‘Pupils with special educational needs’: a study of the assessments and categorising processes regarding pupils’ school difficulties in Sweden

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One important goal of Swedish educational policies is to integrate all pupils within regular education, irrespective of disability or difficulties in school, and to adjust education to individual needs. The aim of this paper was to explore how schools ‘socially construct’, i.e. identify and support, pupils with special educational needs. Another aim was to explore if there were any dominant patterns in the schools’ procedures to differentiate pupils with such needs from ‘normal’ pupils, and how such patterns can be understood in a broader context of educational policies. Interviews were conducted with school personnel from two compulsory schools in a municipality in northern Sweden. We chose to use the grounded theory approach for analysing the interview data. The analysis indicated that there were three different patterns or models for identifying and supporting pupils with special educational needs: a pedagogical, a social or a medical model. Various professionals were involved in different ways in each model. Another finding was that school personnel did not find it easy to sort out and assess ‘special educational needs’, and that the identification of such needs were conditioned upon resources available for the schools.

Keywords: assessment; special education needs; inclusive education; special education

Introduction

One of the goals of the Swedish National Education Act is ‘a school for all’, the integration of all pupils within regular education, irrespective of disability or difficulties in school (SFS 1985, 1100). However, the differentiation of pupils into different categories or groups has maintained itself as a cornerstone of the public school system since its establishment as a societal institution. It has been considered as the best way to provide extra support for those in need, and at the same time facilitate successful teaching for those with superior learning capabilities by separating them from the other pupils (Börjesson and Palmblad 2003). The objective of this study was to explore how pupils with ‘special educational needs’ are identified in Sweden today and how patterns of identification can be understood in a broader educational perspective. The following section briefly introduces the Swedish model for education policy. Next, the paper introduces a theoretical framework focusing on the need for schools

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to categorise pupils with difficulties in school. Thereafter, it presents an account of previous research in Sweden regarding the process of defining and categorising pupils with special educational needs. It then describes the empirical data and method and procedure for coding the data. Finally, the results are presented in terms of a typology of three trajectories for identifying and coping with pupils’ special educational needs.

The Swedish and Nordic model for education policies
Sweden is often described as the most typical representative of a Nordic or Scandinavian model of welfare politics in international studies of inclusive education. Providing equal educational opportunities regardless of gender, social class, religion, ethnicity, special needs or geographic location has been a fundamental premise in Nordic education policies during the major part of the twentieth century (Arnesen and Lundahl 2006). Another important aspect is the fact that Swedish education policy was previously characterised by central steering and efforts to provide equal access to education to the entire population (e.g. Lindblad, Lundahl, and Zackari 2002). However, as a result of the decentralisation of the Swedish school system during the 1980s, the majority of educational decision-making was transferred from the national to the municipal level. The curriculum of 1980 also marked a shift from management by rules to management by objectives (Egelund, Haug, and Persson 2006). Following in the 1990s, education policy focused on deregulation, decentralisation and the implementation of market principles, i.e. pupils and parents were allowed to choose schools, a change which led to competition among schools. The decentralisation process was launched rapidly and Sweden transitioned within a few years from one of the most centralised to one of the most decentralised education systems in the Western world (e.g. Lundahl 2002).

It should also be mentioned that during the same time period Sweden was facing an economic crisis with increasing costs for unemployment and other welfare services, resulting in significant economic cutbacks in municipal budgets (Egelund, Haug, and Persson 2006). A reduction of resources and modifications in resource distribution to schools were one effect of this. Until the early 1990s, resources to the schools, including resources for special education, were strictly regulated and distributed based on the total number of pupils in the school. Currently, the municipalities distribute economic resources to the schools in terms of unspecified block grants. This system encourages schools to identify as many pupils with special educational needs as possible, since they may then generate additional economic resources for the school (Jöhanneson, Lindblad, and Simola 2002). To the extent that individual shortcomings take centre stage at the expense of social and environmental aspects of teaching, a built-in conflict regarding the demand for individual adjustment on the one hand and inclusion within the social group on the other becomes apparent (Telhaug, Mediås, and Aasen 2004; Egelund, Haug, and Persson 2006).

Aims of the study
The overall aim was to examine how schools ‘socially construct’ pupils with special educational needs. The research questions were as follows:

- How are pupils with special educational needs identified and differentiated from the ‘normal’ students?
Are there any dominating patterns in the schools procedures regarding this differentiating process?

How can such patterns be conceptualised and understood in a broader context of education policies?

