

Teaching, Care, and Inclusive Education: a disability studies perspective

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ABSTRACT – Teaching, Care, and Inclusive Education: a disability studies perspective. This essay describes how the global project of inclusive education may be advanced by considering how ethics of care and understandings about care labor can inform schools. Implications for educators seeking to adopt a disability studies orientation to inclusive educational practice through a lens of care include focusing on caring as a definable set of actions and attitudes focused on justice, rather than a personal trait. Creating collective access specifically draws from the wisdom of disabled people to emphasize the capability of the community to name situated needs and collectively identify and enact accessibility and inclusivity.

Keywords: Inclusive Education. Disability Studies. Special Education. Ethic of Care. Disability Justice.

RESUMO – Ensino, Cuidado e Educação Inclusiva: uma perspectiva dos estudos da deficiência. Este ensaio descreve como o projeto global de educação inclusiva pode avançar ao considerar como a ética do cuidado e a compreensão sobre o trabalho do cuidado podem informar as escolas. As implicações para os educadores que procuram adotar uma orientação de estudos da deficiência para uma prática educativa inclusiva através de uma perspectiva de cuidado incluem focar-se no cuidado como um conjunto definível de ações e atitudes centradas na justiça, em vez de uma característica pessoal. A criação de acesso coletivo baseia-se especificamente na sabedoria das pessoas com deficiência para enfatizar a capacidade da comunidade de nomear necessidades situadas e identificar e implementar coletivamente a acessibilidade e a inclusão.

Palavras-chave: Educação Inclusiva. Estudos da Deficiência. Educação Especial. Ética do Cuidado. Justiça da Pessoa com Deficiência.

Attention to inclusive education has developed steadily and has increasingly become codified in international declarations and policy formations worldwide. The term, inclusive education, refers to practices that oppose widespread conditions of exclusion, marginality, and disenfranchisement that many youths experience in relation to formal education. Exclusions are linked to socioeconomic disenfranchisement; race-based, gender-based, language-based, sexuality-based, and religious and ethnic discrimination and hostility; and to ableism, through which disabled youth are presumed unable to participate in education or are not able to benefit from education because curriculum and instruction are designed to privilege “abledness.” While classism, racism, sexism, and ableism each inform how exclusion from education occurs, more often these systems intersect to create interlocking barriers that resist disentanglement and collude to uphold one another (Annamma; Connor; Ferri, 2013). In this essay inclusion is conceptualized as the collective efforts of policy, practice, and critical examination that aim to improve the benefits afforded to youth through education that are denied to them when they are excluded from schools or opportunities provided in schools. In my context as a teacher educator located in the USA, young people with disabilities are the last group defined in policy who are allowed to be segregated in schools. Therefore, the meaning of “inclusion” focuses on disability, while also being attuned to the ways that ableism intersects with other forms of oppression.

A Disability Studies Perspective

This essay utilizes theoretical perspectives and commitments central to disability studies. Disability studies is an eclectic, interdisciplinary field of study that may be described as the confluence of critical analysis emanating from the social sciences, arts, humanities, education, and service professions to examine meanings and experiences of disability. Such analysis can be rhetorical, as in analyzing the production of the concepts of ability/disability; and it can be practical, as in analyzing how social and cultural understandings about ability/disability shape the experiences of people who claim or are assigned disability identities (Linton, 1998). Key commitments of disability studies include the use of social-cultural models of disability and the centrality of perspectives of disabled people. In brief, social-cultural models of disability arose in the counternarratives of disabled people whose experiences and understandings about the societal conditions that shaped their lives were not adequately or accurately accounted for in social policy and practices (Oliver; Barnes, 2012). Activists pointed out that the lesser opportunities they had to live, work, and learn on par with non-disabled people were rooted in lack of access and denials of their civil rights and participation in public life. Such discrimination imposed and exacerbated limitations in their lives with far more negative impact than impairment of their bodies. Proponents of a social model of disability drew attention to the problems of discrimination and ableism underlying the conditions of pov-

erty, unemployment, abusive living conditions, indignities of being presumed incompetent, and denials of equal opportunity. Whereas a medical model portrayed improvement or recovery of the body to a more “normal” state as a primary goal for improving disabled lives, social models focused on civil rights goals, such as improving access to society and reforming social systems meant to assist disabled people, to advance quality of life. Essential to the call for social change was the centrality of disabled people both in setting the course of the change movement and in directing the assistance or support they used in their lives, rather than being confined to parameters set forth by medical or social service professions. Morris (2009, p. 10) writes,

We need to write about, research, and analyze the personal experience of our bodies and our minds, for if we don’t impose our own definitions and perspectives, then the non-disabled world will continue to do it for us in ways which alienate and disempower us.

