“you say… i hear…": Epistemic gaps in practitioner-parent/carer talk

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"You say… I hear…": Epistemic gaps in practitioner-parent/carer talk

Nick Hodge and Katherine Runswick-Cole

Summary

- **Policy guidance has often focused on the need for strong partnerships between parents/carers and practitioners to support the learning of children labeled with Special Educational Needs and/or Disabilities;**
- **Despite this policy focus, relationships between parents/carers and practitioners are often difficult**
- **This chapter explores the nature of these difficulties drawing on the work of Lipsky (1971) and McKenzie and Scully(2007)**
- **In conclusion, there are suggestions for how partnership working between parents/carers, practitioners and children might be developed.**

Abstract

The past two decades have seen a focus in educational policy in England on the development of more effective practitioner-parent relationships (Department for Education and Skills (DfES), 2001, 2004). Yet parents continue to report feeling marginalised and excluded within these relationships (Hodge and Runswick-Cole, 2008). Clearly, different ways of thinking about, understanding and engaging within

these relationships are required if practitioner-parent partnership is to become more than just policy rhetoric. In this chapter we draw on the theoretical and philosophical concepts of 'epistemic gaps' (MacKenzie and Scully, 2007); shared biographical standpoints (Ashworth, 2016) and street-level bureaucracy (Lipsky, 1971) to expose and to explore some of the problematic communications that arise between parents and practitioners in their talk in the context of the Special Educational Needs and Disability (SEND) system

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Introduction

The past two decades have seen a focus in educational policy in England on the development of more effective practitioner-parent relationships (Department for Education and Skills (DfES), 2001, 2004). Yet parents continue to report feeling marginalised and excluded within these relationships (Hodge and Runswick-Cole, 2008). Clearly, different ways of thinking about, understanding and engaging within these relationships are required if practitioner-parent partnership is to become more than just policy rhetoric. In this chapter we draw on the theoretical and philosophical concepts of 'epistemic gaps' (MacKenzie and Scully, 2007); shared biographical standpoints (Ashworth, 2016) and street-level bureaucracy (Lipsky, 1971) to expose and to explore some of the problematic communications that arise between parents and practitioners in their talk in the context of the Special Educational Needs and Disability (SEND) system. The focus of this paper is on partnership within Education and related services. Practitioner therefore refers to all those employed to offer educational and related health and care services to disabled children and young people and their families. In brief, we propose that epistemic gaps arise when each of the parties in a communication exchange have significantly different life experiences from each other; they do not share the same biographical standpoint. We explore the nature and impact of these epistemic gaps on parents and their children in more detail below before then positioning them within the wider systemic context. We suggest that a discussion of how epistemic gaps emerge within practitioner-parent communication is timely given the changing policy context for SEND following the passage of the Children and Families Act 2014 (DfE, 2014) through the British Parliament. The Children and Families Act (2014) brought in fundamental changes to provision for children and young people with SEND in England. Parts of the Act also apply to Scotland, Wales and Northern Ireland. Drawing on a discourse analysis approach, we examine practitioner-parent talk to reveal the gaps between the epistemic positions of practitioners and parents. We then identify some of the systemic barriers that create and maintain epistemic chasms. Our discussion concludes with a consideration of how MacKenzie's and Scully's (2007) concept of 'sympathetic moral imagination' might be a useful tool for enabling more informed and shared understandings of biographical standpoints between practitioner and parent. Knowledge and appreciation of these different standpoints might then act as bridges over epistemic chasms that allow practitioner-parent partnerships to flourish.

The Current Policy Context in England: Practitioner-Parent Partnership

The new 'Special Educational Needs and Disability Code of Practice: 0 to 25 years' has been recently published (DfE 2014). The SEND Code of Practice sets out the services that education and health services in England must provide for disabled children and those with special educational needs, 0-25 years, and their parents/carers. This code is a revision of the 'Code of Practice on the Identification and Assessment of Special Educational Needs' (DfES, 2001) and responds to a raft of changes in provision for children with SEND and their families set out in the Children and Families Act 2014 (DfE, 2014). A key area of focus in the original 'Code of Practice' (DfES, 2001) was practitioner-parent partnership. The new code (DfE,2014: 14) has taken up this theme and claims to offer 'a clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels'. It re-affirms that local authorities must have regard to 'the views, wishes and feelings of the child or young person, and the child's parents' (DfE; 2014: 19) and that they must support the participation of parents and children in decision-making (DfE, 2014). Local Authorities in England are the councils that provide services for local areas.

