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Support as a double-edged sword: a social-relational understanding of teaching assistants' support to young people with dwarfism in secondary schools

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ABSTRACT

Although teaching assistants' support has been described as central for the inclusion of disabled students in mainstream schools, disabled students' insights into such support indicate they have mixed feelings towards it. This paper explores the ambiguity young people with dwarfism feel towards support in secondary schools in the United Kingdom, drawing on the qualitative accounts of fourteen participants. Utilising a social relational understanding of disability, this paper aims to indicate how teaching assistants' support reinforces and/or removes barriers to doing and barriers to being, which are the outcome of disability and impairment respectively. Participants' stories highlight the psycho-emotional toll support can have and the hidden labour disabled students put to navigate such barriers. The complicated relationship between support and independence is also considered, with participants drawing on various understandings of independence. The paper concludes by discussing what a social relational analysis has to offer in our understanding of support and how this could translate into inclusive support.

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**SUSTAINABLE
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Introduction

This paper explores the experiences of support from teaching assistants (hereinafter referred to as TAs) of young people¹ (between the ages of eleven and thirty years old) with dwarfism in secondary schools in the United Kingdom (UK). Drawing on the stories of fourteen young people who had a TA during their secondary education, this paper sheds light on the ambivalent feelings they experienced towards TAs' support, in terms of what support they identified as helpful and what support they were not content with, as well as the origins of such an ambivalence.

Dwarfism is an impairment characterised by a stature of 4 feet and 10 in. (147 cm) or below and, often, by a disproportionate body size (Pritchard 2021a). A range of terms have been used to refer to people with dwarfism, such as short-statured people, little

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people (more prominent in the USA context), and people with restricted growth. These terms have also been adopted by various associations in the UK, such as the Restricted Growth Association, Little People UK, Short Stature Scotland, and Dwarf Sports Association. Following Pritchard (2021b), this paper adheres to the term person/people with dwarfism, which was also the participants' preferred term. There are less than 6,000 people with dwarfism (Shakespeare, Wright, and Thompson 2007) in the UK, and approximately 250,000 people with achondroplasia² in the world (Pauli 2019).

The number of TAs has increased rapidly in the last couple of decades, both in the UK³ (Wren 2017) and globally⁴ (Webster and de Boer 2021). Among the reasons for this increase is that TAs support the inclusion of disabled students in mainstream schools (Giangreco 2010) or, as Webster and de Boer (2021, 163) note, 'the ubiquity of TAs could be viewed as a shorthand for the success of inclusion'. Nevertheless, TAs' support also shifts the attention away from the structural inequalities disabled students encounter in mainstream schools (Rutherford 2012) or, as Mortier, Van Hove, and De Schauwer (2010, 553) suggest, 'these types of "solutions", enacted when deeper changes seem harder to achieve, risk bringing too much closure and lead to recreating (new) forms of exclusion'.

Furthermore, while TAs are described as significant for the inclusion of disabled students, this is not necessarily reflected on the personal views they hold around inclusion. Sikes, Lawson, and Parker (2007) identified a 'yes, but ...' approach from TAs towards inclusion, meaning that TAs were in favour of inclusion in principle, but they were ambiguous about its enactment in their everyday practice. Similar findings were reported by Mackenzie (2011), who argued TAs expressed mixed feelings about the inclusion of disabled students in mainstream schools. She associated such ambiguity with medicalised, individualised understandings of disability commonly held by TAs.

Disabled students' insights into TAs' support also illustrate their ambivalence towards it (De Schauwer et al. 2009). On the one hand, disabled young people discuss its benefits, including support with navigating inaccessible environments (Mortier et al. 2011), and the positive impact on their social inclusion and emotional wellbeing (Pinkard 2021). On the other hand, they also identify drawbacks, such as the stigma of support (Mortier et al. 2011), the threat to independence (Egilson and Traustadottir 2009), and the lack of say in what support they receive (De Schauwer et al. 2009).

People with dwarfism report how TAs' support is often experienced as stigmatising and infantilising, in terms of reinforcing their perception as 'different' and less 'independent' compared to their non-disabled peers (Shakespeare, Wright, and Thompson 2007; Ktenidis 2024a). Such experiences of support manifest how dis/ableism materialises in education (Erevelles 2000; Goodley 2014; Slee 2013), specifically how young people with dwarfism navigate a dis/ableist education system that valorises and desires independence (Karmiris 2020), especially as they approach adulthood, whilst being constructed and treated as less independent and in need of support (McLaughlin 2020).

