Compassionate care in disabled people's music engagement and learning

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Abstract

This article discusses the musical engagement of disabled people given recent scholarship in care ethics (e.g., Baker, 2023; Hel, 2018; Hendricks, 2018, 2021, 2023b; Hendricks & Boyce-Tillman, 2021). It considers how terms used to describe them frame the relational aspects of care. Possibilities and challenges are examined for caring relationships in music teaching that involve: inclusive practice; vulnerabilities; reframing it towards reciprocal care; and the dangers of "benign neglect" (Noddings, 2013). Hel's (2018) "distributive justice" is also considered. The article concludes that disabled insiders' authentic experiences might best serve as a platform for appropriate resources, policies and music education practices.

Keywords: Disability, Care, Disability models, Ethics, Music participation

Introduction

Care has become the focus for recent scholarship in music education with the publication of a book by Hendricks, *Compassionate music teaching* (Hendricks, 2018) and latterly *The Oxford handbook of care in music education* (Hendricks, 2023b; for other examples in education and music education, see Churchill & Hall, 2025 on "deaf music"; Baker, 2023; Benjamins 2025 on community music; Hel, 2018; Hendricks, 2021; Hendricks & Boyce-Tillman, 2021; Hourigan, 2025; Howard, 2022 on choral settings; Jackson, 2025 on schools; Lehmberg & Fung, 2025 on older adults; Rabin, 2021 on online teaching; and Silverman, 2012). Care in music education is sometimes misunderstood as simple kindness or lowering expectations: "For so long, music educators took for granted a teacher-led, directive approach to educating students in music, an approach which rarely or never questioned the superiority of the teacher's knowledge of appropriate curriculum content, and of how to deliver that content through pedagogy" (Hendricks, 2023b, p. xvi). A more empowering conceptualization of care involves teachers and their pupils forging authentic relationships by interacting as co-learners, sharing their experiences and understandings, and negotiating goals (ibid.). Care in the music participation of disabled learners can occur within the formality of mainstream or special schools, or within the instrumental teaching studio, but it can also be integral to music-making facilitated in communities. It is something music educators and music facilitators might ponder in relation to their work with every music learner or participant encountered. This includes children and adults, and those with and without disabilities. Furthermore, understanding care means consideration of the disabled learner's life outside the teaching room, which impacts on care within it. Care is also shaped by the disabled person's past experiences, so, in that sense, it is biographical and historical, since confidence and self-esteem can sometimes play a part in learning and musical experience.

For purposes of positionality, it is important to state that this article is written by a non-disabled academic who has researched disability and music for over ten years leading to a professional and friendship network of disabled people. Its first part ("Background") provides necessary context for the ensuing discussion. It explores the causes and categories of disability, but also how published disability models (e.g., Barnes & Mercer, 2004; Beaudry, 2019; Pickard, 2021; Purtell, 2013; Smart, 2004) and the terms used in relation to people with disabilities contextualise their care. The second part of this article ("Discussion") starts by explaining why there is a pressing need to spotlight care in music education in general terms, but also why this may be pressing when engaged in music activities with those who have disabilities. It continues by discussing how gaining mutual trust involves exposing vulnerability in the caring teacher-learner relationship (e.g., Hendricks, 2018). The discussion then turns to how care bids reciprocal relationships (e.g., Hendricks, 2018, 2021, 2023a), in addition to the dangers of a unidirectional approach and the challenges posed to reciprocity given disability is such a broad spectrum of health conditions and capacities. Subsequently, the notion of "benign neglect" (Noddings, 2013) is explained. After this, the challenges associated with identifying and engaging disabled people as music learners are explored. Next, the article turns to how inclusion features in care by noting a naïve view that every disabled musician can and will want to participate alongside his or her non-disabled counterparts. Finally, Hel's (2018) "distributive justice" is explored in care ethics, thus suggesting ways in which we might source the genuine experience of disabled music participants to develop more appropriate resources, policies and music education practices.

Background

Causes and categories

Disability has a myriad of causes, including genetics, illnesses and diseases, injuries, pre-natal conditions, birth complications, unexplained causes, and ageing (see e.g., Altman, 2013, 2014; Baker & Green, 2017). It can have sensory, cognitive, intellectual, psychiatric, neurological and physical connotations, including those stemming from musculoskeletal and neuromusculoskeletal issues (ibid.). There are various points at which disabilities can occur too, with some disabled people having congenital and lifelong conditions, others encountering disabilities at a later point in life, and the presence of episodic circumstances in some (Baker & Green, 2017). Adding further to this complexity, there can be comorbidities and complex health interactions.

There are also various benchmarks in different nations for what "counts" as a disability (see, for instance, Üstün, Kostanjsek, Chatterji, & Rehm, 2010). Owing to this, the reported incidence of disabilities in education systems, nationally or internationally is uncertain. This is because available figures are subject to variability in standards, policies, registration benchmarks and diagnosis rates within healthcare systems across the world's nations (see e.g. Casebolt, 2021; Hosseinpoor et al., 2016; Mont et al., 2022). For example, in the developing world, by contrast to the stronger world economies, there is a high incidence of preventable disability (for instance, refractive errors or cataracts resulting in visual impairments) (see

World Health Organization, 2023b). There may also be differences between nations in stigma, including how attitudes are shaped by cultural values, and people not wanting to come forward to disclose their conditions. However, the World Health Organization (2023a) reports: “An estimated 1.3 billion people experience significant disability. This represents 16% of the world’s population, or 1 in 6 of us” (online, no page numbers). The WHO (ibid.) also notes disabled people encounter: “structural factors”, including stigma, ableism and discrimination; “social determinants” affecting their health, including employment exclusion and poverty; and issues with “health systems”, such as a lack of knowledge, inaccessible facilities, or discriminatory practices by healthcare workers.

