

Voices in the Classroom – Exploring how the Voice of the Disabled Child and the Educational Professionals are Manifested in the Classroom

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Abstract: Children are often presented as vulnerable and in need of guidance (Priestley, 2007), thus, as adults and professionals we tend to assume that we know what is best for them, particularly if the child has some form of impairment. This may therefore cause children's voices to be silenced, unacknowledged and unheard. Drawing on the findings of a project I embarked on through the use of the Mosaic Approach, this paper presents the voices of a seven year-old boy, Alexander, having Spina Bifida, and that of his teacher and LSA. A brief overview of the importance of voice is given, and the paper then proceeds to explain why the Mosaic Approach is an appropriate tool in making children's voices heard in research and everyday life. By presenting the voices of Alexander and the education professionals simultaneously, the messages they are attempting to convey, namely themes focusing on identity, normalization of the body, academic excellence and accessibility, are then discussed. The voices brought forward highlight the different discourses presented by the child and the professionals. Whereas the child projects a message of normalcy and equality with peers, the education professionals still place emphasis on disabling discourse. Possible ways in which the disabled child's voice is promoted and acknowledged at a level at par to that of the education professionals conclude the discussion brought forward in the paper.

Keywords: Disability, Voice, Listening to children, Child

'We are going to do some classwork and for homework we are going to have the same as classwork. And you only have 29 minutes to finish it! OK? So you better get to work!' (Alexander, age 7)

'He is very laid back. He is dependent on having an adult prompt him all the time, and in group work, he allows others to take control.' (Teacher & LSA)

Reading through the excerpts above, it is rather hard to believe that the teacher and learning support assistant (LSA) are referring to Alexander. The contrasting messages being conveyed reinforce patterns and behaviours I observe daily working with disabled children myself. As adults and professionals, it seems natural to assume that we know what is best for the children we work with, particularly when these children have some form of impairment. Thus, although the children in our lives may be attempting to make their voice heard, this is often, at times unconsciously, silenced, unacknowledged and unheard. These observations led me to question how ready we adults really are to listen, respect and give power and value to the voice of the children in our lives. Furthermore, I was intrigued by how ready the children really are to make their voice heard, and whether they are given enough space to make their voice heard in the various environments of their day-to-day lives.

Drawing on the findings of a project I embarked on through the use of the Mosaic Approach, this paper presents the voices of a seven year-old boy, Alexander, having Spina Bifida, and that of his teacher and LSA. The paper starts by giving a brief overview of the importance of voice, particularly in the life of a disabled child. It then proceeds to explain why the Mosaic Approach is an appropriate tool in facilitating the projection and promotion of child voice in research and everyday life. The paper then moves on to simultaneously present the voices of Alexander and the education professionals involved in his life. The voices and the messages they convey are then discussed and analyzed to determine whether all the voices are heard, acknowledged and respected equally. The paper then concludes by suggesting possible ways in which the disabled child's voice can be promoted and acknowledged at a level at par to that of the education professionals.

For the purpose of this paper, the term 'disabled child' will be used in preference to 'child / children with disability', as I feel it is more in keeping with the principles of the social model of disability, whereby it is society that imposes the disability on the individual (UPIAS, 1975). Also throughout the paper, I acknowledge the child's voice as more powerful than mine as a researcher, as a professional, or as an adult. My role is therefore that of bringing to light the participating child's voice and his experience of what it is to be a child with a physical disability in Malta. In my reflections and writing of this paper, I aim to be 'true' to the stories, feelings and emotions being conveyed by all those involved, whilst I also embrace the role of advocate for the child's rights and needs and the importance of equal opportunities for all. I also acknowledge that as a researcher I still hold a degree of power within the writing of this paper. This arises from the fact that although the data will be generated by the child, the interpretation is still my own. This interpretation is therefore subject to my own personal perspectives, shaped

my own reflections and experiences (Foucault, 1980, as cited in Gore, 2005). Given that the participating child was a boy, throughout the paper the term 'him' / 'his' will be used to refer to the child.

