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Problematizing parent-professional partnerships in education

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Abstract

The value of, and need for, parent-professional partnership is an unchallenged mantra within policy relating to 'special educational needs'. In spite of this, partnership continues to be experienced as problematic by both parents and professionals. This paper brings together the different perspectives of two disability researchers: one is a parent of a disabled child while the other was a teacher for twenty years of children with the label of autism. The paper deconstructs the concept of partnership and then, drawing on the expertise of parents, suggests how enabling and empowering parent-professional relationships might be achieved.

Terminology and scope of the paper

This paper makes reference to two doctoral studies (Hodge, 2006; Runswick-Cole, 2007) the focus of which was experiences of parenting disabled children. The combined number of parents participating in the studies was twenty seven; some of their children attended mainstream settings and others were at special school. Twenty one parents were interviewed by Runswick-Cole about their experiences of engaging with the special needs tribunal. Six parents participated with Hodge in a year long study, recording their involvement with the process for 'diagnosing' autism in their children. We are acutely aware of the importance of the agency and the views of young people themselves (James and Prout, 2001) and acknowledge that, with some exceptions (Watson et al., 1999), these have

been ignored by researchers in the past. However, parents' experiences are also often undervalued (Ryan and Runswick-Cole, in press), so our intention is to focus on the parental voice. However, we acknowledge that other stakeholders' views, including those of children, are of key importance and, yet, are not represented here.

Introduction

The issues addressed within this paper arose from our experiences of research with parents of disabled children and the challenges they face in working in partnership with professionals (Hodge, 2006; Runswick-Cole, 2007). There is a plethora of writing and research in this area (Read, 2000; Cole, 2004; Seligman and Darling, 2007) and yet parent-professional relationships remain problematic. For this reason we consider it to remain an important area for inquiry. While, as researchers, we share a common interest in the experiences of parenting disabled children, we have different personal and professional experiences of parent-professional relationships. Nick has worked with parents as a teacher of children with the label of autism and as a researcher, whereas Katherine has engaged with professionals as the parent of a disabled child with the label of autism. Partnership is a modern day mantra within the field of 'special educational needs'. It is promoted as the unquestionable ideal. However, our own experiences and the research that we have conducted make it clear that partnership is, in practice, highly problematic. This paper brings together our

different perspectives in order to identify the issues that currently enable or impede partnership. In so doing we hope that these insights might enable parent-professional relationships, so often described by parents and professionals as a source of stress and conflict (Schall, 2000).

Parent-professional partnership in policy

Since the Warnock Report (DES, 1978), the term 'partnership with parents' has become widespread in education policy (DfES, 2001; DfES, 2004). However, we suggest that it remains the case that the term 'partnership' is often loosely defined and that, despite the calls for parent-professional partnership, there are inherent tensions within current policy. It is not then surprising that parents and professionals remain confused about the nature of their partnership roles, and that these relationships are often the source of conflict and tension for all those involved (Cole, 2004).

'Partnership' usually suggests some sort of co-operation and sharing of ideas and influence. Armstrong (1995:18) states that partnership implies: mutual respect; complementary expertise; and a willingness to learn from each other.

The call for partnership is set out in current policy guidance. The DfES *Code of Practice* (2001:16) asserts:

Partnership with parents plays a key role in promoting a culture of co-operation between parents, schools, LEAs and others.... All parents of children

with special educational needs should be treated as partners.

The involvement of parents in the education of children with special needs in the United Kingdom is considered not only a right, but also a necessary component of the delivery of effective and efficient provision (DfEE 1997, 1998, 2000 cited in Dockrell, Peacey and Lunt, 2002). The policy suggests that parents should be involved in the assessment process, the decision-making, and in any educational intervention (DfES, 2001). Parents are described as being able to provide an important source of information on the working of the systems designed to meet their child's needs (Dockrell, Peacey and Lunt, 2002).

However, the advice in *The Code of Practice* (2001) does not always seem to incorporate the values espoused by Armstrong (1995). First, the *Code of Practice* signals that the parent's key role is that of an 'informant':

Parents hold key information.... They have unique strengths, knowledge and experience to contribute to the shared view of a child's needs and the best ways of supporting them (DfES, 2001: 16).

By positioning the parents as 'informants', this may also reflect the assumption, within policy, that the decision making power lies elsewhere; parents 'inform' professionals who then decide upon the best course of action. Furthermore, *The Code of Practice* fails to acknowledge the complex campaigning role many parents adopt in their search for what they feel to be appropriate support and resources for their children (IPSEA, 2002).

