

The SEN Label and its Effect on Special Education

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Abstract

Aim: This article aims to explore whether labelling children and young people with Special Educational Needs and disabilities is still helpful or whether this leads to more discrimination, exclusion and stigmatisation, according to Becker's labelling theory.

Method: Based on reviewing Special Educational Needs literature, this study begins with an exploration of advantages of assigning labels to children and young people with Special Educational Needs, such as determining appropriate provision and extra support. Also, it investigates the tendency of Special Educational Needs labels to negatively affect individuals in various ways such as their educational and employment futures. By considering labelling theory, this paper considers a crucial question in just who has the power to establish and assign labels to children and young people with Special Educational Needs or disabilities?

Findings: In a succinct way, findings indicate that conceptualising disability and impairment according to medical and social models allows professionals to classify people with SEN according to normalising judgments of diagnosis and identification.

Conclusion: The paper concludes that the drawbacks of SEN labelling seem to outweigh its advantages. Thus, it suggests to change the current label to be more alleviated and harmless.

Keywords:

Labelling theory; Classification; stigmatisation; discrimination; labelling, special educational needs, educational psychology

Introduction

The primary aim of this article is to explore whether it remains useful or indeed appropriate to label children and young people as having special educational needs (SEN) or whether this leads to exclusion and stigmatisation. The arguments for and against will be placed in the context of labelling theory. To avoid any contradictions, in the English educational system, the term “children and young people with special educational needs or disabilities” is used officially as defined in the latest Code of Practice (DfE & DoH, 2014, p. 11). Therefore, the term “children and young people with SEN or disabilities” will be used throughout this article, since SEN is an educational term and has no particular meaning outside the domain as it tends to only apply to schooling.

In the context of SEN, it has been claimed that assigning labels to children and young people with SEN helps with the provision of appropriate learning opportunities, extra support and increased awareness and understanding of certain disabilities (Gillman, Hayman & Swain, 2000; Lauchlan & Boyle, 2007). Educational purposes are thus one of the main reasons why children of school age and young people may be labelled as having a disability. However, as Boyle (2014) points out, the reality may be that it is well intended but can be harmful if it is done in a sporadic way.

However, the counterargument holds that labelling children and young people with SEN may be harmful, since it can have a major impact on their own lives, as well as that of their family, and can also negatively impact on educational and employment futures (c.f. Arishi & Boyle, 2017, in this issue). Stigmatisation, exclusion and discrimination are all potential negative consequences of labelling people. Corrigan et al. (2004) articulated that a person’s mental health was a more common reason for discrimination than other variables that are often linked to stigma, such as gender or race. The medical industry and health professionals have created classifications and

labels that have been developed by society (Davidson et al., 2008). It could be reasonably argued that society has a need classify, or at least to organise ourselves into categories. It has been argued that the use of medical labels in education can often lead to exclusion (e.g. Hacking, 1999; Lauchlan & Boyle, 2007, 2014). In this article, the process and efficacy of labelling children and young people with SEN will be considered with regards to the wider philosophical consideration of labelling in education and society, with particular reference to the work of Becker (1963).

As is pointed out by Becker (1963) that 'deviation from the mean' is established by society, which creates certain rules whose contravention constructs the rules of difference. It follows that people who break these rules are labelled as 'outsiders'. The crucial question that arises is: who has the power to label children and young people with SEN or disabilities? Is it medical professionals or those working in education, or both? Succinctly, defining and conceptualising disability and impairment according to medical and social models allows professionals to identify and classify people with SEN according to normalising judgements of diagnosis (Gillman et al., 2000). The combined systems of education and medicine are where different rules and agendas can collide. Both of these systems are influenced by decreed societal norms. In the case of education, there are very complex systemic layers which influence many decisions down to the classroom level. Anderson, Boyle and Deppeler (2014) use the work of Bronfenbrenner to highlight this in what they refer to as *the ecology of inclusive education*. The influence of large complex systems in all facets of education is undeniable and cognisance must be afforded in decision making due to its potency.