Voice and the Disabled Child

The power of voice is a concept that often we, as adults, parents and professionals, take as a given. Our position in society gives us a privileged platform that allows our voice to be heard, acknowledged and, to an extent, affect the lives of others. The same, however, cannot be said for all members of society, particularly those belonging to minority groups and children. From personal experience working with disabled children, I feel that the importance of voice, and its absence, holds particular relevance in their lives (Lewis, 2008). The voice of disabled children is often silenced by that of the adults around them in every environment of their day-to-day life. The implications of this silencing means that disabled children have little or no control on various aspects of their day-to-day lives.

The most influential agency in cultivating independence and autonomy is the family (Cardona, 2013; Devenney, 2004). At home, however, it is the parents that decide what is best for their children, and whilst it can be argued that this holds true for all children, it must be kept in mind that the presence of impairment adds factors that would otherwise not be in play. The parents of disabled children decide the type and frequency of therapies their children attend. They decide on whether their child attends mainstream or special schooling systems, and how much schooling is missed in order to attend therapy services available only in the mornings. The time dedicated to therapies, in order to minimize the impairment present, also determines the quality and quantity of time dedicated to other crucial childhood activities such as play and involvement in extracurricular activities (Blum, Resnick, Nelson & St Germaine, 1991). Disabled children are rarely consulted on whether they are happy with their home routine as is, and thus the parents construct the child's life based on guidelines given by medical and education professionals or by their own research on how to provide the best for their disabled child.

At school, the voice of the child is silenced by the need to conform to schooling practices that need to meet a vast curriculum. For disabled children this may be further hindered by the constant presence of a supervising adult (DeSchauwer, Van Hove, Mortier & Loots, 2008), especially the LSA, which may affect the freedom the child has to express himself, both with his peers and the class teacher. Furthermore, disabled children, as mentioned previously, may be made to miss school to attend medical appointments and other services. This may create feelings of 'visitorship' rather than

'membership' within the classroom (Anita et al, 2002), further diminishing the importance and space given to make the disabled child's voice heard.

Classical portrayals of the role of children, including those having impairment, are another contributing factor in the lack of value given to the child's voice. Children have often been depicted as naïve, innocent, mischievous, anecdotal, and unable to fully understand the nature of ongoing events (Priestley, 2003). The presence of an impairment tends to locate the cause of disability and social disadvantage within the child, promoting a personal tragedy and medical model view (Bult, Verschuren, Jongmans, Lindeman & Ketelaar, 2011) further distracting professionals from engaging and listening directly and actively to what the child himself has to say (Curran & Runswick-Cole, 2014). Besides these preconceived misconceptions, hearing the disabled child may be further hindered by the presence of impairments that hinder speech and the ability to utilise the spoken and/or written word as a means of communication.

The Mosaic Approach

Historically, the dominant societal view that children were incomplete adults signified that children were deemed incapable of participating in meaningful research (Aries, 1986). Thus, the study of childhood was based on retrospective views of adults or on the views of the parents and professionals involved in the children's lives (Watson, 2012, Disability Rights Commission, 2006). This was also true for studies focusing on disabled children and disabled childhoods were the experience of disabled children is largely invisible (Curran & Runswick-Cole, 2014, Sylvester, Donnell, Gray, Higgins & Stalker, 2014) and when researched through classical approaches disabled childhoods have been mainly associated with a negative, medicalized and personal tragedy view (McColl & Adair, 2013). Hence, until recently, the main themes emerging from research on disabled childhoods were centred on the economic and social effects on the family and on service provision (Watson, 2012). This failure in exploring disability in childhood within its entirety, by excluding cultural contexts and children's first-hand experiences, resulted in the objectification and silencing of disabled children (Watson, 2012).

The Mosaic Approach was designed by Clark and Moss (2005) in view of this need to finally place the child's voice at the forefront of research. This is achieved by specifically acknowledging children as experts in their own lives and by giving priority to the importance of children's voice through the use of a combination of both traditional and participatory tools (Clark & Moss, 2011). Hence, it is the child himself who directs the course of the research project, and therefore only situations, both positive and negative, and barriers that the child feels are important in his day-to-day life are explored. The issues raised by the child are then used in interviews with the key adults in

the child's life. This helps create a more holistic picture of the child's life experiences, and explores how the child identifies himself and transgresses the barriers created by society (Clark & Moss, 2005).

