Labelling and Inclusive Education

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Summary

The use of labels in inclusive education is a complex issue. Some have argued that labels are a necessary evil in the allocation of limited resources in order to support children with specific additional support needs, and others would argue that they bring comfort and relief for children and their families and lead to an intervention programme that will improve the child's educational opportunities. Further arguments about the use of labels have included that they lead to a wider and better understanding of certain needs that children may have, and thus there is more tolerance, and less stigmatisation amongst the general public than was the case before. However, counter arguments can be made for each of these issues as to whether the use of labels can truly be considered a valuable practice in the sphere of inclusive education.

Keywords; inclusive education, labelling, school psychology, educational labels,

Introduction

In many parts of the world, diagnostic labels have been used in education for more than a century. While the diverse range of labels has increased exponentially in this time, it is only in the last 20 years or so that the value of such labels has been critically analysed (Hamre et al., 2018; Lauchlan & Boyle, 2007, 2014). Indeed, it could be questioned whether the continued application of labels has been a factor in perpetuating inequity in the sphere of inclusive education. Shifrer (2013) extracted data on 11,740 adolescents from the Education Longitudinal Study of 2002 and found that teachers had lower expectations of students who were labelled with disabilities than students who were not. One might legitimately question whether labels improve the quality of inclusive education of students with additional support needs, or indeed have the opposite effect.

The reality is that the process of labelling is burdened with political, psychological and ideological uncertainties that often impact upon the well-intentioned efforts of those attempting to provide a quality education to students with additional support needs. Moreover, the process of labelling is infused with historical beliefs that can influence policy, professional, and institutional practices. Trying to understand how labels might promote, or obstruct, the quality of inclusive education within international contexts is essential for developing practical advances in policy and practice, which in turn, should enhance educational outcomes for all.

Some might argue that labels can seem useful and, moreover that it is helpful to be able to attribute a label to behaviour or characteristics which, until that point, had been difficult to understand (Algraigray & Boyle, 2017; Arishi, Boyle & Lauchlan, 2017). Moreover, there is little doubt that the application of a label can provide a degree of comfort and relief to some children and their families (Anderson, Boyle & Deppeler, 2014). However, the continued use of labelling and diagnosis, and the belief that the only way one can gain access to school support and/or funding is through the attachment of a label, could be construed as disappointing and, ultimately, may not be helpful for the inclusive nature of the student's education. Indeed, one may raise the legitimate question as to who might benefit most out a system that relies on labelling and diagnosis as the vehicle for providing support.

The current chapter will explore these issues and will attempt to determine whether the use of labels facilitates or obstructs the efforts of those who are trying to provide an inclusive education for those who have additional support needs.

Investigating the concept of labels and labelling

Within the field of inclusive education there has always been much debate (Elliott & Grigorenko, 2014; Gus, 2000; Haywood, 1997) about the value of labels to describe certain children's behavior, learning or social and communication skills. There is little doubt that labels have frequently served a purpose in inclusive education in terms of linking limited resources to the provision of additional support for children. Thus, at the core of the labelling debate is the following question: do professionals accept (perhaps reluctantly) that we use labels only because the educational system in which we work demands it, or do we use them for other reasons, and if we do use them for other reasons, are there any negative consequences of their use? Even if one accepts that professionals working in inclusive education do not see the value of labels over and above the allocation of resources, could it be the case that parents, or indeed the young people themselves to which the labels are attached, actually see the value of such a practice? One might argue that it is this last question that is at the heart of the debate regarding the continued use of labels in inclusive education, since it could be argued that the very people to whom the labels are attached should ultimately decide whether they are helpful or not. This chapter will consider some of the pertinent issues involved through the consideration of four main questions that are often asked when considering the use of labels in education: 1) do labels lead to stereotyping and stigmatisation?, 2) do labels provide comfort to children and their families?, 3) do labels lead to an individualised intervention programme that will improve

the child's education?, and 4) do labels lead to a better understanding of certain behaviours not only within a school, amongst teachers, pupils and other professionals, but also within the community at large?

Question 1: Do labels lead to stereotyping and stigmatisation?