It will be argued that labelling people according to their difficulties affects their attempts to be included in the educational and social mainstream. They can be subjected to different forms of stigma and discrimination. In other words, it suggests that the drawbacks of labelling children and

young people with SEN or disabilities may very well outweigh its advantages. The issue of labelling and the complex agendas which affect all people involved in the special and inclusive education field will be discussed.

Recent Origins of labelling people with disability

This section considers the emergence of the need for labelling children and young people with SEN or disabilities and the potential reasons for this labelling process. Harpur (2012) points out that there is limited research on why different labels for children and people with SEN or disabilities have emerged. However, individuals are characterised and hierarchised by professionals through the observation and examination process (Foucault, 1977). Medical professionals in the SEN field created the labelling process for the purposes of diagnoses and categorisation, however this eventually led to the mechanism where the exclusion/separation of children and young people with SEN from society could be justifiable (Ryan & Thomas, 1991). The outcomes of the discursive process of medical science, including diagnosis and interventions, are the basis for classifying children and young people with SEN. Gillman et al. (1997) argue that the classification of children and young people with SEN tends to be based on problems and dysfunctions. Professionals build classifications and classify children and young people with SEN according to rigorous criteria and formal knowledge, such as ADHD which is diagnosed through reference to such classification tables included in the DSM-5. However, this classification process is not always as accurate and scientifically precise as one might think, and several studies have criticised this diagnostic system and its fallibility (Gillman et al., 2000; Cavendish, 2012). For example, it has been argued that 60% of children and young people with SEN labels have an ambiguous diagnosis (Sutcliffe & Simons, 1993) with varying levels of educational and social consequences of this ambiguity (Lauchlan & Boyle, 2007).

People with disability and their advocates argue that classifying people by their syndromes and difficulties is stigmatising and could result in their exclusion from mainstream society (Sutcliffe & Simons, 1993). It is outwith the scope of this paper to examine the on-going debate about both social and medical models, but 'there is near consensus that society constructed impairment is a significant factor in disabling people' (Harpur, 2012, p. 326). Therefore, it is worth considering Becker's (1963) labelling theory and how it might be influential in labelling people with SEN. Labelling theory can be thought of as 'social reaction theory', since its significance is based on a community's reactions to who is differing from the norm rather than looking at the needs of the actual person.

Labelling theory and how it refers to labelling people with SEN

According to Becker (1963), the fundamental truth about being different is that the concept of difference is established by the society or community in which certain rules are set up and those who break these rules are regarded as outsiders. To understand the labelling procedure, there is a need to study how children and young people with SEN come to be regarded as different. Also, there is a need to understand how this type of difference is linked to children and young people with SEN. The simplest approach to Becker's concept is that of deviation from the norm and is based on statistics, in which it is defined as anything that differs hugely from the average. Terms like "hugely, greater and significantly" are used in the SEN discourses. For example, the legal definition of special education needs in England includes the phrase, "has a significantly greater difficulty in learning than the majority of others of the same age" (DfE & DoH, 2014, p.16).

Becker claims that defining people according to their ability is harmful as it is discriminatory and abusive (Harpur, 2009). The process of defining people as different according to both statistical

and pathological standards was first introduced by professionals in the SEN field. Society then needs to create a label in order to normalise the difference within the artificially created system. Those who are labelled 'share the label and the experience of being labelled as outsiders' (Becker, 1963, p. 10). Becker (1963) claims that labels tend to be applied more to some people than to others. In the SEN field, people and professionals in power label children and young people with SEN based on diagnostic outcomes and strong legal activity. One example is the Disability Discrimination Act 1995 in the UK. Legal activity and the rigour of medical science outcomes are consolidated in powerful words and phrases towards children and young people with SEN. Additionally, children and young people with SEN are vulnerable to people in power. These labels are possibly given more credibility because they are given by professionals and people in power. In other words, they are given a legitimacy and thus a currency in order to operate within 'the system'.