Using the above principles, I worked with Alexander both in the home and school setting (Psaila, 2015). For the purpose of this paper, however, only the school setting is being explored. Alexander was given space to make his voice heard through child-conferencing (verbal discussions with the child), drawings, role-plays and photographs. The teacher and LSA were then interviewed, so as to add weight to Alexander's voice and issues he raised, as well as present a more holistic picture of Alexander's school life. I observed Alexander in his classroom on three separate instances during our time working together.

Setting the Scene

Alexander is a seven year-old boy. He lives with his parents and two younger brothers. Alexander also has spina bifida and is a wheelchair user, although he is able to walk very short distances with the use of mobility aids. He attends a mainstream, state school and has a one-to-one LSA at school. There are 19 other pupils in his class and, while the majority of students come from a diverse mix of cultural and ethnic backgrounds, he is the only disabled child in his class, albeit not the only disabled student within the entire school.

In class, the teacher sits on the side at the front of the classroom, with the interactive board and a white board filling up the rest of the front of class. Some of the students are seated in groups of fours at the centre of the room, with the rest of the students sitting side by side forming a U-shape around the group in the centre. Alexander sits on the outermost side of the U shape, with the LSA on another desk by his side. He sits on a cushioned, classroom chair, with his wheelchair parked at the side of the classroom. Alexander's classroom is on the first floor of the school, and he can reach it by using a lift. The playground and entrance to the school are both accessible via a ramp.

This setting suggests that Alexander is completely included within his classroom environment. Still, it does not necessarily mean that his voice is being heard by the education professionals. In the following section, Alexander's voice, as expressed when working with me on an individual basis, is presented concurrently with that of his teacher and LSA, so as to question whether all those involved in the classroom are actually hearing what the other parties are trying to say.

What is being said?

Alexander

- I would like to stay in the wheelchair in class. It is more comfortable and I can get around on my own.

- Me: And are we going to the playground?

Alexander: Of course we are!!

Me: And how are we going to the playground?

Alexander: (Thinks and rolls his eyes)

Let's see... With the big lift!

Me: With the lift? OK.

Alexander: With the lift and all the children!

- Me: And what will we do in the playground?

Alexander: Play too much!

Me: And what are we going to play?

Alexander: What I told you... hide and seek, doctors and dentists

Me: Doctors and dentists?

Alexander: Yes, and of firemen, and we are going to do some activities.

- At school I am happy when I am playing with the children

- We are going to do some classwork and for homework we are going to have the same as classwork. And you only have 29 minutes to finish it! OK? So you better get to work!

- I am angry when the teacher tells me to be fast. Every time fast, fast, fast!!

- I'm happy when I do my class work

Teacher & LSA

- Teacher: I think he needs to speak to a counsellor. He's growing and he's realizing. Right now he is becoming more aware he's different.

LSA: In fact, he's stressed all the time.

He's constantly throwing up

- Students have a schedule on who can accompany Alexander in the lift.

- Me: Is there anything else you want to add?

Teacher: Yes, maybe, I don't know if it's the point, but is he doing physio?

Me: No

Teacher: That's something that really bothers me - that he says that they can't take him because of his siblings.

LSA: I would take him to physiotherapy myself if transport was available from school.

- He needs to walk daily. That's why we spend break time walking in the corridor, as walking in the playground is unsafe.

- In reality the girls take more care of him, they think of him, they want to go in the lift with him. But he is more attached to the boys.

- And when we were talking about their special friends, he didn't mention Anne. And Anne was the one that when we were doing the dancing of the concert offered - she told me "I want to stay with Alexander", and I mean at that age, it's remarkable.

- My aspiration for Alexander is, is for him to be very good at school. Because he needs to work, I want him to. I don't want him to end up in a home with people doing nothing all his life. Because he can do a lot of things.

- I think that his future lies in his brains. There's nothing much that can be done other than that. I mean, his physical impairment is quite big. You can't overcome it. There's nothing we can do. That's why I want his parents to understand how important it is for him to work hard now.

What is being heard?