Local authorities are required to support the child or young person and their parents to achieve the best educational and other outcomes 'preparing [children] effectively for adulthood' (DfE, 2014: 19). The Code is a re-iteration of the policy discourse advocating practitioner-parent partnership that has characterised special education policy in England over the last thirty years (DES, 1978). Following the changes in the Children and Families Act 2014 (DfE, 2014) local authorities are now required to include 'fully' children with SEND and their parents in the process of developing Education, Health and Care Plans. Education, health and care plans detail the provision that a child or young person will receive across these three services. These set out the provision needed to support the child and replaced the previous system of statements of special educational needs. Furthermore, local authorities are required to consult parents on changes to provision for the child. The Code describes parents' views as 'important' (DfE, 2014: 21) and states that education providers should ensure that they 'give them [parents] confidence that their views and contributions are valued and will be acted upon' (DfE, 2014: 21). However, this continued emphasis on the need for parents' views to be taken seriously in the SEND process is balanced by a focus on the requirement to prioritise the views of the child. Indeed, in the Code, when a child reaches sixteen, there is a significant change in how parents are positioned, as the focus shifts to making the views of young people a priority:

> The Children and Families Act 2014 gives significant new rights directly to young people once they reach the end of compulsory school age (the end of the academic year in which they turn 16). **When a young person reaches the end of compulsory school age, local authorities and other agencies should normally engage directly with the young person rather than their parent**, ensuring that as part of the planning process they identify the relevant people who should be involved and how to involve them (DfE, 2014: 21) (**our emphasis)**.

While the Code maintains the view that families will continue to play a 'critical role' (DfE, 2014: 21) and recognises that '[m]ost young people will continue to want, or need, their parents and other family members to remain involved in discussions and decisions about their future' (p.21), it remains unclear, as yet, how these changes will impact on practitioner-parent relationships.

In our previous writing about practitioner-parent partnership we have acknowledged the tensions in practitioner-parent relationships including disagreements between parents and practitioners about what constitutes ‘knowledge’ about a child. Often practitioner knowledge of syndromes and impairment is privileged over a parent's expert knowledge of their child. Of course, tensions also occur in particular over the delivery of services and available budgets (Runswick-Cole, 2007; Hodge and Runswick-Cole, 2008). Parents and practitioners disagree about a host of things: diagnosis, intervention, support, and school placements to name but a few (Hodge, 2005; Runswick-Cole, 2007; Hodge and Runswick-Cole, 2008). The day-to-day reality of practitioner-parent partnership fails to live up to the policy rhetoric. The fact that a high number of parents continue to register appeals with the Special Educational Needs Tribunal (3,600 in 2012/13 (MoJ, 2013)) is evidence that conflict in the system remains. This conflict was acknowledged by the Coalition Government (The Government in England and Wales that was in power at the time of the development and passing of the Children and Families Act 2014 and other related legislation) in England and Wales and the publication of 'Support and Aspiration: A New Approach to Special Educational Needs' (DfE, 2011) and the passage of the subsequent Children and Families Act (DfE, 2014) sought, in part, to address conflict within the system. Edward Timpson, then Minister for Children, argued that the Act was intended to address what had become an entrenched and adversarial special educational needs system:

> For too long, families who face big enough challenges already have also found themselves facing - as one mother put it - "an unending battle" with a system that’s supposed to be on their side' (Timpson, 2014, np).

It can be seen therefore that, even though the nature and experience of practitioner-parent partnership in Education has been widely researched and discussed by policy makers, practitioners and parents still struggle to work in partnership. In the context of continued tensions and a changing policy landscape, practitioner-parent partnership remains an important area of inquiry for anyone interested in the lives of children, young people and families engaged in the special educational needs and disability system. New understandings of what enables or disables these relationships are vital to developing more positive ways of working for everyone.

