Newcastle University e-prints

Education, Disability and Social Policy
Edited by David Ruebain and Steve Haines
Published by Policy Press
Education, Disability and Social Policy

**MULTI-AGENCY WORKING AND CHILDREN AND YOUNG PEOPLE
WITH DISABILITIES: FROM 'WHAT WORKS' TO 'ACTIVE BECOMING'
By Liz Todd**

Introduction

This chapter considers the assumptions and implications of policy developments in multi-agency working over at least the last 30 years for the support of children and young people with disabilities. I look at three policy strands: that of post-Warnock statutory SEN assessment, inclusive education and the every child matters agenda. My focus is on education, and although the actual policies referred to would vary in other contexts, the overall argument will, I claim, apply to all. There has been a constantly renewed call to improve multi-agency working and more recently far reaching structural changes to integrate services. However, it is questionable as to whether this has been for the benefit of children and young people with disabilities. I make the case that problems in multi-agency working have been repeatedly conceptualized in ways that do not tell the whole story and therefore do not make it easy for improvements to happen.

Multi-agency working has been understood in terms of 'what works', looking at systems and communication, rather than in terms of the complex politics around professional role and relationships. The perspectives of parents and young people on how services should work with them has been ignored or ineffectively included. In this chapter misconceptions of multi-agency working are traced through some key policy developments leading to different kinds of thinking that might take us in other directions. I propose an understanding not of multi-agency working per se, but focusing on relationships, of professionals, practitioners, young people and their families working together. This is way of organizing services that finds a way for the different knowledges of all involved to have agency, is adaptive and flexible recognising parents to have changing and differing kinds of needs and to be in a position to negotiate their own preferred identities. Professionals would aim to be 'privilege-cognizant' in challenging normative practices. It places the professionals in a range of roles. Instead of understanding what professionals do as enacting a kind of composite expertise around a child, relationships with agencies are seen as supporting the child and their parents in actively becoming the kinds of young people and families they are seeking to be.

Multi-agency working: do we have to use that term?

It is worth unpacking what I mean by 'multi-agency working' and how I propose to talk about it. Disabled children and their families find themselves interacting with a number of different professionals. There may be a need to consult professionals who

occupy different roles in health, education, social care and other areas. It is not usually the case that families consult with a single professional – many meet, over time, with a considerable number. Where more than one practitioner or agency is involved there is invariably the question of what kinds of roles are carried out and what kinds of communication is needed in order to for them to work effectively with the family. Or, to state this another way, that 'multi-agency' working can happen in a range of ways. And the manner of such working is experienced by the disabled child and family in a variety of ways, some helpful, some less so. Although I will refer to the term 'multi-agency' in this chapter, I am not just concerned with the relationships between agencies and how they work together and will therefore aim to challenge certain assumptions. The very term 'multi-agency' working sets up a dynamic of the professionals vis à vis children and parents. The focus of this chapter is, therefore, on possibilities for the working relationships between children, young people, parents and professionals. This chapter will not just refer to children with disabilities, but, in addition, to their parents (subsuming carers) or families, in recognition of the role played by all members of a family in each others lives and of the particular role that parents of disabled children are often required to play in the lives of their child (Gascoigne and Wolfendale, 1995, Mittler and McConachie, 1983, Sandow, 1994a, Wolfendale, 2004). Also, the use of the word child or children will refer to both children and young people.

Multi-agency jigsaw: composite expertise

The call for agencies to work together – and for them to work better together towards a range of goals - is not new. The focus has not, of course, always been solely on the needs of disabled children. For example, the Plowden Report (1967) saw partnership between professionals as crucial to the solution of the problem of 'social disadvantage'. The same solution, was evident in The Court Report (HMSO, 1976) looking at the health needs of all children:

> The real cause of educational failure may lie in the individual's psyche or physical health or in the environment of home, school or society. To disentangle the strands is beyond any single expertise. Medical, social and psychological advice have therefore to be available if the child is to receive the best education that can be offered, and a full team approach with the teacher will sometimes be essential.   (HMSO, 1976, section 10.39)

Such thinking goes back even further as demonstrated in an early review, known as the Summerfield Report, of the way educational psychologists operate, encompassing work with disabled children:

> No one discipline can be expert in all aspects of a child's life and the contributions of colleagues trained in the field of psychiatry, psychology, education and the social sciences must all be used effectively, each accepting the competence of his colleagues in their own field.
>
> (DES, 1968, section 2.34)

An assumption underlying much past but also present policy and legislation in health, education and social care is that the high level of complexity of problems for some children (not specifically referring to disabled children) has meant that solutions do

not lie within any single discipline: that different disciplines make unique contributions.