From the above, my observations and from working individually with Alexander on a one-to-one basis, I felt that the most predominant message was that Alexander is happy as is, and would like to be known for who he is as a person, and not be defined by his physical impairment and what he is physically able to do (Wickendon, 2011). Alexander wants us to acknowledge him as a seven-year-old boy, equal to and same as his peers. He isn't angry at the fact that he cannot use the stairs, he is bothered by the fact that not all of his friends can join him. The use of a wheelchair does not define him, but is rather just an extension of who he is (Egilson, 2014), so much so that attempting to walk is not a priority for him, playing with his friends during break time is.

What I heard Alexander saying helped me create a powerful, positive image of an assertive, happy child. However, this image was shattered as I progressed with interviewing his teacher and LSA. All of a sudden, I was hearing the voice of the education professionals describing a stressed out, laid-back, quasi-pitiful boy with a severe impairment that is moulding the entirety of his school life. I was shocked. Where was the Alexander I knew? Had I incorrectly heard and interpreted everything he had told me? So I decided to embark on a quest to re-evaluate my reflections and the knowledge generated by Alexander, and delve deeper in the voices present within the classroom and question whether listening is actually occurring between the different parties involved. Using direct quotes from both Alexander and the education professionals, the power of voice is discussed in terms of identity and normalization of the body, academic performance and accessibility – the main themes emerging throughout the research project.

'I'm comfortable in my wheelchair' - 'I would take him to physiotherapy myself'

Working with Alexander I was struck by the fact that words such as 'different' and 'disabled' never came up. When drawing himself, both in his family portrait and when with his peers, Alexander draws himself, a boy without the wheelchair, in the exact same manner as his non-disabled, family and friends, something he did by choice and not by lack of ability to do so. Alexander never voiced negative emotions, such as frustration and anger caused by the presence of the physical impairment and the necessity of using a wheelchair, although reference was made to the need of accessible environments. The data generated does not hint at the presence of an impairment, however, I did not feel that Alexander's silence on his bodily appearance and use of the wheelchair, reflected a denial of the impairment's

presence. Rather, for him, it is just a normal, everyday part of who he is (DeSchauwer et al, 2009), a necessary extension of one's self that allows for independence rather than difference (Egilson, 2014). Thus, I feel that Alexander is conveying the message that 'disabled children are just regular persons with everyday interests, desires, activities, worries, and choices' (De Schauwer et al, 2009, p.104). Walking and 'normalizing' the body is a preoccupation of the professionals, not his (Hall & Hill, 1996).

And yet, the teacher and LSA imply that he needs to seek help as he is realising he is different. The 'altered' body is powerful enough to silence the child's voice, hindering the professional's ability to acknowledge and understand what Alexander is saying. Alexander clearly says that he would rather spend his day in his wheelchair, both in class and during break time. But instead, he is transferred onto a school chair during lessons and made to walk in a corridor during break time. Furthermore, both the teacher and LSA voiced the need for Alexander to resume physiotherapy sessions, a concern which was clearly voiced in Alexander's presence. This has two notable implications, in my opinion.

First, the stress being placed on the need to walk and to 'fix' the physical body implies that the education professionals still view disability from a medical model stance. Missing school, so as to be able to attend physiotherapy sessions, seems perfectly justifiable. So much so, that if possible, the LSA offered to take him to physiotherapy herself, in view of the fact that the mother could not take Alexander. The opinion being voiced is that only through minimizing the individual's physical impairment can the degree of disability be decreased (Mitra, 2006). This brings to the forefront the belief that non-disabled adults and professionals still define, interpret and construct independence in terms of the ability to be physically able to walk (Oliver, 1993). The education professionals felt that by allowing Alexander to enjoy everyday childhood experiences (Heywood, 2010), without the burden of regular physiotherapy intervention, the parents were unable to prioritize the needs of their physically impaired child.

Secondly, all of this was said in the presence of Alexander. This not only helps project a disabled identity and a need to identify as different from peers onto Alexander, but also reinforces the societal belief that disabled children are passive beings (Priestley, 2007). Talking over the child's head is not seen as an issue, and the effects of the spoken words on the child himself go unnoticed and unacknowledged. Thus, if the disabled child is still seen as being so passive that it is assumed that the power of our own voice as adults, talking about the child's own needs, goes unnoticed by the child himself, is it really a surprise that the disabled child's voice goes unheard?

