature base within the same chapter. I felt that this was necessary to ensure that the reader could gain a clearer understanding of key ideas when they were explored in-depth in turn. Furthermore, sections in each of the four findings chapters explore the main ideas developed from the data (which have key links with all super-ordinate themes), in relation to blame, stigma, partnership and empathy. At the beginning of each section the super-ordinate themes which the section refers to are identified, extracted from Tables 4.1 and 4.2 above. Table 4.3 below provides details of all of these sections, and the key ideas discussed;

Concept	Details of sections and key ideas
Blame (chapter 4)	1. Perceived causes of children's SENs and parental guilt (section 4.1) 2. The perceived importance of labelling; reducing parental blame and/or increasing support for children with SEN (4.2)
Stigma (chapter 5)	1. Perceived differential treatment towards children with the label of BESD/visible SENs and perceived socially inappropriate behaviour by mainstream practitioners (5.1) 2. Perceived differential treatment experienced by parents of children with SEN, and practitioners employed in BESD schools (5.2) 3. Perceived parental and mainstream practitioner pressure about ensuring children with SEN behaved appropriately (5.3) 4. Journey to parental acceptance (5.4)
Partnership (chapter 6)	1. Varying roles of parents; the influence of factors implicated in social class (6.1) 2. Varying effectiveness of home-school relationships; the perceived influence of practitioner approachability and trustworthiness (6.2) 3. Practitioners perceived to withhold information from parents (6.3)
Empathy (chapter 7)	1. Empathy from practitioners towards parents of children with SEN; the perceived influence of practitioners having children with SEN themselves (7.1) 2. A parent taking practical steps towards developing practitioner empathy; a small-scale opportunistic study with Hannah*, the mother of two children with SEN (7.2) 3. Empathy from parents of children with SEN towards practitioners; the perceived influence of parents working in the education sector (7.3)

Table 4.3: Sections of findings chapters (chapters 4 to 7), linking to the super-ordinate themes identified

Presentation of quotations

Direct quotations from participants are presented in the findings chapters by identifying the pseudonym of the participant, followed by the sub-group that they were categorised into. For example;

> *Bethany* ('with the label of BESD'):* they don't want him in school anymore

The example above firstly identifies the name of the participant, to provide the opportunity of making links back to previous quotations made by the same participant, should the reader wish to do so. Secondly, the shortened version of the participant's sub-group is provided as it is of key interest, due to this thesis exploring how the perceived nature of children's difficulties, and the labels of SEN given to them, could provide insights into socio-emotional aspects of home-school relationships. In the above example, 'with the label of BESD' identifies that *Bethany** is the mother of a child given the label of BESD.

All quotations in this thesis have been punctuated appropriately (such as using commas to separate sentences and using speech marks when participants referred to conversations with others), to aid the readers understanding.

The following chapter is the first of four findings chapters, and considers the first concept under investigation; *blame*.

Chapter 4: Blame Findings and Discussion

This chapter explores the key findings which were evident during interviews, in relation to the first concept under examination; *blame*. To remind the reader, the research question developed regarding blame is identified below;

1	What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of *blame* in relation to these children's difficulties and behaviour?

Within this chapter I firstly illustrate a key finding identified regarding blame; *all* practitioners interviewed blamed BESD on ineffective parenting, with parents of children with the label of BESD also reportedly experiencing blame from practitioners. This contrasted heavily with the experiences of parents interviewed whose children did not have labels of BESD; no blame was reported by them and mainstream practitioners reiterated this by identifying that SENs other than BESD were biological, uncontrollable 'conditions'. The blame (or lack of it) that parents reported experiencing from the practitioners concerned with their children appeared to influence their experiences of guilt regarding the onset of their children's difficulties, and interest in finding a cause for their children's difficulties. Those with children given labels of BESD reportedly experienced immense guilt and were extremely focused on finding a cause for their children's perceived difficulties. Contrasting to this, parents of children given labels of SEN other than BESD reported no guilt, and less significance was placed on finding a cause for their children's SENs. This chapter concludes by considering parental interest in acquiring labels of BESD to reduce their feelings of guilt and blame. Contrasting to this, parents of children with other SENs were focused on formal SEN recognition to obtain further support for their children. These issues address the above research question regarding blame.

There are two sections in this chapter, considering two overall ideas with regards to blame, as can be seen below (and briefly discussed above);

Concept	Details of sections and key ideas
Blame (chapter 4)	3. Perceived causes of children's SENs and parental guilt (section 4.1) 4. The perceived importance of labelling; reducing parental blame and/or increasing support for children with SEN (section 4.2)

4.1 Perceived causes of children's SENs and parental guilt

This section will discuss the following parent and practitioner super-ordinate themes (taken from Tables 4.1 and 4.2, see 'findings overview');

'With the label of BESD'	'Without the label of BESD'	'Visible SENs and perceived socially inappropriate behaviour'	'Classic ASD'
Blame 1: Practitioners perceived to blame BESD on ineffective parenting or pupils with the label of BESD themselves, despite parents perceiving BESD to be biological. Parental guilt and focus on finding a cause for their children's label of BESD	**Blame 1:** SENs perceived to be biological, uncontrollable conditions; no reported blame or guilt and lack of importance placed on finding a cause	**Blame 1:** SENs perceived to be chromosomal, uncontrollable conditions; no perceived blame from practitioners, family or friends, and no parental guilt	**Blame 1:** ASD perceived to be biological; no parental guilt and lack of importance placed on finding a cause

Mainstream School Practitioners	Special School Practitioners
	Blame 1: Perceived mainstream practitioners to blame pupils with the label of BESD for their difficulties
Blame 1: Practitioners blaming BESD on 'ineffective parenting'	**Blame 2:** Practitioners blaming BESD on 'ineffective parenting'; practitioners compensating for 'ineffective parenting'
Blame 2: Practitioners perceiving SENs other than BESD as biological and uncontrollable; lack of practitioner blame towards these parents	
Blame 3: Benefits of finding perceived causes, but not viewed as essential	**Blame 3:** Benefits of finding perceived causes, but not viewed as essential

4.1.1 Parental and special school practitioner perceptions that mainstream practitioners blamed children with the label of BESD for their difficulties; *'he made the wrong choices'*

Firstly, although my study focused on perceptions of blame regarding parents of children with SEN and practitioners, interviews also drew out perceptions of blame towards *children* given the label BESD. Blame towards children with the label of BESD by practitioners employed in mainstream schools was reported by parents of children with the label of BESD, and this appeared to be linked to the age of their children. For example, several parents who had children with the label of BESD in the later stages of primary education and secondary school suggested that their children were blamed for their difficulties by practitioners. In other words, parents felt that practitioners assumed that their children were *choosing* to behave inappropriately, with the SEN perceived to be viewed as controllable by practitioners;

> *Sarah* ('with the label of BESD'):* there are very few people who don't blame him…I think he does get a very tough time
>
> *Melanie* ('with the label of BESD'):* they say he has two choices, the right way or the wrong way, and they say he chooses the wrong way
>
> *Tracey* ('with the label of BESD'):* if you read his homework diary, it says things like "he has been difficult", "he made the wrong choices" but he's not *choosing* to run up and down like a loony toon

However, parental responses regarding how practitioners were perceived to view their children as making the "wrong" behavioural choices could actually be linked to the discourse of 'choice' used with behavioural management strategies, which have attempted to move away from viewing the child's personality as being the issue, towards the *action* being under scrutiny. In other words, rather than practitioners stating that a child has been 'naughty', they are informed to use phrases which identify the specific behaviour as the problem. This intends to shift blame away from the pupil towards the action or behaviour that they have carried out, which literature has indicated is an important distinction to make (Beckles, 2009; DfES, 2006). Nevertheless, *Tracey** and *Melanie** perceived this experience as practitioners viewing their sons' difficulties as controllable, resonating with Weiner (1980), in that their sons could in some way influence and control their behaviour.

This was in contrast with *Hannah*,* the mother of a five year old child with the label of BESD, who viewed him as "too young to be blamed". Several practitioners employed in BESD schools also held the perception that mainstream practitioners blamed older children with the label of BESD. The influence of a child's age on whether pupils with the label of BESD were deemed responsible and consequently blamed for their behaviour is understandable, due to parental involvement and responsibility for their children's actions decreasing as their children increase in age and independence (Desforges and Abouchaar, 2003; Williams et al, 2002). In other words, responsibility and accountability shift from the parent to the child or young person as they age. However, determining at what age children are accountable for their own actions is extremely complex.

For example, *Tracey's** son had the label of BESD and was being supported by the Child and Adolescent Mental Health Service (CAMHS) as well as a clinical psychologist. *Tracey** perceived her son to be viewed by mainstream practitioners as responsible and in control of his perceived socially inappropriate behaviour, and blamed for 'choosing' to misbehave, at just nine years old. Although this is at the upper end of primary education, the perceived blame and immense responsibility that *Tracey** felt had been placed on her child is complex. For example, the legal system does not allow children under ten years of age to be charged with any major or minor criminal offence (with calls to raise the age to twelve, Barnados, 2010) as they are not deemed responsible for, or capable of understanding, their own actions (Children and Young Person's Act, HMO, 1963). Yet *Tracey** felt her nine year old son was deemed to be responsible for his perceived socially inappropriate behaviour by practitioners.

The blame that parents reported towards their children with the label of BESD from mainstream practitioners supports previous literature (O'Riordan, 2011a; Bennett, 2007; Shuttleworth, 2005; Phares et al, 1996; Brophy and Rohrkemper, 1981). For example Whitaker (2007), based on a quantitative study with 172 parents, identified how practitioners were deemed to respond to behavioural difficulties by blaming these pupils, and relied on punishment as a way of managing their behaviour. More recently, Orsati and Causton-Theoharis (2012) identified that teachers assumed that pupils with the label of BESD were "intentional in being oppositional" (p. 10). However, little previous research had considered the influence of age, which appeared to have a key impact on blame perceived to be attributed to pupils with the label of BESD by mainstream practitioners who participated in my study.

Practitioners employed in special (mainly BESD) schools did not appear to attribute blame to pupils with the label of BESD (and were not suggested to by parents). This finding is supported by Shuttleworth (2005) who identified that teachers from BESD schools;

> Did not assign blame to the child, but rather recognise that it is the responsibility of society to ensure that these children were able to access positive role models
>
> (Shuttleworth, 2005, p. 207)

Practitioners employed in BESD schools not attributing blame to pupils with the label of BESD could have been due to them having formed longstanding relationships with these pupils. This was evident in the amount of time and effort they reportedly invested in their pupils, displaying commitment to addressing their personal, social and emotional needs, in addition to behavioural and learning difficulties. This finding supports the work of Orsati and Causton-Theoharis (2012); based on interviews with practitioners, the researchers identified that developing effective relationships with pupils with the label of BESD led to them understanding their difficulties more and reducing their focus on exclusion as a way of dealing with these children (discussed further in chapter 5).

Additionally, it is interesting that no reference was made during any interviews towards blaming children with labels of SEN other than BESD for their difficulties. This is perhaps unsurprising due to the connotations of blame surrounding BESD discussed above.

On the other hand, it is vital to acknowledge that no mainstream practitioners interviewed actually reported blaming pupils for their perceived BESD. The potential reasons for this finding could be, firstly, the clear possibility of social desirability bias. It may also have been due to the practitioners interviewed all having much experience in the SEN sector, potentially increasing their understanding of BESD. However, a final and key explanation regarding why practitioners may not have blamed children with the label of BESD for their difficulties is because much blame was placed on their *parents* instead. This takes us on to the next section of this chapter, where all practitioners interviewed blamed BESD on ineffective parenting (reinforced by parental experiences).

4.1.2 Perceived blame towards parents of children with the label of BESD from practitioners; *'the child grows through the parent's own inability to parent...parents can be the great part of the problem'*

Parents of children with the label of BESD perceived practitioners to blame their children's perceived BESD on 'ineffective parenting';

> *Sarah* ('with the label of BESD'):* I'm blamed because there are a significant proportion that feel okay he's got his problems but really if somebody was just firmer with him he'd be fine
>
> *Melanie* ('with the label of BESD'):* they seem to think that it's erm *parents* that are going wrong for the child to be how they are…they blamed me and said 'oh we'll put you on parenting courses'…it makes you feel as though it's your fault, you're doing something wrong
>
> *Hannah* ('with the label of BESD'):* you end up feeling that they do blame you
>
> *Tracey* ('with the label of BESD'):* they do think I'm to blame, they think it's something I'm doing, how I look after him

Blame towards parents of children with the label of BESD from practitioners was also heavily evident in the responses of practitioners themselves, with *all* practitioners viewing BESD as being due to ineffective parenting. As can be seen in the quotations below, the phrases "chaotic", "dysfunctional" and "no boundaries" were frequently used by practitioners to describe the lives of children with the label of BESD, with parents being viewed as needing to take responsibility for their children's difficulties. A wealth of quotations are provided below to truly identify the extent of this perception of 'ineffective' parenting. Key phrases used by practitioners to describe the parents and home circumstances of children with the label of BESD have been underlined;

> *Elaine* (mainstream practitioner):* children with BESD have got a very chaotic home life…I think a lot of behavioural problems are down to parenting skills really
>
> *Jackie* (mainstream practitioner):* you can get children where it's just downright bad parenting and it's no wonder the child is the way they are because they're being dragged up and that's being blunt…some of these children's problems are just down to dysfunctional families

> *Jean* (BESD practitioner):* to a certain extent they are responsible because the children have no boundaries, they live chaotic lives…so to that point of view the dysfunctional aspect, the no boundaries then they are responsible
>
> *Steven* (BESD practitioner):* you want to say well if you're his parent you need to take responsibility for your parenting and looking after your kids, and yet it's obviously not worked
>
> *William* (BESD practitioner):* the child grows through the parent's own inability to parent…parents can be the great part of the problem
>
> *Sam* (BESD practitioner):* obviously there are issues around parenting, you can't hide away from that…a significant element is parenting and it seems to be getting worse
>
> *Jenni* (BESD practitioner):* parents are responsible…if you've got kids who have got, I don't know, conduct disorder or you know oppositional defiance disorder, I think that's from them having no boundaries, little parental involvement, and you know it's a totally different family set up

The above quotations highlighted the critical approach of practitioners regarding the home lives and parenting of their pupils with the label of BESD. This finding supports an overwhelming wealth of previous literature which has reported the common perception of the label of BESD being attributed to ineffective parenting (Francis, 2012; O'Riordan, 2011a; Peters, 2011; Lamb, 2009; Rogers, 2007; O'Sullivan and Russell, 2006; Arthur, 2005; Harborne et al, 2004; Miller, 2003; Crawford and Simonoff, 2003; Miller et al, 2002). For example Miller (1996) found, via in-depth interviews with twenty-four teachers, that seventy-one per cent of practitioners perceived parents to be responsible for their children's perceived BESD. Additionally, Harborne et al (2004) identified how parents of children with ADHD reported that they were directly accused by practitioners of causing their children's difficulties.

This view is also problematically evident in policy, underpinned by assumptions of parental determinism (Gillies, 2012; Easton, 2011; Peters, 2011; Furedi, 2010; Broadhurst, 2009; DCSF, 2007; DfES, 2007; 2005). As can be seen from the above quotations, the political view of parenting being the key factor determining a child's development and wellbeing was clearly implicit in the views and approaches of practitioners, with a link viewed to be evident between (what was critically deemed to be) 'dysfunctional' parenting and the label of BESD. Practitioners were extremely critical of the parenting of pupils with the label of BESD, and discussed these children's home lives and parenting via deficit discourses. This supports the work of Gillies (2010, p. 56), who identified that mainstream practitioners displayed "patronising and contemptuous" attitudes towards parents. However in my study, these critical perceptions were highlighted by practitioners regardless of the setting that they were employed at.

Perceptions of parental irresponsibility were also heavily drawn on, with middle-class values and practices of parenting clearly being viewed as 'good' parenting strategies by these practitioners (supporting Klett-Davies, 2010, and Perrier, 2010). This is reflected in how *Jenni** suggested that children with the label of BESD had "a totally different family setup"; different to the perceived 'good' middle-class home practices that she was accustomed to, and *William** indicating that these parents had an "inability to parent"; a perceived "inability" to bring up their children in line with his perceptions of appropriate (middle-class) parenting. This again resonated with Gillies (2010), who identified that school staff drew on "the policy discourse of the irresponsible parent…in order to make sense of disruptive behaviour" (Gillies, 2010, p. 55). It is also helpful to refer to Foucauldian (1979) ideas of surveillance when interpreting cases involving parents of children with the label of BESD. These parents were constantly under surveillance by practitioners, subjected to home visits or meetings and consequently deemed to be providing a dysfunctional, chaotic home life for their children, with no boundaries in place.

Furthermore, the above quotations from practitioners also indicated that BESD was viewed as a *controllable* SEN; in other words that the SEN was deemed to be caused and controlled by their parents, and perceived to be preventable if parents were 'more responsible'. This indicated that the perceived nature of children's SENs influenced perceptions of controllability, supportive of Weiner's (1980) model. This finding maintains much previous literature which has highlighted that behavioural stigmas (such as mental illness) are perceived to be controllable, in other words that they are "brought about by choice" (Weiner, 2006, p. 19), and therefore individuals experience much blame as they are viewed as personally responsible for bringing on their illness, or in my study's case causing their children's difficulties (Weiner, 2006; Dijker and Koomen, 2003; Poulou and Norwich, 2002; Forsterling, 2001). For example, an influential study by Weiner et al (1988) found that behavioural stigmas were identified by participants as being controlled by the stigmatised individual. These individuals were consequently judged as more responsible and more blameworthy. However, in the present study's case it was predominantly parents of children with the label of BESD who were deemed responsible, and therefore blameworthy, rather than their children (due to parental accountability and responsibility discussed earlier).

On the other hand, many practitioners recognised that it was too simplistic to blame BESD solely on ineffective parenting, indicating that BESD in some cases could be due to medical issues, living in a materialistic society, or indeed a variety of causes which *Jean* (BESD practitioner)* referred to as "good old 'bit syndrome', bit of this, bit of that". An interesting metaphorical example of this was provided by *Steven**;

> *Steven* (BESD practitioner):* it's a complex mix, it's almost like a recipe and depending on what ingredients you throw in the result will be different…so they're all ingredients in that mix, so I don't think there is one cause

These views are vital to acknowledge, as previous literature has highlighted that the perception of BESD solely being due to ineffective parenting is widespread in society (Francis, 2012; Peters, 2011; Gill and Liamputtong, 2009; Holt, 2009; DfES, 2007; Harborne et al, 2004; Miller et al, 2002). Some (but not all) practitioners in my study were clearly open to ideas regarding the perceived causes of BESD, and were not necessarily fixated on blaming parents per se for their children's difficulties.

It was also essential to take social deprivation into consideration when exploring perceptions of blame in BESD cases, and the influence of ineffective parenting. The parents of children with the label of BESD which practitioners spoke of were frequently referred to as unemployed, receiving benefits, or living on council or "sink" estates (*Daniel*, BESD practitioner*) with few aspirations; in other words, a constellation of disadvantages were referred to. These perceived pressures on parents may have therefore influenced their perceived abilities to parent 'effectively', thus blaming BESD on 'ineffective parenting' appeared to be too simplistic. *Bev** (mainstream practitioner) summarised this point;

> *Bev* (mainstream practitioner):* sometimes when you sort of unpick the full range of problems it's not really anything to do with how these parents are parenting their children, but we have a lot of parents here who are managing in very difficult circumstances…which means that the pressures on a family where perhaps there is addiction or abuse of some sort, substance abuse or whatever in the family, and no work and no money, difficult older children, too many younger children, those pressures are impinging on the child, whereas if you're A N Other person whose got Grandma round the corner, and a nice husband whose coming in with a regular income, your circumstances and how you manage are very different

Here *Bev** was suggesting that socio-economic factors and family pressures impacted on children with the label of BESD, and therefore the over-simplified perception of BESD being solely due to ineffective parenting was extremely problematic. This also reinforced how simplistic the notion of parental determinism is; parenting does not come in isolation from socio-economic and environmental factors. Research has supported *Bev's** ideas, indicating that socio-economic disadvantage and family pressures may impact on the 'abilities', and possibilities, of parents effectively supporting their children (Centre for Social Justice, 2011; Kiernan and Mensah, 2011; Sheppard, 2011; Vandewater and Lansford, 2005; Hamill-Boyd, 2001). For example, O'Riordan (2011b) illustrated that the extent of social and economic disadvantage, the level of support available to parents and other family pressures all impact on how parents support and associate with their children. The additional pressures on parents that several practitioners talked of, involving parents experiencing economic disadvantage or receiving little support from family members, may have therefore impacted on how they were perceived as able to support their children. Nonetheless, although *Bev** clearly referred to these wider pressures and disadvantages, this did not appear to be recognised enough by other practitioners; dysfunctional parenting was problematically the default reason provided by practitioners interviewed to explain the onset of perceived BESD in their pupils.

On the other hand, it is also important to acknowledge that pupils with the label of BESD are regularly encountered within private, independent schools, although they are often not labelled as such (Fovet, 2011; O'Riordan, 2011a; Skiba et al, 2005). In addition to this, the DCSF (2009b) indicated that many pupils with other SENs experience social deprivation and societal barriers, which is reflected in these pupils being twice as likely to be receiving free school meals compared to pupils without SEN (although pupils with the label of BESD were even more likely to be receiving free school meals), and yet the parents of the former did not report blame (explored in section 4.1.3). Therefore, the social disadvantage that many parents experience, regardless of the perceived nature of their children's SENs, should also be acknowledged. This suggested that although some practitioners in my study perceived socio-economic disadvantage to have an impact here on the parenting 'abilities' of parents with children with the label of BESD (and consequently the behaviour of their children), it was important to refrain from over-simplifying the perceived link between BESD and social pressures (similar to refraining from over-simplifying the link between BESD and ineffective parenting), as supported by Fovet (2011).

Nevertheless, due to their employment specifically involving supporting children with the label of BESD and their families, practitioners employed in *BESD* schools elaborated on the reasons for this perceived ineffective parenting, which had links with the socio-economic factors and deprivation issues identified above. These practitioners suggested that their pupils with the label of BESD had such difficulties due to their parents being raised in the same way, often referred to as an intergenerational continuity of ineffective parenting (Bailey et al, 2009);

> *Jean* (BESD practitioner):* but you have to remember you're only the way you are because of how you've been brought up, their Mums were brought up the same way, so they don't know any better…they've been brought up that way because their parents have been brought up that way…we have Mums who go out for the night and stay out, or go away for a weekend and leave their children on their own, they can't see that is a problem 'cause it's happened to them
>
> *Jamie* (BESD practitioner):* they don't know how to bring up their kids 'cause they were brought up the same way themselves
>
> *Jenni* (BESD practitioner):* their parents have been brought up that way so therefore that's the way you do it...it's a cycle

This finding supports a wealth of previous literature which has indicated that children repeat the behaviours and practices of their parents (Bailey et al, 2006b; Leve et al, 2005; Smith and Farrington, 2004; Beyers et al, 2003; Capaldi et al, 2003; Thornberry et al, 2003). For example, Bailey et al (2009) highlighted how parents used inappropriate parenting practices and harsh discipline with their children (such as smacking, threatening or screaming at their children) due to experiencing these techniques when they were children. This perception of an intergenerational continuity of ineffective parenting led to *Jean* (BESD practitioner)* suggesting that parents did not understand how they (in *Jean's** eyes) had caused their children's perceived BESD or why their children's difficulties were such a problem. Her first experience of this was when she approached the father of a pupil with the label of BESD who had been smoking marijuana in school;

> *Jean* (BESD practitioner):* the first time it happened to me it was like a clash of two worlds…he said 'is that it, is that all?', and I said well what do you mean, this is very serious, this is an illegal drug, and he said 'who do you think gave it to him, who do you think smokes it with him?', so that for me was a slap in the face because I thought this is a bigger issue than I realised, because I've got my values and [parents of children with the label of BESD] have theirs, and the two worlds clash

*Jean** referred to this as a "slap in the face" to her and her own values. The "clash of two worlds" that *Jean** talked of appeared to indicate that in one "world" or side were practitioners, who perceived themselves to provide pupils with the label of BESD with structure, routine and discipline, teaching them how to become 'good' citizens. This contrasted with the other "world" that children with the label of BESD were deemed to experience at home; a criticised world of perceived chaos, dysfunction and no boundaries. Not only did the 'worlds' of parents of children with the label of BESD and practitioners appear to clash with one another, but these two 'worlds' could have also been internally clashing within children with the label of BESD, potentially having a negative impact on their difficulties.

This has been supported by much literature which has suggested that the daily transition from perceived unstructured home environments to a structured classroom atmosphere full of "foreign social norms" (Shuttleworth, 2005, p. 45) can be extremely challenging for children, and highlights home-school disjuncture (Thomson and Russell, 2009; O'Sullivan and Russell, 2006; Power et al, 2003) or a "culture clash" (Holloway and Pimlott-Wilson, 2011, p. 89). For example, McGregor and Mills (2011, p. 846) identified that young people living in "unstable" environments experienced difficulty complying with the cultural expectations of schools, and that this “schooling rigidity” (p. 844) did not recognise the often complex and differing home experiences of these pupils.

However the metaphorical “slap in the face” that *Jean** originally experienced was replaced, over ten years working in a BESD school, with what appeared to be de-sensitisation and almost acceptance of ‘ineffective parenting’ and the perceived dysfunctional home lives of children with the label of BESD;

> *Jean* (BESD practitioner):* there’s no malice [towards parents], there’s none of that, that’s just the way it is

Interestingly *Hannah**, the mother of a child with the label of BESD, highlighted this herself;

> *Hannah* (‘with the label of BESD’):* it’s a bit like a social worker who gets de-sensitised to what they hear, like a paediatrician whose so *medical* that they forget there’s a family or a person, and schools do that

This was concerning, as it suggested that practitioners working directly with children with the label of BESD and their families on a regular basis may have become conditioned to (what practitioners perceived as) the ‘inappropriate’ and ‘dysfunctional’ behaviour of parents, and therefore accepted this behaviour as the norm. However, de-sensitisation and acceptance may have been necessary for practitioners in order to move forward and support children with the label of BESD and their parents, without appearing to have separate values to them and to prevent practitioners from appearing patronising.

In addition to this, practitioners in BESD schools perceived themselves to attempt to compensate for this assumed lack of parental responsibility or involvement, rather than simply blaming parents or becoming de-sensitised. Interestingly, *Holly* (BESD practitioner)* referred to herself and her colleagues as "surrogate mums". She reported that this involved "rooting for [pupils with the label of BESD] a lot of the time 'cause nobody else is" (*Holly*, BESD practitioner*), as well as providing pupils with shoes and clothing and accompanying them to GP, dental and hospital appointments, which diverted teaching time (as highlighted by Power, 2010). Here, practitioners employed in BESD schools were clearly taking *in loco parentis* (Children Act, HMO, 1989) to a much more advanced level. On the other hand, it is questionable whether this compensatory support for pupils should be viewed as 'parenting'. Although this additional socio-emotional support role was referred to as "surrogate parenting" by *Holly**, she actually appeared to be implying a compulsion or perceived moral obligation to support the socio-emotional needs of her pupils (perhaps in order to "save the next generation" as identified by Gillies, 2012, p. 18).

This finding maintains concerns regarding how members of society (such as practitioners) may be responsible for supporting pupils with the label of BESD on a socio-emotional level, as parents are perceived to be failing to take responsibility for their children. In these cases, state (practitioner) intervention was being favoured as opposed to respecting the privacy of family life (Gillies, 2012; Power, 2010; Shuttleworth, 2005). Interestingly, *Daniel** referred to this intervention as 'over-compensating';

> *Daniel* (head teacher at BESD school):* there's a bigger picture here really, there's a culture of over-compensating, as a society particularly in Britain there's a culture of over-compensating for people who can't manage their lives, 'they can't manage their lives so let's do everything for them', and so it perpetuates the problem, and it takes away a level of responsibility that the parents ought to be taking

*Daniel** appeared to be suggesting that so much practitioner intervention into the socio-emotional needs of pupils with the label of BESD and their families led to a *further* decrease in parental responsibility.

However the growing role of practitioners is arguably also due to expectations set out by legislation such as *Every Child Matters (ECM)* (DfES, 2003) and the *Social and Emotional Aspects of Learning* initiative (DfE, 2010), which "expanded the remit of schools" (Gillies, 2012, p. 17) from solely educational to considering child welfare, socio-emotional development and safeguarding (although the Coalition-Government appear to have distanced themselves from the ECM agenda as highlighted by Symonds, 2011). For example Nick Clegg, in a 2011 speech, identified the multi-faceted roles of practitioners (in other words teachers acting as educators, child protection officers, social workers, nutritionists and counsellors) but stated that practitioners were not "surrogate mothers and fathers; they cannot do it all" (Vasager and Stratton, 2011, p. 1). Although *Holly** (BESD practitioner) referred to herself as a "surrogate mum" to her pupils with the label of BESD, she actually appeared to be referring to the multi-faceted responsibilities placed upon her, which she felt obliged to adopt to address their socio-emotional needs.

It is also helpful to link these findings back to Weiner's (1980) model regarding reactions to stigmas. Weiner in a series of experiments (Weiner, 2006; Schwarzer and

Weiner, 1991; Weiner et al, 1988; Weiner, 1980), reinforced by other research (Dijker and Koomen, 2003; Menec and Perry, 1998), highlighted how individuals deemed to have controllable stigmas were viewed as less likely to receive support from onlookers, or were less deserving of support. In application to my study, although parents were viewed by practitioners as responsible for the onset of their children's perceived BESD, practitioners had a professional obligation to support them and their children regardless of whether SENs were deemed as controllable, and regardless of whether parents were deemed to 'deserve' support. On a more general level parents, regardless of the perceived nature of their children's SENs, are surveilled and consequently subjected to much state intervention irrespective of whether they are viewed as deserving this support.

Furthermore, the overall perceptions of practitioners regarding BESD being caused by ineffective parenting contrasted with the views of parents of children with the label of BESD themselves. Several parents perceived their children's difficulties as having biological, uncontrollable causes (and yet experienced much guilt and perceived responsibility, as considered in section 4.1.4). For example, "it's a chemical imbalance of the brain" (*Melanie** and *Tracey**), and "chromosome gene fault" (*Hannah**) were explanations used by parents to explain their children's difficulties. This could indicate a shift in blame from parents onto their children, leading to 'within-child' insinuations of "imbalances" or "faults" (supported by Blum, 2007), emanating with the medical model of disability (Tregaskis, 2002; Solity, 1992). However, it may actually have been parents attempting to identify an uncontrollable cause for their children's perceived BESD, to reduce blame towards themselves as well as their children (explored further in section 4.2.1). Parents of children with the label of BESD viewing their children's difficulties as biological have been supported by previous investigation (Francis, 2012; Gerdes and Hoza, 2006). For example Harborne et al (2004), based on in-depth interviews with nine mothers and one father, demonstrated how parents of children with ADHD viewed their children's 'condition' as having innate, biological causes, whilst others perceived ADHD to be caused by inappropriate parenting. Nevertheless, this is not to suggest that parents had fixed medical model approaches regarding their children's difficulties, as Landsman (2005) identified that it is much more complex than this.

I will now move on to explain how parents of children with labels of SEN other than BESD did not report experiencing blame for their children's difficulties by practitioners, contrasting with the immense blame perceived to be evident regarding BESD.

4.1.3 No perceived blame from practitioners towards parents of children with labels of SEN other than BESD; *'something that you're probably born with'*

The perceived blame towards parents of children with the label of BESD by practitioners contrasted heavily with the experiences of parents in the remaining three sub-groups; 'without the label of BESD', 'visible SENs and perceived socially inappropriate behaviour', and 'classic ASD'. The vast majority of parents in these three groups perceived their children's SENs to be biological, uncontrollable conditions. These perceptions were supported by mainstream practitioners, who viewed learning difficulties as well as more specific SENs such as Down's Syndrome, Dyslexia, Dyspraxia, Autistic Spectrum Disorder and Cerebral Palsy, as uncontrollable and "real special needs" (*Jackie**) which pupils were "born with"

(*Elaine**) or were due to "how the brain's wired" (*Bev**). *Jackie's** comment indicating that these SENs were the only "real special needs" implied that the label of BESD may not have been viewed as a legitimate SEN, even by practitioners with much SEN experience (in this case a SENCo).

The perceived illegitimacy of the label of BESD has been considered in previous literature (Francis, 2012; O'Connor et al, 2011; Peters and Jackson, 2009; Tobias, 2009), with some research making links with the lack of BESD training, and indeed limited SEN training more generally, that teachers receive (Hodkinson, 2009; Riley and Rustique-Forrester, 2002). For example, the *Newly Qualified Teacher (NQT) Survey* (Teacher Development Agency, 2011) identified that only fifty two per cent of primary-trained NQTs, and fifty nine per cent of secondary NQTs, felt that their training was 'good' or 'very good' in preparing them to support pupils with SEN. However practitioners in my study did have SEN training, which questioned the link between a lack of training and the perceived illegitimacy of the label of BESD (a point discussed further in chapter 8).

The vast majority of parents in these three sub-groups consequently identified that they did *not* feel blamed by practitioners for the onset of their children's difficulties;

> *Kate* ('without the label of BESD'):* I don't feel that the school blame me…I don't think they look at me and think oh she's a bad mother
>
> *Janet* ('without the label of BESD):* oh no, teachers don't blame me at all, they don't think it's my fault
>
> *Leanne* ('classic ASD'):* teachers have never blamed me, I don't think they ever would

Including parents of children with various labels of SEN in this study therefore provided insight into how the perceived nature of children's SENs framed perceptions of controllability (Weiner, 1980), and ideas of blame towards parents by practitioners. These findings support the work of Francis (2012, p. 9) who, based on fifty-five interviews with parents of children with SEN in the United States, identified that parents of children with "clearly discernible, uncontested physical conditions" such as Cerebral Palsy did not experience blame. On the other hand Francis (2012) also identified that children with 'invisible' SENs, including learning difficulties, experienced parental blame. This contrasted with my research; no parents of children with SENs other than those given labels of BESD reported any blame, regardless of visibility. Nevertheless, my research has supported indications that the perceived controllability of SENs can lead to variation in the reactions of others and experiences of blame (Mak and Kwok, 2010; Hinshaw, 2007; Forsterling, 2001; Corrigan et al, 2000; Weiner et al, 1988).

Perceptions of controllability and blame also appeared to link to guilt experienced by parents; those with children with the label of BESD reported feeling intensely guilty for the onset of their children's SENs, whilst no guilt was reportedly experienced by parents of children with labels of SEN other than BESD. This is explored in the following sub-section.

4.1.4 Much perceived guilt experienced by parents of children with the label of BESD; *'you gave birth to that child so it must be your fault'*

Much guilt was reported by the vast majority of parents who had children given labels of BESD;

> *Sarah* ('with the label of BESD'):* I am prepared to accept that there may be elements that are down to parenting…I feel guilty, yeah I feel very guilty
>
> *Michelle* ('with the label of BESD'):* I put blame on myself like was I stressed, I feel guilty like is it how I am with him, have I made him act like that
>
> *Melanie* ('with the label of BESD'):* It's made me feel like I'm the one going wrong with him

A vivid explanation was provided by *Hannah**, the mother of a child with the label of BESD;

> *Hannah* ('with the label of BESD'):* you gave birth to that child so it must be your fault, it's genetics… of course I'm to blame they're my genes, doesn't matter if it's perceived nature or nurture, *both* things are my doing…*blame* one hundred per cent responsibility, my problem, my issue, I did it, I made it, pre-womb, inside womb, after womb, one hundred per cent as a mother, and so blame lands one hundred per cent on me

As can be seen here, the maternal guilt experienced by *Hannah**, and indeed by the other parents of children with the label of BESD (who were mostly mothers) was extremely strong. This reflects the immense guilt experienced by mothers of children with SEN reported in previous literature (Francis, 2012; Moses, 2010b; Holt, 2009; Peters and Jackson, 2009; Rogers, 2007; Harborne et al, 2004; Gray, 1993), with Gray (2002) suggesting that this is due to mothers being viewed as caregivers and therefore responsible for their children's behaviour. Indeed, *Hannah's** quote above indicated that she assumed sole responsibility for her children's difficulties, even when discussing *genetics*.

Furthermore, although the one father who participated in my study did report experiencing guilt, this contrasted with Gray's (1993) findings whereby fathers adopted a more "fatalistic approach" (p. 115) when discussing the causes of their children's difficulties, in other words that fathers viewed their children's difficulties as out of their control. However, this point is difficult to consider in any depth due to only one father participating in my study, consequently necessitating further research.

This guilt contrasted with parents of children with SEN in the other three sub-groups, who reportedly experienced no guilt regarding the onset of their children's difficulties;

> *Kelly* ('visible SENs and perceived socially inappropriate behaviour'):* we know it's nothing we've done, so it's not because we've been drinking or smoking, it's just one of those things
>
> *Sandra* ('classic ASD'):* I don't feel you know it was because I had that glass of wine while I was pregnant
>
> *Harriet* ('without the label of BESD'):* oh no I don't feel guilty at all, no, it wasn't anything we did

The lack of reported guilt experienced by parents of children with labels of SEN other than BESD could have been due to the lack of blame that they deemed to be placed on them by practitioners. However, it may also have been due to parents perceiving their children's SENs to be uncontrollable, and avoiding guilt as they believed that they could not have done anything to prevent their children having an SEN. For example, *Kelly** experienced little guilt as her daughter *Sally** had Down's Syndrome, an impairment which is referred to as being caused by an extra chromosome; that is, it has a recognised, 'uncontrollable' cause. Another interesting example was provided by *Sandra**, who referred to her religious beliefs frequently during her interview. She viewed her son's autism as being due to the "wishes of God", who gave her a son with

ASD as she was "deemed by God as able to cope". Although differing immensely to *Kelly's** experience, *Sandra** still clearly viewed her child's SEN as being out of her control, thus preventing her from experiencing guilt. These findings in particular are supportive of Mickelson et al's (1999) research, who identified that parents of children with biological 'conditions' such as Down's Syndrome attributed their children's difficulties to "genetic flukes" or "fate/God's will" (p. 1263), and therefore did not report experiencing guilt.

Therefore, again the perceived nature of a child's SEN, and perceptions of controllability (Weiner, 1980) of the SEN, appeared to frame parental experiences of guilt (in addition to experiences of blame from practitioners). The next sub-section in this chapter identifies how the perceived nature of a child's SEN, and blame experienced by parents, provided insight into the perceived importance of finding a cause for SENs.

4.1.5 Focus on finding a cause; the perceived influence of the perceived nature of children's SENs

Parents of children with the label of BESD reported being focused on finding a cause for their children's difficulties, expressing frustration if they were unable to do so.

> *Hannah* ('with the label of BESD'):* cause is essential
>
> *Bethany* ('with the label of BESD'):* you'd do anything to find out what's caused it

However, much less importance was placed on finding a cause by parents of children without the label of BESD, and those given labels of classic ASD;

> *Janet* ('without the label of BESD'):* I don't think it matters whether the cause of their dyslexia is *ever* found
>
> *Sandra* ('classic ASD'):* no if there wasn't a reason, if there wasn't a genetic link then no I wouldn't be searching for anything

A possible reason for why parents of children with the label of BESD reported being focused on finding a cause, and those 'without the label of BESD' and 'classic ASD' were not, could again be due to the impact of perceived blame, as well as finding a cause potentially opening up possibilities of finding a 'solution' (framed within a societal preoccupation with finding causes and 'cures', as considered by Campbell, 2009, and Nickel, 1996). For example, parents of children with the label of BESD felt blamed by practitioners and experienced guilt (as identified earlier), potentially leading to them being focused on finding a cause for their children's perceived BESD in an attempt to reduce this blame. Finding a cause may not have been a concern for parents of children without the label of BESD or with classic ASD as (in these instances) they reportedly experienced little blame from practitioners and little guilt, in other words no reported negativity regarding the cause of their children's SENs, and therefore finding a cause for their children's SENs may not have seemed necessary.

With regards to parents of children with visible SENs and perceived socially inappropriate behaviour, finding a cause was not mentioned at all. This was perhaps because their children's perceived biological, uncontrollable 'causes' were already visibly evident at birth (Down's Syndrome in the cases of *Kelly** and *Rachael**) or in *Catherine's** case at an early stage in her daughter's life, and they may have therefore already found the 'cause'.

Furthermore, although many mainstream and special school practitioners talked of the benefits of identifying causes for children's SENs, it was not perceived to be essential;

> *John* (mainstream practitioner):* if you do know the cause that can help, but I think it's more important to try and erm you know get the child behaving or you know find what works with the child
>
> *Steven* (BESD practitioner):* I think it's useful to know why they are the way that they are 'cause then you've got a better understanding of what makes them tick, and it sometimes gives you a way into them, so any information that we can have is useful, but whether it's essential I don't think so

To summarise, finding a cause was deemed to be more important for parents (specifically those with children with the label of BESD) than practitioners. This suggested that focusing on finding a cause for a child's SEN may have been for emotional reasons, such as reducing feelings of blame or guilt, indicating why it was of importance for parents of children with the label of BESD but less important for practitioners. The varying parental focus on finding a cause for their children takes us on to a final issue with regards to blame; the varying importance of labelling, considered in the next section of this chapter.

4.2 The perceived importance of labelling; reducing parental blame and/or increasing support for children with SEN

This section will discuss the following parent and practitioner super-ordinate themes;

'With the label of BESD'	**'Without the label of BESD'**	**'Visible SENs and perceived socially inappropriate behaviour'**	**'Classic ASD'**
Blame 2: Parental need for labels of BESD to absolve blame and guilt	**Blame 2:** Labels for access to support for children	**Blame 2:** Labels for access to support for children	**Blame 2:** Labels for access to support for children

Mainstream School Practitioners	**Special School Practitioners**
Blame 4: Formal recognition of BESD (labelling) perceived to be used by parents to absolve perceived blame, although labels can be helpful for obtaining funding and support for pupils	**Blame 4:** Formal recognition of BESD (labelling) perceived to be used by parents to absolve perceived blame, although labels can be helpful for obtaining funding and support for pupils

4.2.1 Parents of children with the label of BESD interested in labels for relief and to absolve blame *'when you've got that diagnosis it's a big relief, and it's a big weight off your shoulders'*

All parents of children with the label of BESD discussed how acquiring a label (or formal recognition of an SEN) for their children's perceived BESD was essential. The key reason for these parents being interested in labels was to reduce feelings of blame, potentially excusing them for their children's difficulties by viewing the SEN as innate in their children;

> *Melanie* ('with the label of BESD'):* when you've got that diagnosis it's a big relief and it's a big weight off your shoulders and you think well I was right all along, it wasn't me
>
> *Hannah* ('with the label of BESD'):* it meant I am not going mad there is something wrong and my kids aren't just naughty because I'm a bad parent, it meant there was a reason that things were going so *badly* wrong
>
> *Sarah* ('with the label of BESD'):* obviously I was relieved, there was something wrong with him and it wasn't just me or my parenting

This recognised the intense pressure that parents of children with the label of BESD may have been under; experiencing blame from others and reported guilt, in addition to the worry associated with obtaining support for, and personally dealing with, their children's difficulties. Perhaps what was really involved was a 'two-in-one' relief of labelling; perceived relief due to the belief that parental blame and guilt could be reduced whilst understanding of, and support for, their children could increase (Avdi et al, 2000).