Theoretical frame of reference

In this study the point of departure is that categorisation and labelling in school are the products of social processes and interactions between people and not an \textit{a priori} phenomenon ‘in the real world’ (cf. Burr 2003). However, when such patterns become accepted and later institutionalised, they tend to be perceived as real with real consequences until alternative social constructions are created. Such processes address at least three levels in society. At the societal level, the function of categorisation is to find out how many pupils need special education for the purpose of adequately planning and implementing education policies. On a micro-level, categorisation is part of a client-shaping process in order to differentiate students for the purpose of making regular teaching for the individual and for the majority of pupils more efficient (cf. Tideman et al. 2004). At the organisational level, categorisation can be seen as an endemic part of institutions that form the educational field. It is on the organisational level, as a result of the specific procedures for needs assessment and definitions of deviancy and normalcy, that pupils with special needs are socially constructed. This paper focuses first and foremost on that level. Having said that, it also needs to be kept in mind that schools’ interactions occur across levels. They are influenced by policy directives and dominating social values, but can also be interpreted as a response to pupils’ and teachers’ actions.

Processes of identifying and classifying pupils with ‘special educational needs’

Organisations play a crucial role in the process of classifying pupils with special educational needs. This is illustrated by the fact that schools organise in specific ways to identify and reduce the consequences of learning difficulties and misbehaviour. This point is succinctly stated by Thomas and Loxley (2001, 58):

\begin{quote}
We must instead recognize the possibility that the origins of misbehaviour lie less in children’s emotions or even in their ‘disadvantage’ and lie more in the character of the organization which we ask them to inhabit for a large part of their lives.
\end{quote}

The tradition in special education of categorising pupils is primarily rooted in a biomedical model. Difficulties are related to the individual and pupils are constructed as diagnosable subjects by means of clinical methods, concepts and administrative categories and interventions (cf. Florian et al. 2006; Jóhanneson 2006). In order to define what is ‘deviant’, a medical diagnosis is used to categorise pupils with special educational needs. The medical perspective on deviation seems to be deeply rooted in the values that dominate in the Swedish society (Palmblad 2000). In general, the individual has to relate to the welfare state’s categorisations of clients, i.e. typically medical diagnoses (Börjesson and Palmblad 2003). However, such procedures have been criticised, especially when applied to the neuropsychiatric field, since the focus first seems to be on how to classify and not on providing care and support (Palmblad 2000, 2002). Mehan et al. (1981) and Mehan, Hertweck, and Meihls (1986) take this
argument a step further in contending that special educational needs characteristically contribute to an ‘abnormal psychology syndrome’ effect. This means that:

the presentation of a category or a concept provides a means to find a behavior to collect under it. Instead of the behavior of the children being the impetus to categorize, and thereby treating the behavior, the category becomes a procedure to search for and locate the behavior. (Mehan et al. 1981, 394)

When the teacher initially observes that a pupil needs help, this launches an institutional machinery that constructs the pupil as ‘learning disabled’ or ‘educationally handicapped’ rather than taking account of the pupil’s authentic needs (Mehan et al. 1981; Mehan, Hertweck, and Meihls 1986).

To the extent that the problems of pupils with learning difficulties are medicalised, this process obviously takes place within an organisational context. However, the organisation of schools and the manner in which schools address pupils’ deviant behaviour relate to both the intentions and aspirations of the various professional occupational groups working in schools and to the fact that schools operate as professional bureaucracies. Consequently, the knowledge tradition within the field of special education is based not only on human pathology, but also on organisational rationality and functionalistic prerequisites (Skrtic 1991, 1995). Important in this respect is the fact that schools are arenas for categorisation, in which various governing practices and techniques are used by teachers, and an arena in which power relations play out. The discursive practices that take place in schools are rarely questioned, the consequence being that the individual pupil is seen as responsible for his/her own failure in school (Lundgren 2006).

The most crucial aspect of special education is the assessment process, i.e. when a number of pupils are judged to be different from others and this is thought to justify a removal of these students from ordinary educational processes (Tomlinson 1982; Fulcher 1999). In such decision-making, the staff tends to use well-established institutional categories. Hjörne (2004), in a study of the role that the Swedish pupil welfare system played in providing services to pupils with neuropsychiatric disorders (e.g. ADHD), found that the staff seemed to individualise the pupils systematically according to a biomedical model of explanation. Some researchers argue that such categories are too broad; too many problems are lumped together. Furthermore, the interaction between the school and the child is neglected, which in turn may be detrimental to the pupil’s performance in school (cf. Barton 1988). Booth (1998a, 1998b) also criticises the concept of special educational needs since it divides learners into ‘normal’ and ‘less than normal’, and rests upon notions of abnormality. Slee (1998) points out that concepts such as ‘individual educational plans’, ‘special educational needs’, etc. privilege professional opinions and neglect conflicting voices.

Disagreements may also occur between various professions with a special interest in expanding special education and maintaining the traditional system, but also due to contradictory national policy directives to be implemented by the schools (cf. Tomlinson 1982; Armstrong, Galloway, and Tomlinson 1993; Brantlinger 2005). Policy directives concerning ‘competition’ and ‘selection’ on the one hand and inclusive education on the other might be seen as examples of such contradictions (Barton and Slee 1999). Although the concept ‘special educational needs’ is highly contested, there is much evidence supporting the notion that such needs are socially constructed. They are thereby related to dominant values of what is normal and deviant. Identifying
pupils with special educational needs takes place on an organisational level, builds on notions that objective assessment procedures can be found and that such procedures should be placed within the purview of professional groups.