The effect that the physical impairment will have on the disabled child's ability to develop into an independent, autonomous adult was another constant undercurrent in my interview with the teacher and LSA. The need for Alexander to compensate academically for his physical impairment was voiced so loudly that it drowned all the other messages Alexander was trying to voice.

'So you better get to work!' - 'His future lies in his brains'

It is often presumed that if one has a physical impairment, then one is also dependent and incapable of learning at the same rate as peers (Nario-Redmond, 2010). In Alexander's narrative, however, he is expected to over-achieve academically so as to compensate for his physical limitations. This is voiced repeatedly to Alexander on a daily basis. He is expected to obtain a perfect score in classroom tests and he is expected to be fast in his work. From my observations in class, whereas his classmates are allowed to make mistakes, and ask Alexander's LSA for assistance, when Alexander asks for help it is interpreted as over-reliance on adult input.

What is interesting is that although the education professionals seem too wrapped up in their own agendas to hear Alexander's voice, Alexander is extremely aware of what his teacher and LSA are saying. In our work together on an individual basis, he expressed his frustration at constantly being made to work quickly at school - 'I am angry when the teacher tells me to be fast. Every time fast, fast, fast!!' In our role play, where he was embracing the role of a teacher, he also brought this up by being extremely assertive with me (as his student) and by ordering me to be fast in my work - '*And you only have 29 minutes to finish it! OK? So you better get to work!*' He also sent me home with a list of sums to work out, which he then corrected in our subsequent session.

The power of the educational professional's voice in expecting excellent academic achievement has also translated into Alexander's behaviour at home. His parents have noted that he is increasingly more stressed after school, and that he is at times physically sick with the stress being placed on him. The difference, though, is that the parents are ready to listen to Alexander. They have heard what he has to say and acknowledge him as a seven-year-old boy who is being asked to constantly excel at school. For the education professionals, however, the root of Alexander's stress does not lie in their practice and their expectations of him. The cause of stress, they believe (and have voiced this to both myself and the parents) is that Alexander has a physical impairment that makes him look and feel different to his peers.

‘With the lift and all the children!’ - ‘The children have a schedule on who can use the lift’

Accessibility was a theme Alexander brought up in all the tools used both in the home and school environment. He clearly and determinedly expresses the need for an environment designed with access for all (Imrie, 2004). Despite his young age, he does not speak in terms of wanting to walk so as to be able to access places easily. Instead, he views accessibility as an inherent right that should be made available to all. What irks Alexander is that although the school is accessible, his friends are not allowed to use the lift with him. Thus, what makes the school accessible, with particular reference to the lift, is also a source of marginalization. Alexander voices the wish that all his friends should be allowed to use the lift with him, not that he would like to use the stairs like the rest of his peers. But again, this wish has gone unnoticed, with the teacher and LSA making no mention of any problems with the schedule system they put in place. The idea that it may be more inclusive to keep Alexander’s class at ground floor level, so as no one needs to use the lift to get to class was easily dismissed by the school staff.

Another important issue pertaining to voice and accessibility in the classroom is the fact that Alexander says that he would rather spend the day in his wheelchair so he can get around in class and participate in activities that involve the children to move to the front of class. But once again Alexander’s voice goes unheard. This time, the cause is the advice given to Alexander’s previous teacher and LSA by health professionals a few years earlier. At the time, Alexander was still being taken to school in a pushchair used for infants and did not have a wheelchair. Thus, the health professionals had advised on transferring Alexander onto a school chair for him to feel at par with his peers. This practice was taken on year after year, despite Alexander getting his own wheelchair. The problem with being transferred onto a school chair is that it obliterates the ability to move around the class, thus, Alexander is stuck at his desk throughout the entire school day. By voicing his wish to be able to stay in his wheelchair, Alexander is also expressing a wish to be more involved in classroom activities. But again, the power of professional’s voice silences that of the disabled child. Furthermore, this silencing is not taken into consideration as a possible reason as to why Alexander is at times laid back in class.

The Manifestation of Voice in Everyday Practice

Reflecting back, it is interesting to note that my first reaction was to question my own and Alexander’s voice. Inherently it seemed inconceivable that the education professionals might have a tainted view of who Alexander really is and what he wants to say. And yet perhaps this is a reflection of the power a professional’s voice holds within everyday environments, coupled with a

perception that views children as incomplete individuals dependent on adult guidance (Clark & Moss, 2011). The notion that is the professionals that know best, not me, let alone a disabled child was the first port of call. And this notion, in turn, is also being manifested in the classroom on a daily basis.