What we see in these earlier policy developments is the evolution of a model of multi-agency working that has continued to the present. It is a model of differing contributive expertise. This takes a *jigsaw* approach to the individual concerned, seeing the person as separate parts all with differing needs to be met from the contrasting expertise, skills and knowledges of people from different professional backgrounds. It is the enduring presence of such a rationale that this chapter challenges as having contributed significantly to the failure to make noteworthy headway in improving the ways that agencies work together for and with disabled children and their families.

There is, of course, an obvious face validity to such a 'composite expertise' rationale. It seems clear that there is, in fact, a range of different professional identities, each with arguably dissimilar knowledges and skills, able to help in a number of ways. It follows that working together is about each professional being able to communicate their particular perspectives with respect to the client. Problems in multi-agency working are therefore about improving the delivery of services and evolving new systems, and in particular about improving communication. Such conclusions are, indeed, often the outcome of discussions or evaluations in this area (Atkinson et al., 2001, Brown and White, 2006, Capper et al., 1993, Dyson et al., 1998, Easen et al., 2000, Kendrick, 1995, Lloyd et al., 2001, Roaf and Lloyd, 1995, Roaf, 2002, Stead et al., 2004, Townsley et al., 2004, Wigfall and Moss, 2001). However, conceptualizing multi-agency working in terms of 'composite expertise' obscures complexities and ambiguities in relationships between agencies and between them and the people with whom they work. Relationships between professionals, and between them and clients are viewed in logical and linear ways In particular there is a failure to acknowledge the practices of professionals as having meaning and contributing to the socio-political construction of the identities of children and their families.

If we start to look at multi-professional working through more political lenses, policy developments over the last few decades might yield key understandings. I look at three areas of policy, firstly at the genesis of 'special educational needs' through the 1981 Education Act before considering, secondly, the inclusive education movement. I follow this by looking at the major multi-agency reforms brought by the Every Child Matters agenda. I then consider the roles in which parents and children have been placed with respect to the professionals, and at the implications of such relationships, before concluding with some considerations and challenges for more effective relationships. This is a reminder that I am not just looking at 'multi-agency' working as often understood, as what the professionals do and how they communicate and work together, but I am interested moreover in the roles, practices and relationships of professionals, children with disabilities and their parents, and indeed the wider community.

Warnock: special educational needs

The 1981 Act, which arose from the Warnock committee (1978), can be seen to have brought multi-agency working to the heart of the statutory assessment of 'special educational needs'. Such involvement of different agencies had not previously been to

the same extent a feature of assessment. This act took away previous labels given to children, a clear signal to remove from educational practice the particular kind of deficit thinking associated with these labels. In their place was put the concept of 'need', and in particular 'special educational needs'. Russell (1992) saw the 1981 Education Act as forcing professionals to work together around their differing assessment of need. The increased working together appeared to be a step forward, and indeed it did provide improved involvement and accountability in decision-making for a range of professionals. This arguably was progress for disabled children (for those who were given such an assessment), in that the expertise of different professionals was now available in a way that could potentially assist in finding out what was needed within the educational context and making appropriate provision. There was also a possibility that parents might be more involved in assessment since the Warnock report was one of the first policy documents to herald parents as partners with professionals (Warnock, 1978).

However, I would not conceptualise the increase in multi-professional involvement as synonymous in any simple way with progress. 'Special educational needs', its concepts, assessment and independent tribunal all assumes an 'individual' and (once again) 'deficit' focus. Attributes understood as internal constructions are assessed and are the basis on which decisions of need and school placement are made. The medical model of disability was invoked, focusing attention away from disability as a construction of society (Shakespeare, 2006, Barnes, 1981, Oliver, 1996). Assessment, intervention and school placement seemed analogous with squeezing differently fashioned pegs into identically shaped holes. There were also 'notions of individualism and progress, combined with a conviction that science was the key to human betterment' (Fisher and Goodley, 2007, p. 66). Critique of the educational context, and an investigation of what should change in that context was avoided. Similarly obscured was debate into the relationship between socio-economic status, poverty and disability, a relationship we know has long existed (Blackburn et al., 2010, Sloper, 1999, Tomlinson, 1982). Significantly, we know that the Warnock committee was directed away from considering the relationship between poverty and special educational needs (Dyson, 2005).