**Organisation and procedures regarding pupils with special educational needs**

There are no explicit criteria expressed in the Swedish school law or in other mandatory regulations that must be fulfilled in order to establish that a pupil has special educational needs. Passages that discuss this issue in official documents are often generally and broadly formulated, i.e. the process of defining who has special educational needs rests at the local level (Ekström 2004). Some evidence indicates that the target group has expanded and now encompasses additional categories, e.g. pupils with socio-emotional difficulties, autism, etc. (National Agency for Education 2006). Such observations are congruent with the fact that special education research in Sweden has long been rooted in a categorical perspective, which means that school difficulties are usually attributed to individual characteristics (Persson 2003; Isaksson, Lindqvist, and Bergström 2007). ‘Schools remain locked into a categorical, traditional, segregative and exclusive way of teaching and working – the “two-track” model’ (Emanuelsson, Haug, and Persson 2005, 135).

A review of special education research in Sweden concludes that research on the process of needs assessment, definition, and categorisation of pupils with special educational needs has been sadly neglected (Emanuelsson 1997). The special education teacher’s principal function was taking care of pupils with learning disabilities (connected to a specific subject and reading and writing difficulties) and socio-emotional disturbances (Emanuelsson and Persson 1997; Persson 1997). In Sweden, special education teachers (who were teaching in smaller groups) have since the 1990s been replaced with a new professional category of ‘special educators’ who work as consultants to the regular teachers (e.g. Emanuelsson, Haug, and Persson 2005). Due to such changes, an increasing responsibility rests with the regular teacher to teach the pupils within the ordinary class. The regular teacher is also most often the one who needs to determine who should receive special education as well as the eventual content of support measures (Rosenqvist 2005).

**Informants/participants and method**

This study deals with pupils receiving special support measures in the compulsory school in a medium-sized municipality in northern Sweden. The empirical data from the study consist of interviews with principals, regular teachers, special educationalists/special teachers, school nurses, and school psychologists from two compulsory schools.1 A strategic selection of schools was made based on socio-economic conditions in order to reflect different ‘school cultures’ and socio-economic districts. Interviews were carried out with the principals of each school (in total four principals since each school had a principal responsible for Grades 1–6 and one for Grades 7–9). Subsequently, interviews were conducted with four regular teachers and four special educationalists/special teachers from Grades 1–6 and 7–9 from each school. It was also decided to conduct interviews with the school nurse and the school psychologists since it was expected that they had a crucial role in the process of identifying and supporting pupils with difficulties in school (Table 1).
The interview guides that were used were slightly different for each professional group, but covered similar themes. Although the design of the interviews might be described as being semi-structured, they more often occurred in the form of a conversation. The semi-structured interviews covered themes such as the schools’ organisation and work modes, the identification process of special educational needs, collaboration between parents and school personnel, support measures, and the need for medical or psychological examinations, etc.

Both schools in the study were organised in educational teams consisting of regular teachers and a special teacher/special educationalist. In addition to these teams, there was a special pupil welfare team. This team consisted of the principal(s), special teacher/special educationalists, the school nurse, and school counsellor and was expected to function as a support for the educational teams concerning pupils with special educational needs. There were different routines in the two schools for involving the pupil welfare team. In one school (A), the pupil welfare team became involved after a written application from an educational team, and the student’s teacher was then invited to present the specific difficulties and needs. In the other school (B), the pupil welfare team had regular meetings with each of the five teams in order to produce an inventory of difficulties among the pupils. The principal in both schools could also decide to call for a pupil welfare committee meeting or apply for extra support, e.g. psychologist support from the municipal pupil welfare. The teachers in both schools were expected to devote a few hours per week to supervise and provide extra support for students with special educational needs.

A grounded theory approach

We chose to use the grounded theory approach to analyse the interview data. We did so because we wanted to conceptualise and theorise the rationale behind identification and categorisation procedures and to understand the role that such procedures play in a broader context of education policies. Glaser and Strauss (1967), who originally developed this approach, argue that qualitative analysis can systematically generate concepts and theories based on observational data. This approach places an emphasis on theorising close to the data and is committed to developing conceptual models and theoretical perspectives (cf. Charmaz 2005). Coding is the first step in the analytical process of grounded theory. We build up a series of concepts as open codes, with the aim of organising the data in meaningful categories or themes that come to

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<th>School A</th>
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<td>Grade 1–6</td>
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<td>2 regular teachers</td>
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<td>2 special educationalists</td>
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<td>Grade 7–9</td>
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<td>1 resource educationalist</td>
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<td>1 special teacher</td>
<td>1 special teacher/teacher</td>
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<td>Other Personnel</td>
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<td>1 school psychologist</td>
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mind during our reading of the interviews. This work was carried out in ‘Open Code’, a qualitative data code-and-retrieve programme specialised in coding passages of text designed for the first step in grounded theory (cf. Weitzman 2003; Dahlgren, Emmelin, and Winkvist 2004). The open coding procedure also allowed us to make mutual comparisons of texts, both within and between interview documents.