Epistemic positioning

As authors of this chapter, we share an interest in and some of the same understandings of how disability impacts upon the lives of children 'with SEND’ and their families. This is reflected in some of our previous joint research and publications (Hodge and Runswick-Cole, 2008; Runswick-Cole and Hodge 2009; Hodge and Runswick-Cole, 2013). We conceptualise special educational needs and disability premised on sociological understandings of disability that locate the ‘problem’ of disability in society, not in the individual child or family (Mallett and Runswick-Cole, 2014). Moreover, we share an ‘epistemic position’ (MacKenzie and Scully, 2007) as researchers who locate our work in the fields of critical disability studies and special educational needs. We both hope that by supporting greater understanding between practitioners and parents, we can contribute to more enabling practices in special education. However, despite our shared positions we have often found that our different life experiences can often lead us to interpret the experiences of parents, children and young people and practitioners very differently. Within social theory, the term ‘biographical standpoint’ is used to capture how our own particular life experiences, including the cultural, social, political and personal, shape a unique understanding of the world (Ashworth, 2016). Education research has illustrated how in schools, 'issues of ethnicity, race and socio-economic class inform the shifting power play…' (Lumby, 2007: 221). As white middle class academics we will have shared some privileged experiences of engagement with schools that are likely to be very different from those from other biographies and experiences of social economic power. But even within our own shared position our individual characteristics and unique experiences means that we arrive at disability and schools from both shared and distinct epistemic positions.

It is from our biographical standpoint, therefore, that we then interpret all that happens to us. Different biographical standpoints lead to different understandings of situations and interpretations of social exchanges. So for the authors our different biographical standpoints cause at times an epistemic gap to open up between us. Intersubjectivity is the term that is used to conceptualise shared understandings of being in the world between distinct subjects (Crossley, 2005). The authors have a collective standpoint through our shared interest in disability and so respond similarly to some events. However, our distinct biographies, detailed in brief below, contain our individual and unique lived experience of disability. These sometimes then lead us to interpret exchanges between parents and practitioners quite differently.

Nick came to research as part of his practitioner development as a former teacher and as a lecturer. Katherine came to her research as a former early years teacher but also as the mother of a disabled child and she was simply "bloody furious" with a system that was letting her and her son down. These different positions and experiences mean that despite the many experiences and understandings we share, we often see things differently from one another. We are still sometimes surprised by each other’s reactions to and interpretations of experiences. For example, Katherine shared a story with Nick of a parent who did not know any of the other parents at her son’s primary school. This resulted from teaching assistants (TAs) asking the mother to stand in a different place from everyone else at home time so that she could be there to take immediate responsibility for her son as soon he left the classroom. Nick was amazed this could happen and while he exclaimed that: "you see, the teaching assistants just wouldn’t know that the mother felt like that", Katherine felt that the teaching assistants should have worked that out for themselves. Nick, however, wondered why the mother had not told them. Another example occurred recently, Nick remembered a mother telling him about a time when she had collected her son from his first day at secondary school. The young man started to show signs of agitation. "Oh" said the teacher to the mother, "he's been fine until now. He is just doing this because you are here". For the mother this was a devastating encounter. Already anxious about her son and how he had managed a new larger and busier school on his first day the mother reported that the teacher's comment then made her feel as though she herself was a source of tension for her own son. A devastating thought for a parent. The mother was distressed and perplexed as to why a teacher might make such a hurtful comment to a parent. On hearing this account Katherine agreed emphatically with the mother; the actions of the teacher made no sense to Katherine either. For Katherine the teacher should have known the effect that such a comment would have on a parent. Nick, on the other hand, when told of this encounter by the mother, had felt an immediate sympathy with the teacher. Nick's own experience as a teacher informed *his* understanding of this encounter between the mother and the secondary school teacher. Nick remembered how worried he would sometimes feel as a teacher that a parent would think badly of his school if their child showed signs of distress when the parent came to collect their child. Nick may well have said these same words himself on occasion thinking that they would offer reassurance to the parent. Knowing how this mother reacted to the words however then helped Nick to see that his own words might not always have been received as positively as he had intended. This incident illustrates our different epistemic positions but more crucially it demonstrates how practitioner-parent relationships can develop from 'day one' into antagonistic polar lines of defense.