Disability models

According to the “medical model”, disability and how it is experienced is solely caused by an aberrant, flawed human body, such as through illness, disease or trauma (see Beaudry, 2019; Smart, 2004). The organisation of society is *not* part of any problems encountered by the disabled person. This is an ableist perspective. One implication is that empowered medical professionals, specialists, educators, and social services best make decisions regarding treatment, therapy, adaptive devices, and rehabilitation to compensate. Depending on a person’s health and intellectual circumstances, this is potentially disempowering for the disabled person. Churchill and Hall (2025) have noticed parallels with how some well-meaning, yet poorly conceived care is given in music education. These authors write:

> …the medical view assumes that disability resides within the individual. In line with this, special education is premised on identifying students who have some kind of condition that impedes their academic and/or social development. …the usual response to disability is to cure or minimize it as much as possible. As such, caring educational professionals and other stakeholders usually seek out effective methods to alleviate recognized deficits. However, what is often overlooked in this is the power differential, which might lead educators to discount the disabled person’s experience toward determining the best accommodative route (p. 543).

In music education therefore, Hendricks’ (2023b) reciprocal notion of care (2023b) seems at odds with this medical view as it fails to embrace what a disabled learner might potentially contribute to shaping his or her own learning. However, a “social model” has emerged, with the term coined by Oliver (1990, 1996, 1997; Oliver, Sapey & Thomas, 2012; also see Adam & Koutsoklenis, 2023). This has challenged earlier ableist, medical perspectives (Barnes & Mercer, 2004; Beaudry, 2019; Pickard, 2021; Purtell, 2013). With this, disability is proposed as a positive identity instead, with a disabled person potentially having high agency to influence his or her life, including his or her education. He or she is to be viewed as inherently “normal”. Rather than being attributed solely to their supposedly abnormal body, any difficulties disabled people encountered are to be attributed to improper social organisation, such as with policy, people’s attitudes, the distribution of financial and other resources, inadequacies with the built environment, or problems with how education is organised (Beaudry, 2019; Oliver, 1996). Like racism or sexism, disability is considered oppression since it “…is the disadvantage or restriction of activity caused by the political, economic and cultural norms of a society which takes little or no account of people who have impairments and thus excludes them" (Oliver, Sapey & Thomas, 2012, p. 16). A resultant social movement to this "…consciously engaged in critical evaluation of capitalist society and in the creation of alternative models of social organization at local, national and international levels…" (Oliver, 1990, p. 113; Oliver, 1997). For music learning and participation, the thinking surrounding this social model now places a spotlight on the accessibility of physical spaces such as music teaching rooms or concert halls, but also travel to them, in addition to the accessibility of musical instruments, scores, musical genres, and approaches to teaching and learning (Baker & Green, 2017; Castle et al., 2025). Caring relationships thus hinge on music teachers engaging in meaningful dialogues with their disabled learners to seek understanding about such matters.

Music education is also laden with historically entrenched thinking that could too easily be taken for granted (see e.g., Jorgensen, 2015). Blind and partially sighted people, for example, live against a backcloth of lore in today's societies about "special dispensations" given their conditions, including about mysterious, innate musical gifts and a predisposition to music-making in specific ways. This draws on these disabled musicians' history with remarkable blind musicians in jazz, popular and world music in various countries across considerable time (e.g., see Baker, 2021; Baker & Green, 2017; Blind Boys of Alabama, 2025; De Ferranti, 2009; Fuqua, 2011; Groemer, 2012; Isaki, 1987; Kononenko, 1998; Lubet, 2011; Ottenberg, 1996; Ribowsky, 2010; Shearing & Shipton, 2005). Baker and Green (2017) found that some music teachers drew on this backcloth of aural traditions to suppose that reading notation was unimportant for their blind music learners. Yet the imposition of this in teaching restricts learners' prospects for inclusion in ensemble contexts where reading notation is needed, such as the school orchestra or wind band. Engrained music educator biases such as this must be unearthed therefore, if care is to lead to inclusion for disabled learners. As Jorgensen (2015) observes "…contributive aspects of social justice require that all men and women…among the many barriers that separate people, are able to contribute musically in the many ways in which they are interested and capable" (p. 20).

Care connotations in terms

Connotations of pity and helplessness are embedded in some of the terms that have been, in misguided fashion, used to describe disabled people (Baker, 2023; Baker & Green, 2017). Using these, perhaps in error and without awareness, can reveal how a person identifies him- or herself as a non-disabled music educator or facilitator in relation to others within a caring relationship. A word like "handicapped", for example, which implies someone who must beg whilst holding a cap in his or her hand, is largely thought unacceptable and offensive these days. It perpetuates notions of helplessness and unemployability. Personification in this manner could lead music educators to perceive erroneous limitations to their disabled learner's potential for musical development, independent learning and participation, or to place caps on their desires for higher levels of musical study, or even careers in music. This type of thinking also diminishes the disabled person's validity and his or her personal agency, which is vital for reciprocal care (see Hendricks, 2023a later in this article). Terms that arouse sympathy too, such as “stricken by”, “afflicted by”, or “wheelchair bound” (as opposed to “a person who uses a wheelchair”) also arouse a sense of pity. Furthermore, words like “disorder” or “invalid” (referring to a person's legitimacy as a member of society), highlight negativity or abnormality in line with the medical view. These are potentially damaging to caring relationships in music education (also see Baker, 2023) since these rest on mutual respect. If care in music education is to be founded on principles of mutual respect and inclusion, it would seem important that teachers do not frame disabled learners as somehow illegitimate and invalid to be automatically siloed and excluded. Instead, they would better be treated as valued members of society and its music. As such, they might, where possible, be consulted through caring relationships that seek ways forward for inclusion in music education and within music’s broader participation contexts.

Another consideration, linked to our views of the disabled person’s agency, concerns how the words used often could reinforce deficits or what a person *cannot do* (see Baker, 2023; Baker & Green, 2017). Terms like “impairment”, as in “hearing impaired”, “visually impaired”, or “*dis*-abled” emphasise that a person has a deficit in their functioning, and is therefore different, even abnormal. However, these terms are used widely in medical systems. For example, the UK’s National Health Service divides people who are “visually impaired” (to include people who are officially registered as blind or partially sighted) into sub-categories of “sight impaired” and “severely sight impaired” (NHS, 2021). Music educators might too easily be drawn into this deficit perspective and, with limited training and awareness in disability, understandably lack confidence and knowledge regarding how disabled learners *can* access, learn and make music effectively.