As a non-disabled (or temporarily able-bodied) woman of Korean descent living a privileged life in the USA, my work in teacher education and disability studies strives to support the ongoing struggle for inclusive schools in ways that amplify and align with disability rights and justice.

Conceptualizing inclusive education with a disability studies perspective flows from the following propositions. 1) Disabled people should be centered in problem-posing and problem-solving to improve education for youth who are labeled disabled; 2) Engagement with social models of disability means that examining the social and cultural contexts of schools is of primary importance in improving education. 3) Schools, themselves, should be viewed as part of the world-making and culture-making social activity that defines ability/disability and sets forth worldviews that shape social-cultural conditions that youth enact and carry forward. Inclusion, to Barton (2003, p. 12), “involves the politics of recognition and is concerned with the serious issue of who is included and who is excluded within education and society generally”. Efforts to create more inclusive education with disability studies are unapologetically ideological and moral at their core (Gallagher, 2001; Uditsky; Hughson; 2012; Ware, 2004). The aim is to correct practices built on exclusions of the past and strive to create new educational conditions that are designed to serve youth today. The purpose of this essay is to describe how the global project of inclusive education may be advanced by considering how ethics of care and understandings about care labor can inform schools. Implications for adopting a disability studies orientation to inclusive educational practice through a lens of care will be proposed, with attention to teacher education.

Conceptualizing Inclusive Education

The global movement toward inclusive education for disabled youth is perceptible in educational systems that are in formation and

in educational systems that require reform (Hernández-Torrano; Somerton; Helmer, 2022). Exchange of ideas and practices benefits both established systems engaged in change and developing systems striving to envision equity from the start (Migliarini; Elder, 2023). Contemporary efforts to improve inclusive education in the USA, as in Brazil, are reforms to established systems of public and private schools. As the system of schools developed, access to school was dependent on family wealth and social class, racial identity, gender, and disability. In the USA indigenous children, Black youth, and students with disabilities went to schools separate from the system that had been developed to cultivate values and ways of being that privileged White, non-disabled youth in order to reinforce and assimilate others to the culture of power both through explicit and hidden curriculum (Reyhner; Eder, 2018; Walker, 2009). While more inclusive educational opportunities grew at different times and places, waves of rights movements starting in the mid 1900's ushered in sweeping policy changes that ended most legal segregation practices and codified the right of children with disabilities to education. The change toward integration acknowledged that race-based segregated systems did not provide equal opportunities to Black youth and declared that children with disabilities must have access to a publicly provided education, which could previously be denied. Present education policies in the USA (see the Individuals with Disabilities Education Act, 2006) and in Brazil (Baptista, 2019) state an additional preference for students with disabilities to be educated in the same schools and classes as non-disabled students with appropriate support. Implementing inclusive educational policies continues to be challenging, however, because meaningful inclusion requires deep change in schools (Graham; Slee, 2008; Greenstein, 2015) and because resistance to inclusion is ongoing (Ferri, 2015).

Resistance to inclusion is often rooted in the belief that some students cannot learn in integrated classes because their needs require specialized curriculum and teaching or because they would disrupt other students' learning. Providing options that include integrated, inclusive classes as well as other types of special education placements is offered as a way to ensure that all students can have an individualized education that best suits their needs (Kauffman et al., 2023). However, it is important to understand, as Baptista (2019, p. 6) points out,

The special education classroom, due to its existence, contributed to the configuration of a group destined for this service, because, from the existence of this type of classroom, the school has now a place to refer those who are not according to the condition of student considered ideal.

As long as schools continue to have special education schools and special education classes, they will be used to exclude students with disabilities (Agran et al., 2020; Sauer; Jorgensen, 2016; Skrtic, 1991; Taylor, 1988; Tomlinson, 2017) and contribute to the number of students who become labeled disabled in schools (Klingner; Harry,

2022; Reid; Valle, 2004; Varenne; McDermott, 1998). In the USA, special education intertwined with racism to result in de facto racial segregation (Ferri; Connor, 2006). The effect of racial bias carried out through special education segregation and disability labeling continues to be especially pronounced in schools where the number of Black and brown students are fewer than White students (Grindal et al., 2019; Tefera et al., 2023; Voulgarides, 2018). In constructing a system built of different “regular” and “special education” structures, regular education is characterized as being only for children whose learning and behavior fit into expectations and norms that were developed prior to inclusive education and racial integration movements. Without changing these norms, inclusion is reserved for disabled students who can, in Skelton’s (2023, p. 28) words, “perform able-bodiedness” and Whiteness, which both Skelton and Hernández-Saca (2019) describe as taking an emotional and physical toll on youth. Although policies for inclusion and integration have been in place for decades, inclusive education more often continues to be a practice of figuring out how to fit disabled students “into” schools rather than endeavoring to change schools that need to adopt an expectation of differences between learners (Graham; Slee, 2008) and commit to sustaining their multiple identities and ways of being (Waitoller; King Thorius, 2023), rather than aim to assimilate youth to whiteness and compulsory able-bodiedness/able-mindedness (Leonardo; Broderick, 2006; McRuer, 2006).

