SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES: A DIFFERENT KIND OF SPECIAL EDUCATIONAL NEED?

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ABSTRACT

This paper is written at a time of public and policy concern with the behaviour of pupils in our schools. At this time, despite the dominance of the inclusion agenda, pupils with Social, Emotional or Behavioural difficulties (SEBD[1]), along with pupils with moderate learning difficulties continue to be educated outside the mainstream (Farrell, 2001). This paper is an attempt to understand the differing experiences of pupils with SEBD from those of the majority of other groups of pupils with Special Educational Needs (SEN). In particular it reflects upon the potential contribution of research to practice in this area. The starting point for this exploration will be a review of the history of research in special education and a consideration of the ways in which SEBD can be seen to differ from other categories of special needs in relation to the kinds of explanations which are considered convincing.

EXPLANATIONS OF DISABILITY

Pre-1970s theorising about special education gave rise to the 'psychomedical paradigm', described by Clark, Dyson and Millward (1998) as featuring real, measurable, within-child, medical or psychological deficiencies which were responded to by a rational special education system set up to meet the needs of pupils with these deficiencies. However the dominance of the positivist paradigm began to wane by the 1970s, and the last 30 or so years have seen a fundamental change in many of the theoretical beliefs underpinning the social sciences in general, sometimes described as a 'paradigm shift'. The embeddedness of theorising in special education in both the wider social sciences and the contemporary political agenda is apparent when characteristics of post 1970's research are examined.

Explanations of social reality have generally moved from a narrow focus on structures seen as independent of individuals who are considered to be 'fixed' by their structural location. The trend has been increasingly towards examining the interaction between individual characteristics and social structures, in particular the way in which, through this ongoing process of interaction, social meaning is constructed. This movement towards more interactionist explanations is manifested in the field of SEN by the change in emphasis from individuals who are deficient, to expositions of the way in which, through the interaction between the individual and the social world, 'special needs' are created. As Clark, Dyson and Millward (1998) note, while the actual social processes said to be going on in different accounts may differ, they all have in common a shift away from a focus on the 'deficient' individual.

In addition to large-scale changes in dominant trends in social theory other factors have influenced conceptualisations of special educational needs. In early writing on SEN the contribution from those within the field of disability studies is significant. Michael Oliver, and Vic Finkelstein are the self-proclaimed originators of the social model of disability, which developed as a response to the 'personal tragedy' view of disability as unfortunate random affliction (Oliver, 1996). In Oliver's retrospective account of the gradual realisation that the dominant view of disability did not reflect his personal experience, and the development of an alternative, the medical profession have a starring role. The medicalisation of disability gave jurisdiction over the disabled to doctors and associated 'pseudo-professionals', with the goal of treatment leading to normalisation. The rejection of the individual model seems

to have been motivated, at least in part, by dislike of the consequences for disabled people in terms of their domination by professional groups. The political act of reclaiming control necessarily entailed the rejection of a medical basis of disability. With disability no longer seen as an illness in need of special treatment, the existence of special schools controlled by the medical professions became more difficult to defend. The individual, medical or deficit model (IMD), which had legitimised a discriminatory separate education system began to attract criticism.

Interestingly, Oliver notes that around the same time as he was questioning able-bodied accounts of what it meant to be disabled, '…women were beginning to reject male accounts of their experiences and black people were vehemently denying the accuracy of white descriptions of what it was like to be black.' (Oliver, 1996: 9).

The development of social science from positivist to more interpretivist views of social reality, coupled with the rise of the disability rights movement, combined to provide more complex explanations of disability that took account of, or even gave precedence to, social factors. However, despite these pressures the 'medical' or 'deficit' model never disappeared, indeed it has seen something of a resurgence in recent years in a form sometimes described as 'the new medical model' (Lloyd, 2003). It is this persistence of the 'medical' or 'deficit' model which needs to be explained. The separation of the IMD model into two component strands can perhaps go some way towards explaining its longevity.

THE IMD MODEL EXAMINED

Corbett (1998) notes a key argument against the IMD model is its presentation of a view of normality to which all should aspire. Identifying a deficiency in an individual is not simply saying 'you're different', but implies a value judgement about individual worth; 'you're different and that makes you not quite as good'. Medical interventions treat the disabled person in order to bring them in to line with versions of normal, based on the assumption that 'normalcy' should be aimed at however high the price (MacKay, 2002). Slee and Allan (2001) argue that special education discourses which are based on the IMD model create views of normality and abnormality which underpin powerful discourses about who does and who doesn't belong in 'regular social life'. The IMD model then has a normative element which makes an implied value judgement about what children 'ought to be like'. It is hardly surprising that disabled and non-disabled people alike have found this language distasteful.