Becker (1963) described stereotyping as the allocation of negative attributes to socially noticeable differences. Stereotyping usually involves people noticing and emphasising the differences in others who they consider having characteristics that are considered undesirable compared to established social norms (Green, Davis, Karshmer, Marsh, & Straight, 2005; Sowards, 2015). Haslam, Rothschild and Ernst's (2002) research is also relevant here, namely how essentialist beliefs (beliefs that a social category has a fixed, inherent, identity-defining nature) can lead to prejudice and stigmatisation. Others have demonstrated that the use of certain labels therefore can lead to stigmatising, isolation and stereotyping of that individual (Deutsch-Smith & Luckasson, 1992; Ormrod, 2008). For example, a classroom of students seeing one of their peers being separated or withdrawn from class in order to receive additional support may result in the perception that the student who is receiving support is in some way inferior, or less able, than the norm. This can result in the use of labels to describe that student, some of which may be socially acceptable while other may be socially inappropriate or even abhorrent ("dyslexic", "special needs kid", "thick", "retard"). These kinds of labels then define that student's identity and can diminish the degree to which others will socialise and mix with the labelled person, but also the labelled person may not wish to socialise with the peer group if they perceive the use of damaging labels by their peer group to describe them (Goffman, 1963). This perspective was also put forward by the eminent social psychologist Henri Tajfel who suggested that there is an inherent move to discriminate against people who are not part of a particular group (Tajfel, 1981). In other words the process of categorisation leads to the creation of 'in-

groups' and 'out-groups', and people's behaviour can be affected by real or perceived conflicts of objective interests between the groups. Furthermore, behaviour often results in attempts to establish a positively valued distinctiveness for one's own group and a negatively valued distinctiveness for the 'out-group' (Tajfel & Turner, 2004). Thus, we can see that the use of a label can lead to social disadvantage and exclusion from mainstream society (Sutcliffe and Simons, 1993; Gillman, Heyman and Swain, 2000). An example would be the label 'learning difficulties', which may stay with an individual throughout their life. Labels can be very difficult to escape, even if the individual achieves subsequent success that runs counter to the label attached (Haywood, 1997). The implications can be huge. However, others (for example, MacDonald, 2010; Riddick, 2000) have argued that stigmatisation can occur in the absence of labelling, or in fact, stigmatisation can precede labelling. In other words, it is not the use of labels per se that is the problem, but the society at large which is at fault, and that even without the use of labels, this kind of stigmatisation would occur anyway.

In his research investigating dyslexia in prisons, MacDonald (2010) found that dyslexic inmates felt stigmatised by their literacy difficulties, but that their problems were exacerbated by *not* having a dyslexia label. MacDonald concluded that by not having the dyslexia label inmates were put at a disadvantage by having reduced educational support and reduced legal rights. Riddick (2000) conducted a study that challenged the assumption that labelling automatically leads to stigmatisation, and provided evidence of children being stigmatised prior to a label being attached to their difficulties. The children in her study described feeling stigmatised by peers as a result of their poor spelling or handwriting, or because they were always last to finish their work: they did not feel stigmatised because of the label 'dyslexia'. One pupil responded: 'No one has ever really ridiculed me for my dyslexia [label], but I have been ridiculed for not being able to read things' (p. 658). Riddick argued that it is not the label that leads

to the stigma, but that once a label is attached it can 'encapsulate or distil the stigmatisation that already exists' (p. 655). Her study was specific to those people labelled as 'dyslexic'. It would be of interest to explore whether similar arguments could be made for those people with other, some may argue, more potentially stigmatising, labels, such as learning difficulties, and autism.

Question 2: Do labels provide comfort to children and their families?

It has been argued that there are many children and their families who are comforted by the reassurance of an 'official, 'expert' diagnosis' (Gillman, Heyman and Swain, 2000, p. 397). These children and their families often view a diagnosis as an explanation for the 'problem'. An explanation for events and experiences can relieve the stress and ambiguity of the unknown (*ibid*.). The acquisition of a label may also reduce anxiety for parents, teachers, and the child himself/herself, which can provide a feeling of relief or comfort since the 'problem' is no longer puzzling or inexplicable (Archer and Green, 1996).

Victoria Biggs, a fifteen-year-old diagnosed with dyspraxia, wrote an award-winning book detailing how the diagnosis of dyspraxia had positively changed her life. In the book (Caged in Chaos, Biggs, 2004), she describes the day she was diagnosed as 'Like the sun coming out after a cold day of rain' (p. 18). She advises young people in her book to 'use the label, but don't be defined by it' (p. 75).