There are differing opinions too regarding whether it is best to use “identity-first” or “person-first” language. Person-first language, for instance “person with a disability” is seen to prioritise the individual rather than his or her disability (see UN, 2024). By contrast, proponents of an identity-first approach (Disability Wales, 2025) contend that the term “disabled person” more explicitly denotes that the individual has been disabled *by* society (Disability Rights UK, 2025). This is more consistent with the social model’s worldview (i.e., that of Oliver, 1990, 1996, 1997; Oliver, Sapey & Thomas, 2012). It is used in this article; note the author’s positionality above. I take this view partly because the musical instruments, materials and practices of music, with European classical music just as one example, have developed in ways that generate challenges for the inclusion of disabled people. This is discussed later in this article.

Discussion

Reasons for considering care

In developed economies, policies mean educating disabled children where possible in mainstream schools, and in Further and Higher Education, with reasonable adjustments in place (see e.g., Atkin et al., 2003; Baker & Green, 2017; DfE, 2012; DfES, 2001a, b; United States Department of Education, 1997; Ruddock & Bishop, 2006). UNESCO’s 1994

Salamanca statement recommended "…those with special educational needs must have access to regular schools which should accommodate them within a child-centered pedagogy capable of meeting these needs" (UNESCO, 1994, p. viii). These policies have been implemented in line with the social model of disability (Oliver, 1990, 1996, 1997; Oliver, Sapey & Thomas, 2012). However, Hendricks (2023a) offers a bleak assessment of the mainstream educational landscape as she calls for our attention to care in music education. She notes that technologies are "illuminating and facilitating civil discord" (p. 5), bullying and social isolation is rising for students (also see Haidt, 2024), there is increasing economic insecurity with young people fearful for their futures, and there are extra care policies and processes related to health and wellbeing for exhausted teachers (Smith, 2021). She notes: "It is unrealistic to assume that music learning can occur in a studio, rehearsal space, or community setting that is somehow sealed off from the rest of the world" (p. 6). It would be awry to suggest, then, that a disabled student's experiences in mainstream educational settings, or indeed elsewhere, can somehow be insulated from all this. However, there may be a significant additional layer of care concerns for disabled learners to which to attend too, including those related to fitting in with peers versus being othered, perceived stigma, or considerations of self-view and confidence. Thus, when we consider disabled music learners in mainstream schooling, clearly deep contemplation of compassionate care is paramount.

Vulnerability and care

Hendricks (2018) offers a framework so that teachers can be co-learners, welcome individual musical expressions, and foster a collective sense of purpose and musical engagement. This has dimensions enacted by music teachers as they care of: trust, empathy, patience, inclusion, community, and authentic connection. Trust and empathy within this framework, Hendricks argues (ibid.), means stepping aside from the "hero narratives" of music educators (Boyce-Tillman, 2000) to explore vulnerabilities. As Hendricks (2023a) also notes:

> …compassionate care suggests that placing the educator on a "pedestal" (or podium) of grandeur, or in a posture of reaching down to help students with alleged deficits, can (a) create a false sense of separation between teachers and students, (b) abrogate the responsibility or opportunity of students to be agents of their own learning, and (c) deny the teacher to continue learning as well (p. 13).

Engendering mutual (or relational) trust means both the educator and learner must be willing to experience vulnerability, to be honest and be open (Tschannen-Moran & Hoy, 2000; also see Hendricks, Dansereau, & Freeze, 2024; Hoy & Tschannen-Moran, 1999; Tschannen-Moran & Hoy, 1998). Furthermore, it means, as music teachers, we "…risk vulnerability in terms of our own teaching, curriculum, and perceived authority" (Hendricks, 2018, p. 127). Moreover, by allowing him- or herself to become vulnerable, each person in the learning transaction is showing confidence in the other's benevolence, openness, honesty, dependability, and competence (Tschannen-Moran, 2014). Within trusting environments, the academic, social and emotional risks needed for learning are more likely to occur (ibid.). The vulnerability involved is essentially what Palmer (2017) means by having the "courage to teach". As music teachers encounter children with disabilities in school classrooms, or as instrumental teachers either in school sites or their private studio, they expose and must grapple with their own shortcomings. This can feel highly uncomfortable. It can spotlight: a lack of awareness in relation to disability with its various physical, sensory, and emotional connotations; a lack of training in alternative music pedagogies; inexperience with assistive technologies and alternative music formats; or even a shortfall in understanding the wider pastoral care issues affecting their disabled student.

Reciprocity and care

Hendrick's (2023a) "levelling" of the teacher-pupil power dynamic, above, means becoming vulnerable to explore mutual solutions for an effective learning process, i.e., with the learner also "caring" for the music educator by contributing to his or her understanding, professional development and personal growth. Richerme (2017) comments that contrariwise:

> Solely working towards "caring for" others…has the potential to foster a sustained power imbalance. …If teachers and students provide others care without acknowledging their own limitations and vulnerabilities, they risk propagating paternalistic attitudes (p. 418; also see Edgar, 2014).

A unidirectional "caring for" approach can also lead to uncomfortable notions of pity as well as implications of superiority vis-à-vis inferiority (Hendricks, 2018, 2021; Tsui, Hess & Hendricks, 2023). Jorgensen (2015) also worries that well-intentioned steps by music teachers and educational policymakers towards a socially just music education may:

> …in fact patronize, diminish, and dehumanize people. …the procedures employed in the selection of musical repertoire, students for particular musical ensembles, instructional methods, and assessment methods may not be as procedurally transparent and even-handed as they need to be. …Invoking allegiance to democratic principles without a corresponding spirit of inclusiveness, mutual respect, and civility can be an evil because it disguises a lack of democracy under the mantle of humane principles (p. 21).