The power of the educational professional's voice in the classroom, I feel, seems to not only silence that of Alexander but also shapes his identity within the school environment. Themes that Alexander never voiced, such as that of the need to normalize the altered body and the ability to walk, take centre stage. Whilst themes Alexander brought up in all of the work we did together, such as accessibility and the importance of play, were not acknowledged as issues affecting his life in school. My initial reflections led me to believe that the probable cause for the difference in my perceptions of Alexander and those presented by the education professionals lay in the possibility of multiple identities. The Alexander working with me individually identified himself differently than the Alexander in class, substantiating the belief that we mould and change our identity depending on the setting we are in. Furthermore, this would confirm the fact that children, including disabled children, do have fluid, multiple and complex identities (Curran & Runswick-Cole, 2014). This is built on the premise that the structural and social forces present influence and negotiate the individual's identity within that social setting (Priestley, 2003). Thus, although individual characteristics influence specific details of identity (Badia, Orgaz, Verdugo, Ullan & Martinez 2011), self-identity is affected and intertwined with the relationships and attitudes of those around, particularly that of parents and professionals (Priestley, 2003). It also highlights the idea that impairment and disability, although they can be identified separately, interact with the many other realities that constitute experience (being) and participation (becoming) within the school environment (Gaffney, 2014).

However, on further reflection and by referring back to my school observation notes, I feel that the main cause for this difference in the way Alexander is seen, is not only caused by multiple identities within Alexander himself. The Alexander I observed in class behaved in the same manner as his classroom peers. He participated during lessons, and chatted away with friends when possible. He seemed identical to the boy I worked with alone in other environments. And yet, the words and tonality used by the teacher and LSA kept resonating in my mind - 'he is laid back', 'he is constantly stressed', 'he is realising he is different'. So is it possible that the difference lies in our perceptions as adults, and our inability to listen?

Using the Mosaic Approach required that I strip myself from my adult and professional mindset, as far as possible, and acknowledge Alexander himself as the expert (Clark & Moss, 2005). Thus, by attempting to start with a blank slate as much as possible, free of preconceived ideas and beliefs, I was open to

receive and hear all that Alexander had to say. Inherently though, as adults and as professionals, we are schooled to assume that we know best, particularly when dealing with children (Priestley, 2003). Being in a position of power puts the voice of the professionals at the forefront, muting that of the disabled child. The disabled child may be voicing his needs and priorities as loudly as possible, but we may be too caught up in our own voice to acknowledge that the disabled child does indeed have a voice of his own. And more importantly, admit and acknowledge that the disabled child knows more about what is important in his life than we do. Our own voice, a voice that is talking in terms of the need of normalization of the impaired body, the need of academic excellence and the infallibility of the practice currently in place not only projects and encourages a disabled identity onto the child himself, but it also projects such a view onto his non-disabled peers.

Non-disabled peers have an important role in determining the quality of school life and inclusion (Gay, 2009) and despite the limited opportunity to socialize with friends during break time, the relationship between Alexander and his friends has been described as very positive by both the teacher and by Alexander himself. My observation sessions at school confirmed this and there seems to be no obvious indication that Alexander identifies himself differently from his peers. The ability to identify as equal to his peers is of even more significance, as disabled children tend to feel different and excluded from their peers given that they have to share their spaces with (De Schauwer, Van Hove, Mortier & Loots, 2008), and are under constant surveillance by adults (De Schauwer, Van Hove, Mortier & Loots, 2008). This feeling of sameness can possibly be attributed to the rich diversity present in the class. In Alexander's class, out of the twenty students, only eight are Maltese. All other students come from a varied array for cultural and ethnic backgrounds from all around the globe, and although he is the only student having a disability in his class, there are other students who have a disability attending the same school, as mentioned earlier. This leads me to question whether this diversity in gender, colour, religious beliefs and cultural backgrounds, allows the children to view the presence of impairment as simply another variant. Thus, Alexander's voice is equal to theirs.