Conceptually understanding that learners are different from one another and also have a right to be educated together and benefit from being educated together is distinct from learning how to re-imagine and practice teaching to match a value for inclusivity. Erevelles (2000, p. 34) reminds us,

After all, the disabled student evokes the ‘unruly’ subject whose physiological excesses are seen as disrupting the disciplined control of schooling. In fact, the actual existence of special education programs that serve children with a variety of labels (learning disabled, emotional and behavioral disorders, mild, moderate, and multiply handicapped) is predicated on the inability of regular schooling to control effectively the disruptive interruptions of these bodies that appear impervious to the rigid demands for conformity and rationality in schools.

Youth are compelled to perform able-bodiedness or “act normal” (Mooney, 2019) in order to conform to school. When they do not or cannot, systems of discipline, control, special supports, and special services formed to address or contain forms of “unruliness” that disrupt or interrupt the orderly or predictable organization and management of bodyminds. Responsibility for addressing disorderly and so-called *special* needs became hinged on the school providing *specialized* personnel and resources and then on personnel knowing how to direct, utilize, and implement *specialized* supports and services in the context of practice. A focus of development of inclusive education has been on figuring out how to re-organize or differently deploy peo-

ple and tools to provide *special* education, or manage those who are still perceived as having *unruly* bodyminds, in an integrated environment. When these systems are slow to start, breakdown, or fail, students, families, and educators are thrust into cycles of trying to repair or more forcefully invoke the system of laws or provisions to get it to work, all the while waiting for the school to identify and implement tools to fix or improve itself.

Unsurprisingly popular interventions to create more inclusive teaching, which include co-teaching (Friend et al., 2010), differentiated instruction (Tomlinson, 2014), and universal design for learning (Meyer; Rose; Gordon, 2014), emphasize ways to organize instruction or manage varied materials, learner support, and scaffolded curriculum design. In each of these approaches to improving inclusive education the emphasis is on schools and professionals to learn new ways of teaching. The slowness of these approaches to lead to systemic change is often attributed to a research-to-practice gap. Here, the solution is a gradual period of transformation as the school – via its personnel’s acquisition of pedagogical techniques– locates and uses tools to improve itself. A commitment of disability studies is to emphasize perspectives of disabled people, who demanded having a role in shaping public policies and practices in disability rights movements. Proponents of disability studies in education are increasingly looking to the wisdom cultivated by disabled people engaged with disability culture and disability justice (see, for example, Brown et al., 2023; Chrysostomou; Symeonidou, 2017; Danforth; Connor, 2020; Erevelles; Grace; Parekh, 2019).

In brief, disability culture refers to the cultivation of scholarly and artistic works collectively built by disabled artists, performers, and creators whose identities and experiences that are informed by chronic illness, impairment, disability, and disablement provide a distinctive and productive lens as a source of creation and critique. The movement for disability justice emphasizes the lag, gaps, indignities, and erasures in civil rights movements that fail to serve disabled people and overlook the specific experiences of Black people, indigenous people, people of color, and people who are gay, lesbian, queer, and/or whose non-conforming gender identities position them as multiply marginalized and at great risk of being unserved, underserved, and disenfranchised within established systems of educational, social, and medical assistance and support. At its core, Sins Invalid (2019, p. 15) explains, “the disability rights framework centers people who can achieve status, power, and access through a legal or rights-based framework, which we know is not possible for many disabled people, or appropriate for all situations”. In rights frameworks the labor to gain access belongs to the disabled person –We teach children with disabilities and those labeled disabled that they must be advocates for themselves and we advise parents and caregivers that they, too, must be advocates for their children in schools. An unfortunate consequence of a system built on rights enforcement is that advocacy typically results only in benefits to the specific child who is being ad-