One only needs to browse through the number of books that have been published in recent years on the topic of dyslexia to understand that the use of the label 'dyslexia' is not necessarily considered negatively by those who have this label. A good illustration of this is the book entitled "Dyslexia is my superpower (most of the time)" (Rooke, 2017), which details interviews with more than 100 pupils with dyslexia and how they have managed to feel happy, fulfilled and successful. Other similar book titles include: "The illustrated guide to dyslexia and its amazing people" (Forsyth, 2017) and "The Dyslexic Advantage: Unlocking the Hidden Potential of the Dyslexic Brain" (Eide, 2011). The positivity that can

often surround the dyslexia label has been reinforced during the last decade and has led to increasing numbers of dyslexics who view their disability positively (Alexander-Passe, 2015).

Riddick (2000) interviewed dyslexic pupils about whether they found their label helpful. One pupil commented that he would prefer to know he had dyslexia than be under the impression he was stupid. Another replied: 'I remember after I had seen the educational psychologist and got the results back, it was like a massive weight had lifted off my shoulder and suddenly I wasn't stupid any more' (*ibid*.,p. 659). Similar positive attributions that surround the dyslexia label can often be found in the use of the Asperger syndrome label. For example, the growing sense of community that has evolved around the use of the term "Aspie" to describe children and young people, and also adults, that have Asperger syndrome is an illustration of the positivity that having a label can bring (for example, see "Dude, I'm an Aspie", by Friedman (2012)).

However, even if one accepts the comfort and relief that one may experience upon being diagnosed with a label, one may legitimately ask the following questions: did this relief lead to improved opportunities for the child? For the dyslexia label, did his/her literacy skills improve after the label was attached? Did the child work harder with additional vigour upon receiving the diagnosis, or did it lead to feelings of helplessness and inevitability about their difficulties that made the child try less and less? In other words, research needs to be carried out looking at these questions, in our view, not whether the diagnostic label brought some relief to the child concerned and/or their parents, which is now very well established and accepted in the literature.

A further counter argument to consider here is that while labelling may provide comfort and relief to the children and young people, and their families, we must also accept that the use of diagnostic labels results in a focus on the within-child deficit model (i.e., the assumption that the fault lies with the child), at the expense of exploring environmental factors that may have generated or aggravated the difficulty. For

example, one should consider the child's teacher, his/her parents, and their influence on his/her difficulties, as well as whole school issues, specific classroom factors, community issues, and even local authority policy (Boxer, Challen and McCarthy, 1991).

The medical model of labelling is often based on the notion of impairment, that is, impairment regarding the individual himself/herself, rather than on the social or structural context (Gillman, Heyman and Swain, 2000) and may appear to reinforce unhelpful 'essentialist beliefs' (Haslam et al., 2002). This can result in a lack of consideration of other factors that may be contributing to the individual's difficulties, otherwise known as the socio-ecological model of disability. Rees (2017) discusses the tension that exists between the use of the medical model within medical settings and the adoption of the socio-ecological model in education, in particular with regard to the categorisation of children with severe and profound learning disabilities. The use of the socio-ecological model, she argues, has led to a reluctance to use labelling, and has resulted in a lack of understanding of the development of children with severe and profound difficulties. Rees argues that such a stance has the consequence of ineffectual individual education plans. She outlines how the 'cultural-historical model of disability' (Bøttcher & Dammeyer, 2016) can be applied, as it is a model which tries to realign the socio-ecological and medical models of disability by reducing 'developmental incongruence' – in other words, a mismatch between a child's impairment and proposed learning activities. The notion is that such information about a child's 'label' can be used positively, as a way of providing further information about a child's cognitive profile and increasing the opportunities for positive learning outcomes.

An alternative viewpoint has been put forward by others such as Lauchlan & Boyle (2007) and Brechin (1999), who highlighted, "If the whole problem, *by definition*, lies *with* the individual [via a label], then our understandings and interventions start and stop with the individual" (p.1). Moreover, there is a danger that a diagnostic label can 'explain away' the problem, and may make teachers, parents, and others

involved with the child feel that there is nothing they can do or could have done to prevent the problems occurring. In other words, the diagnosis can often confirm for parents and/or teachers that their child's behaviour is out of their control, and it rubber-stamps their lack of confidence in their own abilities in trying to deal with the difficulties. Thus, having a label can lead to unwanted and unnecessary sympathy, which has the danger of lowered expectations from those working with the child, most powerfully if his/her class teacher holds such expectations.