Perceptions of parents of children with the label of BESD requiring a label to absolve their own blame and guilt have been supported by a wealth of previous literature (Bennett, 2007; Blum, 2007; Harborne et al, 2004; Litt, 2004; Lloyd and Norris, 1999), with Hinton and Wolpert (1998, p. 316) referring to this as a "label of forgiveness. Additionally, Ryan and Runswick-Cole (2008, p. 200) suggested that labelling led to a shift from "mother-blame to brain-blame", with blame therefore being deflected from the mother (or parent) onto a biological 'condition' (Litt, 2004). Harborne et al (2004), based on interviews with ten parents, also identified the relief that parents reported experiencing once their children were given a diagnosis of ADHD, similar to the relief experienced by parents of children with the label of BESD in my study.

However *Bethany** (the mother of a child with ADHD), although initially focused on acquiring a label for her son, did not see the perceived benefits once he had actually received a formal diagnosis of ADHD. Her negative experience regarding labelling involved reporting that little had changed once her son received a diagnosis of ADHD with regards to his behaviour, but also her experiences of blame;

> *Bethany* ('with the label of BESD'):* I got the diagnosis and it's like right well that hasn't changed anything really, you know it's still the same, he's still hitting me, he's still punching me, he's still fighting me, and just because he's got some sort of label doesn't really change how upset and aggravated I get on a day to day basis, and how blamed I feel

This suggested that parents of children with the label of BESD may have had unrealistic expectations regarding the 'benefits' of labels, with the reality of labelling not meeting these expectations. In other words, parents reported socio-emotional significance of labelling in terms of absolving blame and guilt, as well as increasing support for their children, which they believed would consequently improve their children's difficulties. However, the reality was that labelling (in *Bethany's** case) was perceived to change very little, due to the continuation of blame and her son's perceived socially inappropriate behaviour.

Nevertheless, the perceptions of parents of children with the label of BESD focusing on labelling to reduce blame and guilt were also supported by ten practitioners (employed in mainstream and special schools), out of the total fifteen interviewed. They suggested that parents viewed specific BESD labels, such as ADHD or ODD, as necessary to reduce blame towards them, and to provide an 'excuse' for their children's inappropriate behaviour;

> *John* (mainstream practitioner):* some parents want a diagnosis almost as if to, well 'it's not our fault because they've got this condition'…it's almost like an excuse…a devoid of responsibility
>
> *Jean* (BESD practitioner):* lots of [parents of pupils with the label of BESD] want a label, because it takes the onus away, if you've got 'my child has got such and such a syndrome' then it's not because of the way they brought them up

> *Jenni* (BESD practitioner):* as soon as their kid has the label of ADHD, that absolves them of any kind of *blame* for any of their behaviours, because they have a condition or a *syndrome*…it can be used as an excuse for *poor parenting* to be fair
>
> *Holly* (BESD practitioner):* so parents will say 'and that's why he stole that car and went joy riding'…or 'well he's bound to do that 'cause he's got ADHD'

Here, practitioners were clearly concerned that parents were perceived to use the label of BESD to reduce blame towards themselves, that is to say that parents were perceived to be unnecessarily 'label-focused' for their own socio-emotional interests. Although parents of children with the label of BESD suggested that labels led to their children's difficulties being viewed as uncontrollable, practitioners clearly did not adopt this view and did not free them from responsibility after diagnosis (supporting Norvilitis et al, 2002). Therefore, despite suggestions that labels protect parents from perceptions of inadequacy or incompetency (Goodley and Runswick-Cole, 2011b; Ryan and Runswick-Cole, 2008) in these cases practitioners' critical assumptions of the inadequate parenting of their pupils with the label of BESD continued.

Practitioner perceptions that parents of children with the label of BESD were using labels to reduce blame led to one BESD school, where *Daniel** was the head teacher, concentrating on ensuring that pupils did not utilise labels to excuse their own behaviour. This again highlighted potential home-school disjuncture, or a "clash of two worlds" (*Jean**) as discussed earlier, where in this case parents were critically perceived by practitioners to encourage their children to use the label of BESD as an excuse, which practitioners then attempted to counteract.

Additionally, parents of children with the label of BESD still felt blamed for their children's difficulties, and were still deemed to be responsible for them by practitioners, even though their children had formal diagnoses of BESD 'conditions' such as ADHD and ODD (with many also having Statements of SEN). This was despite parental perceptions that formal recognition of their children's perceived BESD could reduce blame. It was interesting that parents of children with the label of BESD still perceived labels to be important for reducing parental blame, despite continuing to experience blame and guilt once their children had acquired these labels. This supports Harborne et al (2004), who concluded that blame continued to have a major impact on the lives of parents of children with ADHD, despite parents suggesting that the diagnosis exonerated them from blame. This is an interesting finding of the current study; parents of children with the label of BESD continued to experience blame *after* diagnosis, despite believing that labelling would eradicate their culpability. The perceived socio-emotional significance of acquiring labels of BESD for their children was therefore concerning.

Finally, it is important to acknowledge that several parents from the remaining three sub-groups ('without the label of BESD', 'visible SENs and perceived socially inappropriate behaviour', and 'classic ASD') also talked of how they felt relieved when their children's SENs were formally recognised. However, this relief related to how they "knew there wasn't something quite right" (*Adele*, 'without the label of BESD'*) with their children and labelling was therefore perceived to confirm parental concerns thereby leading to relief, as opposed to reducing any perceptions of blame. Instead, parents of children with labels of SEN other than BESD were predominantly focused on labelling to obtain support for their children, which takes us on to the next sub-section in this chapter.

4.2.2 Parents of children with labels of SEN other than BESD and practitioners interested in labels to obtain support for children; *'it provides the access to all the services'*

Parents of children in the remaining three sub-groups reported being interested in labels in order to ensure that their children received funding and support;

> *Adele* ('without the label of BESD'):* I wasn't happy until he finally got the diagnosis…because then it went into a Statement, and they put more things in place for him at school
>
> *Louise* ('classic ASD'):* it's vital practically speaking because it provides the access to all the services and help that we receive
>
> *Sandra* ('classic ASD'):* without that label he wouldn't have the speech and language therapy

This view supports Paradice and Adewusi (2002) who, based on focus groups with fifty-one parents of children with speech and language difficulties, indicated that labels led to an increase in access to special educational provision for their children. More recently, Goodley and Runswick-Cole (2011c, p. 75) suggested that parents "engage with medicalised constructions of their children in order to access support". This is due to the perceived nature of the SEN system, whereby access to special educational provision (such as Speech and Language Therapy or CAMHS intervention) is only available to pupils when their difficulties have been adequately assessed and 'diagnosed' (DfE, 2011a; DfES, 2001).

The focus on labelling for pupil support was also reflected in practitioner responses. Although concerned that they were overused (supported by OfSTED, 2010, and linking to much wider debates regarding the medicalisation of children and inclusive education), practitioners suggested that labels were helpful as they could provide a way to access support for pupils with SEN;

> *Christine* (mainstream practitioner):* if you have the recognition then the school *have* to put in support for it
>
> *Daniel* (BESD practitioner):* if there isn't an identification of what additional need these young people have, how can you actually erm attach to them the number of provisions that you need to make things work

These statements highlighted the common perceptions, from parents and practitioners, that labels could have key benefits for pupils with SEN with regards to support. These "passported benefits" (Pinney, 2004, p. 40) of SEN diagnoses are widely reported in previous literature (Riddick, 2012; Goodley and Runswick-Cole, 2010a; Lauchlan and Boyle, 2007; Ho, 2004; Archer and Green, 1996; Sutcliffe and Simons, 1993).

As explored above, parents were evidently focused on obtaining labels of SEN for their children, whether that was to absolve blame or access support. Nonetheless, parents and practitioners also acknowledged the potential negative implications of labelling, with a particular focus on how they were perceived to lower expectations of children with SEN. This issue is addressed below.

4.2.3 Labelling perceived to lead to lowered expectations or stereotypical perceptions of SENs; *'I worry they dumb him down'*

Although parents of children with the label of BESD were primarily focused on labelling to reduce blame, and other parents intended to acquire labels to ensure that their children were effectively supported, many parents from all sub-groups also discussed the perceived negative implications of formal SEN recognition. With regards to parents in the 'with the label of BESD' and 'without the label of BESD' groups, these worries were largely related to labels being perceived to lower practitioner expectations of their children, potentially leading to their children displaying self-fulfilling prophecies;

> *Sarah* ('with the label of BESD'):* the labelling is a big thing and it makes it a self-fulfilling prophecy
>
> *Hannah* ('with the label of BESD'):* I worry they dumb him down, erm I worry that they would say 'oh gosh isn't he doing well because he's just done A, B and C' whereas I think this kid is capable of anything
>
> *Kate* ('without the label of BESD'):* because of his dyslexia label, I think it's stopped them from a very early period erm having any expectations of him…and for three or four years he genuinely thought he was one of the most stupidest people at school…they have lower expectations, they don't expect much of him

These concerns were also expressed by practitioners employed in BESD schools, in direct relation to pupils with the label of BESD;

> *William* (BESD practitioner):* they're tagged from day one as very poorly behaved…the kids get the tag so they play to the tag, if someone says you're going to be bad and predicts bad behaviour which lots of people do then what would you do as a kid, you'd behave badly
>
> *Daniel* (BESD practitioner):* they have to live up to what they are viewed as, it can't be nice

As just over 1.6 million children in the UK were labelled as having an SEN in 2011 (DfE, 2012a), this finding is concerning as it suggests that many children may experience self-fulfilling prophecies, and the expectations of practitioners may be lowered. These concerns also support much previous investigation (McMahon, 2011; Aldridge et al, 2011; Riley, 2004; Lake and Billingsley, 2000). For example, the Centre for Social Justice (2011, p. 102) illustrated how labels of SEN have "perpetuated a culture of low expectations", which also links to the wider context of lowered expectations with regards to individuals with disabilities and learning difficulties (Mazur, 2006). More specifically, O'Connor et al (2011) suggested that labels of BESD negatively impact on the behaviour of these pupils, consequently leading to problems such as disaffection. This is despite the new teaching standards (DfE, 2012b) instructing practitioners to set high expectations for all pupils.

In contrast to this *William**, the head teacher of a BESD school, proposed that labelling actually reduced *parental* expectations of their children as opposed to practitioner perceptions, and provided an interesting example;

> *William* (BESD practitioner):* I get parents who will say to me 'he's ADHD and he's never going to do that'…so getting parents to believe that a BESD child can have a future is quite a battle, because sometimes their expectation is that they'll just be the same as they are and that could be for a proportion of our parents doing nothing but claiming benefits

*William's** statement that parents had difficulty believing that their children with the label of BESD could "have a future" links back to the perceived intergenerational continuity of ineffective parenting discussed earlier (see section 4.1), but in the form of an intergenerational continuity of low aspirations (Holloway and Pimlott-Wilson, 2011; Gilby et al, 2008), due to the perceived reproduction of unemployment and social deprivation in families with the label of BESD. This highlighted that labelling may have lowered parental expectations of, and aspirations for, their children which questioned the benefits of BESD labels and indeed SEN labels overall.

Moreover, the issue regarding labelling highlighted by *Kelly**, *Louise** and *Leanne** (parents of children with *'visible SENs and perceived socially inappropriate behaviour'* and *'classic ASD'*), was that practitioners were perceived to have stereotypical perceptions of their children's SENs. This led to practitioners being perceived as expecting certain learning difficulties and a particular standard of behaviour from their children, for example;

> *Kelly* ('visible SENs and perceived socially inappropriate behaviour'):* everybody says children with Down's Syndrome go to mainstream school…Sally* doesn't quite fit the stereotypical Down's Syndrome, they're not all loving and caring and quite happy…so I think people think she should behave better
>
> *Leanne* ('classic ASD'):* the problem with labelling a child as being autistic is people have this view of what autism is…I'm sick of people saying 'oh what's his skill?', he hasn't got a skill you know, erm or I found a lot of this when he was in mainstream that the SENCo at the school…she'd say 'he's autistic he's not supposed to do that' sorry what do you mean he's not supposed to do that, you know they're all different

Parents therefore again identified that the labels given to children influenced practitioner perceptions and expectations of them, which linked to perceptions that, for example, all children with Down's Syndrome had similar learning difficulties (and few behavioural problems). This may have had a major impact on the children themselves, who were individuals and therefore not adhering to the problematic, stereotypical expectations enforced by the labels imposed upon them. This has been raised by previous literature, regarding concerns that labels can lead to children being seen as having stereotypical characteristics of an SEN, rather than being viewed as individuals (Goodley and Runswick-Cole, 2012a; Hodge and Runswick-Cole, 2008; Woodcock and Tregaskis, 2008).

This section has explored the varied importance of labelling. What follows is a summary of the key findings regarding blame which have been covered in this chapter.

4.3 Summary of findings regarding blame

I began by stating that several parents perceived mainstream practitioners to blame children with the label of BESD (with age being an influential factor), with children with the label of BESD perceived to be 'choosing' to behave inappropriately. This was the first indication (of many) that BESD appeared to be recognised as a controllable SEN. On the contrary, it is vital to acknowledge that no mainstream practitioners interviewed actually reported blaming pupils for their perceived BESD.

Furthermore, immense blame towards parents of children with the label of BESD by practitioners was evident; the label of BESD was heavily blamed on 'ineffective parenting' by practitioners, with children with the label of BESD reported to lead chaotic, dysfunctional lives with no boundaries put in place by their parents. In other words, BESD was perceived by practitioners to be controllable, with parents critically viewed as causing the SEN as well as being able to prevent BESD in their children if they were 'more responsible'. Nevertheless, several practitioners did acknowledge other factors potentially influencing BESD, namely socio-economic pressures and a perceived intergenerational reproduction of ineffective parenting, deprivation and unemployment. Additionally, I raised concerns that practitioners employed in BESD schools may have become de-sensitised to, and accepting of, the perceived dysfunctional home lives of their pupils with the label of BESD, although practitioners did view themselves as compensating for this perceived lack of parental responsibility via their multi-faceted role of educator, support worker, counsellor, and so on. These findings contrasted with the perceptions of parents with children with the label of BESD themselves, who viewed the label of BESD as biological and uncontrollable.

Moreover, the experiences of parents who had children with labels of SEN other than BESD were very different to those identified by parents of children with the label of BESD, in relation to blame. No blame from practitioners towards parents of children with labels of SEN other than BESD was reported, and this was reinforced by parents. Instead, practitioners viewed these children's SENs as "real special needs", which were deemed to be biological and uncontrollable.

Parents of children with the label of BESD also talked of their experiences of intense guilt, in contrast to the lack of guilt experienced by parents of children given other labels of SEN. Those with children with the label of BESD reported being focused on finding a cause, in an attempt to reduce these feelings of blame and guilt. However, parents of children with labels of SEN other than BESD were not focused on finding causes as they viewed their children's SENs as biological and uncontrollable. This guilt and focus on finding a cause could have been influenced by the evidence of blame from practitioners reported by parents. Nonetheless, it again identified the influence of perceived SEN controllability on parental experiences.

Finally with regards to labelling, parents of children with the label of BESD were primarily interested in labels of SEN for their children to potentially absolve the blame and guilt that they were experiencing. This contrasted with parents of children with labels of SEN other than BESD who were focused on labels of SEN to access support for their children. However, experiences of little changing once a label had been obtained (such as no change in support available, their children's inappropriate behaviour, or parental blame and guilt) were raised by parents of children with the label of BESD. Parental concerns that labelling lowered teacher expectations of their children with SEN, and the possibility of this leading to their children displaying self-fulfilling prophecies, were also highlighted. However this was disputed by one practitioner, who stated that labels actually lowered *parental* expectations of their children.

Overall, findings regarding blame identified that the perceived nature of children's SENs influenced perceptions of controllability. This appeared to influence experiences of blame towards children with SEN (dependent on age) and blame towards their parents, as well as parental guilt, focus on finding causes and the socio-emotional reasons behind parental interest in labels.

The next chapter explores the key findings relating to stigma highlighted during this research. This chapter also recognises the influence of perceived controllability with regards to experiences of stigma, as well as the impact of SEN visibility and evidence of inappropriate behaviour.

Chapter 5: Stigma Findings and Discussion

The previous chapter identified key findings regarding the first concept under examination, blame, and situated these findings in relation to previous literature. This chapter highlights key findings with regards to stigma, and the following research question is addressed;

2	What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of *stigma* in relation to these children's difficulties and behaviour?

In this chapter I begin by revealing the conflicting perceptions (between parents as well as between practitioners) regarding children with the label of BESD receiving 'preferential' treatment in mainstream schools, compared to them being stigmatised and viewed as 'unwanted' pupils. I also point out that differential treatment was reported by *all* parents of children with SEN, although reactions from others appeared to be influenced by the perceived nature of their children's SENs, in addition to perceived controllability of the SEN, SEN visibility, and evidence of perceived socially inappropriate behaviour. For example, parents of children with the label of BESD reported experiencing stigma and negative reactions from the general public and friends (due to the SEN being perceived as controllable, 'invisible' and their children displaying inappropriate behaviour frequently), whilst those with children with labels of SEN other than BESD reported receiving pity and sympathetic reactions from others (as these SENs were perceived as uncontrollable, often visible, and/or their children did not display perceived socially inappropriate behaviour). Furthermore, I identify that practitioners employed in BESD schools also reported experiencing courtesy stigma, attributed to working closely with children with the label of BESD, which was linked to the wider stigma surrounding BESD. This differential treatment or stigma reported by parents and practitioners involved pressure about ensuring children behaved appropriately. However, the visibility of children's SENs appeared to influence the intensity of parental pressure, with the consensus being that having a child with a visible SEN reduced pressure as there was an observable 'excuse' for their children's difficulties (see Table 5.2 in this chapter). Evidence of perceived socially inappropriate behaviour was also an influential factor on parental pressure, with parents of children with SEN who did not frequently display challenging behaviour receiving little pressure. This chapter concludes by demonstrating that the journey to parental acceptance of their children's difficulties was a reportedly gradual process. All of the above acknowledges the research question regarding stigma.

Concept	Details of sections and key ideas
Stigma (chapter 5)	5. Perceived differential treatment towards children with the label of BESD/visible SENs and perceived socially inappropriate behaviour by mainstream practitioners (section 5.1) 6. Perceived differential treatment experienced by parents of children with SEN, and practitioners employed in BESD schools (section 5.2) 7. Perceived parental and mainstream practitioner pressure about ensuring children with SEN behaved appropriately (section 5.3) 8. The journey to parental acceptance (section 5.4)

It is important to point out here that the term 'perceived socially inappropriate' is predominantly used to describe the behaviour of children with the label of BESD in this chapter (and throughout this thesis). This term is used here as it is less emotionally charged than phrases such as 'challenging', 'disruptive' or 'naughty', which would problematically insinuate that the behaviour was 'within-child'. Instead, the phrase 'perceived socially inappropriate' determines that the behaviour was in some way deemed inappropriate by society. It is also important to acknowledge that social appropriateness is context-dependent, with the school setting (mainstream or special) also potentially being of importance.

5.1 Perceived differential treatment towards children with the label of BESD/visible SENs and perceived socially inappropriate behaviour by mainstream schools

This section will consider the parent and practitioner super-ordinate themes identified below (see Tables 4.1 and 4.2 for all super-ordinate themes, in 'Findings Overview');

'With the label of BESD'	'Without the label of BESD'	'Visible SENs and perceived socially inappropriate behaviour'	'Classic ASD'
Stigma 1: Perceived differential (but sometimes perceived preferential) treatment towards children with the label of BESD by practitioners; 'unwanted' pupils		**Stigma 1:** Perceived differential treatment towards these children by practitioners; 'unwanted' pupils	

Mainstream School Practitioners	Special School Practitioners
Stigma 1: Perceived necessary differential/preferential treatment towards children with the label of BESD by practitioners; negative impact of doing so on their peers	**Stigma 1:** Perceived enacted stigma towards children with the label of BESD by mainstream practitioners; unwanted

5.1.1 Perceived differential treatment/enacted stigma towards children with the label of BESD or visible SENs and perceived socially inappropriate behaviour in mainstream schools; *'they wanted him out and there was no way they were keeping him'*

Several parents of children with the label of BESD and those with visible SENs and perceived socially inappropriate behaviour identified that their *children* experienced differential treatment from mainstream practitioners, with evidence of perceived socially inappropriate behaviour appearing to have an influence. For example;

> *Sarah* ('with the label of BESD'):* teachers treat him differently, some of them treat him more positively, some of them treat him more negatively, some of them don't know *how* to treat him and that comes through

Enacted stigma towards these children was discussed by parents, who identified that their children were 'unwanted' in mainstream schools;

> *Bethany* ('with the label of BESD'):* they don't want him in school anymore…they're basically saying 'it's not sustainable'…he's been given a quiet room and a quiet tent, and he's in that room all the time and they say it's because of his aggressive behaviour
>
> *Rachael* ('visible SENs and perceived socially inappropriate behaviour'):* the mainstream school were horrible, really horrible…they worded it in the PC way, but basically they wanted him out and there was no way they were keeping him…it's because, well, you see, they like having good results up there

Based on the quotes from *Bethany** and *Rachael** above, it was evident that parents took to heart the perceived enacted stigma towards their children. *Rachael** rationalised that her son (who had Down's Syndrome and frequently perceived socially inappropriate behaviour) was unwanted at the school as practitioners concentrated on "good results". This is not solely an issue raised with regards to pupils who display perceived socially inappropriate behaviour; it is reminiscent of an ableist culture (Campbell, 2009) within mainstream schools, which concentrate on improving pupil achievement and consequently focuses on the intake of 'able' students (Squires, 2012; Runswick-Cole, 2011; Campbell, 2009), leading to the marginalisation of pupils with SEN (and their parents) as they are "unattractive clientele" (Runswick-Cole, 2011, p. 116). This was identified by Bagley and Woods (1998), who indicated that schools "privilege the academic" (p. 763). This is due to tensions identified between government demand for greater inclusion and a focus on continually improving achievement (Runswick-Cole, 2011; Forlin, 2010). This has also been reinforced by recent suggestions that the Coalition government are centred on attainment as opposed to child well-being, reflected in the demise of the *Every Child Matters* agenda (Symonds, 2011).

Furthermore, *Bethany** perceived practitioners to not want her son in mainstream due to his 'aggressive' behaviour, thereby suggesting that practitioners perceived the issue to be 'within-child', entrenched within the medical model of disability. This was rather than them recognising, as highlighted by the social model of disability, the constraining and exclusionary perceived nature of the mainstream system (supporting Lalvani, 2012; Runswick-Cole, 2011; 2008). In other words, the children involved were perceived to be the 'problem' by practitioners, rather than the barriers put in place by mainstream practices and, in the case of *Bethany's** son, excluded from working with his peers in the classroom; he was given a "quiet tent" in a "quiet room", away from other pupils.

Interestingly, parents of children with classic ASD did not refer to any enacted stigma towards their children by mainstream practitioners, despite reporting that their children frequently displayed perceived socially inappropriate behaviour. However, all parents of children with classic ASD involved in the study were educating their children at special schools and therefore had no recent experience of working with mainstream practitioners.

The enacted stigma towards children with perceived socially inappropriate behaviour which several parents reported was supported by practitioners employed in BESD schools, who indicated that their pupils had been unwanted in mainstream schools;

> *William* (BESD practitioner):* pupils with BESD are the unclean, and they are perceived to be unclean by most high schools, because they are the kids that they cannot manage, so it's easier to put them outside the gates
>
> *Daniel* (BESD practitioner):* there are colleagues within the mainstream who just cannot in any way shape or form bring themselves to accommodate the needs of pupils with BESD

The quote by *William** indicated that mainstream practitioners found children with the label of BESD 'difficult' to manage, and subsequently perceived mainstream practitioners to be focused on excluding these pupils rather than addressing their needs. However, *Daniel** took *William's** perception a step further, and identified that mainstream practitioners did not *want* to accommodate the needs of pupils with the label of BESD. This perceived exclusion and enacted stigma towards children with the label of BESD in the mainstream supports previous literature, as well as the social model of disability more generally indicating the unaccommodating perceived nature of mainstream schools. For example, O'Connor et al (2011) suggested that schools were becoming reluctant to admit pupils with the label of BESD, whilst other research has reported on the high exclusion rates of those with the label of BESD (Jull, 2008; Farrell and Polat, 2003). In addition to this, Orsati and Causton-Theoharis (2012) identified that teachers excluded pupils who they perceived as 'challenging', in order to preserve control in the classroom. They indicated that "removal becomes the obvious choice when a student presents unwanted behaviour" (p. 12). This linked to the perceptions of McGregor and Mills (2011) as well as the Centre for Social Justice (2011, p. 10), who stated that pupils with the label of BESD were "profoundly misunderstood" within the mainstream, with practitioners favouring exclusion rather than understanding and addressing the needs of these children.

Nevertheless, it is important to acknowledge the reported challenges involved in supporting children with the label of BESD, or more generally pupils deemed to display 'disruptive' behaviour, by those employed in mainstream schools. A lack of time available for teachers to spend on a one-to-one basis with pupils, as well as little training available for mainstream staff regarding supporting these 'challenging' pupils, reportedly influence practitioner reluctance to educate children with the label of BESD, and their consequent frequent exclusion (Centre for Social Justice, 2011; O'Connor et al, 2011; Golder et al, 2009; Hodkinson, 2009; Hastings and Brown, 2002).

Additionally, mainstream practitioners are clearly working in a very challenging environment, having to (perhaps impossibly) balance keeping pupils with the label of BESD in the classroom and encouraging them to reach their potential (having little support or training to do so) whilst also ensuring that the learning of other pupils is not affected (Haydn, 2006). However, as mainstream practitioners interviewed in my study were not directly asked about their experiences of supporting pupils with the label of BESD, it was difficult to explore this issue fully as it was beyond the scope of the investigation. The matter of pupil behaviour is also suggested to be a complex issue to explore as it has implications for the self-esteem of practitioners, which results in difficulty encouraging teachers to speak honestly about it (Haydn, 2012; 2006).

It is also important to consider the generalisation made by *William** above, who suggested that it was "easier" for mainstream practitioners to place pupils with the label of BESD "outside the gates"; in other words, it was easier to exclude pupils with the label of BESD from mainstream schools rather than address their needs. In 2012, ninety-two per cent of pupils with the label of BESD were being educated in mainstream schools DfE, 2012a), due to the perceived pressure on these schools to *not* exclude (Haydn, 2006). In addition to this, the DfE (2012c) identified that *persistent* disruptive behaviour was the most reported reason for all exclusions during 2009 to 2010. Although a definition of what constitutes 'persistent' disruptive behaviour was not provided, this does suggest that practitioners are not excluding pupils at the first opportunity; it is the assumed recurrent perceived nature of the child's perceived socially inappropriate behaviour which supposedly leads to exclusion.

On the contrary although some parents of children with the label of BESD, and visible SENs and perceived socially inappropriate behaviour, felt their children were stigmatised or unwanted in the mainstream (supported by practitioners employed in

BESD schools), mainstream practitioners interviewed did *not* report stigmatising, exclusionary attitudes towards these pupils. This contrasted with previous literature which found that professionals held stigmatising attitudes towards those with the label of BESD and mental illness (Moses, 2010a; Hastings and Brown, 2002; Wahl, 1999). For example, Heflinger and Hinshaw (2010) controversially demonstrated how medical professionals, psychologists and social workers held similar stigmatising attitudes towards mental illness as the general public. This was supported on an educational level by Moses (2010a), who indicated that thirty-five per cent of young people with mental health problems reported experiencing stigmatisation from practitioners.

My findings regarding a lack of stigma reported from mainstream practitioners towards pupils with the label of BESD could therefore be based on social desirability bias, or potentially due to the specialist SEN responsibilities of practitioners interviewed providing them with a deeper understanding of pupils with the label of BESD. However, mainstream practitioners may not have reported enacted stigma towards children with the label of BESD as during interviews several were concerned about the perceived *preferential* treatment given to these pupils. This issue is considered in section 5.1.2 below.

5.1.2 Perceived preferential treatment towards children with the label of BESD; *'kids with bad behaviour get to see the Ed Psych quicker'*

In contrast to the perceived enacted stigma towards children with the label of BESD reported by some parents and also practitioners employed in BESD schools, 'preferential' treatment of children with the label of BESD was actually reported by other parents and also mainstream practitioners (supporting Moses, 2010a);

> *Tracey* ('with the label of BESD'):* they've now put things in place for Luke* like stickers, time out, Golden Time, he no longer sits in the classroom, because he can't, unless he wants to…he doesn't sit in the dining hall, he has his lunch downstairs with a friend

As can be seen in the quote above, *Tracey** viewed this differential treatment as necessary for her son, due to his difficulties with large crowds and noise. This was inconsistent with the views of *Ian** and *Michelle**, who were extremely dissatisfied with what they perceived as preferential treatment of their son by mainstream practitioners. This came to a head when they observed their son automatically walk to the front of the queue for an activity in school, which went unquestioned by practitioners. The following quote related to the conversation that *Ian** and *Michelle** had with their son after this incident;

> *Michelle* ('with the label of BESD'):* so we said to Oliver* what happened and he said 'oh I get the front of the queue' and we said oh is that fair and he said 'oh well that's what I just do' but hang on a minute, in life you know we all have to compromise, I know he's got BESD but you still have to compromise

The school's response was that they did not want to upset *Oliver** as he was deemed to be a very sensitive child who could become upset easily. However, here *Michelle** recognised that although her son had the label of BESD it was still essential for him to learn life skills, such as queuing and compromise, and the fact that he was perceived to have emotional difficulties should not have influenced this. This was also linked to parental concerns reported earlier regarding how labels of SEN could lower practitioner expectations of children (discussed in chapter 4). In this case, practitioners viewed *Oliver's** emotional difficulties as him being unable to understand compromise and fairness, and therefore 'preferentially treated' this by not expecting him to queue like his peers.

*Ian** and *Michelle's** concerns regarding this perceived 'preferential' treatment of children with the label of BESD were also reiterated by mainstream practitioners themselves, as well as *Kate**, the mother of a child with dyslexia. These participants identified other issues that could arise from perceived preferential treatment towards pupils with the label of BESD, namely the impact on other pupils, some of whom had other SENs;

> *Christine* (mainstream practitioner):* because we've put in place strategies and smiley face charts, you can get in a situation where some of the other pupils feel 'well he's getting that and I'm being good I'm doing what I should do and I don't get a smiley face'…sometimes the other children think 'oh I'd like to do that, I'd like a bit of time out every day'
>
> *Kate* ('without the label of BESD):* I *do* know that kids with bad behaviour get to see the Ed Psych quicker than my kid does, so that makes me slightly resentful that if your kid is naughty they will get to see the Ed Psych, and because your kid can't read then they won't, and that makes me very, very annoyed that…you know because he's good, because he doesn't mess about, he's fairly polite, he's not disrupting, so his needs are overlooked… so I was just like well so if I go home and tell Dylan* to be as naughty as possible, will he get to see an Ed Psych

Due to the perceived nature of the difficulties that children with the label of BESD have, which often involve them 'disrupting' the teaching and learning of their peers as well as their own learning, it is not surprising that they are often suggested to receive assessment and support swiftly. This is again in line with the medical model, whereby the SEN system is focused on assessment of the 'problem', diagnosis and intervention (Goodley and Runswick-Cole, 2012b; Ho, 2004). This may lead to frustration from parents of children with SENs who are not deemed to be disruptive if their children have to wait a perceived longer period of time for assessment and support. However, the reported preferential treatment towards children with the label of BESD by practitioners may have also been a conflict-avoidance strategy, with them focusing on the short term rather than considering the impact of perceived preferential treatment in the long term on pupils with the label of BESD (as well as their peers). This approach may also have enabled practitioners to use the best strategy for the most children; in other words, quick assessment of pupils with the label of BESD may have ensured that support was put in place for them swiftly, and therefore addressed their short-term needs, whilst also potentially reducing disruption for other pupils.

On the other hand, children with the label of BESD were reported to have complex difficulties and therefore 'differential' treatment may have been necessary. For example, *Tracey's** son (*'with the label of BESD'*) regularly experienced depressive and suicidal thoughts, and practitioners used reward-based strategies with him on the advice of a clinical psychologist. If these interventions were not provided, it could have had a potentially detrimental impact on her son's mental health and well-being. Nevertheless, this may still have been construed as 'preferential treatment' by some.

This section has considered differential treatment towards children with the label of BESD as well as those with visible SENs and perceived socially inappropriate behaviour. The next section will demonstrate varying differential treatment towards their *parents*, in addition to the differential treatment experienced by parents of children with other SENs and practitioners.

5.2 Perceived differential treatment experienced by parents of children with SEN, and practitioners employed in BESD schools

This section will discuss the following parent and practitioner super-ordinate themes;

'With the label of BESD'	'Without the label of BESD'	'Visible SENs and perceived socially inappropriate behaviour'	'Classic ASD'
Stigma 2: Perceived enacted stigma towards parents of children with the label of BESD from practitioners and other parents/friends; losing friends	**Stigma 1:** Perceived pity towards parents of children with SEN from other parents/friends and general public; losing friends	**Stigma 2:** Perceived pity towards parents of children with visible SENs and perceived socially inappropriate behaviour from practitioners, other parents and the public	**Stigma 1:** Perceived pity towards parents of children with the label of BESD from practitioners and other parents/friends; losing friends

Mainstream School Practitioners	Special School Practitioners
	Stigma 2: Courtesy stigma experienced by practitioners, attributed to working in BESD schools

This section illustrates that differential treatment was reported by *all* parents of children with SEN interviewed, supporting previous research (Peters and Jackson, 2009; Runswick-Cole, 2007; Glogowska and Campbell, 2004; Crawford and Simonoff, 2003). Nevertheless, I highlight how the 'types' of reactions from others reported by parents were influenced by three key factors; perceived controllability of the SEN, visibility of the SEN, and evidence of perceived socially inappropriate behaviour. Weiner's (1980) model regarding perceived controllability and reactions to stigmas only explained parental experiences to a certain extent, with the experiences of parents of children with classic ASD questioning Weiner's (1980) ideas in particular. Table 5.2 below provides details of how these factors influenced the experiences of parents of children with SEN interviewed;

Child has visible SEN	**Child has 'invisible' SEN**	
Parents in **'visible SENs and perceived socially inappropriate behaviour'** and **'classic ASD'** groups Regarding those with children with visible SENs, inappropriate behaviour was perceived to be accepted, due to there being a visible explanation for it. Therefore, parents received pity and sympathy as opposed to negativity (due to the SEN being perceived as uncontrollable and visible) which parents disliked, although parental pressure was also experienced Children with ASD displayed what parents viewed as socially 'unusual' behaviour, which led to reported pity and sympathy towards parents as opposed to enacted stigma, although parental pressure continued	Parents in **'with the label of BESD'** group Reported enacted stigma and much parental pressure, due to these children being viewed as 'typically developing'	**Child frequently displays perceived socially inappropriate behaviour**
Some parents in **'without the label of BESD'** group, more specifically those with children with SENs such as Cerebral Palsy, Muscular Dystrophy, Severe and Profound Learning Difficulties, and Down's Syndrome with no challenging behaviour No enacted stigma from others but received pity or sympathy (due to the SENs being perceived as uncontrollable and visible) which parents disliked, although parental pressure was also experienced	Some parents in **'without the label of BESD'** group, more specifically those with children with dyslexia, dyspraxia and moderate learning difficulties No reported stigma from others as child's SEN was not visible. The children's behaviour was also usually socially appropriate (and therefore did not attract attention). However, they experienced parental pressure	**Child does not frequently display perceived socially inappropriate behaviour**

Table 5.2: The influence of perceived controllability of SENs, SEN visibility and evidence of perceived socially inappropriate behaviour on parental perceptions and experiences of stigma and parental pressure

The issues identified in the above table are considered below. It is important to note here that Table 5.2 also demonstrates the influence of these three factors on parental pressure. However, the findings regarding parental pressure are not addressed until section 5.3, and therefore the reader will be reminded of the table at this later stage.

5.2.1 Perceived enacted stigma towards parents versus perceived pity and sympathy

Firstly, many parents of children with the label of BESD of varying ages, experienced stigmatising attitudes from the general public and friends, and often talked of losing friends;

> *Sarah* ('with the label of BESD'):* he very rapidly stopped getting invited to parties, parents who had been friendly as he got older and it became apparent he was different were less friendly, I don't get invited to things on the same basis…there were people who couldn't move away quick enough
>
> *Tracey* ('with the label of BESD'):* people look at you like 'what is your kid doing?', especially when he's doing his karate moves in JJB [laughs] oh my God, or going round Sainsbury's when he starts screaming, and it's a case of right I need to go, people do look at you
>
> *Bethany* ('with the label of BESD'):* people look at you like you've got the worst child in the world…you feel excluded from your friends as well, I've got some friends who stopped inviting me out, it's not nice…they ask me if I've got my son before they invite me to their house, and if my son is with me they won't carry the conversation on
>
> *Hannah* ('with the label of BESD'):* I'm trying to get him into the dentist and believe me it's taken me twenty minutes to get him out of the car into the dentist, and I'm trying my best, and you can see ten people standing there going 'what is going on?'

Parents of children with the label of BESD experiencing courtesy stigma and reportedly receiving negative reactions from the general public and friends has been widely recognised in previous literature (Crawford and Simonoff, 2003; Gray, 2002; Norvilitis et al, 2002). For example Harborne et al (2004), based on interviews with parents of children with ADHD, identified that parents experienced stigma in public situations which led to them avoiding such places.

These experiences contrasted heavily with parents of children with labels of SEN other than BESD. Parents of children with other SENs reported experiencing differential treatment from others but in the form of pity, sympathy or patronising attitudes. Parents of children with visible disabilities also reported much staring. Although this kind of differential treatment may be seen as less 'extreme' than the enacted stigma experienced by parents of children with the label of BESD, sympathetic and patronising attitudes from others were severely disliked by these parents, potentially due to pity being associated with some sort of deficiency (Weiner, 1992);

> *Catherine* ('visible SENs and perceived socially inappropriate behaviour'):* people do stare and they can be rude in their staring…and they say 'oh isn't it terrible', it's a bit patronising
>
> *Rachael* ('visible SENs and perceived socially inappropriate behaviour'):* people feel sorry for me, I think some people they look at you and they go 'arr' and sometimes I'm so embarrassed I don't want people to look at me anyway, but you can see they're sort of thinking 'oh you poor woman' you know
>
> *Louise* ('classic ASD'):* I encounter folk who put you on a pedestal like 'oh gosh, what kind of a life you must lead', I don't like any of that, like 'oh you do such a marvellous job with him', it's patronising
>
> *Abby* ('classic ASD'):* they say 'oh you poor woman' and I can't stand that, *I can't stand that*, you know 'oh how do you cope?' get a grip, I can't stand that pity, I despise it to be honest, I don't want it
>
> *Rebecca* ('without the label of BESD'):* they say things like 'oh what a shame'
>
> *Harriet* ('without the label of BESD'):* sometimes going to school I pick up a bit of pity from the other Mums, and also some people see her and say 'oh I'm really sorry' and I say no don't be sorry…and I know when we've gone to the children's centres before and the staff would jump up you know as if 'we've got to be seen to be helping an SEN child' [raises voice] SEN child in the building you know what I mean [laughs] woah let me get in and she'll be fine [laughs]

These findings are supportive of the research by Loja et al (2012), who used the term "charitable gaze" (p. 1) when referring to the "pity, curiosity as well as 'heroic' and positive views" (p. 4) that non-disabled individuals display towards disabled members of society (and in this case, their parents). They also evidenced societal perceptions of children with disabilities as "tragically impaired", problematically in line with the medical model of disability (as highlighted by Goodley and Runswick-Cole, 2012a, p. 55; Liasidou, 2008; Ho, 2004; Tregaskis, 2002; Llewellyn and Hogan, 2000); perceptions which parents strongly resisted.

With regards to interpreting these differences, the influence of SEN visibility, perceived controllability and evidence of perceived socially inappropriate behaviour were important to consider. Firstly, the 'invisibility' of BESD appeared to have an influence on the (negative) reactions of others. For example, *Hannah** and *Tracey** ('with the label of BESD') implied that their children were not understood by others in public situations, due to the lack of visible explanations for their behaviour. Their children may have consequently been viewed as 'typically developing', and their behaviour was viewed negatively, in addition to the negativity experienced by *Hannah** and *Tracey** themselves; linking with the suggestion of BESD being perceived as an SEN controlled by ineffective parenting practices (see chapter 4).

In support of the perceived influence of SEN visibility on reactions towards parents, those with children with visible SENs and perceived socially inappropriate behaviour did *not* report negative reactions from others, despite their children also frequently displaying inappropriate behaviour (as supported by Harborne et al, 2004, and Gray, 1993). In these cases, the perceived socially inappropriate behaviour of their children was deemed to be excused by onlookers, and parents were pitied, due to the visibility and perceived uncontrollability of the SEN (in these cases Severe and Profound Learning Difficulties, and Down's Syndrome). This finding is supportive of Weiner (1985; 1980), who indicated that visible disabilities elicited pity.

The perceived influence of SEN visibility on stigma experienced by parents of children with SEN corroborates with an overwhelming wealth of past investigation (Francis, 2012; Ryan, 2010; Chambres et al, 2008; Blum, 2007; Thornicroft, 2006; Harborne et al, 2004; Gray, 2002). More specifically, research has referred to parents of children with 'invisible' SENs experiencing much stigma, contrasting with little stigma experienced by parents of children with visible conditions (Ryan, 2005; Crawford and Simonoff, 2003; Gray, 1993; Weiner, 1985). For example, Blum (2007) identified how ten mothers of children with the label of BESD considered themselves to experience greater stigma than mothers of visibly disabled children. My study supported these findings with insights from parents of children with visible and 'invisible' SENs.