vocated for, lack of specific advocacy can result in needs being unmet, and students advocating for themselves and parent advocates are not always welcomed or taken seriously by schools – which is especially the case for families who communicate in languages that are not used by the school, who are perceived as disadvantaged due to low household income, and who are members of minoritized groups (Harry; Ocasio-Stoutenburg, 2020; Lalvani; Hale, 2015). Each need, request, meeting, or application is an occasion for a potential denial. Every moment is a reminder, an interaction, and an output of physical, intellectual, and emotional labor to live in a world that excludes by default and takes limited or at least only partial responsibility to accommodate so called *special* needs. Because special education systems rely on the individual to “prove” a need for support, accommodations, or services, the move to a social model of disability in which the social-cultural design of school and society is created with accountability to disabled persons is partial. Access is something to be sought out for the self, rather than something built into public spaces and places. The urgency to survive, the desire to thrive as a collective, and the understanding that systems are not designed to advance all disabled people (but merely to manage and organize *unruliness*) informs the concepts and practices of creating collective access and collective care grown within the movement for disability justice.

The Place of Care in Inclusive Education

Creating collective access emanates from caring about others in ways that see each other as deserving of belonging and agency as a practice of justice. Mingus (2010) describes the experience of creating collective access emerging from planning to address her own and others’ needs in anticipation of attending a conference that required the expense and labor of travel and being away from home. As a small group of self-described queer and trans crips of color talked about their needs and concerns about how to take care of their bodyminds amidst the flurry of activity and intensity of a conference, questions began with practical concerns about managing movement and food. In reflecting on their group problem-posing and problem-solving, Mingus characterized the experience of creating collective access to be “a reflection of the courage, resiliency, and creativity that disabled folks have in the face of an inaccessible and ableist world” (para. 5): “How could we use this as a way to build community, put disability justice into practice and deepen our understanding and analysis of what it means to do this work together?” “What if we did community care in a way that made space for many different kinds of bodies?” “What if we tried to create the kind of world we want to live in?” “[Creating collective access] began as a hope and a dream to make what we need.” Mingus goes on to describe a widening of a call to others who would be engaged in the conference and the ways that the group formed solidarity and a commitment to each other by caring for each other at the event.

Piepzna-Samarasinha (2018, p. 33), who was part of the group Mingus described, further explains care collectives in the book, *Care Work*. Care collectives are “ways sick and disabled people attempt to get the care and support we need, on our own terms, with autonomy and dignity”. She describes networks of care or care webs that were built in different places by disabled people who sought out alternatives to relying solely on paid services or support provided by family, especially when these avenues for assistance were abusive, undignified, and when they broke down. The formation of these networks enabled care and support to be provided even when people were denied claims for formally provided support, were unable to apply or access such services, or did not receive enough supportive care. Thus, giving and receiving care became creative and relational and developed as a collective experience based on relationships and efforts to enact justice within unjust systems. Piepzna-Samarasinha does not paint collective care as utopian, as the care webs she describes can break down and the establishment of networks can be fleeting. There are, however, several lessons on creating collective access and collective care from Mingus (2010) and Piepzna-Samarasinha (2018) that can inform inclusive educational practice.

First, figuring out how to create access was a collaborative process of problem-posing and problem-solving. Individuals identified and described their needs and concerns and the group created ways to share resources, knowledge, assistance, and support to enable access for others. This process enabled a practice of creating collective access that was responsive to specific people in a specific context and was also specific to the group who would be enacting the care and support labor. Second, in Mingus’s (2010) description, creating collective access took place in the planning month before the event and those involved knew that there would also be a need to adjust and be flexible to which they committed by being vigilant and responsive. Third, the ethic of care and justice that defined the collective was rooted in recognition that difference, dependency, and disability is not shameful and people need not be compelled to perform able-bodiedness, or exhaust themselves or others in order to participate in a physically-cognitively-emotionally demanding activity (like a conference). In schools, versions of these efforts to assess need and plan for access or accommodations occur in private meetings. Care, support, or services are performed largely by school personnel, even if peers are sometimes covertly deployed as support providers in cooperative learning, peer tutoring or other types of “buddy” systems. What creating collective access offers is an opportunity for a classroom community to share in the responsibility for creating access as a practice of community, collaboration, and interdependency in which striving to understand our own and each other’s needs are not *special*, but integral.

To be clear, I am not arguing against the importance of legal protections or the continued development of policy and practice that enforce disability rights and other civil rights in and out of schools.

Inclusive education benefits by being characterized as a right that compels schools and societies to focus on becoming more equitable and just. Creating collective access and learning from collective care communities assists inclusive education by drawing attention to the gaps and erasures and apparent lack of caring that are sharply felt by disabled youth in school and out of school. Conceptualizing care as an inclusive response to students' needs in schools and highlighting problem-posing and problem-solving for access as a community activity can also characterize addressing disability and disablement, which has been delegated (or relegated) to special education, as a potentially empowering and action-focused experience that increases disability visibility and a shared responsibility for the spaces and places we create. For education systems that are striving to move from separate systems of special and regular education, there is a need to examine beliefs and practices that can impede the development of inclusivity.