Given this, it would seem vital that music teachers and their disabled learners discuss and negotiate needs. Reasoned music education requires critical thinking from both music educators and their students (Woodford, 2005) in "…unmasking taken-for-granted assumptions and practices and forging more humane and civil approaches" (Jorgensen, 2015, p. 11). However, a stumbling block can be that reciprocal care rests on disabled learners (where their condition makes this possible) feeling they can articulate these. This can be problematical for some disabled people due to any past experiences of marginalisation, shame and disempowerment. When faced with an imposing, adult, non-disabled "authority" musician-teacher, for example, we might ponder how much a shy, disabled child is able to communicate individual learning needs for his or her music, share what is effective, communicate goals, articulate the pressures they face outside classroom, disclose feelings of social isolation, or disclose any mental wellbeing issues. Yet, as Benjamins (2025) remarks "…music has inherent personal and relational affordances that should be considered when making distinctions between the 'music itself' and 'non-musical benefits' " (p. 105). Another important consideration too, relates to music participants with Severe Learning Disabilities (SLDs), that is, those with significant intellectual issues affecting learning, independence, and communication, or Profound and Multiple Learning Disabilities (PMLDs), with the former and comorbid conditions. They may not actually be capable of articulating their needs. So, this raises yet more questions relating to how care is shaped by the broad spectrum of disability, its experience, and its effect on individual agency. Whilst Noddings (2003, 2005) remarks that care involves reciprocal relationships between "carer" and the "cared for", with the latter bearing some responsibility, the author also admits that relationships can, in practice, be relatively equal or unequal for various reasons.

The dangers of a unidirectional "caring about"

As Pitts (2007) notes "…there has been growing interest in the extent to which musical learning and engagement also occurs beyond institutional contexts…" (p. 760). A broad view of music education considers lifelong learning within and outside formal educational settings (Myers, 1995; Roulston, 2010). Music education is not just something that happens in schools, universities or through curricula and examinations. Facilitators of the music participation and learning that occurs in our communities ought to be cautious, however, of imposing entrenched values surrounding repertoire, aims, curricula, learning materials and procedures that are at odds with those they serve. Noddings (2013) warns of a "benign neglect" resulting from "caring about" others if this is unidirectional. This can be well meaning but awry in assuming that teacher-valued knowledge supersedes that of music learners from within distinct communities. Without meaningful, reciprocal caring relationships, well-meaning initiatives, resources and funding can easily be pushed towards disabled people's music participation and learning, but without fully appreciating their desires and real-world needs. This degrades their agency and likely impacts their sense of self-worth. It also fails to address the problems. "Benign neglect" can occur, for instance, when music initiatives or community music programmes are devised without full consultation with disabled people and with short-term funding. In those circumstances, well-meaning "do-gooders" swoop in and out without considering sustained social impact. "Benign neglect" can also happen when assistive technology developers for music fail to start from needs and ideas their blind end-users articulate, instead imposing their own standards based on their non-disabled sensory experiences as musicians (e.g., see Baker, Fomukong-Boden & Edwards, 2019). Sometimes too, perhaps there is a primary focus on the publication of a related paper rather than on assistive music technology prototypes becoming commercially available and helpful to disabled end-users.

Identifying and engaging disabled people in care

"Who is in our local community and what unmet needs do they have?" asks Richerme (2017, p. 417). Richerme (ibid.) questions how we can encourage musical engagement to create environments where individuals can receive our care (p. 417). When it comes to the care of disabled musicians, these are important questions. Among other contexts, there are disabled children participating in music, or those who might, in mainstream and special schools. "Over

1.6 million pupils in England have special educational needs", as an example (Gov.UK, 2024). There are disabled children and adults in our communities, including those within "disability arts" music ensembles (e.g., see Baker & Green, 2018; Baluji Music Foundation, 2025; Paraorchestra, 2025). There are networks of amateur, semi-professional and professional disabled musicians connected with stakeholder charities or who gather around assistive music technology use or adapted instruments (e.g., RNIB, 2025; OHMI, 2025). Moreover, there are those living in city areas closer to specialist music teachers and other resources, and those in rural areas distanced and thus isolated from them.

When pondering lifelong learning and music (e.g., Myers, 1995; Roulston, 2010), it is potentially more difficult to draw in disabled people for our care. Some music facilitators and educators may simply lack awareness of available participants, but some disabled people may not want to come forward due to their social or medical pressures, or simply because this requires them to disclose personal information. Then, there may be issues with resourcing and finding appropriately equipped physical spaces (with induction loops for hearing aids, wheelchair ramps, controllable lighting for those with photophobia, a suitable acoustic for learners with attention deficits). Thus, the built environment, legal requirements, funding, societal attitudes and the favoured "disability model" in place, all play a part. Other factors include the disabled learner's mobility (which will inevitably lie on a broad spectrum from highly dependent to highly independent), their support system and family, and where they live in relation to musical opportunities plus what that means for travel (Baker, 2014, 2021; Baker & Green, 2016).

Care and inclusion

The social model of Oliver (1990, 1996, 1997; Oliver, Sapey & Thomas, 2012) seeks to normalize disability (also see Barnes & Mercer, 2004; Beaudry, 2019; Pickard, 2021; Purtell, 2013). Understood as an inclusive activity, likely most of us would note that music-making can lead to many social, physical, cognitive, and intellectual advantages open to anyone (see e.g., Hallam, 2015). "Music teachers typically [also] think of their work as having to do with valuing all of their students and developing their personal confidence, self-worth, and self-respect" (Jorgensen, 2015, p. 10) so doing justice "…necessitates a commitment to all of one's students, irrespective of their particular characteristics" (ibid.). Within this inclusive worldview, providing appropriate care for disabled music participants might also entail, wherever practical and reasonable, facilitating their participation alongside non-disabled people for mutual benefit. It would avoid siloing them in "special" musical experiences or special educational settings.