Despite the aforementioned arguments, it is worth noting that the introduction of various legislation (for example in the UK, the Disability Discrimination Act, and the Special Educational Needs and Disability Act) is to ensure that a person with a disability has equal access to education and concomitant resources. The need to categorise and thus label in inclusive education seems to be firmly related to how organisations are to differentiate need. As Boyle (2014) states "Large systems are not built to work in any other way so we should not be surprised that labelling in [inclusive] education is an essential aspect of many governmental systems, which categorise need" (p. 214) It could be said that such legislation *has* to be based on a medical, or diagnostic, model, e.g., the diagnosis of Asperger's Syndrome or autism, as in effect, this differentiation and thus indication of fundable difference enables a complicated system to function. Whether it is an effective system or not is another discussion entirely. Thus, one could make the case that having a label provides the extra possibility of protection within the legal framework, and that the within-child deficit model is a necessary, though undesirable consequence.

Question 3: Do labels lead to an individualised intervention programme that will improve the child's education?

Inclusive education requires that teachers enter into professional relationships by finding ways to connect with children irrespective of their unique differences (Boyle, Scriven, Durning, & Downes, 2011),

but when teachers focus on labels, it is likely that they impose a hierarchical structuring of what, and who, is considered valuable (or not), and what is worth paying attention to in schools (Grenfell & James 2004). The experiments by Foroni and Rothbart (2011) found that the presence of labels categorically has an effect on the perception of content. They were able to demonstrate the strength of assumption of similarity of category members. As has been discussed elsewhere in this article, in education there is an inherent danger in believing that a label explains all that is required in order to address support needs (Lauchlan & Boyle, 2007).

Agbenyega (2003) demonstrated this point through the use of an analogy when we select and buy labelled products in the supermarket. People often select and buy products based on what the advertisement says on the labels without probing further into the contents of the product. The assumption is that the labels reflect what is in the content. In reality, we know that this is not always the case as some finely or poorly advertised products have been found not to be consistent with their contents.

Thus, what must be avoided here is an assumption that could be made by teachers or practitioners that labels mean the same thing to all people. Research has demonstrated that there is variability within the same type of disability and that two students with the same disability label are not the same (Foroni & Rothbart, 2011). But in many cases, teachers tend to place students with the same label in one category without differentiating their instructional methods to meet their diverse needs (Klibthong, & Agbenyega, 2013). And yet, we know that not all children are the same and diagnoses are not the same either. Some categories are ambiguous at best, for example, ADHD (Attention-Deficit-Hyperactivity-Disorder) refers to a myriad of behaviours that require different modifications, accommodations and teaching styles. Thus, the fact that a student is labelled with a particular disability does not provide all the required information to the teacher (Kelly & Norwich, 2004). Furthermore, the move to abandon labels because they might be

detrimental does not make the needs disappear (Foroni & Rothbart, 2013) and this provides evidence of how labelling can occlude the distinction of individual needs.

A related problem here is that the use of labels in the school system may result in the focus on what the student is having difficulty within school and does not recognise the strengths and individuality of that person (Blum & Bakken, 2010). For example, Agbenyega and Klibthong (2014) found that teachers who perceived children with disabilities as 'problem children' implemented pedagogical practices that were opposed to inclusive teaching, and students labelled as 'disabled' received less encouragement and support than those students who were considered the 'smart ones'. Further, Jordan and Stanovich (2004) suggest the epistemological position of teachers is highly relevant to their practice in the classroom, and that there is added value when one is working in an environment where your (positive) views are shared. If this optimum position is reached, then there is a higher likelihood of achieving successful inclusive practice.The argument being made is that focusing exclusively on labels may not lead to quality education and achievement (Boyle, 2014) because labels can affect students' self-esteem and lower teachers' expectations of what these students can achieve in the classroom. Students with low self-esteem often demonstrate withdrawal problems and other mood behaviours that affect their participation in school activities.

Thus, the practice of labelling may not represent the real person and invariably, diminish a student's self-esteem (Leary et al., 1995, 1998) because self-esteem is strongly associated with people's beliefs about how others within their socio-cultural or school environment perceive or value them. However, another factor worthy of consideration is that of how teachers perceive their ability to teach any student that they have been assigned. Jordan, Glenn, and McGhie-Richmond (2010) found that a major consideration about whether inclusive education was successful came down to the relationship between teaching practice and the teacher's belief in his/her ability to effectively enhance the learning of the students.