Who is Worthy of Inclusion? Conceptualizing Dependency and Need

Perhaps the most entrenched system of belief and practices that prevents creating collective access in schools rests on the belief that some students have needs that are presumed unable to be adequately met in integrated settings. But what differentiates the needs of a disabled child from the needs of another child? Kittay (2001, p. 570) writes,

Independence, except in some particular actions and functions, is a fiction, regardless of our abilities or disabilities, and the pernicious effects of this fiction are encouraged when we hide the ways in which our needs are met in relations of dependencies. On the other hand, this fiction turns those whose dependence cannot be masked into pariahs or makes them objects of disdain or pity.

She explains that in complex societies all humans are dependent – we rely on others to build the world we move around in, to produce food, to build and repair the machines and technologies on which we depend, and for the countless other needs and conveniences that shape our lives. Although these needs are obvious when we pause to consider them, we may not immediately recognize the ways that other humans' labor or care enables our own lives as the dependencies and interdependencies that they are. The illusion of independence combined with cultures focused on productivity and self-sufficiency make some dependencies more visible than others. These dependencies become marked as disability and disadvantage.

Societal response to dependencies has changed over time, from family-centered care to community-based care to religious and charitable care, to systems of care shaped by professionalization and medicalization. Concealing and containing disabled and disadvantaged (poor) people has a long history. It is just as possible to interpret acts of containment as resulting from the need for safety or specialized care as it is to see the need for care being used as a rationale to con-

tain people perceived as undesirable, ugly, or *unruly*. Segregation and containment hid from public view persons whose existence threatened the social order in which the *good life* is to be a reward meted out for productivity (rather than the good life being a promise of a just society) (Foucault, 1963/2002; 1965; Schweik, 2010; Trent, 2016). We can trace the creation of special education to these traditions of concealment and containment wherein care for some dependencies becomes hidden from the public purview. Of making care a private labor for those with some types of dependencies, Kittay (2001, p. 574) points out, “we have come to discount them and the integral part of social life they in fact constitute. Doing so permits us to avoid our collective responsibility to maintain dependents”. She further argues,

To stigmatize dependency, ignore its frequency, and valorize only a particular segment of human possibility is to shirk our collective responsibility to take care of one another and to ensure that we are well taken care of by someone for whom our well-being matters deeply (Kittay, 2001, p. 575).

Following this line of thought, practicing inclusive education by creating collective access in schools begins a process of social-cultural change in which interdependency becomes visible and centered. While studying topics and developing academic skills, teachers and learners also learn about each other and can commit to each other's care as a public experience for the broader public good.

Creating collective access as a practice of collective care shapes the moral imperative for inclusion somewhat differently than educational research typically captures. Although there is research illustrating positive academic, social, and employment outcomes for youth who are educated in more inclusive school environments (see Hehir et al., 2016), a justice-focused practice of inclusive education does not rest on the promise of (potential) productivity or on the specific independence/dependencies of learners. Rather, the opportunity to experience caring and being cared for in the context of a learning community shapes young people's engagement and preparation to enact and carry forward democratic life. Tronto (2013, p. 170) provides discussion on the need for societies to differently attend to caring as part of creating democratic life. “The starting principle is this: We have got things backward now.” She continues,

The key to living well, for all people, is to live a care filled life, a life in which one is cared for well by others when one needs it, cares well for oneself, and has room to provide for the care of other people, animals, institutions, and ideals that give one's life its particular meaning. A truly free society makes people free to care. A truly equal society gives people equal chances to be well cared for, and to engage in caring relationships. A truly just society does not use the market to hide current and past injustices. The purpose of economic life is to support care, not the other way around. Production is not an end in itself; it is a means to the end of living as well as we can. And in a democratic society, this means everyone can live well — not just the few.

When we focus on the societal function that school serves to enable youth to learn about the world and about others, the importance of schools to model democracy, equity, and care cannot be understated. Educational policies toward integration have recognized the rights of disabled youth to education, thus recognizing their citizenship and personhood. Advancing the quality of education provided must now move beyond consideration of rights and toward justice. How does a turn toward creating collective access as a practice of care and enactment of justice shape teaching?