This paper builds on these studies and looks into how young people with dwarfism feel about and experience TAs' support during their secondary education. In particular, it explores the ambivalence towards such support, which Mortier et al. (2011) refer to as support's 'double-edgedness'. Specifically, I examine how such support reinforces and/or removes 'barriers to doing' and 'barriers to being' through a social relational understanding of disability (Thomas 2004). I argue that such an understanding of disability

enables us to consider the barriers to doing triggered by disability and impairment respectively, the psycho-emotional dimensions of support, and the hidden labour that disabled young people put to navigate such barriers. The complicated relationship between support and independence and how young people with dwarfism make sense of it is further considered.

Firstly, I introduce the social-relational view of disability (Thomas 2004) and how it has been utilised to discuss disabled children's and young people's experiences of their TAs' support. Next, I consider the methodology and the methods of the paper, including recruitment of participants, methods of data collection and analysis, positionality, and the ethical dimensions of the project. I then move on to present and discuss participants' stories, which are organised into stories of: (a) support and barriers to doing (b) support and barriers to being, and (c) support, independence and barriers to doing and being. Finally, I conclude by discussing what a social relational analysis of support has to offer and how this translates into inclusive support.

The social relational understanding of disability & teaching assistants' support

The social relational understanding of disability was introduced by the feminist disabled scholar and activist Carol Thomas (2004) and built on the social model of disability, which shifted the understanding of disability from an individual pathology to a social construct and a political category (Oliver 1990). Thomas (2004) called for a 'rescue' of a social relational understanding of disability, which had been overshadowed by the social model of disability.

From a social relational perspective, disablism is understood as 'a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being' (Thomas 2007, 73). This definition highlights two important differences between the social model of disability and the social relational understanding of disability. The first has to do with the 'social imposition of restrictions of activity', which Thomas (2004) proposes is a product of disability. Nevertheless, she argues there are other restrictions that are the direct outcome of impairment. She refers to these restrictions as 'impairment effects', which she defines as 'the direct and unavoidable impacts that "impairments" (physical, sensory, intellectual, emotional) have on an individual's embodied functioning in the social world' (Thomas 2012, 211). Unlike the social model, which distinguishes between disability and impairment and remains silent about the latter, Thomas' concept of impairment effects acknowledges the 'real' effects of an impairment. However, she clarifies it is still important that 'one does not mistakenly identify impairment effects for what is in reality disability' (Thomas 2004, 29).

Secondly, Thomas (2004) draws attention to the psycho-emotional aspects of disablism. She argues the oppression disabled people experience is also felt from the 'inside', meaning that they are made to feel in certain ways about themselves, such as worthless. This form of disablism can influence disabled people's self-esteem and their sense of self (Thomas 2007). This aspect of disablism was overlooked and/or dismissed by the social model of disability, as it was argued that it could feed into the tragedy

discourse of living with a disability. However, along with other feminist disabled scholars (Crow 1996; Morris 1996), Thomas (2004) argues that these aspects should be acknowledged and analysed sociologically too.

The social-relational view of disability then explores how ‘disability shapes in profound ways what people can be, as well as affecting what they can do as a consequence’ (Thomas 2004, 32). Donna Reeve (2004), another feminist disabled scholar, discusses how Thomas’ definition of disablism integrated both structural and psycho-emotional disablism, considering the barriers to what disabled people could do – ‘barriers to doing’ – and to what they could be – ‘barriers to being’ (Reeve 2012). While distinct, Reeve (2004, 90) proposes that these two forms of disablism operate in conjunction, ‘further increasing the level of exclusion and material disadvantage experienced by people with impairments’.

A social relational understanding of disability has also been utilised to make sense of disabled children’s experiences in education (Worth 2013), including TAs’ support (Mortier et al. 2011). Focusing on the context of Belgium, Mortier et al. (2011) examined how TAs’ support impacted barriers to doing and being disabled students encountered. For instance, it was found out that TAs were effective in removing barriers to doing resulting from their impairments, but disabled students had limited to no options in terms of what activities they could be involved. The authors also proposed disabled students could experience TAs’ support as a barrier to being, when support

- affected their sense of freedom and independence
- was experienced as stigmatising and influenced the relationship with others and
- was not approved or seen as desirable by the students themselves

(Mortier et al. 2011).

A social relational understanding of disability is also adopted in this paper to make sense of the participants’ experiences of TAs’ support, highlighting their ambivalence towards it and the origins of such ambivalence.