The push for labelling children and young people with SEN

Before exploring who is behind any push for labelling children and young people with SEN or disabilities, we should understand the medical and social models of disability. Although this is not the primary aim of this article, these models can provide a better understanding about who has the power to label children and young people with SEN or disabilities. The medical model, as implied by its name, is medical in nature and views disability as a defect or sickness that can be treated by rehabilitation professionals or medical intervention (Kaplan, 1999). Simply put, according to this model, if a person's disability is managed, then any problems are ameliorated or are improved in some way when there is no amelioration. The social model instead is associated with the idea that disability is mainly influenced by oppression, exclusion and social discrimination (Thomas, 2004). The advocates of the social model consider the ways that the environment disables people. Social

discrimination is considered the most significant issue experienced by children and young people with SEN or disabilities (Kaplan, 1999).

In terms of the definition of disability, the social model posits that it 'is not the individual's impairment which causes disability (impairment → disability) or which *is* the disability (impairment = disability), and it is not the difficulty of individual functioning with physical, sensory or intellectual impairment which generates the problem of disability' (Thomas, 1999, p. 14). The social model holds that disabilities result from social barriers and are not associated with the body. The terms *impairment* and *disability* are defined ambiguously and are introduced using different approaches. According to Oliver and Barnes (1998), the social model defines impairment as a deficit that refers to sensory and physical impairment alone. On the other hand, Riddick (2001) considers dyslexic type difficulties as impairments that can be seen as functional issues. Norwich (2009, p. 6) states that, 'If an impairment can be a difficulty in some function, then it is likely that it can also be influenced by environmental factors and not just physical structural ones'. Therefore, advocates of the social model distinguish the concepts of impairment and disability, which establishes causality between disabilities and society, an issue that requires more attention (Terzi, 2004).

From the perspective of the medical model, it is difficult to understand why society discriminates against those with a disability 'if there [is] no relation at all with a, perhaps wrongly perceived, initial state which they share. True, this needn't be a causal relation but this does not exclude it, either' (Terzi, 2004, p. 150). One important criticism raised here is that the social model does not consider the element of impairment. If society considers the barriers and discrimination towards individuals with disabilities as elements that can be overcome and, therefore, as non-existent, then how can the experiences of people with impairments be completely understood? The social model

overlooks and neglects the significant difficulties that impairments can produce, including restricting activities and the ability to perform different functions (Terzi, 2004). In addition, the social model has been criticised for its consistent expression and interpretation of personal tragedy, particularly in relation to impairment (Terzi, 2004).

The medical model of disability, on the other hand, asserts that impairments cause disabilities. These impairments are related to diseases, genetic disorders and illnesses (Bury, 2000). Medical intervention, rehabilitation professionals and other professionals must be involved to treat disabilities (Kaplan, 2000). However, critics of this model state that it attempts to cure all problems, ignoring the fact that some disabilities are caused by social and cultural factors, and are thus outside the domain of medics. The medical model possesses internal contradictions, as it claims that disabilities should be treated only through medical intervention.

To answer the question of who has the power to label children and young people with SEN or disabilities, it has been argued that the medical model has been dominant in the SEN field as the essential instrument to characterise and classify individuals with disability (Gillman et al., 1997). As the distinctions between disability and impairment remain ambiguous, Foucault (1977) argues that professionals shape and classify people with disability through individualising techniques and normalising judgements. In other words, classifications of children and young people with SEN are largely established by those professionals who manage the disability industry, not by the people with the disabilities themselves (Harpur, 2012). These medical classifications and labels always provide the sense of being rational and neutral, since they are created by prestigious professions like medicine and psychology (Powell, 2003). In order to remove, or at least reduce, the overuse of medical labels based on a particular difficulty of a person with a disability, it is important to exercise caution in our beliefs of the biological causes of disabilities. These medical classifications

are not always objective or value-free observations.