Similar research was carried out by Gibbs & Elliott (2015) who investigated the relationship between labels and teachers' beliefs about practice. They demonstrated that teachers make different judgements depending on whether the term "dyslexia" or "reading difficulties" is used. If "dyslexia" is used, teachers considered this to be a fixed, immutable phenomenon with a biological or genetic basis. This in turn can affect their feelings of efficacy about what they can do to help. If the term "reading difficulties" is used, there was more probability that teachers believed that improvements could be made with the child's reading. This research has highlighted how powerful labels can be with regard to teacher expectations regarding 'labelled' children and the resultant progress they might make.

However, many teachers can and do understand the limitations of negative labelling and will already be aware of students' strengths due to the intensive nature of classroom teaching. Teachers are best placed to focus on the strengths of their students and thus develop individual programmes which accentuate their individual strengths, irrespective of a label. It is a challenge that more and more teachers are taking on, however, the need for assistance from experienced professionals such as educational psychologists is clear.

Question 4: Do labels lead to a better understanding of certain behaviours not only within a school, amongst teachers, pupils and other professionals, but also within the community at large?

There is little doubt that there is a greater understanding in schools and even in the wider community about diagnostic labels such as dyslexia, autism, Asperger syndrome, dyspraxia and dyscalculia. Gus (2000) provides an interesting account of increased tolerance and understanding of a child with Asperger's syndrome (named Adam in the article) from fellow pupils in a mainstream school, where explicit discussion took place between Adam's classmates and the school's educational psychologist specifically about the characteristics of Asperger's syndrome. This resulted in a positive impact on their behaviour towards Adam and he felt much more socially included as a consequence. Gus (*ibid*.) argued that educational psychologists

should be actively involved in promoting the dissemination of information regarding syndromes such as autism to mainstream classmates of pupils with such difficulties. This would potentially lead to assisting in the social inclusion of children with special educational needs in mainstream schools.

Relevant to this discussion, however, is the need to have clear and objective criteria which lead to labels being attached. However, the difficulty is that there do not currently exist any clear and objective criteria for the myriad of labels that exist in education, whether it be dyslexia, SLI (severe language impairment), EBD (emotional and behavioural difficulties), autism, ADHD (Attention-Deficit-Hyperactivity-Disorder) and dyspraxia, to name but a few. And that, in itself, causes major problems for parents, teachers, and other professionals working in schools, such as educational psychologists (EPs) and speech and language therapists (SLTs), and it raises the question as to whether we should be using labels at all if there is not clear agreement about how they should be applied. For example, Bishop (2014) discusses the label 'cognitive referencing' (a mismatch between language and non-verbal skills), which appears to be an area that has the potential for various misunderstandings and misdiagnoses. Subsequent research by Bishop et al. (2016) using the Delphi technique successfully brought some form of consensus to the various terminologies in use with SLTs for problems with language development. The study came about because of the difficulties that exist in understanding the various meanings of labels used, and which could vary amongst and within professions resulting in varied and potentially misleading labels being applied to children. It resounds of a similar debate that took place in the 1990s in educational psychology (and still now, amongst some) regarding the diagnosis of dyslexia. It is generally considered to have been an unhelpful and damaging debate and it could be argued (see Elliott & Gibbs, 2008; Elliot & Grigorenko, 2014) that if the same amount of time and resources were put into how to intervene with children with reading difficulties rather than on how to make a diagnosis of dyslexia (including whether there should be

a 'discrepancy' between literacy and other areas of the curriculum), then we might have considerably less children with reading and writing difficulties across the world.

Professionals working in inclusive education often use shared terminology as a quick way to describe children: in other words, they use labels. A possible advantage of the use of labels, therefore, is that it can aid professional communication through the use of shared language and concepts. This may be true if the circumstances are of limited complexity; however, generalisation of the issues involved in a child may result in a neglect of significant aspects of the 'identified problem'. Generalisations may obscure important individual differences and limit the ways in which children are perceived: "The shorthand of human information processing gives rise to the very real risk that all children with a particular label are considered to be the same. This results in failure to notice and take into account personal strengths and particular difficulties" (Archer and Green, 1996, p. 127).

Even if one accepts the positive use of labelling to facilitate communication among professionals, one may ask: are the categories unambiguous? That is, are the professionals, when using these labels, actually talking about the same set of behaviours or learning difficulties?

