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personnel developing the knowledge and expertise that are required to take a
broader view.

Theoretical approaches to SEN

There are a number of theoretical approaches to SEN that start from different perspectives. Often, different theoretical approaches focus on different aspects so that it is difficult to integrate the insights and ideas that they offer. The definition and explanation of what children and teachers experience as 'learning difficulties' become a site for fruitless debates between theorists and practitioners who adopt incompatible terminology to reflect different perspectives and then cannot engage in a meaningful dialogue. This happened when sociologists of education and educational psychologists studied SEN assessment with different assumptions and when geneticists, neurologists, cognitive psychologists and teachers each tried to understand dyslexia by looking at a different aspect of the phenomenon. For many years the field of emotional and behavioural difficulties was the site of confused debates about the competing insights of behavioural, cognitive, psychodynamic and systemic theories.

In some respects the accounts offered by different theoretical approaches to SEN conflict with each other, but in other respects they may be considered to complement each other. It would appear desirable to be able to draw on different approaches in order both to ensure a comprehensive consideration of the area involved and to capitalize on the relative usefulness of different approaches for different purposes. Morton and Frith (1995) achieved a significant breakthrough in the integration of different theoretical perspectives on problems in child development and SEN. They developed a visual framework on which it is possible

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to represent different theories so that their commonalities and differences are readily apparent. The framework allows both difficulties of development and hypothesized causal influences to be described in terms of biology, cognition, behaviour and environmental factors or interactions (Morton 2004). In this book we make considerable use of this framework to offer an integrated account of the diverse theoretical formulations that are available for many aspects of SEN.

That framework focuses on the development of children's strengths and difficulties. Another area of conflict in theoretical approaches to SEN has been the underlying view of disability. A traditional *medical model* of disability focuses on impairments in the body and mind of the disabled person, describes these solely as limitations on normal functioning and places an emphasis on 'cure' and 'rehabilitation'. The assumptions in the medical model continue to have a very substantial influence on much official thinking about SEN. For example, the Equality Act 2010 in the UK described a person as having a disability if they have "a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on (their) ability to carry out normal day-to-day activities". No reference is made to the key observation that led to the development of the main opposing model of disability - that any limitations on a person's ability to carry out normal day-to-day activities will be affected not only by impairments in, for example, their vision, but also by the degree to which the conditions around them have been modified to reduce the impact of their difficulties, e.g. traffic management controls that have audible as well as visible signals. In the *social model* disability is seen as resulting from the interaction between individuals and their environments rather than as simply arising within the individual. A person's participation in the life of their society is seen as determined not by their physical (or other) impairments alone but by the social, attitudinal and physical environment in which they find themselves. When individuals are seen as highly dependent on others, their dependency "is not an intrinsic feature of their impairments but is socially created by a disabling and disablist society". (Oliver 1990, p. 85) The social model of disability does not deny the reality of physical impairments and difficulties but analyses their impact in the lives of individuals with additional physical needs in terms of how society responds to those needs. The disadvantages experienced are not an inevitable result of their personal impairments, but the outcome of a failure by those around them and by society in general to accommodate to differences. Disability is analysed in terms of oppression and discrimination rather than impairment (Swain *et al.* 2014).

Critics have argued that both these perspectives ignore important features of the experience of having a disability: the medical model "understates the relational and social character of disability . . . Conversely the social model ends up oversocializing causes and misplacing responsibility for impairment and disablement" (Terzi 2005, pp. 202–203). An alternative perspective that has drawn increasing attention in recent years is a *capability approach* which has its roots in ideas about the economics of development and welfare articulated by Amartya Sen. A key attraction of this approach is its focus on what people can do – their capabilities. For example,

Hughes (2010) reflected on the impact of enabling and enhancing technologies on our understanding of disability:

Instead of trying to fix disability and illness (the medical model) or adjust society to accommodate every body and brain (the social model), the capabilities approach focuses on expanding human abilities to accomplish life goals. It doesn't get stymied by trying to define the "natural" or "ideal" amount of health or abilities, but says it is better for people to have the social, economic and technological enablement to do more. Instead of measuring social progress with GDP, or the percent of the population "unhappy," "sick" or "disabled," the capabilities approach focuses on more people being able to do more things year by year. I look forward to more weaving of a technoprogressive policy around disability on the basis of that kind of approach.

Few of us will see the sources of progress for children with SEN and disabilities mainly in terms of technical advances, but a positive perspective on their potential such as Hughes's will resonate for many. It is in keeping with the focus on life outcomes embodied in the recent SEND Code of Practice (DfE/DOH 2014) – a topic discussed in more detail in Chapter 6.

Research and practice

Teaching children with learning difficulties and disabilities would be easier and more glamorous if there were miracle cures and quick routes to success. The history of special education has seen a succession of unconventional innovations in practice, each with their professional and parental advocates and individual case accounts of dramatic improvement. However, education is most effectively transformed when changes are firmly rooted in an appreciation of systematic evidence on what is effective. A further theme that permeates this book is the interplay between research and practice.

The proponents of evidence-based practice do not maintain that research evidence is the only knowledge base which will be drawn on in professional practice. However, they do highlight the extent to which other kinds of professional expertise also suffer from limitations. Hargreaves (1997: 411) draws an analogy with medicine which has been much discussed:

Much clinical work depends on best practice (i.e. what works) derived from tradition and personal experience. Both are potentially deeply flawed, so must be subject to scientific test. When evidence is produced on whether one therapy rather than another makes for a more effective or speedier benefit to patients in certain categories or circumstances, it becomes a valuable component in the matrix of factors considered by a doctor in making a clinical decision. Research transforms individual tinkering into public knowledge that has greater validity and can be shared among the profession as the evidential base for better clinical practice.