Secondly, the *Code of Practice for Special Educational Needs* (DfES, 2001) asserts that parents may need support in seeing their children as partners in education. This may be true, but as there is no corresponding advice that professionals too may need support in seeing the child as a partner in education, or indeed seeing parents as partners in their children's education, this suggests an underlying deficit model of parents within the partnership policy. In addition, research from within a disability studies perspective has also focused on the support needs of parents in changing their attitudes to their disabled children, rather than on professionals' needs (Case, 2000; Russell, 2003).

Thirdly, while Armstrong (1995) suggests that partnership requires recognition of complementary expertise, current policy documents reveal that the expertise of parents is not always sought. The *Code of Practice* (2001) was revised taking into account 'the experiences of schools and LEAs in using the original code and developments in education since 1994' (DfES, 2001: 27-28) and has been evaluated in terms of impact on 'schools and LEAs' (DfES, 2001: 27-28). This suggests that parents were not consulted in the revision process. Similarly, the current guidance for schools on inclusive schooling, *Removing the Barriers to Achievement* (DfES, 2004), seems to have been written without consulting parents:

This strategy follows discussion with a wide range of practitioners and policy makers in local authorities, the health service and the voluntary sector, as well as children and young people (DfES, 2004: 7).

The initial aim of the 'partnership with parents' policy and rhetoric was to reduce conflict and to make the system less adversarial, however, the lack of clarity about the nature of parent-professional partnership and the unequal roles parents and professionals seem to have been assigned within policy is problematic. This brief review of the policy and guidance for parent-professional relationships in education reveals the policy itself as a source of potential conflict and tension, however, as Fulcher (1989) suggests policy is negotiated and enacted at the level of the individual interactions. Our research suggests that it is often at the level of individual parent-professional interactions that many of the barriers to partnership working persist.

Barriers to partnership: hierarchies of knowledge

The review of policy literature above suggests that parenting and parental knowledge is, to some degree, valued by policy makers (DfES, 2001; DfES, 2004) although this may be more as a resource to be called upon by professionals, when desired, rather than enabling parents to initiate and direct policy (DfES, 2001). It appears that the aim has been to begin to blur the boundaries between parents and professionals by encouraging teachers to treat the concerns of parents in the same way as if they had been raised by a professional (DfES, 2001). However, parents continue to feel disempowered in their relationships with professionals (Hodge, 2005, 2006; Woodcock and

Tregaskis, 2006; Runswick-Cole, 2007). Parents suspect that their intimate knowledge of the child, is de-valued within the context of the parent-professional relationship (Dale, 1996) and, in contrast, professional knowledge is privileged. For some parents the perceived pre-occupation with the identification of syndromes appears to be more important to professionals than knowing the individual child (Hodge, 2006). Indeed, in Hodge's research a parent identified the label of autism as being, for professionals, '*the first and only thing to say about him*'. In the education context, where medical and professionalised discourses are valued above others, there is evidence to suggest that parents respond by developing a level of professional knowledge. At times this is experienced as empowering but some parents might neither want to, nor have the time and energy to acquire these 'skills'. The consequence of professional knowledge carrying disproportionate weight in parent-professional relationships is that some parents of disabled children feel that they cannot be only parents: instead they must be both a parent and a para-professional in the disciplines of medicine and education. Indeed, one parent in Runswick-Cole's study explained that she had published a book and become an '*authority*' on Attention Deficit Hyperactivity Disorder (ADHD). She explained that her intention was to give the Local Authority the message that she '*knew more about ADHD than they did*.' (Runswick-Cole, 2007) Research (Todd and Jones, 2003) suggests that parents give largely negative accounts of parent-professional relationships as parents experience a disparity between the value of parental and professional knowledge about children and this, then, serves as a barrier to partnership working.

Working with professionals: the most difficult aspect of parenting

The labelling of a child with special educational needs and/or impairments takes place in a context where this is still seen as a 'personal tragedy' for the family (Oliver, 1990). The focus of research has often been on the effects on the parents of living with a child with an impairment and the physical, emotional and psychological impact this has on the parents and other family members (Read, 2000). Yet, research with parents suggests that parents themselves claim that it is not caring for their child which causes the stress, but the processes which the families have to go through to access provision or to have their child recognised by professionals as more than just the sum of his or her 'deficits'. A parent in Hodge's study (2006) describes how:

*'...all that politics stuff, that's more of a stress in managing than parenting...parenting's a doddle by comparison...';
'It's always stuff to do with the school and what's happening there with him...that attacks me'.*

A mother in Runswick-Cole's (2007) study insists that:

'The Tribunal was the most stressful thing: more stressful than his diagnosis or behaviour'.