Furthermore, as can be seen from the quotes from parents above, the display of perceived socially inappropriate behaviour by children was reported to influence reactions from others towards their parents, as well as being perceived to impact on the actions of these parents' friends. *Sarah** and *Bethany** (parents of children with the label of BESD) illustrated above how they had lost friends and were not invited to social events, which was attributed to the perceived nature of their children's difficulties. *Bethany's** insight emphasised this, as the sole presence of her son was perceived to be the issue; if friends knew he would be accompanying her on social outings, they withdrew their invitations. This reported stigma towards parents, due to them having children who displayed perceived socially inappropriate behaviour, supports previous literature (Farrugia, 2009; Peters and Jackson, 2009; Crawford and Simonoff, 2003; Gray, 2002). This contrasted with the perceptions of parents with children who did not frequently display perceived socially inappropriate behaviour (those who had children 'without the label of BESD'), who did not attract negative reactions from others as their children appeared to behave 'appropriately'.

Nevertheless, it is important to acknowledge that *Sarah** and *Bethany's** sons both displayed what they deemed to be extremely inappropriate, and frequently aggressive, behaviour. Friends of *Sarah** and *Bethany** may therefore have been concerned for their own children's safety if children with the label of BESD accompanied them on social outings. This suggested that the perceived *severity* of the socially inappropriate behaviour, rather than the display of inappropriate behaviour per se, may have influenced parental experiences of stigma. Although Gray (2002; 1993) identified that the severity of a child's 'condition' influenced stigma towards their parents, a paucity of recent literature has directly considered this.

Furthermore, it is unclear why parents of children with 'classic ASD' reported experiencing pity and sympathy from others, as opposed to more negative reactions, when their difficulties were not 'visible' as such, yet they were deemed to display socially 'unusual', and often inappropriate, behaviour frequently. Due to the small sample of parents with 'classic ASD' it is difficult to examine this issue in depth, although a tentative explanation can be made. Firstly although 'invisible', the child's SEN may have been revealed to onlookers via these children's socially 'unusual' behaviour, such as repetition of conversations, echolalia, hand flapping, and parents suggesting that their children were disengaged from their environment. This may have indicated to observers that they were not 'typically developing' children, consequently leading to stigmatising reactions being replaced by pity (Cudre-Mauroux, 2010; Thornicroft, 2006; Weiner, 2006 and Weiner et al, 1988). However, this evidently warrants further investigation with a larger sample.

5.2.2 Friendships with other parents of children with SEN; *'all your eccentricities and all the craziness you bring becomes normal and fine'*

The differential treatment reportedly experienced by parents of children with SEN led to some of them (not exclusive to any sub-group) actively seeking and forming friendships with other parents who also had children with SEN. This was due to the perception that similar parents were more understanding of the issues that they were experiencing as well as, according to *Sandra**, reducing pressure;

> *Hannah* ('with the label of BESD'):* we play and socialise basically with other families with children with SEN, so your eccentricities and all the craziness you bring becomes normal and fine
>
> *Kelly* ('visible SENs and perceived socially inappropriate behaviour):* the people who we socialise with really have got a child with a disability, so they understand…if she's frustrated and she's doing something they're more understanding
>
> *Sandra* ('classic ASD'):* you do end up meeting people who have something in common with you, so if you're going to the park and take your autistic child with you, if they're there with their autistic child as well it takes the pressure off you both…the bigger the group the less pressure feel, because you become the majority rather than the minority

This is perhaps unsurprising, considering participants were approached via support groups, or activity groups specifically for children with SEN, and this sampling limitation must therefore be kept in mind here. On the contrary, several parents (again not exclusive to any sub-group) did *not* seek friendships with similar parents, some of whom were actively against doing so like *Sarah**;

> *Sarah* ('with the label of BESD'):* it can degenerate into a very negative thing of everyone pouring out the sob story…you can also be defined by the disability and I've always wanted to avoid that

The above quotes revealed that homophily, in other words the importance of forming friendships with others based on sharing similar characteristics, in this case having children with SEN (Gray, 1993; Robins and Rutter, 1990), was really down to the personal preferences of parents. It was also influenced by whether parents were content with disability being the foundation of friendships; *Sarah** was actively against this and therefore rejected forming friendships with other parents of children with SEN or attending support groups (as found by Ryan and Runswick-Cole, 2009, and Gray, 1993). This contrasted with other parents such as *Hannah*, Kelly** and *Sandra**, who viewed their friendships with other parents of children with SEN as a key source of support and understanding.

Parents of children with SEN seeking friendships with similar parents is consistent with much previous research (Salmon, 2012; Pratesi and Runswick-Cole, 2011; Goodley and Runswick-Cole, 2010a; Farrugia, 2009; Crawford and Simonoff, 2003; Gray, 2002). For example, Koro-Ljungberg and Bussing (2009) demonstrated how parents of children with ADHD sought friendships with similar parents in an attempt to normalise their children's perceived socially inappropriate behaviour (which links to parent statements above), and to consequently manage the stigma and loss of other friendships that they had experienced.

5.2.3 Courtesy stigma perceived to be experienced by practitioners employed in BESD schools; *'there's also the notion that if you're a teacher here...you're not clever enough to be a proper teacher'*

Furthermore, a surprising finding was that many practitioners employed in BESD schools reportedly experienced courtesy stigma *themselves*, due to working in specialised BESD contexts. No mainstream practitioners reported courtesy stigma, which indicated that this stigma appeared to be due to specifically supporting children with the label of BESD. For example, several practitioners employed in BESD schools had experience of not being viewed as "proper teachers" due to working with these pupils, whilst *Jean** who moved from a mainstream school to a BESD school (taking a large pay cut in the process) was told by her mainstream colleagues that she was "mad";

> *Jean* (BESD practitioner):* people in my previous school thought I was mad, they said 'are you crazy' they even said 'to a mongy school', to a 'bad boys'' school, couldn't believe it, could not believe it
>
> *Daniel* (BESD practitioner):* there's also the notion that if you're a teacher here you're not really a teacher, you're not clever enough to be a proper teacher
>
> *Holly* (BESD practitioner):* the reaction when you say to people what your job is they kind of go 'what age' so I say fourteen to sixteen and they go 'oh my God'...like you're some kind of prison warden

Societal perceptions that being employed in a BESD school equated to lacking in intelligence to be a proper teacher was a source of frustration for some practitioners employed in these schools. However, *Holly** was more frustrated about how others could not understand that she actually enjoyed her job, and did not want to do any other job, with this enjoyment reflected in the responses of many other practitioners employed in BESD schools. This supports previous research regarding SEN more generally (Mackenzie, 2012) and also links to the work of Shuttleworth (2005) who interviewed practitioners employed in BESD schools. Shuttleworth (2005) highlighted the common societal confusion regarding why practitioners would wish to work with such 'challenging' pupils.

This courtesy stigma experienced by practitioners employed in BESD schools was frequently linked to the wider stigma attached to the label of BESD;

> *William* (BESD practitioner):* somebody who hasn't taken the time to check the school out, they'd say 'it's the bad boy's school'
>
> *Daniel* (BESD practitioner):* with any BESD school it has a connotation of naughty children
>
> *Jenni* (BESD practitioner):* there is still the impression that we're the school for naughty boys at the top of the hill…someone this morning said to me 'is this the school for kids who have been kicked out [of mainstream]?' so I do think there is a stigma towards BESD schools

Perceptions of BESD schools as being full of "bad" or "naughty" children were frequently identified. This stigma was reportedly due to ignorance and longstanding stereotypical perceptions of BESD schools, in that those holding such stigmatising attitudes had not taken the time to understand these pupils or find out about what BESD schools had to offer. This supported Shuttleworth (2005) who suggested that those with no knowledge of BESD schools referred to them as "the sin bins of educational society…keeping unruly delinquent children off the street" (p. 26).

This led to many practitioners employed in BESD schools highlighting that they were attempting to break down this stigma. For example *Steven**, the head teacher of a BESD school, made steps to address stigma by inviting the local community into the school frequently to use their on-site climbing wall, hairdressing salon (where pupils with the label of BESD working towards a qualification in hair and beauty were the apprentices), music studio and ICT facilities. In addition to this *William**, the head teacher of another BESD school, hosted sport competitions with local mainstream schools using the wealth of PE facilities available in his BESD school. As displayed by *Steven** and *William** above, head teachers of BESD schools were in a powerful position to increase awareness and potentially begin to adjust perceptions of BESD. However, it is important to acknowledge the major pressures on head teachers already, with Tucker (2010, p. 68) suggesting that there is a "growing list of activities and services that head teachers are expected to provide" (considered further in chapter 8).

Nevertheless several practitioners employed in BESD schools, as well as *Lorraine** the head teacher of a school for pupils with Profound and Multiple Learning Difficulties (PMLD), experienced admiration from other practitioners due to working with these pupils, which was perceived to be a 'challenging' job;

> *Steven* (BESD practitioner):* when you work with your mainstream colleagues I think they look on you slightly differently because of the work you do, they without doubt admire us and keep telling us you know 'I don't know how you do it'
>
> *Lorraine* (PMLD practitioner):* people say 'oh you must be so patient' and they're very respectful of your position as well

This linked to the admiration expressed towards parents of children with labels of SEN other than BESD (which parents viewed as patronising) discussed in section 5.2.1 above. The next section in this chapter will consider parental and practitioner pressure.

5.3 Perceived parental and mainstream practitioner pressure about ensuring children with SEN behaved appropriately

With regards to pressure, the following parent and practitioner super-ordinate themes were developed;

'With the label of BESD'	'Without the label of BESD'	'Visible SENs and perceived socially inappropriate behaviour'	'Classic ASD'
Stigma 3: Parental pressure about ensuring children with the label of BESD behave appropriately; increased pressure due to invisibility of BESD	**Stigma 2:** Parental pressure about ensuring children with SEN behave appropriately; visible SENs perceived to reduce stigma	**Stigma 3:** Parental pressure about ensuring children with visible SENs and perceived socially inappropriate behaviour behave appropriately, but having children with visible SENs perceived to reduce stigma	**Stigma 2:** Parental pressure about ensuring children with classic ASD behave appropriately

Mainstream School Practitioners	Special School Practitioners
Stigma 2: Practitioner pressure about ensuring children with the label of BESD/SEN behave and achieve appropriately; perceived additional pressure on practitioners who have specific SEN responsibilities	**Stigma 3:** Perceived parental pressure about ensuring children with the label of BESD behave appropriately, due to invisibility of BESD, although no practitioner pressure

This section considers the pressure experienced by parents and practitioners, in relation to ensuring children with SEN behaved appropriately (due to pressure imposed by society, Dowling and Dolan, 2001). However it also recognises that three key factors commonly recurring within this research influenced the intensity of pressure felt; perceived controllability of the SEN, visibility of the SEN, and evidence of perceived socially inappropriate behaviour. The reader may like to refer back to Table 5.2 at this point, for an overview of the influence of these factors on parental pressure (in addition to the impact on differential treatment towards parents discussed earlier);

5.3.1 Perceived parental pressure about ensuring children with SEN behaved appropriately and the key influence of SEN visibility; *'I'm under pressure to make sure I'm in control of him'*

Many parents interviewed, in all parent sub-groups, talked of how they felt under pressure about ensuring that their children behaved appropriately. This indicated that parents of children with SEN experienced some level of pressure, regardless of the perceived nature of their children's difficulties;

> *Sarah* ('with the label of BESD'):* I feel under pressure to control his behaviour
>
> *Bethany* ('with the label of BESD'):* I do [feel pressure]...because you're on eggshells, you don't know what's coming...it's hard enough Isaac's* behaviour without being looked at like you've got the worst child in the world
>
> *Abby* ('classic ASD'):* absolutely yeah, I'm under pressure to make sure I'm in control of him, his behaviour is very unpredictable in public, I think very carefully about any situation I take him into...because as a mother you've got to appear under control of your child
>
> *Adele* ('without the label of BESD'):* yeah I do feel pressure, I used to panic 'cause I could tell when he was gonna get upset or something, then I'd start getting a bit panicky and thinking right I've got to get it done, I've got to get out of here

It is important to note here how *Abby** used the term 'mother' as opposed to 'parent', implying that mothers rather than fathers were responsible for their children's 'appropriate' behaviour. This supports a wealth of previous literature which has indicated how mothers are traditionally viewed as caregivers, responsible for their children's development and behaviour (Peters et al, 2010; Day et al, 2009; O'Brien, 2008; Page et al, 2008; Holloway, 1998), and consequently experience intense pressure (Gill and Liamputtong, 2009; Koro-Ljungberg and Bussing, 2009; Blum, 2007; Singh, 2004; Gray, 2002; 1993).

Nevertheless, the *intensity* of pressure experienced appeared to be increased for parents of children who frequently displayed perceived socially inappropriate behaviour. Table 5.2 helps to illustrate this point; based on my findings, parents of children who frequently displayed perceived socially inappropriate behaviour reported experiencing much pressure, due to their children's behaviour often attracting the (negative) attention of others. This led to further pressure on parents as they attempted to prevent their children from behaving inappropriately in public. This contrasted with the experiences of parents who had children with SENs who were not reported to display perceived socially inappropriate behaviour (namely those in the 'without the label of BESD' parent sub-group) who did not report such intense pressure, potentially because their children did not often behave inappropriately. This is linked to societal expectations that children should behave 'appropriately', and when they do not their parents are viewed negatively and blamed (Francis, 2012; Harborne et al, 2004; Gray, 1993).

However, parental pressure was not only reportedly influenced by the intensity of children's inappropriate behaviour. A second factor of interest was the *visibility* of the SEN. Parents of children with the label of BESD reported experiencing much pressure due to the *invisibility* of their children's 'conditions';

> *Sarah* ('with the label of BESD'):* his behaviour can become so appalling, but appear to be somebody just behaving very, very, very badly that erm I feel huge pressure…we have said to teachers in the past if this was a child in a wheelchair we would not be having this conversation…anything that isn't visible is much harder for people to understand
>
> *Bethany* ('with the label of BESD'):* I think the worst thing about BESD is it's so, you don't see it, it's so hard so people just feel like wringing their necks because you think he's just being naughty, but he's not being naughty

*Sarah** implied above that society relied on visual cues to understand the behaviour of others. However, more specifically she talked about the pressure she felt due to practitioners also requiring visible explanations for her son's difficulties. Clearly the invisibility of their children's SENs was a source of concern for these parents. Practitioners employed in special schools also recognised the intense pressure on parents of children with the label of BESD, due to the invisible perceived nature of this SEN;

> *Lorraine* (PMLD practitioner):* with the BESD children what you've often got is a child that looks normal and then behaves badly
>
> *Sam* (BESD practitioner):* children with BESD look normal but they're very rude, they swear a lot and they can be very damaging to property, very abusive and very aggressive, so when onlookers look at that they look at the normal child and the parents get the look off the stranger saying it's your fault, why can't you control your child

The 'looking normal behaving badly' societal perception of children with the label of BESD was frequently illustrated by parents and practitioners. It is also essential to point out that *Sam's** quote above hinted at the influence of visibility on *blame*, in that onlookers viewed children with the label of BESD as 'typically developing' yet watched them behave inappropriately, which then led to them blaming parents for not being 'in control' of their children. This reinforces how blame and stigma are not distinct entities (and consequently difficult to compartmentalise). Nevertheless, the pressure reported by parents of children with the label of BESD due to the invisibility of their 'conditions' reiterates much previous investigation (Francis, 2012; Thornicroft, 2006; Harborne et al, 2004; Crawford and Simonoff, 2003).

Additionally, several parents of children with the label of BESD identified the perception that pressure would *decrease* if their children had visible SENs, often expressing a desire for this;

> *Bethany* ('with the label of BESD'):* no one wants anything wrong with their child but sometimes I wish he had more of a physical disability than what he's got because at least people would see there was something wrong, because people look at Isaac* and he looks perfect, he looks perfect in every way

Here, *Bethany** evidently deemed her son's "perfect" physical appearance to negatively influence the reactions of others when her son (frequently) behaved inappropriately. This was supported by practitioners in BESD schools, as well as parents of children with visible SENs (some in the 'without the label of BESD' and 'visible SENs and perceived socially inappropriate behaviour' sub-groups), who perceived their children's visible SENs to reduce pressure and stigma;

> *Rebecca* ('without the label of BESD'):* it's obvious visually and that's why I don't get reproachable looks because they think she can't help making a noise but another child [with no visible SEN] might get a tut

> *Rachael* ('visible SENs and perceived socially inappropriate behaviour'):* people expect his behaviour to be a bit erratic…because it's visible
>
> *Lorraine* (PMLD practitioner):* a visible condition almost excuses parents

A particularly interesting example of this was when *Rachael** (*'visible SENs and perceived socially inappropriate behaviour'*) stated how she felt "lucky" that her son had a visible SEN, despite his severe disabilities and health problems.

Nonetheless, it is important to acknowledge that parents identified the 'benefits' of having children with 'invisible' SENs when they behaved appropriately in terms of reducing parental pressure (supported by Gray, 1993);

> *Sarah* ('with the label of BESD'):* if he's behaving well you wouldn't know there was anything at all wrong
>
> *Ian* ('with the label of BESD'):* in the public domain you can't tell there's anything wrong with Oliver*…at a first glance he's just a normal boy

In other words when children with invisible SENs behaved appropriately, they were deemed to be viewed by society as 'typically developing' children and did not attract attention. This again identified the combined influence of SEN visibility, evidence of perceived socially inappropriate behaviour and perceived controllability on the experiences of parental pressure (and stigma).

Finally, the *age* of children with SEN was also considered with regards to pressure experienced by parents. Several parents of children with the label of BESD indicated that parental pressure increased (or would increase) as their children got older;

> *Sarah* ('with the label of BESD'):* he's sixteen now and as he's got older and you know age appropriate and all those things become much more of an issue, and the sense of it being my responsibility become much, much harder
>
> *Hannah* ('with the label of BESD'):* when he's three, four, you get that 'oh well', so we're still living in the rainbow of cuteness believe me they're losing it and I'm thinking crap [laughs]

This was consistent with previous research which highlighted how parental pressure and negative reactions from others increased as children got older (Hubert, 2010; Koro-Ljungberg and Bussing, 2009; Ryan, 2005). On the other hand, Gray (1993) reported that parents of children under the age of twelve felt *more* pressure and stigma than parents of older children. However, this appeared to be linked to parental de-sensitisation and emotional detachment to the responses of others over time (as suggested by Ryan, 2010 and Gray, 2006; 1993).

This section has explored the influence of SEN visibility, perceived controllability, evidence of inappropriate behaviour and the age of children, on the intensity of pressure experienced by parents. However, a further finding was that practitioners also reported feeling under pressure about ensuring pupils with SEN behaved appropriately, although the perceived nature of this pressure varied based on the type of school setting that they were employed at. This is explored in section 5.3.2 below.

5.3.2 Perceived practitioner pressure about ensuring children with SEN behaved appropriately; differences between mainstream and special school settings

All practitioners employed in *mainstream* schools reported that they experienced much pressure about ensuring that their pupils behaved appropriately;

> *Jackie* (mainstream practitioner):* you get pressure from everywhere really, anyone coming into the class to observe, you can say well this child has SEN but if you haven't got support in the classroom and sometimes you don't, that classroom is still expected to run smoothly

> *Christine* (mainstream practitioner):* when you're getting nearer to year five and year six, and SATs are coming into the equation you don't want the child that you're supporting distracting anybody else

Conversely, as all mainstream practitioners interviewed had SEN responsibilities, they talked of the additional pressure that this placed on them as they were wrongly deemed to be responsible for *all* SEN-related issues by their colleagues;

> *Elaine* (mainstream practitioner):* when you put strategies in place and things are getting difficult they do turn to me and say what's happening with this child, what can we do, and you do feel some pressure that you've got to do something

> *Jackie* (mainstream practitioner):* you also get it off other colleagues 'so and so is driving me round the twist, what are you going to do about it?'

> *Bev* (mainstream practitioner):* staff will hand SEN issues over to me when they should be dealing with them

> *John* (mainstream practitioner):* it's a bit of pass the buck, pass responsibility, you're the SENCo I want you to deal with it

This supports previous research (Strogilos et al, 2012; Burton and Goodman, 2011; Szwed, 2007; Frankl, 2005; Lingard, 2001), and highlighted that pressure on practitioners may have stemmed from the key focus on pupil attainment and behaviour in mainstream schools particularly (Carter-Wall and Whitfield, 2012; Harris, 2008), as considered earlier. This resonates with models of disability; the colleagues that practitioners spoke of appeared to be problematically embedded within the medical model of thought. Pupils with SEN were expected to 'fit' within (what the social model refers to as) the structural and attitudinal constraints of the mainstream schooling system. When they did not, pressure was put on those deemed to be responsible (in this case, specialist SEN staff) to address the 'problem' (the child), in order to prevent further disruption in the classroom (supporting Lalvani, 2012; Runswick-Cole, 2011; Ho, 2004; Davis and Watson, 2001).

The pressure that mainstream practitioners reported contrasted strongly with the experiences of practitioners employed in special schools (mainly BESD schools), many of whom stated that they did not feel under any pressure about ensuring that their pupils behaved appropriately. Although it is important to reiterate that behaviour viewed as appropriate in one setting, such as BESD schools, may not be deemed appropriate in mainstream settings, this finding was interesting considering pupils attending BESD schools were deemed to display extremely challenging behaviour. The reason for this lack of perceived pressure could have been due to lowered practitioner expectations of behaviour from pupils with the label of BESD, in other words expectations that they would behave inappropriately regardless of practitioner practice (which links back to labels lowering practitioner expectations as indicated in chapter 4). However, practitioners employed in BESD schools actually identified that they did not feel under pressure regarding pupil behaviour due to having *high* expectations that pupils would behave appropriately;

> *Steven* (BESD practitioner):* it's about appropriate social behaviour, we expect appropriate behaviours…but I wouldn't say we feel under pressure…it's not a pressure it's more of an expectation of what we want from them, and the kids know what's expected
>
> *William* (BESD practitioner):* I have very high expectations…because I have total faith, not just in the staff team but in the kid team
>
> *Daniel* (BESD practitioner):* I set a higher standard of expectation than they would have in the mainstream, erm I do that through behavioural expectations in school

Here *Daniel** stated that he experienced little pressure as expectations of appropriate behaviour, and actual behaviour, were higher in comparison to mainstream. On the contrary, it is crucial to acknowledge that four practitioners employed in BESD schools did identify that they felt under pressure. However, this pressure was linked to ensuring that pupils with the label of BESD were prepared for life after compulsory education, and that they acquired appropriate social skills;

> *Jean* (BESD practitioner):* we're very aware of the fact that we've got to teach them those skills for the future, we've got to teach them how to get on a bus and travel somewhere without effing and jeffing and causing mayhem, and how to go to the shop and buy things without *stealing*, you know we've got to give them those skills
>
> *Daniel* (BESD practitioner):* if they can't make something of themselves here, no other school is gonna take them, no employer will take them, college won't take them, so that places a lot of pressure on us really

These pressures reflected the additional responsibilities perceived to be experienced by practitioners employed in BESD schools, and how practitioners often felt that they had to take on extra roles with regards to developing pupils' social skills due to a perceived lack of parental responsibility, as supported by McGregor and Mills (2011) and the Centre for Social Justice, 2011 (also discussed previously in chapter 4). This is an essential area for practitioners employed in BESD schools to focus on, due to suggestions that pupils with the label of BESD may struggle to fit into mainstream society post-16, with few qualifications and low aspirations (O'Riordan et al, 2011b; Farrell and Polat, 2003). Nevertheless, this evidently increased perceived pressure on practitioners employed in BESD schools.

The next, and final, section of this chapter explores a more emotional theme which parents discussed; the perceived gradual journey towards accepting that their children had an SEN.

5.4 The journey to parental acceptance

Here parental acceptance of their children's SENs will be considered. This issue was not discussed during practitioner interviews, as it was obviously not identified as a matter of significance for them. The parent super-ordinate themes identified were as follows;

'With the label of BESD'	**'Without the label of BESD'**	**'Visible SENs and perceived socially inappropriate behaviour'**	**'Classic ASD'**
Stigma 4: Parental difficulty accepting their children's perceived BESD at first; gradual acceptance	**Stigma 3:** Gradual acceptance	**Stigma 4:** Parental difficulty accepting their children's visible SENs and perceived socially inappropriate behaviour; gradual acceptance	**Stigma 3:** Parental difficulty accepting their children's ASD at first; gradual acceptance

5.4.1 Perceived denial, grief and gradual acceptance; '*although I knew something was wrong you try and deny it'*

Parents talked of what the data led me to recognise as a journey to parental acceptance; experiencing denial and resistance towards their child's SEN, followed by grief and 'devastation', gradually resulting in acceptance. Although supporting much previous literature (Rogers, 2007; Russell, 2003; Bruce and Schultz, 2001; Case, 2000), this is very much in line with a medical model of thinking whereby parenting children with SEN is deemed to be an undoubtedly tragic event (Goodley and Runswick-Cole, 2012a; Fisher and Goodley, 2008). These findings should therefore also be considered in line with how parents disliked the pitying attitudes of others (as considered previously in section 5.2.1), and actively rejected perceptions that parenting a child with an SEN was tragic. This recognises the importance of acknowledging the move away from grief and bereavement discourses when considering disability and diagnoses, towards the affirmation model (Swain and French, 2000), as highlighted by previous literature (Goodley and Runswick-Cole, 2012a; Runswick-Cole, 2010; Fisher and Goodley, 2007).

Difficulty accepting their children's SENs at first was reported to be an issue by many parents in all sub-groups, regardless of the perceived nature of their children's SENs. Parents frequently discussed how they were primarily in denial about their children's SENs, and were resistant to accepting the SEN;

> *Tracey* ('with the label of BESD'):* although I knew something was wrong you try and deny it
>
> *Catherine* ('visible SENs and perceived socially inappropriate behaviour'):* part of my brain knew that there was something seriously wrong, and part of my brain didn't want to believe that there was something seriously wrong…we still thought no she will improve, and we embarked on all sorts of different programmes and paid lots of money to different places to brain train and stuff like that you know to try and make her better [laughs]…with hindsight you look and think what were you doing
>
> *Leanne* ('classic ASD'):* you don't want to acknowledge that it's a big thing…I used to think oh one day he'll wake up and he'll be alright

Here it can be seen that parents reported being in denial about their children's SENs due to expectations that they would have a 'typically developing' child, and the SEN was therefore not expected. Previous research in this area has indicated that denial can ease the shock of unexpectedly parenting a child with SEN (Rogers, 2007; Case, 2000; Seligman and Darling, 1997). Parental denial regarding their children's SENs often involved them discussing denial about how severe their children's difficulties were, and consequent resistance (at first) towards special school provision;

> *Kelly* ('visible SENs and perceived socially inappropriate behaviour'):* if you'd have asked me when she was three she would never have gone to special school… we'd looked at various special schools in the area, we really wanted mainstream at that time, and our thinking was oh the one with moderate learning disability surely she's not as *bad* as that
>
> *Catherine* ('visible SENs and perceived socially inappropriate behaviour'):* when we went to the special school for severe learning difficulties our impression was oh Lord she's not this bad which is terrible

*Kelly** and *Catherine** reported denial regarding how 'severe' their children's difficulties were, which led to denial about their children 'needing' special school provision. Interestingly, *Kelly's** daughter went on to be educated at a special school for children with *severe* learning disabilities, as opposed to the school for moderate learning difficulties which *Kelly** did not believe her daughter was 'severe' enough to go to. Additionally, *Catherine** suggested that even a school for children with severe SENs was not appropriate for her daughter, and instead had opted to educate her at a residential special school.

However, parents also talked of the subsequent devastation and grief that they felt regarding their children having an SEN;

> *Ian* ('with the label of BESD'):* we grieved for the child we thought we were going to have
>
> *Catherine* ('visible SENs and perceived socially inappropriate behaviour'):* I just feel sad for her and for us as a family, 'cause it is like, it's like we've lost a child really 'cause she certainly isn't the child we imagined we would have

> *Rachael* ('visible SENs and perceived socially inappropriate behaviour'):* we were devastated really, it was a real shock, real shock
>
> *Sandra* ('classic ASD'):* it felt like somebody said he's got cancer and he's got six months to live, it was absolutely devastating, it broke my heart

These comments suggested that parents moved away from denial, and began to acknowledge the shock that their children with SEN did not meet their expectations, as they expected to have 'typically developing' children. Within these comments was the parental perception that with recognition of their child's SEN came grief for the child they expected to have, as if their expected child had actually died. This parental grief supports a vast amount of previous research, with indications that expectations of becoming a parent, namely parenting a 'normal' child, were shattered (Rogers, 2007; Hess et al, 2006; Duncan, 2003). However, these feelings were gradually replaced by acceptance;

> *Tracey* ('with the label of BESD'):* I've had to accept it, it's *hard*
>
> *Hannah* ('with the label of BESD'):* it was gradual with him that I *accepted* it…it's very *slow*, there's no defining moment

*Hannah** identified here that parental acceptance of their children's SENs was a gradual process, potentially involving passing through the stages of denial and grief first (supporting Rogers, 2007, Hess et al, 2006, and Russell, 2003).

Nevertheless, as mentioned above (highlighted by Runswick-Cole, 2010 and Fisher and Goodley, 2007), it is important to ensure that discourses of grief and bereavement are not over-emphasised. The following responses reinforced how parenting a child with SEN was not, and reportedly should not, be perceived to be "tragic" (Goodley and Runswick-Cole, 2012a, p. 55; Swain and French, 2000);

> *Kelly* ('visible SENs and perceived socially inappropriate behaviour'):* as much as some of it is negative, she's a bubbly little girl and I love her to pieces

> *Hannah* ('with the label of BESD'):* they're my kids and I love them, I quite honestly see regular kids around me and quite frankly they're *crap*, and I think I'd have mine any day over your crap kids [laughs] mine might have a label but they're gorgeous, they're beautiful, no they might not say Mummy I love you, Mitchell* beats me up and says Mum we don't need you, but it's just how he is…so I look at my family and think I love it the way it is, I wouldn't change it for the world

> *Abby* ('classic ASD'):* I don't think people understand that, bizarrely, I actually quite like my child with special needs, in fact I love him more than life itself so it's like, to me it's wonderful, it's just the best thing in the world, it's great, I mean alright it's exhausting and hard work and emotional, but he's just amazing

5.5 Summary of findings regarding stigma

This chapter has explored the findings elicited during interviews with parents and practitioners, in relation to stigma. Firstly, several parents of children with the label of BESD, and practitioners employed in BESD schools, suggested that their children were stigmatised by mainstream practitioners and 'unwanted' in mainstream schools. This evidenced the exclusionary, structural barriers apparent within the schooling system. This contrasted with the perceptions of mainstream practitioners themselves, as well as with several parents of children with labels of SEN other than BESD, who viewed these children as frequently receiving *preferential* treatment (such as receiving assessment and support quickly). This was a source of frustration for several parents of children with labels of SEN other than BESD, who viewed their children's needs as being overlooked.

Furthermore, differential treatment was perceived to be experienced by parents, although the perceived nature of others reactions were reportedly influenced by three key factors; perceived controllability of the SEN, SEN visibility, and evidence of perceived socially inappropriate behaviour. For example, parents of children with the label of BESD reported experiencing enacted stigma from the general public and friends due to the perceived challenging (and often aggressive) behaviour displayed by their children. The 'invisibility' of BESD was also viewed as reinforcing negative reactions, due to the lack of visible cues available to explain this perceived socially inappropriate behaviour. This was in contrast with the pity and sympathetic attitudes that parents of children with labels of SEN other than BESD reported experiencing, which were heavily disliked due to connotations of disability being 'tragic'. The visibility of many of these children's SENs led to perceptions of pity and sympathy towards their parents, as opposed to stigma, because the visible evidence that the child had an SEN provided an explanation for the perceived socially inappropriate behaviour. Nevertheless, the experiences of parents with children with 'classic ASD' questioned the perceived clear influence of visibility and perceived socially inappropriate behaviour on reactions towards their parents, although due to the small sample of parents this was not able to be explored further.

Perceived differential treatment, often involving losing friends, led to some parents deliberately seeking friendships with those who were also parents of children with SEN. This was due to the perception that these friends would be more understanding and supportive. However, other parents actively rejected friendships with other parents of children with SEN, predominantly due to not wanting disability to be the foundation of friendships.

In addition to this, courtesy stigma towards practitioners employed in BESD schools was also reported, which was linked to the wider stigma attached to the label of BESD. Another source of frustration for several practitioners was that they were not viewed as 'real' teachers.

Moreover, the following factors also provided insight into experiences of parental pressure; perceived controllability of SENs, visibility of the SEN, and evidence of perceived socially inappropriate behaviour. Parents of children with 'invisible' SENs reportedly experienced much pressure due to there being no visible excuses for their children's perceived socially inappropriate behaviour. I also highlighted how practitioners talked of experiencing pressure regarding pupils with the label of BESD, although this pressure varied based on the setting in which practitioners were employed at. Finally, I highlighted how parents perceived themselves to go through a process of denial, grief and gradual acceptance of their children's SENs, although the need to move away from a discourse of bereavement was also acknowledged.

Overall SEN visibility, perceived controllability, evidence of perceived socially inappropriate behaviour and the age of children with SEN framed experiences of the perceived nature of differential treatment and intensity of pressure for parents and practitioners. The next chapter, chapter 6, takes a similar structure to this chapter, and considers key findings in relation to the third concept under exploration; *home-school partnership.*

Chapter 6: Home-School Partnership Findings and Discussion

The previous chapter discussed the key findings identified with regards to stigma. This chapter will explore issues of significance considered by parents and practitioners during interviews, in specific relation to the third concept under investigation; *home-school partnership*. As a reminder, the research question investigated in relation to partnership is detailed below;

3	How do parents of children with SEN (both with and without the label of BESD) and educational practitioners, perceive and experience socio-emotional aspects of home-school *partnerships*?

Within this chapter, I firstly affirm that factors influencing social class of parents, as opposed to the perceived nature of their children's SENs, appeared to have an impact on their role in terms of partnership with practitioners. However, it is important to remind the reader at this stage about required necessary caution regarding my interpretations of the social class of participants, and the challenges which surround exploring social class issues. The expertise that working-class parents had about their children was perceived to be undervalued by practitioners, whilst middle-class parents felt viewed as experts (although caution is advised regarding generalisation of these findings due to my small sample of middle- and working-class parents).

In addition to this, I demonstrate that the perceived effectiveness of home-school partnerships was deemed to be affected by practitioner approachability and trustworthiness, as well as head teacher approaches to SEN and partnership matters.

This indicated that developing home-school partnerships was perceived to lie, in part, in the hands of head teachers. Finally, this chapter concludes by sharing evidence which suggested that practitioners withheld information from parents about their children, although practitioners indicated that this was to prevent parental misinterpretation or disengagement. These issues address the above research question.

There are three sections in this chapter, which consider three key ideas;

Concept	Details of sections and key ideas
Partnership (chapter 6)	4. Varying roles of parents; the perceived influence of social class (section 6.1) 5. Varying effectiveness of home-school relationships: the perceived influence of practitioner approachability and trustworthiness (section 6.2) 6. Practitioners perceived to withhold information from parents (section 6.3)

6.1 Varying roles of parents; the influence of factors implicated in social class

This section considers the following parent and practitioner super-ordinate themes (to see all super-ordinate themes please re-visit Tables 4.1 and 4.2 in 'findings overview');

'With the label of BESD'	'Without the label of BESD'	'Visible SENs and perceived socially inappropriate behaviour'	'Classic ASD'
Partnership 1: The influence of factors implicated in social class on whether	**Partnership 1:** Parental knowledge perceived to be valued, the influence of factors	**Partnership 1:** Parental knowledge perceived to be undervalued; the	**Partnership 1:** Parental knowledge perceived to be valued; the influence of factors

parental knowledge was perceived to be valued	implicated in social class	influence of factors implicated in social class	implicated in social class

This section identifies the apparent impact of factors influencing social class, as opposed to the perceived nature of children's SENs, on perceptions of whether parental knowledge was valued (supporting the research of Reynolds, 2005 and Reay, 2000), which contrasted with ideas put forward by Fylling and Sandvin (1999). As discussed in my methodology chapter, the social class of participants was determined by parental occupation and housing (similar to Francis, 2012, as considered in chapter 3), although caution is required with my subjective interpretations here.

6.1.1 Parents of children with the label of BESD; the impact of factors influencing social class on whether parental knowledge was valued

Three parents of children with the label of BESD participating in this study were deemed to be working-class, whilst the remaining four parents of children with the label of BESD were middle-class. The social class of these participants is essential to identify as it appeared to frame how parents felt perceived by practitioners in terms of their partnership role (although the very small amount of working- and middle-class parents participating in this study must also be kept in mind). For example, the three working-class parents of children with the label of BESD *(Melanie*, Tracey** and *Bethany*)* proposed that practitioners did not listen to the knowledge that they had regarding their children;

> *Melanie* ('with the label of BESD'):* they pass you onto a parenting team and then they do sessions with you, not with the child it's more with me, the parents, and then I had to go on the parenting courses…and they didn't think I had anything important to say to them, like ideas or anything

> *Bethany* ('with the label of BESD'):* I said there was something wrong with Isaac* from being three years old, I work with children, I've got qualifications with children, I told them at age three Isaac* had BESD, no one listened to me…so I've gone from three to nearly eight years old saying something was wrong with him, but it's not been listened to
>
> *Tracey* ('with the label of BESD'):* I just want the same rights as everybody else has got about his education, but they just don't listen to what I've got to say…I can tell them more or less anything, whether they listen is another matter

Working-class parents experiencing difficulties with partnership supports a vast amount of previous literature (Aldridge et al, 2011; Macleod, 2008; Reynolds, 2005; Lacey, 2001; Reay, 2000), and has parallels with the Expert Model of partnership considered by Dale (1996). The undervaluation of parental knowledge was also implied by the vast majority of practitioners employed in BESD schools, as well as several mainstream practitioners. It appeared that practitioners were referring to working-class parents of children with the label of BESD, due to their frequent references to a constellation of social disadvantages. These practitioners perceived parents of children with the label of BESD to be part of their children's difficulties, who required support and instruction to address their 'inappropriate' parenting skills (having links with blame considered earlier), and were not perceived to have relevant knowledge to share. A deficit discourse was heavily evident throughout practitioner responses when considering the partnership role of parents of children with the label of BESD;

> *Elaine* (mainstream practitioner):* we have parents coming in saying 'what do I do'
>
> *Jean* (BESD practitioner):* I've had a Dad only recently crying and saying 'teach me how to be a Dad, I was in care myself, I don't know how to do it'…you have to slowly try and teach them that what they are doing isn't quite right

> *Steven* (BESD practitioner):* a lot of our parents will pick up the phone to us and say 'this has happened, what do you think I should do?'
>
> *William* (BESD practitioner):* at the weekends we're out in the homes working with parents and possibly teaching them how to parent better in the nicest possible way

Looking closer at the above quotes, practitioners appeared to be referring to the perceived inadequate perceived nature of these parents' skills and abilities, due to the economic and social pressures that these families were experiencing. Practitioners were subsequently focused on 'treating' the needs of the parents as well as their children, with parents being viewed as part of their children's difficulties. There was a heavy emphasis on teaching parents of children with the label of BESD to be 'better' parents (again identifying links with parental determinism discourses); similar to teaching their pupils to become good citizens, and therefore the perceived role of parents was comparable to children. On the other hand, these practitioner attitudes appeared to be well-meant; practitioners reported being committed to supporting parents of children with the label of BESD, frequently out of school time, with the intention that this would consequently help to address the perceived difficulties of children with the label of BESD.

The considerable value placed on professional knowledge, and consequent undervaluation of parental knowledge, is a view highlighted in an overwhelming wealth of previous literature (Lamb, 2009; Runswick-Cole, 2007; Hess et al, 2006; Norwich et al, 2005; Lindsay and Dockrell, 2004; Duncan, 2003; Edwards and Warin, 1999). For example, research has indicated that professionals dismiss parental knowledge (Hodge and Runswick-Cole, 2008; Lake and Billingsley, 2000), and are able to do so due to their power, authority and control (DfE, 2011a; Reynolds, 2005;

Case, 2000; Dale, 1996), which parents feel unable to challenge (Warin, 2009; Harris and Goodall, 2008; Cole, 2007; Todd, 2000; Armstrong, 1995). This is despite Feiler et al (2008, p. 15) identifying that "parents have a deep and intimate knowledge about their children"; a valuable source of information which professionals are unable to access other than via parents. The disproportionate concentration on professional knowledge more generally can also be applied here. For example, research has indicated a similar undervaluation of *patient* knowledge in doctor-patient relationships (Dale, 1996).

Contrasting to this, the remaining four parents of children with the label of BESD in this study (*Hannah**, *Sarah**, *Ian** and *Michelle**, middle-class) frequently implied that their knowledge was valued by practitioners, as well as in some cases in relation to the actual SEN system;

> *Hannah* ('with the label of BESD'):* I've guided [mainstream practitioners] through all the paperwork, I've told them how to apply for the SEN
>
> *Ian* ('with the label of BESD'):* we are very, very clued up you know…we are clued up more than [practitioners] are, I'm not saying we could teach, far from it, but we're more clued up on Oliver*…they're not experts on Oliver*…they have bent for what we've said, the head teacher is a humanist, he wants to give autonomy, he wants us to be in charge

*Hannah's** response refers to what could be seen as an extreme case, in that she perceived herself to take the lead during the assessment process as opposed to the school. Factors influencing social class were again important to highlight here, as it was interesting (acknowledging sample size limitations) that parents of children with the label of BESD who felt perceived as experts were all of middle-class. The perception of middle-class parents as experts or partners in relation to their children's education is a common one, and is linked to the shared discourse that these parents may have with practitioners (Gillies, 2006; Keyes, 2002; Desforges and Abouchaar, 2003; Browne, 1992). However, these parents having children with the label of BESD contrasted with the work of Fylling and Sandvin (1999), who indicated that the knowledge of parents with children with behavioural difficulties was undervalued. Factors influencing social class (as opposed to the perceived nature of children's SENs) also appeared to affect the experiences of parents in the remaining three sub-groups; 'without the label of BESD', 'visible SENs and perceived socially inappropriate behaviour' and 'classic ASD'. The experiences of these parents are considered in the following section.

6.1.2 Parents of children 'without the label of BESD', 'visible SENs and perceived socially inappropriate behaviour' and 'classic ASD'; the influence of factors implicated in social class on whether parental knowledge was valued

With regards to the remaining three parent sub-groups (thirteen of which were middle-class and just two were working-class), middle-class parents discussed how they felt viewed as experts by practitioners regarding their children and their consequent perceived difficulties;

> *Janet* ('without the label of BESD'):* [Practitioners] ask me for my input, I think they look at me differently and sort of a case of well actually they're taking me seriously and thinking I'm not going to be one to just sit back…I've said you know unfortunately at the moment you're *not* meeting my expectations
>
> *Sandra* ('classic ASD'):* oh yes they completely take on what I've got to say about his needs and everything…I think they're a little bit intimidated that I'm an autism lecturer
>
> *Lauren* ('without the label of BESD'):* I requested that they got him assessed, and so they said 'what makes you think he's dyslexic?' so we talked it through

> and said 'yes, we understand', they listened to where I was coming from and so they got the ball rolling and he now has a diagnosis

*Janet** and *Lauren's** responses appeared to resonate with Dale's (1996) Negotiation Model of partnership, where parental and practitioner knowledge was shared, and differences in opinion were highlighted and resolved, in order to reach a joint decision (also supportive of Epstein, 1995). However, *Sandra's** comment implied that practitioners viewed her as an expert on her son's difficulties due to her *professional* knowledge of ASD, as opposed to viewing her as an expert solely because she was the parent. This again indicated that professional expertise, rather than parental expertise, may have been more highly valued by practitioners.