However there is a second element to the model, a description of impairment, which many wish to retain, not wanting to go to the extreme of saying that all disability is *nothing but* a social construction (e.g. Benjamin, 2002a; Corbett, 1998; Lindsay, 2003; Low, 2001). Low (2001) identifies the continuing, albeit now largely unconscious, association of disability with the ambiguous idea of something being 'wrong'; ambiguous because of the moral connotations of the word. However he asserts the need for the reality of impairments to be recognised in order that differing individual experiences and needs can be accounted for. Low (2001) goes on to argue that in the same way the IMD model denied individuals' experience by essentialising them to their impairment, the social model, by denying the impairment, has also left no room for individual experiences of disability.

The IMD model then has two elements, a normative judgement about what individuals ought to be like, and a statement about the underlying cause of the disability. As we have seen in relation to most categories of SEN there has been consensus on the need to reject the normative aspect, however the causative statement retains validity. Increasingly specific bio-medical explanations of disability, particularly those with a genetic basis, are being identified. These explanations are not only persuasive but also often indicate successful programmes of intervention; for example the use of growth hormone treatment in children with Prader-Willi Syndrome, or physical therapy to stretch the tight muscles of young children diagnosed with muscular dystrophy.

However, when pupils with SEBD are considered the appropriateness of the two elements on the IMD are reversed. That is to say, the normative aspect remains valid while the implication of causation should be rejected.

Perhaps the biggest difficulty faced by attempts to identify the causes of SEBD either in the form of a bio-medical or other explanation, is the lack of consensus as to what SEBD actually is. There is broad agreement in the literature that the definition of SEBD is problematic (e.g. Topping, 1983; Lloyd-Smith and Dwyfor Davies, 1995; Munn and Lloyd, 1998). It has superseded the term 'maladjusted', which was itself famously described as a 'catch-all' (Laslett, 1977) covering a wide range of behaviours. The process of identifying a pupil as 'having' SEBD is largely subjective (McPhee, 1992; Farrell, 1995). Padfield (1997: 2) describes it as an "administrative and organisational device". The wide embrace of the term can be seen in Cooper's description of SEBDs as "characterised by their effect of being socially disruptive or disruptive to the development course of the individual" (2001: 18).

Other more sociologically minded writers argue that the term SEBD is not representational of anything existing in reality. SEBD can be viewed as a socially constructed label which fulfills a social function. What particular function is being served, and which behaviours or groups of pupils attract the label will vary according to which social theory is favoured. A Marxist perspective will point to the economic advantage to be had by the removal of un-productive pupils from schools (e.g. Ford, Mongon and Whelan, 1982; Abberley, 1992). A Durkheimian view of society will point to the need for every healthy functioning group to have its deviants. Alternatively, a Foucauldian perspective highlights the advantage to professional groups in identifying pupils who are different and in need of intervention (Tomlinson, 1982).

However, whilst the identification of behaviours — or pupils — as disruptive, problematic, troubling or troublesome may indeed be lacking in objectivity, it seems fair to say that some behaviours are more likely to be identified in this way than others. In other words, the process may be subjective, but it is not entirely random. Causal explanations of these behaviours that locate the source of the problem solely in bio-medical features of the individual are not convincing. Phtiaka (1997) points to the failure of IMD explanations to come up with successful interventions to treat school deviance as one of the factors leading to the exploration of environmental considerations, in particular the school context. Indeed there seems to be a growing consensus towards interactionist explanations of SEBD which take account of individual, family, social, environmental and broader structural factors (e.g. Cooper, 1996). Whilst a blind person may be more or less disabled by these additional factors, their impairment remains constant, they continue to be blind. For a pupil with SEBD, changes in these other areas, such as a more appropriate curriculum, positive role models, relief from poverty, alternate family situations and so on, may result in the 'disappearance' of the SEBD, thus discrediting a simple IMD explanation.