Research design

This doctoral study explored the secondary schooling experiences of nineteen young people between the ages of eleven and thirty years old with dwarfism in the United Kingdom. The research questions were the following:

- How do young people with dwarfism experience and navigate different school spaces in their secondary schools?
- What are the experiences of young people with dwarfism with their teaching assistants?
- What are the experiences of young people with dwarfism with their class teachers?
- What are the experiences of young people with their peers?

To address these questions, I adopted a narrative, qualitative approach (Tamboukou 2013). Participants could choose their preferred way of sharing their stories, including oral storytelling (narrative, semi-structured interviews, in person or online, one-to-one, in pair or small focus groups), visual storytelling (visual stories created by the participants) and digital storytelling (email interviews and posts on a private weblog⁵). Such

flexibility is in line with inclusive research methods (Budworth 2023; Liddiard et al. 2024), with researchers recognising participants' agency to choose methods that they feel most comfortable with. Stories are understood as a

tale an individual or group tells and performs. It is a verbal or non-verbal act of telling that is the work of a human agent embedded in a social world, and the process of storytelling is something they do or perform to transmit a message. (Smith and Sparkes 2009, 2)

This paper focuses on the findings related to the second research question. Out of the nineteen young people who participated in the research, fourteen reported they had a TA (see Table 1). It is their accounts (8 teenage participants and 6 adult participants) that are analysed in this paper. Out of the eight teenage participants, three participated in an in-person focus group and contributed with stories on the weblog, two were interviewed in person together, and three were interviewed online with the presence of a chaperone. Out of the six adult participants, three were interviewed online, one was interviewed in person, and two participants opted for an email interview and one submitted also a visual story. Interviews lasted from forty-five minutes to an hour and a half, with an average of one hour.

Teenage participants reflected on how they experienced the support they were receiving while they were still in school, whereas older participants (eighteen-thirty years old) provided retrospective narratives of what their experiences with their TAs were like from an adult perspective. All teenage participants had classroom assistants (TAs supported a range of students, including young people with dwarfism), compared to the majority of the adult participants, who had one-to-one TAs, reflecting the different ways TAs are deployed (Butt 2016). It is acknowledged that participants' type of stories (retrospective vs current accounts) and age, the type of support (classroom assistant vs one-on-one), gender, geographical location, had an impact on the stories they shared and how they experienced support. However, an intersectional analysis of support is beyond the scope of this paper.

All participants attended mainstream secondary schools and the educational level of the adult participants varied, with some participants holding postgraduate qualifications and others having gone into employment straight after their compulsory education. However, such information is not included in the above table, as it would risk making participants identifiable, considering how many people from this specific group know each other, since they use common spaces, such as hospitals and associations (Shakespeare, Thompson, and Wright 2010).

Table 1. Participants' demographic information.

Pseudonym	Age	Type of Assistant	Method	Geographical Location
Mary	17	Classroom Assistant	In person focus group/digital storytelling	North England
John	16	Classroom Assistant	In person focus group/digital storytelling	North England
Louise	16	Classroom Assistant	In person focus group/digital storytelling	North England
Rania	17	Classroom Assistant	In person pair interview	North England
Lynn	12	Classroom Assistant	In person pair interview	Southeast England
George	12	Classroom Assistant	Online Interview with chaperone	Southeast England
Angela	13	Classroom Assistant	Online interview with chaperone	Wales
Christine	13	Classroom Assistant	Online interview with chaperone	Southwest England
Alice	23	Classroom Assistant	Online interview	Scotland
Paul	26	One-to-one Assistant	Online one-to-one interview	North England
Melrose	24	One-to-one assistant	In person, one-to-one interview	North England
Ryan	29	One-to-one assistant	Visual Story/Email Interview	South England
Nathan	27	One-to-one assistant	Email interview	North England
Patricia	30	One-to-one assistant	Online one-to-one interview	Scotland

Recruitment was mediated by a range of gatekeepers, such as administrators of various Facebook groups and charities/associations, and parents of participants who were below the age of sixteen. The most effective recruitment method was my attendance to annual and in person meetings of one association for people with dwarfism. The personal interactions with participants in a safe space led to the recruitment of the majority of participants, whereas the online advertisement of my research on platforms such as Facebook (Pritchard 2021b) resulted in few participants expressing interest in participating. This is understandable, considering the cyberbullying and mockery people with dwarfism experience online by non-disabled people (Pritchard 2021b). Snowballing was also an effective method of recruitment (Bryman 2015).

My positionality as a non-disabled, white, cis-male short (5ft2in) researcher, who does not have a medical diagnosis of dwarfism, affected all the research stages, from recruitment and data collection to the interpretation and discussion of findings. Similar to Kruse (2002; 2003), who is also a researcher of an average stature and who explored the spatial experiences of people with dwarfism in the USA, I have no lived experience of dwarfism, which impacts how I made sense of the participants' experiences (for an insider researcher's views see Pritchard 2021a). As a means of reflecting on my positionality and speaking for 'others', I engaged with feminist theory and, in particular, Alcoff's (1991) interrogatory practices to discuss the tensions arising from a non-disabled researcher engaging in disability research (Ktenidis 2024b).

Ethical approval was granted by the University the research was carried out. I adhered to the ethical guidelines of the Economic and Social Research Council (ESRC 2015) and British Educational Research Association (BERA 2018). All adult participants provided informed consent after reading the relevant information sheet, and all teenagers consented to their participation following their parents' informed consent. Teenage participants were also reminded it should ultimately be their decision and not their parents' if they wanted to take part in the research (Skelton 2008). Furthermore, a chaperone – the mother – was always present during the interviews with teenage participants. As the mothers of the teenage participants had consented to their children's participation in the research and because this was our first in person or online encounter, they felt it was right to remain present during the interviews. Participants' mothers often complemented the stories the young people shared by providing more detail and context, but it is also worth acknowledging that their presence has had an impact on what was shared and what was not (Abbott 2012).

Anonymity was compulsory for the teenage participants and optional for the adult ones and confidentiality was guaranteed. Participants were also reminded of their right to withdraw at any time during the research project.

All interviews were transcribed verbatim and a narrative thematic approach (Riessman 2005) was employed for the analysis of the data. This method was chosen since it allows for the identification of themes within and across the stories (Riessman 2005).

The analysis included the following stages:

- I started with reading and re-reading the stories multiple times to achieve what is referred as 'familiarisation' with the data. Such familiarisation had already started during the transcribing process.

- The familiarisation process was followed by manual colour-coding, that is searching codes within the stories and across the stories (e.g. teachers, teaching assistants), which were highlighted with different colours (e.g. yellow for teachers, green for teaching assistants, etc.).
- Colour-coding was succeeded by the identification of themes and sub-themes.

Findings and discussion: support as a double-edged sword

The stories that follow consider the ambivalence experienced by young people with dwarfism originating from their TAs' support, exploring which forms of support participants were welcoming towards and identified as helpful, and which ones they did not approve of or felt uncomfortable with. The stories have been organised as follows: (a) support and barriers to doing and (b) support and barriers to being and (c) support and independence: barriers to doing and being.

Support and barriers to doing

Participants discussed how TAs supported them in various ways. For instance, some participants referred to subject-specific support e.g. in Science & Home Economics classes:

Patricia: So, like when I first went to high school, she was helping me with like Science class, Home Economics and things like that. And she was helping me to kinda put things in the oven and all this kind of stuff really. (30 years old, one-to-one assistant)

Christine: In Science, I have a one-to-one sometimes, cause it depends on if we're doing like a practical or anything to do, yeah, anything to do like carrying anything. (13 years old, classroom assistant)

Similarly, TAs helped the young people with other physical arrangements:

Alice: My first year at secondary school I had an assistant, like a classroom assistant, who was, who would come and collect, not collect me, come to the class five minutes before and help me get to my next class, erm, because I had, I think Science chairs, maybe one on every floor. Erm, so I think it was a class that was only seemed to work the chair had to get moved, so she was able to help me. And because in the older building of the school I couldn't reach, eh, the lift buttons. (23 years old, classroom assistant)

Paul: She was just there to help me out if I needed a chair lifted from my classroom to another classroom, she'd be the one to organise that. (26 years old, one-to-one assistant)

The above accounts illustrate that TAs were there to enable young people to navigate inaccessible environments or equipment that had not been adapted accordingly. For instance, Alice brought up the lift buttons that were out of reach to her and, hence, the support of her TA was essential to transfer the chair from one class to another. Similar was the case with Patricia, whose TA helped her with putting things in an oven that she could not reach.

These issues could be seen as barriers to doing resulting from disability, as they were the outcome of structural disablism, indicating that these school spaces were designed with the 'typically developing', non-disabled child in mind (Ktenidis 2023). Classrooms constitute 'staturised' spaces (Kruse 2002; Pritchard 2021a), meaning that they are designed for children and young people of an 'average' stature, and they can therefore

be experienced as disabling by those who are not of such stature, including young people with dwarfism (Ktenidis 2023). This is the case, for instance, with where the lift buttons are positioned, which were out of reach for Alice. In other words, the structural disablism experienced by young people with dwarfism is also linked with the staturisation of such spaces, resulting in the young people needing support to navigate them.

Moreover, some participants mentioned how their TAs supported them with their impairment effects and any medical needs:

Nathan: Yes, a lot of the later TAs were great [...] carrying things, helping me write when I was tired etc. (27 years old, one-to-one assistant)

John: Well for me, that was like, Years 7, 8 and 9, like I wasn't right, cause I kind, I also had help like writing and things, cause I get really achy arms and like, so they'd help a bit now and then. (16 years old, classroom assistant)

Paul: She was just there to help me out if I needed a chair lifted from my classroom to another classroom, she'd be the one to organise that. If I need, if I had a problem with a particular health need, I could talk to her and then she could arrange something to get and help me out. (26 years old, one-to-one assistant)

The young people were positive about any support that had to do with their impairment effects, which helped them keep up with the 'able-bodied pace of life' in schools (Price 2011). Dwarfism also often results in secondary impairments, such as spinal stenosis, which produce other impairment effects. TAs therefore were effective in removing barriers to doing originating from impairment effects.

Overall, TAs were perceived by the young people with dwarfism as helpful in removing barriers to doing resulting from disability and their impairment respectively. The former form of support was needed due to structural disablism, as manifested in the lack of physical adjustments e.g. an oven or lift buttons that would be within the reach of the young person with dwarfism. TAs served as a solution to the 'problem' of disability (Michalko 2009) in terms of inaccessible structures not allowing participants to fulfil certain tasks by themselves, so support had to be sought. Disability appeared as a problem in the classroom that had to be managed (Titchkosky 2011).

Support and barriers to being

Besides physical support and support with any impairment effects, which participants mostly welcomed, TAs also interfered with their learning, performing their 'instructional' role (Butt 2016). Whether TAs should be involved in the learning of young people and, if yes, to what extent, has been a reason for debate in the literature (Slater and Gazeley 2019), with various points of critique focusing on the lack of training of TAs and TAs functioning as a replacement of class teachers (Radford et al. 2015; Webster et al. 2013). Here I look at how participants experienced and felt about this form of support, shedding light on its implications and repercussions.

When Mary and Paul were asked about their TAs, they mentioned:

Mary: In Y7 I had this teaching assistant and she treated me like I was like mentally incapable of doing everything and I didn't like it. (17 years old, classroom assistant)

Paul: She wasn't there to help me with any mental needs, any support needs. (26 years old, one-to-one assistant)

Similar stories were shared by other participants too, which indicated the negative feeling participants had towards this kind of support. This resonated with other studies, in which disabled young people rejected their TAs' academic support (Mortier et al. 2011; Whitburn 2013). The rejection of such support related to the stigma attached to being supported academically, a stigma which was experienced as a 'barrier to being'. It was experienced as such, because it meant participants were viewed in ways that did not feel were representative of them. These stories also illustrate the 'discursive work' (MacLure 2003 cited in Whitburn 2017, 486) participants engaged in, that is they carved out the identities they wanted by pushing away those that were inscribed upon them. They were worried about their subjectification (to be seen as 'mentally incapable') based on fixed notions of their impairment (Davis and Watson 2002), which are reified by medical and psychological studies associating dwarfism with cognitive deficits (Stabler et al. 1994) and poor academic performance (Silventoinen, Kaprio, and Lahelma 2000). However, as Shakespeare, Thompson, and Wright (2010) note, in the majority of cases, dwarfism does not result in any cognitive impairments, thus these attitudes are culturally produced (Ktenidis 2024a). Therefore, they distanced themselves from such an identity by rejecting the need for academic support.

Besides academic support being experienced as a barrier to being, participants were also concerned about further repercussions that such support had on them:

Ryan: They were very helpful, but the only problem was that I tended to rely on them too much. So, when it came to exam time or 1–1 sessions, I then found it hard explaining to the TA on what the task assigned to me was all about, so they could write it down into my own word rather than theirs. (29 years old, one-to-one assistant)

Patricia: I mean every so often she would maybe give me a little bit of a hand, like kind of, almost kind of like, kind of slyly (giggle), which was probably quite, on my part, it was quite nice, cause she liked, she was like: 'Em, hint, hint, you got that wrong, and ..whatever', em, which kind of helped me. But then, I suppose, I don't know if it was helping me in the long run or not kind of thing. So, like sometimes, it was quite nice and that she gave me the hand and, at other times, I would be like 'Mmm, but then I am not really gonna know this in the exam or something like that if you helped me. (30 years old, one-to-one assistant)

Both Ryan and Patricia reported how the academic support from their TAs could have the opposite results than what was intended for. Ryan noted how he had become highly dependent on his TA and Patricia was worried about how such support could affect her academic performance. These stories align with findings from other studies, which consider how TAs' support has a negative effect on disabled students' independent learning (Sharples, Webster, and Blatchford 2015).

Support and independence: barriers to doing and being

A common theme regarding disabled young people's insights into TAs' support is the 'threat' the TAs pose to their independence (Egilson and Traustadottir 2009). Participants in this research also shared their stories of how their TAs did not see them as independent and the potential toll this had on how they would be perceived by others, such as their peers.

In the focus group with three participants, independence came up at different stages of the interview. The following discussion is illustrative of how TAs were considered to undermine the participants' independence:

Louise: I don't know, just little things. Like if you can't reach something, there is like, you're sitting down, you can't reach it. There is a way, because like, like move yourself, stretch even further to reach it, but then someone seeing that you can't reach it, they just grab it for you. (16 years old, classroom assistant)

John: Yeah. But for me, yeah, I 'd rather, if I am doing something, I'd rather ask than then just go and (Mary: yeah) do it, because like it's kind like (16 years old, classroom assistant)

Louise: Degrading.

John: Yeah. It's kind like they're being 'Oh, you need this help (Mary: yeah), so I must go and help you.' I am like: 'That's nice and everything, but I'll ask you'. I don't need someone to just go and do something for me, for like, just yeah. Like I 'd rather ask or I can do it myself.

Mary: Yeah, I agree with that. I 'd rather do it myself than someone assuming that I need help. (17 years old, classroom assistant)

John: Yeah. And if like someone does assume I need help, I would rather them ask me than just go and do it (Mary: yeah). Because if someone is like 'Oh, would you like me to pass paper, would you like me to hand that to you? I would rather do that than them just actually, yeah, do it.

Firstly, the participants discussed mundane moments during which the TAs noticed them trying to do something and, without asking them, immediately intervened. As pointed out by John, TAs were vigilant, because their institutional role obliged them to be 'of help' to the young people ('I must go and help you'). However, the participants did not appreciate and/or welcome their positioning as 'in need of help', unless they asked for it. Similar to other studies (Egilson and Traustadottir 2009; Mortier, Van Hove, and De Schauwer 2010), disabled young people were not involved at all in the discussions of what support they needed, as this was already assumed and predetermined exclusively by the adults for the 'best interest of the child'. They were treated as passive recipients of support rather than as agents of it (McLaughlin 2020).

Participants, however, were not dismissive of support, but they wanted to have a say over when and what kind of support they needed (De Schauwer et al. 2009). This is what McLaughlin (2020, 397–398) refers to as 'supported independence, where disabled people are in control of the additional practical assistance'. This is an important understanding of independence, as it does not perpetuate an individualistic, normative understanding of independence (Karmiris 2020), whereby one is capable of doing everything by themselves, but it considers potential moments of relational independency.

Moreover, Louise's opening story indicates the knowledge of the body that disabled people have ('there is a way..move yourself, stretch even further..'), which still remains subjugated by the dominant narratives of ableism, casting disability as a weakness (Bê 2019). This potentially benevolent intention of the TAs to help reproduced a power relation, where the disabled body was viewed as in need of help, and this power relation was experienced and felt by the young people as 'degrading'. The psycho-emotional toll of not being seen as independent was further discussed by Louise and Lynn:

Louise: Cause when they are constantly asking, you're thinking: 'Oh, they think that I am incapable'. But then, you're thinking: 'Oh, that is how everyone will always see me, like I am incapable.' (16 years old, classroom assistant)

Lynn: And then like I walk, and then she helps me with everything. I am like: 'I can tie my shoelaces, I can pick a book (Rania: Yes). And then, people look at me like: 'Why does she need help with that'? And I am like: 'You really embarrass me.' (12 years old, classroom assistant)

Louise and Lynn were mostly concerned about the stigmatising effects of support, which stressed their bodies as 'incapable' and, therefore, could impinge on others' perceptions of them. They experienced this constant questioning of their abilities as a barrier to being. This was described as 'degrading' and 'embarrassing' by Louise and Lynn respectively, indicating the psycho-emotional disablism they were sustaining under the name of support.

The desire for independence was also expressed by some participants by comparing themselves to peers who appeared to be 'in need of' such support:

Rania: In the first year I was placed in a class with a lad with a hearing impairment and so we shared the TA. And then, I think after the first year they realized I didn't need her. I was very independent by myself and literally wouldn't need her at all unless I did not get on with my things. And then that was, drop issues assigned, so yeah, she would carry on being aside to this other student and not to me after the first year. So, when I was getting on with things, it was fine. (17 years old, classroom assistant)

Lynn: And then they go: 'Lynn, okay, I will write this down for you.' And I am like 'I can write it myself. I have. Look'. Like the girl in the wheelchair has help, but I don't want help. I need to learn how to do it myself. I don't want to get in the habit like 'Oh, they are always gonna be there for me'. I don't wanna be in that habit. I wanna learn for myself, so yeah. (12 year old, classroom assistant)

In both stories, TAs were regarded as helpful for the disabled peers, but not for the participants themselves. This claim to independence drew on distancing oneself from the disabled Other and perpetuated a hierarchy of impairments (Deal 2003), whereby students with certain impairments were constructed as less independent and in 'real' need of help from a TA, compared to students with other impairments, who could be (more) independent. Participants relied on a more normative understanding of independence, which was identical with no support at all. This is not a random option, as independence is constructed as the ideal and desirable goal in education (Karmiris 2020).

However, my intention here is not to 'call out' the two participants for drawing on a more normative perspective of independence, but to pay attention to 'the deeply embedded nature of norms of independence as self-reliance in people's understandings of who is the valued subject' (McLaughlin and Coleman-Fountain 2018, 70). To quote McLaughlin and Coleman-Fountain's (2019, 377), my purpose here is

not to criticise them, or present them as dupes to this broader imaginary. Instead, it is to acknowledge that because they draw from wider circulating narratives of what kinds of body can be valued, they remain, as we all do, within disciplinary dynamics.

McLaughlin and Coleman-Fountain (2019, 378) argue such narratives reflect 'the remaining restrictions within our imaginaries for what bodies can be and still be celebrated' and the symbolic value that is still attributed to independence (McLaughlin and Coleman-Fountain 2018).

Moreover, it is worth noting the labour disabled young people had to put to prove to their TAs (and others) their independence, as acknowledged in the above two stories. For Rania, this took a year at least and, even after that, she still had to prove she was 'getting on with things'. In Lynn's case, the effort was daily and constant, as indicated in the example of the writing task. Scully (2010, 32) has described this labour as 'hidden', since the labour that disabled people put to manage their impairments remains unrecognised by non-disabled people. McLaughlin and Coleman-Fountain (2018) also discussed the hidden labour of the disabled young people in their research, who managed their impairment in such ways so that they would be not considered as less independent.

This desire to be independent or to become independent was also raised in other stories, especially as participants were approaching adulthood:

Patricia: And then when I kind of got a little bit older, I kind of realised I can actually do this stuff by myself that I don't really need any help kind of thing. Em, so yeah, she was quite good. And then she also like gave me the independence (I mean), because I was becoming an adult and I kind of realised myself I need to learn to do this, because I can't do it. If I am not gonna have help at home, I don't need the help here kind of thing. (30 years old, one-to-one assistant)

Christine: When I first joined, I had, probably I had a TA for like every single lesson, so to get used to the area. But now, sometimes, I don't have even a TA in, in a lesson. So, it's got reduced a lot. (13 years old, classroom assistant)

Similar to Lynn, Patricia discussed how she had to do things by herself rather than depending on others, especially as she was getting closer to adulthood. For Christine, the transition from having a TA for every lesson to having no TAs was the result of years passing, meaning that Christine was getting older and closer to adulthood too. This expectation from disabled young people to 'grow independent' was discussed by McLaughlin (2020), with independence constituting as a signifier of normative, neoliberal adulthood. Disabled young people are expected to perform independence if they are to fit into this narrow, ableist, neoliberal view of adulthood (Slater 2015). This discussion also resonates with McLaughlin and Coleman-Fountain's (2018) consideration of the symbolic value of independence, which is a major signifier of who comes to count as a 'good' citizen (McLaughlin 2020). Participants had to grow independent as a 'proof/sign' of them fitting into the productive, adult citizen.

Conclusions

This paper focused on young people's experiences with dwarfism of the support they received from their TAs during their secondary education. Their stories illustrated how they were ambivalent towards such support, meaning that certain forms of support were identified as helpful and others triggered discomfort. Rather than taking for granted that support is always helpful or needed, this paper shed light on the multifaceted nature of TAs' support, its benefits and drawbacks. In this final part, I discuss what a social relational analysis offers in terms of how support is understood and provided, and how this analysis can translate into inclusive support.

Firstly, a social relational understanding of disability makes the important distinction between barriers to doing and to being resulting from disability and impairment effects respectively. Barriers to doing related to disability are the outcome of structural

disablism, such as inaccessible environments. TAs were effective in removing such barriers by providing individualised support to young people with dwarfism. However, this also meant that TAs acted as a temporary solution to the problem of structural disablism, with such structural inequalities remaining unaddressed and the problem being positioned on the impairment. Regarding barriers to doing related to impairment effects, this was the support participants rendered crucial and were content with. Nevertheless, the ‘effect’ of such impairment effects also needs to be understood within the context they take place. By that, I mean that if a certain (able-bodied) pace of moving around a school or performing specific tasks, such as writing, is the norm, then specific impairment effects, such as not being able to write quickly enough, are exacerbated or constructed as a problem.

When it comes to barriers to being, participants’ stories illustrated how specific forms of TAs’ support, such as interfering with their learning or their independence, were experienced as stigmatising and had a toll on how the young people were perceived by others. The provision of such support was deemed unnecessary and unwanted by participants, and it spoke more to the assumptions the TAs held about the young people e.g. as in need of help.

Such barriers to being also pointed out the psycho-emotional disablism participants experienced as part of the support they received, which is the second important contribution of a social relational analysis. Participants used words such as ‘degrading’ and ‘embarrassing’ to describe how they felt about specific types of support. It is therefore important to consider not only what barriers support might be reinforcing or removing, but how support makes those in receipt of it feel about themselves or, put differently, the affective aspects of support.

Thirdly, a social relational analysis sheds light on the hidden labour disabled students put to deal with barriers to doing and being. In the discussion about independence specifically, participants mentioned how they would put ‘extra’ effort or find other ways to perform certain tasks to avoid their TAs’ support. However, such labour remained hidden in terms of not being recognised by the TAs and also took a long time to have an effect, that is participants to prove they were capable of doing things independently.

Having considered what a social relation analysis contributes to how TAs’ support is understood, I finally discuss what inclusive support might look like in light of the above stories and analysis. To start with, disabled students need to be listened to and have a say in what support they identify as helpful and how this should be provided. This is not a new argument (cf McLaughlin 2020; Ktenidis 2024a), but, due to the existent power relations – adult/child, non-disabled/disabled, TA/student-, support is often imposed on disabled students, as the adults act in their best interests. Nevertheless, support is most effective when those in receipt have agency and feel valued (McLaughlin 2020). Secondly, training should be provided to TAs enabling them to reflect on the views they hold around disability and inclusion and how such views impact on the support they offer. If TAs hold medicalised, individualising understanding of disability or believe in inclusion at principle but not in practice, then such beliefs will affect the way they work with disabled students. Moreover, TAs should act as advocates for disabled students for structural changes to take place rather than acting as a ‘temporary solution’ to those structural problems. As highlighted earlier, structural disablism is perpetuated partly

due to TAs supporting disabled students to navigate it. However, inclusive support and education is not about making disabled students fit into disabling environments but making those environments inclusive of/for everyone. Finally, it is worth clarifying that it is not TAs that are the ‘problem’ in relation to support, but how such support has become institutionalised in schools. Participants’ stories indicate how the current model of support is not fit for purpose and emphasise the need to reconsider its purpose and how it is offered by centring the voices of those in receipt of it.

Notes

1. The paper draws on the European Commission’s definition of youth, which includes people between the ages of 15 and 29 years old (<https://ec.europa.eu/eurostat/web/youth#:~:text=Young%20people%20are%20defined%20as%20those%20between%2015%20and%2029%20years%20old.>)
2. Achondroplasia is the most common form of dwarfism.
3. For instance, in 2005 there were 97,000 TAs and in 2013 there were more than 234,000.
4. Different terms are used to refer to teaching assistants in other geographical contexts, such as paraprofessional, teaching aide, teacher assistant, classroom assistant.
5. I invited three teenage participants who participated together in a focus group to contribute with their stories to a private weblog I set up on Wordpress and to which access was granted only to them, their parents and myself. Two participants posted one story each and then they stopped, so I respected their choice not to contribute anymore.

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