However, this standpoint on inclusive practice in caring relationships assumes that disabled people themselves will want to participate in musical experiences alongside their non-disabled counterparts and, moreover, feel capable of doing so. That is not always correct. An example to the contrary comes from the Inner Vision Orchestra (Baluji Music Foundation, 2025), a London-based community music ensemble of blind and partially sighted musicians, some with co-occurring health conditions. Inner Vision is a "campaigning tool to encourage recognition of the particular problems facing blind or visually impaired performers" (Clerk, 2014, p. 18). Baljui Shrivastav, the group's founder and leader, believes this self-supporting "campaigning" group has resulted from social isolation, mobility issues, disabled musicians' lack of confidence with engaging in ensembles alongside non-disabled people, and the prevalence of musical styles that are less appropriate for non-sighted people (Baker & Green, 2017, 2018).

The gravity of this latter point is significant. European society, its musical instruments, and practices have evolved over time in ways that include non-disabled people while excluding disabled people. As such, inclusion as part of caring can be a challenging prospect at times. For instance, notation and sight-reading are integral to classical music traditions. Yet, whilst a blind music braille reader can read notation, he or she typically cannot sight read. It becomes a matter of feeling the code, iterating between this and playing, to memorise the score ahead of rehearsals (Baker & Green, 2017). Getting a braille transcription takes extra time, too, and so does digesting the musical material making the "playing field" far from level and inclusion as care more difficult. However, turning to non-Western music with its aural learning traditions presents no simple alternative, or quick fix, to inclusion if music teachers and community music facilitators simply fall back on approaching these through the classical lens, which Kwami (2002) notes is "…the main currency of the school curriculum" (p. 144; also see Kwami, 1998). In another example of how inclusion is challenged for disabled people, it may be more difficult for some to play the standard instruments of the symphony orchestra, or those commonplace in some non-Western music too, for instance if they have non-functional or missing limbs or hands. Sometimes there have been endeavours to bridge this issue, for example, with toggle-key woodwind instruments (University of Nebraska Kearney, 2025; also see OHMI, 2025). However, those with more significant physical disabilities may, even so, be consigned to hybrid, non-traditional ensembles, genres with novel instruments. As a case in point, paralysed from his shoulders down, Clarence Adoo (2025) performs the digital Headspace technology with neck movements and a blowing tube. When considering disabled people then, care that strives for social and musical inclusion across educational and community settings is far from straightforward.

Distributive justice, care and challenges ahead

Asking "What makes society fair?", Hel (2018; also see Olsaretti, 2018) discusses "distributive justice" in the ethics of care. This attends to:

> …actual practices of care and to caring relations between actual persons and groups, and to the values involved. It asks whether and how societies are caring, and looks at how well, or not, the values of care are reflected in a society's or the world's practices and institutions (online, para. 2).

Barnes (2012) continues there is a "…need to consider lived experience of giving and receiving care, and how the context, conflicts, and power impact the…practical tasks of care" (p. 40). Jorgensen (2015) continues that "…distributive justice refers to the imperative of ensuring that music education is available equitably and that particular individuals or minorities are not disadvantaged or excluded from instruction" (p. 12). Perhaps, then, music educators should look way beyond how they serve (*in a unidirectional sense*) the needs of disabled music learners through pedagogies, adapted materials and assistive technologies, to a much broader view of their role that also encompasses a better understanding of the nuances of relationships, pressures on both sides, and the learner's social context *outside* the teaching room. This will significantly impact learning *within* it. Various critical pedagogies have prioritised social justice and the learner in recent times. Drawing on Freire's (1970, 2000) work, for instance, Green and Narita (2015) see informal learning pedagogy within music education as a dialogical negotiation and socially just way forward with "… 'dialogues' [that] require a role and attitude from both teachers and learners that challenge many formal educational assumptions…" (p. 303) and which require "…awareness of the various musical values, knowledge, and identities that both learners and teachers bring to a learning situation" (p. 313). They (ibid.) envision that music teachers "…can be agents of resistance against unjust and oppressive educational situations that may overlook the knowledge and interests brought to the learning experience by the learners…" (p. 303). Spruce (2015) continues:

> …one of the defining characteristics of a socially just approach to music education is taken to be the opportunity for students not only to "participate" in music education, but also to be "included" in it with their voices being heard in decisions about curriculum and pedagogy and in the construction of musical knowledge, understanding, and *value* (p. 288).

Regelski (2009) further argues that music education rests "…in important ways on one's understanding of what it means to be human… [wherein how] …music fits into and serves a particular student's life thus requires much more than musical insight" (p. 193). Beginning with the perspectives of disabled people themselves (where viable), as well as their parents, partners, music educators, and caregivers, and of course the music educators and others working with them, would seem highly important. Although very challenging, some of this can be done by music teachers and music facilitators themselves, and some by researchers to be fed into music teacher training (e.g., see Baker & Green, 2017 on blind and partially sighted musicians' life histories). Perhaps narrative and other forms of qualitative research that capture "lived" experience might be useful in that way. Moreover, as part of "distributive justice", researchers can assess how care in families, music teaching rooms, other educational contexts, and elsewhere, maps to policy. As Benjamins (2025) reminds us:

> If encounters or spaces for dialogue are not approached carefully, dominant relationships might increase in power, further reducing the polyphony of voices into a monological, hierarchical structure. There is also a concern when encounters are assimilated into traditional or "comfortable" frameworks. Active processes of reflection and awareness, as part of an overarching framework of care, could be beneficial … (p. 111).

As a result of taking a broader, more nuanced view through care in music education, we can potentially elude ableist approaches (Campbell, 2009) to start to develop resources, policies, and practices for music education far more appropriately than before.

References

ADAM, S. & KOUTSOKLENIS, A. (2023). Who needs the social model of disability? *Frontiers in Sociology, 8*, 1–5.