On the other hand, although it was evident that many middle-class parents felt that their knowledge of their children was valued by practitioners, I had reservations about other parents who self-identified as 'experts'. For example *Rebecca**, whose daughter had been given the label of Severe and Profound Learning Difficulties, insisted that she was an "equal partner" and viewed as an expert on her daughter's needs by practitioners;

> *Rebecca* ('without the label of BESD'):* [Practitioners] always ask the parent like is there anything we want Ellie* to work towards, is there anything we want to add about her…yeah, yeah oh yeah, you're on an equal partnership

Here *Rebecca** stated that she could identify any goals she would like her daughter to work towards, which the school would focus on. However, she did not go on to give any examples of this actually occurring. Her expert role was also questionable due to the following statement that she made later in her interview;

> *Rebecca* ('without the label of BESD'):* the teachers are brilliant they know their stuff, and obviously they know Ellie* very well because she's been there from such a young age so they've seen her develop, and they know what she needs to work towards, yeah they know their stuff

The emphasis here on teachers "know[ing] their stuff" illustrated *Rebecca's** respect towards their professional expertise. No mention was made about practitioners recognising her own expertise. However, a key aspect of this quote was when *Rebecca** identified that practitioners knew what her daughter "needed to work towards" in relation to her development. This contradicted *Rebecca's** earlier quote where she indicated that she was an active decision-maker regarding her daughter's developmental goals, as in the above statement it appeared that these decisions had already been made by practitioners. There were evident parallels here with the Transplant Model of partnership discussed by Dale (1996), where parents are deemed to play a part in decisions regarding their children (but predominantly in terms of providing feedback on the success of interventions), yet control is retained by practitioners. This indicated that parents may have wanted to believe, or were made to believe by practitioners, that they were experts on their children and their consequent difficulties but in reality were undervalued.

On the contrary *Kelly** and *Rachael** ('visible SENs and perceived socially inappropriate behaviour' sub-group), the only two working-class parents from these three remaining parent sub-groups, both indicated that their knowledge was underappreciated, and did not feel listened to by practitioners;

> *Kelly* ('visible SENs and perceived socially inappropriate behaviour'):* I told them there was a Down's Syndrome course, it wasn't far and I said could the teaching assistant go on it, and they said the money would be better spent elsewhere, they weren't really interested in my ideas, they weren't really interested in what I had to say about Sally* full stop, so that was quite frustrating, it happens all the time, I don't think they're really interested in what I've got to say

> *Rachael* ('visible SENs and perceived socially inappropriate behaviour'):* I should really have more of a voice but I don't, I don't really feel that their interested in what I've got to say about his difficulties

This again identified the (tentative) influence of factors implicated in social class on the roles of parents, as opposed to the influence of the perceived nature of children's SENs. *Kelly's** response highlighted her frustration at not being listened to by practitioners, once again referring to the undervaluation of working-class parental knowledge. However, this was subtly different to how practitioners viewed working-class parents of children with the label of BESD; although working-class parental knowledge was undervalued regardless of the perceived nature of their children's SENs, the parenting skills of those with children with the label of BESD were also viewed as inadequate and perceived via deficit discourses by practitioners, influencing their perceived role.

The following section considers the influence of practitioner approachability, trustworthiness and a lack of conflict on the effectiveness of home-school partnerships.

6.2 Varying effectiveness of home-school partnerships; the perceived influence of practitioner approachability and trustworthiness

The super-ordinate themes discussed in this section are identified below;

'With the label of BESD'	'Without the label of BESD'	'Visible SENs and perceived socially inappropriate behaviour'	'Classic ASD'
Partnership 2: Varying effectiveness of home-school relationships; the perceived importance of practitioner approachability and trustworthiness	**Partnership 2:** Varying effectiveness of home-school relationships; the perceived importance of practitioner approachability and trustworthiness	**Partnership 2:** Varying effectiveness of home-school relationships; the perceived importance of practitioner approachability and trustworthiness	**Partnership 2:** Overall effective home-school relationships

Mainstream School Practitioners	Special School Practitioners
Partnership 1: Overall effective relationships with parents of children with SEN; perceived importance of practitioner approachability and trustworthiness	**Partnership 1:** Overall effective relationships with parents of children with SEN; perceived importance of practitioner approachability and trustworthiness

6.2.1 Perceived effective home-school partnerships; *'we've tried to work together for the best outcomes'*

Overall, fourteen parents (not exclusive to any parent sub-group) identified that they had effective home-school relationships with some (but not all) practitioners supporting their children;

> *Ian* ('with the label of BESD'):* our relationships with teachers have been good on the whole
>
> *Janet* ('without the label of BESD'):* Miss C* was fantastic in year three, she was really, really good…Miss C* was very in tuned with ourselves as a family
>
> *Catherine* ('visible SENs and perceived socially inappropriate behaviour'):* me and some of the teachers have had a good rapport…we've tried to work together for the best outcomes…it's mostly very good
>
> *Louise* ('classic ASD'):* I've got a very positive relationship with George's* teacher, he's been with the same teacher for two years and she's an excellent teacher

Effective home-school partnerships were also discussed by practitioners employed in mainstream and special schools;

> *Christine* (mainstream practitioner):* on the whole, by and large, the relationships are very, very good…we're all operating in the same way, the same system, and fantastic support both ways
>
> *Lorraine* (PMLD practitioner):* very, very good relationships with our parents…really good relationships and good systems in place for our parents
>
> *Daniel* (BESD practitioner):* I think we have very good relationships with parents because they know that we care, they know that my staff will do their very best and that we stick with them

These positive findings firstly indicated that effective relationships in these cases were not solely experienced by certain groups of parents with children with SEN, suggesting that the *perceived nature* of children's SENs was not a key influencer on the success of partnerships regarding parents and practitioners interviewed. These parental responses were reassuring, considering a vast amount of previous literature has concentrated on the conflict experienced between parents of children with SEN and practitioners (DCSF, 2010; Cole, 2007; Hess et al, 2006; O'Connor et al, 2005; Duncan, 2003). Furthermore, it was also encouraging that parents of children with the label of BESD reported forming positive relationships with (at least some) practitioners, despite reportedly experiencing blame. And so this raised the following question; *what factors were perceived to influence the effectiveness of home-school partnerships?* In these cases, parents and practitioners considered the following socio-emotional factors to be of importance; head teacher approaches to SEN and partnership matters, practitioner approachability and practitioner trustworthiness. These factors are explored below.

6.2.2 Factors perceived to influence the effectiveness of home-school partnerships; head teacher approaches to SEN, practitioner approachability and practitioner trustworthiness

Interestingly, an apparent key factor influencing parental satisfaction with home-school partnerships (as opposed to the perceived nature of SENs having an influence) related to whether the head teachers of the schools their children attended were viewed positively. In other words, parents who reported effective home-school collaboration were extremely positive about the head teachers of their children's schools;

> *Sarah* ('with the label of BESD'):* the head master's philosophical approach to the whole thing I find very erm refreshing...he seems to be much more erm open to discussion and I think that's why I've found him really good
>
> *Lauren* ('without the label of BESD'):* the head teacher has been fantastic, he really is a good head...he really encouraged partnership to take place, and he's got an open door policy...he's fantastic, he's really good
>
> *Adele* ('without the label of BESD'):* the head teacher is absolutely fantastic
>
> *Abby* ('classic ASD'):* the head teacher is inspirational she really is, I mean she just goes above and beyond what you need, and that reflects on the other staff

These responses suggested that the head teacher approach to, and value placed on, SEN and partnership matters were perceived to influence the whole-school approach to these issues. This therefore indicated that developing effective home-school partnerships between parents of children with SEN and practitioners potentially lay in the hands of head teachers; a 'top-down' approach. The implications of this finding, including the additional pressures that this may place on head teachers (as highlighted by Tucker, 2010), are discussed in chapter 8.

Furthermore, practitioner approachability and trustworthiness were also highlighted by parents and practitioners themselves as important factors for developing successful partnerships;

> *Tara* ('without the label of BESD'):* I can walk into that school anytime I want and go into his classroom, they'll let you in, they've got absolutely nothing to hide
>
> *Catherine* ('visible SEN and perceived socially inappropriate behaviour'):* they've got an open door policy at the school, they're really flexible about meeting… they're really good about that, every teacher she's had has been like that
>
> *Janet* ('without the label of BESD'):* I trust [practitioners] to do their best, I trust that they have the boys' best interests at heart
>
> *Elaine* (mainstream practitioner):* making yourself available to talk to parents is important, you've got to be approachable
>
> *Jackie* (mainstream practitioner):* the most important thing is to try to build a relationship between you and the family to one of trust and frankness
>
> *Jean* (BESD practitioner):* when parents get to know you and they know that they can trust you, that's when a relationship develops but it takes time, it does take time for them to trust you

The effectiveness of home-school partnerships therefore appeared to be dependent on the approaches of practitioners. That is to say, practitioners needed to convey approachability and trust in order to build rapport with parents; factors which perhaps did not need to be reciprocated by parents themselves. This therefore questioned the phrase 'partnership' and whether mutual reach (Warin, 2009) between parents and practitioners was occurring, considering parent-school relations were heavily influenced by the approaches of practitioners. However, parents may not have needed to appear trustworthy as practitioners had less emotional investment in the situation. In other words, practitioners were not dependent on the trust of parents to carry out their job or engage with them, whereas much more was at stake for parents; the education and well-being of their children. In addition to this, parent-teacher pairings occur by assignment as opposed to choice (Poulou and Matsagouras, 2007; Keyes, 2002), and initiative must therefore come from the latter. However, it is difficult to establish from these responses what actions or interactions from practitioners actually led parents to trust them, other than practitioners 'needing' to be available and approachable. This has links with trust (in a similar fashion to empathy) being an elusive yet desirable moral goal (Hinshaw, 2007).

Nevertheless, this finding also supports much previous literature which has highlighted the importance of practitioners conveying approachability and trust (Centre for Social Justice, 2011; Hodge and Runswick-Cole, 2008; Knopf and Swick, 2007; Hess et al, 2006; Stoner and Angell, 2006; Tschannen-Moran, 2004; Keyes, 2002; Whalley, 1997). For example a US study by Shelden et al (2010), based on interviews with sixteen mothers of children with SEN, indicated that mothers placed much trust in teachers when they were approachable and willing to listen to parental concerns. Additionally, Tobias (2009) identified parental satisfaction when teachers were deemed to be approachable and positive. My findings therefore indicated that practitioners had many (understandable) socio-emotional responsibilities with regards to appearing approachable and trustworthy to parents, in addition to their job pressures. It also reinforced the importance of obtaining both parental and practitioner perspectives when exploring home-school partnerships.

6.2.3 Perceived negative home-school partnerships; *'she's the most vacuous trollop I've ever met in my life'*

On the other hand, nearly a third of parents interviewed (not exclusive to any parent sub-group) identified that they had negative partnerships with some practitioners, and talked of experiencing home-school conflict. The perceived nature of children's SENs therefore did not appear to determine whether home-school conflict would arise;

> *Sarah* ('with the label of BESD'):* one teacher had a totally disciplinarian policy on Carl*, was constantly trying to get him after-school detentions , and so he wasn't getting the support he needed
>
> *Kate* ('without the label of BESD'):* I don't have any respect for the SENCo anyway, she's the most vacuous trollop I've ever met in my life
>
> *Julie* ('without the label of BESD'):* I have so little respect for some of the heads of year that I choose not to engage with them, because I'm likely to get quite rude
>
> *Leanne* ('classic ASD'):* I think it's just a big inconvenience for them, like one teacher in mainstream who was new to teaching she was *horrendous*, she *hated* having him in her class

These statements from parents were clearly negative, talking of a lack of respect and in *Julie's** case leading to her disengaging from working with practitioners; not a positive foundation to build home-school partnerships on. This conflict is widely reported in previous literature (Cole, 2007; O'Connor et al, 2005; Russell, 2003; Paradice and Adewusi, 2002; Case, 2000). Nevertheless, these responses do not provide a detailed insight into the factors that were perceived to lead to a lack of respect towards practitioners. Although conflict did appear to stem from a perceived lack of appropriate support for their children (implied by *Sarah** and *Leanne**), only tentative analyses can be made here.

However interestingly, although practitioners acknowledged that they *had* experienced negative partnerships with some parents of children with SEN, the reasons given by them linked to perceived 'unrealistic' parental expectations of practitioner availability, as well as perceived unrealistic expectations regarding the support available for their children;

> *Joanna* (mainstream practitioner):* parents are fighting the world for their child, and sometimes making demands that services aren't able to provide
>
> *Bev* (mainstream practitioner):* parents have unrealistic expectations of what levels of extra help a child can have
>
> *Jenni* (BESD practitioner):* parents expect you to be available to them twenty four hours a day, and can't understand why you don't answer the phone when they've rung you at half past eight in the evening

Practitioners were again critical of parents, supporting previous literature which has highlighted that parents of children with SEN are often viewed as having unrealistic expectations (Fylling and Sandvin, 1999). This indicated that parents were not fully informed about the support available for their children or practitioner availability, and were not given enough information about funding restraints related to obtaining special educational provision. However, it also suggested, from parental responses, that practitioners were not perceived to have invested enough in socio-emotional exchange with parents. The final section of this chapter demonstrates that practitioners were perceived to be withholding information from parents of children with SEN.

6.3 Practitioners perceived to withhold information from parents

With regards to information exchange, the following parent and practitioner super-ordinate themes were developed;

'With the label of BESD'	**'Without the label of BESD'**	**'Visible SENs and perceived socially inappropriate behaviour'**	**'Classic ASD'**
Partnership 3: Practitioners perceived to withhold information	**Partnership 3:** Practitioners perceived to withhold information	**Partnership 3:** Practitioners perceived to withhold information	**Partnership 3:** Practitioners perceived to withhold information

Mainstream School Practitioners	**Special School Practitioners**
Partnership 2: Practitioners withholding information from parents to prevent misinterpretation or disengagement	**Partnership 2:** Practitioners withholding information from parents to remain professional and to prevent parental disengagement

6.3.1 Parents perceiving practitioners to withhold information from them; *'they all lack honesty'*

Many parents of children with SEN (regardless of the perceived nature of their children's SENs) stated that practitioners withheld information from them regarding their children. This was often related to parents being unaware (at first) of practitioner concerns that their children actually had an SEN, as well as practitioners not perceived to be informing them about their children's negative behaviour and attainment in school;

> *Hannah* ('with the label of BESD'):* they all lack honesty…they're all under strict instructions to only tell us good things about our children…my friend said she saw Aidan* in school and she said Aidan* was in the library, and I said oh yeah he likes books, she went 'well he was climbing along the top of the bookcases' and [laughs] I said was he [laughs] 'cause I've never heard anything like that, school would never tell me
>
> *Ian* ('with the label of BESD'):* any of the issues that happened at school we've never got to hear about them

> *Kate* ('without the label of BESD'):* the SENCo had put him on School Action Plus and hadn't even informed me

The above comments are supportive of previous research whereby practitioners are perceived to hold back information from parents regarding their children (Hodge and Runswick-Cole, 2008; Woodcock and Tregaskis, 2008; Hess et al, 2006; Paradice and Adewusi, 2002). An interesting example of this was when Nichols and Read (2002) found that parents were not aware that their children had been receiving special educational provision until the researchers approached them to participate in their study.

6.3.2 practitioners withholding information to prevent parental disengagement or misinterpretation; *'it's not your place to say it'*

On the other hand, mainstream practitioners *agreed* that they often withheld information from parents of children with SEN. Interestingly, they suggested that this was necessary to prevent parental disengagement, as well as to protect practitioners from making SEN diagnoses which they did not feel they had the appropriate expertise to do;

> *Jackie* (mainstream practitioner):* I've said to parents with children with the label of BESD I'm not going to come to the door every day and say your child's done this, this and this…if a child's got behavioural problems you could reel it off every night to be honest but what's the point of that
>
> *Bev* (mainstream practitioner):* I'm always very careful of saying anything which could be taken as a medical diagnosis of any sort…so I'll say go to your doctor or speak to the school nurse…and also although we record the behaviour issues, we don't tell parents that every day…because otherwise you could be writing notes to parents every day and it can be quite soul-destroying
>
> *John* (mainstream practitioner):* I would never, and neither would any of my teaching staff, say to a parent 'your child has got dyslexia', don't think we can

> say that, what we can say is have you thought about talking to a medical person who can look at that, but I think it's *wrong* for us to say

Withholding information from parents about the possibility that their children had SENs has been referred to in the literature as practitioners preventing "leakage" (Todd and Jones, 2003, p. 233); that is, ensuring that they do not share their honest views and opinions about children's SENs with parents as it is assumed to be inappropriate. These decisions are also deemed to be the responsibility of the medical profession, emanating with the medical model of disability which underpins the concept of SEN.

Practitioner reluctance to share information with parents may have also been enhanced by suggestions that comments made about children's difficulties "remain with parents for years to come" (Goodley and Runswick-Cole, 2012b, p. 10). This is problematic as practitioners hold vital information about the development of their pupils, and therefore may have very important concerns regarding pupils which could be followed up straightaway, but are not immediately shared with parents. Although practitioner concerns about sharing this information were understandable, these mainstream practitioners should have been given more autonomy to identify their concerns.

Nevertheless, *Jackie** and *Bev** identified (see quotes above) that they withheld information from parents about the inappropriate behaviour of their children, to prevent having to constantly share negative information with them. This was reasonable, as it appeared to link to the perceived additional pressure that this could have placed on parents if practitioners were only to constantly share 'bad news'. However *Hannah** and *Ian** (parents of children with the label of BESD) identified above that practitioners rarely shared negative information about their children with them, which they wanted to hear about.

Furthermore, practitioners employed in mainstream schools also highlighted how sharing information could be misinterpreted by parents of children with SEN;

> *Bev* (mainstream practitioner):* parents misinterpret what you say…they hear what they want to hear, or they hear bad stuff because it sticks in their mind, or they pick things out

This reinforced the reluctance that several mainstream practitioners had with regards to sharing information with parents about their children's SENs. Practitioners perceived concerns regarding parental misinterpretation linked back to how mainstream practitioners were reluctant to share concerns regarding the possibility that pupils had SENs.

Withholding information from parents regarding their children's SENs was not a reported issue for practitioners employed in special (particularly BESD) schools, due to it being essential for these pupils to have diagnoses and Statements of SEN before they were able to receive special school provision (due to the medicalised perceived nature of the SEN system). On the other hand, practitioners employed in BESD schools indicated that they often withheld their personal opinions from parents to remain professional. For example, practitioners suggested that they refrained from informing parents of children with the label of BESD that they perceived them to be responsible for their children's difficulties (although clearly parents still felt blamed as considered in chapter 4). They also ceased to engage in this type of conversation with parents who abused or neglected their children, to remain 'professional'. These provided further examples of preventing professional "leakage" (Todd and Jones, 2003, p. 233);

> *Daniel* (BESD practitioner):* there are times when I'm sat here with parents listening to the rubbish that they say and you just want to say really Mum, Dad perhaps you ought to be doing something to help here, I can sit around a table where there might be fifteen, twenty professionals supporting a parent, when what you really want to say is get up, turn the TV off, go and talk to your child…but I have to keep the moral high ground and you can't do that, but there are times when I'd like to
>
> *Jenni* (BESD practitioner):* we've got a pupil at the moment who is on the child protection register…this parent is neglectful, and yet we have to then treat her with the same unconditional positive regard we would anybody else...and when this parent rings up and wants to tell you all the stuff from her point of view, and not take any responsibility for it and blame the kid, that's when it's really hard, but you have to kind of bite your tongue and be professional don't you…you couldn't say it because it's not your place to say it

Practitioners withholding these opinions from parents were understandable; if they were to share them it could have had a negative impact on home-school partnerships. There were viable reasons for perceived practitioner reluctance to share information, namely to prevent parental misinterpretation and disengagement but also to remain professional. Nevertheless, it did suggest that practitioners were once again being conflict-avoidant, perceiving the ongoing home-school relationship to be delicate and therefore adopting a low-risk strategy in an attempt to preserve these relationships. These home-school relations were fragile, with emotions running high, leading to the cautious behaviour of practitioners.

On the other hand, it is also important to highlight that withholding information may happen on both 'sides', with parents also potentially withholding information from practitioners about their children's well-being, behaviour and experiences at home. This therefore reinforces the need for mutual reach, and mutual knowledge exchange.

6.4 Summary of findings regarding partnership

To summarise, factors influencing social class of parents had a perceived impact on whether their expertise and input was valued by practitioners. Parents of children with SEN who were (cautiously) perceived to be working-class indicated that their knowledge was underappreciated, whilst middle class parents frequently perceived themselves as experts. However, although working-class parental knowledge was undervalued, this was taken further with parents of children with the label of BESD whose parenting skills were deemed to be inadequate and discussed via deficit discourses by practitioners.

Additionally, although many parents reported effective home-school partnerships with some practitioners, reiterated by practitioners which was reassuring, other parents were reportedly dissatisfied with partnerships. Here practitioner approachability and trustworthiness, as well as head teacher approaches to SEN and partnership issues, were implicated within the perceived effectiveness of home-school partnerships. It is also important to highlight that practitioners accepted that home-school conflict occurred. However, their explanations for this conflict related to unrealistic parental expectations of practitioner availability and of special educational provision available for their children.

Finally, many parents were concerned that practitioners withheld information from them. For example, parents stated that practitioners did not share initial concerns about the possibility that their children had SENs, and also talked of how practitioners did not share negative information with them. Although practitioners acknowledged that they did withhold information, their reasons for doing so were to prevent parental misinterpretation and disengagement as well as to remain 'professional'.

Overall, factors influencing social class appeared to tentatively affect the perceived roles of parents and recognition of parental knowledge. Furthermore, practitioner approachability, practitioner trustworthiness and head teacher approaches to SEN and partnership matters provided insight into the effectiveness of home-school partnerships. The next chapter discusses key findings identified, making links to previous literature, in relation to the fourth and final concept explored; empathy.

Chapter 7: Empathy Findings and Discussion

This chapter considers key findings with regards to the final concept explored during this research; *empathy*. The research question regarding empathy which was explored during this study is as follows;

4	How do parents of children with SEN (both with and without the label of BESD) and educational practitioners perceive themselves to *empathise* with and understand each other's perspectives?

This chapter firstly recognises that the vast majority of parents interviewed felt that practitioners did not empathise with them Several parents reported that practitioners did empathise with them; however the practitioners in question had children with SEN themselves. I also demonstrate that practitioners viewed parents of children with SEN as unable to empathise unless they were, or had been, employed in the education sector. Both of these findings identified the perceived influence of sharing a similar experience on an individual's belief that another could empathise with them. However, it should not be assumed that empathy is only possible if those involved have shared the same experience. With the intention of beginning to foster empathy and understanding between parents of children with SEN and practitioners, I discuss in this chapter how I arranged for *Hannah** (the mother of two children with SEN) to share her 'story' with 344 student teachers, and the success of doing so (supported with student feedback). These findings address the above research question regarding empathy.

There are three sections in this chapter, considering two key ideas;

Concept	Details of sections and key ideas
Empathy (chapter 7)	4. Empathy from practitioners towards parents of children with SEN; the perceived influence of practitioners having children with SEN themselves (section 7.1) 5. A parent taking practical steps towards developing practitioner empathy; a small-scale opportunistic study with Hannah*, the mother of two children with SEN (section 7.2) 6. Empathy from parents of children with SEN towards practitioners; the perceived influence of parents working in the education sector (section 7.3)

7.1 Empathy from practitioners towards parents of children with SEN; the perceived influence of practitioners having children with SEN themselves; *'they don't know what it's like to do the job without tea breaks'*

This section will discuss the parent and practitioner super-ordinate themes below (please see Tables 4.1 and 4.2 in 'findings overview' for all super-ordinate themes);

'With the label of BESD'	**'Without the label of BESD'**	**'Visible SENs and perceived socially inappropriate behaviour'**	**'Classic ASD'**
Empathy 1: Practitioners not perceived to empathise with parents of children with the label of BESD; perception that empathy not possible unless practitioners have children with similar SENs	**Empathy 1:** Little perceived empathy from practitioners towards parents of children with SEN; perception that empathy not possible unless practitioners have children with similar SENs	**Empathy 1:** Much perceived empathy from practitioners towards parents, although empathy possible when practitioners have children with similar SENs	**Empathy 1:** Little perceived empathy from practitioners towards parents of children with classic ASD; perception that practitioners cannot empathise unless they have children with similar SENs

Mainstream School Practitioners	Special School Practitioners
Empathy 1: Perceived empathy from practitioners towards parents of children with SEN, particularly when they have children with similar SENs	**Empathy 1:** Perceived empathy from practitioners towards parents of children with SEN (mainly BESD)

All parents in the 'with the label of BESD' sub-group, three parents of children with 'classic ASD', and six parents in the 'without the label of BESD' groups, identified that practitioners did not and could not empathise with them;

> *Tracey* ('with the label of BESD'):* no, no, but they're alright, half past three they can go home to their normal little lives, but for me I come home, alright Luke's* got a fantastic routine at home, but if anything upsets that I'm up half the night, the day after he's tired and cranky
>
> *Melanie* ('with the label of BESD'):* they don't see it from my point of view at all, it's just a nine to five job to them
>
> *Julie* ('without the label of BESD'):* they have no idea…I would like them to think 'gosh I wonder what kind of morning or day that parent's had'

Here the above parents were linking a perceived lack of practitioner empathy to them being unable to see the 'bigger picture'. Practitioners perhaps concentrated on the practical strategies required to support children with SEN, and were not perceived to be considering the wider socio-emotional issues that their parents had to address. *Tracey** also suggested that practitioners had "normal little lives" implying that for practitioners supporting children with SEN, and the challenges that came with it, were just part of their job which they could leave behind at the end of each school day. Previous research has supported this finding, and has identified that practitioners were unaware of the daily challenges involved in supporting children with SEN, nor did they understand the socio-emotional worries experienced by parents (Forlin and Hopewell, 2006; Litt, 2004; Paradice and Adewusi, 2002).

Additionally, it was suggested by the vast majority of parents interviewed that practitioners could not empathise unless they had children with SEN themselves;

> *Lauren* ('without the label of BESD'):* no, they can *try* it's like anything isn't it, unless you've got that life experience…you sort of you think oh how would I cope if it was me, *you've no idea*, as much as you try to think how would I deal with that…you just *don't* know until you've been there, and empathy's a funny thing in that aspect, sometimes you can't even *begin* to imagine, you can't even scratch the surface and imagine how you'd feel or how someone else is feeling…unless they've got a child with that particular difficulty or disability then I don't think you can
>
> *Julie* ('without the label of BESD'):* to empathise they have to have had that experience, and if they haven't had the experience of having a disabled child then they can't empathise
>
> *Louise* ('classic ASD'):* I don't think it's possible unless a teacher has a child with special needs themselves, they don't know what it's like to do the job without tea breaks

*Lauren** provided a very vivid quote above of how she perceived practitioners to be unable to empathise unless they had children with SEN themselves. *Louise** also used an interesting phrase, indicating that practitioners "don't know what it's like to do the job without tea breaks". This reiterated the statements made above by *Tracey**, *Melanie** and *Julie**, whereby parents presumed that practitioners were able to leave behind thoughts of these children, and their parents, at the end of each working day.

On the other hand, it must be acknowledged that the three parents of children with visible SENs and perceived socially inappropriate behaviour participating in the study, as well two parents in the 'without the label of BESD' group and one parent of a child with 'classic ASD', indicated that some (but not all) practitioners empathised with them. However, it is essential to point out here that almost all practitioners who were perceived by parents to be empathic were referred to as having children with

SEN themselves. This supported the point made above regarding empathy from practitioners only perceived to be possible if practitioners had also parented children with SEN;

> *Catherine* ('visible SENs and perceived socially inappropriate behaviour'):* the only people who have empathised…one's a teacher and the other a social worker and they're both parents of disabled children so that's telling to me...in terms of empathy that's probably the only way you can ever really get it
>
> *Leanne* ('classic ASD'):* I mean the teacher he's got now is fantastic but she has two special needs kids which explains everything

*Catherine's** statement was concerning as it suggested that no matter what practitioners did in an attempt to empathise with these parents, it was perceived to be an unachievable goal unless practitioners had children with SEN themselves.

Parental perceptions regarding practitioner empathy contrasted strongly with the perceptions of practitioners themselves, as all mainstream practitioners and five (out of eight) practitioners employed in special schools stated that they could (and did) empathise with parents of children with SEN;

> *Joanna* (mainstream practitioner):* I don't think we could do our jobs if we didn't have that empathy for *all* parents…it's about understanding what families lives are like, and the issues they are dealing with on a day to day basis
>
> *Jackie* (mainstream practitioner):* I think it's really important to give your time and give everything you've got, and to put yourself in their shoes and try to think like they do…they're the one living with a child who is driving them up the wall twenty four seven, they're the one who thinks there's something seriously wrong with their child and that child is the whole world to them…you go away and you think no wonder that mother is up the wall, imagine having that all night, all day, all weekend to deal with

> *Daniel* (BESD practitioner):* I do think how hard it must be, and I've one boy here who is incredibly violent, and his Mum's a very nice lady…he attacks her in here, he'll pull her hair, he'll punch her, and you think she's living with that day in day out, it must be hard

Although these practitioners were not parents of children with SEN, they still shared similar experiences with parents in that they had extensive experience working with these pupils and the frequent challenges that could arise. The importance of sharing a similar experience for developing empathy could therefore have been in the form of working with pupils with SEN rather than actually parenting a child with SEN. Nevertheless, three mainstream practitioners did identify that they could empathise due to parenting children with SEN themselves, supporting the point of view of parents interviewed;

> *John* (mainstream practitioner):* I've got a child of my own with SEN, with numeracy, she was born premature and it is a medical thing, and no matter how hard she works, and she does, she can't get it, *and she ain't gonna get it*, and actually I understand perfectly where parents come from 'cause I've had to go in on the other side and that helps

*John** talked of going "in on the other side"; in other words working with practitioners and negotiating special educational provision from a parental point of view. He identified that this enabled him to empathise with parents due to not only parenting a child with SEN himself, but also working with practitioners from their perspective.

There are several possible explanations regarding why parents interviewed deemed practitioners to be unable to empathise, whilst practitioners viewed themselves as empathic towards parents. Firstly, it is important to remind the reader that participants were not 'paired cases'; in other words parents and practitioners were not linked in any way. This is essential to identify as the practitioners interviewed may have genuinely empathised with the parents that they came into contact with, whilst parents interviewed may not have experienced this from the particular practitioners who were supporting their own children. Secondly, practitioners perceiving themselves to empathise with parents of children with SEN may have been influenced by social desirability bias, with empathy being viewed as an elusive yet desirable moral goal (Hojat, 2007). Thirdly, being questioned about empathy during interviews may have encouraged practitioners to consider and reflect on how it could feel to parent a child with SEN and negotiate home-school relationships, therefore leading to their empathic responses. Finally, parents may not have viewed their children's practitioners as empathic due to practitioners not explicitly sharing these perceptions and experiences with them, in other words practitioners may have been 'silently' empathising. This reinforced the importance of including practitioner perspectives, as otherwise only a 'one-sided' perception of practitioner empathy would have been highlighted.

On the other hand, the perception that individuals were unable to empathise with others unless they had been through the same experience is supported by some, albeit limited, previous literature (Håkansson and Montgomery, 2003). Brown and Thompson (2007) interviewed nurses involved in supporting patients with obesity, and those with a 'large' body size discussed how they empathised fully with obese patients. Here, the impact on sharing a similar experience on the ability to empathise was apparent. Nonetheless, other research has highlighted that individuals can empathise with others (even if they have not shared the same experience) if they are aware of the stigma surrounding the issue (Petrich, 2000; Wright, 1998). Perhaps then, practitioners in my study reportedly empathised with parents of children with SEN even if they did not have children with SEN themselves, due to understanding the stigma surrounding SEN. This perhaps stemmed from their experience working within the SEN or BESD sector, as practitioners were very aware of the stigma associated with these areas (as explored in chapter 5).

Nevertheless, several practitioners acknowledged that it was difficult to empathise with parents that they deemed to be 'pushy', or those who had neglected their children;

> *Christine* (mainstream practitioner):* there was a point with one child when I found it difficult because of the fact that the child was taking everybody else's educational psychologist time…Mum wanted firstly one thing changing and then another, and then the Statement changing…when there were other children in the school that needed that time
>
> *Jenni* (BESD practitioner):* it's more difficult to empathise when it directly affects the young person…when what they're doing is wrong, you know morally wrong

*Christine's** example here indicated that she was unable to empathise with a mother of a child with SEN, due to her being viewed as taking up 'too much' valuable SEN time and resources which other pupils required. However, in this case *Christine** did not appear to have put herself 'in the mother's shoes' and considered how it may have felt if her own child did not have a perceived appropriate Statement of SEN in place. Perhaps then, a conflict of interest was involved; practitioners may have experienced difficulty empathising with parents who were deemed to be making inappropriate demands on school resources. However, this also interestingly indicated that the personal characteristics of parents, and how they treated their children, could influence practitioner perceptions and their abilities to relate to them. This was supported by Whitaker (2007), who identified similar issues when parents were viewed as "needlessly fussy" (p. 175).

The next section of this chapter highlights how I arranged for *Hannah**, the mother of two children with SEN, to share her 'story' with over three hundred student teachers, with the aim of encouraging empathy and a socio-emotional knowledge exchange between her and practitioners of the future.

7.2 A parent taking practical steps towards developing practitioner empathy; a small-scale opportunistic study with a mother of two children with SEN

In this section I identify that empathy and understanding was reportedly developed in student teachers, via a parent of two children with SEN sharing her story with them. It was problematic that most parents interviewed suggested that practitioners could not empathise with them unless they had children with SEN. However, as it was clearly impossible for *all practitioners* to have children with SEN themselves, another route regarding encouraging practitioners to empathise with parents was essential to consider. The strategy I piloted identified that empathy and socio-emotional understanding were perceived to be able to be developed in practitioners.

I opportunistically arranged for *Hannah**, the mother of two sons with SEN, to share her story with 344 student teachers (over four separate sessions) at two North West universities, which she expressed much interest in doing. Content analysis was utilised to develop themes from student feedback (as discussed in chapter 3), and the categories developed during analysis related to the perceived impact that *Hannah's** story had had on student teachers. These themes related to; increased understanding and discovery; empathy; implications for their practice as future practitioners; and recommendations for parental perspectives to be included in all teacher training programmes. However, what is not directly covered in these themes is how students appeared to be deeply affected by *Hannah's** story, with many mentioning how emotional and inspirational the experience had been for them, as well as students being evidently motivated by *Hannah's** positive experiences and yet moved by the difficulties she had reportedly encountered. This provided evidence of how pre-service teachers were potentially sharing *Hannah's** emotional state; one aspect of the empathy process as discussed earlier (Hojat 2007). This underpins the themes below.

7.2.1 Increased understanding and discovery

Student teachers displayed increased understanding of, and discovery regarding, the potential challenges experienced by parents of children with SEN. For example, they reported being unaware of;

> Simply the amount of work and time that those parents have to put in to make sure their children stay safe and lead successful lives
>
> The issues faced at home for parents of children with SEN were not something I had given much thought. I was not aware of the limited sleep SEN children can have or that the parents face such challenges
>
> How parents lives (every aspect) change dramatically and continue to change as the child grows and his/her needs become more/less complex
>
> The challenges of living with her children; the fact that her children are struggling to eat, play together, shopping is a nightmare, they don't sleep, it's overwhelming

Clearly *Hannah's** story provided the opportunity for students to consider issues which they had perhaps not thought about before, or as Forlin and Hopewell (2006, 58) suggested "the realisation that life exists beyond the classroom", due to their predominant focus on developing their teaching practice. In other words, the impact that SENs could have on parental experiences may not have been considered before by student teachers, as their attention with regards to SEN was on how to support pupils' *educational* needs. Student teachers also talked of discovering more specific difficulties that parents could experience:

> I was shocked about how Hannah* is made to feel when taking her children out
>
> I can't believe that someone has to go through such a constant battle to get support they need

The first quote above related to the reactions that *Hannah** received from the general public, usually revolving around her children being 'naughty' and consequent accusations of poor parenting; an issue that some student teachers reportedly had not considered. This led to a development in student understanding of the positives but also difficulties that parents could experience, and student appreciation regarding *Hannah** sharing her story;

> It made everything a lot more real for me and put all the theory we have learnt into practice. I thought it was really insightful
>
> I feel so much more aware of the issues that these parents and their children face
>
> Hannah's* story helped me understand more about SEN, and that not every case of SEN is the same

> I have a lot more understanding of the links needed between school and home

The first quote here highlights how *Hannah's** story had helped this student put theory into practice, and indeed this was frequently expressed by other student teachers. In other words, the 'real-life' example of *Hannah** put the theory regarding SEN and home-school relationships that students had learnt into context. With other student teachers, responses regarding increased understanding were more specific, such as enhancing their knowledge of why links were needed between home and school, and how these relationships could be encouraged.

7.2.2 Empathy

Student teachers reported that their ability to empathise with parents had been developed due to listening to *Hannah's** experiences;

> I feel empathic towards her, I should put myself in the parents' position more
>
> Hannah's* story was vital in my ability to empathise with other parents in the future, she must continue to reach out to students and they must hear what she has to say
>
> Although emotional it has made me empathise and realise the challenges the family face at home before the school day has even started
>
> I feel empathic towards Hannah* (and other parents), it can be easy to forget about the fundamental people in a SEN child's life when you are focusing on their learning

The responses above evidently showed that student teachers reported empathising with *Hannah** and her situation. However, they also talked of empathising with other parents of children with SEN and indicated that they intended to apply this approach in the future, by putting themselves "in the parents' position". This highlighted that *Hannah's** story had begun to develop empathy in student teachers on a wider scale, rather than solely encouraging students to empathise with her.

7.2.3 Implications for practice as future educational practitioners

*Hannah's** experiences also had reported implications for the practice of these future practitioners;

> It has helped me consider developing a particularly pedagogical focus around inclusion
>
> I'm focusing on a career in Special Education and it will be of great help how to deal with practical issues of children with SEN and their parents
>
> It has made me think more carefully about how I communicate with parents of children with SEN. Things to consider in the future
>
> It's made me want to work closely with any parents I meet in the future with SEN children

This interestingly led to several student teachers identifying specific strategies that they intended to implement immediately during their teaching practice, to improve their current relationships with parents. As can be seen from the responses below, some students were only just beginning to consider the complexities of developing effective home-school relationships, whilst others were more sensitive to the perceived needs of parents;

> In my new school I am now going to request to send home a letter to the parents of the children I am teaching. This will help me build a partnership with them
>
> Every practical suggestion is so helpful and I will be using them; the diary, point of contact, use of email, not disturbing routines for a 'quick

> chat', and I will never forget these things because of how well they were delivered
>
> I will be discussing each individual case with each parent, rather than assuming I know how to deal with a child based on previous experience

Clearly *Hannah** had inspired student teachers to consider alternative approaches to working with children with SEN and their parents, which they were enthusiastic about implementing straightaway. However, some students also highlighted how *Hannah's** story had helped them to consider their future relationships with *all* parents, not just those who had children with SEN;

> Hannah* has made me more aware of how important the relationship between parents and teachers is. Not only parents of disabled children but also parents of other children
>
> Through this I will make communication with parents of ALL children a high priority

Again, these quotes displayed how some student teachers applied *Hannah's** story to the wider context; rather than solely considering how they could improve their relationships with parents of children with SEN, many utilised the experience to reflect on their relationships and communication strategies with other parents.

7.2.4 Student recommendations that parental perspectives should be included in all teacher training programmes

The final question that student teachers answered in the online feedback form simply stated; 'is there anything else that you would like to mention?' Interestingly, answers focused on recommendations that parent 'stories' should form a part of all initial teacher training programmes;

> Hannah* gave a very confident and interesting lecture, I think all teaching courses should include lectures like these (delivered by parents)
>
> I think Hannah* is a fantastic woman and the job she does for her children is brave, hard work and tiring. She is a wonderful woman and I feel privileged to have met her! I really hope we have more lectures from parents' perspectives in the future as I feel Hannah's* lecture is the best one we have had all year! BY FAR! Fantastic woman!
>
> It was a brilliant experience and I would recommend it to take an integral part in teacher training

Evidently, students were very positive about the experience, and requested that other parental perspectives should be included in their training, as well as in all other teacher training courses. Based on these findings, and the positive response from pre-service teachers about this strategy, *Hannah's** story has formed an integral part of initial teacher education at one university in the North West of England. As of February 2013, 942 students had heard *Hannah's** story due to student demand, and this number continues to grow as identified by the teacher educator responsible for SEN at this university;

> Hannah* started off sharing her story with my SEN special interest group. She reduced many of them to tears - and these students spoke to other students about the session, and pressure was put upon the Director of the course to have the session made available to all of them. Her words have impact and real meaning. She is shaping tomorrows teachers by her honesty and integrity.

Hannah's voice*

On a final note, I felt it was important to ensure that *Hannah** had the opportunity to share her views of this strategy. The following statement was provided by her once she had completed her four sessions with pre-service teachers;

> Whilst it is emotional every time to share my story, and the most intimate parts of my life with strangers, I have an overwhelming desire to change the way SEN children (and their parents) experience their education. Where I have had good experiences, it is great to share them, and where there are challenges, it is important to express these concerns to look at ways to move forward. For me the best part of talking to students is their response. I look around a room and see people in tears, moved at the real (positive and negative) stories of my children. Every time I talk I feel privileged to have the opportunity to share. I tell myself, if one of these people goes out into a school and is better prepared to help one more child with SEN and their parents as a result of what they have heard today, then I will be very proud to have played my part in helping to improve the outcomes of children with additional needs

*Hannah's** story developed practitioner understanding of, and encouraging empathy towards, parents of children with SEN. There is little doubt that this strategy encouraged student teachers to consider parental perspectives. This is extremely positive, and indicated that socio-emotional understanding *could* be encouraged in practitioners, contrasting to the views of most parents interviewed. This positive student feedback is supported by Forlin and Hopewell (2006), who reported how a mother of a child with severe disabilities shared her experiences with Australian student teachers. Trainee teachers reflected on this experience and highlighted how their empathy and understanding had increased, as they had engaged deeply with the mother's story. Responses from student teachers also had implications for their practice, as they had utilised the experience to consider how they could work more effectively with parents of children with SEN. Forlin and Hopewell (2006) concluded by stating that;

> It is essential, then, that trainee teachers have opportunities to face their fears of diversity in order to resist the human tendency to alienate themselves from those who provide the most challenge
>
> (Forlin and Hopewell, 2006, p. 59)

The points raised here with regards to training are considered further in chapter 8. The next, and final, section of this chapter explores how many practitioners interviewed suggested that parents could not empathise with them unless they were, or had been, employed in the education sector.