It can also be the case that labels are attached to children incorrectly, that is, there can be misclassifications. It has been argued that this is particularly true when the use of IQ tests are used to determine whether certain labels be attached to children, with the result that many pupils are placed inappropriately in special education (Hessels, 1997). There is still perhaps misguided importance attached to IQ scores: and that professionals who use them will provide unquestionable 'truths' and scientific 'facts' about aspects of the problem presented and be able to provide an unequivocal 'diagnosis', but in reality this is not the case (Gillman, Heyman and Swain, 2000). For example, as professionals working in inclusive education, it should perhaps be remembered that we do not observe dysfunctional behaviour, rather we observe behaviour that we label as dysfunctional, on the basis of a set of values which we apply in a

professional capacity (and which may not be shared by others in our field) (Gergen, Hoffman and Anderson, 1996). The potential for subjectivity in the labelling process is clear and may lead to abuse since it enables professionals to 'import our own prejudices and values into terminology' (Wilson, 2000, p. 818). One may question whether this element of subjectivity is accepted by those professionals, since "the outcomes of assessment and diagnosis are not representations of objective truth or reality about an individual, although many professionals act 'as if' this were so" (Gillman, Heyman and Swain, 2000, p. 402).

Conclusion

It is argued here that the use of labels in inclusive education has not proven to be very effective in driving educational equity and excellence. This is because disability labelling predisposes some students to be marked out amongst their peers and subjected to exclusionary educational practices, or to be excluded socially by peers. Boyle (2014) argues that the perspective of a student with a label will vary according to personality and the type of label attributed. This means, while some students with labels can cope with peers' ridicule and teasing, the majority of students who are labelled do experience problems with their self-esteem.

In a mainstream environment access to resources can be difficult to achieve without labelling, therefore labelling may be necessary but, in some cases, may also be harmful to those that are allocated certain labels, for example, labels come with the risk of stigmatisation. Norwich (2008) refers to this as the 'dilemma of difference', that is, the dilemma of identifying need and risking stigma, or alternatively avoiding stigma by not identifying need and therefore losing out on additional resources and thus not fully meeting the needs of the child. A policy of inclusive education should ensure that appropriate resources are provided to the local school in order to allocate appropriately to all those children that are in need, but as has been demonstrated this can often be a very arbitrary process. Arguments have been presented that

having a label can provide a degree of comfort and relief to parents as well as to the children and young people themselves However, as argued above, there should be research exploring other questions related to these feelings of relief and positivity about some labels, for example, did the feelings of relief that emerged after a diagnosis lead to improved opportunities for the child? For the dyslexia label, did the child's literacy skills improve after the label was attached? Did the child work harder with additional vigour upon receiving the diagnosis, or did it lead to feelings of helplessness and inevitability about their difficulties that made the child try less and less?. We then discussed whether the use of labels can lead to an effective programme of intervention that will ameliorate the identified difficulties experienced by the children and young people. While there may be numerous professionals (and academics) who do not believe that children who have the same label are the same, or should be treated the same, there are countless others who do, and this is a problem with the continued blanket use of labels, and one that needs to be tackled (see Lauchlan & Boyle, 2007 for further discussion). Research is necessary which can investigate more deeply the views and practices of professionals regarding the use of labels in inclusive education: do teachers believe that children with the same label should be treated in the same way? What are teachers' expectations for children labelled with dyslexia, dyspraxia, autism, ADHD, EBD and SLI? Do their expectations change from child to child similarly labelled? Research has begun to look at these issues with regard to the dyslexia label (Gibbs & Elliott, 2015), however, further research is required, especially looking at other labels cited immediately above. Finally, we considered that the use of labels has led to a greater understanding within school settings, and even amongst the general public, about certain areas of additional support need. While this was considered a positive outcome of the use of labels, at the same time, the lack of agreed criteria and unambiguous markers for diagnosing certain labels is a potential problem for professionals who undertake the diagnostic process.

There are no straightforward answers to the benefits or otherwise of labelling as this chapter has demonstrated. For some, having a label has really helped them to understand their own strengths and weaknesses, and they may even be proud to have a certain label, but for others it has perhaps resulted in a difficult life of stigma and judgment.

The overarching question that we feel should be asked when considering the use of labels is the following, 'will the label change the child's life for the better?'. If the answer to this question is an emphatic 'yes', then there is little argument that can be made against the use of the label. However, if the answer, as can quite often be the case, is 'well, perhaps, but I'm not sure, actually maybe for this particular child, no', then we must be extremely careful to continue to attach labels in our daily working lives in our respective professions. Let us hope that labels, if deemed necessary, are applied appropriately and always to the benefit of any recipient.

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