ADOO, C. (2025). *Headspace*. Retrieved March 5, 2025, from http://www.clarenceadoo.co.uk/headspace.html

ALTMAN, B. M. (2013). Another perspective: Capturing the working-age population with disabilities in survey measures. *Journal of Disability Policy Studies*, *25*(3), 146–153.

ALTMAN, B. M. (2014). Definitions, concepts, and measures of disability. *Annals of Epidemiology, 24*(1), 2–7.

ATKIN, M. -M., HOLBROOK, C., MACCUSPIE, A., MAMER, L., MCCONNELL, D., MCCONNELL, R., MULLER, C., NAGEL, K., RANNELLI, P., SITAR, D. & STUDHOLME, L. (2003). *Canadian National Standards for the Education of Children and Youth who are Blind or Visually Impaired, including those with Additional Disabilities*. Calgary: National Coalition for Vision Health.

BAKER, D. (2014). Visually impaired musicians' insights: Narratives of childhood, lifelong learning and musical participation. *British Journal of Music Education, 31*(2), 113–135.

BAKER, D. (2021). Additional needs and disability in musical learning: Issues and pedagogical considerations. In A. Creech, D. A. Hodges & S. Hallam (Eds.), *Routledge International Handbook of Music Psychology in Education and the Community* (pp. 351–366). London: Routledge.

BAKER, D. (2023). Disability, lifelong engagement, and care. In K. S. Hendricks (Ed.), *The Oxford Handbook of Care in Music Education* (pp. 91–102). Oxford: Oxford University Press.

BAKER, D., FOMUKONG-BODEN, A. & EDWARDS, S. (2019). "Don't follow them, look at me!": Contemplating a haptic digital prototype to bridge the conductor and visually impaired performer. *Music Education Research, 21*(3), 295–213.

BAKER, D. & GREEN, L. (2016). Perceptions of schooling, pedagogy and notation in the lives of visually impaired musicians. *Research Studies in Music Education, 38*(2), 193–219.

BAKER, D. & GREEN, L. (2017). *Insights in Sound: Visually Impaired Musicians' Lives and Learning*. London: Routledge.

BAKER, D. & GREEN, L. (2018). Disability arts and visually impaired musicians in the community. In L. Higgins, & B.-L. Bartleet (Eds.), *The Oxford Handbook of Community Music* (pp. 477–502). Oxford: Oxford University Press.

BALUJI MUSIC FOUNDATION. (2025). *Baluji Music Foundation: Sharing the Joy of Music – Empowerment, Creativity, Inclusivity*. Retrieved March 5, 2025, from https://www.balujimusicfoundation.org/

BARNES, C. & MERCER, G. (Eds.). (2004). *Implementing the Social Model of Disability: Theory and Research*. Leeds: The Disability Press.

BARNES, M. (2012). *Care in Everyday Life: An Ethic of Care in Practice*. Cambridge: Polity Press.

BEAUDRY, J.-S. (2019). Theoretical strategies to define disability. In A. Cureton & D. T. Wasserman (Eds.), *The Oxford Handbook of Philosophy and Disability* (pp. 3–21). Oxford: Oxford University Press.

BENJAMINS, L. (2025). Caring through dialogical relations in community music settings. In K. S. Hendricks (Ed.), *The Oxford Handbook of Care in Music Education* (pp. 103–114). Oxford: Oxford University Press.

BLIND BOYS OF ALABAMA. (2025). *Blind Boys of Alabama*. Retrieved March 11, 2025, from http://www.blindboys.com/

BOYCE-TILLMAN, J. (2000). *Constructing Musical Healing: The Wounds that Sing*. London: Jessica Kingsley Publishers.

CAMPBELL, F. K. (2009). *Contours of Ableism: The Production of Disability and Ableness*. London: Palgrave Macmillan.

CASEBOLT, M. T. (2021). Availability and quality of global disability data: A commentary on the Demographic and Health Surveys. *Disability and Health Journal, 14*(1), 1–5.

CASTLE, C., BAKER, D., CHAN, S. H. Y., TANG, E. S. Y. & BAKER, A. (2025). "Blind to the facts 2023": Exploring the experiences of professionals with visual impairment in the UK music industry. *Creative Industries Journal*, 1–26 (published online).

CHURCHILL, W. N. & HALL, C. (2025). Caring about deaf music in culturally responsive music education. In K. S. Hendricks (Ed.), *The Oxford Handbook of Care in Music Education* (pp. 542–553). Oxford: Oxford University Press.

CLERK, C. (2014). *The Inner Vision National Tour, England, June–October 2013*. London: Baluji Music Foundation.

DE FERRANTI, H. (2009). *The Last Biwa Singer: A Blind Musician in History, Imagination and Performance*. New York: Cornell University Press.

DfE (Department for Education). (2012). *Support and Aspiration: A New Approach to Special Educational Needs and Disability: Progress and Next Steps*. London: Department for Education.

DfES (Department for Education and Skills). (2001a). *Inclusive Schooling: Children with Special Educational Needs*. London: DfES Publications.

DfES (Department for Education and Skills). (2001b). *Special Educational Needs: Code of Practice*. London: DfES Publications.

DISABILITY RIGHTS UK. (2025). *Social Model of Disability: Language*. Retrieved March 11, 2025, from https://www.disabilityrightsuk.org/social-model-disability-language

DISABILITY WALES (Anabledd Cymru). (2025). *Inclusive Language and Imagery*. Retrieved March 11, 2025, from https://www.disabilitywales.org/socialmodel/inclusive-language-and-imagery/

EDGAR, S. N. (2014). An ethic of care in high school instrumental music. *Action, Criticism, and Theory for Music Education, 13*(2), 112–137.

FREIRE, P. (1970). Cultural action and conscientization. *Harvard Educational Review, 40*(3), 452–478.

FREIRE, P. (2000). *Pedagogy of the Oppressed*. London: Continuum.

FUQUA, C. S. (2011). *Alabama Musicians: Musical Heritage from the Heart of Dixie*. Cheltenham: The History Press.