7.3 Empathy from parents of children with SEN towards practitioners; the perceived influence of parents working in the education sector; *'unless you're actually working in schools you don't know what it's like'*

This final findings section will consider the following super-ordinate themes;

'With the label of BESD'	**'Without the label of BESD'**	**'Visible SENs and perceived socially inappropriate behaviour'**	**'Classic ASD'**
Empathy 2: Parents perceiving themselves to empathise with practitioners, particularly when parents had been employed in the education sector	**Empathy 2:** Parents perceiving themselves to empathise with practitioners, particularly when parents had been employed in the education sector	**Empathy 2:** Parents perceiving themselves to empathise with practitioners, particularly when parents had been employed in the education sector	

Mainstream School Practitioners	**Special School Practitioners**
Empathy 2: Little/no perceived empathy from parents of children with SEN towards practitioners; empathy only perceived to occur when parents had been employed in the education sector	**Empathy 2:** Empathy perceived from parents of children with labels of SEN (specifically BESD) towards practitioners

Interestingly all parents in the *'visible SENs and perceived socially inappropriate behaviour'* group, all parents in the *'without the label of BESD'* group (except *Julie**), and four (out of six) parents of children with the label of BESD identified that they empathised with the practitioners supporting their children;

> *Bethany* ('with the label of BESD'):* I can really understand like I don't know how they get him to do any work whatsoever, he just will not do what he's told to do, for me to do it exhausts me, so for them to actually want him to do work I don't know how they manage it
>
> *Kate* ('without the label of BESD'):* they have fantastic teachers who do a really good job under very, very difficult circumstances, it's not easy, I know that it's not easy
>
> *Adele* ('without the label of BESD'):* yeah they have a class of children with different disabilities it must be hard, to even remember what their individual disability is, it must be hard for them
>
> *Kelly* ('visible SENs and perceived socially inappropriate behaviour'):* I know exactly what she's gonna be like at school so I know they have their work cut out…they know what she's like and we know what she's like, so you understand really

However, it is essential to acknowledge that ten of these fourteen parents who perceived themselves to be empathic towards practitioners were, or had been, employed in the education sector;

> *Sarah* ('with the label of BESD'):* yes, yes, I think because having taught in FE myself for a long period and having experienced a range of young adults with very similar profiles to Carl*, I understand what it is like to have a child like him in the class
>
> *Tara* ('without the label of BESD'):* I was a teacher so that's the difference, you've got to be a very strong character as a teacher to keep the group together…I did a lesson [for children with severe SENs] as a teacher and I thought I was prepared but I wasn't, it was grim [laughs] it was a grim lesson, it's one I will always, always remember, I came home thinking oh my God I could never teach those children, I don't know how they do it

This provided a perceived explanation regarding why some parents felt that they could empathise with practitioners; due to working in a similar context and understanding the difficulties associated with supporting children with SEN. This maintained the findings considered in section 7.1 with regards to practitioners reportedly empathising if they had children with SEN themselves, therefore reinforcing the perceived influence of sharing the same (or similar) experiences on a person's belief that another could empathise with them (Brown and Thompson, 2007; Håkansson and Montgomery, 2003).

However, empathy was suggested to be possible even if parents had *not* shared similar experiences with practitioners, as supported by half of the practitioners employed in special schools interviewed. Nevertheless, *Bev** also highlighted the influence of parents being employed in the education sector on whether they empathised;

> *William* (BESD practitioner):* parents recognise the stresses and tribulations that could happen here in an average day, you know if you put seventy five honey monsters together then something's got to happen some of the time, that's for sure
>
> *Sam* (BESD practitioner):* the majority of parents are [empathic] yeah because they're dealing with it twenty four hours a day, seven days a week
>
> *Bev* (mainstream practitioner):* one of our parents is actually a head teacher at another school…she's got very high standards but her expectations are realistic… unless you're actually working in schools you don't know what it's like

On the other hand, this contrasted strongly with the views of four (out of six) mainstream practitioners who talked of a lack of empathy from parents;

> *Joanna* (mainstream practitioner):* I don't always feel that empathy is returned, for all parents again, you know parents will be about what's important to them
>
> *Jackie* (mainstream practitioner):* I think they understand a SENCOs perspective less well than I am able to empathise with them

Nonetheless, the suggestion that parents empathised with practitioners employed in special schools and not necessarily mainstream practitioners could potentially be due to the following reason. As children require a Statement of SEN before being able to receive special school provision, children in special schools are often deemed as having more 'severe' SENs and disabilities which may present further challenges for parents. This could have led to the parents of children in special schools involved in this study being more aware of the issues that practitioners may have experienced when supporting their children, resulting in further empathy and socio-emotional understanding.

7.4 Summary of findings regarding empathy

In this chapter I have demonstrated that the majority of parents identified that practitioners could not, and did not, empathise with them unless they had children with SEN themselves. The four parents who felt practitioners did empathise with them highlighted that these practitioners were parents of children with SEN themselves. On the other hand, the vast majority of practitioners interviewed perceived themselves to be empathic towards all parents of children with SEN, highlighting the importance of recognising both 'sides' of home-school relationships when conducting research in this area. Furthermore, parents and practitioners also reported that parents could empathise with practitioners if they were, or had been, employed in the education sector.

Based on these findings, I then went on to identify how I arranged for *Hannah**, the mother of two children with SEN, to share her 'story' with 344 student teachers, with the intention of encouraging socio-emotional understanding and empathy with future practitioners. This was successful and much positive feedback was received, illustrating the benefits of bringing parents and future practitioners together in this way. This strategy highlighted that empathy and understanding may have been able to be developed in practitioners (in this case student teachers), regardless of whether practitioners were parents of children with SEN themselves.

The next chapter considers the implications of findings for practice, and provides recommendations for action, in relation to each of the four research sub-questions, whilst also recognising wider implications.

Chapter 8: Implications of Findings for Practice and Recommendations for Action

The previous findings chapters addressed the four research sub-questions developed for this study, which explored each of the four concepts under examination in turn; blame, stigma, partnership and empathy. This chapter concentrates on the implications of these findings for practice, and provides recommendations for action. The whole of this chapter is devoted to these implications and recommendations as I deem them to be of crucial importance for considering alternative approaches to the issues raised during this research, and address the *'so what?'* of this thesis. This section is divided into five sub-sections, the first four covering the four concepts under investigation in turn. This is purely to aid the reader and to ensure each research sub-question is addressed fully, although this is again somewhat artificial as the concepts are interdependent, and the difficulties separating these concepts are important to keep in mind. However, the final section of this chapter brings the conceptual framework together to consider wider implications with regards to policy and practice. These four concepts are also drawn together within my conclusion.

It is important to point out here that I am by no means suggesting that these issues identified by parents and practitioners during the study are at all simple to address, nor that 'recommendations' proposed by myself in this chapter are easy to implement. It would therefore perhaps be more appropriate to view these suggested recommendations as tentative ideas for consideration.

8.1 In relation to research sub-question 1; blame

Firstly, unnecessary blame was deemed to be placed on some pupils with the label of BESD in mainstream schools. To overcome this, further training is essential for practitioners employed in mainstream schools, to address preconceived ideas of controllability, accountability and children 'choosing' to behave 'inappropriately' (supporting Orsati and Causton-Theoharis, 2012). The importance of forming supportive relationships with these pupils is also essential, reportedly displayed by practitioners employed in BESD schools who had taken time to work with and understand their pupils, and were consequently not deemed to be preoccupied with blame or controllability. Nevertheless, it is important to acknowledge the lack of time available for mainstream practitioners to invest holistically in these pupils; a wider theme running through this thesis and considered later in this chapter.

Furthermore, parents of children with the label of BESD reported experiencing blame from the practitioners concerned with their children, which *all* practitioners reiterated. These parents also indicated experiencing guilt, and were interested in labels of BESD in an attempt to absolve this blame and guilt. Although it is positive that parents of children with other SENs in this study did not experience blame or guilt with regards to the onset of their children's difficulties, this needs to be the case for all parents of children with SEN. The label given to a child, and the perceived nature of their difficulties, should not be used to determine whether parents should be blamed. These findings emphasise how assigning simplistic labels to children, and the perceived nature of their difficulties, not only have huge implications for their education (Ho, 2004; Tomlinson, 1985) but also a more indirect yet noteworthy impact on parent-school relations. Nevertheless, this study was not an examination of parental and practitioner experiences of labelling per se. It was an exploration of how labels attributed to children, but more specifically the perceived nature of children's difficulties, influenced parental and practitioner perceptions and experiences of socio-emotional aspects of home-school relationships, towards exploring home-school socio-emotional exchange, with a particular interest in those given the BESD label. In this study's case, parents of children with the label of BESD experienced intense blame.

Parents and practitioners collaborating within an atmosphere of blame may reduce their abilities to work effectively together to support children with the label of BESD. Recommendations for action here are not straightforward. However, if parents did not experience blame from practitioners, they may not have experienced such intense guilt or have been so motivated to obtain labels for socio-emotional reasons, possibly leading to a less threatening and less emotionally charged environment to consider the needs of their children with practitioners. Many parents of children with the label of BESD involved in this study reported experiencing direct blame from practitioners (similar to Harborne et al's 2004 findings). There was consequently perhaps little incentive for these parents to then want to engage with the same practitioners who blamed their children's difficulties on their perceived 'ineffective parenting'.

It is essential that practitioners do not openly blame parents for their children's perceived BESD. Instead, they should concentrate on working with parents in a non-judgemental manner, in order to support children with the label of BESD, and possible strategies to address the difficulties that parents highlight *themselves* to be experiencing (as supported by Bennett, 2007; and O'Sullivan and Russell, 2006), instead of using unhelpful 'dysfunctionality' labels. It is also important that practitioners recognise that parents may not want or need this support, and acknowledge the problems regarding an assumed link between 'good' parenting and middle-class parenting practices. The key issue appears to be home-school disjuncture; parents and practitioners need to come to some sort of agreement regarding expectations and goals for pupils, which resonates with Dale's (1996) Negotiation Model. For example, O'Sullivan and Russell (2006) stated that;

> With the shift from who caused problems to what are the solutions, blame loses its clout. Cooperation becomes the currency and the focus shifts back to supporting the child
>
> (O'Sullivan and Russell, 2006, p. 39)

Additionally, although practitioners supported their views of BESD being caused by ineffective parenting with a wealth of examples, the implications of this are that practitioners were not considering how their own practice, classroom environment and school structures may have also influenced the difficulties of pupils with the label of BESD. It is essential that practitioners reflect on how their chosen teaching and learning styles, and the environment in which they teach, may also impact on children with the label of BESD and indeed all pupils. A possible indirect result of this could also be a reduction in blame towards parents, and increased awareness of how to accommodate the differing learning styles of pupils.

Nevertheless, the above issues regarding blame and guilt appeared to be rooted in BESD being perceived as a controllable SEN, as well as policy and society blaming a vast amount of societal problems on 'ineffective parenting' (Broadhurst, 2009; Moran and Ghate, 2005). The former is very difficult to overcome (as it is linked to longstanding stereotypical perceptions regarding the causes of behavioural stigmas, Weiner et al, 1988), however the latter needs to be addressed on a macro level. Parents continue to be blamed, and are consequently subjected to interventions which intend to make them 'more responsible' (Broadhurst, 2009). It is essential that the Coalition Government adopt a different approach to addressing societal and educational 'problems', which reduce the blame and sole accountability placed on parents, and instead considers how schools and communities may be implicated within these issues. For example, I discussed in chapter 4 that forging a link between ineffective parenting and the label of BESD is too simplistic, and instead social pressures on parents such as unemployment may be influencing parenting practices (supporting Gillies, 2012 and Cruddas, 2010). Community involvement is therefore crucial, as parenting cannot be viewed in isolation from the often negative social circumstances that parents are dealing with, which may impact on their parenting abilities. It is essential that policy acknowledges this via strategies which focus on addressing the wider issues of social deprivation experienced by many families. It is also important to consider how communities as a whole can work together to support vulnerable members of their community, as opposed to developing interventions which simplistically intend to make parents 'more responsible'.

Although it must be acknowledged that several practitioners interviewed did recognise the key influence of socio-economic disadvantage and family pressures on BESD, it is questionable whether all practitioners were aware. Based on this it is essential to increase understanding, potentially during initial teacher training but also during continued practitioner training, of how social pressures may impact on parenting capabilities and how they relate to their children. This could be carried out via presenting practical examples, such as short videos of parents, identifying how social pressures like unemployment can impact on parents' daily lives, particularly on how they are able to support their children. Continued exposure to such pressures could thereby highlight that the social pressure may have a key influence on BESD, as opposed to 'poor parenting' per se. To summarise, there is a need to encourage a deeper practitioner socio-emotional understanding of the pressures on parents, and consequently their pupils.

Moving on, in chapter 4 I also discussed perceptions of an intergenerational continuity of ineffective parenting, which many practitioners highlighted as an issue when considering pupils given labels of BESD. Parents of children with the label of BESD were perceived to parent in a similar way to how they had been brought up (Bailey et al, 2009), and were therefore deemed to use the same approaches to parenting and discipline that they had experienced as children. The implications of this are that it may be difficult for practitioners to address the (perceived inappropriate) strategies used by parents of pupils with the label of BESD, and to put in place what practitioners deem to be alternative interventions to reduce pupils' difficulties, when they are perceived to be so heavily rooted in generations of (negative) parenting behaviours and practices. Nevertheless, practitioners could focus on encouraging *pupils* to understand more appropriate behaviour management strategies, with the intention of breaking this cycle of intergenerational continuity and culture of low aspirations (Holloway and Pimlott-Wilson, 2011), which many practitioners perceived to be evident in families with the label of BESD. This is linked to proposals for pupils to receive parenting and life skills lessons in the curriculum, from primary school age, due to inadequate parenting education (Field, 2010; Legg, 2008; OfSTED, 2007).

With regards to this *Jean**, a practitioner in a BESD school, identified during her interview that there was a "clash of two worlds" between practitioners who were deemed to be focused on structure, routine and 'appropriate' discipline, and families of children with the label of BESD who were critically viewed as chaotic, dysfunctional, and having no boundaries. The implications of this are that work carried out by practitioners to support the needs of pupils with the label of BESD at school, such as encouraging pupils to manage their own behaviour and maintaining routine in their lives, may have clashed with the perceived values and expectations of home.

Practical strategies, such as home-school agreements which encourage parents and schools to share similar pupil expectations, would not be enough to address the potentially heavily embedded and contrasting values and norms of these parents and practitioners. This therefore links with the importance of developing positive home-school relationships which are understanding and non-judgemental, founded on trust and approachability (discussed further in section 8.3), which may give practitioners the opportunity to question the family values and norms of parents with children with the label of BESD, and parents to question the values of the school, in an attempt to develop home-school continuity. On the other hand, it is important to acknowledge critique raised regarding how practitioners may be addressing this "culture clash" between home and school by attempting to "mould" parents and encourage them to nurture their children in a way which encourages the types of aspirations that schools value (Holloway and Pimlott-Wilson, 2011, p. 89; Thomson and Russell, 2009; O'Sullivan and Russell, 2006; Power et al, 2003).

However it was interesting that some practitioners in this study appeared to have become conditioned and de-sensitised to what they perceived as 'dysfunctional' parental behaviour. The implications of this are that practitioners may not have been challenging the perceived inappropriate family circumstances of pupils with the label of BESD (which would clearly be difficult to do), which questioned whether anyone was actually advocating for these pupils. Practitioners need to work with parents in order to develop greater socio-emotional understanding, and this can only occur if there are positive, trusting relationships between parents and practitioners. Nonetheless, the needs of pupils with the label of BESD must be put first and foremost, even if this does result in practitioners having to challenge perceived inappropriate parental behaviour.

On the other hand, many practitioners reported compensating for the perceived dysfunctional behaviour of parents and a lack of parental involvement by providing clothing, accompanying pupils to GP and dentist appointments and, from a more personal perspective, "rooting" for pupils by praising them and supporting them (*Holly** and *Jenni**, practitioners employed in BESD schools). However, the implications of this are clear; this placed additional responsibilities on practitioners, particularly those employed in BESD schools, as *in loco parentis* (Children Act, HMO, 1989) was taken to a much more intensive level. It emphasised the multi-faceted role of practitioners, with many demands on them in addition to their commitments to educating pupils.

In response to this, it could simplistically be suggested that parents of children with the label of BESD should be instructed to take responsibility for these issues (in line with parental determinism approaches of making parents 'more responsible'). However, several practitioners suggested that the social and family pressures experienced by parents could make this difficult if not impossible, therefore; *if practitioners did not compensate for this perceived lack of parental responsibility, who would?*

Practitioners were in a key position to support the welfare of their pupils with the label of BESD, having reportedly developed relationships with them. They perceived themselves as committed to supporting these children even if this meant going above and beyond their job description, or as *Steven** suggested "going the extra mile". Nevertheless, concerns raised by *Daniel** must also be acknowledged here; "over-compensating" for a perceived lack of parental responsibility via state or practitioner intervention could actually *reduce* the need or expectation for parents to take responsibility for their children's well-being and development, therefore having an opposite result to the government's intention of improving parental responsibility. This has key links with the widely contentious area of whether it is the state's duty to 'parent' children, and evident intrusion where 'problem families' are concerned (Arai, 2011). If the state (and consequently practitioners) does intervene, they may be taking the onus away from parents. Yet if they do not, the socio-emotional needs of vulnerable pupils may go unaddressed.

I recommend that if practitioners are to adopt these additional responsibilities then they need time and training to do so, via either colleagues covering their teaching commitments, or employing designated trained key workers whose sole responsibilities involve addressing issues that parents would usually be accountable for. At one BESD school that I visited when interviewing practitioners, designated learning mentors were taking on this role who, for example, forged links with local establishments to obtain clothing for pupils with the label of BESD, and accompanied pupils to medical appointments. The success of this was reflected in the delight on pupils' faces when they were given new socks, shirts and trousers (witnessed by myself), and how a pupil was finally free from toothache when a learning mentor arranged a dentist appointment, as his parents had reportedly failed to take him for the past three years.

Although it is vital to acknowledge the financial implications of employing designated key workers, particularly in the current economic climate, policy on a macro level should not ignore the importance of addressing these additional socio-emotional responsibilities that many practitioners are faced with, which need to be considered before pupils' educational needs can be addressed. Nevertheless, it is again important to acknowledge that this could 'remove' responsibility and care from parents, although this is an issue embroiled within controversy surrounding state intervention into (what once was) the privacy of family life (Gillies, 2012; Edwards, 2010). This also necessitates the importance of joined-up services (Siraj-Blatchford and Siraj-Blatchford, 2009; Warin, 2007).

Furthermore, there is also the issue of the perceived illegitimacy of BESD, with several mainstream practitioners interviewed not viewing BESD as a 'real' SEN. This may have had implications regarding how pupils with the label of BESD were supported. Links have been made between the perceived illegitimacy of BESD and a lack of BESD-specific training, as well as limited SEN training more generally, that practitioners have access to (Hodkinson, 2009; Riley and Rustique-Forrester, 2002); an issue identified earlier. This therefore reiterates the importance of concentrating on BESD in initial teacher training and beyond. Although practitioners in the current study did have SEN responsibilities, mainstream practitioners did not report having specific BESD training and therefore it is important to address this on a macro and micro level.

Additionally, parents reported interest in labels of SEN for their children, to absolve socio-emotional experiences of blame and guilt, and/or to access support for their children. Although labels can be helpful for accessing provision (Riddick, 2012; Lauchlan and Boyle, 2007; Pinney, 2004), parents and practitioners reported the possibility of lowered expectations due to labelling, as well as self-fulfilling prophecies. The SEN system which emphasises a labelling culture is ongoing, and is evidently rooted within a contentious minefield of debate regarding inclusive education and models of disability (Riddick, 2012; Squires, 2012; Forlin and Chambers, 2011; Goodley et al, 2011; Runswick-Cole, 2011; Wedell, 2008; Kalambouka et al, 2007; Shah, 2007). However, it is difficult to suggest how this situation could be improved; for example, literature from a specific SEN perspective has recognised the overuse of labels (DfE, 2011a; Lauchlan and Boyle, 2007), as well as from a wider mental health context (Doward, 2013), but no alternatives have been proposed. It will be interesting to see in time whether the 2013 *Children and Families Bill*, and the expected revised version of the *(0-25) Special Educational Needs Code of Practice* (DfE, n.d), will shed any new light on this issue, or whether over-reliance on labelling will remain a key concern in this domain.

In relation to lowered expectations, the SEN Green Paper *Support and Aspiration* (DfE, 2011a) identified that this issue will be challenged via early identification and support. However, it is difficult to understand how earlier identification of SENs, and consequently earlier medicalisation of children and use of labels, could challenge lowered expectations which parents in this study highlighted. Furthermore policy such as the *Importance of Teaching* White Paper (DfE, 2011b), and the indicative draft of the *(0-25) Special Educational Needs Code of Practice* expected to be published later in 2013 (DfE, n.d), have stated the importance of having high expectations of what pupils can achieve, and yet fail to provide details regarding how to do so, or how to ensure this occurs. These broad statements are of limited use when considering how to tackle the culture of lowered expectations. Further details regarding how high expectations for *all* pupils can be instilled in practitioners, potentially via training and identifying the negative impact that low expectations can have on pupils (such as self-fulfilling prophecies), are necessary here.

The following sub-section considers the implications of my findings regarding stigma.

8.2 In relation to research sub-question 2; stigma

Firstly it was concerning that parents of children with the label of BESD, as well as practitioners employed in BESD schools, shared experiences of these pupils being 'unwanted' in mainstream schools, and there were concerns that children with the label of BESD were excluded rather than mainstream practitioners addressing their needs. However, it must be acknowledged that the vast majority of pupils with the label of BESD are educated in mainstream schools (DfE, 2012a), therefore questioning this clear path to exclusion (although they may remain 'unwanted'). Nevertheless, mainstream schools may favour excluding their most 'challenging' pupils, as it ensures that these pupils' achievement and attendance data does not contribute to the schools placement in league tables (Squires, 2012), having links with the marketisation of schooling, the standards agenda and an ableist culture (Runswick-Cole, 2011; Campbell, 2009; O'Connor et al, 2005). It is also important to consider the lack of time available for practitioners, as well as little training regarding how to support pupils with perceived socially inappropriate behaviour.

With regards to recommendations for action, there is progress on a macro level in this area. Nick Clegg identified a governmental commitment to radically changing how excluded pupils could be supported, with mainstream schools maintaining responsibility for these pupils after exclusion. He stated that;

> schools themselves will become responsible for the budgets for excluded pupils. They will be expected to commission the alternative education they receive. And their exam results and later progress will be included in the original school's data. There will be no washing your hands of a pupil once you have asked them to leave the room
>
> (Clegg, 2011, p. 1)

However, an update on the success of this pilot is clearly necessary. On a micro level, mainstream practitioners need to explore alternative strategies to supporting pupils with the label of BESD as opposed to adopting exclusionary practices (whilst recognising that this is an issue deeply embedded within mainstream structures). Strategies such as more one-to-one support for these children, nurture groups, and additional work with learning mentors would be helpful here. Further specific BESD training during initial teacher training and beyond, identifying how to sensitively and positively respond to the perceived socially inappropriate behaviour of pupils with the label of BESD is also crucial (Riddick, 2012).

On the other hand, it is also important to discuss the implications of potential 'preferential' treatment towards children with the label of BESD in mainstream schools, which several parents and practitioners reported. This may firstly result in practitioners experiencing conflict from parents of children with SENs who are not 'disruptive' in the classroom, due to perceptions that children with the label of BESD receive assessment and support quicker than other pupils with SEN. To overcome this, practitioners need to make it clear to parents that assessing and supporting the needs of pupils with the label of BESD swiftly will enable the *whole* class to benefit, not just the pupil with the label of BESD, in terms of ensuring that teaching and learning of their peers is not disrupted. As well as this, there may be issues in terms of other pupils not understanding why a pupil with the label of BESD is able to engage in additional interventions such as reward charts and 'smiley face' stickers, which they are unable to participate in (as raised during interviews with practitioners). A simple yet potentially effective way to begin to address this issue would be to involve the whole class in as many of these rewards as possible, which are well documented in previous literature (Morgan and Ellis, 2011; Rogers, 2011; Cowley, 2010).

The reported 'preferential' treatment towards children with the label of BESD by practitioners may have been as a result of them having lowered expectations, and not expecting these children to develop appropriate social manners. It is vital that practitioners have high expectations of pupils with the label of BESD with regards to their socio-emotional development, and there should be much focus on developing the social skills of all pupils (for example how to deal with social situations); skills which they will need for life.

Moreover, another finding identified during this study was that the *types* of reactions from others that parents reportedly experienced were influenced by the perceived nature of their children's SENs, as well as perceived controllability, visibility of the SEN and evidence of perceived socially inappropriate behaviour. Implications here are that parents may be encountering many socio-emotional issues in addition to supporting their children's education, which practitioners need to be aware of. Issues regarding reactions from others are difficult to overcome, as they are grounded in how observers make judgements based on the information available to them (Weiner et al, 2010; Weiner et al, 1988; Weiner, 1980). As a child's perceived BESD is not visible, but their perceived socially inappropriate behaviour is, it is understandable how onlookers arrive at conclusions of 'naughty' children and 'bad' parents. Indeed, this is not an issue solely for children with the label of BESD; there is an evident need for wider education of the general public regarding mental health, disability and SEN.

Perhaps what would be appropriate in the short term is to focus on supporting parents after they have encountered these reactions from others, or lost friends. This could be in the form of support groups, where many parents in my study found comfort.

Parents could potentially be connected via Parent Partnership Services, or via schools; for example SENCos have the knowledge to connect parents of children with SEN together, although this would need to be conducted very sensitively. Additionally wider development of online support forums, which could acknowledge issues such as stigma and losing friends, could be helpful for parents who do not wish to engage in 'face-to-face' support groups. On a macro level, there is therefore a need for policy to consider the needs of parents aside from the needs of their children (Warin, 2007).

However, practitioners employed in BESD schools also talked of experiencing courtesy stigma themselves, with some assumptions that they were not "real teachers". This appeared to be linked to the wider stigma attached to the label of BESD. This is problematic as it suggests that the wider practitioner population, and the general public, may be misunderstanding the vital role that practitioners employed in BESD schools play in supporting the wealth of needs that these pupils are deemed to have. As discussed in section 8.1 above, it was clear that practitioners felt that they took on many additional responsibilities to ensure pupils with the label of BESD were supported on a socio-emotional as well as educational level, and deemed themselves to be compensating for a perceived lack of parental involvement. Based on this, practitioners and the general public need to be encouraged to find out what BESD schools have to offer, and how pupils with the label of BESD are supported personally and academically. Inviting mainstream practitioners and the general public into BESD schools is one way of doing so. Several head teachers employed in BESD schools who participated in this study had experience of doing this, which indicates that head teachers may be in a powerful position to begin breaking down the wider stigma attached to the label of BESD.

Furthermore, practitioners employed in mainstream schools also talked about the pressure they experienced when colleagues viewed them as responsible for *all* SEN related issues. To address this, head teachers and school governors must make it clear to their colleagues that specialist staff are not solely responsible for SEN-related issues. Instead a whole school approach to SEN and inclusion should be adopted (Pollard et al, 2008; Ainscow et al, 2006). Thorough guidance should be presented to colleagues regarding at what point, and how, specialist SEN colleagues should become involved. This would mean identifying clearly that certain aspects of the SEN process, such as producing Individual Education Plans for pupils with SEN, are the responsibility of class teachers.

Finally, parents reported experiencing denial, grief and gradual acceptance with regards to their children's SEN diagnoses, whilst also rejecting ideas that having a child with SEN was unequivocally 'tragic'. Although appropriate and accessible counselling and support should be available for parents upon their child's diagnosis, this is a personal process that some parents may go through, which cannot be rushed or 'solved' by any strategy. However, this may conflict with the practical, formal process that practitioners are going through in parallel; recognition of SENs and implementation of support. Practitioners therefore need to be aware of the emotional process that parents may be going through, at the same time as attempting to understand their children's diagnoses from a practical perspective and implementing special educational provision.

The next sub-section will consider the implications for practice with regards to home-school partnership findings.

8.3 In relation to research sub-question 3; partnership

Many parents of children with SEN participating in the study felt that the important knowledge they had about their children was not acknowledged by practitioners. It is important to recognise that the undervaluation of parental knowledge is a very complex issue to address, not helped by policy (such as the Indicative draft of the *0-25 SEN Code of Practice*, DfE, n.d, section 2.1) which continues to use vague phrases referring to the importance of "enabling parents to share their knowledge", whilst failing to provide details regarding how this could actually be enforced. Practitioners should be encouraged to recognise parental knowledge of their children, by adopting strategies which foster a *two-way* knowledge exchange. Strategies such as those identified by the Home-School Knowledge Exchange where the child is placed at the centre of the activities, exchange of photographs and videos detailing children's development via email (Feiler et al, 2008; Whalley, 1997) or communication logs (Fonteine et al, 2008), could provide a starting point on a micro level.

Additionally, although the perceived nature of children's SENs was not perceived to be a key influencer for the effectiveness of home-school relationships, the head teacher approach to, and value placed on, SEN and partnership matters appeared to be a noteworthy factor. This indicates that beginning to develop collaboration with parents may lie, in part, in the hands of head teachers. Based on this, it is essential that head teachers set appropriate examples regarding how positive relationships with parents can be developed, and ensure that SEN and inclusion are highly regarded issues, consistent with a whole-school approach to such matters. However, the further responsibilities that this places on head teachers, in addition to their many pressures, are crucial to acknowledge. Head teacher approaches to SEN and partnership are also evidently embedded within their own experiences, values and attitudes towards the role of parents and SEN. Nonetheless, head teachers need to ensure that SEN and partnership matters are conveyed as being of key importance.

Another reportedly influential factor regarding the effectiveness of home-school partnerships was practitioner approachability and trustworthiness; that is, practitioners needed to appear approachable and trustworthy in order to build rapport with parents. This highlights the following question; *can we expect all practitioners to form trusting relationships with parents?* Perhaps not. However, we can expect them to *convey* trust by ensuring that they are approachable and available to parents. Simple strategies such as meeting parents at the school gates to discuss issues, 'spending time' with parents (whilst acknowledging restrictions), and an 'open-door' policy (which parents in this study identified they were satisfied with) could convey these personal qualities.

On the contrary, practitioners suggested that they had experienced negative home-school partnerships due to the perceived unrealistic expectations of parents with regards to practitioner availability and support obtainable for their children. It is essential that schools provide guidance to parents as to when the best times are for parents to contact practitioners, and ensure that practitioners make this time available, so full attention is given to parental concerns. It is also important to increase parental awareness, on both a macro and micro level, of the funding restraints related to obtaining special educational provision. Nevertheless, practitioners must consider whether parental requests are actually 'unrealistic', or whether they are reasonable expectations with regards to home-school collaboration.

Finally practitioners were suggested to withhold information from parents, which linked to them not sharing 'negative' information about children that some parents interviewed wanted to hear about. What would therefore perhaps be more appropriate would be for parents and practitioners to discuss the perceived nature of the communication that they would like (in other words whether to share just positive information), rather than practitioners simply assuming that parents do not want to hear about the negative issues experienced with their children in school.

The next sub-section discusses implications with regards to empathy.

8.4 In relation to research sub-question 4; empathy

Firstly, the vast majority of parents perceived that practitioners could not and did not empathise with them. This may have placed practitioners in a 'catch-22' situation regarding how they could sensitively respond to parents and develop socio-emotional understanding, without appearing patronising. However, it should not be assumed that practitioners are unable to empathise; practitioners interviewed did report doing so. Nevertheless, it would be beneficial to consider ways in which empathy and understanding could be encouraged in practitioners, at the very beginning of their careers.

Recommendations for action here are for initial teacher educators to involve parents of children with SEN in teacher training programmes, encouraging them to share their stories with the intention of building the understanding, empathy and socio-emotional practice of practitioners. This was piloted with *Hannah**, the mother of two children with SEN, and was successful. Much positive feedback was obtained from student teachers, with a particular focus on how *Hannah's** story had developed their understanding of parental perspectives, encouraged them to empathise with other parents, and had key implications for their practice, some of which were direct and immediate. These findings illustrated the benefits of bringing parents and practitioners of the future together in this way. Based on these findings, it would be advisable for this intervention to be piloted with other initial teacher education courses, enabling student teachers to consider parental perspectives from the very beginning of their careers.

Nonetheless, it is also important to acknowledge the challenges with this approach. A key issue would be finding willing (and reliable) parents of children with SEN, who are confident talking to potentially large audiences. However, only a small number of parents would be required, and parents with less confidence could be supported to share their stories by different means, such as via video or audio recordings. These recordings could then be communicated to large student audiences, potentially overcoming the logistical issues of finding willing and reliable parents. There is also the matter of confidentiality. *Hannah** was comfortable sharing her personal experiences, but this may not be the case for all parents. However, this would be an issue for parents to consider before sharing their stories with student teachers.

There is also the challenge of finding time within initial teacher training programmes to develop and employ this strategy. However, the student feedback obtained during this study was based on *Hannah** sharing her story in just one hour, with between fifteen and two hundred students attending each talk. Additionally, as this strategy is now an integral part of teacher education at one university in the North West of England, and has reached 942 pre-service teachers (as of February 2013), these restrictions appear to be surmountable. This approach could have huge benefits for student teachers working with parents of children with SEN in the future, which all practitioners will experience, as all teachers are teachers of children with SEN (DfES, 2004).

In relation to the actual parent story intervention, *Hannah** was the only parent who participated in this instance. Trainee teachers clearly found *Hannah's** experiences beneficial for reflecting on their own perceptions and encouraging socio-emotional understanding. As these advantages were evident after just *one* parent shared her story, there may be further rewards for student teachers if there were to be additional parental involvement during teacher education. Future study could therefore explore the impact of involving more parents of children with SEN, over a longer period of time, with multiple sessions incorporating a parental element. However, as empathy is an under-explored concept within this very specific area, the findings of this opportunistic part of the study provided a starting point for the recognition of this concept within teacher education.

It is also important to acknowledge the rapidly changing perceived nature of initial teacher education, with Michael Gove striving for student teachers to be trained in schools rather than universities (with evident university funding cuts), via the expansion of School Direct (DfE, 2013; Mansell, 2013; Harrison, 2012). This move towards a school-led training system has much wider concerns for the future of teacher education, but in specific relation to my study it evidently questions the possible long-term impact of parents (like *Hannah**) sharing their stories within university settings in order to develop socio-emotional understanding and empathy. Nevertheless, at present many practitioners continue to be trained via universities, and therefore parent stories provide an option to consider when attempting to invest in further home-school socio-emotional exchange currently. There may also be opportunity for parents to share their stories within individual schools if the move towards school-led teacher education continues, which *Hannah** initially did (see section 3.9). This could potentially provide a more personalised learning experience for practitioners.

Furthermore, other professionals may be able to provide additional socio-emotional support and empathy towards parents, perhaps from the areas of social work or counselling. This involves joined-up services, and signifies the importance of professionals working together, as well as encouraging parents to seek support by providing information. Nevertheless, it is not unreasonable to expect practitioners to consider the possible emotional challenges involved in supporting children with SEN and consequently understand parental perspectives. Becoming attuned to the lives of pupils and their parents, should form part of the role of practitioners.

Finally, although practitioners employed in special schools were satisfied with the empathy expressed towards them by parents, mainstream practitioners did not always feel that parents were empathic. In an attempt to begin to address this, a similar strategy to *Hannah's** story could be adopted where practitioners could share their experiences with parents at support or activity groups. Another option would be for parents of children with SEN who were also employed in the education sector to share their experiences in this way. Several parent support and activity groups which I accessed for my research often invited external speakers to talk with parents, therefore this approach could be feasible.

The final section in this chapter concentrates on the broader implications highlighted during this study.

8.5 Wider implications regarding policy and practice

This section considers how the specific implications and recommendations identified previously link to broader educational issues and recommendations, namely; concerns about how holistic interest in pupils with SEN is being ignored (particularly within mainstream schools), due to focus on achievement and league tables (framed within the marketisation of schooling and the standards agenda, as highlighted by Runswick-Cole, 2011); the importance of developing alternative interventions to those which have parental determinism at their core; and finally the need for practitioner awareness training and ongoing exposure to the lives of parents. Interventions often focus on 'changing' the parents in some way (Hodge and Runswick-Cole, 2008), therefore the following implications and recommendations attempt to recognise the importance of practitioner training, and other strategies which address practitioner practice.

Although not the key focus of this study, blame and stigma were reportedly attributed to *pupils* with the label of BESD in mainstream schools. This indicated that holistic interest in children with the label of BESD, and perhaps children more generally, may not be valued enough in mainstream schools due to the pressure on practitioners to 'tick boxes' with regards to academic achievement, contrasting to holistic interest which cannot be 'measured'. This is reinforced by recent indications of a shift in focus from child well-being (and initiatives such as the *Every Child Matters* agenda, DfES, 2003) to attainment by the Coalition government (Symonds, 2011). Mainstream practitioners are preoccupied with pupil attainment due to the marketisation of schooling, the standards agenda, and the consequent impact of league tables (Squires, 2012), as well as education being their key role. The socio-emotional difficulties experienced by pupils may therefore not be thoroughly considered or supported. This development of an ableist culture (Campbell, 2009) also evidently marginalises other children (Runswick-Cole, 2011; Bagley and Woods, 1998). This emphasises wider concerns regarding the lack of time and training available to mainstream practitioners for supporting pupils with SEN, and the intense pressure placed on practitioners. Practitioners are therefore clearly experiencing major issues if they perceive their only real options to be 'preferential', conflict-avoidant treatment towards their most 'challenging' pupils, or exclusion.

There is evident need for further support in the mainstream classroom not just specifically for these pupils but for the class as a whole, enabling the class teacher to engage more holistically with all pupils, but perhaps more intensely with pupils with SEN in order to understand their needs on a deeper level. Although it is essential to acknowledge resource constraints here, this is an area which should not be overlooked when considering how to ensure pupils with the label of BESD, pupils with other SENs, and consequently their peers, can achieve their potential within a mainstream environment.

Furthermore, although exploring debates surrounding inclusive education in any detail were beyond the scope of this investigation, my findings are situated within controversy regarding how to educate children with SEN, and where their individual needs can be most appropriately addressed. As blame and stigma towards pupils with the label of BESD was solely reported within mainstream environments, and due to the lack of mainstream practitioner time and training available to address the support of pupils with the label of BESD, it could be concluded that children given labels of BESD should be educated within special schools. However this would be extremely inappropriate, not least due to this 'separation' undermining the whole notion of inclusive education, as well as the need to respect parental choice. It is therefore essential that BESD training for mainstream practitioners, and practitioner time to further invest holistically in their pupils, is made a governmental priority.

Additionally, with regards to blame and stigma surrounding *parents* of children with the label of BESD, there are again clear implications in terms of practitioner training. It is essential that practitioners (particularly those employed in mainstream schools) undertake specific BESD training, to increase their awareness of how wider socio-economic pressures can influence the 'abilities' of parents and how they relate to their children, before these pressures are completely side-lined in favour of simplistic discourses of 'ineffective parenting'. It is also important to encourage practitioners to reflect on how their own practice may impact on the behaviour and development of their pupils. On a macro level, there is a problematic focus on developing interventions where the notion of parental determinism is at the core. Strategies therefore need to concentrate on addressing social pressures, such as inappropriate housing and unemployment that families are experiencing, instead of simplistically attempting to resolve 'poor parenting'. Whilst acknowledging that this is no easy task, it is essential that attention is drawn away from viewing parents in isolation of socio-economic disadvantage.

In relation to the points above regarding training, interestingly the SEN Green Paper *Support and Aspiration* (DfE, 2011a) recognised that SEN training was lacking;

> Teachers tell us that they have not always had training to identify children's needs, or to provide the right help
> (DfE, 2011a, p. 9)

Although this statement is loaded with problematic perceptions regarding the need to identify, medicalise and find solutions for children's difficulties, it does suggest that the government have at least started to acknowledge that practitioners need to be better prepared to support children and their families. To address this, the government identified that they intended to revise statutory guidance on SEN identification to make it clearer for professionals, and to support the "best schools" (DfE, 2011a, p. 10) to share their practices. In a more recent update on the Green Paper, *Support and aspiration: A new approach to special educational needs and disability, Progress and next steps* (DfE, 2012c), the launch of a scholarship scheme specifically enabling teachers to undertake specialist postgraduate qualifications was discussed. A similar scheme has also been highlighted for "talented support staff" (DfE, 2012c, p. 8) to achieve degree level qualifications in order to improve their SEN knowledge and abilities to work with pupils. Although this is progress, it does indicate that further training is only to be available for a select few, when it is evident that specific SEN (and BESD) training for *all* practitioners is crucial. It also implies that professional expertise of SEN remains in high esteem, as opposed to acknowledging the key importance of parental expertise.

There are also wider implications in terms of home-school collaboration patterns; practitioners evidently need to invest more in parents (regardless of whether they have children with SEN), which is only possible if schools listen to the valuable knowledge that they hold, in order to develop socio-emotional understanding of their lives. Practitioners need to earn parents' trust and ensure that they are approachable, encouraging parents to relay their concerns as well as sharing information themselves. Head teachers could lead the way and set an example here, as head teacher approaches to SEN and partnership matters had a key influence on the effectiveness of home-school relationships reported in my study. Although there are again resource implications, strategies such as parents sharing their stories with practitioners (evidenced by *Hannah**) can provide a positive starting point for mutual reach (Warin, 2009) between parents and practitioners.

Nonetheless, encouraging practitioners to invest in trusting, positive socio-emotional exchange with *all* parents is by no means easy, as these relationships are based on emotions, attitudes (Santrock, 1997) and stereotypical assumptions of controllability and parental determinism, in an already sensitive area. In life we form effective relationships with some, but not others. But within this context, practitioners are professionally obligated to work 'effectively' with the parents of their pupils. Nevertheless, the lack of time available to engage holistically with parents (as well as pupils as considered earlier) is important to acknowledge. However, this cannot be a reason to ignore the issue; it is essential that we take small steps towards encouraging further home-school socio-emotional exchange, using examples of positive practice highlighted in this thesis.