Following the recommendations of Strauss (1987, 30), we posed a specific and consistent set of questions to the data, e.g. what is the meaning of respondents’ views and in what way are statements relevant to the aims of the study? The initial open coding was followed by a selective coding of each interview, resulting in twelve ‘sensitising concepts’ (cf. Starrin et al. 1991). One of these concepts (assessments) specifically dealt with assessments and the identification processes in school and was used as a point of departure for a deeper analysis (Figure 1). The open codes, groups, categories and core categories were developed based on the central themes that emerged at the concrete level of analysis of the interviews. We also followed the constant comparison method in which the researcher is expected to compare data with data and data with categories and core categories (Charmaz 2005, 518–19).

**Results**

This section further explores and analyses the identification process in the schools in the study (Figure 1). Following a short description of the pupils’ common difficulties in both schools, we analyse the identification processes of pupils with special educational needs related to three different paths of identification that emerged from our interviews (our core category). Finally, we analyse the identification process

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<tr>
<th>Open Codes</th>
<th>Groups</th>
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<th>Core Category</th>
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<td>Swedish language</td>
<td>Types of special educational needs (learning, social and medical)</td>
<td>School problems as: 1) Learning difficulties 2) Medical difficulties 3) Social difficulties</td>
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<td>Swedish as second language</td>
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<td>Dyslexia</td>
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<td>Outward acting</td>
<td>Professional (objective) assessments of special educational needs (measuring deviance)</td>
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<td>Adjustment problems</td>
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<td>Sickness/health problems</td>
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<td>National tests</td>
<td>Professional (subjective) assessments of special educational needs (normative judgements of deviance)</td>
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<td>Screening tests (pedagogical and medical)</td>
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<td>The normal child</td>
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<td>The deviant child</td>
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<td>Support measures for various types of special educational needs</td>
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<td>Medication</td>
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Figure 1. Audit trail for the assessment processes in school.
related to the question of how to distinguish between what is considered normal or deviant behaviour in school.

The schools in the study usually received documentation that followed the child from the previous school, i.e. when the pupil had moved from another school or when the child moved from junior and intermediate level to upper level of compulsory school. Generally, staff from the new school arranged a meeting with the regular teacher and the special educationalist from the previous school in order to obtain relevant information about the pupils. This was considered as important, especially in cases where pupils with difficulties had already been identified and where supporting measures might have previously been initiated. Already at this point teachers had begun to develop an opinion concerning the pupil’s special educational needs, the character of the special needs, and special support measures. If there is no previous documentation, it is usually the regular teacher who identifies special educational needs, if any, and refers the case to the relevant team. According to one principal (1-6B), the special needs of the pupils could be divided into three different groups:

Well, […] Swedish language and mathematics is sort of one group […] Swedish as second language (for pupils with immigrant background/authors remark), is the second group, and then there are social difficulties, that is the third group. It is those three groups that I think are clearly visible when I have looked through the summary I have completed.

Difficulties such as reading and writing, language(s), difficulties related to specific subjects, and diagnosed conditions such as ADHD/DAMP, dyslexia and dyscalculia were also mentioned in the other interviews. However, the number of pupils with various difficulties varied slightly between the schools; difficulties with Swedish as second language were more common in one of the schools (B) since there were more pupils with immigrant backgrounds in this school. The following quotations illustrate the development of various categories of difficulties, but also indicate that such problems are socially constructed:

Well, since I started working here the distribution of pupils in the various categories of difficulties is quite even. Furthermore, as the personnel become more skilled in observing these things, the more pupils with special educational needs emerge. (Principal 1-6B)

One of the other principals expressed similar opinions:

I think that we have become better at assessing and observing which problems they have and therefore I think that an increase in dyslexia is quite obvious, but the problems have certainly existed (before) but they (the staff) have now been trained to cope with them and to discover the problems. (Principal 7-9A)

These quotations illustrate the fact that principals believe that the teachers’ ability to discover and identify pupils with problems can improve if they are qualified and well trained. It becomes obvious that professionals and pupils participate in the creation of school problems as special educational needs and that the threshold for what passes as ‘normal’ performance in school has been raised.