GOV.UK. (2024). *Academic Year 2023/24: Special Educational Needs in England*. Retrieved March 5, 2025, from https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

GREEN, L. & NARITA, F. (2015). Informal as a catalyst for social justice in music education. In C. Benedict, P. Schmidt, G. Spruce & P. Woodford (Eds.), *The Oxford Handbook of Social Justice in Music Education* (pp. 302–317). Oxford: Oxford University Press.

GROEMER, G. (2012). *The Spirit of Tsugaru: Blind musicians, Tsugaru-jamisen and the Folk Music of Northern Japan* (2nd ed.). Urbana: Harmonie Park Press.

HAIDT, J. (2024). *The Anxious Generation: How the Great Rewiring of Childhood is Causing an Epidemic of Mental Illness*. London: Penguin.

HALLAM, S. (2015). *The Power of Music: A Research Synthesis of the Impact of Actively Making Music on the Intellectual, Social and Personal Development of Children and Young People*. London: Music Education Council and International Music Education Research Centre.

HEL, V. (2018). The ethics of care. In S. Olsaretti (Ed.), *The Oxford Handbook of Distributive Justice* (pp. 213–234). Oxford: Oxford University Press.

HENDRICKS, K. S. (2018). *Compassionate Music Teaching*. London: Rowman and Littlefield.

HENDRICKS, K. S. (2021). Authentic connection in music education. In K. S. Hendricks & J. Boyce-Tillman (Eds.), *Authentic Connection: Music, Spirituality, and Wellbeing* (pp. 237 – 253). Oxford: Peter Lang.

HENDRICKS, K. S. (2023a). A call for care and compassion in music education. In K. S. Hendricks (Ed.), *The Oxford Handbook of Care in Music Education* (pp. 5–21). Oxford: Oxford University Press.

HENDRICKS, K. S. (Ed.). (2023b). *The Oxford Handbook of Care in Music Education*. Oxford: Oxford University Press.

HENDRICKS, K. S. & BOYCE-TILLMAN, J. (2021). *Authentic Connection: Music, Spirituality, and Wellbeing*. Oxford: Peter Lang.

HENDRICKS, K. S., DANSEREAU, D. R. & FREEZE, C. M. (2024). Fostering trust in music classrooms: A review of the literature. *Update: Applications of Research in Music Education, 43*(1), 10–18.

HOSSEINPOOR, A.R., BERGEN, N., KOSTANJSEK, N., KOWAL, P., OFFICER, A. & CHATTERJI, S. (2016). Socio-demographic patterns of disability among older adult populations of low-income and middle-income countries: Results from World Health Survey. *International Journal of Public Health, 61*, 337–345.

HOURIGAN, R. M. (2025). Music as a vehicle for caring for students with learning differences. In K. S. Hendricks (Ed.), *The Oxford Handbook of Care in Music Education* (pp. 373–384). Oxford: Oxford University Press.

HOWARD, K. (2022). The impact of dysconscious racism and ethical caring on choral repertoire. *Music Education Research, 24*(3), 340–349.

HOY, W. K. & TSCHANNEN-MORAN, M. (1999). Five faces of trust: An empirical confirmation in urban elementary schools. *Journal of School Leadership, 9*(3), 184–208.

ISAKI, M. (1987). Japanese music and the blind. *British Journal of Visual Impairment, 5*(3), 103–105.

JACKSON, L. (2025). Schools don’t care: Rearticulating care ethics in education. *Educational Philosophy and Theory, 57*(3), 212–221.

JORGENSEN, E. R. (2015). Intersecting social justices and music education. In C. Benedict, P. Schmidt, G. Spruce & P. Woodford (Eds.), *The Oxford Handbook of Social Justice in Music Education* (pp. 7–28). Oxford: Oxford University Press.

KONONENKO, N. (1998). *Ukrainian Minstrels: And the Blind Shall Sing*. Armonk: M. E. Sharpe.

KWAMI, R. (1998). Non-Western musics in education: Problems and possibilities. *British Journal of Music Education, 15*(2), 161–170.

KWAMI, R. (2002) Music education in and for a pluralist society. In C. Philpott & C. Plummeridge (Eds.) (2002), *Issues in Music Teaching* (pp. 142–155). London: Routledge.

LEHMBERG, L. J. & FUNG, C. V. (2025). Caring connection, music participation, and quality of life of older adults. In K. S. Hendricks (Ed.), *The Oxford Handbook of Care in Music Education* (pp. 395–407). Oxford: Oxford University Press.

LUBET, A. (2011). *Music, Disability, and Society*. Philadelphia: Temple University Press.

MONT, D., MADANS, J., WEEKS, J. D. & ULLMANN, H. (2022). Harmonizing disability data to improve disability research and policy. *Health Affairs, 41*(1), 1,442–1,448.

MYERS, D. E. (1995). Lifelong learning: An emerging research agenda for music education. *Research Studies in Music Education, 4*(1), 21–27.

NHS (National Health Service). (2021, December 22). *Blindness and Vision Loss*. Retrieved March 11, 2025, from https://www.nhs.uk/conditions/vision-loss/

NODDINGS, N. (2003). *Caring: A Feminine Approach to Ethics and Moral Education* (2nd ed.). Oakland: University of California Press.

NODDINGS, N. (2005). *The Challenge to Care in Schools* (2nd ed.). New York: Teachers College Press.

NODDINGS, N. (2013). *Caring: A Relational Approach to Ethics and Moral Education* (2nd ed.). Oakland: University of California Press.

OCKELFORD, A. (2000). Music in the education of children with severe or profound learning difficulties: Issues in current UK provision, a new conceptual framework, and proposals for research. *Psychology of Music, 28*(2), 197–217.

OHMI. (2025). *OHMI: Music-making for People with Physical Disabilities*. Retrieved March 5, 2025, from https://www.ohmi.org.uk/

OLIVER, M. (1990). *The Politics of Disablement*. London: Springer.

OLIVER, M. (1996). *Understanding Disability: From Theory to Practice*. London: MacMillan.