Inclusive Teaching as Creating Collective Access

Teachers often envision their work as encompassing elements of care or locate caring as a personal trait that leads them to pursue a career in education (Goldstein; Lake, 2000). Students identify care as an important quality that teachers demonstrate that contributes to their success and engagement in school (Lavy; Naama-Ghanayim, 2020). Extending these already familiar elements of teaching and learning to a practice of creating collective care for inclusive education therefore builds on existing perceptions of teachers and students. Specific attention to meanings and practice of care is needed in educator preparation, however, because of the more common “technical rationalist” emphasis on cognitive theories, measurement, and classroom management that do not engage the emotionality of teaching and may not be viewed from a moral or ethical perspective (Campbell, 2008; O'Connor, 2008). As Campbell (2008, p. 357) describes,

[T]he processes of teaching as an interpersonal journey are far more nuanced and layered than what the teacher's mastery of curricula and pedagogical techniques can fully enable. The mysteries of teaching demand attention to the intangibles as well, and such intangibles are morally and ethically infused...

Additionally, common understandings about care or caring in education held by teachers may not automatically transfer to pedagogies related to disability and inclusive education because of the way *special* needs and *special* education reflect “the pathologizing of dependency, rather [than] the acceptance of dependency as a normal part of human life” (Kittay, 2002, p. 244). What follows is a preliminary attempt to draw together concepts on care and teaching to inform directions in educator preparation complementary to disability studies. They are: 1) Enable teachers to frame caring as a practice of justice; 2) Support teachers’ creation of classroom community in ways that facilitate creating collective access; and 3) Support teachers to identify, describe, and advocate for fair working conditions that acknowledge care work as specific labor.

Enable Teachers to Frame Caring as a Practice of Justice

An important first consideration in preparing educators to enact inclusive education through creating collective access is to encourage examination of their existing orientations to care. Studies on teachers’

orientations to care describe an expectation that their duty is to care about children's academic progress as well as for their general well-being and that many believe that caring and teaching are natural or instinctive traits that inform a calling to become educators (Barber, 2002; Goldstein; Lake, 2000). These beliefs, while oversimplified, Goldstein and Lake (2000, p. 871) describe, "are a powerful starting point for productive and educative dialogue" that teacher educators can build on. There are different orientations to care that include caring "about" a person and taking an interest in their well-being or caring "about" a problem or issue as motivation to take action; Providing care for another person to nurture their development or attend to their needs is more intimate and has often been described as rooted in maternal and feminized enactments of care that respond to and strengthen relationships. Motivations for caring about others and performing care for others can relate to obligation, duty, benevolence, love, and justice. Theorists of care ethics consider the varied understandings of care and care labor and how beliefs about them influence the nature of caring relationships, positionalities of the person receiving care (cared for) and the person providing care (one caring), and how societies account for human dependency and care in their economic, political, and social systems.

Kittay (2001) points out that the word, care, is multifaceted and is a labor, an attitude, and a virtue.

As labor, it is the work of maintaining ourselves and others when we are in a condition of need. It is most noticed in its absence, most needed when it can be least reciprocated. As an attitude, caring denotes a positive, affective bond and investment in another's well-being.

She points out that the labor of caring can be provided in the absence of an emotional bond or specific investment in the well-being of the cared-for by the one-caring. For children in schools, a teacher's care labor may mean creating a safe environment and recognizing and attending to students' needs for academic help and taking their general welfare into account. In the absence of a caring attitude, a teacher may not, for example, consider the specific desires and personal aims expressed or held by individual children or lead one to question their practices and whether they are optimized for the particular children in their charge. Kittay further describes that a virtuous practice of care (or *good* care) requires an attitude in which the actions of one caring are responsive to the cared for and focus on the interests and agency of the cared for even when doing so may be difficult or disadvantageous to the one caring. To Noddings (2013, p. 22),

Caring involves stepping out of one's own personal frame of reference into the other's. When we care, we consider the other's point of view, his objective needs, and what he expects of us. Our attention, our mental engrossment is on the cared-for, not on ourselves. Our reasons for acting, then, have to do both with the other's wants and desires and with the situation.

Noddings (1984) describes engrossment, commitment, and motivational displacement as a set of activities that teachers enact as caring pedagogy. Engrossment is key to initiating a caring relationship. Teachers seek to understand students' identities and life experiences, express value for them, and accept their feelings and needs as integral to the class community and its educational work. Commitment reflects a caring attitude through which maintenance of the caring relationship is prioritized by cultivating ongoing, authentic communication and exchange to assess and take action to ensure that learners continue to feel valued, accepted, and supported. Motivational displacement characterizes the caring relationship as the teacher (one-caring) is able to accept, value, and take action with the students' felt and expressed needs and best interests as the primary concern. Noddings's conception of care pedagogy emphasizes reciprocity, which means that characterizing educational practice as *caring* means that students (cared-for) indicate their receptiveness to the care offered by the teacher (one-caring); a pedagogy of care is not realized, in other words, until the cared-for recognizes and accepts the forms of caring that are being provided or offered. This requirement mediates the inclination of adults to act in ways that they perceive to benefit children, but are not received as such by them. Thus, Noddings makes explicit steps that educators can take to engage in relations-based care with attention to the agency and perspectives of cared-for (students), which aligns well with Kittay's notion of virtuous care.