Furthermore, Hacking (1999) states that diagnosis as the essential channel of labelling children and young people with SEN is not solely a clinical observation. It has been suggested that definitions and classifications of children and young people with SEN or disabilities can be divided into two types: official classifications generated by professionals and those constructed by the children and young people with SEN themselves (Oliver and Barnes, 1998). Social construction reflects social and medical perceptions of a certain society in a certain period (Hacking, 1999). These classifications and labels are embedded in certain criteria of institutions and practices and are used to decide what sort of behaviour is accepted or not. Ho (2004) points out that these diagnoses are intentionally or accidentally used to discriminate against pupils who are diagnosed as having impairments and to direct their later educational and employment chances. Some labels and classifications are implemented to control children and young people with SEN and to exclude them from mainstream schools and place them in separate provision where they will be able to receive *appropriate support*. This is sometimes in ignorance of evidence which seems to suggest that *appropriate support* can and should be provided in the mainstream school (Boyle, Scriven, Durning, & Downes, 2011). As Hacking (1999) states, these classifications are socially shaped, and children's behaviours and social interactions might be shaped by these classifications too. It is important to note that the consequences of labels such as stigma and exclusion cannot be detached from societies.

Further examination of Becker's theory may be helpful here. As Becker (1963) explains, deviance from the norm is constructed by society, or the community, in order to determine which range of behaviours can be regarded acceptable. People who break these rules are segregated and regarded as outsiders, and behaviour may therefore be influenced by socially developed labels and

classifications as well as those that are created by professionals (Becker, 1963).

However, in some cases, these labels are useful in uncovering students' needs and obtaining supportive resources, as they can be considered an 'admission ticket' (Zuriff, 1996, p. 403). Various studies have indicated that labelling children and young people with SEN has some advantages (e.g. Lauchlan & Boyle, 2007). The next section will examine whether the drawbacks of labelling children and young people with SEN outweigh the advantages, and how labelling people leads to discrimination, stigmatisation and exclusion.

How do SEN labels affect discrimination, stigmatisation and exclusion?

As defined earlier, stigma refers to the co-occurrence of its elements such as labelling, discrimination and exclusion (Link & Phelan, 2001). Discrimination is defined as one possible result of stigma, or as the behavioural result of stigma 'which acts to the disadvantage and social exclusion of the people affected' (Sartorius & Schulze, 2005, p. 77). Moreover, the concept of stigma has been defined by Goffman (1963, p. 13) as "an attribute that is deeply discrediting." This paper does not argue that labelling is the only factor that leads to more discrimination, but labelling might be considered as a significant factor that could exclude, stigmatise and discriminate people who *are* labelled.

Labels and classifications are believed to be helpful for creating opportunities such as extra resources and support, and it is argued that children and young people can be overlooked if they are not labelled (Gillman et al., 2000). Labels are also believed to help set up legislative aid for children and young people with SEN. However, would children not be provided with support and legislative aid if they were not labelled? By their very definition labelling students with terms which can be regarded as being negative can affect teachers attitudes to inclusion of students with

various levels of need (Kraska & Boyle, 2014; Boyle & Sharma, 2015, Anderson &, 2015). There are various programmes in schools which were initially designed mainly to support students with SEN, however it was found that in a mainstream environment they were just as effective as they enhanced confidence and self-esteem irrespective of difficulty (Bosnjak et al., 2017; Chodkiewicz & Boyle, 2014, 2016, 2017; Koles & Boyle, 2013). Extra provisions can be provided even without terms like 'special needs' and 'children and young people with SEN'. However, like many issues within a large system, such as that of education, the real issue may actually be about trust, uniformity of process, and consistency. The Scottish education system, for example, does not use the term 'special educational needs' anymore; this has been replaced by 'additional support needs' (William et al., 2009), which has a much wider definition of support needs including issues of bereavement or difficulties attending school, which would not normally be related to special educational needs.