On the other hand, it is also important to point out that parents may identify needs that cannot be fulfilled by practitioners (due to a lack of time and training). Other agencies may therefore be more appropriate in these instances, such as social workers, family support workers or learning mentors. Practitioners simply cannot be expected to address all of the socio-emotional needs of children with SEN *and* their parents, in addition to their key role as educator of *all* pupils (not just those with SEN). Supporting pupils with SEN and their parents only forms a small part of the multi-faceted role of practitioners, and therefore multi-agency provision is essential to ensure that pupils and parents access appropriate support, but also to ensure that practitioners are not overloaded (as they appear to be at present).

The awaited overhaul of the SEN system, set out within the Green Paper *Support and Aspiration* (DfE, 2011a), the 2013 *Children and Families Bill*, and the Indicative Draft of the *(0-25) Special Educational Needs Code of Practice* (DfE, n.d) appears to have several key underpinnings; high expectations for pupils with SEN; parental choice; education, health and social care collaboration; and finally skilful and knowledgeable professionals. These principles evidently hint at addressing many key issues identified within this thesis. Regarding how, and whether, this new system will actually address the immense challenges highlighted by parents of children with SEN and educational professionals remains to be seen; only time will tell.

What follows now is a conclusion section, bringing blame, stigma, partnership and empathy together with regards to home-school relationships involving parents of children with SEN (with and without the label of BESD) and practitioners. It also makes reference to the overall contribution of this thesis, implications of these findings for research, strengths and limitations of the study, and areas for future research.

Conclusion: Bringing Blame, Stigma, Partnership and Empathy Together; the impact on home-school relationships

The previous chapter considered implications for practice, and recommendations for action, with regards to the four key concepts under investigation; blame, stigma, partnership and empathy. However these four concepts are interlinked socio-emotional aspects of home-school relationships and therefore cannot be separated fully. This conclusion therefore brings blame, stigma, partnership and empathy together, and shares the overall findings of this thesis. I will then continue to highlight the implications of these findings for research (having already considered implications for practice in chapter 8), with the value of this study and contributions also being discussed. Finally, strengths and limitations of the study, and areas for future research are highlighted.

As a reminder, the overall research question explored during this study can be seen below;

- What are the perceptions of parents of children with SEN (both with and without the label of BESD) and educational practitioners, regarding their experiences of socio-emotional aspects of home-school relationships?

The key findings

The key factors which were perceived to influence each concept are identified in Table 9.1 below;

Concept	Key factors influencing the concept
Blame	The perceived nature of children's SENs and perceived controllability
Stigma	The perceived nature of children's SENs, influencing SEN visibility, evidence of perceived socially inappropriate behaviour and perceived controllability
Partnership	Practitioner approachability, practitioner trustworthiness, factors influencing social class, and head teacher approaches to SEN and partnership matters
Empathy	Whether the person attempting to empathise was perceived to have experienced a similar situation to the individual that they were attempting to empathise with

Table 9.1: key factors found to influence each of the four concepts

The overall key findings of this thesis, in accordance with my conceptual framework, are that firstly the *perceived nature* of children's SENs had a key influence on parental experiences, and practitioner perceptions, of blame, guilt and stigma, which framed interest in labels of SEN. These findings highlighted the relevance of Weiner's (1980) attributional model regarding perceived controllability and reactions to stigmas, as well as models of disability. However, the perceived nature of children's difficulties did not frame parent and practitioner experiences regarding the varying perceived effectiveness of home-school partnerships, or empathy. Instead other factors were of key interest here, namely practitioner approachability, practitioner trustworthiness, factors influencing social class, and head teacher approaches to SEN and partnership matters.

For example, the perceived nature of children's SENs reportedly influenced parental experiences of blame, guilt and stigma. Parents of children with the label of BESD reported much blame from practitioners (which practitioners reiterated, despite indications that social pressures influenced perceived BESD as opposed to 'poor parenting' per se), experienced immense guilt and discussed socio-emotional interest in labels of SEN for their children in an attempt to absolve this blame and guilt.

Parents of children with the label of BESD also discussed the differential treatment that they had experienced in the form of enacted stigma and negative reactions from others, and consequently felt under much pressure. This appeared to be due to their children's difficulties being perceived as controllable and deemed to be caused by 'ineffective' parenting practices, reinforced by the 'invisibility' of their children's perceived BESD and their children frequently displaying perceived socially inappropriate behaviour. This contrasted with the experiences of parents of children with other SENs, who reported little or no blame or guilt (and were only interested in labelling in order to obtain support for their children), and the differential treatment that they experienced was in the form of pity or sympathetic attitudes from others. The visibility of some of their children's difficulties was also perceived to reduce parental pressure and stigma. Interestingly practitioners employed in BESD schools also reported experiencing courtesy stigma themselves due to working in these schools, which was linked to the wider stigma attached to BESD. However practitioner pressure was influenced by the type of school that participants were employed at.

Nevertheless, the perceived nature of children's SENs did not appear to have a key influence on experiences of partnership and empathy. For example, the perceived effectiveness of home-school partnerships and whether parental expertise was deemed to be valued varied between parents, regardless of the perceived nature of their children's difficulties, indicating that they were issues of wider relevance for parents of children with SEN. Instead practitioner approachability, practitioner trustworthiness, factors implicated in social class of parents, and head teacher approaches to SEN and partnership matters were key factors. A similar situation was evident in relation to parent-practitioner empathy, an issue significantly under-explored in previous literature. The vast majority of parents, regardless of the perceived nature of their children's difficulties, reported that practitioners could not and did not empathise with them unless practitioners had children with SEN themselves. Moreover, although most practitioners reported that they were empathic towards parents, they interestingly suggested that parents only empathised if they had been employed in the education sector. These findings regarding empathy highlighted how sharing a similar experience was perceived to influence a person's ability to empathise with another individual. However an opportunity which arose during the research, whereby a mother of two children with SEN shared her 'story' with student teachers, provided a starting point to encourage further home-school empathic exchange.

Overall, it is essential that home-school relationships are built on the socio-emotional values of trust, approachability and empathy, where both parties feel listened to. Home-school relationships founded on these values can provide a supportive and non-threatening environment to address issues such as blame, stigma and labelling; creating an atmosphere that encourages parents of children with SEN and educational professionals to share their ideas and concerns. Practitioners need to invest more in parents of children with SEN, ensuring that they are non-judgmental and refraining from engaging with critical assumptions of blame and 'poor parenting', in order to develop socio-emotional understanding of the lives of parents and greater knowledge exchange.

These findings have clear implications for policy and practice, identifying a need for further practitioner training in specific relation to SEN, additional support in the classroom, political concentration on addressing wider social pressures as opposed to 'poor parenting', and a more holistic interest in pupils and parents.

Implications of findings for research and value of the study; contributions to knowledge

This study has provided an in-depth, qualitative insight into perceptions and experiences relating to socio-emotional aspects of home-school relationships between parents of children with SEN (with and without the label of BESD) and educational practitioners. The first contribution to knowledge in this area was the decision to focus on socio-emotional issues, as opposed to the more practical issues of home-school relationships considered in a wealth of previous literature. Much more sensitive issues were the focal point of my study, such as whether parents personally felt blamed for their children's difficulties. It was crucial that these sensitive, emotionally charged perceptions and experiences were identified as they appeared to be key influencers with regards to home-school relationships. This thesis therefore brought concerns regarding blame, stigma, partnership and empathy to the forefront, taking Weiner's (1980) ideas regarding controllability and applying them in a qualitative manner. Findings identified how the perceived nature of children's difficulties and the labels of SEN attributed to them, conjured up perceptions of cause, controllability, and consequent experiences of blame, guilt and the socio-emotional significance of labelling, implicated within parent-school relations. The need for greater practitioner investment in, socio-emotional understanding of, and sensitivity regarding, the lives of parents with children with SEN was consequently recognised.

A second contribution was exploring the influence of the perceived nature of children's SENs on home-school socio-emotional exchange, via the inclusion of parents of children with SEN *both with and without the label of BESD* in the same study. The thesis supported assumptions made by previous literature regarding blame being of key significance for parents of children with the label of BESD via eliciting the views and experiences of parents with children with a range of SENs. However, this key sampling decision also identified that differential treatment, partnership and empathy were wider issues for parents of children with SEN and practitioners, regardless of the perceived nature of children's difficulties, reinforcing the need to include a wider parent sample in the study. This wider parent sample also led to consideration of models of disability, with findings consequently contributing to growing critique of the medical model of disability, and evidence of an ableist culture within mainstream settings.

A third contribution was the decision to explore parental *and* educational practitioner perspectives regarding specific socio-emotional aspects of home-school collaboration. As this thesis was based within the context of relationships between home and school, ensuring that both parents and practitioners had a voice in the process appeared appropriate. However, a review of literature highlighted that this had not always been the case in previous socio-emotional research, where practitioner experiences had not been considered fully (such as Francis, 2012; Hess et al, 2006; O'Connor et al, 2005;

Harborne et al, 2004; and Russell, 2003), due to understandable concentration on the devalued voices of parents.

The inclusion of practitioners in this research appeared essential, as their views and experiences provided alternative perspectives to understanding socio-emotional aspects of home-school relationships in some areas. Practitioners reinforced assumptions of a link between the label of BESD and 'poor parenting', framed within parental determinism discourses. On the other hand, they provided differing viewpoints regarding other issues, such as withholding information from parents to prevent parental misinterpretation or disengagement, perceived 'unrealistic' parent expectations of practitioner availability, and suggestions that parents may have had lowered expectations of their children as opposed to practitioners themselves. Practitioners also suggested that they did empathise with parents, highlighting the possibility of them 'silently' empathising; a finding that could not have been raised without explicitly eliciting the views of practitioners. In other words, the findings of this study emphasised the importance of hearing the experiences of both 'sides' of home-school relationships.

Furthermore, experiences of empathy with parents of children with SEN and practitioners were recognised; an area which had been considerably under-explored previously within a home-school context. Findings highlighted the value of examining this concept, with concerns raised regarding the reported lack of practitioner empathy towards parents, and the perceived influence of sharing similar experiences on the ability to empathise with other individuals. My research consequently identified how practitioners could be encouraged to develop socio-emotional understanding towards parents, via parents sharing their stories.

This study began with an interest in exploring whether, and how, the perceived nature of children's SENs framed insights and experiences of home-school relationships, with a particular interest in blame and the label of BESD. This involved examining the relevance of Weiner's (1980) attributional model regarding perceptions of controllability and reactions to stigmas within this context. This also incorporated three other socio-emotional issues, in addition to blame; stigma, partnership and empathy, and identified the need to give voice to parents of children with various labels of SEN, as well as educational practitioners. However this research opened up much wider issues including; discourses of parental determinism; state and practitioner intervention or 'compensation' for 'poor parenting'; controversy surrounding the labelling and medicalisation of children; home-school disjuncture or 'culture clashes'; and the perceived need for further practitioner investment in home-school socio-emotional knowledge.

This research was particularly timely due to the anticipated changes to the SEN system, ongoing acknowledgement of the devalued parental voice, as well as an evident focus on parental determinism within policy and practice (Walters, 2012; Craig, 2012). This was exacerbated by the 2011 riots in several UK cities, where much of the violence and inappropriate behaviour displayed by children and young people was blamed on ineffective parenting and a lack of parental responsibility (Addley, 2011; Gentleman, 2011). The issues I examined during this thesis were therefore framed within, and continue to be, key political and societal concerns.

Strengths, limitations and areas for future research

The study's strengths were qualitatively examining socio-emotional aspects of home-school relationships, which built on Weiner's (1980) ideas regarding controllability, models of disability and previous exploration. In accordance with my conceptual framework, this provided the opportunity to examine perceptions and experiences of blame, stigma, partnership and empathy. IPA enabled me to reflect deeply about participant perspectives, gaining a detailed insight into their lives and more specifically, their home-school relationships. The sample was a particular strong point regarding the sub-groups involved; both parents and educational practitioners participated, as well as parents of children with a wide range of SENs.

However, the study was limited in terms of the time and resources available to a single researcher. This resulted in only a small amount of parents in each sub-group ('with the label of BESD', 'without the label of BESD', 'visible SENs and perceived socially inappropriate behaviour' and 'classic ASD'), to ensure that I could explore the perceptions and experiences of these parents in-depth. This was with the intention of, in a very small way, recognising that children with SEN are not a homogenous group (Goodley and Runswick-Cole, 2010b; Ryan and Runswick-Cole, 2008), and that parental experiences could be vastly different dependent on the perceived nature of their children's difficulties (although within this, there is homogenisation of children with 'classic ASD' and so on). If further time and resources had been available, a larger parent sample could have been interviewed.

Additionally, it was only possible to interview each parent and practitioner once. This made me feel particularly uncomfortable during the research process as I met with participants, asked them to share very personal experiences with me, and then left;

perhaps never to see them again. Nevertheless, a summary of the research findings will be sent to each participant, and this does also raise the possibility of further longitudinal research.

It is also evident that this research has been a journey, providing numerous potential avenues of thought along the way whilst, at the same time, having to acknowledge the need to contain the study and identify an 'end point' to exploring other developments of relevance to this thesis. Based on this, there are several key areas of research that I would like to pursue in the future. On a broader level, it will be interesting to observe how the 'new' SEN system evolves, and whether it can address the issues highlighted in this thesis with regards to, for example, 'promises' of valuing parental knowledge, having high expectations for pupils with SEN, and developing home-school collaboration.

There is also scope to further examine perceptions of the 'good parent' and 'good practitioner' from a socio-emotional, home-school perspective, whilst recognising the much wider bodies of literature surrounding good parenting and practice that already exist (Goodley et al, 2011; Klett-Davies, 2010; Johnston and Swanson, 2006; Keyes, 2002). Based on perceptions and experiences highlighted in my study, the 'good parent' could be assumed to; take responsibility for their (her) children and consequently does not have children who display perceived socially inappropriate behaviour; does not place 'inappropriate demands' on SEN resources (in other words, is not a 'pushy parent'); is not focused on labelling for their own gains; and understands practitioner perspectives. The 'good practitioner' does not engage in critical assumptions of 'poor parenting' and yet feels morally obligated to "save the next generation" (Gillies, 2012, p. 18); refrains from sharing personal opinions with parents in order to prevent "leakage" (Todd and Jones, 2003, p. 233), and yet does not withhold information from them; and is trustworthy, approachable, and able to put themselves 'in the shoes' of parents to gain further socio-emotional understanding of their lives. These short statements highlight a multitude of areas where further exploration would be valuable.

More specifically, it would be particularly interesting to pursue the influence of age on perceived controllability, accountability and blame attributed to *children* with the label of BESD by professionals, which was only able to be briefly considered in this thesis due to concentrating on parent-teacher relationships. This could involve interviewing children with the label of BESD, as well as children given other labels of SEN. It would also be helpful to explore how parental experiences of blame, stigma or empathy change over time as their children age, identifying scope for longitudinal research. Additionally, further exploration of the courtesy stigma reportedly experienced by practitioners employed in special schools, more specifically those in BESD schools, is important.

Overall, this thesis has identified how the perceived nature of children's SENs provided insight into parental experiences of blame, guilt, the socio-emotional significance of labelling, and stigma. However, the effectiveness of home-school partnerships, and experiences of empathy were predominantly influenced by practitioner approachability, practitioner trustworthiness, factors implicated in social class, and head teacher approaches to SEN and partnership matters. For parent-teacher relationships to flourish, a decrease in focus on blame and parental determinism (experienced by many parents of children with the label of BESD) is evidently necessary, together with the voices of parents being valued, empathic exchange, and further practitioner exposure to the socio-emotional experiences of parents. These home-school relationships are of paramount importance if children given labels of SEN are to be effectively supported and consequently achieve their potential.

Reference List

ADDLEY, E. 2011. London riots: 'A generation who don't respect their parents or police'. *The Guardian,* 9 August. Available: http://www.guardian.co.uk/uk/2011/aug/09/london-riots-kids-parents-police [Accessed 29th May 2913].

AINSCOW, M. 1999. *Understanding the Development of Inclusive Schools.* London: Falmer Press.

AINSCOW, M., BOOTH, T. & DYSON, A. 2006. *Improving Schools, Developing Inclusion.* Oxon: Routledge.

AJZEN, I. 2005. *Attitudes, Personality and Behaviour.* Maidenhead: Open University Press.

ALDERSON, P. 1995. *Listening to Children: children, ethics and social research.* Essex: Barnados.

ALDRIDGE, J., SHUTE, J. RALPHS, R. & MEDINA, J. 2011. Blame the Parents? Challenges for Parent-Focused Programmes for Families of Gang-Involved Young People. *Children and Society,* 1-11.

AMERICAN PSYCHIATRIC ASSOCIATION. 2000. *Diagnostic and Statistical Manua.* Washington: APA.

ANGERMEYER, M. C., SCHULZE, B. & DIETRICH, S. 2003. Courtesy stigma. *Social Psychiatry & Psychiatric Epidemiology,* 38, 10, 593-602.

ANTAKI, C. 1981. *The Psychology of Ordinary Explanations of Social Behaviour.* London: Academic Press.

APPLEQUIST, K. L. 2009. Parent Perspectives of Special Education: Framing of Experiences for Prospective Special Educators. *Rural Special Education Quarterly,* **28,** 3-16.

APPLIED EDUCATIONAL RESEARCH SCHEME. 2009. *Data Collection: Interviews in Research.* Available: http://www.bera.ac.uk/data-collection-interviews-in-research [Accessed 10th May 2013].

ARAI, L. 2011. The surveillance of children, young people and families. *In:* O'DELL, L. & LEVERETT, S. (eds.) *Working with Children and Young People: Co-constructing practice.* Hampshire: Palgrave Macmillan

ARCHER, M., & GREEN, L. 1996. Classification of learning difficulties. *In:* KRIEGLER, S. & ENGLEBRECHT, P. (eds.) *Perspectives on Learning Difficulties.* Hatfield, SA: Van Schaik.

ARMSTRONG, D. J. 1995. *Power and Partnership in Education.* London: Routledge.

ARTHUR, R. 2005. Punishing Parents for the Crimes of their Children. *Howard Journal of Criminal Justice,* 44, 3, 233-253.

ASMUSSEN, K. A., MATTHEWS, T., WEIZEL, K., BEBIROGLU, N., & SCOTT, S. 2012. *Evaluation of the National Academy of Parenting Practitioners' Training Offer in evidence based parenting programmes.* Available: www.education.gov.uk/publications/eOrderingDownload/DFE-RR186.pdf [Accessed Accessed 10th May 2013].

AVDI, E., GRIFFIN, C., & BROUGH, S. 2000. Parents construction of professional knowledge, expertise and authority during assessment and diagnosis of their child for an autistic spectrum disorder. *British Journal of Medical Psychology,* 73, 3, 327-338.

BAGLEY, C. & WOODS, P. A. 1998. School Choice, Markets and Special Educational Needs. *Disability & Society,* 13, 763-783.

BAILEY, B.A., HARE, D.J., HATTON, C. & LIMB, K. 2006a. The response to challenging behaviour by care staff: emotional responses, attributions of cause and observations of practice. *Journal of Intellectual Disability Research,* 50, 199-211.

BAILEY, J.A., HILL, K.G., OESTERLE, S. & HAWKINS, J.D. 2006b. Linking substance use and problem behaviour across three generations. *Journal of Abnormal Child Psychology,* 34, 273-292.

BAILEY, J.A., HILL, K.G., OESTERLE, S., & HAWKINS, J.D. 2009. Parenting practices and problem behavior across three generations: Monitoring, harsh discipline, and drug use in the intergenerational transmission of externalizing behavior. *Developmental Psychology*, 45, 5, 1214-1226.

BARG, C. J., ARMSTRONG, B. D., HETZ, S. P. & LATIMER, A. E. 2010. Physical Disability, Stigma, and Physical Activity in Children. *International Journal of Disability, Development & Education,* 57, 371-382.

BARNADOS. 2010. *From Playground to Prison: the conveyor belt to crime.* Available: http://www.barnardos.org.uk/from-playground-to-prison-the-conveyor-belt-to-crime/publication-view.jsp?pid=PUB-1455 [Accessed 10th May 2013].

BARNES, C. 2000. A working social model? Disability, work and disability politics in the 21st century. *Critical Social Policy,* 20, 4, 441-457.

BARRATT, R.J. 2000. *Special Needs Children and the Environment: Exploring the Home Environment Experience of 7 Year Old Children with Emotional and Behavioural Difficulties.* PhD Thesis, Sussex University.

BASTIANI, J. 2003. *Materials for Schools: Involving parents, raising achievement.* Available: http://dera.ioe.ac.uk/9814/1/PICE-IPRA.pdf [Accessed 10th May 2013].

BECKER, H. S. 1963. *Outsiders: Studies in the sociology of deviance.* New York: Simon & Schuster.

BECKER, B.E. & LUTHAR, S.S. 2002. Social-Emotional Factors Affecting Achievement Outcomes Among Disadvantaged Students: Closing the Achievement Gap. *Educational Psychologist,* 37, 4, 197-214.

BECKLES, J. 2009. Six Behaviour Management Mistakes. *Times Educational Supplement,* 5 July. Available: http://www.tes.co.uk/article.aspx?storycode=6000095 [Accessed 10th May 2013].

BENNETT, P. L. 2006. Helpful and unhelpful practices in meeting the needs of pupils with emotional and behavioural difficulties: a pilot survey of staff views in one local authority. *British Journal of Special Education,* 33, 188-195.

BENNETT, P. L. 2007. *Action Research with Teachers in a Secondary School to Improve the Educational Experiences of Children with Emotional and Behavioural Difficulties.* PhD Thesis.

BETTELHEIM, B. 1967. *The Empty Fortress: infantile autism and the birth of the self.* New York: Free Press.

BEYERS, J.M., BATES, J.E., PETTIT, G.S. & DODGE, K.A. 2003. Neighbourhood structure, parenting processes, and the development of youths' externalizing behaviours: A multilevel analysis. *American Journal of Community Psychology*, 31, 35-53.

BJARNASON, T., BENDTSEN, P., ARNARSSON, A. M., BORUP, I., IANNOTTI, R. J., LÖFSTEDT, P., HAAPASALO, I., & NICLASEN, B. 2012. Life Satisfaction Among Children in Different Family Structures: A Comparative Study of 36 Western Societies. *Children & Society*, 26, 51-62.

BLAMIRES, M., ROBERTSON, C. & BLAMIRES, J. 1997. *Parent-Teacher Partnerships: Practical Approaches to Meet Special Educational Needs.* London: David Fulton.

BLOOR, A. 2011a. New approach to SENs? *SEBDA News*, Summer 2011.

BLOOR, A. 2011b. From the Desk of the Education Officer. *SEBDA News,* Summer 2011.

BLUM, L.M. 2007. Mother-Blame in the Prozac Nation: Raising Kids with Invisible Disabilities. *Gender and Society,* 21, 2, 202-226.

BOUTSKOU, E. 2007. Constructing "the parents" in primary schools in Greece: special education teachers' whispers. *International Journal about Parents in Education,* 1, 140-144.

BOYLE, M.P., BLOOD, G.W. & BLOOD, I.M. 2009. Effects of perceived causality on perceptions of persons who stutter. *Journal of Fluency Disorders.* 34, 3, 201-218.

BRACCHI, P. & KELLY, T. 2013. Relatives cashing in on her murder. A home life based on benefits, drugs and casual sex. With this family, what hope did poor Tia have? *Daily Mail,* 17 May. Available: http://www.dailymail.co.uk/news/article-2326383/Tia-Sharp-relatives-cash-murder-A-home-life-based-benefits-drugs-sex--hope-did-have.html#ixzz2UhFnPCfu [Accessed 29th May 2013].

BRITISH EDUCATIONAL RESEARCH ASSOCIATION. 2011. *Revised Ethical Guidelines for Educational Research.* Available: http://www.bera.ac.uk/publications/Ethical%20Guidelines [Accessed 10th May 2013].

BRITISH MEDICAL ASSOCIATION 2006. *Child and adolescent mental health – a guide for healthcare professionals.* London: British Medical Association

BROADHURST, K. 2009. Safeguarding Children through Parenting Support: How Does Every Parent Matter? *In:* BROADHURST, K., GROVER, C. & JAMISON, J. (eds.) *Critical Perspectives on Safeguarding Children.* Oxford: Wiley-Blackwell.

BROCKI, J. & WEARDEN, A. 2006. A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health,* 21, 87-108.

BROPHY, J. & ROHRKEMPER, M. 1981. The influence of problem ownership on teachers ' perceptions of and strategies for coping with problem students. *Journal of Educational Psychology.* 73, 295-311.

BROWN, I., & THOMPSON, J. 2007. Primary care nurses' attitudes, beliefs and own body size in relation to obesity management. *Journal of Advanced Nursing*, 60, 5, 535-543.

BROWNE, K. 1992. *An Introduction to Sociology.* Cambridge: Polity Press.

BRUCE, E. & SCHULTZ, C. 2002. Non-finite loss and challenges to communication between parents and professionals. *British Journal of Special Education,* 29, 1, 9-13

BRYMAN, A. 2008. *Social Research Methods.* Oxford: Oxford University Press.

BURTON, D., & GOODMAN, R. 2011. Perspectives of SENCos and support staff in England on their roles, relationships and capacity to support inclusive practice for students with behavioural emotional and social difficulties. *Pastoral Care in Education*, 29, 2, 133-149.

BUSWELL-GRIFFITHS, C., NORWICH, B. & BURDEN, B. 2004. Parental agency, identity and knowledge: mothers of children with dyslexia. *Oxford Review of Education,* 30, 417-433.

CAMPBELL, F.K. 2009. *Contours of Ableism.* Basingstoke: Palgrave Macmillan.

CAPALDI, D.M., PEARS, K.C., PATTERSON, G.R. & OWEN, L.D. 2003. Continuity of parenting practices across generations in an at-risk sample: A prospective comparison of direct and mediated associations. *Journal of Abnormal Child Psychology,* 31, 127-142.

CARPENTER, N.C. & PAETZOLD, R.L. 2013. An examination of factors influencing responses to requests for disability accommodations. *Rehabilitation Psychology,* 58, 1, 18-27.

CARTER-WALL, C. & WHITFIELD, G. 2012. *The role of aspirations, attitudes and behaviour in closing the educational attainment gap.* Available: http://www.jrf.org.uk/sites/files/jrf/education-achievement-poverty-summary.pdf [Accessed 29th May 2013].

CASE, S. 2000. Refocusing on the Parent: what are the social issues of concern for parents of disabled children? *Disability & Society,* 15, 271-292.

CENTRAL ADVISORY COUNCIL FOR EDUCATION. 1967. *Children and their primary schools: a report of the Central Advisory Council for Education (England).* London: HMSO.

CENTRE FOR SOCIAL JUSTICE. 2011. *No excuses: a review of educational exclusion.* Centre for Social Justice. Available: http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Educational_Exclusion.pdf [Accessed 10th May 2013].

CHAMBRES, P., AUXIETTE, C., VANSINGLE, C. & GIL, S. 2008. Adult Attitudes Toward Behaviors of a Six-year-old Boy with Autism. *Journal of Autism & Developmental Disorders,* 38, 1320-1327.

CHAPPELL, A.L., GOODLEY, D. & LAWTHOM, R. 2001. Making connections: the relevance of the social model of disability for people with learning difficulties. *British Journal of Learning Disabilities,* 29, 2, 45-50.

CHARMAZ, K. 2006. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis.* London: Sage.

CHAVIRA, V., LOPEZ, S.R., BLACHER, J. & SHAPIRO, J. 2000. Latina Mothers' Attributions, Emotions, and Reactions to the Problem Behaviors of their Children with Developmental Disabilities. *Journal of Child Psychology & Psychiatry & Allied Disciplines,* 41, 2, 245.

CHELL, N. 2006. Experiences of parenting young people with a diagnosis of Asperger Syndrome: a focus group study. *The International Journal of Psychiatric Nursing Research,* 11, 1348-1358.

CHILDREN AND FAMILIES BILL. 2013. London: The Stationery Office. Available: https://www.education.gov.uk/publications/eOrderingDownload/Children%20and%20Families%20Bill%202013.pdf [Accessed 10th May 2013].

CLARK, C. 2009. *Why fathers matter to their children's literacy.* Available: http://www.literacytrust.org.uk/assets/0000/0770/Father_review_2009.pdf [Accessed 10th May 2013].

CLARK, A. J. 2010a. Empathy: An integral model in the counseling process. *Journal of Counseling & Development,* 88, 348-356.

CLARK, A. J. 2010b. Empathy and Sympathy: Therapeutic Distinctions in Counseling. *Journal of Mental Health Counseling,* 32, 95-101.

CLARK, C., DYSON, A., MILLWARD, A. J. & SKIDMORE, D. 1997. *New Directions in Special Needs: Innovations in Mainstream Schools.* London: Cassell.

CLARK, K. B. 1980. Empathy- a neglected topic in psychological research. *American Psychologist,* 35, 187-190.

CLARK-CARTER, D. 1997. *Doing Quantitative Psychological Research: from design to report.* Sussex: Psychology Press Limited.

CLARKE, K. & CHURCHILL, H. 2012. 'A Chance to Stand Back': Parenting Programmes for Parents of Adolescents. *Children & Society*, 26, 4, 316-327.

CLARKE, M. J. 2008. *Special Educational Needs Co-ordinators Perceptions of Local Education Support Services, with Particular Reference to Pupils with Social, Emotional and Behavioural Difficulties: A Case Study of Luton Local Authority.* Doctorate of Education Thesis, University of Leicester.

CLARKE, Z. J., THOMPSON, A. R., BUCHAN, L. & COMBES, H. 2008. Parents' experiences of pain and discomfort in people with learning disabilities. *British Journal of Learning Disabilities,* 36, 84-90.

CLEGG, N. 2010. *Speech on Social Mobility.* Available: http://www.libdems.org.uk/news_detail.aspx?title=Nick_Clegg_delivers_speech_on_social_mobility&pPK=38cf9a88-0577-403e-9dcb-50b8e30ed119 [Accessed 10th May 2013].

CLEGG, N. 2011. *Speech on Education.* Available: http://www.newstatesman.com/blogs/the-staggers/2011/09/schools-children-teachers [Accessed 10th May 2013]. Wandsworth, London.

COHEN, G. 1998. *Memory in the Real World (Second Edition).* Sussex: Psychology Press Limited.

COHEN, L., MANION, L. & MORRISON, K. 2011. *Research Methods in Education (7th Edition).* London: Routledge.

COLE, B. 2007. Mothers, gender and inclusion in the context of home-school relations. *Support for Learning,* 22, 165-173.

COLE, T. & KNOWLES, B. 2011. *How to Help Children and Young People with Complex Behavioural Difficulties: A Guide for Practitioners Working in Educational Settings.* London: Jessica Kingsley.

COOK, S. 2011. Chair's Report. *SEBDA News,* Summer 2011.

COOPER, P. 2007. Are some children unteachable? An approach to social, emotional and behavioural difficulties? *In:* CIGMAN, R. (ed.) *Included or Excluded? The Challenge of the Mainstream for some SEN Children.* London: Routledge.

COOPER, P. 2008. Nurturing attachment to school: contemporary perspectives on social, emotional and behavioural difficulties. *Pastoral Care in Education,* 26, 13-22.

COOPER, P., SMITH, C. J. & UPTON, G. 1994. *Emotional and Behavioural Difficulties: Theory to Practice.* London: Routledge.

CORBETT, J. 2001. Teaching approaches which support inclusive education: a connective pedagogy. *British Journal of Special Education,* 28, 55-59.

CORCORAN, K. & MUSSWEILER, T. 2010. The cognitive miser's perspective: Social comparison as a heuristic in self-judgements. *European Review of Social Psychology,* 21, 1, 78-113.

CORRIGAN, P. W. & MILLER, F. 2004. Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health,* 13, 537-548.

CORRIGAN, P.W., RIVER, L.P., LUNDIN, R.K., WASOWSKI, K.U., CAMPION, J., MATHISEN, J., GOLDSTEIN, H., BERGMAN, M., GAGNON, C. & KUBIAK, M.A. 2000. Stigmatizing attributions about mental illness. *Journal of Community Psychology,* 28, 1, 91-102.

COWLEY, S. 2010. *Getting the Buggers to Behave (Third Edition).* London: Continuum.

CRAIG, A. 2012. Can good parenting classes ever work? *The Telegraph,* 15 May. Available: http://www.telegraph.co.uk/family/9264712/Can-good-parenting-classes-ever-work.html [Accessed 10th May 2013].

CRAWFORD, T. & SIMONOFF, E. 2003. Parental views about services for children attending schools for the emotionally and behaviourally disturbed (EBD): a qualitative analysis. *Child: Care, Health & Development,* 29, 481-491.

CRESWELL, J. W. 2007. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches.* London: Sage.

CRESWELL, J. W. 2008. *Educational Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research.* New Jersey: Pearson.

CROLL, P. & MOSES, D. 1985. *One in five. The assessment and incidence of special educational needs.* London: Routledge and Kegan Paul.

CROSS, J. 1989. Recording : Parents, Professionals and Their Perceptions of Partnership. *Scottish Educational Review,* 212, 106-116.

CROZIER, G. 1999. Is it a case of `we know when we're not wanted'? The parents' perspective on parent-teacher roles and relationships. *Educational Research,* 41, 315.

CROZIER, G. 2000. *Parents and Schools: Partners or Protagonists?* Staffordshire: Trentham Books.

CRUDDAS, L. 2010. Does the government want all parents to be middle-class parents? *In:* KLETT-DAVIES, M. (ed.) *Is Parenting a Class Issue?* London: Family and Parenting Institute.

CRUZ, B. C. & PATTERSON, J. M. 2005. Cross-Cultural Simulations in Teacher Education: Developing Empathy and Understanding. *Multicultural Perspectives,* 7, 40-47.

CUDRÉ-MAUROUX, A. 2010. Staff attributions about challenging behaviours of people with intellectual disabilities and transactional stress process: a qualitative study. *Journal of Intellectual Disability Research* 54, 1, 26-39.

CUNNINGHAM, C.C. & DAVIS, H. 1985. *Working with Parents: frameworks for collaboration.* Buckingham: Open University

DALE, N. 1996. *Working with Families of Children with Special Needs: Partnership and Practice.* London: Routledge.

DALE, E., JAHODA, A. & KNOTT, F. 2006. Mothers' attributions following their child's diagnosis of autistic spectrum disorder. *Autism: The International Journal of Research & Practice,* 10, 463-479.

DANIELS, H., VISSER, J., COLE, T. & DE REYBEKILL, N. 1998. *Emotional and Behavioural Difficulties in Mainstream Schools. Research Report RR90,* London: Department for Education and Employment.

DAVID, M. & SUTTON, C. D. 2011. *Social Research: An Introduction (Second Edition.* London: Sage.

DAVIES, J.D., RYAN, J. & TARR, J. 2011. What we tell them is not what they hear: the importance of appropriate and effective communication to sustain parental engagement at transition points. *International Journal about Parents in Education,* 5, 2, 25-34.

DAVIS, J.M. & WATSON, N. 2001. Where Are the Children's Experiences? Analysing Social and Cultural Exclusion in 'Special' and 'Mainstream' Schools. *Disability & Society,* 16, 5, 671-687.

DAY, C., ELLIS, M. & HARRIS, L. 2012. *High Need Families Project: Development and piloting a new parenting intervention (The Helping Families Programme) for children with severe and persistent conduct problems.* Available: https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR187.pdf [Accessed 10th May 2013].

DAY, L., WILLIAMS, J. & FOX, J. 2009. *Supporting parents with their children's 'at home' learning and development.* Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/189528/DCSF-RR138.pdf.pdf [Accessed 10th May 2013].

DECETY, J. & JACKSON, P. L. 2006. A Social-Neuroscience Perspective on Empathy. *Current Directions in Psychological Science,* 15, 54-58.

DENSCOMBE, M. 2007. *The Good Research Guide: for small-scale social research projects.* Berkshire: Open University Press.

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES. 2007. *The Children's Plan: Building Brighter Futures.* Available: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%207280 [Accessed 10th May 2013].

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES. 2008. *The Education of Children and Young People with Behavioural, Emotional and Social Difficulties as a Special Educational Need.* Available: http://access4education.org/resources/BESD%20Guidance.pdf [Accessed 10th May 2013].

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES. 2009a. *Your Child, Your Schools, Our Future: building a 21st century school system.* Available: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/21st_Century_Schools.pdf [Accessed 10th May 2013].

DEPARTMENT FOR CHILDREN SCHOOLS AND FAMILIES. 2009b. *Deprivation and Education: The Evidence on Pupils in England, Foundation Stage to Key Stage 4.* Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/189623/DCSF-RTP-09-01.pdf.pdf [Accessed 10th May 2013].

DEPARTMENT FOR CHILDREN SCHOOLS AND FAMILIES. 2009c. *The Extra Mile (Primary): Achieving Success with pupils from deprived communities.* Available: http://education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00501-2009 [Accessed 10th May 2013].
2012c

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES. 2010. *Breaking the link between special educational needs and low attainment: Everyone's business.* Available:

http://www.education.gov.uk/lamb/resources/Universal/breaking_link_between_sen_and_low_attainment.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION. 1994. *Code of Practice on the Identification and Assessment of Special Educational Needs.* Department for Education.

DEPARTMENT FOR EDUCATION. 2011a. *Support and aspiration: A new approach to special educational needs and disability: A consultation.* Available: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/Green-Paper-SEN.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION. 2011b. *The Importance of Teaching.* Available: http://www.education.gov.uk/b0068570/the-importance-of-teaching [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION. 2012a. *Special Educational Needs in England, January 2012.* Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167479/sfr14-2012v2.pdf.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION. 2012b. *Teacher's Standards: May 2012.* Available: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/teachers%20standards.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION. 2012c. *Support and aspiration: A new approach to special educational needs and disability, Progress and next steps.* Available: https://www.education.gov.uk/publications/eOrderingDownload/A%20new%20approach%20to%20special%20educational%20needs%20and%20disability%20-%20Next%20Steps.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION. 2013. *Teaching schools get £10 million to boost quality of teacher training.* Available: https://www.gov.uk/government/news/teaching-schools-get-10-million-to-boost-quality-of-teacher-training [Accessed 29th May 2013].

DEPARTMENT FOR EDUCATION. N.D. *Indicative Draft: The (0-25) Special Educational Needs Code of Practice.* Available: http://media.education.gov.uk/assets/files/pdf/s/sen%20code%20of%20practice%20indicative%20draft%20for%20committee.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION AND EMPLOYMENT. 1991. *Parent's Charter 1991.* DfEE

DEPARTMENT FOR EDUCATION AND EMPLOYMENT. 1997a. *Excellence in Schools.* London: Stationery Office Limited

DEPARTMENT FOR EDUCATION AND EMPLOYMENT. 1997b. *Excellence for all children: Meeting Special Educational Needs.* London: Stationery Office Limited.

DEPARTMENT FOR EDUCATION AND EMPLOYMENT. 2001. *Promoting Children's Mental Health within Early Years and School Settings.* Available: http://www.mentalhealthpromotion.net/resources/promoting-childrens-mental-health-with-early-years-and-school-settings.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION AND SKILLS, 1998. *Meeting Special Educational Needs: A Programme of Action.* DfES

DEPARTMENT FOR EDUCATION AND SKILLS. 2001. *Special Educational Needs Code of Practice.* Available: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DfES%200581%20200MIG2228.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION AND SKILLS. 2003. *Every Child Matters.* Available: https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION AND SKILLS. 2004. *Removing Barriers to Achievement: The Government's Strategy for SEN.* Available: http://www.education.gov.uk/lamb/resources/Universal/removing_barriers.pdf [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION AND SKILLS. 2005. *Higher Standards, Better Schools For All More choice for parents and pupils.* Available: http://webarchive.nationalarchives.gov.uk/20071104143339/http://dfes.gov.uk/publications/schoolswhitepaper/pdfs/DfES-Schools%20White%20Paper.pdf [Accessed 10th May 2013]

DEPARTMENT FOR EDUCATION AND SKILLS. 2006. *Learning Behaviour Principles and Practice - What Works in Schools.* Available: https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-0281-2006 [Accessed 10th May 2013].

DEPARTMENT FOR EDUCATION AND SKILLS. 2007. *Every Parent Matters.* Available: https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-LKAW-2007 [Accessed 10th May 2013].

DESFORGES, C. & ABOUCHAAR, A. 2003. *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment: A Literature Review.* Available: http://www.bgfl.org/bgfl/custom/files_uploaded/uploaded_resources/18617/Desforges.pdf [Accessed 10th May 2013].

DEY, I. 2004. Grounded Theory. *In:* SEALE, C., GOBO, G., GUBRIUM, J. F. & SILVERMAN, D. (eds.) *Qualitative Research Practice.* London: Sage.

DIJKER, A. J. & KOOMEN, W. 2003. Extending Weiner's Attribution-Emotion Model of Stigmatization of Ill Persons. *Basic & Applied Social Psychology,* 25, 51-68.

DOWARD, J. 2013. Medicine's big new battleground: does mental illness really exist? *The Observer,* 12 May. Available: http://www.guardian.co.uk/society/2013/may/12/medicine-dsm5-row-does-mental-illness-exist [Accessed 29th May 2013].

DOWLING, M. & DOLAN, L. 2001. Families with Children with Disabilities - Inequalities and the social model. *Disability & Society*, 16, 1, 22-35.

DOWLING, E. & OSBORNE, E. 1994. *The family and the school. A joint systems approach to problems with children.* London: Routledge.

DUCK, S. 2007. *Human Relationships.* London: Sage.

DUNCAN, N. 2003. Awkward Customers? Parents and Provision for Special Educational Needs. *Disability & Society,* 18, 341-356.

EASTON, M. 2011. *England Riots: The return of the underclass.* BBC News. Available: http://www.bbc.co.uk/news/uk-14488486 [Accessed 10th May 2013].

EDUCATION ACT. 1980. London: HMSO. Available: http://www.opsi.gov.uk/acts/acts1980/pdf/ukpga_19800020_en.pdf [Accessed 10th May 2013].

EDUCATION ACT. 1986. London: HMSO. Available: http://www.opsi.gov.uk/acts/acts1986/pdf/ukpga_19860040_en.pdf [Accessed 10th May 2013].

EDUCATION ACT. 1993. London: HMSO. Available: http://www.opsi.gov.uk/acts/acts1993/ukpga_19930035_en_1.htm [Accessed 10th May 2013].

EDUCATION ACT. 2002. London: HMSO. Available: http://www.opsi.gov.uk/acts/acts2002/ukpga_20020032_en_1 [Accessed 10th May 2013].

EDUCATION ACT. 2005. London: HMSO. Available: http://www.opsi.gov.uk/acts/acts2005/ukpga_20050018_en_1 [Accessed 10th May 2013].

EDUCATION AND INSPECTIONS ACT. 2006. London: HMSO. Available: [online] http://www.opsi.gov.uk/acts/acts2006/ukpga_20060040_en_1 [Accessed 10th May 2013].

EDUCATION REFORM ACT. 1988. London: HMSO. Available: http://www.opsi.gov.uk/acts/acts1988/pdf/ukpga_19880040_en.pdf [Accessed 10th May 2013].

EDWARDS, R. 2010. Parenting practices and class: change and continuity. *In:* KLETT-DAVIES, M. (ed.) *Is Parenting a Class Issue?* London: Family and Parenting Institute.

EDWARDS, A. & WARIN, J. 1999. Parental Involvement in Raising the Achievement of Primary School Pupils: why bother? *Oxford Review of Education,* 25, 325-341.

EISENBERG, N. & STRAYER, J. 1987. *Empathy and its Development.* Cambridge: Cambridge University Press.

ELLIS, S. & TOD, J. 2012. Identification of SEN: is consistency a realistic or worthy aim? *Support for Learning* 27, 2, 59-66.

EPSTEIN, J. L. 1995. School/family/community partnerships. *Phi Delta Kappan,* 76, 701.

EUROPEAN COMMISSION DIRECTORATE-GENERAL FOR EDUCATION AND CULTURE. 2011. *Thematic Working Group 'Teacher Professional Development; Report of a Peer Learning Activity.* Available: http://ec.europa.eu/education/school-education/doc/defining_en.pdf. [Accessed 10th May 2013].

EXLEY, S. 2013. Making working-class parents think more like middle-class parents: Choice Advisers in English education. *Journal of Education Policy,* 28, 1, 77-94.

FARINA, A. 1998. Stigma. *In:* MUESER, K. T. & RTARRIER, N. (eds.) *Handbook of social functioning in schizophrenia.* Needham Heights, MA: Allyn and Bacon.

FARRELL, M. 2006. *The Effective Teacher's Guide to Autism and Communication Difficulties.* London: Routledge.

FARRELL, P. & POLAT, F. 2003. The long-term impact of residential provision for pupils with emotional and behavioural difficulties. *European Journal of Special Needs Education* 18, 3, 277-292.

FARRUGIA, D. 2009. Exploring stigma: medical knowledge and the stigmatisation of children diagnosed with autism spectrum disorders. *Sociology of Health and Illness* 31, 7, 1011-1027.

FEILER, A., ANDREWS, J., GREENHOUGH, P., HUGHES, M., SCANLAN, M. & YEE, W. C. 2008. The Home School Knowledge Exchange Project: linking home and school to improve children's literacy. *Support for Learning,* 23, 12-18.

FEILER, A. & GIBSON, H. 1999. Threats to the inclusive movement. *British Journal of Special Education,* 26, 147-151.

FIELD, F. 2010. *The Foundation Years: preventing poor children becoming poor adults.* Available: http://www.bristol.ac.uk/ifssoca/outputs/ffreport.pdf [Accessed 10th May 2013].

FINLAY, W. M. L. 1999. *Stigma and self-concept: A social-psychological analysis of representations of self in people with learning difficulties.* PhD Thesis, University of Surrey.

FISHER, P. & GOODLEY, D. 2007. The linear medical model of disability: mothers of disabled babies resist with counter-narratives. *Sociology of Health and Illness,* 29, 66-81.

FISKE, S.T. & TAYLOR, S.E. 1984. *Social Cognition.* New York: Random House.

FISKE, S.T. & TAYLOR, S.K. 2013. *Social Cognition: From Brains to Culture.* London: Sage.

FONTANA, A. & FREY, J. H. 2000. The Interview: from structured questions to negotiated text. *In:* DENZIN, N. & LINCOLN, Y. (eds.) *Handbook of Qualitative Research (Second Edition).* London: Sage.

FONTEINE, H., ZIJLSTRA, H.P. & VLASKAMP, C. 2008. Transfer of Information Between Parents and Teachers of Children with Profound Intellectual and Multiple Disabilities at Special Educational Centres. *Journal of Applied Research in Intellectual Disabilities,* 21, 5, 477-483.

FORLIN, C. 2010. Developing and implementing quality inclusive education in Hong Kong: implications for teacher education. *Journal of Research in Special Educational Needs, 10, 1, 177-184.*

FORLIN, C. & CHAMBERS, D. 2011. Teacher preparation for inclusive education: increasing knowledge but raising concerns. *Asia-Pacific Journal of Teacher Education,* 39, 1, 17-32.

FORLIN, C. & HOPEWELL, T. 2006. Inclusion - the heart of the matter: trainee teachers' perceptions of a parent's journey. *British Journal of Special Education,* 33, 55-61.

FORSTERLING, F. 2001. *Attribution: An Introduction to theories, Research and Applications.* Hove: Psychology Press.

FOUCAULT, M. 1979. *Discipline and Punish: the birth of the prison.* Penguin

FOVET, F. 2011. Towards a new construct of social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties,* 16, 3, 249-262.

FRANCIS, A. 2012. Stigma in an era of medicalisation and anxious parenting: how proximity and culpability shape middle-class parents' experiences of disgrace. *Sociology of Health & Illness,* 1-16.

FRANKL, C. 2005. Managing Individual Education Plans: reducing the load of the special educational needs coordinator. *Support for Learning,* 20, 2, 77-82.

FUREDI, F. 2010. Parenting, schools and socialisation. *Parenting Institute's annual conference.* London.

FURNHAM, A. 2003. Belief in a just world: Research progress over the past decade. *Personality and Individual Differences,* 34.

FYLLING, I. & SANDVIN, J. T. 1999. The role of parents in special education: the notion of partnership revised. *European Journal of Special Needs Education,* 14, 144-157.

GABEL, S. & PETERS, S. 2004. Presage of a paradigm shift? Beyond the social model of disability toward resistance theories of disability. *Disability & Society,* 19, 6, 585-600.

GALLOWAY, D., ROGERS , C. ARMSTRONG, D., LEO, E. & JACKSON, C. 2004. Ways of understanding motivation. *In:* DANIELS, H. & EDWARDS, A. (eds.) *The Routledge Falmer Reader in Psychology of Education.* London: Routledge Falmer.

GAMMELL, C. 2009. Baby P: mother Tracey Connelly was more interested in alcohol and porn than her son. *The Telegraph*, 11 August. Available: http://www.telegraph.co.uk/news/uknews/baby-p/6005312/Baby-P-mother-Tracey-Connelly-was-more-interested-in-alcohol-and-porn-than-her-son.html [Accessed 10th May 2013].

GEETER, K. I., POPPES, P. & VLASKAMP, C. 2002. Parents as experts: the position of parents of children with profound multiple disabilities. *Child: Care, Health and Development,* 28, 443-453.

GENTLEMAN, A. 2011. UK riots: 'Being liberal is fine, but we need to be given the right to parent'. *The Guardian,* 10 August. Available: http://www.guardian.co.uk/uk/2011/aug/10/uk-riots-liberal-right-parent [Accessed 29th May 2013].

GERDES, A.C. & HOZA, B. 2006. Maternal Attributions, Affect, and Parenting in Attention Deficit Hyperactivity Disorder and Comparison Families. *Journal of Clinical Child & Adolescent Psychology* 35, 3, 346-355.

GILBY, N., HAMLYN, B., HANSON, T., ROMANOU, E., MACKEY, T., CLARK, J., TRIKKA, N., & HARRISON, M. 2008. *National Survey of Parents and Children: Family Life, Aspirations and Engagement with Learning 2008.* Available: www.education.gov.uk/publications/eOrderingDownload/DCSF-RR059.pdf [Accessed 10th May 2013].

GILL, J. & LIAMPUTTONG, P. 2009. 'Walk a mile in my shoes': Researching the lived experience of mothers of children with autism. *Journal of Family Studies,* 15, 309-319.

GILLHAM, B. 2000. *Case Study Research Methods.* London: Continuum.

GILLIES, V. 2006. Working class mothers and school life: exploring the role of emotional capital. *Gender and Education,* 18, 281-293.

GILLIES, V. 2010. Is Poor Parenting a Class Issue? Contextualising anti-social behaviour and family life. *In:* KLETT-DAVIES, M. (ed.) *Is Parenting a Class Issue?* London: Family and Parenting Institute

GILLIES, V. 2012. Family Policy and the Politics of Parenting: From Function to Competence. *In:* RICHTER, M. & ANDRESEN, S. (eds.) *The Politicization of Parenthood: Shifting private and public responsibilities in education and child rearing.* London: Springer

GLESNE, C. 1999. *Becoming Qualitative Researchers: An Introduction*, Longman.

GLOGOWSKA, M. & CAMPBELL, R. 2004. Parental views of surveillance for early speech and language difficulties. *Children & Society,* 18, 266-277.

GLYNNE-RULE, L. 1993. *The family as educator: a study of families with children with special needs.* PhD Thesis, Cranfield University.

GOFFMAN, E. 1968. *Stigma : notes on the management of spoiled identity.* Middlesex: Penguin.

GOLDER, G., JONES, N. & QUINN, E.E. 2009. Strengthening the special educational needs element of initial teacher training and education. *British Journal of Special Education,* 36, 4, 183-190.

GOLDMAN, R. 2005. *Fathers' Involvement in their Children's Education.* National Family and Parenting Institute.

GOLDSTEIN, S. B. & JOHNSON, V. A. 1997. Stigma by Association: Perceptions of the Dating Partners of College Students With Physical Disabilities. *Basic & Applied Social Psychology,* 19, 495-504.

GONZALEZ, N., MOLL, L. & AMANTI, C. 2005. *Funds of Knowledge: Theorizing Practices in Households, Communities and Classrooms.* New Jersey: Lawrence Erlbaum.

GOODLEY, D., MCCLAUGHLIN, J., RUNSWICK-COLE, K. & CAMPBELL, T. 2011. *Does Every Child Matter: Post- Blair? Final Project Report.* Available: http://post-blair.posterous.com/pages/end-of-project-report [Accessed 10th May 2013].

GOODLEY, D., & RUNSWICK-COLE. 2010a. Len Barton, inclusion and critical disability studies: theorising disabled childhoods. *International Studies in Sociology of Education,* 20, 4, 273-290.

GOODLEY, D. & RUNSWICK-COLE, K. 2010b. Emancipating play: dis/abled children, development and deconstruction. *Disability & Society,* 25, 4, 499-512.

GOODLEY, D. & RUNSWICK-COLE, K. 2011a. Problematising Policy: Conceptions of "Child", "Disabled" and "Parents" in Social Policy in England. *International Journal of Inclusive Education,* 15, 1, 71-85.

GOODLEY, D., & RUNSWICK-COLE, K. 2011b. The violence of disablism. *Sociology of Health and Illness*, 33, 4, 602-617

GOODLEY, D. & RUNSWICK-COLE, K. 2011c. Disabled children, their parents and their experiences with practitioners. *In:* O'DELL, L. & LEVERETT, S. (eds.) *Working with Children and Young People: Co-constructing practice.* Hampshire: Palgrave Macmillan

GOODLEY, D. & RUNSWICK-COLE, K. 2012a. Reading Rosie: The postmodern disabled child. *Educational and Child Psychology,* 29, 2, 53-66.

GOODLEY, D. & RUNSWICK-COLE, K. 2012b. The body as disability and possability: Theorizing the 'leaking, lacking and excessive' bodies of disabled children. *Scandinavian Journal of Disability Research*, 1-19

GOUBERT, L., VERVOORT, T., SULLIVAN, M. J. L., VERHOEVEN, K. & CROMBEZ, G. 2008. Parental Emotional Responses to Their Child's Pain: The Role of Dispositional Empathy and Catastrophizing About Their Child's Pain. *Journal of Pain,* 9, 272-279.

GRAY, D. E. 1993. Perceptions of stigma: the parents of autistic children. *Sociology of Health & Illness,* 15, 102-120.

GRAY, D. E. 2002. 'Everybody just freezes. Everybody is just embarrassed': felt and enacted stigma among parents of children with high functioning autism. *Sociology of Health & Illness,* 24, 734-749.

GRAY, D. E. 2004. *Doing Research in the Real World.* London: Sage.

GRAY, D. E. 2006. Coping over time: the parents of children with autism. *Journal of Intellectual Disability Research,* 50, 970-976.

GRAY, P. & NOAKES, J. 1998. Current Legislation for Pupils with Emotional and Behavioural Difficulties: A Clear Way Forward? *Support for Learning,* 13, 184.

GRBICH, C. 1999. *Qualitative Research in Health: An Introduction.* London: Sage.

GRIBBLE, J. & OLIVER, G. 1973. Empathy and education. *Studies in Philosophy and Education,* 8, 3-29.

HÅKANSSON, J. & MONTGOMERY, H. .2003. Empathy as an Interpersonal Phenomenon. *Journal of Social and Personal Relationships,* 20, 3, 267-284.

HAMILL, P. & BOYD, B. 2001. *Striving for Inclusion: Evaluation of Provision for Young People with Social, Emotional and Behavioural Difficulties (SEBD) in Secondary Schools in a Scottish Council.* Available: http://www.scotedreview.org.uk/pdf/132.pdf [Accessed 20th August 2012].

HAMMERSLEY, M. 2007. *Methodological Paradigms in Educational Research.* Available: http://www.tlrp.org/capacity/rm/wt/hammersley/ [Accessed 10th May 2013].

HARBORNE, A., WALPERT, M. & CLARE, L. 2004. Making Sense of ADHD: A Battle for Understanding? Parents' Views of their Children Being Diagnosed with ADHD. *Clinical Child Psychology and Psychiatry,* 9, 327-339.

HARPUR, P. 2012. From disability to ability: changing the phrasing of the debate. *Disability & Society,* 27, 3, 325-337.

HARRIS, S. 2008. Labour obsession with league tables is 'damaging children's education'. *Daily Mail.*

HARRIS, A. & GOODALL, J. 2007. *Engaging Parents in Raising Achievement: Do Parents Know They Matter?* Available: http://dera.ioe.ac.uk/6639/1/DCSF-RW004.pdf [Accessed 10th May 2013].

HARRIS, A. & GOODALL, J. 2008. Do parents know they matter? Engaging all parents in learning. *Educational Research,* 50, 277-289.

HARRISON, A. 2012. *More teachers to learn in classroom - Michael Gove.* Available: http://www.bbc.co.uk/news/education-18427512 [Accessed 29th May 2013].

HARVEY, J. H. & WEARY, C. 1985. *Attribution: Basic Issues and Applications.* London: Academic Press.

HASTINGS, R.P. & T. BROWN 2002. Behavioural knowledge, causal beliefs and self-efficacy as predictors of special educators' emotional reactions to challenging behaviours. *Journal of Intellectual Disability Research,* 46, 2, 144-150.

HAYDN, T. 2006. *Managing Pupil Behaviour: Key Issues in Teaching and Learning.* London: Routledge.

HAYDN, T. 2012. *Managing Pupil Behaviour: Improving the classroom atmosphere.* London: Routledge.

HEFLINGER, C. & HINSHAW, S. 2010. Stigma in Child and Adolescent Mental Health Services Research: Understanding Professional and Institutional Stigmatization of Youth with Mental Health Problems and their Families. *Administration and Policy in Mental Health and Mental Health Services Research,* 37, 61-70.

HEIDER, F. 1958. *The Psychology of Interpersona l Relations.* New York: John Wiley and Sons.

HESS, R. S., MOLINA, A. M. & KOZLESKI, E. B. 2006. Until somebody hears me: parent voice and advocacy in special educational decision making. *British Journal of Special Education,* 33, 148-157.

HINSHAW, S. P. 2005. The stigmatization of mental illness in children and parents: developmental issues, family concerns, and research needs. *Journal of Child Psychology & Psychiatry,* 46, 714-734.

HINSHAW, S. P. 2007. *The Mark of Shame: Stigma of Mental Illness and an Agenda for Change.* Oxford: Oxford University Press.

HINTON, C. & WOLPERT, M. 1998. Why is ADHD such a compelling story? *Clinical Child Psychology and Psychiatry,* 2, 315-317.

HMO. 1963. *Children and Young Person's Act.* Available: http://www.legislation.gov.uk/ukpga/1963/37 [Accessed 10th May 2013].

HMO. 1989. *Children Act 1989.* Available: http://www.legislation.gov.uk/ukpga/1989/41/contents [Accessed 10th May 2013].

HMO. 1996. *Education Act 1996.* Available: http://www.legislation.gov.uk/ukpga/1996/56/contents [Accessed 10th May 2013]

HMO. 2006. *Childcare Act 2006.* Available: http://www.legislation.gov.uk/ukpga/2006/21/contents [Accessed 10th May 2013].

HO, A. 2004. To be labelled, or not to be labelled: that is the question. *British Journal of Learning Disabilities* 32, 2, 86-92.

HODGE, N. & RUNSWICK-COLE, K. 2008. Problematising parent-professional partnerships in education. *Disability & Society,* 23, 637-647.

HODKINSON, A. 2009. Pre-service teacher training and special educational needs in England 1970-2008: is government learning the lessons of the past or is it experiencing a groundhog day? *European Journal of Special Needs Education* 24, 3, 277-289.

HOGG, M. A. & VAUGHAN, G. M. 2011. *Social Psychology (Sixth Edition).* Essex: Pearson Education Limited

HOJAT, M. 2007. *Empathy in Patient Care: Antecedents, Development, Measurement, and Outcomes.* Philadelphia: Springer.

HOLLOWAY, S. L. 1998. Local Childcare Cultures: Moral geographies of mothering and the social organisation of pre-school education. *Gender, Place & Culture,* 5, 29-53.

HOLLOWAY, S. L., & PIMLOTT-WILSON, H. 2011. The politics of aspiration: neo-liberal education policy, 'low' parental aspirations, and primary school Extended Services in disadvantaged communities. *Children's Geographies*, 9, 79-94.

HOLSTEIN, J. A. & GUBRIUM, J. F. 2009. The Active Interview. *In:* SILVERMAN, D. (ed.) *Qualitative Research: Theory, Method and Practice (Second Edition).* London: Sage.

HOME OFFICE. 1998. *Supporting Families: A Consultation Document.* London: The Stationery Office.

HOLT, A. 2009. (En)Gendering Responsibilities: Experiences of Parenting a 'Young Offender'. *The Howard Journal of Criminal Justice,* 48, 4, 344-356.

HOWITT, D. 2010. *Introduction to Qualitative Methods in Psychology.* Essex: Pearson.

HOWITT, D., & CRAMER, D. 2008. *Introduction to Research methods in Psychology (Second Edition).* Essex: Pearson Education Limited

HUBERT, J. 2010. 'My heart is always where he is'. Perspectives of mothers of young people with severe intellectual disabilities and challenging behaviour living at home. *British Journal of Learning Disabilities*, 1-9.

HUGHES, M. 2007. *Enhancing primary literacy and mathematics through home-school knowledge exchange.* Available: http://www.tlrp.org/pub/documents/Hughes_RB_22_FINAL.pdf [Accessed 10th May 2013].

HUGHES, M., ANDREWS, J., FEILER, A., GREENHOUGH, P., JOHNSON, D., MCNESS, E., OSBORN, M., POLLARD, A., SALWAY, L., SCANLAN, M., STINCHCOMBE, V., WINTER, J. & YEE, W. 2003. Exchanging knowledge between home and school to enhance children's learning in literacy and numeracy. *In:* CASTELLI, S., MENDEL, M. & RAVN, B. (eds.) *School, Family, and Community Partnership in a World of Differences and Changes.* Gdansk: Uniwersytet Gdanskip.

HUGHES, B. & PATERSON, K. 1997. The Social Model of Disability and the Disappearing Body: Towards a sociology of impairment. *Disability & Society,* 12, 3, 325-340.

HUMPHREY, J.C. 2000. Researching Disability Politics, Or, Some Problems with the Social Model in Practice. *Disability & Society,* 15, 1, 63-86.

HUNT, P. 1966. *Stigma: the experience of disability.* London: Geoffrey Chapman.

HUNTER-CARSCH, M. 2006. *The Handbook of Social, Emotional and Behavioural Difficulties.* London: Continuum.

HUWS, J. & JONES, R. 2008. Diagnosis, disclosure, and having autism: An interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual & Developmental Disability,* 33, 99-107.

ICKES, W. 1996. On the deep structure of attribution –affect–behaviour sequences. *Psychological l Inquiry*, 7, 236–240.

ISRAEL, M. & HAY, I. 2006. *Research Ethics for Social Scientists,* London, Sage.

JACKSON, D. & MANNIX, J. 2004. Giving voice to the burden of blame: a feminist study of mothers' experiences of mother blaming. *International Journal of Nursing Practice,* 10, 150-158.

JOHNSTON, M. 1997. Integrating Models of Disability: a reply to Shakespeare and Watson. *Disability & Society,* 12, 2, 307-310.

JOHNSTON, D. & SWANSON, D. 2006. Constructing the "Good Mother": The Experience of Mothering Ideologies by Work Status. *Sex Roles,* 54, 7-8, 509-519.

JONES, E.E. & DAVIS, K.E. 1965. From acts to dispositions: The attribution process in person perception. *In:* BERKOWITZ, L. (ed.) *Advances in Experimental Social Psychology.* New York: Academic Press.

JONES, C. & HASTINGS, R. P. 2003. Staff reactions to self-injurious behaviours in learning disability services: attributions, emotional responses and helping. *British Journal of Clinical Psychology,* 42, 189-203

JULL, S. 2008. Emotional and behavioural difficulties (EBD): the special educational need justifying exclusion. *Journal of Special Educational Needs,* 8, 1, 13-18.

KALAMBOUKA, A., FARRELL, P., DYSON, A. & KAPLAN, I. 2007. The impact of placing pupils with special educational needs in mainstream schools on the achievement of their peers. *Educational Research,* 49, 4, 365-382.

KEATS, D. 2000. *Interviewing: A Practical Guide for Students and Professionals.* Buckingham: Open University Press.

KEEN, S. 2006. *A Theory of Narrative Empathy.* Ohio: State University Press.

KELLEY, H.H. 1967. Attribution theory in social spychology. *In:* LEVINE, D. (ed.) *Nebraska Symposium on Motivation.* Lincoln, NE: University of Nebraska Press.

KEYES, C. R. 2002. A Way of Thinking about Parent/Teacher Partnerships for Teachers. *International Journal of Early Years Education,* 10, 177.

KIERNAN, K. & MENSAH, F.K. 2011. Poverty, Family Resources and Children's Educational Attainment: The Mediating Role of Parenting. *British Journal of Educational Research,* 37, 2, 317-336.

KLECK, R.E. & STRENTA, A. 1980. Perceptions of the impact of negatively valued physical characteristics on social itneraction. *Journal of Personality and Social Psychology,* 39, 861-873.

KLEIN, G. 2001.The Fiction of optimisation. *In:* GIGERENZER, G. & SELTEN, R. (ed.) *Bounded rationality: The adaptive toolbox.* Cambridge, MA: The MIT Press.

KLETT-DAVIES, M. 2010. Is 'good parenting' middle-class parenting? *In:* KLETT-DAVIES, M. (ed.) *Is Parenting a Class Issue?* London: Family and Parenting Institute.

KNOPF, H. & SWICK, K. 2007. How Parents Feel About Their Child's Teacher/School: Implications for Early Childhood Professionals. *Early Childhood Education Journal,* 34, 291-296.

KORO-LJUNGBERG, M. & BUSSING, R. 2009. The Management of Courtesy Stigma in the Lives of Families With Teenagers With ADHD. *Journal of Family Issues,* 30, 9, 1175-1200.

KURZBAN, R. and LEARY, M. R. 2001. Evolutionary origins of stigmatization: The functions of social exclusion. *Psychological Bulletin,* 127, 2, 187-208.

KVALE, S. & BRINKMANN, S. 2009. *InterViews: Learning the Craft of Qualitative Research Interviewing.* London: Sage.

KYSAR, J. 1968. Reactions of professionals to disturbed children and their parents. *Archives of General Psychiatry,* 19, 562-570.

LACEY, P. 2001. *Support Partnerships: Collaboration in Action.* London: David Fulton.

LADD-TAYLOR, M. & UMANSKY, L. 1998. *"Bad" Mothers: The Politics of Blame in Twentieth-Century America.* New York: New York University Press.

LAKE, J. F. & BILLINGSLEY, B. 2000. An Analysis of Factors That Contribute to Parent-School Conflict in Special Education. *Remedial & Special Education,* 21, 240.

LALVANI, P. 2012. Privilege, compromise, or social justice: teachers' conceptualizations of inclusive education. *Disability & Society,* 28, 1, 14-27.

LAMB, B. 2009. *Lamb Enquiry: Special Educational Needs and Parental Confidence* Department for Children, Schools and Families. Available: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/01143-2009DOM-EN.pdf [Accessed 10th May 2013].

LANDSMAN, G. 2005. Mothers and models of disability. *Journal of Medical Humanities*, 26, 2-3, 121–139.

LANGDRIDGE, D. & HAGGER-JOHNSON, G. 2009. *Introduction to research methods and data analysis.* Harlow: Pearson / Prentice Hall.

LARKIN, M., WATTS, S. & CLIFTON, E. 2006. Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology,* 3, 102-120.

LAUCHLAN, F. & BOYLE, C. 2007. Is the use of labels in special education helpful? *Support for Learning* 22, 1, 36-42.

LAYARD, R. & DUNN, J. 2009. *A Good Childhood: Searching for Values in a Competitive Age.* London: Penguin.

LEGG, J. 2008. Call for nappy change classes. *Times Educational Supplement,* 11 May. Available: http://www.tes.co.uk/article.aspx?storycode=2266346 [Accessed 10th May 2013].

LEVE, L.D., KIM, H.K. & PEARS, K.C. 2005. Childhood temperament and family environment as predictors of internalizing and externalizing trajectories from ages 5 to 17. *Journal of Abnormal Child Psychology,* 33, 505-520.

LEWIS, J. & MALNICK, E. 2011. UK riots: Fifth of riot suspects are children. *The Telegraph,* 13 August. Available: http://www.telegraph.co.uk/news/uknews/crime/8700137/UK-riots-Fifth-of-riot-suspects-are-children.html [Accessed 10th May 2013].

LEWIS, J., MOONEY, A., BRADY, L., GILL, C., HENSHALL, A., WILLMOTT, N., OWEN, C., EVANS, K. & STATHAM, J. 2010. *Special Educational Needs and Disability: Understanding Local Variation in Prevalence, Service Provision and Support.* Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/189409/DCSF-RR211.pdf.pdf [Accessed 10th May 2013].

LIASIDOU, A. 2008. Critical discourse analysis and inclusive educational policies: the power to exclude. *Journal of Education Policy,* 23, 5, 483-500.

LINCOLN, Y. & GUBA, E. 1985. *Naturalistic Inquiry.* London: Sage.

LINDSAY, G. & DOCKRELL, J. E. 2004. Whose Job Is It? Parents' Concerns About the Needs of Their Children with Language Problems. *Journal of Special Education,* 37, 225-235.

LINGARD, T. 2001. Does the Code of Practice help secondary school SENCos to improve learning? *British Journal of Special Education,* 28, 4, 187.

LITT, J. 2004. Women's Carework in Low-Income Households: The Special Case of Children with Attention Deficit Hyperactivity Disorder. *Gender and Society,* 18, 5, 625-644.

LLOYD, G. & NORRIS, C. 1999. Including ADHD? *Disability & Society,* 14, 4, 505-517.

LLOYD, C. M., WOLLNY, I., WHITE, C., GOWLAND, S. & PURDON, S. 2011. *Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011.* Available: https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR174.pdf [Accessed 10th May 2013].

LLEWELLYN, A. & HOGAN, K. 2000. The Use and Abuse of Models of Disability. *Disability & Society,* 15, 1, 157-165.

LOJA, E., COSTA, M. E., HUGHES, B. and MENEZES, I. 2012. Disability, embodiment and ableism: stories of resistance. *Disability & Society,* 1-14.

LOWBRIDGE, C. 2013. *Philpott fire deaths: Fear and control at Victory Road.* Available: http://www.bbc.co.uk/news/uk-england-derbyshire-21519890 [Accessed 29th May 2013].

LUCAS, V., COLLINS, S. & LANGDON, P. 2009. The Causal Attributions of Teaching Staff Towards Children with Intellectual Disabilities: A Comparison of "Vignettes" Depicting Challenging Behaviour with "Real" Incidents of Challenging Behaviour. *Journal of Applied Research in Intellectual Disabilities,* 22, 1-9.

MACKENZIE, S. 2012. 'I can't imagine doing anything else': why do teachers of children with SEN remain in the profession? Resilience, rewards and realism over time. *Journal of Research in Special Educational Needs* 12, 3, 151-161.

MACLEOD, M. 2008. *Parents and Education.* Available: http://www.familyandparenting.org/Filestore//Documents/SpeechesPresentations/MaryMacLeod/Parents_and_Education.pdf [Accessed 10th May 2013].

MADILL, A., GOUGH, B., LAWTON, R. & STRATTON, P. 2005. How should we supervise qualitative projects? *Psychologist,* 18, 616-618.

MAK, W. W. S. & KWOK, Y. T. Y. 2010. Internalization of stigma for parents of children with autism spectrum disorder in Hong Kong. *Social Science & Medicine,* 70, 2045-2051.

MANSELL, W. 2013. Cambridge academics baffled by teacher-training shake-up. *The Guardian,* 29 April. Available: http://www.guardian.co.uk/education/2013/apr/29/teacher-training-universities-schools-direct [Accessed 29th May 2013].

MANTLER, J., SCHELLENBERG, E.G. & PAGE, J.S. 2003. Attributions for serious illness: are controllability, responsibility, and blame different constructs? *Canadian Journal of Behavioural Science,* 35, 142-152.

MASON, J. 2002. *Qualitative Researching.* London: Sage.

MAY, T. 2011. *Social Research: Issues, Methods and Process (Fourth Edition).* Berkshire: Open University Press.

MAZUR, E. 2006. Positive and negative events experienced by parents with acquired physical disabilities and their adolescent children. *Families, Systems and Health* 160-178.

MCDONNELL, J.T. 1998. On Being the "Bad" Mother of an Autistic Child. *In:* LADD-TAYLOR, M. & UMANSKY, L. (eds.) *"Bad" Mothers: The Politics of Blame in Twentieth-Century America.* New York: New York University Press.

MCGREGOR, G. & MILLS, M. 2011. Alternative education sites and marginalised young people: 'I wish there were more schools like this one'. *International Journal of Inclusive Education,* 16, 8, 843-862.

MCGUINNESS, P. & DAGNAN, D. 2001. Cognitive emotional reactions of care staff to difficult child behaviour. *Behavioural and Cognitive Psychotherapy,* 29, 295-302.

MCMAHON, S.E. 2011. Doctors diagnose, teachers label: the unexpected in pre-service teachers' talk about labelling children with ADHD. *International Journal of Inclusive Education,* 16, 3, 249-264.

MENEC, V. H. & PERRY, R. P. 1998. Reactions to Stigmas Among Canadian Students: Testing an Attribution-Affect-Help Judgment Model. *Journal of Social Psychology,* 138, 443-453.

MICKELSON, K. D., WROBLE, M. & HELGESON, V. S. 1999. "Why My Child?": Parental Attributions for Children's Special Needs. *Journal of Applied Social Psychology,* 29, 1263-1292.

MILLER, A. 1995. Teachers' attributions of causality, control and responsibilty. *Educational Psychology,* 15, 457.

MILLER, A. 1996. *Pupil Behaviour and Teacher Culture,* London, Cassell.

MILLER, A. 2003. *Teachers, Parents and Classroom Behaviour: A Psychosocial Approach.* Berkshire: Open University Press.

MILLER, A., FERGUSON, E. & MOORE, E. 2002. Parents' and pupils' causal attributions for difficult classroom behaviour. *British Journal of Educational Psychology,* 72, 27.

MILTON, D.E.M. 2012. On the ontological status of autism: the 'double empathy problem'. *Disability & Society,* 27, 6, 883-887.

MITTLER, P. & MITTLER, H. 1983. *Partnership with Parents.* Stratford Upon Avon: National Council for Special Education.

MIZOCK, L. 2012. The double stigma of obesity and serious mental illnesses: Promoting health and recovery. *Psychiatric Rehabilitation Journal,* 35, 6, 466-469.

MOON, N. & IVINS, C. 2004. *Parental Involvement in Children's Education.* Available: http://www.familyschool.org.au/pdf/dfesrr589.pdf [Accessed 10th May 2013].

MORAN, P. & GHATE, D. 2005. The effectiveness of parenting support. *Children and Society,* 19, 329-336.

MORGAN, N.S. & ELLIS, G. 2011. *A Kit Bag for Promoting Positive Behaviour in the Classroom.* London: Jessica Kingsley.

MOSES, D. & CROLL, P. 1987. Parents as Partners or Problems? *Disability & Society,* 2, 1, 75-84.

MOSES, T. 2010a. Being treated differently: Stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science & Medicine,* 70, 985-993.

MOSES, T. 2010b. Exploring Parents' Self-Blame in Relation to Adolescents' Mental Disorders. *Family Relations,* 59, 103-120.

MURRAY, P. 2000. Disabled Children, Parents and Professionals: Partnership on whose terms? *Disability & Society,* 15, 683-698.

NATIONAL AUTISTIC SOCIETY. 2012. *What is autism?*Available: http://www.autism.org.uk/About-autism/Autism-and-Asperger-syndrome-an-introduction/What-is-autism.aspx [Accessed 10th May 2013].

NESTLER, S. & EGLOFF, B. 2013. The stigma of being overweight: When do attributions to discrimination protect self-esteem? *Social Psychology,* 44, 1, 26-32.

NEUMAN, W. L. 2011. *Social Research Methods: Qualitative and Quantitative Approaches (Seventh Edition).* Boston: Pearson Education.

NICHOLS, S. & READ, P. 2002. 'We never knew it was that bad': Parent-school communication about children's learning difficulties. *Australian Journal of Language and Literacy,* 3.

NICKEL, R. 1996. Controversial Therapies for Young Children with Developmental Disabilities. *Infants and Young Children,* 8, 29-40.

NIND, M. 2002. Early Childhood Education and Special Needs Education: some neglected common ground? *International Journal of Research & Method in Education,* 25, 77-90.

NISBETT, R.E. & ROSS, L. 1980. *Human inference: Strategies and shortcomings of social judgement.* NJ: Prentice Hall.

NORVILITIS, J. M., SCIME, M. & LEE, J. S. 2002. Courtesy stigma in mothers of children with attention-deficit/hyperactivity disorder: a preliminary investigation. *Journal of Attention Disorders,* 6, 61-68.

NORWICH, B., GRIFFITHS, C. & BURDEN, B. 2005. Dyslexia-friendly schools and parent partnership: inclusion and home–school relationships. *European Journal of Special Needs Education,* 20, 147-165.

OATES, C. 2000. The Use of Focus Groups in Social Science Research. *In:* BURTON, D. (ed.) *Research Training for Social Scientists.* London: Sage Publications.

O'BRIEN, M. 2008. Gendered capital: emotional capital and mothers' care work in education. *British Journal of Sociology of Education,* 29, 2, 137-148.

O'CONNOR, M., HODKINSON, A., BURTON, D. & TORSTENSSON, G. 2011. Pupil voice: listening to and hearing the educational experiences of young people with behavioural, emotional and social difficulties (BESD). *Emotional and Behavioural Difficulties,* 16, 289-302.

O'CONNOR, U. 2008. Meeting in the middle? A study of parent-professional partnerships. *European Journal of Special Needs Education,* 23, 253-268.

O'CONNOR, U., MCCONKEY, R. & HARTOP, B. 2005. Parental views on the statutory assessment and educational planning for children with special educational needs. *European Journal of Special Needs Education,* 20, 251-269.

OFFICE FOR NATIONAL STATISTICS. 2012. *Internet Access- Households and Individuals, 2012.* Available: http://www.ons.gov.uk/ons/rel/rdit2/internet-access---households-and-individuals/2012/stb-internet-access--households-and-individuals--2012.html [Accessed 10th May 2013].

OFFICES FOR STANDARDS IN EDUCATION. 2006. *Inclusion: Does it matter where pupils are taught?* Available: http://www.ofsted.gov.uk/resources/inclusion-does-it-matter-where-pupils-are-taught [Accessed 10th May 2013].

OFFICES FOR STANDARDS IN EDUCATION. 2007. *Parents, Carers and Schools.* Available: http://www.ofsted.gov.uk/resources/parents-carers-and-schools [Accessed 10th May 2013].

OFFICES FOR STANDARDS IN EDUCATION. 2010. *The Special Educational Needs and Disability Review.* Available: http://www.ofsted.gov.uk/resources/special-educational-needs-and-disability-review [Accessed 10th May 2013].

OFFICES FOR STANDARDS IN EDUCATION. 2011. *Schools and Parents.* Available: http://www.ofsted.gov.uk/resources/schools-and-parents [Accessed 10th May 2013].

OKELY, J. & CALLOWAY, H. 1992. *Anthropology and Autobiography.* London: Routledge.

O'LEARY, Z. 2010. *The Essential Guide to Doing Your Research Project.* London: Sage.

OLIVER, M. 1990. *The politics of disablement.* Basingstoke: Macmillan.

OLIVER, M. 1996. *Understanding Disability: from theory to practice.* Basingstoke: Macmillan.

OLIVER, M. 1997. The disability movement is a new social movement! *Community Development Journal,* 32, 3, 244-251.

OLIVER, P. 2003. *The Student's Guide to Research Ethics.* Maidenhead: Open University Press.

ONG-DEAN, C. 2005. Reconsidering the Social Location of the Medical Model: An Examination of Disability in Parenting Literature. *Journal of Medical Humanities,* 26, 2/3, 141-158.

OPPENHEIM, A. N. 1992. *Questionnaire Design, Interviewing and Attitude Measuremen.* London: Cassell.

O'RIORDAN, Z. 2011a. *The Experiences and Support of School-Leavers with Social, Emotional and Behavioural Difficulties.* PhD Thesis, University of Manchester.

O'RIORDAN, Z. 2011b. Living in the 'real world': the experiences and support of school-leavers with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties,* 16, 303-316.

ORSATI, F.T. & CAUSTON-THEOHARIS, J. 2012. Challenging control: inclusive teachers' and teaching assistants' discourse on students with challenging behaviour. *International Journal of Inclusive Education*, 1-19.

O'SULLIVAN, K. R. & RUSSELL, H. 2006. Parents and Professionals: Breaking Cycles of Blame. *Reclaiming Children & Youth,* 15, 37-39.

OSBORN, M. & SMITH, J. 2008. The Fearfulness of Chronic Pain and the Centrality of the Therapeutic Relationship in Containing It: An Interpretative Phenomenological Analysis. *Qualitative Research in Psychology,* 5, 276-288.

OSTEEN, M. 2008. *Autism and Representation.* Oxon: Routledge.

PAGE, J., WHITTING, G. & MCLEAN, C. 2008. *A Review of how Fathers can be Better Recognised and Supported through DCSF Policy.* Department for Children, Schools and Families. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/189729/DCSF-RR040.pdf.pdf [Accessed 10th May 2013].

PAGE, R. M. 1985. *Stigma.* London: Routledge.

PANSIRI, J. 2008. Evolution of a doctoral thesis research topic and methodology: A personal experience. *Tourism Management,* 30, 1, 83-89.

PARADICE, R. R. P. & ADEWUSI, A. A. A. 2002. 'It's a continuous fight isn't it?': Parents' views of the educational provision for children with speech and language difficulties. *Child Language Teaching and Therapy,* 18, 257-288.

PARSONS, S., LEWIS, A., DAVISON, I., ELLINS, J. & ROBERTSON, C. 2009. Satisfaction with educational provision for children with SEN or disabilities: a national postal survey of the views of parents in Great Britain. *Educational Review,* 61, 19-27.

PAYNE, J.W. & BETMAN, J.R. 2001. Preferential choice and adaptive strategy use. *In* GIGERENZER, G. & SELTEN, R. (ed). *Bounded rationality: The adaptive toolbox.* Cambridge, MA: The MIT Press.

PAYNE, J.W., BETMAN, J.R. & LUCE, M.F. 1996. When time is money: Decision behavior under opportunity-cost pressure. *Organizational Behavior and Human Decision Processes,* 66, 131-152.

PAYNE, G. & PAYNE, J. 2004. *Key Concepts in Social Research.* London: Sage.

PERAKYLA, A. 2009. Reliability and validity in research based on naturally occurring social interaction. *In:* SILVERMAN, D. (ed.) *Qualitative Research: Theory, Method and Practice.* London: Sage.

PERRIER, M. 2010.Developing the 'right' kind of child: younger and older mothers' classed moral projects. *In* KLETT-DAVIES, M. (ed), Is Parenting a Class Issue?*,* pp. 17-30. London: Family and Parenting Institute.

PETERS, E. 2011. I blame the mother: educating parents and the gendered perceived nature of parenting orders. *Gender & Education*, 24, 1, 119-130

PETERS, K. & JACKSON, D. 2009. Mothers' experiences of parenting a child with attention deficit hyperactivity disorder. *Journal of Advanced Nursing,* 65, 62-71.

PETERS, M., SEEDS, K., GOLDSTEIN, A. & COLEMAN, N. 2008. *Parental Involvement in Children's Education 2007.* Available: http://dera.ioe.ac.uk/8605/1/DCSF-RR034.pdf [Accessed 10th May 2013].

PETERS, M., SEEDS, K., EDWARDS, G. & GARNETT, E. 2010. *Parental Opinion Survey 2009.* Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/189424/DCSF-RR194.pdf.pdf [Accessed 10th May 2013].

PETRICH, B. 2000. Medical and nursing students' perceptions of obesity. *Journal of Addictions Nursing,* 12, 1, 3-16.

PHARES, V., EHRBAR, L.A. & LUM, J.J. 1996. Parental perceptions of the development and treatment of children's and adolescents' emotional/behavioural problems. *Child and Family Behaviour Therapy,* 18, 4, 19-36.

PICKLES, C. 2010. Repairing the broken society: the way forward. *Journal of Poverty and Social Justice,* 18, 161-166.

PILGRIM, D. & TOMASINI, F. 2012. On being unreasonable in modern society: are mental health problems special? *Disability & Society,* 27, 5, 631-646.

PILIAVIN, I. M., RODIN, J., & PILIAVIN, J. A. 1969. Good Samaritanism: An underground phenomenon? *Journal of Personality and Social Psychology,* 13, 289-299.

PINNEY, A. 2004. *Reducing Reliance on Statements: An Investigation into Local Authority Practice and Outcomes.* Department for Education and Skills. Available: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/RR508.pdf [Accessed 10th May 2013].

POLLARD, A., ANDERSON, J., MADDOCK, M., SWAFFIELD, S., WARIN, J., & WARWICK, P. 2008. *Reflective Teaching (Third Edition).* London: Continuum.

POOK, S. 2002. I'll never stop thinking about my little daughter. *The Telegraph,* 20 February. Available: http://www.telegraph.co.uk/news/uknews/1385395/Ill-never-stop-thinking-about-my-little-daughter.html [Accessed 10th May 2013].

POULOU, M., & MATSAGOURAS, E. 2007. School–family relations: Greek parents' perceptions of parental involvement. *International Journal about Parents in Education,* 1, 83-89.

POULOU, M. & NORWICH, B. 2002. Cognitive, Emotional and Behavioural Responses to Students with Emotional and Behavioural Difficulties: a model of decision-making. *British Educational Research Journal,* 28, 111-138.

POWER, A. 2010. Bringing up children in disadvantaged neighbourhoods: the impacts of low income and tenure. *In:* KLETT-DAVIES, M. (ed.) *Is Parenting a Class Issue?* London: Family and Parenting Institute.

POWER, S., EDWARDS, T., WIGFALL, V. & WHITTY, G. 2003. *Education and the Middle-Class.* Buckingham: Open University Press.

PRATESI, A. & RUNSWICK-COLE, K. 2011. 'Not-so-usual-families': overlaps and divergences in the practices of care within disabled and same-sex families. *International Journal of Sociology of the Family,* 37, 2, 243-262.

PSYCHOGIOU, L., DALEY, D., THOMPSON, M. J. & SONUGA-BARKE, E. J. S. 2008. Parenting empathy: Associations with dimensions of parent and child psychopathology. *British Journal of Developmental Psychology,* 26, 221-232.

PUGH, G. 1989. Parents and Professionals in Pre-School Services: Is Partnership Possible? *In:* WOLFENDALE, S. (ed.) *Parental Involvement. Developing Networks between school, home and the community.* London: Cassell.

REAY, D. 2000. A useful extension of Bourdieu's conceptual framework?: emotional capital as a way of understanding mothers' involvement in their children's education? *Sociological Review,* 48, 568-586.

REAY, D. 2010. Class acts: parental involvement in schooling. *In:* KLETT-DAVIES, M. (ed.) *Is Parenting a Class Issue?* London: Family and Parenting Institute.

REINDAL, S.M. 2008. A social relational model of disability: a theoretical framework for special needs education? *European Journal of Special Needs Education,* 23, 2, 135-146.

REYNOLDS, J. 2005. *Parents' Involvement in Their Children's Learning and Schools: How Should Their Responsibilities Relate to the Role of the State?* Available: http://familyandparenting.web-platform.net/Filestore/Documents/publications/Parental_Involvement_Reynolds.pdf [Accessed 10th May 2013].

RICHARDSON, H. 2010. *Teachers' desk-side manner tested.* BBC Education. Available: http://news.bbc.co.uk/1/hi/education/8545610.stm [Accessed 10th May 2013].

RIDDICK, B. 2012. Labelling learners with 'SEND': the good, the bad and the ugly. *In:* ARMSTRONG, D. & SQUIRES, G. (eds.) *Contemporary Issues in Special Educational Needs: Considering the whole child.* Maidenhead: McGraw Hill.

RILEY, K.A. 2004. Voices of disaffected pupils: Implications for policy and practice. *British Journal of Educational Studies,* 52, 2, 166-179.

RILEY, K.A. & RUSTIQUE-FORRESTER, E. 2002. *Working with disaffected students: Why students lose interest in schools and what we can do about it.* London: Paul Chapman.

RIPLEY, K., BARRETT, P. & FLEMING, P. 2001. *Inclusion for children with SLI: Accessing the curriculum and promoting personal and social development.* London: David Fulton.

ROBINS, L.N. & RUTTER, M. 1990. *Straight and Devious Pathways from Childhood to Adulthood.* Cambridge: Cambrudge University Press.

ROBSON, C. 2002. *Real World Research.* Oxford: Blackwell.

ROGERS, B. 2011. *Classroom Behaviour: A Practical Guide to Effective Teaching, Behaviour Management and Colleague Support (Third Edition).* London: Sage.

ROGERS, C. 1959. A theory of therapy: Personality and interpersonal relationships as developed in the client-centered framework. *In:* KOCH, S. (ed.) *Psychology, a study* *of science: Foundations of the person and the social context.* New York: McGraw Hill.

ROGERS, C. 2007. Disabling a family? Emotional dilemmas experienced in becoming a parent of a child with learning disabilities. *British Journal of Special Education,* 34, 3, 136-143.

ROSE, D. & ROSE, J. 2005. Staff in services for people with intellectual disabilities: the impact of stress on attributions of challenging behaviour. *Journal of Intellectual Disability Research,* 49, 827-838.

RUNSWICK-COLE, K. 2007. 'The Tribunal was the most stressful thing: more stressful than my son's diagnosis or behaviour': the experiences of families who go to the Special Educational Needs and Disability Tribunal (SENDisT). *Disability & Society,* 22, 315-328.

RUNSWICK-COLE, K. 2008. Between a rock and a hard place: parents' attitudes to the inclusion of children with special educational needs in mainstream and special schools. *British Journal of Special Education,* 35, 3, 173-180.

RUNSWICK-COLE, K. 2010. Living with dying and disabilism: death and disabled children. *Disability & Society,* 25, 7, 813-826.

RUNSWICK-COLE, K. 2011. Time to end the bias towards inclusive education? *British Journal of Special Education,* 38, 3, 112-119.

RUNSWICK-COLE, K. & HODGE, N. 2009. Needs or rights? A challenge to the discourse of special education. *British Journal of Special Education,* 36, 4, 198-203.

RUNSWICK-COLE, K. & GOODLEY, D. 2011. Big Society: a dismodernist critique. *Disability & Society,* 26, 7, 881-885

RUSCHER, J.B., FISKE, S.T. & SCHNAKE, S.B. 2000. The motivated tactician's juggling act: Compatible vs. incompatible impression goals. *British Journal of Social Psychology,* 39, 2, 241-256.

RUSSELL, F. 2003. The expectations of parents of disabled children. *British Journal of Special Education,* 30, 144-149.

RYAN, S. 2005. 'Busy Behaviour' in the 'Land of the Golden M': Going Out with Learning Disabled Children in Public Places. *Journal of Applied Research in Intellectual Disabilities,* 18, 1, 65-74.

RYAN, S. 2010. `Meltdowns', surveillance and managing emotions; going out with children with autism. *Health & Place,* 16, 5, 868-875.

RYAN, S. & RUNSWICK-COLE, K. 2009. From Advocate to Activist? Mapping the Experiences of Mothers of Children on the Autism Spectrum. *Journal of Applied Research in Intellectual Disabilities,* 22, 43-53.

RYAN, S. & RUNSWICK-COLE, K. 2008. Repositioning mothers: mothers, disabled children and disability studies. *Disability & Society,* 23, 199-210.

SACKER, A., SCHOON, I. & BARTLEY, M. 2001. Sources of bias in special needs provision in mainstream primary schools: evidence from two British cohort studies. *European Journal of Special Needs Education,* 16, 259-276.

SALMON, N. 2012. 'We just stick together': how disabled teens negotiate stigma to create lasting friendship. *Journal of Intellectual Disability Research,* 1-12.

SANTROCK, J.W. & 1997. 1997. *Life-Span Development (Sixth edition).* Madison, Wisconsin: Brown and Benchmark.

SARANTAKOS, S. 2005. *Social Research.* Hampshire: Palgrave Macmillan.

SCAMBLER, G. & HOPKINS, A. 1986. Being epileptic: coming to terms with stigma. *Sociology of Health and Illness,* 8, 1, 26-43.

SCANLON, T. M. 2008. *Moral Dimensions: Permissibility, Meaning, Blame.* Harvard: Harvard College.

SCHMIDT, G. & WEINER, B. 1988. An Attribution-Affect-Action Theory of Behaviour: Replications of Judgements of Help-Giving. *Personality and Social Psychology Bulletin.* 14, 3, 610-621.

SCHWARZER, R. & WEINER, B. 1991. Stigma Controllability and Coping as Predictors of Emotions and Social Support. *Journal of Social and Personal Relationships.* 8, 133-140.

SEIDMAN, I. E. 1991. *Interviewing as Qualiative Research: A Guide for Researchers in Education and the Social Sciences.* New York: Teachers College Press.

SELIGMAN, M. & DARLING, R. 1997. *Ordinary Families, Special Children: a systems approach to childhood disability.* New York: The Guilford Press.

SHADY, S. L. H. & LARSON, M. 2010. Tolerance, empathy, or inclusion? Insights from Martin Buber. *Educational Theory,* 60, 81-96.

SHAH, S. 2007. Special or mainstream? The views of disabled students. *Research Papers in Education,* 22, 4, 425-442.

SHAKESPEARE, T. 2006. *Disability Rights and Wrongs.* Oxon: Routledge.

SHAKESPEARE, T. & WATSON, N. 1997. Defending the Social Model. *Disability & Society,* 12, 2, 293-300.

SHARROCK, A. 1970. *Home/School Relations,* London, Macmillan and Co Ltd.

SHAVER, K. G. 1985. *The Attribution of Blame: Causality, Responsibility and Blameworthiness.* New York: Springer-Verlag.

SHELDEN, D. L., ANGELL, M. E., STONER, J. B. & ROSELAND, B. D. 2010. School Principals' Influence on Trust: Perspectives of Mothers of Children with Disabilities. *Journal of Educational Research,* 103, 159-170.

SHEPPARD, A. 2011. The non-sense of raising school attendance. *Emotional and Behavioural Difficulties,* 16, 3, 239-247.

SHER, G. 2006. *In Praise of Blame.* Oxford: Oxford University Press.

SHUTTLEWORTH, M.A. 2005. *Why On Earth Do You Want to Teach Those Kids? Insight into the Initial and Continuing Motivation of Teachers of Children With EBD.* Doctorate of Education Thesis, University of Sheffield.

SIKES, P. 1997. *Parents who teach: stories from home and from school.* London: Cassell.

SIMCO, N. & WARIN, J. 1997. Validity in image-based research: an elaborated illustration of the issues. *British Educational Research Journal,* 23, 661.

SIMPSON, B. M. 2000. *Childhood Embodiment: An Ethnography of SEN Provision.* PhD Thesis, University of Hull.

SINGH, I. 2004. Doing their jobs: Mothering with Ritalin in a culture of mother-blame. *Social Science and Medicine,* 59, 1193-1205.

SIRAJ-BLATCHFORD, I. & SIRAJ-BLATCHFORD, J. 2009. *Improving development outcomes for children through effective practice in integrating early years' services.* Available: http://www.c4eo.org.uk/themes/earlyyears/effectivepractice/files/c4eo_effective_practice_progress_map_summary_3.pdf [Accessed 10th May 2013].

SKIBA, R., POLINI-STUDINGER, L., SIMMONS, A., FEGINS-AZZIZ, L. & CHUNG, C. 2005. Unproven links: Can poverty explain ethnic disproportionality in special education? *The Journal of Special Education,* 39, 3, 130-144.

SMITH, C.A. & FARRINGTON, D.P. 2004. Continuities in antisocial behaviour and parenting across three generations. *Journal of Child Psychology and Psychiatry and Allied Disciplines,* 45, 230-247.

SMITH, J. 2004. Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology,* 1, 39-54.

SMITH, J. A., EATOUGH, V., STANLEY, C. A. & GLENDINNING, N. W. 2006. The personal experience of juvenile Huntington's disease: an interpretative phenomenological analysis of parents' accounts of the primary features of a rare genetic condition. *Clinical Genetics,* 69, 486-496.

SMITH, J. A., FLOWERS, P. & LARKIN, M. 2009. *Interpretative Phenomenological Analysis: Theory, Method and Research.* London: Sage.

SNAPE, D. & SPENCER, L. 2003. The Foundations of Social Knowledge'. *In:* RITCHIE, J. & LEWIS, J. (eds.) *Qualitative Research Practice: A Guide for Social Science Students and Researchers.* London: Sage.

SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES ASSOCIATION. SEBDA. 2006. *Definitions - SEBD and its overlap with disruptive and anti-social behaviour, mental health difficulties and ADHD.* SEBDA. Available: http://www.sebda.org/sebd/ [Accessed 10th May 2013].

SOLITY, J. 1992. *Special Education.* London: Cassell.

SOWELL, E. J. 2001. *Educational Research: An Integrative Introduction.* New York: McGraw Hill.

SPANN, S. J., KOHLER, F. W. & SOENKSEN, D. 2003. Examining Parents' Involvement in and Perceptions of Special Education Services: An Interview with Families in a Parent Support Group. *Focus on Autism & Other Developmental Disabilities,* 18, 228-237.

SPECIAL EDUCATIONAL NEEDS AND DISABILITY ACT. 2001. Available: http://www.opsi.gov.uk/acts/acts2001/ukpga_20010010_en_1 [Accessed 10th May 2013].

SQUIRES, G. 2012. Historical and socio-political agendas around defining and including children with special educational needs. *In:* ARMSTRONG, D. & SQUIRES, G. (eds.) *Contemporary Issues in Special Educational Needs: Considering the whole child.* Maidenhead: McGraw Hill.

STACE, H. 2010. Mother blaming; or autism, gender and science. *Women's Studies Journal,* 24, 66-70.

STANLEY, B. & STANDEN, P. 2000. Carers' attributions for challenging behaviour. *British Journal of Clinical Psychology,* 39, 157-168.

STOKES, P. 2008. Shannon Matthews trial: The dysfunctional family where children equaled benefits. *The Telegraph, 4 December*. Available: http://www.telegraph.co.uk/news/uknews/law-and-order/3548988/Shannon-Matthews-trial-The-dysfunctional-family-where-children-equalled-benefits.html [Accessed 10th May 2013].

STONER, J. B. & ANGELL, M. E. 2006. Parent Perspectives on Role Engagement: An Investigation of Parents of Children With ASD and Their Self-Reported Roles With Education Professionals. *Focus on Autism & Other Developmental Disabilities,* 21, 177-189.

STONER, J. B., BOCK, S. J., THOMPSON, J. R., ANGELL, M. E., HEYL, B. S. & CROWLEY, E. P. 2005. Welcome to Our World: Parent Perceptions of Interactions

Between Parents of Young Children with ASD and Education Professionals. *Focus on Autism & Other Developmental Disabilities,* 20, 39-51.

STRAUSS, A. & CORBIN, J. 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory.* London: Sage.

STROGILOS, V., NIKOLARAIZI, M. & TRAGOULIA, E. 2012. Experiences among beginning special education teachers in general education settings: the influence of school culture. *European Journal of Special Needs Education,* 27, 2, 185-199.

STUENKEL, D. & WONG, V. 2007. Stigma. *In:* LUBKIN, I. M., & LARSEN, P. D. (eds.) *Chronic Illness: Impact and Interventions.* London: Jones and Bartlett Publishers.

SURESTART. 2007. *Parents as Partners in Early Learning (PPEL) Project: Parental Involvement: A Snapshot of Policy and Practice.* Available: http://217.35.77.12/archive/england/papers/education/pdfs/P0002435.pdf [Accessed 10th May 2013].

SUTCLIFFE, J. & SIMONS, K. 1993. *Self Advocacy and People with Learning Difficulties.* Leicester: NIACE.

SWAIN, J. & FRENCH, S. 2000. Towards an affirmation model of disability. *Disability & Society,* 15, 4, 569-582.

SWAIN, J., GRIFFITHS, C. & HEYMAN, B. 2003. Towards a social model approach to counselling disabled clients. *British Journal of Guidance & Counselling,* 31, 1, 137-152.

SYMONDS, G. 2011. Does every child still matter? *The Guardian,* 20 September. Available: http://www.guardian.co.uk/local-government-network/2011/sep/20/does-every-child-still-matter [Accessed 10th May 2013].

SZWED, C. 2007. Reconsidering the role of the primary special educational needs co-ordinator: policy, practice and future priorities. *British Journal of Special Education,* 34, 2, 96-104.

TARR, J. 2004. *The Personal Qualities and Attributes of Professionals Working with Parents of Children with Special Needs.* PhD Thesis, University of the West of England.

TEACHER DEVELOPMENT AGENCY. 2011. *Results of the newly qualified teacher survey 2011.* Available: https://www.education.gov.uk/publications/eOrderingDownload/nqt%20survey%20results%202011.pdf [Accessed 10th May 2013].

TEACHING AGENCY. 2012. *Improving teacher training for behaviour.* Available: http://media.education.gov.uk/assets/files/pdf/i/improving%20teacher%20training%20for%20behaviour%20without%20case%20studies.pdf [Accessed 10th May 2013].

THOMAS, G. 2005. What Do We Mean By "EBD"? *In:* CLOUGH, P. (ed.) *Handbook of Emotional and Behavioural Difficulties.* London: Sage.

THOMSON, P. & RUSSELL, L. 2009. Data, data everywhere – But not all the numbers that count? Mapping alternative provisions for students excluded from school. *International Journal of Inclusive Education,* 13, 4, 423-438.

THORNBERRY, T.P., FREEMAN-GALLANT, A., LIZOTTE, A.J., KROHN, M.D. & SMITH, C.A. 2003. Linked lives: The intergenerational transmission of antisocial behaviour. *Journal of Abnormal Child Psychology,* 31, 171-184.

THORNICROFT, G. 2006. *Shunned: Discrimination against people with mental illness.* Oxford: Oxford University Press.

TOBIAS, A. 2009. Supporting students with autistic spectrum disorder (ASD) at secondary school: a parent and student perspective. *Educational Psychology in Practice,* 25, 151-165.

TODD, E. S. 2000. *The Problematic of Partnership in the Assessment of Special Educational Needs.* PhD Thesis, University of Newcastle-upon-Tyne.

TODD, L. 2007. *Partnerships for Inclusive Education: A critical approach to collaborative working.* Oxon: Routledge Falmer.

TODD, S. & JONES, S. 2003. Mum's the word!: maternal accounts of dealings with the professional world. *Journal of Applied Research in Intellectual Disabilities,* 16, 3, 229–244.

TOMLINSON, S. 1985. The expansion of special education. *Oxford Review of Education,* 11, 2, 157-165.

TROPE, Y. & GAUNT, R. 2007. Attribution and Person Perception. *In:* HOGG, M.A. & COOPER, J. (eds.) *The SAGE Handbook of Social Psychology: Concise Student Edition.* London: Sage.

TRUSS, C. 2008. Peter's story: reconceptualising the UK SEN system. *European Journal of Special Needs Education,* 23, 4, 365-377.

TSCHANNEN-MORAN, M. 2004. *Trust matters: Leadership for successful schools.* California: Jossey-Bass.

TSCHANNEN-MORAN, M. & HOY, W. 2000. A Multidisciplinary Analysis of the Perceived nature, Meaning, and Measurement of Trust, *Review of Educational Research* 70**,** 547-593.

TRAUSTADOTTIR, R. 1991. Mothers who care: gender, disability and family life. *Journal of Family Issues,* 12, 211-228.

TREGASKIS, C. 2002. Social Model Theory: the story so far .... *Disability & Society,* 17, 4, 457-470.

TUCKER, S. 2010. An investigation of the stresses, pressures and challenges faced by primary school head teachers in a context of organisational change in schools. *Journal of Social Work Practice,* 24, 1, 63-74.

UNION OF THE PHYSICALLY IMPAIRED AGAINST SEGREGATION, UPIAS. 1976. *Fundamental Principles of Disability.* London: Union of Physically Impaired Against Segregation

VANDEWATER, E.A. & LANSFORD, J.E. 2005. A family process model of problem behaviours in adolescents. *Journal of Marriage and Family,* 67, 1, 100-109.

VASAGER, J. & STRATTON, A. 2011. Nick Clegg says that modern Britain expects too much from teachers. *The Guardian,* 5 September. Available: http://www.guardian.co.uk/politics/2011/sep/05/nick-clegg-britain-expects-teachers [Accessed 29th May 2013].

VERVOORT, T., CROMBEZ, G., BUYSSE, A., GOUBERT, L., DE BACKER, T. & ICKES, W. 2007. Brief report: The accuracy of parents for the thoughts and feelings of their adolescent suffering from chronic fatigue: A preliminary study of empathy. *Journal of Pediatric Psychology,* 32, 494-499.

VINCENT, C. 2000. *Including parents? Education, citizenship and parental agency.* Maidenhead: Open University Press.

VINCENT, C. 2001. Social class and parental agency. *Journal of Education Policy,* 16, 347-364.

VINCENT, C. & WARREN, S. 2001. "This won't take long...": interviewing, ethics and diversity. *International Journal of Qualitative Studies in Education (QSE),* 14, 39-53.

VISSER, J. 2003. *A study of children and young people who present challenging behaviour.* Ofsted. London: Ofsted

VISSER, J. 2011. Transforming troubled lives. *Emotional and Behavioural Difficulties,* 16, 3, 235-237.

VISSER, J. & STOKES, S. 2003. Is Education Ready for the Inclusion of Pupils With Emotional and Behavioural Difficulties: A rights perspective? *Educational Review,* 55, 65-75.

WAHL, O. F. 1999. *Telling is risky business: Mental health consumers confront stigma.* New Jersey: Rutgers University Press.

WALKER, L. 2007. An Investigation into Young People's Perceptions of Special Educational Needs (SEN) Where They Have Had a Statement which Ceased. PhD Thesis, University of Sheffield.

WALTERS, S. 2012. Cameron's £100 parenting class Boots vouchers to help tackle child yobbery. *Daily Mail*, 12th May. Available:

http://www.dailymail.co.uk/news/article-2143516/David-Camerons-100-parenting-class-Boots-vouchers-help-tackle-child-yobbery.html [Accessed 29th May 2013].

WARIN, J. 2007. Joined-Up Services for Young Children and Their Families: Papering Over the Cracks or Re-Constructing the Foundations? *Children & Society*, 21, 87-97.

WARIN, J. 2009. Safeguarding children's wellbeing within educational settings: a critical review of inclusion strategies. *In:* BROADHURST, K., GROVER, C. & JAMISON, J. (eds.) *Critical Perspectives on Safeguarding Children.* Oxford: Wiley-Blackwell.

WARIN, J. 2011. Ethical Mindfulness and Reflexivity: Managing a Research Relationship With Children and Young People in a 14-Year Qualitative Longitudinal Research (QLR) Study. *Qualitative Inquiry*, 17, 9, 805-814.

WARIN, J., SOLOMON, Y. & LEWIS, C. 2007. Swapping Stories: Comparing Plots: Triangulating Individual Narratives within Families. *International Journal of Social Research Methodology,* 10, 121-134.

WARNOCK, M. 1978. *The Warnock Report: Special Educational Needs, Report of the Committee of Enquiry into the Education of Handicapped Children and Young People.* London: HMSO. Available: http://www.educationengland.org.uk/documents/warnock_ [Accessed 10th May 2013].

WEARMOUTH, J. 2004. Issues in addressing children's difficulties in literacy development through family-school partnerships. *Curriculum Journal,* 15, 5-17.

WEBSTER, L. & MERTOVA, P. 2007. *Using Narrative Inquiry as a Research Method.* London: Routledge.

WEDELL, K. 2008. Confusion about inclusion: patching up or system change? *British Journal of Special Education,* 35, 3, 127-135.

WEINER, B. 1974. *Achievement Motivation and Attribution Theory.* New Jersey: General Learning Corporation.

WEINER, B. 1979. A theory of motivation for some classroom experiences. *Journal of Educational Psychology.* 71, 3-25.

WEINER, B. 1980. A Cognitive (Attribution)-Emotion-Action Model of Motivated Behavior: An Analysis of Judgments of Help-Giving. *Journal of Personality and Social Psychology.* 39, 2, 186-200.

WEINER, B. 1985. An attributional theory of achievement motivation and emotion. *Psychological Review.* 92, 4, 548-573.

WEINER, B. 1992. *Human Motivation: Metaphors, Theories and Research.* London: Sage.

WEINER, B. 1993. On sin versus sickness: A theory of perceived responsibility and social motivation. *American Psychologist.* 48, 9, 957-965.

WEINER, B. 1995. *Judgments of Responsibility: a foundation for a theory of social conduct.* New York: The Guilford Press.

WEINER, B. 2006. Social Motivation, Justice, and the Moral Emotions: An Attributional Approach. New Jersey: Lawrence Erlbaum.

WEINER, B. 2007. Responsibility attribution. *In:* BAUMEISTER, R.F. & VOHS, K. (eds.) *Encyclopedia of social psychology.* Thousand Oaks, CA: Sage.

WEINER, B. 2008. Reflections on the history of attribution theory and research: People, personalities, publications, problems. *Social Psychology.* 39, 3, 151-156.

WEINER, B. 2012. An attribution theory of motivation. *In:* VAN LANGE, P., KRUGLANSKI, A. & HIGGINS, T. (eds.) *Handbook of theories of social psychology.* London: Sage.

WEINER, B., GRAHAM, S. & CHANDLER, C. 1982. Pity, Anger, and Guilt : An Attributional Analysis. *Personality and Social Psychology Bulletin.* 8, 226-232.

WEINER, B., OSBORNE, D. & RUDOLPH, U. 2010. An Attributional Analysis of Reactions to Poverty: The Political Ideology of the Giver and the Perceived Morality of the Receiver. *Personality and Social Psychology Review.* 1-15.

WEINER, B., PERRY, R. P. & MAGNUSSON, J. 1988. An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology,* 55, 738-748.

WESTERGÅRDA, E. & GALLOWAY, D. 2010. Partnership, participation and parental disillusionment in home-school contacts: a study in two schools in Norway. *Pastoral Care in Education,* 28, 97-107.

WHALLEY, M. 1997. *Working with Parents.* London: Replika Press.

WHITAKER, P. 2007. Provision for youngsters with autistic spectrum disorders in mainstream schools: what parents say — and what parents want. *British Journal of Special Education,* 34, 170-178.

WHITTAKER, K. A. & COWLEY, S. 2012. An effective programme is not enough: a review of factors associated with poor attendance and engagement with parenting support programmes. *Children & Society*, 26, 138-149.

WICKENS, C.M., WIESENTHAL, D.L., FLORA, D.B. & FLETT, G.L. 2011. Understanding driver anger and aggression: Attributional theory in the driving environment. *Journal of Experimental Psychology: Applied,* 17, 4, 354-370.

WIED, M. D., GOUDENA, P. P. & MATTHYS, W. 2005. Empathy in boys with disruptive behavior disorders. *Journal of Child Psychology & Psychiatry,* 46, 867-880.

WILKINSON, H. 1998. *Mothers making choices : the process of parental choice for mothers of children with special educational needs.* PhD Thesis, Lancaster University.

WILLIAMS, B. 2006. Meaningful consent to participate in social research on the part of people under the age of eighteen. *Research Ethics Review,* 2, 19-24.

WILLIAMS, M. & GERSCH, I. 2004. Teaching in mainstream and special schools: are the stresses similar or different? *British Journal of Special Education,* 31, 157-162.

WILLIAMS, B., WILLIAMS, J. & ULLMAN, A. 2002. *Parental Involvement in Education.* Available: http://dera.ioe.ac.uk/4669/1/RR332.pdf [Accessed 10th May 2013].

WILLIG, C. 2008. *Introducing Qualitative Research in Psychology (Second Edition).* Berkshire: Open University Press.

WILSON, J.K., BRODSKY, S.L., NEAL, T.M.S. & CRAMER, R.J. 2011. Prosecutor pretrial attitudes and plea-bargaining behavior toward veterans with posttraumatic stress disorder. *Psychological Services,* 8, 4, 319-331.

WINTERTON, L.E. 2006. *Working with Katie : an exploration of negotiated partnership between early interventionist and parent of a young child with complex learning difficulties.* PhD Thesis, St. Martin's College.

WISKER, G. 2008. *The Postgraduate Research Handbook (Second Edition.* London: Palgrave Macmillan.

WRIGHT, J. 1998. Female nurses' perceptions of acceptable female body size: an exploratory study. *Journal of Clinical Nursing*, 7, 4, 307-315.

WOLFENDALE, S. 1983. *Parental Participation in Children's Development and Education.* London: Gordon and Breach Science Publishers.

WOODCOCK, J. & TREGASKIS, C. 2008. Social Work Communication Skills with Parents of Disabled Children: A Combined Social Model and Social Work Analysis. *The British Journal of Social Work,* 38, 55-71.

YARDLEY, L. 2000. Dilemmas in qualitative health research. *Psychology and Health,* 15, 215-228.

YIN, R. K. 2011. *Qualitative Research from Start to Finish.* New York: Guilford Press.

Appendix 1: Parent Information Sheet

LANCASTER
UNIVERSITY

The Home-School Relationships between Parents of Children with Special Educational Needs and Educational Practitioners

Dear parent,

My name is Karen Broomhead and I'm a postgraduate student at Lancaster University, where I'm studying for a PhD in Educational Research. I'd like to invite you to take part in a small-scale research study, which I'm carrying out as part of my degree. The purpose of the study is to listen to the views and experiences of parents who have children with special educational needs, regarding the partnerships that they have with teachers and teaching assistants. I'm inviting you to take part in this study as I'm aware that your child has special educational needs, and is educated at a mainstream or special school at present.

If you would like to be involved in the study, I would ask you to take part in an interview with myself. This would take approximately one hour, and would be audio-recorded. The interview would involve asking you to think about the relationships that you have with your child's teachers, as well as whether your child's school understands your perspective on issues. Your interview would occur at the time and place that is most convenient for you.

Throughout the study you would never be identified, and I would keep all of your personal details entirely confidential. I would also store your interview recording without your name on, in a secure place, and delete it once the research is completed.

Taking part is voluntary and you are under no obligation to take part in this study. However, you may find it interesting to talk about your child's special educational needs, and the relationships you have with your child's school. Your thoughts and experiences would also contribute to research in this area, where further studies listening to the views of parents like you are essential.

If you do provide consent, you have the right to withdraw from the study at any time before or during the interview, as well as up to fourteen days after your interview has taken place, by contacting me. You don't have to answer any questions during the interview that you don't want to, and there are no right or wrong answers, as I'm just interested in your experiences.

If you would like to take part please complete the attached consent form, and return it to me in the stamped addressed envelope enclosed, or you can email or ring me at any time. If you have any questions, please don't hesitate to contact me or my supervisor, Dr Jo Warin.

Thank you,

Karen Broomhead

Appendix 2: Educational Practitioner Information Sheet

LANCASTER
UNIVERSITY

The Home-School Relationships between Parents of Children with Special Educational Needs (with and without Behavioural, Emotional and Social Difficulties) and Educational Practitioners

Dear educational practitioner,

My name is Karen Broomhead and I am a postgraduate student at Lancaster University, where I am studying for a PhD in Educational Research. I would like to invite you to take part in a small-scale research study, which I am carrying out as part of my degree. The purpose of the study is to listen to the views and experiences of educational practitioners who teach or support children with special educational needs. I am inviting you to take part in this study as I am aware that you teach, or have contact with, children with special educational needs and their parents on a regular basis.

If you would like to be involved in the study, I would ask you to take part in an interview with myself. This would take approximately one hour, and would be audio-recorded. This interview would involve asking you to think about the relationships you have with these children's parents, as well as asking questions regarding whether you feel parents understand your perspective on issues. Your interview would occur at the time and place that is most convenient for you.

Throughout the study you would never be identified, and I would keep all of your personal details entirely confidential. I would also store your interview recording without your name on, in a secure place, and delete it once the research is completed.

Taking part is voluntary and you are under no obligation to take part in this study. However, you may find it interesting to talk about the relationships that you have with parents of children with special educational needs. Your thoughts and experiences would also contribute to research in this area, where further studies listening to the views of educational practitioners like you are essential.

If you do provide consent, you have the right to withdraw from the study at any time before or during the interview, as well as up to fourteen days after your interview has taken place, by contacting me. You do not have to answer any questions during the interview that you do not want to, and there are no right or wrong answers, as I am just interested in your experiences.

If you would like to take part please complete the attached consent form and return it to me via email, or you can ring me at any time. If you have any questions, please do not hesitate to contact me or my supervisor, Dr Jo Warin.

Thank you,

Karen Broomhead

Appendix 3: Consent Form

Karen Broomhead

	Please Initial box
I confirm that I have read and understood the enclosed information sheet for the above study, and agree to take part	☐
I confirm that I have had enough time to consider taking part in the study, and have had the opportunity to ask any questions regarding the study	☐
I understand that my participation will involve taking part in an interview	☐
I am aware that taking part is voluntary, and that I can withdraw at any time before or during the interview, as well as up to fourteen days after my interview has taken place	☐
I understand that all of my personal details will be kept confidential	☐
I am aware that my interview will be audio-recorded, and that my recording will be stored without my name on, in a secure place, and deleted once the research is completed	☐

Sigperceived nature ....

Name and address ....

....

Contact Telephone Number ....

Please provide details of your child's special educational needs (parents) or your job role (teachers) ....

Date ....

<u>Please return this form in the stamped addressed envelope enclosed. Please keep the information sheet</u>

Appendix 4: Interview Schedule for Parents

I am very grateful that you have agreed to take part in this interview. This interview is about the relationships that you have with the teachers that support your child. There are a few areas I'd like to discuss with you, but if you feel there's anything else that you'd like to add that hasn't been covered, then please feel free to share those thoughts at any time during the interview. You are reminded that you don't have to answer any questions that you don't want to, and can terminate this interview at any time.

Reiterate confidentiality, I have no connection to child's school. No right or wrong answers.

Research question	Question	Prompts
	1. Could you just tell me a bit about *child*, and the perceived nature of their special educational needs?	• *how old is child, what year is he/she in at school at present?* • *what SEN's is child recognised as having?* • *tell me about child's behaviour, learning, support required?*
	2. Can you tell me about how *child* got recognition of their special educational needs?	• *how long have they been identified as having an SEN?* • *did someone tell you or did you tell someone?* • *how were you told/how did you tell someone?* • *how do you feel about being told like this?* • *is the label/formal diagnosis important?*
	3. How did you feel when *child* was recognised as having special educational needs?	• *easy/difficult to accept, wasn't an issue/was a big issue* • *why did you think/feel this way?*

1	I'd now like you to think about whether you feel you or *child* are blamed for their SEN. 4. Firstly, some people say that their children are blamed for having a SEN, while others don't think this is the case. How do you feel about this- do you think *child* is blamed in any way for their SEN?	- ***if yes,*** *who blames child e.g staff at school, other children, parents, general public?* - *how do they blame child? Specific experiences?* - *do you feel they blame child, or have you witnessed them blame child?* - *why do you feel this? How does this make you feel?* - ***if no,*** *why do you feel this?* - *how does this make you feel?*
	5. Do you feel that you are blamed in any way for *child's* difficulties?	- ***if yes,*** *who blames you e.g staff at school, other children, parents, general public?* - *how do they blame you? Specific experiences?* - *do you feel they blame you, or have you experienced first-hand being blamed for your child's difficulties?* - *how does this blame make you feel?* - ***if no,*** *why do you feel this?* - *how does this make you feel?*
	6. Who or what do you think is the main cause of *child's* SEN, if anything? *-[if hesitant], in general what do you perceive to be the cause of children's SEN's?*	- *staff at school, child's other parent, biological factors, environmental factors, dependent on situation, accident, home environment* - *do you blame yourself in any way?* - *why is that? How does this make you feel?*
	7. Can you tell me about how important you feel it is to find a cause for *child's* SEN?	- *important/not important* - *why is that?*
	8. Some parents feel guilty about having a child with SEN, whilst other parents don't feel this at all. Have you ever had experience of guilt due to *child* having SEN?	- *do you feel guilty about your child's SEN?* - *if yes/no, why is that?*

2	I'd now like you to think about whether you feel you or *child* are treated any differently, because of *child's* SEN. 9. Firstly, do you think anyone treats *child* any differently to other children because of their SEN?	• ***if yes***, *who are these others?* • *how is child treated differently?* • *how does this make you feel?* • ***if no***, *why do you feel this? How does this make you feel?* • *can you think of any specific experiences?*
	10. Can you tell me whether you feel anyone treats <u>you</u> any differently because of *child's* SEN?	• ***if yes***, *who are these others?* • *how do you feel you are treated differently? Why?* • *have these feelings about being treated differently changed at all as your child has got older?* • *how does this make you feel?* • ***if no***, *why do you feel this?* • *how does this make you feel? Have these feelings changed in any way as your child has got older?*
	11. Do you feel under pressure in any way about making sure that *child* behaves appropriately in public situations?	• *how do you feel if they don't behave?* • *how do you feel if they behave?* • *does child misbehave often?* • *whose responsibility is it to ensure child behaves?* • *why do you feel this?* • *how does this make you feel?*
	12. Can you tell me about the friendships that you have with others?	• *are you friends with any other parents?* • *are they supportive?*
	13. Do you have any friendships with other parents of children with special educational needs?	• *how did these friendships come about?* • *were these friendships intentional?* • *are their child's needs similar to your child's needs?*

3	I'd now like you to think about the partnerships that you have with *child's* school. 14. How do you feel about the partnerships that you have with *child's* teacher/school?	- *is there anyone you get on with particularly well, anyone not so much?* - *why do you think you have better partnerships with particular staff?* - *do any experiences stand out in your mind with teachers?* - *positive or negative?*
	15. How do you feel about communication with teachers/TA's/SENCo at *child's* school?	- *enough/too much/not enough communication? Why?* - *do you feel listened to? Why?* - *who do you feel is responsible for improving communication?* - *is there anything you have wanted to tell child's school that you felt you couldn't tell them? If yes, what do you think was holding you back?*
4	I'd now like you to think about whether you empathise with teachers, and whether you feel they can empathise with you. I'd like you to think of empathy as being able to put yourself in another person's shoes and understand their experiences. 16. Do you feel you can empathise with those who support *child* at school?	- *how do you think it feels to support child in school? Any benefits/difficulties?* - *why do you feel this?*
	17. Do you feel that staff involved with supporting *child* at school empathise with you?	- *why is that?* - *how does this make you feel?*
	18. Is there anything else you would like to add that you feel has not been covered?	**Thank participant**

Appendix 5: Interview Schedule for Educational Practitioners

I am very grateful that you have agreed to take part in this interview. This interview is about the partnerships you have with parents of children with special educational needs (with and without the label of behavioural, emotional and social difficulties, or BESD). There are a few areas I'd like to discuss, but if you feel there's anything else that you'd like to add that hasn't been covered, then please feel free to share those thoughts at any time during the interview. You are reminded that you don't have to answer any questions that you don't want to, and can terminate this interview at any time.

Reiterate confidentiality, I have no connection to the children with SEN that you support, or their parents. No right or wrong answers.

Research question	Question	Prompts
	1. Can you just tell me a bit about your job role?	• *what does your work involve on a day-to-day basis?* • *do you have any other additional responsibilities?*
	2. How are you involved in supporting children with SEN?	• *with and without the label of BESD?* • *e.g in the classroom, one-to-one support, assessment etc?* • *what type of SEN's do the children that you support have? In the past and at present?* • *what age children do you support?* • *are labels/formal recognition important?*
1	I'd now like you to think about whether you feel you, or children with SEN, are blamed for their difficulties. 3. Some people say that children with SEN are blamed for their difficulties, while others don't think this is the case. How do you feel about this- do you think children with SEN are blamed for their difficulties?	• ***if yes,*** *who blames children with SEN?* • *how do they blame these children? Specific experiences?* • *what SEN's do these children have?* • *do you feel they blame these children, or have you witnessed them blame children with SEN?* • *why do you feel this?* • *how does this make you feel?* • ***if no,*** *why do you feel this?* • *how does this make you feel?*

	4. Do you feel that you are blamed in any way for the difficulties experienced by children with the label of BESD?	- ***if yes,*** *who blames you?* - *how do they blame you? Specific experiences?* - *how does this blame make you feel?* - ***if no,*** *why do you feel this?* - *how does this make you feel?*
	5. Who or what do you think is the main cause of the label of BESD, if anything?	- *do you blame yourself in any way? Why is that? How does this make you feel?*
	6. Who or what do you feel is the main cause of other SEN's, if anything?	- *do you blame yourself in any way? Why is that? How does this make you feel?*
	7. Can you tell me about how important you feel it is to find a cause for children's SENs?	- *important/not important* - *why is that?*
2	I'd now like you to think about whether you feel you or *children with the label of BESD* are treated any differently to other professionals/children because of the perceived nature of these children's SENs. 8. Firstly, do you think others treat children with the label of BESD any differently to other children because of the perceived nature of their SEN?	- ***if yes****, who are these others?* - *how are children with the label of BESD treated differently?* - *why do you feel this?* - *can you think of any specific experiences?* - ***if no****, why do you feel this?* - *can you think of any specific experiences where children with the label of BESD have been treated the same as the rest of their peers?*
	9. Can you tell me whether you feel others treat you any differently because of your involvement in supporting children with SEN (with and without the label of BESD)?	- ***if yes****, who are these others?* - *how do you feel you are treated differently?* - *have these feelings changed over time at all?* - *why do you feel this?* - ***if no****, why do you feel this?*
	10. Do you feel under pressure in any way about ensuring *children with SEN* behave appropriately in classroom and public situations?	- *how do you feel if they do/don't behave?* - *do you feel it is your responsibility to make sure children with SEN behave appropriately? If yes, why? If no, whose responsibility is it?* - *why do you feel this? How does this make you feel?*

3	I'd now like you to think about the partnerships that you have with the parents of children with SEN. 11. How do you feel about the partnerships that you have with parents of children with SEN?	• *is there anyone you get on with particularly well or have done in the past, anyone not so much?* • *why do you think you have better relationships with particular parents?* • *do any experiences stand out in your mind with particular parents? Positive/ negative?*
	12. How do you feel about communication with parents of children with SEN (with and without the label of BESD?)	• *enough/too much/not enough communication? Why?* • *do you feel you are listened to? Why?* • *who do you feel is responsible for improving communication?* • *is there anything you have wanted to tell parents that you felt you couldn't tell them? If yes, what do you think was holding you back?*
4	I'd now like you to think about whether you empathise with teachers, and whether you feel they can empathise with you. I'd like you to think of empathy as being able to put yourself in another person's shoes and understand their experiences. 13. Do you feel you can empathise with parents of children with SEN (with and without the label of BESD?)	
	14. Do you feel you can empathise with other colleagues who support children with SEN (with and without the label of BESD)?	
	15. Do you feel parents of children with SEN (with and without the label of BESD) empathise with you?	• *why is that?* • *how does this make you feel?*
	16. Do you think colleagues empathise with you in relation to supporting children with SEN (with and without the label of BESD)?	• *how does this make you feel?*
	17. Is there anything you would like to add that you feel has not been covered?	**Thank participant**