Teachers can be prepared to identify the varied orientations to care that they possess and that they may develop to become inclusive educators. Noddings's (2013) recommendations provide a set of actions that educators can learn and practice to develop caring pedagogy as they develop philosophies of educational practice that center students in their wholeness and with attention their emotional lives in teaching and learning. While most teachers endeavor to start the school year by getting to know their students and setting up rules or norms for how to work together and what actions or behaviors are expected in school, the challenge to prioritizing caring pedagogy and its requirements may feel in conflict with demands of a standardized curriculum. As studies have shown, however, caring class environments enable students to take risks and engage in learning. Efforts to create trusting and caring relationships likely enhance learning and are worth giving class time to cultivate and continue throughout the year.

Creating Classroom Community

As teachers learn to conceptualize care in teaching as labor, attitude, and virtue, they can incorporate care into a practice of inclusive pedagogy. Creating collective access makes the work of caring a visible, community-oriented, and instructional part of the school day. A morning meeting and end-of-day closure meeting are often part of the school schedule for young children. This time can be used to engage in dialogue for building class community and can be readily focused on teaching and encouraging students to identify and name emotions,

needs, interests, identities, and experiences that shape their lives in school. Following Mingus's (2010) and Piepzna-Samarasinha's (2019) descriptions of creating collective access and collective care webs, teachers and students can learn to identify and describe their and other's needs, listen attentively to other's descriptions and suggestions, and generate ways that school, teacher, and peer support and assistance can address those needs in the short or long-term. Drawing from processes of creating collective access responds to Hernández-Saca's (2019, p. 11) call for

the development of a critical pedagogy informed by student knowledge, emotions, feelings, affect, and being in order to humanize the student teacher relationship for co-construction of personal, structural, and political narratives and human and identity development on the ground with them.

Developing actions from dialogue means that they will be variable, situated, and unique, which is a different approach to classroom community than having a primary focus on compliance and discipline. Another change in focus in creating collective access is a broadening of the planning and action around need and inclusivity away from a sole focus on the teacher and special education personnel. As part of inclusivity, we can cultivate a community of learners that recognizes interdependency and mutual need as they learn to regard the self and others with an ethos of care. Such lessons in school promises to shape more caring ways of life beyond school. Hughes et al. (2005, p. 3) describes,

The concept of interdependency draws attention to the ways in which mutual need is embodied in caring activities and caring responsibilities. Not only is it likely that all of us will need help, support, and care of various kinds at different points of the lifecourse, but also that certain types of need and care will continue to be largely absent from discussion (for example, the needs of adult men who are sick or incapacitated).

By building care education into schools and making it a regularly occurring community activity, we are able to support a new generation to practice and see dialogue about all kinds of needs and care for all people as a part of public life. Connecting the common work of building community in classrooms to inclusivity has the potential to de-stigmatize disability, center students in pedagogy, and generate creative approaches to organizing instruction. In addition to the literature on ethics of care in teaching, there are several educational frameworks that are compatible with creating collective access that can provide guidance for teacher educators and educators.

Creating collective access is a care-rooted practice of problem-posing and problem-solving. Because it relies on dialogue and communication, educators can benefit from exploring many ways that children can communicate. Approaches to generate dialogue include talk, as well as writing, typing, drawing, dancing, singing, taking photos, creating digital content, using signed languages, gesturing, pointing, sharing videos or favorite things, and so on (see Gallas, 1994). Ed-

ucators can also find guidance for engaging youth in communicating about their identities and experiences in educational literature that broadly describes critical pedagogies. More specifically, studies on youth participatory action research (YPAR) provide examples and guidance on how to engage youth in identifying injustice and taking action to effect change. Studies using these methods illustrate that young people are capable of engaging in dialogue, working in community, and taking responsibility to act (see Rubin et al., 2017; Serriere, 2014; Shultz, 2017; Shultz, 2018). These methods are especially instructive when creating collective access generates understandings of needs that require school and broader administrative or community action to address.

Thinking with disability studies indicates the use of social models of disability to guide understandings and action in relation to ability/disability. This means that emphasis is placed on practices that aim to reduce barriers to learning and improve accessibility to curriculum and teaching. Teachers and students may enrich the dialogue produced through the problem-posing and problem-solving process of creating collective access by learning about and becoming aware of actions that others have taken. For guidance, teacher educators and educators can prepare by becoming familiar with compatible lines of thought. Some include equity-forward approaches to universal design for learning (see Mascio et al., 2023) and culturally sustaining pedagogies that are informed by radical love (see Paris; Alim, 2017; Waitoller; King Thorius, 2023). Radical love, emanating from critical pedagogy (Freire, 1970) and Black feminist thought and justice education (hooks, 2001), refers to the desire to engage and center *othered* ways of being (see Yang, 2023, for a concise synthesis), which is important to creating collective access. It is essential that educators who seek to engage in creating collective access prepare to discuss and enforce the worthiness of disability and people with disabilities and the meaning of allyship (see Baglieri; Lalvani, 2019; Forber-Pratt; Minotti, 2023). Coined by Mitchell, Snyder, and Ware (2014), curricular cripistemologies center disability as a productive and creative force for teaching and learning. Experiences and depictions of disability are featured in curriculum with attention to critically analyzing meanings of ability/disability and how different cultural portrayals influence our beliefs and assumptions about ability, disability, and disabled people. Although creating collective access can be pursued with a focus on the classroom community, there are ample examples of how inclusivity can also be expanded in curriculum content, as well.

Recognizing Caring as Labor

A third element of developing inclusive education through creating collective access is recognizing the emotional labor of caring and teaching with caring pedagogies. Research illustrates the labor of caring that is embedded in the work of educators. For example, Ismael et al. (2021, p. 3) point out,

Because the specifics of care work are not articulated in our contracts or our job descriptions at our school, and because it belongs to a category of work that has traditionally been unwaged or under-waged, it is easy to frame it as 'extra' work, that some education workers opt into--rather than "real" work that we all have to do.

Reflecting Kittay's (2001) recognition that there are differences between performing care labor and providing *good* care, Ismael et al.'s discussion draws attention to the likelihood that the skilled care work of educators is largely undervalued. This is consistent with the conditions of caring labor across sectors, which tend to be disproportionately performed by women and members of minoritized groups, and are either under-compensated or unrecognized when provided in the home. Kittay, along with ethic of care proponents, argues that recognizing the universality of dependence characterizes the necessity of providing good care. Societies, then, must value the cared-for and ones-caring by compensating care workers well enough to enable them to provide good care for others while also caring for themselves and their own families. Ismael (2021, p. 8) reports teachers' descriptions of needs to continue their caring work, include "more time to care, less work, and better pay". "The overwhelming and negative experience of care work," they explain, "is created not by the work itself...but by the conditions under which it is performed".

There are very clear indications of what societies and school systems can do to support education and the educators who perform the labor of teaching, which includes the provision of *good* care. Providing teachers more time to care can be accomplished by building in more breaks and preparation time into the school day, which can also include time to collaborate and consult with other educators. Time and labor can also be maximized by keeping class sizes small. Smaller class sizes can allow educators to spend more time with individual students and make the overall class environment more conducive to cultivating caring relationships. This is especially meaningful for inclusive education; if the proposition has been that smaller class sizes are a feature of special education, then we can carry that idea forward in inclusive education. Finally, it is abundantly clear that teachers' pay affects their well-being and capability to provide *good* care. Many societies under-value and under-compensate care workers and educators, and systems seeking improvement and reform must examine teacher's pay as part of this work.

Conclusion

The purpose of this essay was to describe how the global project of inclusive education may be advanced by considering how ethics of care and understandings about care labor can inform schools. Implications for educators seeking to adopt a disability studies orientation to inclusive educational practice through a lens of care include focusing on caring as a definable set of actions and attitudes focused on justice, rather than a personal trait. Creating collective access specifi-

cally draws from the wisdom of disabled people to emphasize the capability of the community to name situated needs and collectively identify and enact accessibility and inclusivity. Whereas systems that have created special education to address disability/disablement emphasize the need for specialized, professional support and services, creating collective access empowers disabled people to name and direct the ways that members of a caring community can assist each other. To be clear, however, practicing inclusive education as creating collective access is intended to empower students and teachers to work together to build inclusive class practices rather than delegating the work and thinking of access only to special education. It is not a suggestion that inclusivity is labor that can be performed without resources. In fact, a requirement of orienting education with an ethic of care is that resources are increased – in pay, time, and reduced workload – to allow teachers to maximize their engagement in care work. Inclusive education requires investment in change. When we understand schools as part of the broad social and cultural function of societies, we can see them as imbued with a moral duty to care for youth and enable them to build an ever more caring and just world.

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