And what was the impact on the role and relationship possibilities for professionals, disabled children and their parents? 'Need', it seemed, provided a way to argue entitlement. Like mother-hood and apple pie 'need' is not easy to contest. However, need also holds value laden assumptions and seems to conveys notions of empiricism, authority, universality, and objectivity. The term appears as something intrinsic to children, rather than "'needs' as extrinsic to children … 'needs' as a cultural construction" (Woodhead, 1991, p. 42). Various writers (Edwards, 1978, Fulcher, 1989, Norwich, 1995, Solity, 1991, Wood, 1994) have provided a critique of the currently constructed notion of "special needs". As defined in the legislation, special need is a relative concept, defined in relation to educational context and local provision (DFES, 2001). According to the Code of Practice in England (DFES, 2001), a pupil is defined as having special needs if they have a learning difficulty that requires provision to be made, a circular argument. Provision is to be compatible with efficient education for other pupils in the same context. This leads to unresolved ambiguities in practice of decision-making about individual children. The lack of a clear definition (its circularity, need being what is needed) and the absence of engagement with the politics of need, was a vacuum into which stepped a massive

expansion in the number and range of professionals involved (Galloway, 1994), eager to respond to statutory demands to measure and describe the different jigsaw pieces of a child. This refers, of course, to the requirement for psychological, medical and educational advice, required to make decisions about whether to create a statement of special educational needs. Thus the different reports giving alternative perspectives on special needs seemed more an expression of:

> professional ownership, in which medical and educational definitions classify what can be special and who can claim a need. (Corbett, 1993, p. 549)

The main role of a multidisciplinary assessment appeared to be to "provide an arena for these negotiations" Galloway et al. (1994, p. 151) . The needs of clients seemed to be "negotiated between professionals, as well as between professionals and their 'clients' in pursuit of a range of professional, political and pragmatic objectives" Galloway et al. (1994, p. 151). It is as if we had created a complex process to describe the emperor's new cloths then found that that process was problematic, but then continued to spend time making the process work, whilst all the time not realizing that even if it is made less problematic it will may well fail to deliver what is needed.

In conclusion, therefore, 'multi-agency working' was created and became, itself, a problem that forever after needed to be addressed. There was (drawing on ideas from activity theory) a runaway quality (Engestrom, 2008). It (multi-agency working) obscured other solutions and failed to secure effective educational provision for children with disabilities. I need to make clear at this point that I am not talking here about the intentions of professionals. Working in this arena at the time as an educational psychologist, it was the intention of all those I came across, more generally confirmed in literature (Norwich, 1993, Galloway et al., 1994), to improve educational experiences for children with disabilities. What I am referring to here are the ways that practices and structures can work against the intentions of those involved to un-anticipated outcomes. I next discuss whether matters improved as the focus changed toward inclusion?

Inclusive education

The second area considered is that of inclusive education, which has been emerging since the 80's. Inclusive education is variously defined as to do with the kind of schooling placement for a child (i.e. mainstream vs special) or more widely and critically:

> as a process of increasing the participation of pupils in, and reducing their exclusion from, the cultures, curricula and communities of their local schools, not forgetting, of course, that education involves many processes that occur outside of schools' (Ainscow, 1999, p. 218)

With significant impetus from some parents and professionals, and a strong emerging international lobby (i.e. the Salamanca statement UNESCO, 1994) an inclusion policy imperative started to emerge in the late 1990's with a programme for action and curriculum guidance (Dyson, 2005). In 2001 a Special Needs and Disability Act extended protection on grounds of disability to children in school. At the same time the Ofsted framework incorporated evaluation of the inclusiveness of schools (Ofsted

2000). Inclusive education, its policies and practices, provided a significant change to the aims and focus of much multi-agency work. It changed the kinds of things that professionals expected to achieve in assisting children with disabilities and their parents with matters to do with schooling and it heralded an increase in multi-agency teams.

Inclusive education has required a departure from the 'known and familiar' and a critique of disabling practices and structures that has not always been easy. However, it has not been fully achieved (Dyson, 2005, Frederickson et al., 2004, Riddell, 2009). It is contentious, resisted by some parents and professionals, under–resourced (though is arguably resource neutral), fails to be achieved for certain groups of young people (Visser and Stokes, 2003), is countered by the standards agenda (the focus on school attainments) and once again is not successful in tackling the more underlying socio-economic problems of the families of disabled children.

On the other hand, the effect of the inclusion movement has been a shift in the context in which needs are assessed. Whilst inclusion *could* take an individual deficit focus and assess what was needed in order to support a child in mainstream, it opened the way to more debate about the context of education and the extent to which it is disabling. It therefore enabled a more social model of disabilities to become part of discussions about education. It heralded a critique of the school setting in order to bring about a mainstream placement. It was and is still a challenge to the deficit assumptions of the 1981 act as it focused on looking at how mainstream school can change to accommodate to the needs of the disabled child. One might expect therefore less of a focus on deficits. My impression, having been employed as an educational psychologist in a local educational context for parts of the 80's and 90's, is that inclusion also brought an increase in the consideration of abilities and personal strengths. This enabled the edging away from the primacy of individual problems and needs. There was, consequently, more attention given to seeking the child's views. Partnership with parents and a consideration of the views of the child were now good practice in assessments (DFES, 2001). The concept of 'special educational needs' did not call for wider analysis of schools (such as school improvement or pedagogy, see Dyson, 2005), whereas the concept of inclusion presupposed such an analysis. There was an assumed critique of professional role that left a space for lobby groups – including the demands of individual parents. With inclusive education, the relationships between children with disabilities, their parents and professionals seemed tangibly different. However, there remained considerable frustrations for parents in obtaining the services and placements that they were looking for.

Interagency reorganisation: Every Child Matters
More recent policy developments have had further consequences for the shape of the relationships between professionals, children with disabilities and their families. The Every Child Matters (HMSO, 2003) agenda has brought major changes in the way services are structured and organized over the last decade. The overall aim was to improve the social care, education and health of all children. A structural and financial rearrangement of different agencies, particularly education and social care, was at the heart of these changes. There was a concerted effort for more joined-up thinking and working, reflected in structural changes to services. Professionals were increasingly organized into multi agency teams. The headline aims for children were

those of: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being. These became guiding principles for health, social, and educational services, including schools. Such principles were to be fully compatible with 'inclusive education' in the requirement that 'raising standards in schools and inclusion must go hand in hand' (DfES, 2004. p36). There was also an obligation to ensure that every child 'has the chance to fulfill their potential by reducing levels of educational failure, ill health, substance abuse and neglect, crime and anti-social behaviour among children and young people' (HMSO, 2003, p11).

What have been the implications and effects of the Every Child Matters (ECM) agenda on multi-agency working with children with disabilities? Surely having more integrated multi-agency teams and a focus on improving multi-agency working can only be good? The long-awaited call by parents that the services offered to them should be more 'joined-up' seemed, in the ECM agenda, to be within reach. Being joined up meant the achievement of less stressful negotiation of the involvement of different services, decreasing the time to engage a range of practitioners and reducing the need to repeatedly give information (Roaf and Lloyd, 1995, Dessent, 1996, Sandow, 1994b, Thomas, 1978). Key worker roles, as a way to achieve more joined up services, were indeed central to the changes brought about by the ECM agenda, supported by new developments such as the Common Assessment Framework and the 'team around the child'. However, parents of children have not, it appears, experienced services as more seem-less (Abbott et al., 2005b). The key worker role has lacked consistency (Greco and Sloper, 2004) and it does not seem to have been widely available to parents (Slade et al., 2009, Abbott et al., 2005a, Townsley et al., 2004).

There has indeed been an increase in various kinds of provision that has opened up some opportunities for disabled children and their families, such as within Sure Start and Children's Centres and in extended schools and services (Anning et al., 2006, Cummings et al., 2005, Cummings et al., 2007, Cummings et al., 2010, Stobbs, 2008). A range of interesting and creative projects have been developed. However, the needs of disabled children have been to an extent overlooked. One reason has been the complexity of changes in Local Authorities that have followed from the ECM agenda (Council for Disabled Children, 2009). The needs of disabled children (and other groups) have been overshadowed, I would claim, by the attention required to improve child safe-guarding and protection. This is perhaps not surprising given the origin of the ECM Agenda in the tragic death of Victoria Climbie. Furthermore, whilst there is some evidence that professionals themselves have experienced improvements as a result of increased multi-agency working (Abbott et al., 2005a) research suggests such that there has not been a commensurate experience of improvement on the part of children and their families. On the contrary, families seem to continue to experience a range of unmet needs (Abbott et al., 2005a, Abbott et al., 2005b, Slade et al., 2009, Townsley et al., 2004, Goodley, 2007).

Acknowledgement of the relative failure of the ECM agenda to impact on the lives of children with disabilities was suggested by the launch of separate initiatives to focus on their needs. For example, 'Aiming High for Disabled Children' (AHDC), a joint DfES and HM Treasury report in May 2007 on improving services for disabled children committed the government to a 'transformation programme' for the delivery of services for disabled children and their families in England from 2008-11

(HMTreasury, 2007). Other major initiatives have had to make separate calls to make sure that disabled children came within their orbit. For example, the Council for Disabled Children (2009) played a role in trying to ensure that disabled children were catered for within the extended schools and children's centres initiatives, both key to the ECM agenda. Initial indications from pilot projects (i.e. personalisation, individual budgets, person-centred planning) suggested that elements of AHDC had the potential to offer improved multi-agency services for disabled children (Department of Health, 2010). However, they were likely to work well on the assumption that funding would continue beyond the pilot projects.

Another problem was the systemic medical model implicit in the whole edifice of the ECM agenda (Todd, 2007). The key vehicle for achieving the five positive outcomes, with the two overarching tenets of prevention and protection, was through the effective offering of services. This could be termed a 'service delivery' emphasis. Effective delivery seemed to be understood in terms of services being offered early enough in places easily accessible to children and families (i.e. in full service extended/ integrated schools), delivered by people with the correct skills (workforce reform), and with a graded response so that services were both universal and targeted. There was a well-articulated aim to organise services 'around the child, young person, or family, rather than the existing professional functions' (DfES, 2004). Whilst this seemed all well and good, the focus was again on the individual as in some way needing to be fixed rather than how problems are produced within a context. It was the professional who does the fixing and it was, once again, most often a deficit focus. The composite expertise model repeatedly in evidence. There were, therefore, contradictory messages for the relationships between children, parents and professionals. On the one hand improvements were expected given the far reaching nature of changes that are focused on making multi-agency working work better, but on the other hand the systemic medical model that was implicit to the changes, strengthened the roles of professionals and arguably made it more difficult for partnership relationships to happen between children, parents and professionals.

Given the advances in multi-agency working expected as a result of the ECM agenda, if improvements were going to happen for children with disabilities and their families, it would happen now. However, it seemed this was not the case.

The story so far

To conclude this far, the increase in professional involvement in the lives of disabled children post Warnock, the re-organisation of professionals into multi-agency teams as inclusive education came to the fore, and the increasing attention on ways for professionals to work better together, in ECM, did not seem to have been experienced by children and their parents as making a noticeable and positive impact on their lives. We know that there is long evidence of parental dissatisfaction with many educational services and within this, of the roles of professionals (Thomas, 1978, Sandow, 1994b, Piper and Howlin, 1992, Townsley et al., 2004, Council for Disabled Children, 2009). Such views have not changed greatly throughout the three very different policy developments that have been considered. Indeed Goodley (2007) found 'Parents generally struggle more with coming to terms with fragmented service provision than the "disabilities" of their children' (2007, p. 8). There have been few attempts to evaluate multi-agency working from the perspective of children.

However, we do have some evidence that children have valued some of the contact with professionals for the support provided (Tolley et al., 1998), but have generally not been put in a position where they understood professional roles or how decisions were reached. The main meaning for children of decisions taken about them seemed to be about blame or punishment (Galloway et al., 1994, Armstrong, 1995).

Multi-agency working has consistently been constructed in terms of 'composite expertise'. This appears to have meant that improvements were focused on finding ways to enable the expert to do their work more effectively, or to communicate better with other professionals – or the wholesale and complex reorganization of local authorities. The solution has been technocratic, managerial and administrative, to find out 'what works' in order to do more of this, and less of what does not work. However, such an analysis mitigates against alternative, more political and critical, understandings of what happens between parents, children and professionals. It is to these that we turn to next.

Constructing identities, positioning roles and knowledge

If the subject matter was uncontested, it is possible that a model of composite expertise might 'work'. However, questions (for example) about disability, need, educational provision, and health concerns are rarely in the domain of certainties. They deal with aspects of experience that are socially constructed and contested. Even accepting Shakespeare's (2006) critical realist model of disability (i.e. the understanding of impairments need to be seen also to be biological reality rather than solely socio-cultural interaction) the implications for provisions still depend upon the cultural constructions of, for example, education. Roles are unequal in terms of who has permission to speak, to claim knowledge, and when and about what, with the professional usually given the leading role. Our attention is therefore drawn to consider different permissions to name and make decisions about what is contested. The dominant individualised, medical model, or deficit focus of the professional gaze, calls for the expert and mitigates against the involvement of parents and children. This has unintended outcomes. Professional practices together 'form an intricate social process which turns on a series of critical decisions initiating gradual but perceptual changes in a child's social status and leading ultimately to the elaboration of a social role' (Partlett, 1991). McDermot (1996) shows how this can happen in a discussion of the way a child 'is acquired' by a learning difficulty (rather than the other way around). Other authors similarly show practice as social achievement:

> following on from diagnosis, it was left up to the parents to elaborate the idea of subnormality into an organised social role. For these parents, their child bears witness to the social reality of subnormality. From this point onwards, the child's actions and behaviour are assessed as those of someone who is subnormal and thereby work back on themselves to define in turn what subnormality is. (Booth, 1991, p. 257).

> Once this category is attached to a child, those around him or her ''view the child's behaviour as symptoms rather than as expressions of his or her unique personality''. (McLaughlin, 2005, quoting Malloy et al 2002, p. 286)

> Objectivist inquiry had produced standardised cultural accounts which tended to subsume the divergent and paradoxical aspects of social living into categories of normalized order (Danforth, 1995, p. 137)

> In freezing the image, observational data – already multiply transformed – are set down and become part of the child's history and record. These then become the currency of interchange between professionals,….. little tradition of professionals' challenging one another's judgement.
> (Partlett, 1991, p. 229)

It is clear from these quotes that practice is constructive of identities - of children and young people, but also of the parents and even, less obviously, of professionals. The professional role has been one of ownership, placed to define identities of *special, need, problem or difficulty* and even of *skill* or *resource*. What is implicit is a kind of fixing of the identity claims made by professionals, such that once achieved they are difficult to change.

Whilst the professional role has been one of ownership, active in making identity claims on behalf of children, those same children and their parents have been positioned as passive recipients. This assumed passivity has been the headline story of their role vis à vis professionals, alongside other different and contradictory roles and evidence of active engagement in their own lives.

The child has been generally positioned as the 'absent special guest' (Todd, 2007) in all multi-agency decision-making about children with disabilities. Professional intentions in this area have changed over the last 30 years to bring the child more to the fore. As a result there has been an increase in consultation with children about services, and the involvement of young people in decision-making about their own educational provision (Hobbs et al., 2000). However, much of this activity is tokenistic and naively executed (Whitty and Wisby, 2008, Arnot and Reay, 2007). Professional agendas have continued by and large to drive the questions asked of children in the task of obtaining children's views (Todd, 2007), failing therefore to engage the agency of children. Assumed passivity is challenged by observation of children, showing them to be active in the construction of their own identities (White, 2007). Allen demonstrated the ways that children choose to step both inside and out with respect to their disabled identities as they make sense of the lives they actively engage within:

> One of them got a punishment and Laura didn't, because she's visually impaired. So Laura spoke up and said, 'I'd like one too – there's no point in treating me differently because I don't like that.
> (Allen, 1999, p. 63)

Parents occupy simultaneously a number of roles and positions in relation to professionals, alongside an assumed homogeneity. Such positioning is subject to complex trends and discourse, including those from (for example) educational policy, our understandings of disability, childhood, the family, and ideas about professional role. Parents are positioned as passive helper to the professional, but also as partner, information receiver, consumer and advocate. These exist concurrently and in ways that do not always produce intended and helpful outcomes. 'Passive helper' was

dominant in the 80s (Barton and Moody, 1981, Mittler and McConachie, 1983, Topping, 1986), but seems fully in evidence even in today's integrated services (Hodge and Runswick-Cole, 2009, Townsley et al., 2004), despite the rhetoric (since Warnock) of partnership that has been vocally claimed for the relationship between parents and professions. Partnership is conditional and not accessible equally to all (Reay, 2004). It is not to be had for those required to supply their child to professionals or those who are 'sent for and told' Tomlinson (1981a). Even in special schools, parents said, their children were not wanted because they didn't have the right sort of special need' (Duncan, 2003, p346). Partnership has had unintended outcomes, disempowering by co-opting parents into the professional view-point (Armstrong, 1995, Galloway et al., 1994).

The growing neo-liberalism of the 80's has had client and patient now re-named consumer. Societal strikes on the professional role (i.e. increasing accountability) has brought the advocate model, with expectations that parents will be asked their views and make demands about service quality (Bastiani, 1987, McCarthy, 1991, Sandow et al., 1987, Armstrong, 1995). In such a context, the existence of powerful pressure groups behind certain types of special educational need has led to advantages for some parents (not all) in terms of securing scarce educational resources (Riddell et al., 1994, p342).

The notion of parents as passive recipients of services has been challenged by evidence that they are active in response to disability, 'actively involved in conceptualizing and enacting care with their (disabled) babies' (Goodley and Tregaskis, 2006, p. 643). As with children, there is evidence that parents seek both to step into a narrative of disability for their child, but also at other times outside this narrative:

> Every second of his day, I was trying to teach him something. Everything had got a target about it. [. . .] but, recently I've thought 'just love him'. I can't keep chasing that normal, normal. I feel I've done so much to try and make him normal. I just can't keep that up. I need to accept him as he is and enjoy him as he is.
>
> (Fisher and Goodley, 2007, p. 76).

> They seek to ensure that their child does not become contained, categorized, subjectified within a diagnosis; a false home disallowing other possibilities for the child's progress.
>
> (McLaughlin and Goodley, 2008, p. 327)

The complex politics by which children and parents are often silenced, is also reductionist about professional role. For example, the educational psychologist variously sees themselves as partner, advocate, informed facilitator, researcher, theorist, problem solver and listener, to name a few (Sykes et al., 2008). In a critical analysis of partnership the educational psychologist saw her role as 'bleaching the arena of blame' (Todd, 2000). I do not have space to discuss the role complexities of other professionals likely to be working with disabled children. However, such professional identities are a long way from taking the lead in constructing identities or from standing in the way of partnership. Once again, to unravel such politics is not simply about improving structures or communication between different professional

groups. These roles are obscured by the normative social practices and identity achievements of, for example, assessment and intervention.

Conclusion: 'Privalege-cognizant' professional to facilitate active becoming

To avoid another 30 years in which well-meaning and hard-working professionals struggle to work effectively and to remove the need for the great effort of parents to secure services and provision, a change of direction is needed. Professionals need to start to engage with practice as politics and as a social and identity forming achievement. There should also be a focus on the relational between each of professionals, parents and children. For the coalition government there is a challenge as to how to maintain this focus in the context of the government's expected emphasis on attainment and on special provision.

As to the exact form that such a relational focus should take, the problem for commissioners of services is that a political analysis does not seem to lead to clear definitions of 'what works', and 'best practice'. My analysis suggests, however, certain aspects that might need to be present. An exploration with children and families together to evolve local services would be a good place to start, bearing in mind what we know, as discussed earlier in this chapter, about the political pitfalls of partnership and consultation. My PPC (people practice context) model of partnership (Todd, 2007) suggests the need for a critique of practice, and an evolution in the role of the professional. Professionals should aim to be 'privilege-cognizant' (Bailey, 2008) to challenge and uncover normative practices. They need to be able to step into the expert role when required but to abandon it at other times in favour of what Fisher and Goodley (2007, p. 68) refer to as 'the philosophy of the present and becoming', similarly:

> The parent–professional relationship needs to be fluid, able to respond to changing perspectives and shifting perspectives as parents and professionals engage with new experiences and influences. Those professionals who engage with parents as guides, experts on their children who can identify the skills as well as the deficits, are trusted and well received. It is the professionals who are willing to learn about the child, rather than those who want only to know about the 'disability', who are able to work effectively as partners. (Hodge and Runswick-Cole, 2009, p. 654)

Finally, I claim that it is the professional responsibility to make the first move to create a space where all knowledges, those of children, parents and professionals, are not just stated but have agency.

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