The argument for the abandonment of the “special education needs” label and replacing it with other alleviated phrases, such as the use of ‘additional support needs’ in the Scottish system, is based on several reasons. First of all, in the UK, Runswick-Cole and Hodge (2009) argue that the term SEN was intended to refer to children who were previously named as ‘handicapped’ but because of legislation at the time were to be included into mainstream schools. In other words, in the 1970s, the term SEN was commonly welcomed as it was considered to serve an inclusive agenda. As a result, many students with mild and moderate disabilities were educated in, what was regarded as, an inclusive mainstream setting in the UK. Over the last thirty years, however, the term SEN has broadly come to be considered as problematic, since it still continues to locate the problem and issues within children (Runswick-Cole & Hodge, 2009; Boyle, 2014). Also, it can be argued that the concept of special need is still ambiguous and has served little educational purpose.

Norwich (2014, P. 60) states that that the concept “was tautological because needs were defined in terms of additional provision without specifying who was to have this additional provision”.

Furthermore, the concept of SEN emphasises within-child deficits as it contains the term “special”. Thus, it could easily play a significant role in constructing exclusionary activities. The term “special” has been used in England to maintain a medical discourse in education (Philips, 2001).

It is not being suggested, in this article, that terms such as “additional support needs” should be adopted. However, this is put forward as an example of an alternative label for children and young people with SEN. The abandonment of the 11 classifications of handicap in the Warnock Report in the UK was seen as an essential change in which, wherever possible, children should be educated in mainstream schools (Runswick-Cole & Hodge, 2009). Therefore, the concept of SEN has come to include and construct exclusionary practices within education. If this was, indeed, the aim for establishing the concept of SEN, then it could be argued that this has been achieved. Norwich (2009) argues that by applying the term SEN, children are inevitably regarded negatively, which leads to the perpetuation of adverse labelling. It is not logical to identify people and label them negatively in order to provide them with support, especially if these supportive provisions might be given to people without labelling them. It is a cynical system that seeks to provide equal educational chances by obligating children to be labelled and classified in order to be entitled to equality (Ho, 2004). It seems that although there may be benefits to labelling children and young people with SEN, labels are often understood to slot people into certain categories (Lauchlan & Boyle, 2007).

It is argued by Ho (2004) that students who are given SEN labels are often considered to be less competent, less rigorous and lower achievers. Thus, labelling may be responsible for a sense of

isolation. Current pseudo-medical labels, such as dyslexia or ADHD, can be similarly socially developed to include other negative meanings that exacerbate the situation for children and young people with SEN. Labelling is relevant to society, since labelling and its consequences are social acts, notwithstanding that labelling was begun by professionals (Hacking, 1999).

Labelling has also been argued to lead to increased awareness about particular difficulties (Gus, 2000; Lauchlan & Boyle, 2007). Labelling may lead to increased understanding among pupils about the nature of a disorder, which can be helpful. In a study by Riddick (2010), it was found that labelling children with dyslexia could increase their self-esteem. One possible limitation of Riddick's (2010) study is that it focused solely on pupils with dyslexia, meaning that the results may not be generalisable to all categories of individuals with different disabilities. Whilst some studies indicate that labelling leads to increased awareness, others show that disability labels bias teachers' practices and behaviours (Boyle, 2007; Gibbs & Elliott, 2015). MacMaster et al. (2002) explained how teachers who were told about certain students' disabilities attributed negative characteristics to these children, unlike teachers who were not told about the same students.

Labelling could also affect children's attempts to be part of a social group, and the labels could stay with them through their lives. Haywood (1997) indicates that labels can be impossible to escape even if a person attains some success in his or her life. Therefore, labels are not attached to children only in their education contexts, but spill over into mainstream society, leading to possible social exclusion (Gillman et al., 2000). This point responds to the claim that SEN classifications and labels are used for educational purposes, but clearly labelling goes well beyond educational reasons, even if this was the initial purpose (Norwich, 2009). Additionally, if individuals with SEN are labelled solely for educational reasons, it is almost impossible to change or remove their labels at a later point, even if the person no longer requires the same level of support. Therefore, labels

remain attached to children outside their schools and can later affect accessibility to educational and employment opportunities (Ho, 2004).