Indeed, research suggests that parents are likely to describe working with professionals as *the most difficult aspect* of parenting a disabled child. Parents describe feeling vulnerable in their relationships with professionals (Todd and Jones, 2003). For example, they fear that a comment or an act will offend a

professional, not only jeopardising their child's access to support and resources but confirming their position as inadequate or deviant parent in the eyes of the professional (Murray, 2000).

A mother in Hodge's study describes her vulnerability in her relationship with school staff:

'...it's really difficult for me to say something about it(to school staff) because I'm only just at the stage where I've got them to let me go into help when I know for a fact they were desperate to get parent helpers in and they just wouldn't let me in at all'.

While professionals focus on impairment effects and intra-family and intra-psychic aspects of parenting a disabled child, parents attribute their stress to the difficulties of managing their relationships with professionals (Read, 2000). This suggests that professionals will be focusing on 'solving' problems lying within the family, while parents are looking for help in managing external pressures.

Mackenzie and Leach Scully (2007) argue that the disabled and the non-disabled inhabit different lifeworlds and that their 'lived experiences...are not interchangeable and give rise to different epistemic positions'. Parents of disabled children also find themselves positioned within the habitus of disability (Hodge, 2006; Mackenzie and Leach Scully, 2007) and therefore subject to life experiences that are very different to most professionals. These competing perspectives act as a barrier to partnership working. Mackenzie and Leach Scully argue that understanding of other lifeworlds is essential in order to comprehend

the moral and ethical choices made by those who occupy a different habitus.

They suggest that this might be achieved by:

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.

There is certainly evidence that professionals are not yet engaging with such practices, preferring to remain secure within their own habitus of 'expert' (Hodge, 2006; Runswick-Cole, 2007). Hodge (2006) describes the ways in which parents gave way to the 'expert opinion' and engaged with 'interventions' that, to them, seemed inappropriate for their child. Parents compromise against their instincts because they see professionals as a source of expertise that could help them to interpret and understand aspects of their children's behaviour. At the same time parents may not feel that the professionals share the same agenda in terms of expectations or projects for their children. In spite of this, parents sometimes choose to alter their own behaviour in order to meet the 'felt' expectations of professionals. One mother in Hodge's study described how she had changed her own parenting style to meet what she saw as the professionals' expectations:

'We were pushing things so hard on the premise that he'd got autism. I've been very tough on him'.

Azzopardi (2000) highlights the pressure parents are under to conform to professionals' expectations. Parents feel that they are categorised by professionals as well adjusted only if they acquiesce with professionals'

decisions. Parents fear that if they question professionals or ask for additional information they will be categorised as 'difficult'. Some parents begin to feel that conflict with professionals is all but inevitable. Todd and Jones (2003) have highlighted the polarization between 'We [parents] are good' and 'They [professionals] are bad' (p232).

Resource allocation

In fact, there may be a sense in which conflict is inevitable when parents are charged with wanting what is 'right' for the child 'exclusively' and professionals are bound by a policy context in which 'No child is entitled to "the best: no LEA should use their resources inefficiently"' (Simmons, 1996: 357). In Runswick-Cole's study, one educational psychologist told a tribunal panel that what the parents wanted was a 'Rolls-Royce' service and the local authority were not obliged to deliver that. This is, then, an inevitable source of conflict in a partnership relationship. However, conflict over resource allocation is aggravated when parents stand accused as being part of 'advantaged groups' (e.g.: The Dyspraxia Foundation, National Autistic Society (NAS)) and are said to voice their concerns at the expense of others (Gross, 1996; Riddell, 1994 cited in Martin, 2000). Partnership working seems an unachievable end when teachers are cautioned against 'open meetings' with groups of parents as these become

opportunities for vociferous pressure groups to dominate and distort a picture of parent views (Hunt, 1994).

It is also problematic that resources are often linked to labels, with some syndromes being allocated greater resources. A mother and father, in Hodge's study, wanted support from the Autism specialist team to help their child to develop his use of language. However, they did not want a label attributed to him: the parents wanted his individual 'needs' recognised but saw labels as creating pathologies. The Autism team then told the parents that if they did not accept the label the team could not support their son: the Autism specific team only works with children with a 'formal' diagnosis. In order to access the resources the parents felt compelled to engage with the diagnostic process:

*'Then we agreed that the trade off should be to get him
statemented'.*

Indeed, labeling can lead to parents feeling resentful and upset because they feel that their child is not seen as an individual but as a child with stereotypical features of the 'condition' with which they have been labeled (Woodcock and Tregaskis, 2006).