**School problems as learning difficulties**

Many of the regular teachers interviewed had experiences of pupils with school problems including difficulties in specific subjects, behaviour and/or poor attendance at
school. Teachers stated that it was not difficult to identify pupils with problems. They intuitively felt when a pupil was in trouble and when they had to be worried about the child. Pupils usually ‘give obvious signals when problems occur’. Boys often are unruly and disturbing, while girls tend to be more introverted, quiet and keep away from school. Since the educational difficulties are chiefly related to knowledge goals in specific subjects, indications of difficulties can be seen when the pupil receives the first certificate in the 8th Grade. From the teacher’s point of view, the identification of pupils with school problems seems to be quite straightforward:

He or she differs significantly from the others … and … well, but most often I think the regular teacher see this, i.e. notices that there is something wrong. (Regular teacher F-6A)

Specific methods are used to examine and to evaluate the pupils’ acquired knowledge during their time in school. In Sweden, national tests are provided for all pupils in Grades 5 and 9. The tests are specific to subjects and cover English language, mathematics, and Swedish and, if relevant, Swedish as a second language. Both schools in the study used these tests and various screening tests. In the lower grades, the screening tests are used to evaluate reading and writing difficulties and general understanding in mathematics, while in the upper level the tests are evaluating specific knowledge of a subject, e.g. Swedish language, English language and mathematics. The function of such tests is to indicate whether a pupil falls short in any core subject, i.e. when the pupil does not achieve the established normal knowledge goals. Both schools were committed to identify reading and writing difficulties at an early stage since such difficulties can also affect learning in other subjects. One of the principals commented upon the process of identification as follows:

Well, first there is watching and observation, thus as a teacher you see that there is something that is not right. But the feeling is not enough, I think. One must go on, we have a screening-plan for every pupil in Swedish language and mathematics from the first grade and this is to get an overview. How are the results at our school? Sometimes we might also feel, during the semester, that a pupil does not function properly, which may call for a more intensive screening carried out by special educationalists or the special teacher. […] if we do not find anything, if the problem remains, then we go on to the resource team (pupil welfare) after consultation with the parents. Then perhaps some external advice is needed [...]. (Principal 1-6B)

Such screening tests are thought to describe objectively the pupil’s progress in specific subjects according to a statistical normal distribution of scores (standard nine scores, where nine is the best result on a test and one the worst). However, some scepticism regarding the validity of the tests emerged from the interviews.

it is risky to fully rely on […] scores, but one must absolutely take these under consideration when assessing the pupil as a whole. (Special educationalist 1-6A)

Another comment in the same vein was that:

Sometimes the pupil may have received scores that make you feel ‘well there is no chance that this pupil is that bad […] he or she must have had fever or been very sick that particular day because he or she is actually good in spelling’, perhaps got stage-fright and felt that this (the test) was very tough, […] everything just went wrong. Both myself and the regular teacher know that this is not right. (Special educationalist 1-6A)
The above quotations indicate that the tests do not measure the pupil’s knowledge properly, since other factors might possibly affect the results of the test. Sometimes adequate background information on the pupil’s difficulties is scarce and it is not evident that a test needs to be suggested: ‘the contours (of the difficulties) become quite floating regarding most things. It somehow becomes what we think is proper that sets the frame’ (Special educationalist 1-6B). Even though sophisticated tests, for example stanine scores, are used by special educationalists it is difficult to separate pupils that need extra help from those who can get by without such help. In one of our schools, scores of one to three were considered to indicate difficulties that were to be prioritised, while those pupils that received a score of four were a priority only if resources were available. A similar picture was drawn by a special educationalist in the other school:

my co-worker who has been working here longer than me, she usually says when we teach reading comprehension for pupils with stanine scores 1–9 … she usually laughs and says that a couple of years ago ‘we helped those pupils with stanine-scores 3, now we are down to stanine-score 2’. We think that there are more (pupils) with difficulties and we do not have time to support them. … (Special educationalist 7-9B)

Aside from the use of tests, carried out by special educationalists, a common feature of both schools was that in general, pupils’ difficulties in the classroom were first identified by the regular teacher, who then informed the work team or a special educationalist/special teacher. In some cases, the school psychologist had to be consulted to assess the intellectual level of the pupil, i.e. to determine if the pupil needed placement in the special school for children with developmental disabilities. The suggested support measures were usually extra hours with a special educationalist in the relevant subject, more homework or support by parents. It was also common that procedures in the classroom were adjusted (working in small groups) to cope with the pupils difficulties.

School problems as medical difficulties

One reason for difficulties in school may be a medical health problem that needs to be verified by means of medical examinations. Occasionally, pupils considered as having ‘special educational needs’ are first identified by the medical staff. In such cases the school nurse bears the intermediary responsibility for the individual and his/her problems, i.e. the nurse reinterprets if and to what extent somatic problems, e.g. headache or stomach-aches, stress-related complaints, and sleeping difficulties, affect the pupil’s learning difficulties, or the other way around, that learning difficulties causes extra psychological stress leading to somatic symptoms. The medical examinations completed at the school health services play a crucial role in this respect. The school nurse describes her role with regard to the welfare of the pupil as:

I am the only one in school that has the medical gaze, the medical glasses, and I should be a complement to the other members of the pupil welfare team when individual pupils or classes are discussed. … (School nurse A)

Often pupils’ difficulties were not easily assessed.

many times there is not only something medical that cause the pupil’s failure in school, but there are so many social pieces around this and especially in a school district like ours. (School nurse B)
Her role is primarily to assess whether school problems ought to be defined in medical terms, but it rests with the school physician to make the final assessment. For example, whether difficulties in school are caused by a neurological or neuropsychiatric disease. The use of diagnoses such as ADHD, autism, etc. seems to be quite common.

Today we now not only have ADHD but now it is also ADD since they have removed hyperactivity and then you get additional cases [...] so you identify even more (pupils). (School nurse B)

In order to identify pupils with these difficulties, the regular teacher and the special educationalist discussed the individual pupil with members of the work team and, if required, the case was referred to the pupil welfare team. Formal decisions were arranged regarding, for example, further support measures or whether external expert help was needed. Difficulties requiring further examination were described by one principal as:

If problems are … hard to define we involve the pupil welfare team, it is quite common in such cases to engage special educationalists and psychologists from the pupil welfare team when we perform observations in the class. Furthermore, persons from child and adolescent psychiatry and the disability services (habilitation) come here to observe an individual in the classroom, thus (you) get external advice to see what it is all about. (Principal 1-6A)

However, the nurse often needed to consult the school physician. The role of the nurse is to complete a basic examination that can be of use for the school physician, the social services or to child and adolescent psychiatry.

A diagnosis was perceived to be of great assistance for many of those involved as they attempted to interpret and clarify the pupil’s school problems. According to the school nurses, the individuals and the parents often felt relieved when the medical assessment had been completed and the problems were given a medical explanation. From the viewpoint of the school, the medical diagnosis often justified demands for additional economic resources to support these pupils:

Well they are quite eager to get a diagnosis – that is from the school – to be able to demand resources, sadly this is how it is. (School psychologist A)

When asked whether the school or the parents favoured the use of diagnoses, the following answer was given:

It is the school who most of all wants proof, it is not enough that you write that problems go up and down but [...] preferably there should be some medical label on it. (School psychologist A)

The fact that diagnoses seemed to have a very important function is illustrated by the statement of one of the school psychologists ‘not a single one has been wrong’. However, the other psychologist was a bit more sceptical and argued that ‘the school has to take care of all pupils whether or not they have a medical diagnosis’:

A label for me is that … hopefully the school has an arsenal of methods to be able to help if it is that specific label; it is … hence it is systematized in another way. (School psychologist B)
The same observation was made by one of the regular teachers (7-9A) who stated the diagnoses often were seen as a vehicle to ‘acquire resources for the school’. It seems that the medicalisation of difficulties in school has the latent function of allocating economic resources for special needs education. It is not unusual that this is in line with the wishes and expectations of many parents, since a diagnosis may facilitate their securing support services that they consider as necessary and that would otherwise be disallowed. A rather different picture regarding the importance of diagnosis for schools work procedures is set out by one principal at the other school:

Actually we do not need to have a diagnosis. We are working according to children’s needs and we have learned how a pupil with ADHD should be treated and act accordingly. We do not need a written certificate […] this is something I can regarding the parents … that they need a certificate that states a diagnosis to receive support, that is a picture that the parents have been fooled into, and by who I do not know. (Principal 7-9B)

In certain schools there does not seem to be a need for a diagnosis to receive support from the school. Such schools seem to avoid categorising the pupil’s behaviour, e.g. ADHD, based on information about the characteristics of such difficulties. Hence, the category itself is not the starting point for a procedure to identify and address such behaviour (cf. Mehan et al. 1981). In all, there are varying opinions regarding the use of diagnoses and the usefulness of these diagnoses in understanding pupil’s difficulties. However, it was sometimes the school that requested a diagnosis to describe and interpret a pupil’s problem and sometimes the parents, in order to secure additional support for the pupil. In times of financial cutbacks in schools there is a risk that this pattern could lead to over-diagnosing children in order to receive additional support (cf. Brodin and Lindstrand 2007).

School problems as social difficulties

It was not unusual that teachers experience that pupils have social problems in their family or in their social network. Difficulties in school may then be hidden behind social problems:

Well it is most often we who […] discover that someone has difficulties with something, that there are some kinds of troubles … maybe social problems? (Regular teacher F-6A)

One reason behind such school problems may be related to pupils’ psychosocial problems manifested through behaviour and attitude problems, frequent absence, school fatigue, etc. The teachers seemed to perceive that the size of this group had increased:

I feel that there are more pupils now who have special educational needs due to socio-emotional concerns, so that group is increasing, I think. That is those who have troubles at home or in their leisure time. I think that this is a considerable change. (Principal 1-6A)

Many pupils have such a messy social situation which we often know about […] so we understand that the pupil has difficulties in school. This is very frustrating as you know, as a teacher, that he or she has the capacity to do a good job […] (Special educationalist 7-9A)
If the difficulties were considered to depend on the pupil’s social situation, close cooperation with the parents was required. Such discussions usually took place in connection with the so-called ‘individual development’ talks. As a consequence of such talks, individual educational plans (IEPs) are established or revised. Most regular teachers/special educationalists kept a close contact with parents via email and telephone. Occasionally, additional development talks were necessary if the difficulties persisted. The purpose of such meetings was to obtain information about the pupil’s social situation in general. Extra contacts of this type were seen as being very useful since additional information could surface, e.g. if there were relational problems in the family or they received social assistance. If problems were difficult to solve, formal meetings with a pupil welfare committee, consisting of the principal, representatives from the pupil welfare team, supervisors (teachers), and in some cases other engaged parties such as personnel from child and adolescent psychiatry, the social services, etc., were arranged. The parents and the pupil participated in most cases, but this was not required:

When facing complicated difficulties, we feel it could be both social difficulties and autistic features or something like that, in such cases we feel that we are fumbling. (Principal 1-6B)

When the school did not have expertise knowledge of its own to define a pupil’s difficulties and its origins, the municipality’s pupil welfare department usually became involved. A large group in this respect was pupils with intellectual, psychosocial or socio-emotional disabilities. It was difficult for the teacher to classify these pupils although their difficulties were obvious.

What are normal and what are deviant difficulties?

There are no precise guidelines that can be of assistance to the individual regular teacher or special educationalist when identifying special educational needs (deviance). General policy directives express common and desirable social values and the school law simply states that pupils’ special needs must be provided for. Hence, the degree of freedom offered to schools is high and the school class usually becomes the frame of reference. Consequently, different school classes pose different limits for what is regarded as normal or deviant behaviour. The social context (the school class) and different groups of classmates might also have differing impacts on the pupils as well as influencing the teacher’s perception of special needs:

I also think that this might depend on different realities that you have in different classrooms as well. If you have a minor difficulty, then this might be seen as bigger since I don’t have that much in my class, while this might be nothing if you have very big problems with your class, you wouldn’t have noticed it in the same way. (Special educationalist 1-6A)

Taken to its logical extreme, this indicates that, in the absence of established objective criteria, the class in which the pupil is placed is crucial for whether she/he is considered to have special educational needs. Hence, difficulties are judged on a different basis in different contexts. Special educationalists often find it difficult to establish boundaries, i.e. decide when problems are significant enough to justify extra support. An important aspect of the professional role in such cases is informing the pupils
about how they should ‘be’, i.e. something that is more related to the schools ‘hidden curriculum’ (cf. Jackson 1990).

Identifying pupils’ difficulties at an early stage in order to offer support for these pupils seems to be a cornerstone in each of the schools in the study. Various tests were used to assess the pupil’s development related to the formulated knowledge goals. Most often, the regular teachers identified pupils’ difficulties within the class. By following the analytical process of grounded theory, we found that the process of identifying pupils with special educational needs (category) could be understood in terms of three different models (core category): (1) a pedagogical model related to knowledge goals, (2) a medical model related to illness/health, and (3) a social model related to the pupils’ social situation and difficulties in adjusting (socially) in school (Figure 2). These models for identification are the result of the coding procedure described above (Figure 1). But we must admit that there are no distinct boundaries between them; the data indicate a substantial ambivalence on behalf of professionals and elements from one model may to some extent be found in another. This mirrors the fact that the teams in school might well have applied more than one lens to understand any given child.

Nevertheless, three different phases in the identification process were recognised during the analysis: namely, the reason for identification, i.e. the problem, identification method (assessment procedures), and suggested support measures.

<table>
<thead>
<tr>
<th>Reason for identification</th>
<th>School problems as learning difficulties</th>
<th>School problems as social difficulties</th>
<th>School problems as medical difficulties</th>
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</thead>
<tbody>
<tr>
<td>Not able to reach knowledge goals (quite often related to the first marks in the 8th grade)</td>
<td>Difficulties in adjusting and relational problems (socio-emotional difficulties) in school</td>
<td>Illness/health Not able to reach knowledge goals</td>
<td></td>
</tr>
<tr>
<td>Identification method</td>
<td>Screening-test National tests Special educationalists/regular teachers observations</td>
<td>Regular teachers and pupils observations Deepened conversations with parents Psychological examination</td>
<td>Observations by the school nurse Parents Psychologist Psychological examination Diagnostic tests Medical examination</td>
</tr>
<tr>
<td>Suggested support measures</td>
<td>Pedagogical-compensating support Assessments of developmental level similar to the special school</td>
<td>Social assistance Special class</td>
<td>Collaboration with Child and adolescent psychiatry Pupil welfare Medication (ADHD)</td>
</tr>
</tbody>
</table>
The models represent three different ‘points of departure’, or perspectives, when looking at school problems, a pedagogical, a social or a medical, implying that the degree of involvement of different professionals decides which ‘model’ or perspective is used. The identification of school problems as learning difficulties is related to the screening tests and national tests that are used by teachers. The identification of school problems as social difficulties focuses on difficulties related to the pupil’s social situation, e.g. difficulties in adjusting and relational problems in contacts with other children and adults. Finally, school problems may be regarded as related to illness and mental ill-health, or disorders, in turn causing learning difficulties, behavioural disorders and other impairments. In the pedagogical and medical model (objective) tests are often used. In contrast to this, the identification of school problems as social difficulties is more frequently linked to normative judgements of behaviour, adjustment problems, etc. When this initial identification has been completed, the ‘institutional machinery’ (cf. Mehan, Hertweck, and Meihls 1986) continues, often with further examinations (Figure 2) aimed at classifying and categorising pupils’ needs.

This study indicates that school personnel seem to place a great deal of trust in external professional (objective) assessments of pupils’ difficulties, but there was also a strong opinion that teachers have improved in their ability to identify pupil difficulties (cf. Armstrong, Galloway, and Tomlinson 1993). The interviews also indicated that the school personnel knew how various difficulties could be discerned and categorised. Since early detection of pupils’ difficulties is on the political agenda, one could expect that teachers are inclined to construct more students with special educational needs, due to what Mehan (1981) and Mehan, Hertweck, and Meihls (1986) call an ‘abnormal psychology syndrome’. This might specifically be the case with regard to the increasing rate of difficulties related to social problems and misbehaviour. Without proper objective assessment tools school personnel would probably assess pupils’ difficulties from a normalising position (Lundgren 2006).

However, although there had been improvement, school personnel did not find it easy to define and sort out ‘special educational needs’. Despite the fact that various (objective) tests were used to estimate the pupils’ level of knowledge, it seems that special educational needs also were defined (and constructed) in relation to the schools’ resources, especially since clearly defined/diagnosed difficulties would generate more resources to the school in times of financial cutbacks. Increased resources to schools may well be a sign of the labelling of more pupils as having special educational needs. This is the way organisational rationality and the inherent functionalistic prerequisites in schools may play out in the field of special education (cf. Skrtic 1991, 1995). Professions and occupational groups with expert knowledge are certainly involved in such processes, in their role as stakeholders that might benefit from special education (cf. Brantlinger 2005).

Conclusions

This paper set out to explore how pupils with special educational needs were identified and differentiated from the ‘normal’ pupils and if it were possible to discern a dominating pattern in the schools’ procedures in this respect. It also raised the following question. How can such patterns be conceptualised and theorised in a broader context of education policies? Although teachers and professionals in school experience significant ambivalence when identifying pupils with special educational needs, we found that such processes could be understood in terms of a pedagogical model
related to knowledge goals, a medical model related to illness/health, and a social model related to the pupils’ social situation and difficulties in adjusting (socially) in school. However, the pattern is not clear-cut; there is significant overlap between the three models, reflecting the tensions between teachers’ subjective assessment of the pupils and the proposed need for testing and medical diagnoses.

Grounded theory was used as a method of generating concepts from data and the topic of our theory was to make sense of the ambivalence that characterises the identification processes of pupils with special educational needs, i.e. how national guidelines and official policy were implemented at the school level. Furthermore, the data also reveal how assumptions and conceptualisations play out in school in terms of assessments and categorising practices, i.e. how pupils with special educational needs are socially constructed. In that sense, the three models of identifying pupils with special educational needs might contribute to a deeper understanding of how school personnel create and make sense of pupils’ difficulties in school. But since there is quite a lot of ambivalence, further conceptual work is needed.

In order to understand the role that categorisation and assessment procedures play in a broader context, an in-depth study of two schools was conducted. Being part of the organisational level, schools play a crucial role in the process of classifying pupils with special needs. They are influenced by policy directives and dominating social values and economic resources available for the school, but also responsive towards pupils’ and teachers’ actions. The two schools can in this context be seen as a window into how conceptions of integration and the goal of ‘a school for all’ are mirrored in processes of categorisation and labelling of pupils with special educational needs. Our study suggests that professionals and pupils participate in the creation of special educational needs in a variety of ways for the overall purpose of fulfilling the goals of Swedish education policies. However, a categorical perspective on children with special educational needs still seems to prevail (cf. Emanuelsson, Persson, and Rosenqvist 2001; Emanuelsson, Haug, and Persson 2005). School difficulties are largely reduced to individual characteristics of the pupils, i.e. the problem is framed as an individual shortcoming and less so on school organisation, teaching and other environmental factors.

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