As has been noted, recent years have seen an upsurge in the medicalisation of the disaffected or disruptive pupil. In particular there has been a proliferation of new disorders identified (or existing disorders applied to this group for the first time), such as Oppositional Defiant Disorder, Conduct Disorder, Depression, Bipolar Disorder, Tourette's, Obsessive Compulsive Disorder, Dyslexia, and Asperger's Syndrome (Lloyd, 2003). Perhaps the most pervasive of these disorders is ADHD. There is a large body of literature which asserts that ADHD is a neurological condition (Kewley, 1999), but there are critics of the validity of this explanation. For example, Jacobsen (2002) suggests that a diagnosis of ADHD is not a matter of objective assessment. Jacobsen studied the diagnosis of children in the US and England and reports "My field notes cite case after case of high-achievement children being off-task and fooling around. Similar behaviour in non-achieving children subjects them to the possibility of being labelled ADHD." (2002: 286).

At the same time as wanting to reject the causal part of the IMD model when

applied to pupils with SEBD, unlike with other SEN, the normative aspect of the model has value. We would want to say to an individual who was disruptive or abusive, socially isolated or confrontational, violent or self-harming, 'You ought not to behave in this way'. Just as it is unthinkable to say to a blind person *"It is not OK for you to be blind, you really must try harder to see",* it would be odd not to feel able to say to an aggressive child *"It is not OK for you to treat people in this way, you really ought to try harder to behave appropriately"*. The importance of schools being able to make judgements about appropriate behaviour will be discussed more fully following an examination of the factors affecting how schools respond to pupils with SEN in general.

SCHOOLS' RESPONSE TO SEN

The way in which individual schools respond to pupils with SEN is immediately influenced by government guidelines and legislation in this area. Closely related, but often less explicit, influence comes from the broader government agenda and from dominant views about the function and purpose of schooling. In pursuit of the goal of a socially inclusive society, education is seen as the key arena for preparing individuals for adulthood. In addition, as Campbell, *et al.,* (2001: 2) note, "Many advocates of inclusive schooling perceive it as being a component of wider social inclusion". At the curriculum level schools are charged with Education for Citizenship with an emphasis on fostering the development of pro-social values and attitudes. At the level of school organisation the social inclusion agenda entails schools 'valuing diversity' and a presumption of mainstreaming. Also influencing schools' responses are findings from research, which are looked to to provide the answer of how best to meet the individual needs of an increasingly diverse population. In relation to SEN in general it can be seen that schools are attempting to respond to these influences. The numbers of pupils receiving their education outwith the mainstream is falling and there is support and funding available for inclusive projects. However the way in which schools respond to pupils with SEBD is more problematic.

SCHOOLS' RESPONSE TO SEBD

A fundamental issue in the education of pupils with SEBD in mainstream schools is one of the safety of themselves, other pupils and staff. It is of course by no means the case that all, or indeed only, pupils with this 'diagnosis' may behave in a violent or dangerous manner, however it is undoubtedly the case that some do. There is then a fundamental concern with issues of safety which do not generally arise when considering the placement of pupils with other types of SEN.

This links closely with the second concern; that of conflicting rights. In the area of special education 'rights-based' arguments are frequently used in support of the education of all pupils in their local school, however such arguments are not unproblematic. One strand of the rights agenda in special education emerges from the UN Convention (1989) ratified by the UK in 1991. Writing on inclusion in this tradition, informed by the literature of civil and disability rights movements and appealing to the UN Convention for its authority, often has limitations.

There is a tendency amongst stakeholders to underestimate, or ignore completely, the complexity of the philosophical basis of these arguments. Rights are assumed to be applicable in an unproblematic way, for example the notion of conflicting rights is rarely mentioned in literature in this 'civil rights' tradition. Low (2001) observes that rights are usually portrayed as absolute, without need for consideration of factors such as cost, and possible alternatives. In relation to pupils with SEBD, the notion of conflicting rights relates to the rights of different individuals. The presence of these pupils in schools may have implications for the educational experience of other pupils. The right of a pupil to be educated in mainstream may come into conflict

with the rights of the mainstream peers to an undisrupted educational experience. As Visser and Stokes observe, "…it is seen as a right for pupils with special educational needs in general to access a mainstream place. Yet for the pupil with emotional and behavioural difficulties the right can justifiably be taken away due to his or her special educational need." (2003: 71)

The third way in which the inclusion of pupils with SEBD is a different equation relates to the notion of 'valuing diversity'. As Benjamin (2002a) observes 'valuing diversity', with its origins in the principles of modern liberalism clearly detectable, is rapidly becoming one of the dominant narratives in the literature on inclusion. Benjamin argues that while the terminology may be new, the relations of inequality which it masks are the same as always. The use of language such as 'valuing diversity' sits alongside the assertion that inclusion is about all pupils not just some (Slee and Allan, 2001), and MacKay's (2002) hope that disability can become accepted as part of normality. Benjamin's (2002a) observations of a London girls' school demonstrate how far the education system remains from these ideals. Only some pupils, the *really* different ones, were allowed to have their success measured in a different way, the main body of pupils continued to be measured against the standards of the school system. Far from including this minority group, this in fact further marked them out as different from their peers.

Improving standards is only one of the purposes of schooling, another is the socialisation of children into the norms of society. Whereas the presence of pupils with most other SENs contributes to the socialisation of mainstream peers into a diverse society, the presence of pupils with SEBD does not. The socially inclusive society, which our schools are preparing our young people for, continues to exclude individuals who exhibit the types of behaviours associated with SEBD. The result is that pupils with SEBD who present with challenging behaviour at school are less likely to have their 'diversity' valued than other groups. In addition to the issue of socialisation of mainstream peers, there are further explanations for this limit on acceptable diversity.

Firstly, as Benjamin (2002a) notes in her observations of the inclusion of pupils with SEN in an all-girls secondary school, mainstream peers distinguish between 'different but normal' and 'really different'. The presence of the pupils with SEN in the school actively contributed to clarification of the cut-off point between 'normal' and 'not normal'. As a result the unequal treatment accorded these 'special' pupils would not be expected to give rise to claims on the part of the generality of pupils to similar treatment. However the acquisition of a label of SEBD is generally agreed to be far from a matter of objective measurement, and the blurring of lines between naughty, disaffected, delinquent, SEBD and serious mental illness mean that such pupils may not be so easily constructed as *really* different. If one such pupil were to be exempt from the socialisation purpose of the school and permitted to be, e.g. verbally abusive it is not clear that other pupils would not expect the same treatment. Now, it could be argued that it would be more positive, not to mention more accurate, for pupils with SEBD to be seen as 'different but normal', the point is that schools may not wish to take on the organisational challenges such a view would present. In short, the more obviously and measurably a young person deviates from the norm the easier it may be, from a managerial point of view at least, for a school to value their diversity[2].

The second difference relates to the type of diversity presented. It is interesting to note that one of the girls in Benjamin's study, the one who "…presents much more of a challenge to good governance…" (Benjamin, 2002b: 316), was moved to special provision. However the school was able to accommodate the pupil who was seen as in need of help and vulnerable, evoking feelings of compassion from the teaching staff. It may be that the difference lies in what the presence of different pupils in the school allows the staff to feel about themselves. Pupils with SEBD are more likely to arouse

feelings such as helplessness, fear and frustration and to challenge teachers' views of their own competence, than to provoke protective instincts. In other words, not only do SEBD pupils challenge a key purpose of schooling, but also they do so in a way which does not present any advantage to the school.

CONCLUSION: THE ROLE OF RESEARCH

Practitioners and policy makers look to research to provide explanations and solutions to problems. The IMD model of special needs gives rise to research which meets these criteria. This kind of research is attractive, it offers a way forward to parents and teachers and, at the same time, it offers reassurance that no one is to blame. By locating the cause of behavioural problems in the child or young person and by ascribing a biological or genetic explanation for the behaviour, such research can be interpreted as deterministic with solutions to behaviour problems lying solely in the drugs to control the underlying biological or genetic causes. It is hardly surprising that such 'labels of forgiveness' (Lloyd, 2003) have seemed compelling, bringing as they often do additional funding and respite to hard pressed parents and teachers. However the IMD model alone has been shown to be inappropriate for all the pupils who achieve the diagnosis of SEBD and, as we have indicated, there is widespread debate among researchers about the very existence of a wide range of disorders whose origin is biological or genetic. This is hardly surprising when there is a lack of clarity in definitions of SEBD itself and when definitions inevitably reflect both individual perception and social context. We know, for example, that whether a child is described in terms of emotional and behavioural difficulties or psychosocial disorders may simply reflect educational or psychiatric perspectives on the same child with reference to the same behaviour (Lloyd and Munn, 1998). The acknowledgement of subjective recognition does not deny the reality of behaviour observed by teachers or difficulties experience by pupils and their parents. However models of SEBD involving complex understandings of interacting factors, leads to research which offers fewer certainties and hence can seem unattractive to policy makers, practitioners and parents searching for sure fire interventions.

IMD models may indeed be attractive, however they do carry a significant risk. If attention is focused on the pupil and explanations of difficulties are sought within the individual then the wider causes of SEBD may escape appropriate scrutiny. Indeed we would go further and suggest that any explanations of difficulties which focus on the individual child will necessarily be incomplete; therefore interventions based solely on those explanations will not be successful.

Given the difficulties associated with the label SEBD — that it is imprecise, subjective and of little use in terms of explaining or predicting behaviour — a number of options follow. We could dispense with labels altogether and talk only in terms of individual pupils. We could create another label to replace SEBD in the same way that it replaced 'maladjusted'; or we could retain SEBD but argue for a better understanding of its limitations and of the complexity and range of experiences to which it can refer. Of these, we favour the latter for the following reasons. The label is not without utility: it tells that a child has given adults cause for concern, probably more than one adult and probably over a sustained period of time. Other characteristics can be inferred: for example, it is likely that the child has difficulty in forming and sustaining relationships, and that they have a limited repertoire of responses to the range of social situations (Visser, 2004). It is important that the range of possible factors — social, psychological, educational and biological — involved in explaining the behaviour of individual children is recognised and that the different theoretical models which can be drawn on to make sense of children's actions are acknowledged.

Retaining the label SEBD allows us to recognise that there are some children in schools experiencing real difficulties, sometimes related to their lives outside school, sometimes to experiences like loss or abuse, to relationships within the family, perhaps

to cultural or peer group factors in the neighbourhood, to poverty, ethnicity, gender, to difficulties in learning, self concept and self esteem, to their history of learned behaviour or to school factors of ethos, curriculum, disciplinary and pastoral care structures… In understanding the behaviour of an individual child it may be necessary to understand how each of a wide range of possible factors may contribute and how these interact dynamically (Caprara and Rutter, 1995; Munn and Lloyd, 1998).

It is important that the temptation to look to research to provide quick fix solutions for SEBD is acknowledged but that the difficulty inherent in such an approach is recognised. The complexity of SEBD means that simple solutions will have limited application. 'What works' research is valuable and has an important contribution to make, but it must be understood for what it is and not be assumed to be generalisable. In short, the main message from research to date is that there is not one programme of intervention that will work with all SEBD pupils in all schools. However, successful interventions do happen, sometimes based on a clear theoretical foundation and other times on the serendipitous coming together of a variety of home and school factors. It is clearly important that we try to understand why some interventions are successful so that we can develop research and contribute to policy and practice from a sound foundation.

There is not one kind of research which can provide solutions, but there is a range of research which taken together will provide a foundation for developing good practice. We need research that conceptualises the range of meanings of 'effective' and 'successful' interventions. 'Successful' interventions should be compared over time in order to draw out common features. Attention can then turn to examining how these common characteristics can be developed across different situations, what barriers there might be to their implementation, and any implications for training, resources or policy. It will also be important to listen to the experiences of those children who have been labelled as having SEBD to gain an understanding of the educational experience from their perspective.

Finally, the complexity of SEBD also reaffirms the importance of inter-disciplinary research. Given the range of factors which contribute to the identification of some pupils as having SEBD there is clearly a demand for research which utilises the knowledge and expertise from areas such as health, social-work, social policy, sociology, and law in addition to education and psychology. This seems to us to be a more fruitful approach than one which risks sustaining paradigm wars about the 'truthfulness' of explanations of a 'cure' for SEBD. Most researchers engaged in this area want their work to contribute to improvement in the lives of children regarded as having SEBD. It would be ironic if attention to this worthy goal were distracted by attempts to favour only one kind of research.

NOTES

1. Throughout this paper the term 'pupil with SEBD' will be used to denote a pupil who has attracted the label of SEBD, it does not imply a judgement about the value of that label.
2. It would be interesting to investigate whether there is indeed a link between position on the 'different but normal' and 'really different' continuum and schools' attitudes to inclusion. It is the case that pupils with learning difficulties and SEBD are the least likely among the SEN to be included, and they are the two where the border between 'normal' and 'not normal' seems most hazy.

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