Despite our shared roles as researchers, our positions as ‘practitioner’ and ‘parent’ mean that we can struggle to know what it means to have lived the life of the other. We want to identify and understand better where, how and why the gaps in understanding and communication occur between practitioners and parents when in theory they should be on the same side and working together in the best interests of the child. We see this as essential because we know that children, young people, parents and practitioners can all fall down these gaps with damaging and sometimes devastating consequences for those involved (Runswick-Cole, 2007).

We decided to explore these gaps through a focus on parent-practitioner talk. In doing so we sought to explore what these micro level interactions could reveal about the macro nature of parent-practitioner relationships within the current policy context. We also wondered what some of the wider messages that society gives out about SEND might be revealed in such talk. In focusing on talk, we draw on a long tradition of discourse analysis (Parker, 2002). Discourse analysis pays attention to what language, or discourse, *does***.** Discourse analysts argue that language does not merely describe what is there: it also constructs it. The ways that things or people are described impacts on how people perceive and think about them. In the context of the SEND system, we take the phrase ‘the special needs’ to illustrate the point (Runswick-Cole and Hodge, 2009). Gale (2000) quotes a parent who within a research project in Australia spoke of the experiences of her daughter whose personhood was taken from her the moment that she was categorised as 'a 6', the highest level of disability on the Australian school assessment scale: '"If your child is a 6 the teachers go into the next room and say "Okay who is going to take this ‘level 6?"' (p.261). Similarly, we have identified in our own research that children are sometimes referred to as ‘the special needs’ as, for example in "we’re taking the special needs to the supermarket tomorrow" (Runswick-Cole and Hodge 2009: 3). When this happens it is not just a description of a category of children. Rather, the language used here constructs ‘the special needs’ and defines the limits for what disabled children are allowed to be: they become non-children, different from and, implicitly, lesser than other (normal) children. In becoming 'the special needs' these children are therefore denied their humanity. Where these discourses dominate, they also proliferate and are adopted by other members of the school community. So, for example, we have heard one pupil say to another: '"is your brother a special need?"' (Runswick-Cole and Hodge, 2009: 3).

Crucially for our analysis of parent-practitioner talk, discourse analysis suggests that the meanings of language change constantly, rather than having one meaning and being fixed (Burman and Parker, 1993). We accept that the interpretations that we offer below are highly contested and that different accounts and analyses of the talk by readers with different epistemic positions arising from different biographical standpoints could be offered. However, the purpose of drawing from discourse analysis here is that it allows us to reflect on what people say and what this might reveal of the meanings within the detail of the talk and the nature of the wider society in which we live.

Illustrating the Problem

The following examples that we use to illustrate some of the problems within practitioner-parent talk come from our own experience or have been reported to us by participants within the different research projects that we have been involved with. A number of these examples we have heard in similar form from many different parents over the years. We are particularly interested in examples of talk where the practitioner was giving a message to a parent and in how that message was understood. An example of this from Katherine’s own experience occurred when a social worker said "I’m sorry I’ve not got back to you I’ve been really busy". Katherine, as a parent, heard this as: "Other families are more important than ours". We have shared our analysis of these encounters at conferences with practitioners and parents. Conference delegates tell us that they recognise many of these examples from their own experiences. The practitioners who have made such statements to parents themselves have revealed that they had not anticipated that the comments might be received so differently from how they were intended. Although once reflected upon the potential for different understandings becomes apparent. The examples are presented below. We first report something that a practitioner has said to a parent and then we describe how that parent told us they had interpreted the statement.

You say … I hear ….