Sharing information

Research suggests that although conflict between parents and professionals is often driven by conflict over resource allocation, parents also described barriers to their participation which could, perhaps, be overcome. Parents of children with

special educational needs and/or impairment are much more likely than parents of children not so labelled to have prolonged and frequent contact with professionals, whether it is their child's teacher, psychologist, health care worker or Local Authority officer (Vincent and Tomlinson, 1997, cited in Martin, 2000). Although parents of children with special needs and/or impairment are often called upon to work with professionals with a closeness that parents of typically developing children are not, it is the school which usually determines the form and regularity of the contact (Solithy, 1992). One of the mothers in Runswick-Cole's study described the difficulty this caused:

'This was another thing they [the school and the LEA] kept changing the dates of the meeting and we were really cross, because we had a date, my husband was in England at the time and then they couldn't make it'.

A parent in Hodge's study described the diagnostic assessments as being:

' so unclient focused, it was untrue...we were expected to wait around for ages and this made (the son) a handful...they (professionals) were late all the time...your blood was boiling from all that tense waiting, just keeping him (son) entertained and sane'.

Parents in Runswick-Cole's study expressed their frustration in not being able to share information with professionals about their children, and they also described the reluctance on the part of professionals to share information with them. There was evidence that professionals appeared reluctant to discuss the strong emotions they were faced with (Woodcock and Tregaskis, 2006) and, at times,

they avoided discussing the complexities of the issues being presented. In Hodge's study the parents reported that the professionals involved in the diagnostic assessment presented the findings as a 'united front' even though the parents felt that opinions varied amongst the professionals. It is likely that the professionals were concerned that inconsistency within 'expert' opinion would disturb parents. Instead collective 'agreement' was experienced by the parents as a powerful 'conspiracy' and positioned all professionals as adversaries. If there were dissenting viewpoints then the parents wanted to know about them; they were far more able to manage uncertainty than the professionals perhaps realised. Some parents too found themselves under pressure to present common understandings of their children in meetings with professionals. This put pressure on the relationships between parents who felt obliged to disguise their competing perspectives which can be understood as the inevitable consequence of the parents' different relationships with their child (Runswick-Cole, 2007).

The accounts given by parents in our studies reveal a discrepancy between how professional services are intended and how they are experienced. If we are to assume that professionals are seeking to give families the best support possible, then this raises the question as to why their actions are not being perceived in a more positive way by parents. It is important to acknowledge the significance of the fact that professionals operate within a political context. In the last ten years there have been significant attempts made by the government to protect the rights and entitlements of disabled people and their families (Russell, 2003). This

has been done through enactment of new legislation such as the Disability Discrimination Act 1995; 2005, the Carers and Disabled Children Act 2000 and the Special Educational Needs and Disability Act 2001 and a set of programmes for change including Valuing People (DH, 2001), Together From the Start (DfES and DH, 2003), Every Child Matters (DfES, 2003) and the National Service Framework for Children (DfES & DH, 2004). Generally, the government's programme of change is claimed to be a shift in policy from the individual model towards the social model of disability (Russell, 2003) with a focus on removing social barriers to inclusion. The three key initiatives; Valuing People: a new strategy for learning disability for the 21st Century: Towards Person-Centred Approaches (DH, 2001); Every Child Matters (DfES, 2003) and The National Service Framework for Children, Young People and Maternity Services (DfES & DH, 2004) are setting out for professionals new standards for identifying and meeting the needs of disabled people and their families. The emphasis within these is on listening to disabled children and parents, flexible delivery of services to meet individualised need, enabling equality of access to community facilities, including after school clubs, and providing parents with information and advice and early assessment to identify need. However, in spite of these positive developments there remains a:

compelling body of evidence from research and inspection reports that many disabled children and their families continue to face multiple discrimination, low expectations and many physical and social barriers to full participation in society (Russell, 2003: 216).