Still, although I saw the interaction at school as extremely positive and reflective of children from diverse backgrounds and abilities getting on well together, the teaching staff interpreted this interaction differently. As can be seen in the following excerpts from the interview with the teacher and LSA, friendship towards Alexander was described in terms of love and caring. It was also implied that some of the children in class should be commended on their effort to include and care for Alexander.

'In reality the girls take more care of him, they think of him, they want to go in the lift with him. But he is more attached to the boys' (Teacher)

'And when we were talking about their special friends, he didn't mention Anne. And Anne was the one that when we were doing the dancing of the concert offered – she told me "I want to stay with Alexander", and I mean at that age, it's remarkable'. (Teacher)

Although it seemed to me that the pupils were voicing a message of sameness, a voice which said that they enjoyed playing together irrespective of gender, race or physical ability, this is not being heard as such by the adults. When peers include Alexander in their games, or offer to accompany him in the lift, or dance during the school concert, this is no longer interpreted as a sign of friendship. Instead, these acts are acknowledged as a sign of care, as noble and quasi heroic acts – acts that require recognition and praise. The presence of the impairment seems to taint every interaction of the disabled child, adding underlying meanings, even if unintentional, to otherwise unremarkable traits of childhood friendships. For the professionals, it seems inconceivable that although a degree of support is always part of friendships between disabled and non-disabled children, friendships that are not dominated by the need of care can still form (De Schauwer, Van Hove, Mortier & Loots 2008). Of concern, is that the adults voice this perception within the class environment, promoting the misconception that disabled children, and consequently disabled adults, are in need of care and charity. This might shift the chant of the children's voices that speaks of sameness to one of difference, pity and inequality.

Giving Power to the Disabled Child's Voice

So how can the disabled child's voice be given the power and acknowledgment it deserves? The first and perhaps most crucial element, I believe, is the creation of an environment that encourages listening. Clark and Moss (2011) place great emphasis on the importance of listening as a prerequisite in allowing for the generation of new knowledge. Listening must be understood as an active process combining hearing with interpretation and construction of meaning that is a necessity in everyday life (Clark & Moss, 2011). Clark and Moss (2011) suggest a number of conditions that should be present in order to enhance listening. First and foremost, a climate that promotes listening must be created - a climate that values children's opinions. As adults and professionals we must therefore learn to step down from the upper position our age and professions put us in and embrace a position that allows us to learn from our students.

Secondly, listening cannot be a rushed activity and therefore both the child and adult must be allowed to take their time in listening and interpreting (Clark & Moss, 2005). Hence from the start, I ensured that Alexander felt comfortable in sharing his experiences with me and in knowing that he had ownership and control over the project and could decide on what to divulge

with me and could refuse to continue sharing at any stage in which he did not feel comfortable. I also did not set any given time frame for the duration of the sessions, and it was Alexander who decided when time was up for our work together. It was this mindset, and the creation of a safe environment, that allowed for Alexander's voice to be heard with the respect it deserves. Applying the exact same principles may not be as straightforward within a classroom environment, where systems currently in place require a rather inflexible time schedule and a vast curriculum to be followed. However it is not impossible. Children should be given the time to express themselves, using media that go beyond the spoken word, such as drawings and role plays (Clark & Moss, 2011). We, as professionals, must be ready to listen and dedicate time to look beyond the work given at face value, as well as respect what is being told and be aware of areas where the child was silent.

Allowing children to make their voice heard is useless unless we the adults learn to listen to what is being voiced and move away from a view that focuses on the impairment rather than disabled children's potential (Salamanca Statement, 1994). It must also be taken into consideration that there is a risk that the authenticity of voice may be interpreted as sentimental or anecdotal by various stakeholders in the child's life (Barnes, 2003 as cited in McColl & Adair, 2013), stemming from the stereotypical portrayals of children, particularly disabled children. Disabled children have often been depicted as courageous, and yet in need of our pity, in a variety of settings (Shapiro, 1993), and this may inadvertently bias the adults interpretation of the child's voice. For listening to actually generate knowledge, thus being given a power equal to that of the voice of the professionals, children (including disabled children) must be recognised and respected as experts in their own lives. Besides acknowledging the children's expertise, and creating environments conducive to listening, we must be open to thinking outside the box.

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