Future Approach

It seems reasonable to argue that children and young people with SEN have been experiencing discrimination, exclusion and stigmatisation for a considerable period of time. SEN advocates have employed several strategies to address these issues, such as law reforms, policy, education and, crucially, language. However, these issues arise through the labelling and classification of people according to their ability or disability. That is, the term 'disabled' has facilitated the ideology of 'ableism' (Harpur, 2012). This term conceptualises children and young people with SEN or disabilities which by its very definition makes a comparison to those without a disability. As a consequence, people without disability treat those with SEN or disabilities as being different, and (usually) with a negative connotation (Harpur, 2012). Therefore, it is necessary to be aware of the potential dangers of pathologising differences and thereby excluding people who have support needs, whatever the level of severity, from mainstream education and society. Ho (2004) points out other problems related to recognising differences: erroneous assumptions are created about the causes and difficulties that might lead to neglect of those who are seen as different. That is, when differences are ignored, assumptions of homogeneity will be adopted, and there is no opportunity for recognising the need to set up frameworks that adopt diverse developmental approaches and learning styles. Those who oppose reform (and/or removal) of the classification and labelling system base their opposition on a number of factors. First, they worry that children and young people with SEN will not receive help unless they are labelled, as 'legal protection in many countries is closely tied to such labelling' (Ho, 2004, p. 91). Second, they fear that there may be an increase in ambiguity among professionals when dealing with children and young people with

SEN. However, some countries have already adopted alternative labels. For example, as stated earlier, the Scottish SEN system was renamed the Additional Support Needs system (William et al., 2009).

It is unclear whether children in Scotland with Additional Support Needs might experience some exclusionary practices as they might be regarded as those with additional support, in a similar way to children with SEN in England and other countries. However, it might be argued that if the term SEN is changed, the consequence of exclusionary practices of SEN might be removed too. The concerns of opponents regarding loss of clear communication and services are unfounded, as the Scottish system has already been reformed, and services for people with additional needs are still provided. However, in some ways it is a moot point as labels are still used although it could be argued that the label is now 'softer'.

Professionals are required to respect children and young people with SEN expertise and offer them supports according to their preferred approaches of coping (Gillman, et al. 2000). Both asking people with disability to resist and ignore the negative attached consequences of labelling, and asking our society to change positively without removing labels would consume time, effort and might be inefficient. It should be clear that the authors of this article are making an argument for changing labels, rather than the abandonment of them completely.

Conclusion

The aim of this paper was to evaluate the effects of labelling children and young people with SEN or disabilities, since phrases and words are crucial in shaping people's perceptions. It was argued that labelling people according to their areas of need affects their attempts to be included in the educational and social mainstream. Rather, they are subjected to stigma and discrimination.

Stigmatisation and discrimination are likely to result from labelling, as those who are labelled are considered to be the opposite of corporeal individuals. Labels such as SEN or disabilities extends largely to exclusionary practices, stigmatisation and discrimination activities towards people who are being labelled. In the same way that terms were used in the past, before they were socially developed to carry other meanings, this article puts forward that the current labels and classifications created by education systems and/or the medical industry are likely to be socially developed to carry other meanings leading to the devaluation of people being so labelled. The authors argue that these terms could be replaced with other terms, such as has been done in the Scottish system as this allows a broadening of the definition of support. Importantly, stigma, exclusion and discrimination do not result only from terms created by the medical industry: societies and communities play a fundamental role in bringing about stigma and discrimination. Terms like ‘special educational needs’ could be abolished in order to continue the journey of supporting people with disabilities and allowing them to be fully valued and recognised as equals in society. If culture change is not accepted and embraced by policymakers, children and young people with SEN risk becoming more excluded, discriminated and devalued. It is not logical that advocates and SEN professionals are striving for more inclusive education and social integration while continuing to label children and young people with SEN, using terms which could be conservatively described as being devaluing.

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