You say…	***I hear …***
Head teacher: *have you thought about going back to work?*	**Parent:** *she thinks I'm an over anxious mother with too much time on my hands.*
Teaching Assistant: *she was really tired when she came in this morning.*	**Parent:** *we never go out because of her difficulties with fatigue, we never do the things other families do, and just for once, when we do, you have a go at me! You're telling me off.*
Doctor: *what's your job?*	**Parent:** *what does it matter what my job is? You are judging me*
Occupational therapist: *I didn't tell you about DLA (Disability Living Allowance: A welfare benefit for disabled children and adults) because I knew your partner had a good job.*	**Parent:** *You shouldn't be claiming benefits.*
Teacher: *He has said he doesn't want to go to work experience. You can over rule*	**Parent:** *Adult services won't look after my child properly.*

him at home, but I can’t, he’s seventeen.	
Teacher: *his teaching assistant reads with him, I have 29 other children in the class to think about.*	**Parent:** *the teacher doesn't see my child as her responsibility.*
Inclusion Officer: *you are not entitled to a Rolls Royce service. We have limited resources that we must allocate fairly.*	**Parent:** *you are a greedy, pushy, selfish parent.*
Teacher: *I know he’s lashing out but that is what children with autism and epilepsy do.*	**Parent:** *You don't see my son, you don't recognise him as an individual.*
Speech and Language Therapist: *your daughter is making really good progress.*	**Parent:** *hey? She’s still really struggling - oh no, they are about to discharge her!*
Speech and Language Therapist: *I’m sorry but your child doesn’t meet the criteria for our service. There are some spaces on the anger management classes for parents.*	**Parent:** *You think I have a problem with anger and I can’t parent my child.*

Receptionist at LA offices: *[hand over phone so slightly muffled] it's Mrs Smith on the phone, are you in****?***	***Parent:*** *the whole office thinks I'm a problem.*

Bridging the (epistemic) gap

The accounts above reveal the gaps between parents and practitioners in their everyday talk. They are uncomfortable, but they are, perhaps, familiar extracts. We suspect that readers may have their own examples of when these sticky moments have emerged in their talk with parents and/or practitioners.

What we are interested in here is: how far it is possible to bridge these gaps in understanding between parents and practitioners? A discussion like this is one starting point. The recognition of a fracture in parent-practitioner partnerships and a desire to understand how and why this might occur opens up the possibility of developing new understandings. Ashworth (2016) notes that within phenomenology it is argued that people can achieve a 'reciprocity of perspectives' (p. 26). This occurs when one party in a communication adopts the mental perspective of another. Husserl (1931) identifies empathy as one route to doing so but neither Husserl nor Ashworth detail how exactly this might be achieved across significantly different lifeworlds. To offer one possible explanation for how this might occur we have drawn on the work of two philosophers MacKenzie and Scully (2007). MacKenzie and Scully (2007) have explored what they describe as the epistemic gap between non-disabled people and disabled people in relation to quality of life issues. We use their ideas to explore parent-professional talk in the analysis below.

How would *you* feel?

A simple, common sense response to all of the encounters above is to say that parents and professionals should ask themselves how they would feel if someone said that to them. So, for example, in the last of the examples above we could ask the practitioner: "how would *you* feel if *you* rang up to ask for information and overheard someone checking whether the person who is supposed to help you wanted to or not?" Just simply imagine that *you* were in the *parent's* place. If *you* wouldn't like it then, chances are, *they* wouldn't either. Implicit in this advice is that it is easy to imagine how another person might be feeling, simply do unto others as you would have them do unto you (MacKenzie and Scully, 2007).

In this example, imagining how *you* would feel if *you* made the phone call seems straightforward and good advice, but it does not perhaps capture the full complexity of the encounter. *You* did not make the phone call, a(nother) parent of a child with SEND did. To understand this phone call more fully, there needs to be what MacKenzie and Scully call (2007: 339) ‘perspective shifting'. In other words, simply projecting your own experiences may not be enough for you to understand the parent's feelings about the phone call.

What is needed is for you to make ‘imaginative adjustments’ (MacKenzie and Scully, 2007: 339) in order to understand the encounter, not as if it happened to *you*, but from the perspective of the parent caller; a failure to do this may mean that we simply put *ourselves* in the place of an *other,* rather than responding to the *other’s* experience.

It could be suggested that what is needed is something more like what Peter Goldie (cited in MacKenzie and Scully, 2007: 341) calls 'in-your-shoes-imagining'. This requires us to imagine, not that the event is happening to *us,* but to someone else; we have to imagine that *we* are that person - as if *we* were that parent caller. But this, it turns out, is no simple task. As MacKenzie and Scully (2007) point out, our ability to do this depends on two factors: first, the pool of our own experiences we have to draw on. Our own experiences of making phone calls or asking for information will influence how we understand the parent's experiences. If we have never made a phone call asking for help or for information on behalf of a child then this will be more difficult to imagine. Secondly, it will also depend on what we already know about that *particular* parent. From the account, we know very little, but we can *imagine* that she has phoned before, that she is known in the office and that she is someone that people find difficult to talk to and that the people in the office have stopped caring whether or not she knows this (though we do not know the reasons why).

Let us take another example from the encounters above: "she was really tired when she came in this morning". At face value, this is a simple statement of fact. We do not know if the TA in this story is a parent her (him) self who has struggled to get her own child to bed at night or to get her up in the morning. The TA may feel that she is duty bound to tell the parent every aspect of the child's school experience good or bad. The TA may not intend that the parent act on the information only that she has it.

We do not know from this conversation how well the TA knows the child and if she understands what the parent describes as ‘fatigue issues’ and the TA probably does not know that this was the first night out the family had been on for ages. It seems that the TA is not engaging in 'in-your-shoes-imagining'. But as we have already noted, depending on your own knowledge and experiences this is a difficult thing to do.

In her doctoral study, Broomhead (2013) looked at the judgment teachers and teaching assistants made about whether children could control their behaviour and she asked how these judgments were influenced by the label or diagnosis a child had been given. She found that children labeled with Behavioural, Emotional and Social Difficulties (BESD) were more likely to be thought able to control their behaviour than children labeled with autism, for example, who, because of people's understandings of autism, were thought to be unable to control their behaviour. As part of the study, one of the parents of a child with the label of BESD worked with trainee teachers to describe her life as the mother of a child with BESD. She talked about what life was like outside of school for her and her child. Following the session, one of the student teachers remarked that she had never really thought about what happened to children before or after school. This lack of 'in-your-shoes-imagining' is a striking example of the epistemic gap between parents and practitioners and between practitioners and pupils. And yet, as MacKenzie and Scully (2007) suggest, the dangers of 'in–your-shoes imagining', in this situation, is it that we simply project our own experiences and prejudices onto the situation: "if I had a child with fatigue, I’d get a baby sitter, if I wanted to go out late…". So something more is required than 'in-your-shoes imagining' if reciprocity of perspective is to be achieved.

Mackenzie and Scully (2007) suggest that this might be Sympathetic Moral Imagination.

Sympathetic Moral Imagination

> In sympathetic moral imagination one does not try to imagine being the other from the inside. Rather, one recognises that the other is different from oneself, one imaginatively engages with her perceptions and experiences, as she represents them, and one responds emotionally to her perspective and her situation. (MacKenzie and Scully, 2007: 347).

Sympathetic moral imagination involves recognising that a person is different from ourselves but trying to identify how an event is experienced by that actual person rather than how we think we would experience it if it happened to us. Let us return to another example from the parent-practitioner talk to explore how this might work:

Teacher: *I know he's lashing out but that is what children with autism and epilepsy do.*	***Parent:*** *You don't see my son, you don't recognise him as an individual*

Here the epistemic gap is clearly visible. The practitioner is drawing on his (her) ‘expert’ knowledge of children with ‘autism and epilepsy’ to inform a parent that the child’s behaviour is ‘normal’ for a child with that label. In stark contrast, the parent is invoking her (his) own knowledge of the child as an individual with fears and frustrations that can be triggered by external stimuli and to which the child sometimes lashes out. The parent may have experienced many times previously her child's behaviour just being explained away by practitioners as "just what children with autism and epilepsy do" without anyone really giving thought to whether there are other reasons why the child might feel the need to resort to lashing out. The claim that ‘lashing out’ is what children with autism and epilepsy ‘do’ seems yet another attempt to close down the conversation. It demonstrates a reluctance to engage with the parent’s concerns, thoughts and experience at an emotional level. It fails to recognise the long shared history of the parent and child in negotiating the behaviour with the child and with other practitioners. The appeal by the teacher to the labeling discourse is an attempt to ‘fix’ the meaning of the child’s behaviour and firmly to locate the difficulty within the child. This kind of discursive positioning is difficult for a parent to resist. Their knowledge of their child as an individual is made irrelevant; any challenge might seem to deny the teacher his/her expert knowledge and status. What might a response from a practitioner look like that involved 'sympathetic moral imagination'? An approach that draws on sympathetic moral imagination would encourage the practitioner to open up the conversation, to ask about what the behaviour means for the parent, the issues that arise for the parent because of it and how the shared history of parent and child might inform the development of a support strategy. Yet the opportunity for either parent or practitioner to engage in such conversations at the school gates at the end of the day or in a multi-professional meeting seem limited. Applying sympathetic moral imagination is essential but the sharing of experience requires protected time and space.

We have argued therefore that the notion of biographical standpoint suggests that the practitioners may not always have the intuitive capability to understand what it means to be a parent of a disabled child. However, we would not want to position the responsibility for ruptures in communication entirely with individual practitioners:

they do not operate within a vacuum and are part of a system that dictates many of their practices and which promotes a particular view of disability. Individual practitioner responses are situated therefore within wider systemic barriers that often work against achieving informed and shared understandings between practitioner and parent.

Systemic Barriers

Habermas, a sociologist and philosopher, argues that the system makes objects of the people that it serves rather than valuing them as partners working together to achieve the goals of its members (Burns and Früchtel 2014). In doing so the system substitutes the equality of shared, reciprocal and negotiated support between people within the lifeworld with the structured, contracted and paid service delivered by the system. Lifeworld is used here in the sense of the everyday lives of people where caring about and for each other takes place within informal social networks. Within this process empathy becomes a tool of instrumental rationality (Weber 1964 cited Burns and Früchtel 2014) in the sense that it is reduced to a method that enables the practitioner to solve the problem of the parent and restore order to the system. Practitioner empathy as controlled by the system is different to the empathy of the lifeworld. In the lifeworld empathy arises usually out of an informed and detailed understanding of what it means to be the other person and how she (he) feels about what is happening in her life. This understanding might arise from a long-standing relationship with the other person and/or through sharing a similar life context and experiences. Practitioner empathy however is more distanced, measured and controlled without the genuine felt emotional connection that can arise from a shared history of experience. Empathy is utilised to achieve the goals of the organisation rather than to recognise and appreciate the effect of the system on families.

This is not to suggest that practitioners are emotionally cold, cynical manipulators of parents of disabled children. Of course we know that the majority of child educators and practitioners in related services are deeply committed to enabling and supporting the lives of disabled children and their families. But we are all subject to the insidious workings of the system that often without us recognising it; the system shapes how we respond within the customs and practices of the workplace. Lipsky (1971) proposed the notion of 'street-level bureaucracy' to make explicit some of these embedded cultural work practices that inhibit practitioners from effectively bridging epistemic chasm between staff and 'clients'. Lipsky's ideas, although conceived over 30 years ago, are still utilised by social science researchers (Ellis 2007, 2011) and are a helpful support here when theorising why epistemic chasms might erupt between practitioners and clients.

Lipsky argues that practitioners experience stress as a result of being the front line representatives of a system that will never provide for all the requirements of those compelled to use its services. The pressure of time constraints, the requirement to distribute extremely limited resources and the pressure to meet performance targets produce defensive reactions in practitioners. These include desisting from fully appreciating clients as people and being on constant guard against negative reactions from clients. Lipsky proposes that one mode of reaction to these stresses is to adopt 'simplifications' (p. 395). An example of a simplification might be to think of parents who accept instruction or advice without question as 'good parents' and those who challenge practitioners as 'difficult parents'. Both categories of course act to de-personalise the parent and prevent practitioners from coming to fully developed understandings of the parents as people. Lipsky also identifies defense mechanisms that practitioners resort to in order to manage these stresses. One of these is to conceptualise certain groups as being outside of their remit of care. So disabled children and their parents may be thought of as 'special'; different; more suited to medical or psychological intervention than to education and so therefore really beyond the skills and responsibility of the education practitioner. Lumby (2007) argues that within the school system the voice of parents 'is not given epistemic equality with that of staff' (p.222). Using the Lipsky model this could also be conceived of as a defense mechanism: the dismissal of parental concerns over provision and practices as misinformed or the unfounded worries of overprotective parents excuse educators from critically examining their own practices and the work of the school can then continue untroubled.

For Lipsky what is critical is that these issues are brought into the light and reflected upon so that practitioners come to recognise these as views that they hold and accept that they too are part of the problem. This can lead to the realisation that breakdowns in communication are not just the result of special or difficult parents or an under resourced system but also because of how practitioners are choosing to engage with their clients. Lipsky suggests that clients are likely to have greater confidence and trust in those practitioners to whom they can best relate to, those who most seem to understand and appreciate their experience. These may not always be the most highly qualified or most experienced staff and so schools and related services need therefore to be alert to where successful relationships are developing between their staff and parents and to reflect upon and learn from these successes.

Conclusion

In this paper we have argued that practitioner-parent talk often works against the forming of positive partnerships. We have illustrated this through the provision of examples from the experiences of parents to highlight the damage that talk can do. Sometimes this occurs through miscommunication when one party hears a message that the other did not intend. However often parents accurately 'hear between the words' of practitioner talk messages of criticism and rejection. We argue here that these destructive communications often arise from the gaps between the epistemic positions of practitioners and parents that result from their different biographical standpoints. They arise because practitioners have not appreciated what it means and feels like to be that parent at that time in that situation. We have identified some of the structural barriers that prevent the street-level bureaucrat from having the time, space, confidence and permission to try and bridge these epistemic gaps. But many practitioners are committed, skilled and resourceful and once alerted to the problem will find ways to address it. We have suggested here that one way of bridging these gaps is through the employment of sympathetic moral imagination. If practitioners were better able to understand the emotional and physical impact of their talk on parents then they are likely to be more careful with the messages they convey. However, MacKenzie and Scully (2007) acknowledge that being able to imagine the experience of another is a challenging task. Clearly this is difficult enough between practitioners and parents but the Code of Practice also requires local authorities and other agencies to engage directly with young people. Epistemic gaps exist within all communications and the further apart the biographical standpoints the wider the chasms are likely to be. Accessing the lived experience of disabled children and young people and understanding the impacts of this on their being will challenge even the most empathetic of non-disabled practitioners. Sympathetic moral imagination is a skill that all practitioners need to develop if they are to bridge the epistemic divides between themselves and those whom they support.

Sympathetic moral imagination relies upon a focused attendance to how a parent (or child, young person) is representing that experience:

> In sympathetic moral imagination one does not try to imagine *being* the other from the inside. Rather, one recognises that the other is different from oneself, one imaginatively engages with her perceptions and experiences, as she represents them, and one responds emotionally to her perspective and her situation (p.347).

Practitioners may often feel that they do not have the ability, the time or sufficient contact with a parent to be able to develop this degree of intimacy with a parent's particular situation. Nor would we want parents to be expected to reveal to practitioners all aspects of their lives. So the question remains as to how practitioners might develop sympathetic moral imagination. Turning again to MacKenzie and Scully (2007: 347) they suggest how this might be enabled:

> There are a variety of ways in which moral imagination can be cultivated and stimulated, including talking to those whose perspectives one is trying to understand, informing oneself about their situation, reading fictional representations of their lives, watching films that represent the world from their point of view, and so on.

Acknowledging and talking through these issues with colleagues is, perhaps, one way to develop sympathetic moral imagination. More critical is hearing representations from parents themselves. Many parent and carer groups provide information and training sessions for practitioners about a range of experiences related to being the parent or carer of a disabled child: These should become a critical part of any practitioner development programme. Learning generically about experiences of parents may not always enable practitioners to know exactly how life might be for a particular parent but it will make practitioners more aware of the epistemic gaps. And the best way to avoid falling into a gap is to know it is there.

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