The studies by Hodge (2006) and Runswick-Cole (2007) suggest that although the legislation adopts the language of the social model, professionals continue to apply individual model based interventionist strategies, aimed at changing the child and the family, rather than identifying and dismantling external barriers to achievement. The evidence from our research suggests that parents continue to experience professional dismissal of their own 'expert' opinions as unreliable on the grounds of their emotional involvement with the child:

'on the statement I got labelled as an extremely sensitive mother'. 'You are completely discredited in that fact that you're just a parent 'in denial'. You really are disempowered' (parent's voice, Hodge, 2006).

Professionals continue to adopt the exclusive position of 'expert' and by doing so remain all powerful (Foucault, 1980). Although the Labour government's policy appears to have intended to open up this power base to parents it has ended up as a hybrid of the two main conflicting models of disability. Although charging professionals to remove external barriers to inclusion, the importance of early identification of 'need' and the introduction of interventionist strategies continue to be emphasised (DH, 2001; DfES, 2003; DfES & DH, 2004). There is very little support for enabling professionals to move away from familiar practices, centred on child and family focused interventions, to engage with disabling barriers. More support is required here from the Academy. The ideals underpinning the social model are well-established (Swain et al., 2003) but researchers have yet to make explicit how these should be translated into the practice of supporting families.

Inter agency co-operation

Literature which aims to promote interagency initiatives (Audit Commission, 1998; Barrow, 2002 cited in Warmington et al., 2004) often treats cross-professional collaboration as a given element, an unproblematic practice represented in idealistic fashion as resting upon 'an implicit ideology of neutral, benevolent expertise in the service of consensual, self-evident values' (Challis et al., 1998:17 cited in Warmington et al., 2004). This conception of interagency working rests upon 'non-conflictual' models of collaboration, in which the horizontal tensions that exist between different agencies and the vertical tensions that exist across different hierarchical levels are largely denied and consensus or 'shared' professional values or cultures are enshrined as the basis for interagency working (Warmington et al., 2004). Whether policy expects parents to be given agency status by professionals is unclear but the research studies discussed within this paper make evident how different perspectives impact upon experience and can lead to divergent understandings. While this can lead to some of the negative consequences described above it can also have positive outcomes.

Positive experiences of partnership

In the studies conducted by Hodge (2006) and Runswick-Cole (2007) some parent-professional relationships were experienced more positively by the parents than others. Parents expressed very positive attitudes towards those

professionals they saw as helpful (Woodcock and Tregaskis, 2006). Positive experiences tended to arise when parents felt listened to and when professionals seemed more interested in the children than finding the correct label:

'We can see that they (professionals) are seeing him (our son) now, they are seeing him'. 'We knew they now saw him as opposed to just talking about a subject in general.' (parents' voices, Hodge, 2006).

Professionals were seen to have their uses. They could enable access to resources, provide educational support, were often perceived by the parents as being highly skilled and could advocate for the children in professional settings. The parents recognised professionals as individuals and valued those who appeared to keep an open mind and who were responsive to parental input:

'She's (specialist support teacher) a freethinker, she's great'. (Teacher) is a lovely lad...he's got a reasonably open mind.' (parents' voices, Hodge, 2006).

Engagement with this type of professional was viewed positively and led to collaborative practice. One parent, in Hodge's study, described such relationships as enabling her to *'slip down from my high horse'*. Within a successful partnership professionals do not have always have to get it right but they have to be perceived, by parents, as trying to do so and by taking on board the parents' expertise: *'They (professionals) were so responsive and so trying desperately to do the right thing'* (parent's voice, Hodge, 2006). This contrasts sharply with parents' experiences of interactions with professionals in which they feel excluded from discussions and pressured to conform to the professionals' agenda (Woodcock and Tregaskis, 2006).

Conclusion

In spite of professional-parent partnership being enshrined within policy the experience of the parents in the studies cited is that it has done little to balance unequal power relations. Professionals continue to protect their identity as 'expert' and dismiss parental challenges as over emotional or ill informed. Parents are expected to be passive partners, unpaid quasi professionals instructed to carry out a series of developmental tasks set by the 'real' experts. Frustrated in their relationships with professionals parents often turn to other parents for information and support (Hornby et al., 1987; White, 1996). While we celebrate the value of these networks they should not have to compensate for deficits in the professional-parent partnership model. Moreover, some parents, and in particular those whose children have just been through the diagnostic process, reject engagement with parent networks as these can seem overwhelming without support and guidance on how to negotiate them (Hodge, 2006). Parent networks will always be a vital resource but professional-parent partnership can and should be improved; there is evidence within the existing literature for how this can be achieved.

Parents identify the characteristics of effective partnership as being, open mindedness, free thinking and a willingness to take on board new perspectives. 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.

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