OLIVER, M. (1997). The disability movement is a new social movement! *Community Development Journal*, 32(3), 244–251.

OLIVER, M., SAPEY, B. & THOMAS, P. (2012). *Social Work with Disabled People* (4th ed.). London: Palgrave Macmillan.

OLSARETTI, S. (Ed.). (2018). *The Oxford Handbook of Distributive Justice*. Oxford: Oxford University Press.

OTTENBERG, S. (1996). *Seeing with Music: The Lives of Three Blind African Musicians*. Washington: University of Washington Press.

PALMER, P. (2017). *The Courage to Teach: Exploring the Inner Landscape of the Teacher's Life* (3rd ed.). Hoboken: John Wiley and Sons.

PARAORCHESTRA. (2025). *Paraorchestra*. Retrieved March 5, 2025, from https://paraorchestra.com/

PICKARD, B. (2021). A framework for mediating medical and social models of disability in instrumental teaching for children with down syndrome. *Research Studies in Music Education, 43*(2), 110–128.

PITTS, S. E. (2007). Music beyond school: Learning through participation. In L. Bresler (Ed.), *International Handbook of Research in Arts Education* (pp. 759–776). London: Springer.

PURTELL, R. (2013). Music and the social model of disability. In J. Williams (Ed.), *Music and the Social Model: An Occupational Therapist's Approach to Music with People Labelled as Having Learning Disabilities* (pp. 26–32). London: Jessica Kingsley.

RABIN, C. (2021). Care ethics in online teaching. *Studying Teacher Education, 17*(1), 38–56.

REGELSKI, T. A. (2009). Conclusion: An end is a beginning. In T. A. Regelski & J. T. Gates (Eds.), *Music Education for Changing Times: Guiding Visions for Practice* (pp. 187 –198). London: Springer.

RIBOWSKY, M. (2010). *Signed, Sealed, and Delivered: The Soulful Journey of Stevie Wonder*. Hoboken: John Wiley and Sons.

RICHERME, L. K. (2017). A feminine and poststructural extension of cosmopolitan ethics in music education. *International Journal of Music Education, 35*(3), 414–424.

RNIB (Royal National Institute of Blind People). (2025). *Sound without Sight*. Retrieved March 5, 2025, from https://soundwithoutsight.org/

ROULSTON, K. (2010). "There is no end to learning": Lifelong education and the joyful learner. *International Journal of Music Education, 28*(4), 341–352.

RUDDOCK, P. & BISHOP, J. (2006). *Disability Standards for Education 2005*. Canberra: Commonwealth of Australia.

SHEARING, G. & SHIPTON, A. (2005). *Lullaby of Birdland: The Autobiography of George Shearing*. London: Bloomsbury.

SILVERMAN M. (2012). Virtue ethics, care ethics, and the good life of teaching. *Action, Criticism, and Theory for Music Education, 11*(2), 96–122.

SMART, J. (2004). Models of disability: The juxtaposition of biology and social construction. In T. Riggar & D. Maki (Eds.), *Handbook of Rehabilitation Counselling* (pp. 25–49). London: Springer.

SMITH T. D. (2021). Teaching through trauma: Compassion fatigue, burnout, or secondary traumatic stress? In Bradley D. & Hess J. (Eds.), *Trauma and Resilience in Music Education: Haunted Melodies* (pp. 51–63). London: Routledge.

SPRUCE, G. (2015). Music education, social justice, and the “student voice”: Addressing student alienation through a dialogical conception of music education. In C. Benedict, P. Schmidt, G. Spruce & P. Woodford (Eds.), *The Oxford Handbook of Social Justice in Music Education* (pp. 287–301). Oxford: Oxford University Press.

TSCHANNEN-MORAN, M. (2014). *Trust Matters: Leadership for Successful Schools*. San Francisco: Jossey-Bass.

TSCHANNEN-MORAN, M. & HOY, W. K. (1998). Trust in schools: A conceptual and empirical analysis. *Journal of Educational Administration, 36*(4), 334–352.

TSCHANNEN-MORAN, M. & HOY, W. K. (2000). A multidisciplinary analysis of the nature, meaning, and measurement of trust. *Review of Educational Research, 70*(4), 547–593.

TSUI, A. A., HESS, J. & HENDRICKS, K. S. (2023). “I just want to live my life like it’s gold”: Prioritizing anti-racist music education. In K. S. Hendricks (Ed.), *The Oxford Handbook of Care in Music Education* (pp. 504–516). Oxford: Oxford University Press.

UN (United Nations). (2024, October 18). *Disability-inclusive Language Guidelines*. Retrieved March 11, 2025, from https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf

UNESCO (United Nations Educational, Scientific and Cultural Organization). (1994). *The Salamanca Statement and Framework for Action on Special Needs Education (adopted by the World Conference on Special Needs Education: Access and Quality)*. London: UNESCO.

UNITED STATES DEPARTMENT OF EDUCATION. (1997). *Individuals with Disabilities Education Act*. United States Department of Education. Retrieved March 5, 2025, from https://sites.ed.gov/idea/about-idea/

UNIVERSITY OF NEBRASKA KEARNEY. (2025). *UNK One-handed Woodwinds Program*. Retrieved March 5, 2025, from http://www.unk.edu/academics/music/unk-one-handed-winds-program.php

ÜSTÜN, T. B., KOSTANJSEK, N., CHATTERJI, S. & REHM, J. (Eds.). (2010). *WHO Disability Assessment Schedule 2.0*. Geneva: World Health Organization.

WOODFORD, P. (2005). *Democracy and Music Education: Liberalism, Ethics, and the Politics of Practice*. Bloomington: Indiana University Press.

WORLD HEALTH ORGANIZATION. (2023a, March 7). *Disability*. Retrieved March 11, 2025, from https://www.who.int/news-room/fact-sheets/detail/disability-and-health

WORLD HEALTH ORGANIZATION. (2023b, August 10). *Blindness and Vision Impairment*. Retrieved March 11, 2025, from https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment