Factors that influence the inclusion and participation of disabled students in higher education

By

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SUBMITTED TO THE UNIVERSITY OF CAPE TOWN

In fulfilment of the requirements for the degree
Master of Philosophy (MPhil) in Disability Studies
Faculty of Health Sciences

UNIVERSITY OF CAPE TOWN

March 2024

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Glossary of Terms

Apartheid: An authoritarian political culture and laws of segregating to economically and politically oppressing the non-White population within the Republic of South Africa.

Disability: The International Classification of Functioning, Disability and Health (ICF) states that disability is term for medical diagnosis, impairments, activity limitations or participation restrictions which results from the interaction between the person with a medical or health limitation and the environmental factors by which they are surrounded by. This can be seen in the example of the the built / natural / physical environment, social attitudes, culture, systems. Disability can also be caused by personal factors of the disabled person such as one's age, lifestyle or gender (WHO, 2001).

Disabled Student/s: The usage of identity-first instead of person-first language is an intentional approach to identity that reflect my views and values of disability. Disability is an identity and experience to be proud of and valued as a large contributor to identity. This approach to language and identifying is also to protest and being awareness to the the ableism of identity-first language that the disabled community face.

Tertiary Education: the third level of education that follows secondary education. Examples of tertiary education institutions are universities, colleges or skills school. Often used interchangeably with higher education.

University of Cape Town: A university based in Cape Town, South Africa

Youth with Disabilities refers to youth between 18 and 35 years of age.

Abbreviations

ICF- International Classification of Functioning Disability and Health

OIC- Office for Inclusivity and Change

UCT- University of Cape Town

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

WHO: World Health Organization

Acknowledgements

بسم الله الرحمن الرحيم

In the name of Allah, the Most Beneficent, the Most Merciful

I am ever grateful to my Creator, Allah (SWT), for His protection, guidance and for granting me the strength and opportunity to embark on this journey. “My success is only by Allah” (18:11). May my contribution to knowledge be beneficial to our Ummah and may He continue to use me as a vessel for improving the lives of our disabled brothers and sisters. May I always strive to exemplify the original and great disability advocate- our great Prophet Muhmmad’s (peace be upon him). It is through his (SAW) practice and preachings of inclusion and love for those who are disabled, I take example.

Thank you to my Mother. Thank you to my Mother. Thank you to my Mother. I cannot say thank you enough to my perfect Mother, Shaheeda Khan, but may the Islamic three times recognition be a start. My mother is my first and greatest advocate, teacher and motivator. She is the one who taught me what true acceptance and inclusion is, and that ‘different’ does not mean ‘bad’. It is through her encouragement and unwavering support that I am where I am today. I promise to always exemplify her famous mottos of “do more” and “be bold”. It is because of the way that my mother raised me that I am able to accomplish anything, despite my disabilities.
May Allah (SWT) bless my deceased Father, Dr. Muhammed Salie Abrahams, and may my deeds and accomplishments be his.

To my other half, my husband, Zia Hussaini, thank you for your grace in allowing and affording me the opportunities to pursue my dreams. You’ve been my greatest pillar of support, peace and strength in these past challenging years and undertakings. You are always so deeply interested in my work and encouraging through all my highs and lows. Thank you for everything that you do and everything that you are- your unwavering love and dedication to me is my great gift in life.

To my two brothers/best friends/bodyguards, Dr. Adli and Dr. Rustum Abrahams: your ambition and success have always inspired me, and it is why I continue to strive for excellence, the way you have. The noble path that you have chosen of health care and healing, and your devotion to the service of our Ummah is what I admire most. You will always be my greatest role models. Thank you for always supporting my work and (ad)ventures!

To my friends and family- thank you for your endless support. Whichever way your support was shown- know that it has pulled me through this. Your kinship is what I hold most dear in life.

My sincere gratitude goes to my supervisors, Professor Theresa Lorenzo and Sumaya Gabriels. You have been the best sources of guidance, encouragement, and support. I am humbled by your trust in me and my capabilities. You both have become my academic and life teachers.

My heartfelt appreciation goes to the participants of this study. I appreciate you being so willing to participate in the study and share your very personal experiences with me. It is only through your participation that we can affect change and improvements to inclusion. I hope the stories we have written here reflect that.

I would also like to thank the service providers who assisted me in accessing the information required to connect with the participants, like the Office for Inclusivity and Change (OIC)- Disability Services of the University of Cape Town (UCT).

Thank you to the international Mastercard PRF team for taking me under its wing and guiding me through our research. I will forever be grateful for your level of trust in me and the insurmountable opportunities you gave me. I will never forget our time together and the leadership you nurtured in me.

Alhamdulilah Shukr Allah- Praises and thanks are to God.

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Abstract

This document summaries and synthesises the results of an investigation aimed to explore factors that influence disabled students' inclusion and participation in higher education in the Western Cape. Disabled students face many challenges in education in South Africa due to inadequate accessibility and inclusion. There is minimal research of disabled students' experiences in South Africa who succeed in entering a university, and the voices of disabled South African students are underrepresented. The aim of this study is to explore the factors that influence disabled students' inclusion and participation in higher education.

The objectives of this study are to:

- Explore how products and technology influence participation and inclusion
- Explore how the natural environment influences inclusion and participation
- Understand how the nature of support and relationships and attitudes of different role players influence inclusion and participation
- Determine how services, systems and policies influence inclusion and participation
- Suggest what changes need to be implemented to improve inclusion and participation

This study used a qualitative single-case study research design, with an emancipatory disability research lens. Data was gathered through four focus groups with a total of ten disabled students at the University of Cape Town (UCT), in the Western Cape of South Africa. The participants identified with varying disabilities, genders, age, course enrolment and races.

The findings that emerged relate to two themes. Theme 1, “Accessibility equals success”, uncovers three sub-themes “availability of resources”, “make it feel as inclusive as possible”, and “dualities of remote learning”, which highlight disabled students' needs for assistive technology and financial support, the inaccessible physical spaces and facilities, and the experiences of remote learning in the COVID-19 pandemic. Theme 2, “fostering inclusion”, focussed on four sub-themes, “supporting well-being”, “Disability Services played a vital role”, “I am asking for accommodation”, and “being there emotionally”. These sub-themes highlight the support systems that disabled students valued, such as the Disability Services of the Office of Inclusivity and Change (OIC), the Student Wellness services, peer and family support.

There remains to be a general experience of exclusion in spaces and systems at UCT, as disabled students detail experiences of isolation, stigma, stress and othering. Similarly, social exclusion to the spaces, resources and culture of university life is a common experience. This social exclusion is noted as contributing to disabled students' declining mental health, quality of life and low feelings of belonging. This study argues that disabled students require a holistic approach to inclusion, where academic, physical and social inclusive practices and services are improved. Further to this, there is a need for anchoring disability transformation in the UCT Vision 2030, with the inclusion of the voices and experiences of disabled students.

Chapter One: Introduction

1.1 Study Context

The participants of this study are students who were enrolled at the UCT (at the time of data gathering), which is located in Cape Town, South Africa. Cape Town is a reflection of South Africa's infamous history, where deep socioeconomic inequalities and social divides exist. Cape Town presents spatial structures and class divisions which reflect South Africa's apartheid past (Silbert, 2019). UCT is part of these spatial structures and exemplifies a historically white and able-bodied privileged system. It is an institution that is located in an affluent, middle-class area of Cape Town. UCT is also the top university in Africa and one of the top global institutions (UCT World University Rankings, 2020). Disability inclusion in South Africa, much like most of the Global South, is inadequate, and the tertiary institutional inclusion of disabled students is poor as only about one-fifth of students with severe disabilities attend tertiary education (StatsSA, 2011).

1.2 Background to the Study

This study aim was born from my personal background and experience of being a disabled student at UCT and my primary and secondary education also being in South Africa. I have noticed challenges to inclusion and participation by myself and my disabled peers. Challenges with accessibility in spaces and systems, and a culture of social exclusion. From my research into inclusive education in South Africa and the Global South, I have noticed similar challenges to inclusion and participation.

This study formed part of an international research study that I participated in, which explored the barriers and facilitators to educational opportunities for youth with disabilities in Ethiopia, Ghana, and South Africa. It was funded by the MasterCard Foundation and named the "Transitions of Youth with Disabilities in Education System" (TYDES). The study explored different groups of students in middle school, high school, university, and out-of-school. I was a disabled youth co-researcher for the South African site and was lead author of a journal article that focused on the experiences of youth with disabilities at universities in the three countries (Abrahams, et al., 2023). This thesis explored the experiences of youth with disabilities at UCT in more depth and would add to the TYDES study by addressing its gap in knowledge as it relates to specific factors that influence inclusion in the UCT. Furthermore, my study highlights holistic inclusive practices, such as experiences of academic and social inclusion in higher education.

1.3 Problem Statement

Disabled students face many challenges in education in South Africa due to inadequate accessibility and inclusion (Donohue & Bornman, 2014). The Convention on Rights of Persons with Disabilities (CRPD) (UN, 2006) defines disabled people as those who have long-term physical, mental, intellectual, or sensory impairments such that various barriers may hinder their full and effective participation in society on an equal basis with others (UN, 2006). Disabled male students show a higher prevalence of attendance in tertiary institutions compared to disabled female students, and attendance in school and university is highest among the white population group and lowest among the black population group (StatsSA, 2011). Only about one-fifth of students with severe disabilities end up attending tertiary institutions (StatsSA, 2011). Due to these low statistics and the minimal research on disabled university students in South Africa, this study aims to uncover the factors that influence disabled students' experiences of inclusion at a higher education institution in the Western Cape, namely the University of Cape Town (UCT).

Disabled university students continue to find their inclusion in university to be a struggle as there has been very slow progress in the way of universities improving their facilitation and support for disabled students (Amosun et al., 2005).. In response to these systemic inequalities and accessibility barriers, disabled students advocate daily to the existing support services of the universities for a centring of disabled voices and a focus on accessibility improvement. This callout by disabled students was heard by me, a disabled student at a university, as I too was a part of that call and experienced the plight of the disabled student body for increased inclusion.

One way to facilitate the inclusion is through the centring of disabled student voices in the UCT Vision 2030. The UCT Vision 2030 has minimal recognition and focus on accessibility and inclusion. The inclusion of disabled student voices and accessibility improvement should not only be explicitly included in UCT's Vision 2030, but it should also be intentional, where comprehensive and specific factors of exclusion are targeted (David, 2020). This targeted approach needs extensive and purposeful research into the exact factors that influence inclusion and participation, while exploring the factors that already exist in the UCT system that work well for disabled student inclusion.

The inadequate accessibility of the campus in UCT and the poor inclusion of disabled students in physical and social spaces are problematic and under researched. The problems that poor inclusion and inaccessibility create, directly affect disabled people's quality of life. The low number of enrolled disabled university students and disabled tertiary educated professionals, result in the low employment of disabled people and thus leads to a low quality of life that these disabled people face due to low economic opportunities (Kingdon & Knight, 2004). With only 1.8% of disabled people in South Africa being employed, one is able to see the correlation between low access to tertiary institutions and the barriers that arise from low education perpetuate these highly problematic issues (Maja et al., 2011). Further to this research and experience, still there are little documented specific factors to inclusion. With the low number of employed disabled people and the low number of tertiary educated disabled people of South Africa, this research was necessary as it was aimed at transformation of inclusion. The need for transformation can also be seen in the example of how UCT had to create a specialised ‘disability policy’ (General rules and policies, 2021) which was only approved in 2011 – due to the inclusion and accommodation needs of disabled students and staff not being met by the ‘standard’ student and staff policy.

1.4 Research Question, Aim and Objectives

The research question is: What factors have influenced the inclusion and participation of disabled students in higher education?

The aim of this study is to explore the factors that influence disabled students’ inclusion and participation in higher education.

The objectives were framed around the environmental factors influencing participation, namely:

- To identify what products and technology assist participation and inclusion
- To explore how the natural and built environment enables inclusion
- To describe the nature of support and relationships behaviour) of different role players that affect participation and inclusion
- To determine the services, systems and policies needed to ensure participation and inclusion
- To suggest changes to improve inclusion and participation

1.5 The Power of Language: Terms and Descriptions

‘Inclusion’ here refers to disabled students being included in spaces in the university that are physically accessible to their needs and are socially inclusive by being welcoming and accepting of disabled students (Gannon & Nolan, 2005). There are five categories of environmental factors of the International Classification of Functioning (ICF) namely, products and technology, natural environment, nature of support and relationships, attitudes, and service systems and policies. These categories inform both barriers and facilitators and will be a means of assessment of inclusion. ‘Barriers’ here refers to systems and products that disabled students find challenging to navigate and make use of due to its inaccessibility an exclusion. ‘Facilitators’ here refers to any form of assistance and accommodation that UCT and other systems provide for the inclusion of disabled students.

In recent years, there have been debates and differences of opinions on how to name and define disability and disabled people. Sharif, McCall and Bolante (2022) note that the words disability, impairment, handicap, ability, and handicap-able have all been used to best describe the physical condition, as well as the experience of the person with disabilities or health conditions. Further to this, outdated and derogatory language has been used to speak on disability, such as ‘invalid’, ‘cripple’, ‘retarded’, ‘dumb’, etc. (Sharif et al., 2022). However, the language of the disability discourse is shifting towards thinking, talking and making meaning without being discriminatory and inequitable, while bringing a social justice and culturally aware lens to language around disability (Sharif et al., 2022). The World Health Organization (WHO) defines disability as ‘any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being’ (WHO, 2007). Similarly, Schneider et al. (2003) explains that disability is the outcome of an interaction between a person’s impairment and the environmental factors, and that the experience of inclusion and participation is determined by the combined effect of these two things. However, The CRPD’s (UN, 2008) definition of the disability identity aligns with The Social Model of Disability (see 2.1.2) and the conceptual framework that is used in this study. The WHO (2007) also describes ‘impairment’ as being the language used to describe the medical condition, and ‘disability’ is the lived experience functioning in society.

With my positionality of being disabled, having experienced the different language used and experiencing the impact of language on one’s experience in society, I prefer and clearly state here my choice and preference to make use of the term ‘disability’ instead of ‘impairment’ or ‘handicap’ (or other), as I believe that the word ‘disability’ has a stigma attached to it, as it was seen as derogatory to the identity of the disabled person, in addition to setting a ‘limit’ of functioning on the disabled person. For either of these past conceptions, I believe in the ‘power of calling it what its is’ and taking ownership and pride in the description of my health conditions as a ‘disability’. I also find it rather patronising and condescending when political correctness tries to ‘soften’ language, as it implies that the people of the subjected language are inferior and therefore need saving. Examples of such ‘softened’ language can be ‘disABLEd’ or ‘differently able’, where seemingly strong and uncomfortable words such as ‘disabled’ get reframed to be ‘positive’ and ‘softer’. I find this reframing and softening more problematic when these new and softened terms are created and enforced by non-disabled people as it contributes to the erasure and belittling of disabled people.

Sharif et al. (2022) conducted a study across twenty-three countries' (United States, United Kingdom, Canada) analysis on over five hundred disabled participants' preference of identity-first or person-first language. They highlight and uncover the debate of how to refer to people who have impairments. Identity-first language is when one describes or names a person who has disabilities by referring firstly to their disability before any other identity. An example of this is is by saying 'the disabled woman' or 'the disabled student'. Sharif et al. (2022) state that this preference of language is common as many disabled social activists and the disability community wish to reclaim their identity of being disabled, which was once stigmatised. They uncovered that this language choice is becoming an instrumental tool for many social activists such as in the movie 'Crip Camp', which highlights stories of disabled youth of the past (Rembis, 2021). Much of the autistic community is noted to preferring identity-first language as it has been seen as expressing pride and celebration of one's identity and ability (Sharif et al., 2022). They also note that another reasoning for using the identity-first language is to desensitise non-disabled people to the experience and presence of disability by highlighting the word and making sure that the word is never buried or shied away from. However, on the contrasting side of the debate, person-first language emphasises the person first, by stating the person's other identities before the identity of disability Sharif et al. (2022). An example of this is 'person with disabilities', 'employees with disabilities or 'the man with a disability'. This person-first language style aims to highlight that a disabled person's identity is nuanced and holds many other notable identities before being disabled and that being disabled is not their entire identity. Furthermore, it is to highlight the 'humanity' before any other identity'. Sharif et al. (2022) states that this language style is intended to bring another dimension of identity, as previously, disabled people were thought of as nothing more than their identity and experience of disability. One of the greatest arguments against person-first language is that it is seen as implying a shadow and connotation of shame and stigma on the word 'disability' or 'disabled' and some even feel that it is an erasure of the identity and experience of disability all together. Sharif et al. (2022) note that the American Psychological Association (APA) and many other dominant health associations opt and advocate for Person-first language. Person-first language has hence been the leading corporate and politically correct language style to use. In the study by Sharif et al. (2022) of this language and identity debate, 49% of participants prefer identity-first language over person-first language (33%). The intersectionality of identities was also assessed, and it was further found that people with mobility disabilities prefer person-first language (46%).

Personally, as it has been seen above, my stance and choice of language are clear as I use identity-first language. I personally identify as a 'disabled person', and I also refer to my participants as 'disabled students' or 'disabled people'. I recognise the need to reclaim our identity as I have experienced the past norm of shying away from and negatively thinking about disability. I also believe that much of disability discourse and experience is discharged by non-disabled people, whether in academia, politics or in our personal lives, and that the person-first language came from non-disabled people's discomfort with the word and our presence, hence their need to 'rebrand' us. Even though we have many other identities that we are proud of, I also think it is important to be proud of disability first as it is the identity that affects our daily living the most. For me, my experience of disability affects the major daily tasks such as how I work and how I move around. My experience of disability also affects my second-by-second experience such as my breath and sleep. Thus, I feel that is my most dominant identity and should be be identified first. I, like many of my peers and other disabled people, are proud of and appreciate the richness of our life experience of disability, and therefore honour that experience by having it as our dominant identity. On the note of person-first language intending to highlight the humanity of a person, I feel that identity-first language does not take away from the humanity. In my personal experience of feeling the patronisation of person-first language and other politically correct terms, I feel the contrary, as by taking away my identity of disability first, you strip my experience of humanity and how I feel I am positioned in the social and political climate. Henceforth, I advocate for and subscribe to identity-first language as I wish to do away with the stigma of disability and to show pride to this identity.

1.6 Positionality

I was born with a rare and challenging congenital condition, called Spondylometaphyseal Dysplasia, which results in multiple physical disabilities. Much like my condition, my experience in many of my undertakings – especially my experience at UCT – has too been rare and challenging. It is due to my background of disabilities and experience of exclusion at UCT that I felt the need to explore this topic and contribute to transformation.

This physical condition has affected my skeletal system, resulting in a form of dwarfing as I have shortened limbs and spinal scoliosis. These conditions have resulted in mobility and height challenges: I use mobility devices such as wheelchairs and crutches to get around, and I stand at about one metre tall. To facilitate my mobility challenges, I have undergone eight major surgeries on my lower limbs, various other medical interventions and multiple hours of physical therapy. Despite these many medical and therapeutic interventions, my mobility and abilities are still limited. The underlying effects of these disabilities and surgeries result in full-body arthritis, joint dislocation, the need for chronic medication and on-going medical treatment. With the support of family and friends, assistive devices, finances, and personal facilitation, I am able to live a full and high-quality life mostly independently.

In my formative years' dreams of studying at UCT, and my subsequent application to UCT, I held high expectations of disability accessibility and inclusion for UCT as they are the acclaimed top university in Africa. Unfortunately, however, this expectation was sorely unmet as I was faced with daily barriers to accessibility and inclusion. Not only did I notice personal challenges in getting around the campus and the exclusion I experienced in my participation in social circles, but I was also surrounded by similar, if not worse, accounts of exclusion by my fellow disabled peers. These peers and I formed special bonds that were specifically linked to the trauma of exclusion, which we experienced collectively, as we would struggle together in getting around the campus and vent about the (quite literal) uphill battle that we faced at UCT. Daily, we would assist one another with accessibility by sharing which pathway routes to avoid that day, which routes had hazards and barriers such as inoperable elevators, accessible curbsides blocked by loading trucks, and faulty ramps. We would also share useful tips on how to navigate exclusionary curriculum and staff. These experiences are far from the day-to-day experiences of our non-disabled peers, as they have mostly full accessibility to the campus and its contents, and they do not have any worry about many barriers to their inclusion.

There was also a personal and peer-related experience of social exclusion at UCT. Personally, I am a highly sociable person that has a passion for people. There was one particular social engagement that I was looking forward to at UCT prior to my enrolment, and that was my involvement in the Islamic religious societies and spaces. I was most excited for this opportunity as I am a devout Muslim and I try to involve myself in spaces to assist with community upliftment. I also saw the Islamic spaces of UCT as a great opportunity for social and personal enrichment. Unfortunately, however, the Muslim prayer area, the Jamat Khana, had no wheelchair accessibility as it has an entrance with stairs, and it was also challenging to get to the venue due to the meandering and vast distance of the space. The social events of the Muslim Students Association (MSA) took place mostly on the rugby field, which was inaccessible for my wheelchair, and inaccessible for use to me after hours due to UCT's lack of wheelchair accessible transportation after office hours. I quickly began to realise that these social events were not attainable to me. I, like many of my disabled peers, was socially excluded and struggled with the effects that it had on my morale and mental health.

These experiences led me to look into the statistics of the prevalence of disabled Africans in tertiary education. The shockingly low statistics of inclusion mentioned earlier in problem statement (see 1.3) and reports of exclusion made me realise that although I had a challenging and barrier-ridden experience at

UCT, my privilege of attending tertiary institution is a privilege that most people like me are never afforded. The common response to this realisation, which I heard from many non-disabled and disabled people that surrounded me, is to simply be grateful that one is able to attend a university, to put one's head down to accomplish what one came for, and to then leave. However, with my value of striving to leave something in a better condition than I found it and my passion for assisting others, I made it my mission to contribute to the transformation of the disabled student body experience. I have always been an avid and voiceful activist for disability awareness and inclusion, however, my barrier-ridden experience at UCT ignited my specific passion for activism for disability accessibility and inclusion in higher education. The social exclusion that I and my disabled peers experienced, and the effect that it had on our mental health and success at UCT, sparked my aim of centring a holistic approach to inclusion – whereby the social inclusion of disabled students is not overlooked as it has been in the past, and special importance is placed on the benefits of and the need for social inclusion.

In my time at the UCT, my experiences of exclusion were negative for the most part, however, my experience of accessibility and inclusion held some positive moments as well, as there were many aspects that worked well for me and aided my facilitation. The Disability Services was my saving grace for all of my accessibility and inclusion needs. I wrote my examinations in their premises which was equipped with a specialised desk for me, extra time, personal and constant assistance and held in an area that was more accessible than the main student examination centre (the gymnasium). The staff also assisted me by moving some classes and tutorial classes that I found inaccessible to an accessible lecture theatre. During orientation week, the first week on campus, the Disability Services arranged that a staff member assist me with joining the campus tour. After orientation week, the Disability Services's barrier-free coordinator took me on a private tour of the campus in order to educate and familiarise me on the accessible routes that I would need to make use of as a wheelchair user. This assistance aided my mobility and access on campus as I was then independent in my navigation, and I was equipped with knowledge of hazardous pathways.

The Disability Services staff were qualified and knowledgeable, and further to their training, they cared. The staff's support, passion and care for student's success and inclusion shon through every service that they provided. It is with these qualities that made the Disability Services more than a centre for accessibility, but also a place of safety and belonging. The Services premises was designed to not only be a centre of academic services, but of social inclusion as well. The centre had many safe zones, that was restricted to disabled students, that offered various amenities for relaxation and peace. Some of the amenities include sofas, kitchen equipment, beds and computers. This space was a vital resource for many disabled students, such as me, who could not access many social areas of the campus or cafeterias. For students with physical conditions, like myself, this resource was needed as I would experience bodily pain and fatigue throughout the day. The beds and resources at the centre assisted me with the rest and comfort that I needed. For students with sensory conditions, this resource was also a welcomed one, as it was a place that they could experience peace and quiet. The Disability Services was also a means of safety, as I would often arrive early in the morning and stay late in the evenings, many times before sunrise and after sunset, and I was able to wait for my transportation inside the Disability Services office rather than outdoors, where I felt unsafe and uncomfortable. This haven, as I like to call it, was often our only opportunity to socialise, rest our bodies, and feel safe.

The Disability Services was very attentive and supportive of my financial and resource needs too. On my first day at the university, the staff advised me that my manual wheelchair was not going to be assistive and appropriate enough of a mobility device in order to access the space of the campus, as I would be exerting much physical effort on the vast distances of the campus, and I may risk not being able to attend my classes on time. They then assisted me in obtaining a powered/electrical wheelchair that would better facilitate my mobility challenges. They provided a contact of a store that sells mobility devices, and they obtained a large bursary that paid off the expensive electronic/powered wheelchair for me. I believe that without this electric wheelchair, I would have not been able to physically cope with the vast distances and physical demands of the UCT campus. Further funding was secured for me through National Student Financial Aid Scheme (NSFAS) that supported my tuition fees and learning materials.

Another resource that was provided to me was a laptop. I was made aware that the Disability Services had a budget for assistive devices for disabled students, and I was thus offered a laptop to aid my learning and physical needs. This resource was much needed as many disabled students like me, who are from a lower economic background, could not obtain their own personal laptop. This laptop allowed me to work from the comfort and assistance of home, as I prior to the laptop, I would have to come into the campus to make use of the campus technology. Accessing the technology and resources on campus was especially challenging as the UCT library was inaccessible to me, and I would have to travel far distances to access other computers and learning materials. The personal laptop also alleviated my burden of carrying large books as I could now store the books and learning materials in an online/ virtual form.

Due to my challenge of transportation to and from campus, I was offered accommodation at one of the UCT residences. Living at a residence that was a one-minute drive to my classes facilitated me immensely as I no longer needed to experience hours of travel time and endure the physical toll of travel.

As a disabled scholar researching the subject of disability inclusion in higher education, it is understood that my positionality informs my focus. With the knowledge that not much disability discourse is led by disabled scholars and knowing the importance of disabled people's involvement in their own field, I felt the need to advocate in this space and use my positionality for the benefit of disability discourse and transformation. By conducting research on disabled scholars by a disabled scholar, this research will be testament to the goal of *nothing about us, without u*s (Charlton, 1998). My experiences as a disabled scholar will benefit the research as it will include personal experience and an open a dialogue between the researcher and the participants who share common experiences (Oliver & Zarb, 1992). The possibility of bias and subjectivity associated with my positioning will be managed by having my supervisors' input, participant and peer reviews, additionally, lowering my personal input in the focus group discussions.

1.7 Significance of the Study

Disabled youth face many challenges with their inclusion in education, especially in relation to their inclusion in educational spaces, social spaces, curriculum, and services (Abrahams et al., 2023). With the few disabled students who pursue tertiary education, and find successful and financially fulfilling employment, this study aims to identity what the barriers are for disabled students and how those barriers can be transformed, and what support systems are needed for the students' inclusion and participation.

The significance of this study is that higher education settings need to be more responsive and accommodating of youth with disabilities as it is their right to access further education and training. The UCT is one of the leading universities in Africa and one of the top universities in the world, thus being disability inclusive is critical. It is vital that these lived experiences are used to inform the UCT policies and practices as a university. Additionally, research in disability discourse led by a disabled researcher, provides a contextually layered understanding and perspective of the disabled participants through adopting an emancipatory disability approach (see 2.1.2).

1.8 Thesis Structure

This thesis is laid out over six chapters. The first chapter, the introduction chapter, provides the background, and context of the study, the problem statement that reflects the need for this research. The research question, aim and objectives are given, and significance outlined. My positionality is shared as it laid the ground to my interest and passion for this study aim. Some of the terms and definitions are described.

The second chapter presents a literature review and the theoretical frameworks utilised in this study, namely, The Social Model of Disability, emancipatory disability research, and the International Classification of Functioning (ICF).

The third chapter explains the methodology, which includes the research approach, the research design, sampling and recruitment of participants, data gathering, data management and analysis, ensuring rigour, and the ethical considerations.

Chapter four presents the findings that emerged in two themes, namely "Accessibility equals success" and "Fostering inclusion" and their sub-themes.

The fifth chapter, the discussion, meticulously unpacks the various arguments and points related to each theme, in conjunction with literature.

The final chapter provides a conclusion and the recommendations and limitations that highlight suggestions to foster inclusive higher education systems in South Africa and beyond.

Chapter Two: Theoretical and Conceptual Frameworks and Literature Review

Introduction

In this chapter, I have reviewed published literature from the databases of the UCT library and Google Scholar. This literature describes current research around disability inclusion in tertiary education and institutions in the Global North/South, African and South African contexts.

I begin the chapter with a description of the theoretical and conceptual frameworks that informed the study, namely the International Classification of Functioning (ICF) which is used as a conceptual framework for data gathering and analysis. Furthermore, The Social Model of Disability is reviewed to uncover its core principles that inform my study's background and disability discourse.

This literature review includes research of inclusive tertiary education from various and relevant geographical contexts, such as the Global North, Global South, African, South African and the Western Cape regions. These reviewed studies are arranged in four sub-headings, according to the objectives of my study (see 1.4), namely products and technology, natural environment, support, relations and attitudes, and services, systems and policies. These headings are intended to highlight the gaps in research of the subject of inclusive higher education and to showcase my study's key findings of barriers and facilitators to inclusion.

Lastly, emancipatory disability research is unpacked to highlight its importance as a methodological approach to research in disability discourse.

2.1 Conceptual Theoretical framework- International Classification of Functioning

This study utilised the five categories of environmental factors of the International Classification of Functioning (ICF) (Üstün, Chatterji, Bickenbach, Kostanjsek and Schneider, 2003) (see 1.4) as a conceptual framework for data gathering and analysis, which identify both barriers and facilitators in the inclusion and participation of disabled students at UCT. The five categories are: products and technology; natural environment and human-made changes to environment; support and relationships; attitudes; and services, systems and policies. These categories were used to frame the interview questions to assess how students experience inclusion. Discovery questions were structured around the various aspects of inclusive areas (see appendix three). The data can then be used to suggest what changes need to be implemented to improve inclusion.

The ICF first received its approval from all the World Health Organization (WHO) in 2001 during the 54th World Health Assembly. The aim of the ICF is to create a definition and framework of studying and understanding health and the changes in health, to create a universal language to describe and make meaning of health-related states, to allow for comparison of data across countries, health disciplines, and services. Further to this, it is used to establish a systemic coding scheme for health information systems.

Üstün et al. (2003) states that the ICF has shown to be an essential tool for identifying and measuring the effectiveness of rehabilitation services, through profiling and intervention targeting. This idea of measuring is due to the need for improving and providing adequate services to disabled people in order to improve their inclusion and quality of life. It is not enough to only provide services, but rather to provide quality services that are actually effective. I have experienced institutions providing services to disabled people for 'the sake of it'; however, if these services are not assessed and measured for effectiveness regularly and not assessed with the correct tools, then the services are not reaching their potential and may even be useless.

Because the ICF includes a range of environmental factors from social to physical, organisations and spaces can use it as a means of measuring the levels and success of their interventions to see what works and what needs improvement. Üstün et al. (2003) speak to the 'intervention of targeting' and how the ICF reflects the underlying model of the functioning of disability. The Social Model of Disability is utilised here to demand social action to improve services and systems to better cater to disabled people. They further explain the biopsychosocial model, which the ICF is constructed around, giving a coherent view of all the systems at play that create holistic and effective interventions and services. It is noted that the ICF environmental factors, together with the biopsychosocial model, can be utilised to assess and create adequate guidelines of functioning and inclusion in universal design. This combined classification tool creates systems that assess environments in terms of their level of facilitation, inclusion, or barrier-creation for many levels of disability.

Schneider, Hurst, Miller and Üstün (2003) presents examples of how disabled students can be excluded in their institutions due to the education system not being able to be inclusive and accommodating for these students' different abilities. One such example from Schneider et al. (2003) is of a student who had to terminate his studies, even though he had one more year until completion and graduation, due to his public epileptic seizures having a traumatic effect on the learners around him. This example is testament to the reality of environmental factors of the negative attitudes and low support of this university. This example further highlighted an experienced barrier as this student was made to feel like the problem, when in actual fact, it was the environment around him that was problematic as it did not accept and support his impairment which thus led to his exclusion. Another example was where a student was not allowed to attend a school due the school not being accessible enough to accommodate his wheelchair. This evidence of the ICF environmental factor of natural environment/ and human-made changes to the environment and the policies in place at this school, which then act as barriers against students in wheelchairs. Similarly, it is seen that the wheelchair user is excluded because the school environment was not accessible.

The ICF provides a framework for describing and analysing the interaction that takes place in examples such as these where the environments impact the inclusion and participation of people with disabilities. The literature describes the classification of five different environmental factors, each dealing with different and mutually exclusive aspects of the environment. Products and technology refer to human-made products and systems, such as assistive devices, literature, computers, and furniture. Natural environment and human-made changes to the environment include elements of nature and manufactured changes to the environment, such as infrastructure, buildings, schools, and parks. Support and relationships include the social aspect of living, such as social support, friendships, social gatherings, and functions. Attitudes are the discrimination, acceptance, or inclusion that people have for disabilities, including ideas of ableism, customs, ideals, cultural and religious beliefs, and outlooks on disability. Services, systems, and policies include institutional and community programmes, public and private organisations, rules and regulations, and different activities in society.

Another interesting point raised in the by Schneider et al. (2003) is the notice of marginalised and minoritised populations that have health conditions that can also benefit from this assessment, such as the aged, pregnant women, chronic illnesses, and those with stress-related conditions. Not only does the ICF include these groups, but it also recognises that anyone can attain a type of disability in their lifetime and therefore need accommodations. An example of this holistic perspective of abilities is where the addition of a ramp is included in a building and it may look as though it solely benefits a wheelchair user, but rather it also is able to facilitate a person with a temporary injury, a pregnant woman who is in discomfort, a toddler who is still learning to walk and may be in danger with a staircase, an aged man whose legs cannot lift high enough for stairs, or even a non-disabled person who is fatigued and finds the ramp easier than the staircase. These above-mentioned examples of the range of impact that transformation can have on other marginalised and minoritised populations, and non-disabled people, provides reasoning for the greater need for inclusive design and inclusion (Schneider et al., 2003).

Using the ICF as a framework for data generation and analysis can thus provide useful information on where to target the intervention to create more facilitation and remove the barriers, whether it be at the level of society (such as implementing disability awareness and promoting inclusion of all), the individual (such as having more assistive devices and technology), or a combination of both. Not only can this tool explore where and how intervention is needed, but it also assesses how current interventions are servicing the disabled and how to improve those interventions.

2.1.1 Products and technology

Ahmed (2017) conducted a comprehensive case study on the mobility experiences of disabled staff and students' experiences in inclusive policies in tertiary institutions of Kano, Nigeria. They highlighted that the most frequently experienced barriers by participants were the exclusionary design of products, such as assistive devices and technology. Students struggled to obtain technology to aid their learning needs, and when they were provided these technologies, they found the technological aid to be exclusionary as it was not designed with universal design or accessibility features that could be used by students with different learning and physical abilities. Similarly, Abrahams et al (2020) found that, in the context of the UCT, the Disability Services had greater access to assistive products and technological resources for its disabled students than some of the other included contexts, such as Ghana and Ethiopia.

Similarly, Clouder, Cawston, Wimpenny, Mehanna, Hdouch, Raissouni and Selmaoui, (2019) conducted an analysis of the impact of the European Union funded project aimed at equal access to university education by the provision of assistive technologies in Egypt and Morocco in North Africa. They identified seven types of assistive tools such as, alternative interfaces, for example, screen readers, visualisation, reading, recording, planning and organising, and communication tools. They highlighted that student in these under-resourced countries and institutions required financial and technological support as most often, the disabled students at these institutions do not possess the tools they need to be included and cannot afford these resources. The impact and facilitation of assistive devices and technology is more widely researched in the Western context, which was an important reason for the need of research in the African continent. Clouder et al. (2019) found that even though students were skeptical of the positive impact assistive provision could have on them and their education, and while being were hesitant and fearful of the undertaking of learning how to use these technological provisions, there have since been increasing commitment and trust in these technological aids. These findings have shown that there has been a significant shift towards a more accessible and inclusive approach to learning with the use of assistive tools. They also found that the disabled students were far more capable of learning and using the assistive tools than initially anticipated. This finding proved that disabled students' abilities and capabilities should not need judged nor limited as they are far more capable than one may believe, and that the assumption of their abilities were a cause of their past exclusion.

Low access to funding is another important consideration and barrier as it provides disabled students with access to resources they need at university. Jali (2009) conducted a comprehensive study on the experience of students with physical disabilities studying at the Durban University of Technology. The study focussed on how physically disabled students make their way in an institution that was mostly catering and inclusive of non-disabled students. The disabled participants detailed that only upon their processing and approval of financial assistance did they experience their first moments of inclusion into the university and assistance from staff. Those who received the funding commended the services of the staff and the opportunities that it afforded them in their time at university. Furthermore, one participant noted that their funding extended past tuition as it also covered accessories such as books and other educational devices. This extended funding and the need from other participants for further funding for other disability and livelihood related needs led to the call by disabled students for all funding systems to offer disabled students added funding that can assist with covering extra financial burdens such as assistive devices and housing.

2.1.2 Natural environment

Abrahams, Batorowicz, Ndaa, Gabriels, Abebe, Xu and Aldersey's (2023) article, titled "'I'm Not Asking for Special Treatment, I'm Asking for Access'": Experiences of University Students with Disabilities in Ghana, Ethiopia and South Africa", uncovered detailed accounts of barriers and facilitators of inclusion in universities across Africa. Participants mostly expressed the need for inclusive design and environmental accessibility. The physical inaccessibility of the university campuses across the universities was well noted by many participants because of the students' deep frustration with inaccessibility, which prohibited their attendance and involvement in many university activities and spaces. Abrahams et al. (2023) also included a male participant who attended a university in the Western Cape of South Africa. He is a wheelchair user, and he stated that he too experienced transportation barriers. He details that he was often barred from accessing the accessible pavement as lecturers would often park on there and block that access. At his university, he has to sit in the designated wheelchair spots of the lecture theatre, which, like at UCT, are in the far back of the room. This led to his feelings of isolation and exclusion. Although the students find some support through others and their own self-facilitation, they still need much more support in order to participate and be included (Abrahams et al., 2023).

Similarly, Moriña (2020) conducted a qualitative study in Spain on university staff in ten different Spanish universities who are transformative in their inclusive educational approach. It was discovered that the improved accessibility of the physical environment of the campus, such as the accessibility of the infrastructure and facilities, proved to be useful for all students and staff. For example, the staff found that the addition of a ramp assisted the elderly who visited the university. They noted that it is vital that all university systems should be encouraged to implement inclusive practices, designs and actions in order to build disability awareness and accessibility to opportunities in higher education.

Ahmed (2017) found that 80% of his participants noted the challenges that they face with the built environment of the university campus not being accessible to their mobility abilities. 60% of the participants found that infrastructural planning and geographical barriers posed exclusion to their experience. 60% of participants noted the challenges of obtaining support from university staff to create better inclusion. One of the tertiary institutions investigated by Ahmed (2017) had more evidence of inaccessibility as the campus was the largest campus investigated. One such design flaw is when a disabled participant noted that they had to travel great distances to access the department of special education as it was located far from the main area of learning. The greater the campus grounds, the more accessibility barriers there are, especially when the design is flawed. Eight out of the nine participants in one site emphasised the need and their call for inclusive spatial planning at the university to create better inclusion and accessibility.

Jali (2009) found that one of the biggest barriers to inclusion for her participants was the inaccessible lecture venues. Even though the South African White Paper 6 notes that inaccessible and unsafe infrastructure and spaces are a barrier to educational success (DoE, 2001) many of South African disabled university students still face this reality. One of Jali's (2009) participants details that they could not attend lectures for a whole semester because of some inaccessible entrances having steps with no wheelchair access. This participant further details that upon informing the lecturer and university staff of this barrier, they were informed that nothing could be done to improve the accessibility. Other participants detail their experience of exclusion with inaccessible lecture theatre desks, resulting in them having to sit outside of the desk and not be able to access a desk to take any notes. Another experience of note was participants detailing that they had to be physically carried in examination halls or classrooms by students or staff as their wheelchair could not access the stairs at the entrances. The participants who recalled these accounts detail feelings of infantilisation, embarrassment, fear of being dropped, and pain of being carried by unspecialised staff. This highlights the call for improved inclusive practices, where accessible venues are scheduled for disabled students to avoid any inaccessibility barrier or hazardous efforts to gain access.

Additionally, Nene (2019) set out to discover the accessibility issues and challenge that face disabled students in the University of Kwa-Zulu Natal. This study was qualitative by conducting in-depth interviews and questionnaires of 15 disabled students. They highlighted four types of ‘accessibility’, namely physical accessibility, perceptual accessibility, financial accessibility and social accessibility. Importantly, out of these four types of accessibility experiences, participants made it known that the physical accessibility of the campus proved to be the most challenging. Nene (2019) showcased photographs of many entrances to buildings and facilities that have staircases and narrow doors. Many of these buildings were resources that are integral to student's needs, such as student resource centres and other lecture theatres. These all proved to be inaccessible to many physically disabled students, especially those who use mobility devices such as wheelchairs. It is noted that there are alternative entrances to these facilities that are accessible, such as the back or side entrances, however, participants noted that these accessible alternative entrances are often locked. It was further discovered that participants also complain of being forced to sit at the back of the lecture theatres, often very far from the lecturer, as the accessible entrance and the designated wheelchair desks are at the back of the theatre. states that this intended accessibility solution, contradictorily proved to be inaccessible and problematic as many disabled students find it challenging to hear or see the lecturer form that far distance. These participants made it clear that their day-to-day undertakings at the university are challenging and barrier ridden.

2.1.3 Support, Relationships and Attitudes

Dudley-Marling and Burns (2014) analysed two perspectives of inclusive education in the United States of America namely, a deficit stance and a social constructivist perspective. They discovered that a large need for the integration of disabled students in public school settings was to socially integrate the disabled students with the non-disabled students as disabled students had low exposure to social settings and play. This discovery highlights another aspect of inclusion, social inclusion, which all students require, and informs my focus into social inclusion of disabled students in tertiary educational settings.

The participants in Moriña (2020) noted that the environment in an inclusive educational system proved valuable to all students, even those without disabilities. This positive inclusive and integrated environment resulted in peers supporting those with disabilities and their needs and improved their attentiveness to diversity. The positive attitudinal shift in non-disabled students were notable as they were eager to assist and be integrated with their disabled peers. This finding needs to be highlighted as the common belief of inclusive practices is that inclusive practices mostly benefit the disabled population, rather than those who are non-disabled. However, it is herewith proven that some inclusive practices can be beneficial to non-disabled parties involved too.

Deng and Poon-McBrayer (2004) explored the perspectives of how university lecturers in China view inclusive higher education from various standpoints, such as emotional, cognitive and combative. Although the research by Deng and Poon-McBrayer (2004) was about 19 years ago, the relevancy of the broad inclusive systems still stands as it informs many aspects of inclusion that I am interested in, such as the emotional and cognitive inclusion. They found that the university lecturers show signs of low motivation and negative attitudes to be inclusive and that they lack relevant knowledge of inclusive practices. This finding showed that lecturers need additional training in disability sensitivity and inclusive educational practices. In addition to the low motivation to inclusive education of staff, they found that some university staff are still opposed to full integration and access to mainstream university as only 14.2% of university lecturers agreed that all majors should be accessible to disabled students. They claimed that the attitudes of university lecturers and staff are one of the most influential and impactful factors to inclusive higher education.

Abrahams et al. (2023) further discovered that support from families and friends is not as significant as the innate source of a disabled person's strength, and discovered how that is relevantly captured in the African cultural context. Participants detailed the unique source of support in the form relying on themselves and being self-dedicated. Self-reliance was a common narrative, as external support (such as support from university staff, peers, and family) proved somewhat rare or unreliable. The participants placed much emphasis on how their self-support facilitated their own needs and mobility with self-determination, controlling their outcomes, advocating for themselves, and navigating social spaces. Besides the physical and structural environmental barriers that the disabled students face, the other barrier that is most noted is the experience of stigma of disability from staff and students alike.

Furthermore, Clouder et al. (2019) proved the stigma and judgment that disabled students are under as they are often belittled or believed as less-than. The recommendation that stemmed from this finding of stigma and judgment is that disabled students need equal opportunities to accessing tools, and the avenue to express their needs and abilities fully. They then note that this renewed belief and trust in the disabled students, together with their newfound abilities in technological tools brought about increasing feelings of agency, autonomy and independence.

McKinney and Swartz (2022) studied the integration of disabled students into higher education in South Africa. They note that in previous years, disabled students were mostly excluded from enrolling and being integrated into a higher educational institution. McKinney and Swartz (2022) note that this exclusion was a result of many external social barriers such as negative attitudes that systems and people in the higher education field had on disabled people and their ability to academically perform as well as non-disabled people are perceived as. However, in today's reality, a wave of inclusion and universal design for learning is increasing and higher educational institutions are now implementing inclusive policies and statements to create accessibility. McKinney and Swartz (2022) highlight that though there is a significant increase in the inclusion of disabled students enrolling and graduating from higher educational institutions, the number of disabled students at university is still not as representative of the population and therefore is not up to the standard it should be. Another notable theme discovered was that of participants noting that they were excluded from enrolling in various courses, subjects and degrees based on the negative preconceived ideas that administration staff possess. This exclusion in academia pushed some participants to study overseas, as they found the educational systems and design to be far more inclusive than South Africa. McKinney and Swartz (2022) participants stated that they believe that faculty staff have assumptions of disabled students academic and physical abilities and that they are not up to task to perform as they expect. This finding once more highlights the effects of negative attitudes and support. Another result of not being able to enrol in one's chosen course was to accept the exclusion and end up being defeated into enrolling into a course or subject that they are not passionate about. Upon this shift in subject matter, participants noted feelings and experiences of defeat, anger, frustration. This experience then led to these participants highlighting that they also then felt the need to try to prove these staff 'wrong'. McKinney and Swartz (2022) note that participants expressed their newfound mission was to prove their capabilities to university staff and break these common and negative stereotypes of disabled students' academic capabilities. However, to do so, disabled students noted that they had to exert much more effort and work even harder than expected, which proves to be an additional barrier.

Similarly, Nene (2019) discovered that there was a common experience of disabled students choosing a major or subject based on the accommodations to their abilities, rather than their passions. They note that participants would often want to enrol in a course that they have interest in due to their passion or due to the benefit of it for their future careers however they found that it would be inaccessible. The inaccessibility was related to challenges accessing the building that it is hosted in, or the bodily abilities needed to conduct course assignments and not adapting these accordingly for disabled students. Nene (2019) describes an example of a blind student being passionate about agricultural sciences, however the curriculum is not designed in a universally inclusive way which results in the exclusion of those with disabilities who cannot perform as stated. They also shared the experience of a participant who is passionate about accounting, however the university's curriculum and practices are not inclusive, which proved to be exclusive to her and she had to pivot her career by undertaking anthropology. Some participants detailed that their experience of career and academic path exclusion and the need to shift to something more accessible stemmed from their schooling.

2.1.4 Services, Systems and Policies

This section highlights some disability literature from the United States of America (US), which focuses on Western high income countries' practices and history of inclusive education. Furthermore, European countries and their experiences of the new wave trial of inclusive education are detailed. The research then unpacks the global review, which shifts to the East of the globe, where the experiences and history of China are unpacked to uncover the inclusive practices and barriers there. Dudley-Marling and Burns (2014) presented the history of inclusive education in public schools of the US, where, prior to the 1970s 'Education for All Children Act', disabled students faced much exclusion and inaccessibility in their time in educational systems. Many disabled students in the US, prior to the 1970s, were denied access to public and free education. Further to this, disabled students that were enrolled in educational systems, had challenges with physical and academic access to spaces and learning materials (Dudley-Marling & Burns, 2014). They note that the Act highlighted transformation that stated that disabled students are required to benefit from any school and to learn about non-disabled peers, with equal opportunity to learning. This Act was a significant moment for inclusive education in the States as disabled students were only then allowed to learn alongside non-disabled learners. Today's increase of inclusive educational spaces shows that 80% of disabled students' schooling days are now integrated with non-disabled peers. Uncovering the historical experience of inclusive education in public primary and secondary education links to the investigation into tertiary education level and informs my research as it highlights the effects of the integration of disabled students in mainstream schooling systems. The need for policy changes and Acts in educational systems is integral, much like the Education for All Children Act discovered by Dudley-Marling and Burns (2014).

Deng and Poon-McBrayer (2004) note that historically, China only allowed access to higher education for disabled students in the 1980s. Prior to the 1980s, China had special educational colleges that catered to disabled students, as well as mainstream universities where non-disabled students attended. They found that the governmental discourse and policies regarding inclusive practices in education had much less focus on university systems than middle and elementary education. In China, prior to 2010, there were 30,000 disabled students who were enrolled in mainstream universities. This number is about ten times more than the number of those attending special education colleges. There was also a resounding positive experience and impact on the lecturer's emotion and cognition towards the right to inclusive education. These universities changed many practices and systems in order to create better inclusion, which included distanced learning to allow students to study in the comfort of their home if needed. Some universities even made all majors available to disabled students to enroll in. Similarly, Dudley-Marling and Burns (2014) too highlighted the shift in positive impact on disabled students' education and lifestyle that took place due to the Education for All Children Act, the need for increased inclusive policy shifts is similarly needed in tertiary education.

Focusing more locally, research on the South African context of inclusive education and institutions were covered. This review spans across the provinces of Limpopo, Kwa-Zulu Natal, Western Cape, and other minor cities. This review focuses on the history of inclusive education in South Africa and further unpacks the investigated inclusive practices and challenges. Mutanga (2017) reviewed published studies of disabled students' experiences of higher education in South Africa. The review was focussed on the post-apartheid era, from 1994 onwards. Mutanga (2017) begins with highlighting South Africa's challenging past of apartheid and its effects on the access to higher education for disabled student. The historical exclusion experienced during apartheid is similar to that of the educational system where disabled students were kept apart from the non-disabled students' institutions and opportunities. It was discovered that during the high rates of exclusion that disabled students faced in the general educational institutions, 80% of disabled students were not attending primary and secondary school (DoE, 2001). They found that in the apartheid era, access to inclusive education meant that disabled students had no choice but to only stick to 'special needs schools', and not mainstream schools. The challenges that arose for disabled students in these special needs schools, especially those with the ability to attend university, were that disabled students were left with no preparation or qualifications to enrol in higher education. The education standard was thus kept at a minimum, to accommodate those with intellectual challenges, with no increased education standards for those with higher intellectual abilities. Mutanga (2017) then analysed the inclusive educational practices in a post-democracy world, after 1994, and found that many steps were taken to increase educational opportunities with systems and policies such as the Special Needs Education: Education White Paper 6 and the National plan for Higher Education. The National Plan for Higher Education calls on higher educational institutions to commit themselves to increasing access for disabled students (Ministry of Education 2001:41). Mutanga (2017) details that the greatest challenge in a post-apartheid South Africa was to challenge these higher educational institutions to improve its accessibility and inclusion, rather than grant acceptance into these institutions to disabled students and have them conform to the inaccessible and exclusionary state of these institutions.

In the context of pre-apartheid South Africa, McKinney and Swartz (2022) states that disabled students were segregated from non-disabled students into special needs schools. These special needs schools were seen as the only institutions capable of including and accommodating disabilities. Black children who were disabled were completely excluded from all institutions. In the context of post-apartheid South Africa, they note that Black disabled children received a lower standard of education in special schools which, in turn, significantly affected their chances at enrolling in a university. Even after the introduction and enforcement of the Education White Paper 6: Special Needs Education, Building an Inclusive Education and Training System, South Africa’s inclusive education policy, there remains various barriers to inclusive education in South Africa. Such barriers include low access to resources such as financial aid for students' tuition fees, educational materials, assistive devices, and to improve infrastructural accessibility. Similarly, Mutanga (2017)They found that the transformation process to create better inclusion and accessibility was met with several barriers, such as low funding opportunities, low research of disabled students and their challenges, and the dawdling pace that these changes were made. McKinney and Swartz (2022) found that the low result of enrolment of disabled students stems from various challenges of inclusive education that universities still hold. One such challenge is that of inaccessible physical spaces on the campuses that are too barrier ridden to prove accessible for students with varying needs and abilities. An interesting finding in their study was that students were conflicted on whether or not to disclose their disability and needs or not. For the disabled students, to disclose one’s disability meant that they would be granted accommodations and assistance, however they felt that it also risked many things. This conflict is stated as beginning as early as when disabled students apply to universities. Disabled students would often fear disclosing their disability on the application form in fear of being excluded based on their disability. They state that this is a legitimised fear as historically being excluded on the basis of one's ability was the reality for many. Some of McKinney and Swartz (2022) participants noted that they believe that they were not accepted in certain institutions due to the fact that they disclosed their disability and accommodation needs. This exclusionary experience then resulted in many participants stating that they learned to disclose their disability after their acceptance. They state that once the disabled students are enrolled at the university, the fear of disclosing one's ability status remains, as even after the application process, one still would need to disclose their ability status if they needed accommodations. To disclose could mean to risk being stigmatised and judged according to expected and perceived negative attitudes that staff and students held. These judgements could be based on untrue stereotypes of disabled people, such as disabled people, no matter their type of disability, were intellectually inferior. These perceptions run risks of unjust academic and personal assessments that could cost their futures and careers. Another risk to disabled students' lived experiences of disclosing their disabilities was harassment and bullying. Disabled students worried about how they would be treated if they were to announce their disabilities to all, as McKinney and Swartz (2022) discovered that disabled people are often teased and taunted for their difference. This treatment could result in social exclusion and damage to one's mental health, which many of their participants struggled with.

In addition to the above contexts, it is important for this literature review to include local research in a similar field to assess what research and work has been conducted, how to find new ways of interpreting that past research, and how to build on it to further the research in the field. Inclusive practices in services, systems and policies are henceforth unpacked in the specific context of UCT. The research by Ohajunwa, Mckenzie, Hardy and Lorenzo, (2014) and Ohajunwa, Mckenzie and Lorenzo (2015) were conducted at UCT and based on the inclusion of disabilities. Ohajunwa et al. (2014) addresses disability issues in teaching and research in higher education, where the focus is on the extent of disability inclusion in the curricula of UCT in various faculties. Ohajunwa et al. (2015) focus on enabling disability inclusive practices within the UCT curricula, and how academic staff at UCT found ways of including disability in activities, practices, discussions, and curricula.

Ohajunwa et al. (2014) mention that there is a lack of disability inclusion in the curricula of higher education institutions where disability and inclusion are not adequately included in teaching practices, class discussions, and the syllabus. When disability is not included in curricula, it can result in exclusion perpetuation and add to the discrimination of disabled people. There is thus a sense of duty to increase the inclusion of disability issues and plights in universities in order to improve the inclusion of disabled individuals in society and higher education spaces. This practice and idea stems from the thinking that no action can happen without the education that is needed first. There is a need to create awareness regarding disability issues in curricula so that university students, staff, and graduates can understand and remove the barriers that exclude disabled people from society. Having curriculum content that includes disability as an issue of diversity and human rights will assist in removing societal and environmental barriers to participation for disabled individuals. In previous research, disability was not seen as a curriculum issue as the focus was more on post-school diversity. Ohajunwa et al. (2014) found that the university’s inclusion of disability in curriculum in various departments integrated issues and awareness of disability into curricula and teaching activities. Some examples were of disability modules being introduced in coursework, life histories used in classrooms to teach students about disability, the African Gender Institute used forms of visual media to engage with students and get them talking about disability issues, and some curricula even included movies that deal with issues of disability and discrimination to create an open dialogue and practical teaching on issues around disability. A notable point of these efforts of inclusion of disability in curricula is that these mediums and modules were carefully selected to showcase the strength and empowerment of disability, rather than what is typically taught about disability being a charitable and pitiful issue. This change shows that not only is the inclusion of disability in curricula important, but so are the quality and correct outlook of those materials; just including disability for its own sake or including discriminative outlooks on disability can further perpetuate exclusion and stigmatisation. Correct types of disability inclusion in curricula can be seen in other examples in Ohajunwa et al. (2014): the school of dance teaches students to view the body not from the position of ‘disabledness’ but from one of ability; in clinical psychology, disability is not taught as a course but rather mostly comes up when it is part of a case; the education department’s main focus is on inclusive education, not just special education.

In addition, Ohajunwa et al. (2014) investigated whether and how disability in curricula is understood more as a rights issue, rather than as a predominantly medical issue. This reframing of understanding disability is needed because disability issues try to create change within society to better include disabilities (based on The Social Model of Disability) rather than problematising the disabled individual (which the medical model of disability focuses on). With this reframing, universities will become more inclusive for disabled individuals, along with educating the next generation of graduates that change should be focused on in society and spaces. They investigated what disability-specific and non-disability-specific policies were included in curricula. One participant shared that their approach to disability in education is based on The Social Model of Disability and inclusion. However, their experience is that the department approaches disability using the medical model, and thus disability issues are not formally integrated into curricula but rather the responsibility of inclusion lies with the individual. One participant shared their view that there should be both legal and moral requirements for inclusion; for example, even if buildings are not legally required to be accessible to all, accessibility and inclusion should be a moral imperative taught in architecture. Ohajunwa et al. (2014) found that although the majority of departments include disability to some degree, the issue is that the inclusion of disability in the curriculum arises more through the interest of disability by selected educators rather than through departmental requirement or encouragement. Because disability is regarded as a new area of study, many educators and departments often do not know how to engage with or include the issues. Lecturers find it challenging to know where and how to add disability issues into the curriculum, especially as most do this inclusion out of their own and often against departmental encouragement. Issues also arise as to the correct approach to including issues of disabilities, especially for educators who are not trained in the field or by the department. Many educators are also unsure about how and where in the curriculum disability is relevant or needs to be taught – especially in a beneficial way for the course and students.

Ohajunwa et al. (2015) investigated how UCT enables inclusive practices in its curricula by conducting a case study on various staff members and educators of UCT. This study is most relevant to review as it focuses specifically on UCT and its disabled students' inclusion, which is my study context as well. I was able to identify what areas of inclusion at UCT had been studied previously, what practices of inclusion occur already, and what other areas of inclusion need attention. I was also able to see that other areas at UCT need attention too. It focused on the need for a holistic approach to inclusion that encompasses other areas and barriers such as products and technology, the natural environment and human-made changes to environment, support and relationships, attitudes, and services, systems and policies. Disability inclusion in the curricula of higher education institutions has proven to contribute to socially responsive and responsible graduates and staff (Ohajunwa et al., 2015). Ohajunwa et al. (2015) found that staff, educators, and graduates who have been trained in some or other disability training are more likely to provide accommodations and strive for inclusion for students with disabilities, and in the spaces beyond university. This is an important discovery because graduates are the builders of tomorrow, and when you produce graduates who are educated about disability issues and trained to create an environment with disability inclusion in mind, then the future will be filled with inclusive minds and spaces. Ohajunwa et al. (2015) studied the interdisciplinary educational approach. Interdisciplinary disability studies would include issues or themes related to disability within the different courses being studied. This approach creates the idea that disability and the need for inclusion is an issue in all disciplines, that all disciplines contribute to barriers for disabled people, and more importantly, that all disciplines can be trained to create inclusion rather than perpetuate the barriers. It also creates the idea that disability and inclusion should be a way of life for all, rather than seeing disability as an issue of a minority group that should only be approached by specific disciplines such as health sciences. This interdisciplinary approach showcases that disability is an issue of social justice and diversity, rather than an isolated or a personal issue. This idea relates to The Social Model where there should be a social responsibility and morality that is used to create inclusion, rather than thinking of disability as the individual's or healthcare disciplines' issue alone. Ohajunwa et al. (2015) found that disability has been successfully included in the Humanities and the Engineering and the Built Environment curricula proof that disability does not reside within one discipline only but intersects with all. They further discovered that disability should be valued and integrated into the curriculum in a structured and purposeful manner as a need for and appreciation of diversity. This purposeful practice highlights the diversity in a society and how there is no growth or transformation without diversity. They further note that the inclusion of more disabled voices and ideas is needed as it brings a much needed and unique perspective across interdisciplinary boundaries, especially within the African context where there is a serious deficit of disabled voices for transformation and advocacy but a high number of disabled people.

Mosito (2023) conducted a study on practices for enhancing inclusive education through active student teacher participation at the University of Cape Town as well. The study focuses on student teachers' experiences, who are highlighted as knowledge collaborators and tools of transformation. This study highlights how these student teachers experienced curriculum transformation for improved inclusive educational practices in the Bachelor of Education programme. These participants learned that university teaching is not merely about lecturers relaying knowledge, however it is about valuing the diversity of the student body and seeing these students as a source of guidance and knowledge contributors to you and others. Mosito (2023) states that this point of diversity and value of students highlight the need for the inclusion of their voices and ideas in order to create true inclusive education. This study was also conducted in the Covid-19 time of remote/distanced learning, which brought about interesting and unique accounts of experience. One participant noted that they discovered the power and benefit of remote learning as it brought about experiences of digital collaboration and the benefit of including parents in the learning process as parents could assist and contribute to the learning for the students. They further note that another discovery in this era of distanced learning was the resounding appreciation of privileges that they had before when they could access their lecturers and services in-person. This distanced experience pushed them to having to be bold and reach out to their lecturers for assistance, which is noted as 'walking with giants'. Mosito (2023) emphasised that this collaboration of student and lecturer sparked a new dynamic of collaboration and appreciation between them.

2.2 The Social Model of Disability – Systemic Exclusion

The Social Model of Disability suggests that it is not the disabled person’s impairment that hinders their inclusion in society and access, but rather it is the society that does so by creating an inaccessible and exclusionary environment (Tugli, Zungu, Klu and Ramathuba, 2014). This model makes a distinction between disability, which is more of a social and systemic exclusion, and one’s impairment, which refers to the physical limitation from one’s condition (Shakespeare, 2006). People are not disabled by their impairment or different abilities but rather by the manner in which systems and environments are created. This model stems from the realisation that the world was created and fashioned for a certain body type in mind, those who are non-disabled, rather than built to accommodate all bodies and abilities. Thus, disabled people are left to adapt to a world that was not designed for them and have to face many barriers that exclusions create (Barnes, 2019).

Exclusion is created through various systems in society that are riddled with discrimination and ableism, such as systemic barriers, environmental barriers, ableist attitudes, and restrictive opportunities (Tugli et al., 2014). Systemic barriers can be seen in how policies, practices, and procedures are not created with disabled people in mind (Shakespeare, 2006). These systemic barriers discriminate against disabled people, resulting in disabled individuals not being able to equally participate or be included in systems. Literature by Tugli et al. (2014) show how disabled students are not holistically included in many procedures, that there is lack of autonomy of disabled students, and that there are still barriers within procedures. They reflect on how society as a whole presents with systemic barriers and how the disabled population was never originally included in systemic planning. These systemic barriers perpetuate the exclusion of disabled people in various spaces and systems. Many times, these systems are not accommodative of different abilities but also often work against the inclusion of disabled people. An example of systemic exclusion can be seen in a university space where policies may not directly mention or cater to disabled people, but there is nonetheless segregation of disabled bodies (Barnes, 2019). They highlight how certain spaces at tertiary educational institutions have accommodations for non-disabled people, such as university sports or social clubs, however there are not as many accommodations that cater to disabled students' specified abilities and needs, such as adaptive sports or accessible social areas.

Environmental barriers can be seen in the inaccessibility of spaces, where infrastructure and services are created without the inclusion of disabled people in mind (Tugli et al., 2014). Some university infrastructures are historical and aged, as they were built decades, or sometimes centuries ago, which results in spaces being built without accessibility features. These dated buildings are constructed either with spaces that are wholly inaccessible and exclusionary, such as sites that either cannot be altered due to ‘historical preservation’ or that are deemed too challenging to adapt due to high costs or structural difficulty (Tugli et al., 2014). Further to this, spaces that are only now slowly being adapted can prove to be problematic as adding accessibility features is costly as the cost to add ramps and elevators are expensive to include in buildings, especially when being added to buildings after many years (Tugli et al., 2014). This exclusion is encompassed in issues that The Social Model of Disability tackles, arguing that sites and policies are given precedence over the inclusion of disabled bodies, emphasizing that the issues faced by disabled people are the result of social oppression and exclusion (Shakespeare, 2006). The need for more of a Social Model approach to accessibility is needed as disabled students should not be made to feel that their needs are the problem or a challenge to the spaces that they occupy, but rather an acknowledgement that the systemic and physically created barriers are the problem (Barnes, 2019).

Discriminative and ableist attitudes, as well as negative attitudes, are barriers in themselves. When disabled people are thought of as secondary citizens or inferior to non-disabled people, exclusion is created. Tugli et al. (2014) make mention of the barriers that emanate from prejudice. Ableism is widely addressed in The Social Model as disabled people and their impairments should not be seen as the issue, but rather society’s and the non-disabled population’s attitudes and superiority. Negative attitudes are not seen as a big issue in the exclusion of disabled people, but they are possibly the most pressing issue and the root cause of much exclusion. It is simple, in a sense, to make certain structural changes by adding a ramp where most needed, however, this way of accessibility improvement cannot begin until society does not change their attitude towards disabled people (Barnes, 2019). Barnes (2019) highlights how impactful policy changes were seen in Global North after attitudes towards disability and inclusion were made more aware of the barriers and experiences of exclusion. Holistic and complete inclusion cannot be achieved if society does not see the plight of disabled people and empathise with their needs and rights (Tugli et al., 2014). Attitudinal shifts are also revered in disability discourse because when inclusion and accommodation are discussed, changes are often resisted due to the concern of costs to adapt environments (Shakespeare. 2006), whereas attitudinal shifts cost nothing and make a huge impact on inclusion. Attitudinal shifts result in social inclusion, awareness, equality, and empathy, which in turn result in breaking down other barriers, both physical and systemic (Barnes, 2019). Tugli et al. (2014) highlight that restrictive opportunities are also seen in many facets of life for disabled people as a result of these many barriers. Some of these restrictions on opportunities highlight access to financial aid or employment, accessible spaces and infrastructure and to educational opportunities. Restrictive opportunities to accessibility and inclusion are tackled in The Social Model of Disability, which rather discovered that all opportunities should be equally accessible and created for the diverse population of people, instead of these opportunities mostly catering and being created for non-disabled people (Barnes, 2019).

The Social Model of Disability as a framework can be used to understand the low inclusion of disabled youth in tertiary institutions such as UCT and especially in the African and Global South context. Matshedisho (2007) writes that South Africa and the Global South more broadly lack resources, knowledge of disability, political commitment, and funding. These countries often present with the lowest inclusion and accessible structures due to the cost of environmental and systemic accessibility. Africa and the Global South also have inadequate professional and specialised schools or curriculum. We lack so many accommodations, including technology and assistive devices, elevators, accessible pathways, specialised transportation, and funding (Hanass-Hancock & Mitra, 2016). The analysis of the above-mentioned literature and the inclusion of the Social Model is important for this study as it will support the need for transformation in tertiary institutions. It is the educational system and spaces that is problematic – not the disabled students – and that institutional changes are needed to create inclusive spaces and equal opportunities for disabled students.

2.3 Summary of Chapter

This chapter presented the existing knowledge from research in the field of disability inclusion in education, which provided an understanding of ideas and practices in place currently and suggestions for the future. Theoretical frameworks that informed this study are The Social Model of Disability that highlights the systemic exclusion that disabled students face from the focus that institutions have on the medical model. This literature review identified the gaps that exist in this field of disability research in education, and where my research could add value with the approach to literature review in the four environmental factors of inclusion of the International Classification of Functioning (ICF). These factors were utilised as a framework for organising and analysing the barriers and facilitators of participation and inclusion. Research from different contexts were reviewed to identify the nuances of the disability discourse in the field of disability inclusion in education. Inclusive educational practices identified were a top-down approach as this review included relevant literature from the global context to the local context of UCT which highlights the global and local history of disabled students' inclusion to tertiary institutions. This discovery led to an African-specific lens to review of current and geographically relevant research in the continental and then a South African context. UCT became the focus of discovery of past and present inclusive practices in order to find beneficial systems that work, and opportunities for transformation for the future. Past and current challenges that disabled students' experiences were related to curricula, physical spaces, financial support, assistive devices, and distanced learning.

Chapter Three: Methodology

Introduction

The main purpose of this chapter is to describe the procedures that I followed to effectively conduct the research and answer the research question: What are the factors that influence inclusion and participation for disabled students in higher education in the Western Cape?

I begin by explaining the chosen research designs and the research process. I then give a detailed account of data gathering methods, recruitment, participant selection, sampling, and analytic and interpretive procedures. I explain the idiosyncrasies of achieving fidelity in the selected methods of research and how this was beneficial to this study. The chapter concludes with a description of the ethical considerations, the research dissemination, and application of the findings.

3.1 Research Paradigm- Emancipatory disability research – Nothing about us, without us

Oliver and Zarb (1992) created the idea and term of emancipatory disability research, which refers to a way of conducting research where the focus is placed more on the actions and changes that should arise from research rather than research just being academic and ending there. Furthermore, Oliver and Zarb (1992) assert that the ones who are being researched should benefit the most from research. Due to disability research focusing on quite a marginalised and oppressed population, research on disabled people should focus on improving their lives and creating change as much as possible. Emancipatory disability research is not opposed to the importance of research and academics in its own right but focuses more on how the researcher should prioritise their participants' emancipation and improvement over all else – even above one's own benefit as a researcher, which is often the goal (Oliver & Zarb, 1992). Not only should emancipatory disability research focus on action and the improvement of its subjects, but it is a paradigm shift whereby the control is placed more in the hands of the researched than the researcher (Oliver & Zarb, 1992). The focus is thus now on improving the autonomy of the participants whereby they are not merely participants who get asked questions and then not further included, but rather participants are more involved in the research, the types of questions asked, the writing, and the dissemination. This input by participants plays a large role in how the research makes meaning of its findings. Because the research is emancipatory, the participants are largely included in how the research should be disseminated and thus improving their own lives and the lives of their population (Oliver & Zarb, 1992).

Barnes (2004) essentially looks at emancipatory disability research as research that should benefit a disadvantaged group. He suggests that it is important to make disability research emancipatory as research should strive to have a positive effect on the participants and not just be research for its own sake. In addition, disabled people and their communities should have more control over the research process, the findings, dissemination, etc., rather than the professionals and academics. The interesting point made by Barnes (2004) is that in the past, such autonomy and positive effect on participants was a farfetched idea that was believed to not be possible. Many deemed this paradigm as a utopian dream, unattainable and unrealistic. However, we see the benefits today in how emancipatory disability research is conducted and how many researchers and organisations are rallying behind it and supporting the movement. Support and involvement can be seen in how communities benefit from the findings, disabled participants have increased autonomy, and how large government-based disabled organisations rally to fund this type of research (Barnes, 2004).

Due to me being disabled, part of the larger disability community and the UCT community of disabled students, I chose this research approach specifically as I agree with Hall (2003) as it has been found that research is not entirely meaningful unless it has an intention for and result of emancipation and benefit to the researched population, especially as my positionality intersects with my research interest and personal life. I believe in the importance of including the participants, especially disabled people on disability research, as they are the experts on the topic, their needs, and ways of improving accessibility and inclusion. Applying this approach will assist me in achieving my goal of inclusion as I too echo the famous words of "*nothing about us, without us*" (Charlton, 1998), which aims to include disabled voices in issues around disability and emphasises the benefit of doing so. Research on disability in higher education that is also conducted by a disabled student is a rarity. This type of emancipatory disability research will address the knowledge gap of research conducted on disabled people by disabled people. As stated in my positionality and reflexivity, this goal of emancipation and inclusion stems from my experience of frustration of not being included, or of other disabled voices not being included in issues of disability and accommodation. The need for inclusion of disabled people's voices and input in inclusive practices are similarly seen in (Barnes, 2004) as it is uncovered that the input exclusive non-disabled voices can create detrimental or useless results as non-disabled people alone cannot relate enough to the experiences of exclusion that disabled people face in order to create effective and appropriate transformation. In chapter 3, I further explore the principles of Emancipatory disability research and explain how I applied it to my study.

This study adopted a qualitative research approach and incorporated an emancipatory disability research paradigm (Barnes, 2004). I, the researcher, and the participants are all disabled university students. This approach of emancipatory disability research is appropriate as this study was conceptualised by me as a disabled person and I conducted the research with disabled participants. In doing so, I aimed to transform the material and social relations of research production (Barnes, 2004). In adopting an emancipatory disability research approach, through the process of reflexivity, one uncovers the nodes of power that create the barriers to accessibility and inclusion.

Barnes (2004) suggests that there are core principles of emancipatory disability research. Accountability to the disabled community must be ensured whereby the researcher must always keep in contact and engage with the participants throughout the research process and beyond. There is also a responsibility for the researcher to make sure that the research maintains the greater purpose of benefitting the disabled community. Thus, in my study, participants had the opportunity to contribute to any potential change through the member checking process, where they had the opportunity to read over and contribute to my writing, make suggestions, share their thoughts, and critique where they felt it was necessary. The research was also aimed at contributing to transformation of inclusive practices and culture at UCT, and beyond.

Maintaining objectivity is a core principle and can be sought to by the researcher making their position clear such as noting how power dynamics have to shift in emancipatory disability research as the participants should have increased input and prioritise their benefit over one's own (Barnes, 2004). Barnes (2004) highlight the importance of disabled researchers making their positionality and experience clear as a disabled researchers aiming for inclusion of disabled input in the research, and that they aim to amplify the voices of the disabled and encouraging the increased participation of disabled participants. Thus, I, a disabled researcher, intentionally made my positionality and experiences of disability inclusion in UCT clear, and that I aim to equally include the voices and experiences of other disabled students.

Practical outcomes are another core principle in that the research's aim is for the emancipation of and improvement of the lives and future of the researched population – in this case, the disabled community. All questions, literature, findings, methods, and dissemination should be centred around empowerment and improvement (Barnes, 2004). There is a responsibility for the researcher to create and ensure practical outcomes that can benefit the disabled population. Thus, in my study, I set out to engage in action that will lead to an improvement in inclusion in tertiary institutions. This approach includes suggestions for transformation at UCT from disabled participants.

Another core principle of emancipatory disability research is the use of participants' experiences. The inclusion of disabled voices in research about disability is critical for the true assessment of disability as nothing speaks truer than experience from the people themselves, instead of assumptions by non-disabled researchers and academics. These assumptions can be and have been a barrier in their own right as the results of interventions and ideas from those who do not truly know the actual needs of disabled people have left many ‘facilitators’ being ‘barriers’, such as the above-mentioned example of inaccessible ramps (Barnes, 2004). These above-mentioned examples and discoveries of exclusion in literature point to why emancipatory disability research is important for my study, because the inclusion of ideas and experiences from disabled people is needed as, without them, the research will never fully benefit the disabled population.

3.2 Research Design

This research undertook a single case study design as I conducted in-depth qualitative research to identify and unpack an issue and confirm it through research of the subjects’ experience. Gustafsson (2017) highlights that single case study design is best to explore the experience and nuances of a person or population that is under researched. They note that case study designs are focused on creating easy-to-understand narratives of relayed experiences and then creating a comparison of the case studies to literature to create reliability and validity. Creswell (2013) describes single case study as a method that explores a real-life system through detailed, in-depth data generation, which could make use of various sources of information. They go on to note that single case study design thereafter reports a case description in its different case themes and findings. Gustafsson (2017) notes that the benefit of a single case study design is the ability to create a richer and deeper understanding of a phenomenon, whereby there is an exclusive dedication to one case study instead of multiple. This design was thus adopted in my study as the experiences of the population of disabled students in higher educational institution is particularly in need of highlighting and investigation due to its low visibility and discovery in research. Furthermore, in alignment with single case study design methodology, I create reliability to my participants’ relayed experiences by comparison to published literature and facts in the literature review and discussion. Other benefits are that a single case study is not as time and financially consuming as a multiple or many other research designs as there is a focus and concentration on one case or phenomenon. This proved useful to my study as I had limited financial resources and time to conduct the research.

3.3 Research Procedures – Data Generation

The data generation procedures described in this section includes data gathering methods such as the methods of recruitment through resources of UCT and purposive sampling. This section then goes on to the methodology of data generation and generation which took the form of focus group discussions.

3.3.1 Recruitment

I received Ethical approval for my study from the Human Research Ethics Committee (HREC). The study population was students with disabilities registered at UCT, of any gender, disability, race, faculty of study, year of study, and between the ages of 18 and 35 years old. To recruit my sample participants, I began by obtaining permission to access disabled students at UCT by writing to the Department of Student Affairs of UCT and completing their application form. Once I received permission from the Department of Student Affairs, I contacted the UCT Disability Services, which is part of the Office for Inclusivity and Change (OIC). I contacted the OIC to assist in recruiting participants for my study as they have the richest database of disabled students at UCT as many students who self-identify as disabled or have a medical declaration of disability are registered with the OIC. I sent an email to the OIC, detailing the study's purpose, risks, methodologies, and my clearance with HREC and the Department of Student Affairs (DSA). In that email request, I also asked that the OIC kindly share my invitation for the study with their database of registered disabled UCT students. The invitation and information letter about the study specified that the interested students should contact me directly with any questions, concerns, and their willingness to participate. The OIC sent out my recruitment email to their student list and all interested parties contacted me directly. Inn addition, any responses from disabled students that the OIC received were to be directed to me.

The recruitment response was overwhelming, a total of fifteen interested students responded to my email. I ended up with two more participants than I anticipated, totalling ten participants. I liaised with the interested parties via email, answered any of their concerns, and began scheduling their focus groups.

3.3.2 Purposive sampling

Campbell et al. (2020) note that a large reasoning for utilising purposive sampling is to better match the sample to the aim and objectives. Additionally, Campbell eat al. (2020) makes the link between purposive sampling and rigour by noting that purposive sampling was used to increase aspects of validity of rigour and trustworthiness such as: credibility, transferability, dependability and confirmability. Due to this study exploring a very specific population of many different identities, purposive sampling – was used to gain diverse experiences. Purposive sampling was also the most appropriate sampling method for this study due to it being beneficial to improving this study's rigour and trustworthiness. The study's inclusion criteria determined how I would be sampling and selecting participants. The inclusion and exclusion criteria were as follows:

- Aged 18-35 (maximum age as per the African Youth Charter (2007)) – this allowed for the inclusion of people with disabilities who often start school at a later age than their peers and of postgraduate students (Efem, 2007).
- Currently in attendance at UCT (any faculty, any programme)
- Self-identify as disabled or those who have been medically declared disabled (physical, sensory, communication, a psycho-social disability)
- Can express independent ideas in English speech or with the support of communication aids (such as sign language to our sign language interpreter, or assistive technological speech devices)

Due to the overwhelming responses received, with five more interested parties than needed, I began my purposive sampling and liaised with the interested parties and asking them if they fit the inclusion criteria by being within the ages of 18 and 35 years old, currently attending UCT, having one or more disabilities, and being able to speak English. Once I had received that information from them, I regretfully informed those who did not fit the criteria that they would not be able to participate. Some examples of exclusions are that one interested individual was over 35 years old, and another attended a different university. An example of purposive sampling is that some participants were selected based on the diversity of disability they would bring to the study, such as psycho-social disabilities.

3.3.3 Focus Groups

I conducted four online focus group discussions with three to four participants in each, which became a total of ten participants. Each focus group discussion ran for ninety-minutes. The focus group discussions explored inclusion in the teaching and learning spaces of UCT, such as the environmental barriers and facilitators, support systems and services, personal facilitators, technological barriers and facilitators, and the participants' experiences of social inclusion at UCT. The discussions also focused on the inclusion of participants in social spaces such as university societies, sports, events, and student gathering spaces. In line with the emancipatory disability design, the focus group aimed to get suggestions from students on how UCT can improve inclusion and facilitators for disabled students. As part of preparing for the focus group data generation, I attended training sessions on how to conduct focus group interviews which equipped me with skills of participant management, interviewing tactics, note taking and recording skills, as well as sensitivity training to handle possible emotional expressions from participants.

The use of focus group discussions is to create descriptive, rich and in-depth data (Smith, 1987). Focus group discussions bring people of similar backgrounds together to sit and discuss the specified topic in a group setting (McQuarrie, 1990). This type of interviewing is particularly advantageous for this study, as focus group discussions facilitate a cross-discussion where participants can listen to other participants' experiences and create an open and shared dialogue (Emmett & Alant, 2006). With the participants in a group setting, they will be able to engage and learn from each other's experiences and create more of a discussion, rather than a one-sided interview (Acocella, 2012). For example, a male participant's experiences may be different to a female participant, and a participant's experience with a physical disability will differ to that of a participant with a psycho-social disability (Emmett & Alant, 2006). This advantageous outcome was particularly seen in my study as the focus group setting provided an opportunity for disabled students to meet one another and have their experiences and thoughts heard by people who could empathise and understand as they are all disabled and could possibly relate to each other's experiences. This data gathering method became a means of socialisation and belonging. This design is most appropriate for my study as I conducted focus group interviews which are a rich source of qualitative information by providing participants with the opportunity to give a rich description of experiences in their in-depth storytelling (Bachiochi & Weiner, 2004).

A disadvantage of a focus group discussion in the midst of the COVID-19 pandemic is the risk of contracting COVID-19. Due to the lockdown laws of the country and the risk of creating a dangerous environment, all focus group discussions were conducted online to reduce this risk. This is important as participants with disabilities are potentially more vulnerable as they may have comorbidities. Online facilitation was anticipated to be challenging due to losing the physical experience of in-person and face-to-face discussions, however, this was mitigated by creating a warm and comfortable environment and establishing group agreement rules before commencing the discussion. An advantage of remote interviews (interviews conducted online) is that the method ensured the safety of the participants during the time of COVID-19 as there was no physical contact, and it ensured that there was no discomfort related to transporting the disabled participants to a venue. These accommodations are important to me as a disabled person, and my personal reflections and experience of disability assisted me to create and improve best practices for research with disabled participants. I could easily make the decision for remote interviewing as I know that in-person interviewing can be a barrier as it can physically distress those with physical disabilities and mentally distress those with psycho-social disabilities. Remote interviewing can also improve participation in the study as the ease of joining online, compared to in-person, allowed more participants to join with ease and feel included. The disadvantage of remote interviewing is that there was a risk that some participants may not have had access to technology for phone or video calls (Dodds & Hess, 2020). In the context of South Africa, the low economic status of many citizens creates poor access to technology, and therefore access to a personal laptop with wifi/data to join a ninety-minute video interview may be a barrier for many. In anticipation and understanding of this barrier, this study aimed to be inclusive of people with a range of disabilities and financial capacities and ensured that the necessary accommodations were in place in order to facilitate the inclusion of all who met the inclusion criteria. In the event of a participant not being able to participate due to this barrier, I would have made an earnest effort to cater to them and include them with other means, such as with a phone call or by meeting them in-person. No participant raised issues of online connection nor asked for accommodations, which meant that all the participants were able to independently join via Zoom. A reimbursement was also provided for participants of ZAR220 to cover any potential data or other costs that participants incurred in order to participate the

Focus groups were conducted and recorded via the Zoom online meeting application. A second audio recording was made as a backup file using another recording device. The audio recordings were then transcribed by me in a dialogue format with the assigned pseudonyms. I also created field notes during the interviews to remember specific information told by the participants. This was a tool for my post-brief and analysis as it assisted me with memory keeping and factual validity. Another part of my field notes were the key words and phrases that assisted me to recall a probe for a participant which I would use later in the discussion, as sometimes the participants raised a point that I was not expecting but it was interesting enough for me to want to analyse it further later. This was a very useful tool for my study as participants often brought up barriers to inclusion that I had not anticipated or questioned, and yet were critical and valued contributions to the study. I also did a post-interview debriefing with my supervisors after each focus group interview. This debriefing tactic assisted me to critically reflect on the actual focus group process, better understand my interaction with the participants and what they had shared and to debrief emotionally. The feedback and discussion from my supervisors assisted me to be as reflective and reflexive as possible. The focus groups were conducted in English and a sign language interpreter was offered to participants to assist the D/deaf or hard-of-hearing participants. Any other accommodations that participants requested were provided for. One participant requested that the focus group questions be sent to her prior to the meeting date so that she could better prepare herself as this better suited her abilities.

There were nine focus group questions (see appendix three) aimed at uncovering the barriers and facilitators that disabled students face at UCT. The questions sought to uncover where these barriers and facilitators lie, such as in physical and environmental structures, services, systems, or attitudinal inclusion. The questions probed for participants' experiences of their time at UCT, barriers they faced, facilitators that aided them to attend and succeed at university, experiences of social inclusion, the importance of being socially included, and suggestions for institutional changes to better support students with disabilities in social and academic spaces.

The focus groups were created by grouping participants together based on their availability for the interviews. Participants were offered different days and time slots for scheduled interviews to choose which best suited them. The time of the focus group was also a consideration as some students expressed the need to conduct the focus group discussions in the evenings when they would return home after school hours.

3.3.4 Data generation

I chose McLafferty's (2004) approach to focus group interviews as it aligned with the study need of generating rich data and to better understand unique experiences and the use of video recording and interviewing for focus group discussions. I spent ninety-minutes with each focus group and about two-hours in total on pre- and post-focus group interview contact with each participant. I then contacted each participant again when I wrote up my thesis to touch base on their wellbeing, answer any questions and concerns they may have of the research, and ask them about any missing data such as biographical information that I may have missed. Furthermore, I contacted them for their assistance with member checking, where they had the opportunity to review my writing and their data, give feedback, edit the writing, and make changes where they deemed necessary.

Through the multiple and lengthy pre-focus group communications and sharing of personal information, the participants and I felt quite comfortable by the time it came to the focus group interviews. The comfort I had created with my participants generated rich data with much depth and raw emotion. Participants felt comfortable enough to cry if they needed to, to vent their frustrations about the system, to speak about their traumas, and to recall intimate moments of pain in their experiences of exclusion and disability. The sharing of my personal experiences of disability and my challenges also contributed to the trust and openness that we shared together. The relationship building that resulted in this level of comfort was crucial to this study as I recognised and anticipated that the topic of exclusion and disability is a sensitive one to discuss with 'strangers', especially for participants to share in a study that could seem quite clinical. It was important for me to build this level of trust and comfort in order to gain the rich data in this study. Thus, my reasoning for choosing McLafferty's (2004) approach to conducting focus groups is due to the recognition that the topic of inclusion and disability is a sensitive one. McLafferty (2004) explains that a focus group is a great tool for social issues as it seeks to uncover people's attitudes and opinions about different problems in society. It is also noted that focus groups are a way to recognise the knowledge and expertise that non-professionals have on a topic that concerns them. This recognition and aim are the very points of this study, as I believe that disabled people are the experts on their one disability and inclusion, more so than the professionals that society tends to turn to for guidance. By my conducting focus groups and focusing on the emancipatory disability paradigm, the participants were given the autonomy and agency of their experience and social change. Another reason for following McLafferty (2004) is that focus groups are great tools for the creation of new inventory and ideas. This ties in with this study as the aim of this study was social change for improved inclusion and dissemination of knowledge and data for UCT transformation. Much importance in the focus group questions was placed on suggestions of inclusion, where participants would take the opportunity to share new ideas for transformation in inclusion at UCT and higher educational institutions in general.

Although the focus groups were structured and directed by me with set questions and probing of preferred topics of interest, they were participant led as their raised points directed the discussion. This centering was important for the study as I aimed to generate new ideas of transformation (McLafferty, 2004) and exercise the emancipatory disability paradigm by giving more autonomy to the participants. This approach generated very interesting data as participants shared ideas and discussed issues that I had not anticipated, such as mental health and their experiences of the COVID-19 lockdown.

The interviews were recorded using Zoom voice record and were transcribed verbatim by me in English in a dialogue format. I transcribed the recordings myself, which assisted me to immerse myself in the data and become more familiar with what participants shared.

3.3.5 Reflective Journaling

The 'reflective journal' contained the field notes of interactions with the participants and also helped in data generation as they assisted me to follow the participants' lead with what they wanted to discuss and to remember information. I wrote in my journal during and after every focus group discussion. Additionally, I made notes in the journal as needed throughout the data generation and analysis phases. I valued and required this tool as it ensured that I captured the true emotion and expression of participants in that moment. This tool allowed for immediate data capturing as over time I may have forgotten or not been as reflective as I needed to be. The post-interview reflection sessions with my supervisors also ensured this. This was crucial to ensuring credibility of the data. The field notes and sessions with my supervisors were also used as a tool to generate my own opinions of the sessions and understanding of data.

3.4 Data Management

3.4.1 Data storage

All the data, notes, and information from this study have been safely and securely stored in a password protected file on my personal protected laptop and backed up on a secure hard drive. Only I, as the researcher, my supervisors, and the TYDES team have access to the focus group data files. I protected the sensitive information of participants according to the confidentiality pledge in the consent form (see appendix one). All hard copies of documents and field notes will be kept in a secure locked drawer and be destroyed 5 years after the research has been completed.

3.4.2 Data Sharing

To comply with UCT's Research Data Management Policy (Koopman, 2015) and the confidentiality pledge in the consent form, the data of this study will not be made available for re-use nor be sharable to anyone else, other than the TYDES team. They have access to the data, but its re-use for secondary data analysis has to be negotiated with the team.

3.5 Data analysis

I made use of critical theory as a framework for thematic analysis. In Bohman (2005), the critical theory perspective is a social theory used to critique issues and services that negatively impact society, and, in turn, affect change in a society by improving situations and minimising barriers. Critical theory allowed for an assessment of the current state of inclusion at UCT and the requirements to reach a transformed state whereby disabled students are included more and UCT presents with fewer barriers for disabled students. I sought to understand and critique the exclusion that disabled students face at UCT. Critical disability theory is imperative in this study and discourse as the aim in disability inclusion is to affect change in institutions that for so long have been exclusionary and barrier-ridden (Hosking, 2008). This study used this design to inform UCT, and specifically the 'UCT Vision 2030' campaign, about how to be more inclusive of disabilities.

This study utilised the five environmental factors of the International Classification of Functioning (ICF) (Üstün, Chatterji, Bickenbach, Kostanjsek and Schneider, 2003) as a framework for data gathering and analysis, which can be used to identify both barriers and facilitators. The five environmental factors of the ICF that were be focused on in the study are:

- How products and technology influence participation and inclusion for disabled UCT students

- How the natural environment influences inclusion
- How the nature of support and relationships influences participation, uncovering the attitudes (values, beliefs, feelings, and behaviour) of different role players that influence inclusion
- How services, systems and policies influence participation and inclusion
- What changes need to be implemented to improve inclusion

An interpretivist lens was used in this study as it allows me as the researcher to interpret elements of the study and integrate my interest (Thanh & Thanh, 2015). The interpretivist approach is best as it focuses on the many personal views that have been expressed by the participants and the subjectivity of their experiences. Experiences of living with a disability are subjective as no two experiences of disability are alike – even if the disabilities are similar. This study seeks to uncover the various experiences of disabled students, and how their individual disability and identities influence their inclusion. Thanh and Thanh (2015) note that the interpretivist lens also facilitates an empathetic lens of understanding. This is crucial in a study on disability and inclusion as sensitive issues may arise during the study due to possible experiences of exclusion, struggle, ill health, life expectancy, quality of life, and challenges that disabled people face. Empathy in this subject is needed for writing in order for society to understand the need for change and how exclusion affects people with disabilities.

This study's data analysis followed a deductive analysis approach, while still allowing for some inductive contributions (Fereday & Muir-Cochrane, 2006). In addition to this approach, the study used a specific analytical framework to address the objectives by employing the five ICF environmental factors to frame the data generation and analysis (Pearse, 2019). For example, the questions posed in data gathering in the focus groups were framed to uncover the barriers and facilitators the participants faced, specifically around things such as products and technology, the natural environment, and services. Using this deductive approach, I was able to benefit from the advantages that deductive analysis brings. I was able to guide the data gathering by focusing only on what was relevant to the study, instead of having to deal with too much data and having to separate out what was common or relevant. My reasoning for this approach was to uncover causal relationships and links between concepts and effects. Due to the guided questions and probes, I could see a clear pattern and common experience, and this was beneficial as I sought to discover what the main barriers and facilitators were. This assisted in creating generalised findings, which are useful to motivate for the transformation of specific problematic issues. This had the benefit of my being able to measure concepts, where I could see which of the barriers and facilitators were most experienced, and, as a result, needed the most transformation (Pearse, 2019). Due to participants naturally speaking about more than what they were asked and expressing other ideas, I was able to gather data that was not initially anticipated. Some examples of this inductive data were when participants brought up experiences of issues such as mental health, remote learning, disability and COVID-19, employment, and stigma of disability. This added data was most welcomed as it became highly beneficial knowledge and proved to be relevant in its own right. By adding this, the data took on a more 'hybrid approach' (Fereday & Muir-Cochrane, 2006).

The transcriptions were analysed using interpretivist thematic analysis and thematic coding as a tool to identify themes (Charmaz, 2006). "Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). The six steps of thematic analysis by Clarke & Braun (2013) were followed. I began with 'familiarisation of data' by studying the written and audio transcripts and notes. Secondly, I built a 'generation of codes' by extracting significant and relevant participant quotes and tabulating these quotes into codes. These themes were developed by assigning relevant codes to the units of meaning. Thirdly, I began to 'combine codes into themes' by grouping these codes into larger themes and tabulating those themes. I began by referring to the analytical framework of the five ICF factors as themes, and then I looked for those themes in the transcripts. For example, when a participant spoke about the barrier of poor access to technological assistive devices, then that was coded as 'technology'. If a building at UCT was noted as inaccessible for wheelchair users, then that was coded as 'natural environment'. If a participant mentioned how her family supported her studies and career, it was coded as 'nature of support'. Other themes that were not anticipated were also included, such as 'mental health' and 'remote learning'. Fourthly, I began the overall reviewing process by 'reviewing themes' and 'determining significance of themes' by consulting my objectives, my literature, and my supervisor's advice. This process entailed an analysis of these codes to see which themes were mostly addressed by participants and this informed the research about the major barriers facing disabled UCT students. Lastly, I set out to 'report of findings' by writing up the codes and quotes into writing.
The NVivo computer package was used to assist with the analysis process of all the transcripts. The transcripts were analysed for codes and quotes of relevant experiences which formed part of the participants' individual experiences.

An analysis table was created to store all the codes, themes, and quotes. The coding was done by colour coding the transcripts for barriers and facilitators, and then sorting those into their relevant themes. Codes were short units of meaning from quotes of the participants (Braun & Clarke, 2019). The themes were

roughly named after ICF factors. The sub-themes began to emerge where codes differed from each other, but both fell under a bigger similar theme. For example, when analysing for ‘support’, sub-themes emerged when participants mentioned different kinds of support such as peer support, family support, or personal facilitation. After the themes and codes were listed, larger quotes were then added under the themes. Codes were smaller units of meaning about a barrier or facilitator or suggestion, and the quotes were larger units of meaning that added more context. These larger quotes were used in the findings section.
Other tools of analysis were created, such as a post-focus group discussion data document detailing everything that occurred in each discussion. This tool assisted with data management and analysis. This post-interview document, my focus group training, and my experience of focus group discussions were mechanisms of event monitoring used to provide ongoing oversight and impartial analysis of unanticipated incidents. The participants’ information was also inserted into a comprehensive table, including their assigned pseudonym (as no true names were stored) and their biographic details such as disability, gender, year of study, and degree. This table allowed for easy data storage, cross referencing, and contrasting of experiences of different identities.

3.6 Ensuring Rigour and Trustworthiness

The method of conducting focus group discussion interviews allowed for a vast and diverse collection of experiences. Trustworthiness was of vital importance as this study deals with sensitive information of personal experiences, struggles, and opinions. Integrity and trustworthiness were applied by ensuring credibility, transferability, dependability, and confirmability (Cope, 2014, January).

Credibility means that I have confidence in the research and my writing, and that what is produced is factual and a true representation of the participants’ data. I ensured credibility through peer-reviews and reflection with peers who are part of the bigger MasterCard TYDES study. Member checking and the active engagement provided by participants for this study ensured that their data has been correctly represented and written. Participants had the opportunity to read over and verify that the ways that I interpreted and presented findings are true to how they shared this information. The use of member checking was disclosed to participants in the consent form. Credibility was also ensured by prolonged engagement and triangulation with my two supervisors, both of whom are members of the TYDES study (Lemon & Hayes, 2020). This method was used during the pre- and post-focus group discussions with my supervisors and constant engagement and updates shared with the PFR team.

Transferability refers to the extent to which the findings can be applied to other spaces, issues, and participants. Transferability was ensured by detailing thick description of the participants, their experience, and their context, to allow judgements about transferability to be made by readers. I also used purposive sampling so that other researchers can determine if the study may be relevant to their contexts (Lincoln & Guba, 1985).

Dependability and reliability are ensured by implementing inter-coder reliability whereby my thematic coding analysis was reviewed by members of the TYDES study team of researchers. Lincoln and Guba (1985) explain that confirmability is sought by reviewing six different classes of data. I ensured this by reviewing the raw data of the recorded Zoom audio discussions and notes made during the discussions, the data reduction and analysis of field notes and concepts, the data reconstruction and synthesis of themes that I found developing, the process notes of the post-discussion audit notes, the material relating to the intentions and expectations seen in the proposal, and the instrument development, such as the TYDES pilot focus groups and the TYDES preliminary schedules.

Confirmability was ensured through triangulation and reflexivity. My field notes created a means for me to restrict and limit any assumptions made by me and limit my personal beliefs about UCT’s inclusion. This allowed me to focus on the participants’ views on this, and not share my own views and beliefs. This was crucial as I did not want my identity as a disabled UCT student, shared with the participants, and as a passionate advocate to impact on the construction of data. I increased triangulation by providing my peers, my supervisors, and the participants with many opportunities to contribute to my study with their feedback and suggestionsI also attended workshops on reflexivity and facilitation of focus group interviews through the TYDES study.

3.7 Ethical Considerations

I attained the certification of the Tri-Council Policy Statement: Ethical conduct for Research involving humans (TCPS 2: CORE) for the collaborative Queen’s University TYDES study (HREC 414/2020). I received permission to access students at UCT as participants by writing to the Department of Student Affairs and completing their application form after I gained ethical approval from Human Research Ethics Committee.

I had an information sheet and an informed consent form. The informed consent form (see appendix one) complied with the Helsinki Declaration to ensure the safety of participants by reducing risks and increasing benefits (Ndebele, 2013). The Helsinki Declaration states that the main focus of the research is for the researcher to protect the participants and their information, and that the risks and benefits will be managed. The informed consent form was attached to the invitation email, together with the full information letter detailing the study. The informed consent form differed to the information sheet as the informed consent form was aimed at obtaining the participant's signature of interest to partake in the study, whereas the information sheet (see appendix two) was aimed at a broad explanation of the study and the participant's involvement in the study. Furthermore, the informed consent form explained that the participants' choice of participation or non-participation would have no effect on other services or their studies. Confidentiality and anonymity were ensured in the data recording and analysis as the participants' names and the names of anyone they mentioned in their sharing were given pseudonyms in the study. I did not list participants' specific diagnosis of impairment, but rather used broader impairment types, such as physical / hearing / visual impairment, to minimise the risk of readers of the work (e.g., UCT staff) being able to identify the participants.

Both in the information sheet and before the interview, I explained that although I, the researcher, am capable of assuring the confidentiality of the participants' information, I could not guarantee that privacy would be maintained by the other participants in the discussion group. I did, however, debrief the group on confidentiality before each discussion.

I aimed at constantly monitoring my reflexivity by consciously examining my own subjective experience of disability and inclusion, and how that subjective point of view can affect or impact my research. This process of reflexivity was monitored by various means such as keeping a reflective journal (see 3.3.2), my field notes, research training courses, and supervision from my supervisors and professors.

3.8 Dissemination

My aim and intention are to work in conjunction with key stakeholders linked to this study, such as UCT policy makers, the TYDES study team, the UCT OIC, and UCT media and clubs, in order to inform transformation. This study will also be disseminated to the wider research community using peer-reviewed scientific journals.

In UCT's Vision 2030, presented in the early 2020s, Professor Phakeng, UCT's Vice Chancellor (at the time), presented the three pillars for improvement, namely excellence, transformation, and sustainability. I interacted with Professor Phakeng about this study, its findings, and how it should inform transformation at

UCT on a public broadcast platform. I also conducted disability advocacy in 2021 for UCT on Professor Phakeng's radio show.

A study conducted by Ohajunwa, McKenzie, Hardy and Lorenzo (2014) advocated for inclusion in higher education. The findings of the study support UCT's Vision 2030 by focusing on the importance of disability inclusion and accessibility in higher education, and contributing to decolonisation efforts (Taghavi, 2017) by suggesting ways to promote inclusion.

Non maleficence

Due to the sensitive subject matter of this study, there was a possible foreseen risk of participants experiencing an emotional reaction. I completed sensitivity training on how to deal with such reactions, and a referral to the Student Wellness Services or a local counsellor would have been made available. Student Wellness services is a health service centre provided by UCT which has psychologists and counsellors.

Beneficence

While there is no direct or immediate benefit to participants, the study aims to inform change and transformation of policies at UCT to improve inclusion for disabled people. Reimbursement was provided for participants' data costs.

3.9 Summary of chapter

Various methods of research were detailed above and justified with reasoning, in conjunction with supporting literature, to prove why certain methods and actions were taken for the best outcome. The data design chosen was a single case study design, which proved useful in gaining the richest data from the study population. The research took a qualitative emancipatory disability approach which best facilitated the need to include and involve the disabled participants and their ideas for an increased inclusion and expertise. Research procedures included data gathering method of focus group discussions which yielded conversation of depth and interesting points raised. Recruitment and sampling of participants included purposive sampling through the use of the OIC database of disabled students which proved to be a valuable resource of recruiting. Furthermore, data analysis utilised critical theory as a framework for thematic analysis, where coding tables, field notes and discussions with my supervisors proved as useful tools of data creation, storage and analysis. Lastly, dissemination was discussed where it is mentioned that this study's aim for transformation of inclusion at UCT and beyond will be met by disseminating knowledge translation via different means such as the UCT Vision 2030, UCT media and further research publications.

Chapter Four: Findings

Introduction

This chapter focuses on the findings from focus group discussions data, my field notes, my personal reflections, and my post-interview debriefing reflections with my supervisors. The aim of this study was to explore what factors influence disabled students' inclusion and participation in higher education. In analysing the data in relation to the study objectives, two themes emerged: Theme 1- 'Accessibility Equals Success' and Theme 2- 'Fostering Inclusion'. The findings linked to Objective 1 and 2 will be presented first and then I present the findings linked to Objective 3 and 4.

Table 4.1- Participant biographical information table

Focus Group Number	**Pseudonym**	**Disability**	**Level of study and Subject**	**Gender**
1	Annie	Cerebral palsy	Postgraduate Film	Female
1	Nel	Epilepsy	Undergraduate Actuarial Science	Male
1	Cody	ADHD and ASD	Undergraduate Quantum Biology and Mathematics	Male
2	Lloyd	Deaf	Postgraduate Industrial Psychology	Male
3	Troy	Major depressive disorder,	Undergraduate Commerce	Male

		insomnia, ADHD, and dysgraphia	Financial Accounting	
3	Sally	Chronic Lung illness	Undergraduate Law	Female
3	Suzy	ADHD, ASD	Undergraduate English Linguistics and French.	Female
3	Ray	Bipolar mood disorder	Undergraduate law	Female
4	Yusuf	Speech impairment / Stutter	Postgraduate Environmental Studies	Male
4	Penny	Upper limb amputee	Postgraduate Disability Studies	Female

Note: In this chapter, headings that are italicised are direct quotes from participants that are used as headings for certain sections. Headings that are not italicised are not direct quotes from participants but are rather headings created by me.

4.1 Theme 1- Accessibility Equals Success

Objective 1 was to explore how products, technology influence inclusion and participation for disabled students. Objective 2 was to uncover how the natural and built environment influence inclusion. Theme 1 is linked to answering objective 1 and 2.

Table 4.2 presents the three sub-themes under Theme 1- “Accessibility Equals Success”. The first sub-theme, “Availability of resources”, relates to the low availability of resources such as assistive devices and technology with accessibility features. Not having access to these resources creates challenges linked to the inclusion of disabled students in the physical spaces of the campus and challenges related to accessing the learning materials. The second sub-theme, "An inaccessible campus", shows the challenges that disabled students experience in relation to the built and natural environment of UCT. The data highlights how the inaccessible spaces impact their ability to move about freely on the campus and how it can lead to exclusion. The third sub-theme, "Dualities of remote learning", highlights the the experiences that learners had during remote learning during the COVID-19 pandemic, in particular, the support that remote learning provided them with.

Table 4.2- Sub-themes, categories, and codes of Theme 1

Theme 1: Accessibility Equals Success		
Sub-Themes	**Categories**	**Codes**
Availability of resources	*Better technology with accessibility features*	● *[I] needed a [electric] wheelchair for the UCT campus to keep up* ● *access to [teaching and learning] resources on demand* ● *allows me to succeed* ● *[Product A] would replace all these big books*
	Money helps	● *sponsors my current studies* ● *I secured lots of funding* ● *they gave us airtime/data* ● *I have to support myself* ● *pay my fees*
An inaccessible campus	*Things were quite inaccessible*	● *Upper campus is built on a mountain* ● *you need lifts and ramps always* ● *I couldn't find a lift* ● *lift is broken,*

		• *find another way around it*
	Inaccessible facilities	• *I struggle to fit in lecture theatres* • *I was forced to sit in the back,* • *desks for wheelchairs are far at the back* • *Some tutorial rooms were very inaccessible* • *I would struggle to get a desk* • *it was inaccessible*
	They just ignored my disability	• *I don't see you as Deaf* • *I would not go to big gatherings* • *it's very easy to get overwhelmed* • *people around lots of noise when there's big events* • *my society we've been running all over online* • *I relied on the disability transport of UCT* • *There was no transport from the disability unit after 6pm* • *all events and meetings are after class hours*

Dualities of remote learning	Experience of the COVID-19 pandemic	*The COVID time was much easier to be [at] university* *I don't want to lie, I loved it* *I was able to pause* *just think about life* *the pandemic* *easier*
	Making life easier	*Online lectures* *so much easier* *very helpful* *and still be up to date*
	it's been hard to connect	*with resources of support* *have face to face lectures at UCT* *Before COVID it was easy* *to visit the student wellness,* *other places of support*

4.1.1 Availability of Resources

Resources for disabled students are crucial to their independence, success, and inclusion as resources aid them in barrier-ridden spaces and situations. The supportive resources that emerged from the data are assistive devices such as electric wheelchairs, access to learning materials via an online platform, technology and software that offers accessibility features, as well as funding.

Better technology with accessibility features

Assistive devices are an added expense and are often unaffordable. An assistive device that is needed by many disabled students is an electric wheelchair to navigate UCT spaces, which is a vast campus. Students often have to move between lecture theatres every hour, and the distance from one end of the campus to the other can be a far distance from one another which often requires much physical capacity. Students also have fifteen minutes or less to make these class switches which can prove challenging for many. Annie, who has Cerebral Palsy and is dependent on mobility devices (see table 4.1), discussed how she needed to obtain a motorised wheelchair for the vast distances of the campus and to keep up with the pace:

> *I use an electric wheelchair now [at UCT] but I can walk. I used to walk in school but needed an [electric] wheelchair for the UCT campus to keep up* – Annie

Participants have expressed many reasons as to why technological devices such as tablets and laptops are necessary for their facilitation at university. These devices can record lectures for students who struggle with concentration, as they can review these recordings as much as they need, as one participant, Cody, with ADHD and ASD expressed:

> *I struggle to concentrate in class and struggle to take in any information, make my own notes and do it while also listening to a class... online lectures have been so much easier... Because I can just rewind whenever I need to... I'll have to rewind the same sentence, like, 15 times because every single time before I didn't take it in, I didn't understand it. I just wasn't paying attention... Having access to lecture videos was very important to me and now during these times just having access to resources on demand is what allows me to succeed* – Cody

Troy, who has dysgraphia and therefore struggles with writing and/or trouble putting thoughts on paper, found that an electronic device assists him:

> *I also want to highlight the idea of the [product name] [tablet] and how the resources are important. I want to even purchase [one] myself* – Troy

Suzy, who has ADHD and ASD, struggles with managing her workload and attending lectures in person. She expressed her need for accessible technology to attend lectures online and manage her virtual textbooks. Suzy further explained that certain technological brands have better accessibility features than other brands, and that she chooses brands based on their accessibility. She expressed the need for universities to provide technology with better accessibility features:

> *With a disability, we need better technology with accessibility features. With [product A], accessibility is built in, unlike buying things for [product B]. I know it's expensive but maybe that is like a very easy solution to just give disabled people [product A] instead of [product B] computers… accessibility features [in product A] are unmatched and it could be so useful to everyone* – Suzy

One device such as a compact tablet can provide access to electronic versions of textbooks, which alleviates the weight of carrying around many books. This assistive device is useful to the general student population but even more beneficial for students with physical disabilities who are unable to carry heavy weights:

> *Having an [product name] tabletwould replace all these big books. Look at these books I have! –* Troy

Money helps

Additional resources which disabled students of UCT said facilitate their inclusion include financial support for tuition fees, for Wi-Fi and data, and for health care as a common struggle of theirs is financial capacity.

Participants are mostly funded through bursaries from the National Student Financial Aid Scheme (NSFAS). The bursaries can cover tuition fees, textbooks, and residency. However, NSFAS does not cover postgraduate studies. Participants shared that private companies and corporations may also sponsor and fund students. Lloyd, who is D/deaf, reassured his fellow participants that it is possible to secure funding for postgraduate studies as he is funded by a bank.

> *The current company [bank] sponsors my current studies… [I understand] being scared of the future and funding, but there are definitely private companies who offer funding to students with disabilities* – Lloyd

Penny, an upper limb amputee, who is also unemployed and a foreigner living and studying in South Africa, expressed her relief and security upon successfully obtaining "funding". She highlights the struggles of securing employment and funding due to her foreign national status and disability. She notes that this funding eased her stress and also allowed her to concentrate on her academic studies.

Many students had to fund their studies themselves as they either could not obtain loans or the bursaries were insufficient.

> *… now I have a full time job, I have to support myself and pay my fees* – Suzy

Participants shared other resources that they needed, such as airtime, data, and Wi-Fi, to facilitate online learning. During the COVID-19 pandemic, all students studied remotely from home. Remote learning led to many students not having access to the free Wi-Fi on campus because they were not allowed on campus in the COVID-19 pandemic and had to study at their residences. Instead of having students rely on their own internet data, UCT provided mobile data for students to use for studying and watching lectures from their place of residence.

> *…luckily in lockdown they gave us airtime/data to study so that helped so much* – Penny

4.1.2 An Inaccessible Campus

This sub-theme focuses on the inaccessibility of the grounds of the campus, such as the pathways and hills, and the inaccessibility of the facilities at UCT, such as the classrooms and desks. Accessibility on campus also related to social and extra-mural spaces and activities and the experiences disabled students had in relation to being included.

Things were quite inaccessible

Due to the campus being built on a mountain, there are multiple levels to it, which mean that more elevators and ramps are needed. Due to the campus also being built in an area with much vegetation, the walkways are hazardous with many of the pathways obstructed by tree roots and other hazards. Annie shared how important it was to learn alternative routes to lecture venues in case an elevator was out of order. This highlights the day-to-day challenges of wheelchair users at UCT, and how the burden of facilitation lies on the disabled student themselves:

> *Things were quite inaccessible … Our upper campus is built on a mountain, so you need lifts and ramps always …I just remember I became extremely obsessed with learning routes to get around campus. So, if the lift is broken, you have to make a claim [for repairs] and find another way around it* – Annie

Inaccessible facilities

Lecture theatres, where students spend most of their day, are often inaccessible to disabled students. Participants expressed that there are not many designated specialised desks that are built for those in wheelchairs. If there is a specialised wheelchair accessible desk, it is placed far from the front of the lecture theatre, resulting in these students being isolated, excluded, and struggling to concentrate. Annie details this physical and spacial exclusion and highlights the importance of having a choice of where to sit in a classroom as spacial seating affects learners' learning styles and abilities differently:

> *In lectures I was forced to sit in the back, because the desks for wheelchairs are far at the back. But then I realised that I actually do better when I see things closer or sit in the front* – Annie

Cody, who is not a wheelchair user, also has an issue with the desks' accessibility as he finds that the desks do not accommodate taller people. This foregrounds the importance of a universal design that will be accommodate of most body types is seen in his quote:

> *I am over two metres tall. I struggle to fit in some lecture theatres. My legs literally can't fit underneath the chairs, so I'll have to sit on the stairs or sit at the back and stand. In some tutorial areas as well I can't fit and that discourage me from going to those lectures… It was painful and uncomfortable through the lessons...* – Cody

Many other venues within the university were noted as inaccessible too, such as tutorial rooms, libraries, gyms, and sports field:

> *Some tutorial rooms were very inaccessible, I would struggle to get a desk because so many tables were in my way, and they will see me struggling to get to a table, and then they will just sit there. Then I would be saying to my volunteer 'okay we're going to go early, can you please just help me find the desk- Annie*

> *Sometimes in the library I would do my work on my own because either it was inaccessible, or I couldn't find a lift* – Annie

They just ignored my disability

Participants suggested creating more accessible extra curricula spaces such as an inclusive gymnasium, increasing disability awareness for social clubs, and offering affordable/free physical health services. These suggestions and challenges detailed below point to a barrier that disabled students face of exclusionary social services and spaces:

> *Another suggestion is to make an accessible gym* – Annie

> *I think they should be understanding you when it comes to what kind of people are in your organisation and just trying to make it feel inclusive as possible* – Lloyd

> *I'm not sure if this is done, but the physios at the main campus, do they have some sort of a community service thing where they can treat people, because like when the Law Faculty we do have a community outreach like a society within the Law Faculty where we go to people and give legal advice as community service* – Sally

Lloyd noted his experience with ableism from a social club member, which became a barrier for him. His experience highlights the need for students to have increased awareness and disability training.

> *I was in charge of big projects… Then something happened, where someone came to me and told me, "I don't see you as Deaf", and that was shocking to me because I am Deaf and I don't*

> *think you should ever tell someone that. So yeah, they just ignored my disability. So, that was one of the biggest issues that I had* – Lloyd

Cody noted that he regrets that he was not involved in more extra curricula clubs as he feels he missed out on vital opportunities to do what. He notes that due to the access that his non-disabled peers have to social clubs and programmes, they have more experience and opportunities than him. He fears that this insufficient exposure to opportunities may affect his progress in his career.

> *People would learn about extracurricular stuff or things to do or extra projects to join… My friends were doing these extra helping projects from the first year onwards… I lost a lot of progress and extra experience I could gain* – Cody

Sally, who struggles with a chronic lung illness, mentioned how she had a positive experience with being accommodated for in an extra curricula programme she was in by always receiving understanding of her abilities and assistance.

> *I was, in the beginning, involved a lot… But in 2016 was when my health was really taking a knock. And when I told my fellow members on the team, they were understanding, and they were quite happy to work around however they needed to help me, so it wasn't too bad… And when I communicated to the people that I work with that this is what I'm facing, they were happy to help me and work with me* – Sally

In trying to ascertain if disabled students were asked about their sense of belonging in social cubs, they shared their experience of being involved in extra curricula societies and how or if they were accommodated for. Lloyd highlights the difficulty he faced to adjust to the inaccessible environments and to socialise:

> *I was a part of many societies… It was quite difficult to adjust and mix – Lloyd*

Many participants with psycho-social disabilities and neurological developmental disabilities such as autism spectrum disorder (ASD) or mental health disabilities expressed that they struggled with large gatherings that societies often organise. They expressed that although they needed no physical or environmental accessibility, they needed accommodations in social spaces. They found that these social gatherings overwhelmed their senses and invoked anxiety in them as they had to socially engage with too many people, speak in public, and be around many people in small spaces. They also noted that these gatherings could become rowdy as well, and the loud music, talking, and shouting could be overwhelming for them:

> *Mine is just one sentence: No, because they are just very inaccessible to people like us! I mean that's a whole other hour-long talk going down that road of why not, it is too anxiety provoking, its draining* – Suzy

> *I would not go to big gatherings to avoid the stress of it all* – Nel

> *UCT does a society which is the Gaming and Anime society. I've been on the committee for that since 2009. It's been quite inclusive and accessible. Maybe from like an autism standpoint, it's very easy to get overwhelmed when there's a lot of things, people around lots of noise when there's big events – Cody*

Cody noted that he could only be involved in gatherings when they shifted to online platform, due to COVID-19 social distancing. He highlights that a shift to online is a great solution to the challenge of in-person gatherings being too overwhelming and over stimulating.

> *Especially now with COVID, my society we've been running all over online I don't really get affected by society stuff when it comes to my disability* – Cody

Disability transportation is a service provided to transport disabled students to and from their homes, doctors' appointments, UCT events, as well as between campuses. Students with physical disabilities were dependant solely on the specialised disability transport to attend societal meetings. This dependency on the transport service was a challenge for them as participants noted that the transport was only operational until about 5 p.m., and although this enabled the disabled students to attend classes and have transportation to and from home, they were unable to attend social meetings as these often took place after hours.

> *I wasn't part of any societies… I would not join societies because all events and meetings are after class hours, and I would be nervous because I relied on the disability transport of UCT. And then they extended the transport hours years later though. I could not join [any societies or events] due to my dependence on transport* – Annie

> *Andy (*a peer of Lloyd, who has quadriplegia, and uses a power wheelchair*) could never attend [our society's meetings] because there was no transport from the disability unit after 6 p.m. The meetings are always after 6 p.m. and he could never do it* – Lloyd

Participants expressed that the transportation for disabled students was problematic and impacted their access and participation because of its operating times were far too early in the morning and Annie noted her safety concerns of being alone on campus too early in the morning.

> *For me, one thing that I struggled with was depending on the disability transport. Sometimes we had to get up early [to catch the transport], and that would make me extremely anxious. Sometimes when you get anxious you can't sleep so I would travel and I would also be nervous to be on campus very early and I would be thinking what if something goes wrong* – Annie

4.1.3 Dualities of remote learning

In this section, I explore how disabled students of UCT experienced remote learning that was implemented due to the restrictions that were imposed by the South African government and UCT during the COVID-19 pandemic. Participants highlight their experienced advantages to online learning as opposed to physically going to the campus. Some participants also noted disadvantages to remote learning, such as the impact it had on their schooling and access to resources.

Experience of the COVID-19 pandemic

Some students expressed positive experiences of the university shutdown, with Troy explaining the positive impact that the shutdown had on his mental health and how he welcomed the "pause", and was able to take a step back from all the stress of his studies, and find reflect on what was on life.

> *And speaking on COVID, I don't want to lie, I loved it. Apart from the fact that it killed so many people, but the fact that we were able to 'pause'. I was able to pause and just think about life, the aspects of who I am, what I want to do, what I want to achieve in life. All of those kinds of important questions I had to ask myself under lockdown. It really kind of changed my perception [on the importance of life]* – Tony

Making life easier

Most participants expressed their appreciation and preference for remote learning, as opposed to in-person learning. They found remote learning to be a facilitator for their learning and health, and found much ease and relief when learning remotely. The general sentiments centred around how they enjoyed learning from the 'comfort' of their own home instead of the challenging lecture venues. They also noted that they appreciated doing work at their preferred time instead of having to stick to regimented lecture schedules. These experiences point to the call for flexible learning:

> *Online lectures have been so much easier. The COVID time has been much easier to be in university than before COVID because I can just rewind whenever I need to, sometimes I'll have to rewind the same sentence like 15 times because every single time before I didn't take it in, I didn't understand it. I just wasn't paying attention* – Cody
>
> *With my illness, I struggle during the morning and afternoon because I'm so sluggish because of my lungs, I only get energy towards the end of the night so I'm also like Suzy, I am nocturnal, and I rather stay up throughout the night. So, the fact that I can watch videos when I can, that's very helpful, and still be up to date* – Sally

It's been hard to connect

Although the general consensus of online learning was positive, some participants brought up disadvantages to being socially distanced and not having access to certain services and amenities that benefitted them on campus. These disadvantages include the isolation one experiences when being socially distanced, and how being so far from campus services hinders one’s participation and access.

> *It’s been hard to connect especially with resources of support and have face to face lectures at UCT. Before COVID, it was easy to visit the student wellness, and other places of support but now since it's remote, it's a huge struggle* – Ray

Conclusion

The barriers that they experienced can have severe impacts on disabled students’ inclusion and success at university, and subsequently their quality of life and future. Participants expressed many barriers experienced by them being disabled students. These barriers were the low access to learning materials, assistive devices, university services, mental health services. Furthermore, barriers were seen in low environmental accessibility, poor disability awareness by university staff and students, and low financial support. Participants relayed deep and passionate expressions of emotion towards the barriers that they experienced and their struggle to be included.

Facilitators are present in various types of social support from friends and family, financial support, access to recorded lectures and different services from the university. Facilitators, no matter how small, all contribute to the success and inclusion of disabled students.

4.2 Theme 2: Fostering Inclusion

Objective 3 was to understand how the nature of support and relationships influence participation, uncovering the attitudes (values, beliefs, feelings, and behaviour) of different role players that influence inclusion. Objective 4 was to determine how service systems and policies influence participation and inclusion. Theme 2 is linked to answering objective 3 and 4 as it showcases disabled students' experience of inclusion of services and support systems. There are four sub-themes to theme 2: "Supporting well-being" explores how inclusive the mental health and wellbeing services, such as Student Wellness offered at UCT, are for disabled students. The second sub-theme, "Disability services played a vital role", spotlights disabled students' accounts of their experience of the Office for Inclusivity and Change (OIC) playing an integral role in their social inclusion. The third sub-theme, "I am asking for accommodation", details the challenges of the students' mental health and their struggle with inclusion by staff and in extra curricula spaces. The fourth sub-theme, "Being there emotionally", discusses the many systems of support that participants experienced such as support from UCT staff, support from family and friends, and even the personal autonomy that they facilitate for themselves.

Table 4.3- Sub-themes, categories, and codes of Theme 2

Theme 2: Fostering Inclusion		
Sub-theme	**Category**	**Codes**
Supporting well-being	Staffing needs	● *I was using some counselling services* ● *quite supportive* ● *student wellness doctor has been very helpful* ● *I don't have quick access to my doctors* ● *I get a lot of help from therapy* ● *increase the number of psychiatrists*

		- *it's like a double barrier that I'm facing*
	Financial affordability	- *I can't afford to go see a private doctor.* - *I have to use my medical aid* - *pay all these expensive private psychiatrists.* - *one hour is like R2500*
Disability services played a vital role	Fostering a sense of belonging	- *Played a HUGE role* - *I'm getting emotional...* - *It's somewhere where I can turn to* - *helped me feel better* - *not only in my academic life but in my social life as well* - *I didn't know about the Deaf culture*
	my team of volunteers	- *helped me with note taking* - *they really assisted me* - *the services they provided* - *make me copies* - *take my notes*

I am asking for accommodation	Stressors of mental health	- *Disabilities are not only physical* - *take care of myself* - *We need more awareness for staff and mental health* - *My lecturers are aware about my mental health condition*
	Lecturers are narrow minded when it comes [to] disability	- *This place is horrible and draining* - *I probably would have killed myself* - *I struggle to get support* - *I'm treated as if I'm a student without mental health disability* - *me and people living with disabilities have to give it an extra 110%* - *there's just a lack of compassion* - *They question our intelligence* - *they're dealing with human beings*
	They did not understand my needs	- *they will not go into an extension*

		● *I developed an anxiety to speak in public* ● *They don't have a lot of assessment opportunities* ● *Your entire course is dependent on this paper*
Being there emotionally	Supportive family and friends	● *Support shown in my parents* ● *specifically my mother* ● *My parents played a vital role* ● *My grandmother came to school to fight my battles for me* ● *support from my family* ● *My brother facilitated me* ● *they would just be there emotionally* ● *study groups* ● *My friends cheered me on*
	how to help myself	● *I learned to push my way* ● *I need to force my way in* ● *I’m a hard worker* ● *I don't give up on my dreams*

		- *I try to be resilient while chasing my dreams* - *I'm making use of my social circle*

4.2.1 Supporting Well-Being

The UCT Student Wellness services is a service that supports the health and wellness of UCT students. The centre is equipped with doctors, nurses, and other mental and physical health professionals. Participants shared many experiences of the Student Wellness service, including positive experiences of helpful staff and how the service provides access to better health care than they receive from their private doctors. This comparison also raised the point of how this access to Student Wellness alleviates the financial burden of private health care. Participants also relayed negative experiences of Student Wellness service, such as the insufficient number of psychiatrists. Barriers within barriers was the challenge of insufficient staffing and low-quality service. Many suggestions were made as to how to improve the Student Wellness services to better facilitate disabled students' well-being.

Staffing Needs

Participants praised the level of service they experienced with Student Wellness, where the health care professionals are not only attending to patients medically, but the staff seems to be emotionally supportive as well. Sally appreciated this 'amazing' support and expressed how she values the staff of Student Wellness:

> *Another thing that's also been really helpful is this doctor at student wellness, Dr. Cindy, she has really been amazing, she's someone that I have invited to my graduation because that's just how amazing she's been* – Sally

Another beneficial service that the Student Wellness center provides is issuing doctor's notes for sick leave, examination deferrals, extra time for examinations, or deadline exemptions.

> *I don't have quick access to my [private] doctors; I can't afford to go see a private doctor. So, at least with the student wellness doctor, she has been very helpful with getting my documentation for the deferred exams and if I need a script* – Sally

Troy expressed positive views of Student Wellness services, saying that the service has really assisted many students with all their health issues and improving their well-being, which has ensured their inclusion at UCT.

> *I was using some counselling services from student wellness. It's just been quite helpful, and just been quite supportive* – Troy

Although participants expressed that the centre is an important asset for the university and the students, and that they perform well in many areas, they also expressed negative experiences and notes for improvement. One common negative experience was that there are too few mental health professionals to serve the large number of students at UCT. Participants noted that this insufficient staffing capacity leads to many challenges, such as students not being able to consult with psychologists and psychiatrists when it is needed most, and they struggle to obtain an appointment.

> *[UCT] must increase the number of psychiatrists that they have for student wellness. It is really so disappointing that there is only one that is dealing with so many students and so many applications. You know it's quite daunting and disappointing, - Troy*

> *That one person has to assist hundreds of thousands of students…. It's quite sad… I was trying to see if I could use the psychiatrist at the campus but I saw there is no slot for the next three month. All sessions for the rest of the year are quite full, and you can only take them for next year, which is quite exclusive on its own* – Troy

Participants also expressed how they find the service to be problematic at times, as they believe that the quality of the service needs improvement. The critique from Sally comes from her experience of the poor systems that have been set up, such as the access to the services that she needs and the low resources and staffing.

> *The systems that have been set up are problematic, and even how they apply them, it's like a double barrier that I'm facing* – Sally

The suggestion by Troy draws particular mention to the focus on service delivery, when in fact, what is needed is quality service delivery. Troy shows the need for the improvement of this service.

> *Show some elements of service delivery, but quality service delivery* – Troy

Financial affordability

Finances are important for inclusion and important for health related expenses. General health and wellbeing is important as it positions the student to be able to participate.. A benefit of the Student Wellness service is that students need not seek private health care, which is unaffordable to many.

> *I have to use my medical aid to pay all these expensive private psychiatrists. You know a session, one hour is like R2500, and everything is quite exclusive in a way… I was trying to see if I could use the psychiatrist at the campus* – Troy

4.2.2 Disability Services played a vital role

Fostering a sense of belonging

Apart from all the services that the Disability Services provide to meet disabled students' needs for physical accessibility and education, they also create a community for the disabled students of UCT. This social and emotional support leads to disabled students feeling a great sense of belonging. Many participants expressed how the Disability Services fostered a sense of belonging for them, when they felt socially excluded by the rest of the campus.

> *My orientation head introduced me to the amazing disability unit. When I joined the disability unit, …they played a huge role. I'm getting emotional [thinking about it] ... University was very tough because I knew no one, so I sat and ate alone. Socialising was my biggest challenge. Disability unit changed that* – Yusuf

The participant quoted above, Yusuf, who has a speech impediment, was quite overcome by emotion when speaking about Disability Services, as he expressed his gratitude for their work and support. Much like Yusuf expressed above, Cody too shared that he struggled with socialising and creating relations even at school. He almost wholly attributes his social life in university to the disability unit.

> *It's somewhere where I can turn to when I have problems. [It] has just helped me feel better in general* – Cody

The sense of belonging and acceptance experienced from Disability Services was so greatly felt that Yusuf even thought of the staff and peers there as family.

> *The role played by the disability unit, and that's something that I would continuously stress, because they really assisted me in every facet of my universities. They became a family* – Yusuf

Lloyd expressed that Disability Services changed his life when he was introduced to Deaf culture. He felt a much closer connection to his community and felt a sense of belonging. This points to the importance of a centre that accommodates disabled students and assists them with a safe and nurturing environment.

> *The disability unit played a vital role, not only in my academic life, but in my social life as well because before I was at the special school.We didn't do any sign language, so I didn't know many deaf studentsI didn't know about the Deaf culture. So, that was interesting for me*. – Lloyd

My team of volunteers

Students reported that Disability Services has also created specific academic accommodations such as extra time in examinations for students who need it, specialised seating and examination writing areas to increase the comfort and accessibility for students who need it. They also assist with disability awareness workshops for staff and new lecturers, and curricula adaptation. To further facilitate disabled students' day-to-day needs, the OIC provides volunteer assistants for disabled students to scribe for them or assist in getting to class, for example. These volunteers are UCT students who avail their time and abilities to facilitate disabled students who need assistance.

> *The disability unit helped me with note taking* – Lloyd

Annie, who uses a wheelchair and needed assistance with getting to class, mentioned the struggles she has with the low accessibility of the campus. She subsequently received assistance from the Disability Service's volunteers. This forthcoming quote notes how the disability student service supports access to learning spaces and learning material and the important role they play in disabled students' inclusion.

> *The disability unit was also a team of volunteers. So, if I needed to get to a class or tutorial class, or I needed books from the library, then I would ask my team of volunteers to make my copies or take my notes – Annie*

> *I would be saying to my volunteer okay we're going to go early, can you please just help me find the desk – Annie*

4.2.3 I am Asking for Accommodation

This section explains how disabled students' experience of barriers and facilitators at UCT affects the mental health of disabled UCT students. The categories that will be shared here are the stressors of mental health and the pressure that they experienced at UCT with the academic demands they face.

Stressors of mental health

In previous and forthcoming quotes from participants, participants note many stressors of mental health such as increasing academic demands, exclusionary services and spaces. Thus, there is a need for support from mental health services within the Student Wellness. Participants detailed how much they were struggling mentally and emotionally. Troy said that the mental health services at Student Wellness have been life saving for him as he notes that without the service, his struggles would have led him to committing suicide.

> *If I did not have this support, I probably would have killed myself* – Troy

Nel expressed that a stressor for her mental health was the insufficient awareness that lecturers have about mental health challenges in students. She noted that having lecturers and staff more sensitive to the accommodations and the need of those who have mental health conditions, would alleviate this stressor. She particularly highlights the experience of students with 'invisible' disabilities, as they are often not seen as in need of support and accommodation if they do not present with visible disabilities.

> *Disabilities are not only physical. We need more awareness for staff [on] mental health* [of students]– Nel

Some participants attributed their depression and other mental health struggles to the academic pressures of UCT and their programmes. One participant expressed that he was not coping due to the frustration he experienced with academic stressors and university life.

> *I have not been coping! I have not been coping... This place is horrible and draining. My UCT chapter has been one of the hardest in my life. I've been academically great, but when I got to UCT it really made me doubt my capabilities to a point where I am so depressed – Troy*

Ray expressed her frustration with getting staff and lecturers to understand that not all disabilities are physical or as apparent, and that they cannot assume one's needs and challenges. She tried to express that due to her mental health condition- bipolar mood disorder- not being a physical disability, she often finds that her calls for assistance are not treated as 'seriously' as those who have more apparent or physical disabilities. She finds that staff members either do not believe her or she constantly has to prove her disabilities to be understood and assisted. She hoped that staff members would be better trained in sensitivity and awareness of mental health:

> *As a student, I struggle to get support. My lecturers are aware about my mental health condition, but I'm treated as if I'm a student without mental health disability. So, I feel like if we could have honest conversations with people, or staff members, so that they become more inclusive of students and be more supportive, it will be much better* – Ray

One student expressed that he often has to exert far more effort than he feels his non-disabled peers do, in order to achieve the same results. Troy highlights the added effort that disabled students often have to exert, and the barriers that perpetuate this experience:

> *[a non-disabled] student will give like 20% to get the same mark as me, but me and people living with disabilities have to give it an extra 110%* – Troy

> *Lecturers are narrow minded when it comes [to] disability- Lloyd*

The quotes explored here are related to the experiences of students in relation to lecturers. The limited disability awareness was evident in students experiencing a lack of compassion or a limited understanding of their accommodation needs.

Participants expressed frustration with staff/lecturers as they believe that lecturers have little compassion, empathy, understanding, and awareness of disability. Students would often experience negative attitudes from lecturers when dealing with disabled students and their pleas for accommodations.

> *The lecturer needs to be sensitive, they need to understand that they're dealing with human beings… there's just a lack of compassion* – Sally

Lloyd, who is D/deaf, expressed that lecturers need awareness and sensitivity training in order to engage with, understand, and accommodate disabled students:

> *One example is where a lecturer did some accommodations for a bit then stopped because she saw I had a note taker, but that should not mean I don't need those accommodations I asked for… She just made a decision to stop and did not ask me. The disability unit can only do so much too. I'm not asking for special treatment, I'm asking for access. So, yeah my issue is mainly lecturers* – Lloyd

Based on lecturers' limited understanding of different disabilities, a participant felt that their academic abilities and intelligence were questioned by lecturers and staff. This highlights the unfair treatment and judgement that disabled students are under:

> *[I was asked by a curriculum advisor] 'can you do philosophy?', and I was so shocked [as to] why that's questioned. They question our intelligence based on thoughts on our disability* – Lloyd

Participants expressed how crucial it is that lecturers become a source of support for disabled students. Penny expressed how lecturers can be a great means of support if they are well trained in inclusive education and disability awareness.

> *The support that you can get from the lecturers, if the lecturers are trained, they can reach out to these people with disabilities, now they can offer support, that is very important* – Penny

They did not understand my needs

Participants say that concessions such as assignment extensions or exam deferrals are very challenging to apply for due to the system in place. They feel as though they have to plead their case to gain basic understanding and concession. One participant also expressed the cost and burden of needing to prove one's disability is to high to maintain and problematic. This points to the need for the UCT staff to improve their disability awareness and sensitivity:

> *…they will not go into an extension if I'm too sick to do [my assignment]. I just need two weeks [extension] or whatever but they'd be like, 'sorry we can't, so rather make your final exam'. I still have to produce a medical doctor's note, and that costs money. [I told them] I've giving you my medical certificates to show that I do have an illness and this is the nature of my illness, but even when I can't work, I still have to go and purchase a doctor's note* – Sally

Participants expressed many experiences of not being accommodated due to lecturers not understanding their needs. One participant detailed how he now has anxiety about public speaking because a lecturer forced him to address the class despite him explaining to the lecturer why he needed to be exempted from doing so.

> *I think lecturers are narrow minded when it comes [to] disability. In my first year, that's how I developed an anxiety to speak in public, because they did not understand my needs and kept making*

> *me speak in front of the class, especially when I kept having to tell them I prefer not to and that they should speak up for my hearing – Lloyd*

A law student expressed that, due to her chronic illness, she was unable to complete her examinations and was academically excluded from the course twice, which she had to appeal. The weighting of examinations compared to all other assessments for programmes is another barrier that participants expressed, as one examination can determine the fate of the entire semester or year:

> *...how the curriculum is set up… they don't have a lot of assessment opportunities. Now the final exam will count for let's say 70% or could be 80% or 90%. Your entire course is dependent on this paper. If somebody can write the exam was to have a bad day, you're ruined. The whole year goes down the drain. Because if you fail the exam you fail everything, but it's just so unfair how you know you can hinge everything on a 90% paper. And what happens when I'm too sick?* – Sally

4.2.4 Being There Emotionally

Social support, in this context, is support that disabled students receive from other people and social systems. These support systems will be presented under the categories of support from staff, friends, family, peers, and personal facilitation. These support systems detailed by participants were noted to highlight the positive impact that they have had on their inclusion, creating a feeling of connectedness and belonging, and emotional support.

Supportive family and friends

Many participants mostly attributed their success and inclusion to the support of their parents, not just in university life but throughout their schooling career. Participants noted that their parents are often their first support system in making their educational journey inclusive. The common experience between the participants is the belief that parents have in their abilities, and the support and encouragement that they received from their parents that assisted them:

> *Support [is] shown in my parents, and specifically my mother* – Yusuf

> *My parents… have also allowed me to continue being a university student… I actually considered dropping out because I thought that I was too young to do this and it was just difficult because I was the only one in the faculty that I could see that had a physical disability* – Annie

> *My parents played a vital role… they actually made me realise that I can go to university* – Lloyd

Troy made mention of how even having a picture of his mom was a form of social support for him as it encouraged and comforted him to see his mom.

> *I have a nice picture of my mom, here on my desk in res. I know that I'm working hard for her. She's my motivation driver* – Troy

One participant attributed much support to his grandmother, who was his strongest advocate and support in helping him fight his battles of being bullied. He expressed the importance of having that type of support, especially at such a young age, as, he said, one is very vulnerable as a child with disabilities. Being in your formative years with disabilities, he said you may be faced with many barriers of being misunderstood, having insecurities, and being bullied. Having a trusted advocate in your corner is a very comforting and essential support for many disabled children:

> *My grandmother came to school to fight my battles for me. It was a very sensitive time for me because you're so young and just exploring yourself and growing, so it was difficult to realise you're different – Yusuf*
>
> *the patience [and] support [I receive]… it's support from my family* – Yusuf

One participant, Nel, who has epilepsy, lived in a university residence at UCT. He explained that living alone is very dangerous as epileptic "fits" are often unpredictable and can result in serious injury. UCT allowed his brother to live with him to become that form of support and assistance.

> *…given my conditioning, stress causes my fits… My brother facilitated me a lot too. He stays with me and helps if I have a fit* – Nel

Support from peers/friends also plays a vital role in many disabled students' lives. Participants noted that friends are often the first line of support in the classroom as one does not have their families with them present in class. In participants' experiences, friends provided emotional support by being encouraging and offering a shoulder to cry on:

> *I had immense fear of speaking, so I withdrew socially… My friends cheered me on. This was a pivotal moment* – Yusuf

Troy expressed that living in residency at UCT can be isolating, as he lived far from his family and friends that reside in his hometown, so he stayed in touch by calling them whenever he needed that social support.

> *Every once in a while, I call my friends from home and I call my family – Troy*

Cody notes that his friends also became a means of academic support too. Their study groups assisted with his learning, which got him through challenging academic times. This highlights the many support types that friends can offer, and the need for additional academic support that is not being received from lecturers and staff.

> *My friends helped me a lot when I was going through tough times... they would just be there emotionally and like study groups* – Cody

How to help myself

Being disabled, one often has to rely on the care and assistance of others. This external support and assistance can present in many forms, whether it be from family, friends, the university's staff, or services provided. However, participants also shared some forms of personal facilitation/autonomy where they assist themselves in their inclusion by being assertive and directive:

> *…we would need to use the elevator and the elevator will be full of able-bodied students and they will just look at you, and not get out or make space for me. Later on I learned to push my way and I was just like no I need to force my way in.* – Annie

> *I'm a hard worker… I don't give up on my dreams. That's why I try to be resilient while chasing my dreams* – Penny

Students shared that a catalyst for personal facilitation was their frustration with poor or faulty services. When services and systems, like elevators, failed or were not provided, these participants had to figure out their own accessibility routes:

> *If I didn't know a certain route [to take to class with my wheelchair], I would just have to figure out my own way.* – Annie

Despite all the services in place at UCT, one participant felt strongly that most of what assisted him are his personal facilitations:

> *I would say most of the things that facilitate me is personal strategies like coping mechanisms*– Cody

Another personal facilitation is how disabled students use their social abilities to develop personal relationships to gain external services and better-quality services. Participants said that they use their personal autonomy to create bonds with the volunteers of the Disability Services, medical staff, and lecturers as they found that this socialisation results in these people having a better understanding of their disability and needs, and subsequently having more empathy and a drive to assist them. An example of this is creating good relations with classmates or the Disability Services volunteers so that they assist you more:

> *I had to advocate for myself to get help or ask lecturers for something or ask the disability unit and make relationships with volunteers to help me*. – Annie

> *…you have to advocate for yourself every second of the day… So, there's also this 'burden of change' on us as well* – Suzy

Some students also expressed that they had to find ways to educate themselves about their own health conditions in order to facilitate their own needs. Participants noted that this entailed having to do their own research on their conditions, to research cures and treatments, and find ways to cope.

> *And I'd say the thing that's helped me the most is information. Just loads and loads and loads of information research on Instagram, on YouTube, on the internet. I've consumed hundreds of gigabytes of data in just researching how to help myself* – Suzy

> *Most of the things that I've been through, like depression and ADHD and stuff like that, I literally go to the internet and Google it and see what it means. I was kind of like seeing the kind of symptoms that I was showing so I do agree that researching, it's quite important.* – Troy

One participant noted that she practiced personal autonomy by prioritising her health and focusing on self-care. She shared that that although there are health and wellness services that can assist with her health, she also needs to put in the work herself and practice self-care.

> *I only chose to focus on this year to look after myself because they say you can pour from an empty cup. So I'm focusing this year on myself and to take care of myself* – Ray

Chapter Five: Discussion

Introduction

The findings revealed that multiple environmental factors influenced UCT disabled students' participation and inclusion in the academic and social life of the university. This discussion interrogates the two themes that emerged in the findings, namely, Theme 1: 'AccessibilityEquals Success' and Theme 2: 'Fostering Inclusion'.

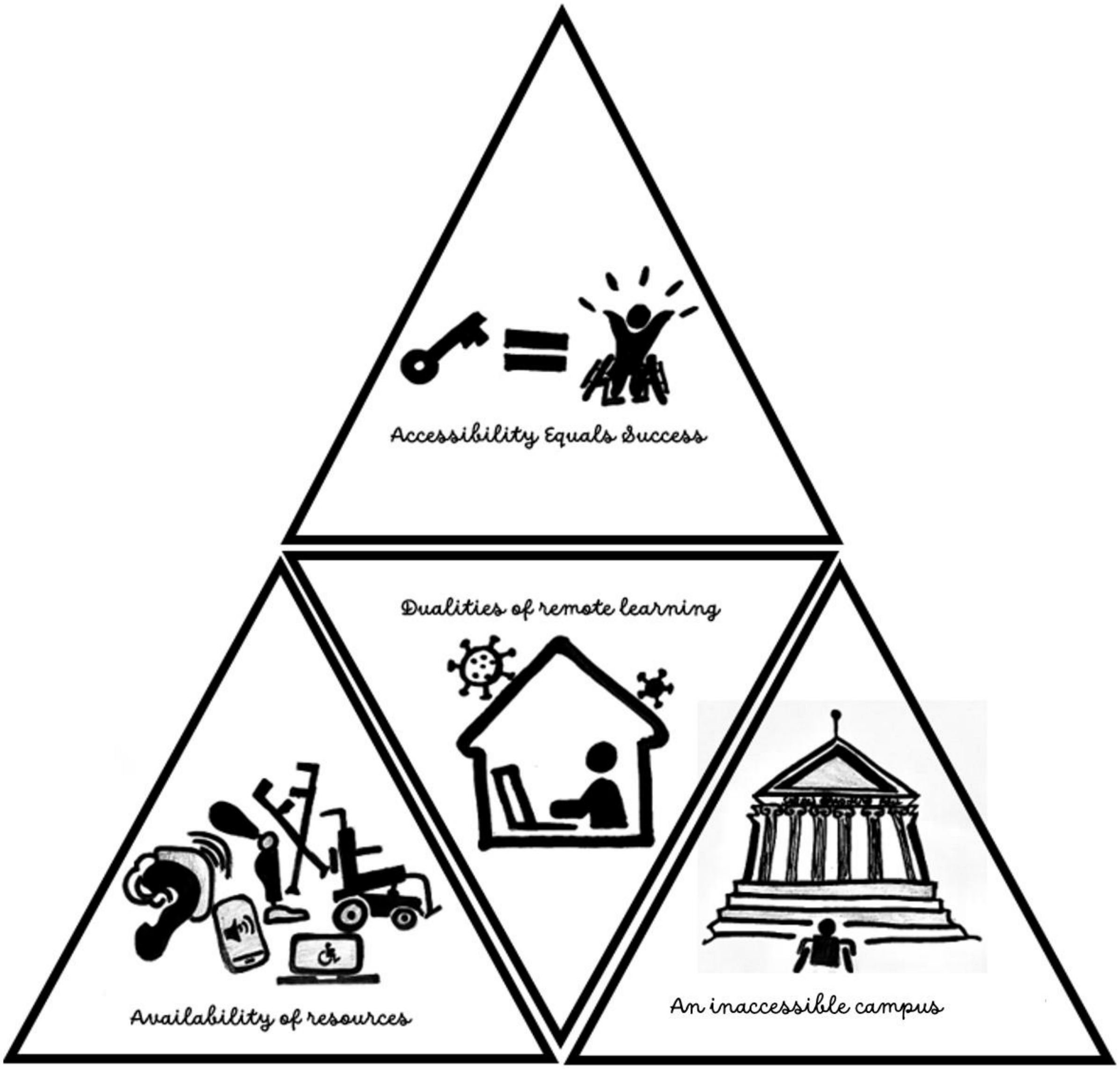

Figure 5.1: Sub-themes of theme on accessibility equals success

5.1 Theme 1: Accessibility Equals Success

This theme discusses the factors that participants experienced which they indicated were important for their access to spaces and resources that facilitate inclusion (see Figure 1).

5.1.1 Availability of resources

"Availability of resources" is the first sub-theme that will be unpacked according to its two categories: "*Better technology with accessibility features"* and *"money helps"*. "*Better technology with accessibility features"* focuses on the importance of creating provisions of assistive devices for disabled students, like electronic wheelchairs and technology with built-in accessibility features. This category highlights the benefit that the global North gains from their access to technology and resources, and how the global South experiences challenges in obtaining similar access to technological resources. "Money helps" unpacks the financial strain that disabled students are under as they have inflating financial needs such as tuition, medical assistance, lodging and learning materials. With the challenges that they face for retaining employment while studying, an increase in funding schemes is thus discussed.

Being able to access the latest technology with accessibility features and assistive devices is of vital importance for disabled students. Assistive devices are external devices created and used to facilitate individuals' independence and learning, for example, supporting people to complete a task that they have difficulty with, such as mobility, vision, hearing, eating, grabbing, or writing (Ndlovu, 2021). Ndlovu (2021) found that, increasingly, assistive devices are high-tech, which often means an increased expense for those who need it, especially with the low economic rates in South Africa and the rest of the Global South. Relatedly, in my study's context of South Africa, obtaining an electric wheelchair was essential to Annie, as she could not appropriately function at UCT without it, yet the cost of it was unaffordable. Participants expressed many barriers that could be solved by the use and attainment of assistive devices. Assistive devices can be technological / computerised or non-computerised. Assistive devices can be as mechanically simple as a walking cane or pillow, and as technologically complex as a 'robotic arm' or electric wheelchair. For students using an assistive device such as an electric wheelchair, it enables more independence and the ability to move across various terrains and between lectures timeously.
Participants such as Suzy and Troy expressed their need for technology that has built-in accessibility features (see 4.1) Modern technology and software can replace many other devices that disabled students have to carry, such as voice recorders, transcribing devices, external screen readers, and audio devices.

According to Hanass-Hancock and Mitra (2016) South Africa and the Global South lack many accommodations, some of which include technology and assistive devices that are essential to the participation and inclusion of disabled students. Chmiliar, Chiarella and Anton (2014) study in France noted the benefits of e-Textbooks on tablets and suggested technological assistive devices for disabled students. A tablet is compact and light, and it replaces the large and heavy-weighted books and laptops that students typically have to carry. Lightening the load of books and devices that disabled students bare is beneficial to those who have physical disabilities that affect their ability to lift heavy weights or those who have mobility challenges (Chmiliar et al., 2014) (see 4.1).

In addition, the COVID-19 pandemic brought about a new socially distanced style of learning called remote learning. Remote learning included live and pre-recorded lectures, virtual physical exercise lessons, virtual social engagements, and online examinations that all students can view from the comfort of their residences or homes. Madaus, Gelbar, Faggella-Luby and Dukes (2021) conducted a study in the USA and reported that 94.3% of their participants, who were disabled students, had access to technology and 88.5% had reliable internet access. They acknowledged that their study population enjoyed the privilege of residing in the USA, a country that is economically developed, and its citizens have access to resources. In contrast, my participants are from the Global South, many of them during remote learning did not have internet connection in their homes. In some places, the internet connection was unstable, and data costs to connect to the internet were also unaffordable for them. The provision of Wi-Fi or data for online learning was helpful to their learning.

Students in this study reported that they had to work various jobs in order to cover their tuition fees, medical expenses and assistive technology, which as previously discussed is costly. According to participants of my study, being a disabled person has added financial demands. Suzy discussed her struggle with having to work a full-time job to pay her tuition fees and study at the same time. Three participants with psycho-social disabilities raised the issue of rising costs of the medication and therapy that they needed (see 4.1.1). These day-to-day and medical costs that participants deal with contribute to their financial burden that they need assistance with. These participants discussed the high costs of private medical care compared to public medical care, and the issues they have with medical insurance costs. Only 1.8% of disabled people in South Africa are employed (StatsSA, 2011). Although this statistic is not a direct reflection of disabled students' financial status or experience as disabled students are not necessarily part of the general labor market, it does highlight the general financial challenge that disabled people face, and it is testament to why disabled students struggle to find employment during their studies as many disabled people struggle to obtain employment. Financial support is therefore fundamental for disabled students.

Chiwandire and Vincent (2019) investigated the funding mechanisms for disabled students' financial needs in higher education in some low- and high-income countries, such as the United Kingdom, the USA, Canada, Australia, South Africa, and India. They found that disabled students are at an educational disadvantage compared to their non-disabled peers due to inadequate financial support. Insufficient funding impacts their payment of tuition fees, assistive devices for learning, mobility on campus, housing on campus, books and resources, and medical care (Chiwandire & Vincent, 2019). They also found that insufficient funding widens the gap between disabled and non-disabled students, creating a significant disadvantage for disabled students in education, advancement, success, and inclusion. One of the barriers to funding for disabled students in higher education is the bureaucratisation of application processes. Disabled students often have a challenging and tedious time applying for financial assistance where they have to provide numerous documents as proof of ongoing disability, meeting requirements for funding, and financial need (Chiwandire & Vincent, 2019). Another barrier that they identified as contributing to insufficient funding is the cuts in disability funding that universities experience. These cuts are only increasing and affect many disabled students across the world as there are minimal scholarships for supporting part-time and distance learning for disabled students, and insufficient financial support to assist with the everyday costs that come with having a disability, such as medical and therapy costs.

Rund and Scharf, (2000) conducted an analysis of the American Council on Education and the Americans with Disabilities Act on the equability provisions for disabled students in higher education. Similarly, to Chiwandire and Vincent (2019), Rund and Scharf (2000) found that the bureaucracy and the method of applying for funding grants in higher educational institutions follows a competitive process with strict and specific guidelines and criteria. They further highlight the low flexibility that funding channels have, as often times disabled students have to apply for funding for a specific need, which means that that funding can and should only be utilised for the applied need. This pain point suggests that there needs to be flexibility and ease in funding application processes that will accommodate disabled students’ growing needs and for the funds to be used more effectively.

Similarly, to the participants in the Chiwandire and Vincent (2019) study, my participants also expressed the need for funding for their studies (see 4.1.1). Participants noted that insufficient tuition funding is a barrier for them. Even if they manage to obtain funding and bursaries for undergraduate studies, postgraduate programmes often do not qualify for the National Student Financial Aid Scheme (NSFAS), which leads to many disabled students not being able to continue their studies if they do not obtain private funding. Scholarships and funding can also alleviate the stress and burden that participants face as they expressed much stress with how to pay for their tuition fees and housing residence. One participant, who is a foreigner, expressed that she is not eligible for UCT funding because she is not a South African citizen (see 4.1.1). Creating funding that is not restricted to citizenship and whether one is in undergraduate or postgraduate study level. This flexibility could assist many disabled students in qualifying for funding and assist in removing barriers.

Access to resources is vital for disabled students to be included in tertiary learning and this plight needs to be financially and systemically supported.

5.1.2 An Inaccessible Campus

This sub-theme highlights the importance of creating better accessibility in the physical environment of UCT for students with physical disabilities. The category “things were quite inaccessible” points to the challenges that stem from UCT’s old and dated infrastructure and facilities, and the struggles that disabled students face navigating the campus. The second category, “inaccessible facilities’, notes how facilities like ramps and lecture theatres can be inaccessible. The third category, “they just ignored my disability”, uncovers the exclusion and inaccessibility that participants experienced from the people and physical environment of social spaces such as social clubs, common social areas, and even the services related to these social spaces like the transportation services.

It is then finally reinforcing that physical accessibility of spaces need to be a priority as relative literature and this study’s participants note barriers within spaces of UCT and other higher educational institutions that often lead disabled students to being excluded.

The South African Special Needs Education: Education White Paper 6 includes points of barriers for disabled students in South African institutions, stating that inaccessible and unsafe buildings act as barriers and can in turn hinder inclusion and success (DoE, 2001). This points to the need to facilitate these barriers with effective learning practices, such as accessible spaces, and that learning may not be effective without the disabled students not feeling comfortable. Unesco (1994) suggests that educational institutions and systems should be designed or redesigned to take into account a wide diversity of student bodily and functionality needs. Amosun, Volmink and Rosin (2005) conducted a study at UCT where they asked non-disabled UCT medical students to navigate the UCT space in wheelchairs and assess their experience of perceived disability and accessibility. The participants of Amosun et al. (2005) found the hills of UCT to be a challenge for them as the steepness of the hills proved to be very challenging to navigate safely. This comprehensive and experimental study highlights the challenges that disabled students of UCT face. Additionally, Amosun, Volmink and Rosin (2005) shine a light on the extent of challenge that disabled students face as they uncovered how non-disabled students, those with assumed increasing strength and ability, struggle when placed in the 'shoes' of their disabled peers.

Jali (2009) conducted a similar study to mine, in which there was an investigation on the experiences of disabled students in a South African University- Durban university of Technology. Disabled students were interviewed on their experience of coping in an environment that is seen as created for non-disabled students. Similarly, to my study, findings of inaccessible environment and facilities were uncovered, where students detail challenging experiences of exclusion to spaces and systems such as lecture theatres, pathways, halls, etc.

Annie, who uses a wheelchair as a mobility device, noted many experiences of inaccessibility on the UCT campus (see 4.1.2). UCT's historic campus is located on the slopes of a mountain called Devil's Peak, part of Table Mountain. Both the location and the history of the institution present a barrier to access due to the institution's heritage status. Firstly, having been built on a mountain means that the campus has very little flat, horizontal ground and there are many levels to the campus. These issues require many elevators and ramps for disabled students and staff. Secondly, due to the rich history of the campus, preserving the historical integrity of the institution is often favoured and used as a reason to not upgrade the facilities for accessibility.

Annie noted that lecture theatres and classrooms had designated wheelchair seating, but these spaces are located at the far back of the classrooms, distancing wheelchair users from the lecturer and creating a large disconnect from the class (see 4.1.2). These barriers can also lead to low academic performance as students can struggle to liaise with lecturers and concentrate on the course content. These designated seats result in disabled students having not many choices about where to sit and no free will to move in the space in the way that best suits them.

Jali (2009) study's participants note that the disabled students struggle with accessing the computer laboratories, as the passageway to access the laboratory is too steep for wheelchairs to roll down safely, or for limited mobility impaired students to manage. Jali (2009) further details how the other laboratory is situated on the wing where there is a lift, however, the challenge lies in the often-faulty elevators, which hinders access ‘most’ of the time. Jali (2009) students note this back and forth traveling for access, and point to experiences of exhaustion, frustration and dread.

Access to the UCT library also proves to be barrier-ridden, according to my participants (see 4.1.2). To be able to access the UCT library should be a right and easily accessible to all as it is an integral part of a student’s academic life and success. However, access to the library is not available to many disabled students (see 4.1.2). Disabled students often would need assistance from a Disability Services volunteer to assist them to access the library (see 4.1.2). Not being able to access this hub of learning and assistance can hinder one’s success greatly, much like where one disabled student of Jali (2009), had an examination in the laboratory and could not access it due to the inaccessibility of faulty elevators. If the disabled students do gain access to the library, they struggle to reach books and materials on the high and inaccessible shelves. This highlights the challenge of how the systems within a space, such as assistance with accessing its contents, is as a great a challenge as the physical access of the space.

Amosun et al. (2005) noted that another barrier faced by their participants was that campus grounds often had insufficient ramps, and they had to often put down their own wheelchair ramps to access curbs and entrances. This is a physical barrier that wheelchair using students face, as it is proven above that even relatively healthy non-disabled students struggled to navigate the challenging barriers.

Another barrier faced by their participants is reflective of my participants’ experience, where students in wheelchairs often have barriers in pathways to classrooms with many desks and chairs blocking their access and navigation. The participants in Amosun et al.’s (2005) study often had to take up the tedious and physically exhaustive process of ‘rearranging’ furniture in spaces to be able to enter and move in spaces as needed for basic access. Jali (2009) also details how the pathways of the campus of the Durban University of Technology are too narrow and serves as a safety and physical harm hazard as it does not facilitate for the high influx of students in a narrow space. Jali (2009) states that the disabled students often have to either move fast- which affects their physical health and abilities, move to the side and wait- which hinders their classroom attendance as they risk being late, or they have to run the risk of getting trampled or hurt.

Social inclusion refers to the nature of and access to personal and social interactions between peers and others. The university experience is often believed to be a crucial time for young adults as the social experiences one has in their time at university can form one’s sense of self and identity and broaden one’s horizons. Calabrese, Patterson, Liu, Goodvin, Hummel and Nance (2008) discovered that social inclusion is a primary goal for educators and university students experience socialisation by being involved in many social spaces such as extracurricular activities, religious spaces, sports, events, social clubs, and even study groups. These spaces lead to meeting new people, creating life-long memories, being exposed to different cultures, and creating friendships, among other things.

The social exclusion experienced by disabled students indicates the need for increased awareness and sensitivity training for students and staff because disabled students feel as though they are not welcomed, accepted, or understood. With Lloyd's experience of ableism that deterred him from a social club (see 4.1.2), he suggested that these organisations should be better trained in disability sensitivity as the use of offensive words and treatment could be the reason a disabled student is excluded. Moswela and Mukhopadhyay (2011) studied disabled students in higher education in Botswana. They note that attitudinal barriers are impactful and an important area to focus on as disabled students experience various degrees of negative attitudes towards them from university students and staff.

On the other hand, the sub-theme "Struggles with mobility on campus" revealed that participants with neurological, cognitive, and sensory disabilities said they still struggled with the social aspect of being in extracurricular teams and societies. Similarly, Brown and Coomes (2016) assessed college students and noted that students with autism spectrum disorder (ASD) experience sensitivity to sensory cues, such as loud noises, bright lights, and prominent textures. To disabled students with neurological developmental disability such as ASD, parties and gatherings with loud music and large crowds proved to be stressful and a sensory overload. Cody expressed that he would dread and avoid in-person events, but since all lessons and societies went online due to the COVID-19 pandemic, he could join online (see 4.1.2). He said that he was enjoying that events were now online as he could socialise without the sensory overload that he experienced before when it was in-person. This modality could be a solution to create inclusivity for all disabled students as one can attend events from the comfort of one's own home and not experience inaccessibility or the stress that in-person events can bring. Providing a safe space for these students in the form of a quiet room where they can take a break from the sensory overload is another suggestion for inclusion (Brown & Coomes, 2016).

Annie and Lloyd noted that a barrier that they, and some of their disabled peers, experience is related to access to transportation on campus to social events (See 4.1.3). Many social club meetings and social gatherings are after hours. Although the Disability Services provides disabled students with specialised transportation on campus, disabled students cannot access many additional social opportunities due to the disability transport not operating after hours. Insufficient accessible transport became a major barrier and reason for disabled students being excluded (see 4.1.3).

Jali (2009) also reports barriers by transportation whereby the campus security observed the dangerous methods that disabled students took to access other distanced campus buildings and events, such as riding their wheelchairs in open traffic roads, and crossing busy car-ridden intersections. The campus security noted these safety concerns, and it is also thus recommended that specialised disability transportation be made accessible for disabled students.

Sachs and Schreuer (2011) explore the effect of social inclusion on the academic performance and success of disabled students in higher education. They found that there is a definite gap between the social inclusion of disabled students and that of non-disabled students. They also found that being excluded from extracurricular activities does not only affect one's social, sport, and leisure life, but it can also affect academic performance and subsequently employment. David and Kuyini (2012) discovered that social inclusion for disabled students can create better academic outcomes because they have increased peer interaction, such as study groups, peer assistance in class, and group work. Being involved in many extracurricular activities and societies is crucial to one's future as showing your involvement, leadership, experience, volunteerism, awards, and skills can improve one's professional resume and can be an indication of one's skill set, which employers value. However, disabled students who cannot access these services / societies / extracurricular activities have little to no experience on their resumes. One can see how simply being excluded from spaces and activities in university can have a negative ripple effect on one's success in life as it can be the cause of not gaining employment, and subsequently leading a low-quality life. Cody expressed that difficulty with finding information on extracurricular activities prevented him from knowing about them, leading to him missing out on those opportunities (see 4.1.2). Physically disabled students expressed the need to be included in sports. Physically disabled students can join in many sports; however, the barrier of inaccessibility and low assistance prevents this inclusion (Kamberidou et al., 2019).

The need for transformation that facilitates the social inclusion of disabled students calls for a holistic approach to inclusion in academic and physical spaces. All extracurricular activities, societies, social clubs, and social spaces should prioritise social engagement and inclusion. Colley et al. (2005) emphasise that to offer a more holistic response to disabled students' needs creates a better learning environment for students and places the importance on social inclusion as well as other types of inclusion.

Shakespeare (2006) makes it clear where the issues faced by disabled people are the result of social oppression and exclusion (see 2.1.2) Disabled students crave, need, and expect social inclusion in university; however, most of the participants (and I) have found their experience at UCT to be severely socially exclusive. This included classrooms, social spaces, cafeterias, sports, and extracurricular activities being inaccessible, hence the need for holistic inclusion.

Physical inaccessibility to spaces is a common experience for many physical disabled students at UCT as they face many physical barriers to gaining access to UCT grounds and facilities. The institution needs a

5.1.3 Dualities of remote learning

This sub-theme of “dualities of remote learning” and its effect on disabled students is perhaps the most interesting sub-theme, which was not anticipated at all due to this study having been designed pre-pandemic. Our focus group questions, which were planned prior to remote learning, did not include questions of experiences of remote learning. Participants, however, still expressed their experiences of remote learning regardless of direct questioning, and that is testament to the impact that the pandemic and its new designs have had on the participants. The first category explored is here is “experiences of the COVID-19 pandemic” focuses on the experience of the shift from in-person learning to remote learning. This then highlights the point of the effects of social distancing and adapting to the change. This sub-theme will then explore its second category: “the pandemic making life easier”, which will uncover how remote learning facilitated learning for disabled students by making attending classes easier by preventing physical effort to attend classes and making learning materials more easily accessible and inclusive. The final category explored is “it’s been hard to connect” focuses on the the challenges that students faced of being distanced from their professors and on-campus support services.

As was the case at UCT, schools and universities across the world shut down for a period of time globally (Ali, 2020). The COVID-19 outbreak affected many day-to-day operations globally, as social distancing was implemented to minimise the spread of the virus and decrease the number of infections, subsequent sickness, and deaths. The shutdown was intended to be temporary, but soon schools and learning institutions had to create a sustainable plan for learning during the pandemic that would enable education to continue safely without students and staff being physical contact with one another (Ali, 2020).

Exploring the factors that influence the experience of remote learning for disabled students is a knowledge gap as it is a new and under-researched field. Meleo-Erwin, Kollia, Fera, Jahren and Basch, (2021) explored the online support information for disabled students in colleges and universities during the COVID-19 pandemic in the New York, USA area. They found that disabled students still face challenges in higher education related to staff and learning materials. They also found that most institutions had few avenues of staff assistance, where students can access the staff online for assistance. It is evident that, even in higher economic countries such as the USA (Meleo-Erwin et al., 2021), disabled students still experience learning material accessibility issues. Some experiences were around the barriers of remote learning, and some experiences were around the facilitation related to 'working from home', which was the common phrase for remote learning (Meleo-Erwin et al., 2021). Remote learning enabled a more inclusive educational experience, where disabled students did not have to worry about the physical and psycho-social demands of being on campus and learning in-person.

Disabled students had a different experience of remote learning compared to in-person learning (see 4.1.3).

Most participants in this study expressed their appreciation and preference for remote learning, as opposed to in-person learning. The general sentiments centred around how learning from the 'comfort' of their own home – instead of the physically challenging lecture venues – and doing work at their preferred times actually benefitted them (see 4.1.3). Some participants compared remote learning to their experience of in-person learning and expressed the benefits of pre-recorded lectures uploaded on the university's online portal (see 4.1.3). Petretto, Carta, Cataudella, Masala, Mascia, Penna, Piras, Pistis and Masala (2021) found that disabled students faced more barriers to in-person learning, and preferred remote learning as the lessons and access to professors are more accessible via technology rather than the effort the students have to exert in person. They detail examples such as, attending lessons, fitting in lecture theatres, approaching lecturers in person, and keeping up with the pace of campus, which are all examples similar to the experiences of my participants. Furthermore, they emphasise the benefit of disabled students having this access to information at their own time, pace, and rhythm, much like my participants expressed. This facilitation is shown to be of importance as students with psycho-social and learning disabilities learn at their own pace, and thus their access needs to be individualised (Petretto et al., 2021). Sally expressed that the recorded lectures accommodated her disability and facilitated her inclusion (see 4.1.3) because she studies and learns best at night. She could thus flexibly access the recordings, which she was not able to do easily before remote learning.

Although most participants in my study expressed positive effects on learning and inclusion of remote learning, some did experience challenges with isolation and physical connection. Ray brought up disadvantages of being socially distanced from peers (see 4.2.1). Similarly, Petretto et al. (2021) emphasised how being so far from campus services and staff can hinder disabled students' participation and access.

Now that social distancing laws and COVID-19 infections are lessened, and the return to in-person learning is implemented, there needs to be the inclusion of a more hybrid or choice-based approach. Madaus et al. (2021) explain the benefits of a 'hyflex model', where students can choose which approach to learn with and have a choice between in-person and online learning, based on the disabled students' needs and accommodations. Petretto et al. (2021) also suggest a hybrid approach to learning, where students can experience both online and in-person learning. This approach will facilitate the issues and challenges of each style of learning.

Remote learning has many benefits and facilitations for disabled students and thus needs to be maintained as an option of learning and the challenges such as distance needs to be facilitated for in other for disabled remote learners to be serviced.

5.2 Theme 2: Fostering Inclusion

The second theme, “Fostering Inclusion”, discusses two notable services that UCT provides to facilitate disability inclusive health and well-being. (See Figure 5.2). Many participants praised the Student Wellness Services for their commendable work in mental health. This service is highlighted due to the increasing support needs for students’ mental health. The Disability Services was also praised for the service. Participants attribute much of their academic success and social well-being to this service. Participants thus have a call for UCT to increase its financial support for these services to better serve the disabled student body and others. This theme also discusses supportive roles and experiences of university staff, family, friends, and personal facilitation.

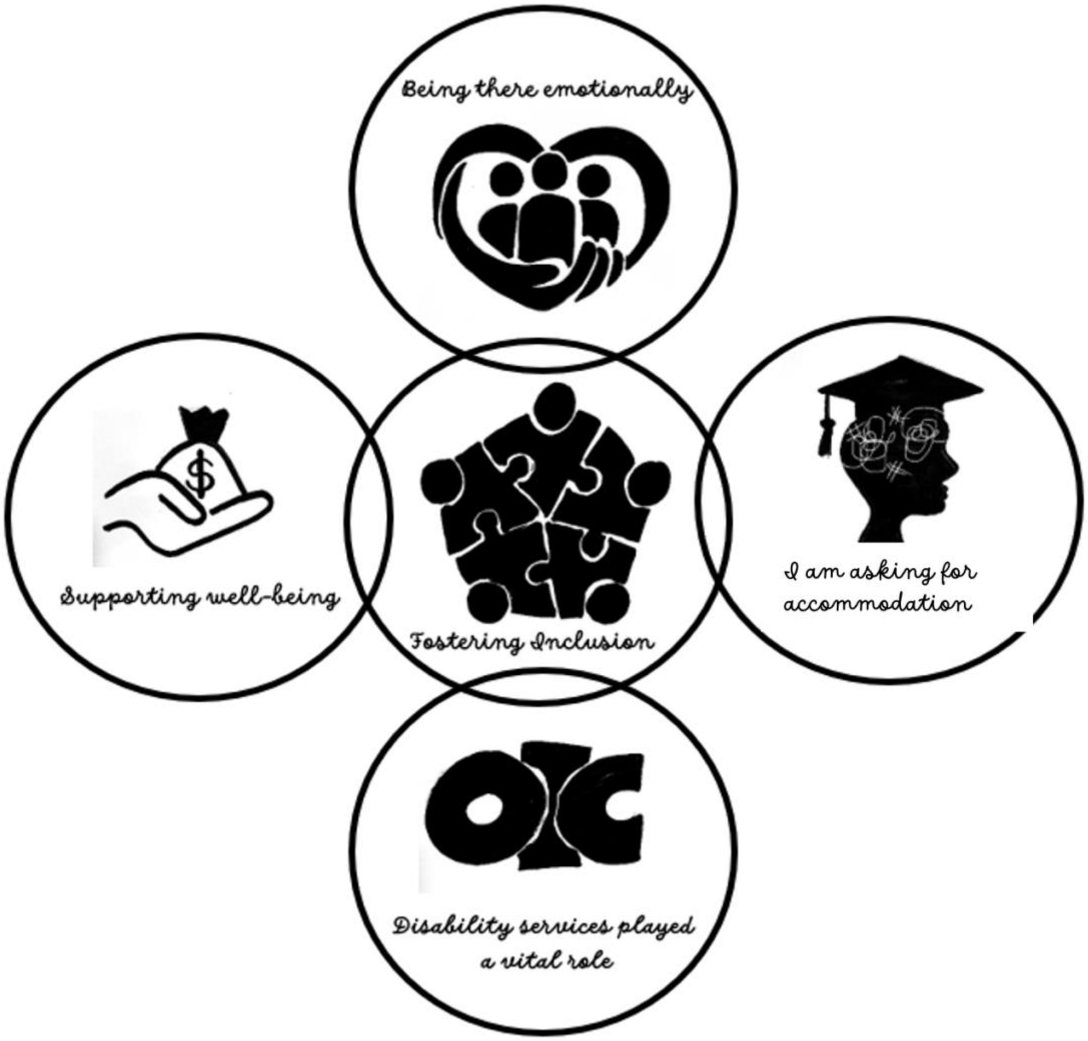

Figure 5.2: Sub-themes of theme on fostering inclusion

5.2.1 Supporting Well-Being

Supporting well-being is the sub-theme that will explore 2 categories. “Financial affordability” speaks to the increased fees that disabled students face in private health care, and thus appreciate the financial relief that Student Wellness brings them with free support. “Staffing needs” uncovers the barrier that students face from Student Wellness, such as the low staffing of psychiatrists and other mental health services. Student well-being is supported when they have access to affordable care. Their well-being is also supported when student wellness services on campus is adequately staffed to ensure that they are able to access the care that they need within a reasonable time.

When trying to create a more inclusive environment for disabled students, one may think to only focus on tangible accessibility such as adding ramps and elevators. However, this focus on physical accessibility is not holistic inclusion. Much like any student, disabled students with mental health conditions (see 4.2) struggle with their mental health. Coduti, Hayes, Locke and Youn (2016) analysed data collected by the Center for Collegiate Mental Health from about 6000 students with and without disabilities who made use of mental health counselling services on campuses across the US. This study uncovered that disabled students face a greater risk to mental health issues than their fellow non-disabled peers as often it is the barriers that they face at university that can cause issues with their mental health and well-being, such as increased anxiety, burn-out, and depression; therefore, it is important to provide holistic support.

The participants who used the Student Wellness service expressed much gratitude and appreciation for the service, as they noted that private health care is costly. Student Wellness provides easy on-campus access to free medical assistance and doctors’ notes (see 4.2).

Johnson and Lester (2022) discovered that university Student Wellness centres need an increase in funding as the services required are often too large to sustain on a tight budget. They argued that Student Wellness should be accessible to all disabled students, and that disability funding should have a designated healthcare fund to assist with the high cost of and demand for medical and mental health services.

Participants noted a barrier experienced in Student Wellness in that there is only one psychiatrist. They believe that one psychiatrist is too few for the number of students at UCT who require the service. This shortage of psychiatrists means that students often need to wait a few months to a year for an appointment (see 4.2.1). The disabled youth expressed that this is highly problematic as when they are experiencing an increase in mental health issues such as a panic attack or suicidal thoughts, they need assistance right away and cannot wait days, let alone a few months.

Disabled students struggle more than their non-disabled peers with their academic responsibilities (Couzens, Poed, Kataoka, Brandon, Hartley and Keen, 2015), and the added time needed to prove or negotiate for their needs or accommodations and request accessible academic materials is the leading cause of disabled students' struggle. Disabled students also struggle more with mental health issues, which results in their needing additional sick leave and therefore has the potential to affect their academic success and delay graduation. This sick leave often results in the student being academically excluded for the semester and delaying the completion of their degree (see 4.2.1). Oladele and Oladele (2016) note that that there is a correlation between depression and suicidal ideation in disabled students due to factors such as academic stress. Coduti et al. (2016) similarly note that disabled students have higher levels of distress and have more tendencies towards self-harming and suicide.The stress of their course load, deadlines, and pressure to perform all contribute to the growing imental health issues such as anxiety, panic attacks, and burn-out. Oladele and Oladele (2016) note that low self-esteem among disabled students at university has also been proven to be a factor in depression and suicidal ideation as disabled students struggle more with self-esteem issues due to the stigma around disability and being excluded. This stigma results in feelings of worthlessness and inferiority among disabled students (Oladele & Oladele, 2016). Knowing that disabled students struggle more and face more barriers, UCT should have a more inclusive approach to mental health.

Findings from this study (see 4.2.1) show how affected participants are and how triggered they become when discussing their mental health issues and need for improved treatment. Some participants in my focus groups shared about how they are not coping, and some even cried due to their difficult experience of barriers to their mental health. Some attributed their depression and struggles to the pressures of UCT and their programmes. Hysenbegasi, Hass and Rowland (2005) investigate the relationship between depression and mental health conditions, the treatments available, and the academic performance of university students (disabled and non-disabled). Hysenbegasi et al.'s (2005) findings show that there is a clear and significant relationship between depression and decreased academic performance of students with mental health conditions. Hysenbegasi et al. (2005) argue that a solution to this highly problematic issue is added resources and access to mental health care. These emotional expressions of the participants when discussing their mental health showed me the importance of having this discussion and the need to advocate for the transformation of mental health at UCT, with a specific focus on the disabled students' experience of mental health.

Participants commended the strides made in Student Wellness and the life-saving resources that it provides but still find much room for improvement such as increased staffing.

5.2.2 Disability Services Played a Vital Role

One of the main disability inclusion services provided by the university is the Disability Services which is part of the Office for Inclusivity and Change (OIC). The OIC provides many reasonable accommodations for disabled students such as extra examination time, designated disabled desks, assistive devices, assistive technology, inclusive learning materials, assistance services such as scribes and assistants, and disability transport (see 4.2.2). The Disability Services also creates accessible spaces by, for example, installing and maintaining elevators, ramps, Braille signage, and inclusive walkways. As discussed further below, it is recommended that the Disability Services acquires increased funding to sustain and improve its services. Students expressed how this service played a significant role in fostering a sense of belonging and how they valued the volunteers.

When Yusuf expressed his appreciation for the social inclusion he received from the Disability Services, he was quite overcome by emotion. Disabled students in this study felt that, if it were not for that support and assistance, the success that they had achieved would not have been possible. Importantly, participants highlighted the social and emotional support that came from the OIC. The Disability Services opens many doors for social support by creating a space for students to meet and socialise comfortably. It also provides inclusive physical and educational accommodations and creates a community for the disabled students of UCT (see 4.2.2).

Naidoo's (2010) results show that although university disability support services facilitate disabled students in many aspects, the responsibility to maintain and improve the services lies with various systems such as the staff of the university, the university student body as a whole, the beneficiaries of the services (the disabled students), and the university board and management. This finding is related to my participants' call for about increased funding for accommodations and the Disability Services, and the need for UCT to increase its support accommodation.

Although the Disability Service is an oasis and safe haven for many disabled students of UCT, the service lack the finding that is needed to create better access and inclusion for the disabled student population.

5.2.3 I am Asking for Accommodation

In section 5.2.3 the findings around well-being are discussed. "Stressors of mental health" point to the challenges that students experience related to 'invisible disabilities'. These point to the constant work that students have to do and explain and repeat information related to their disabilities in order to be accommodated, which often has an impact on their wellbeing and academic success. The second category of "lecturers are narrow minded when it comes to disability" highlights the barriers that lecturers and other UCT staff have on disabled students when they have low disability and sensitivity awareness. This category uncovers recommendations for improvement such as training and education. The final category "They did not understand my needs" uncovers the mental health struggles that disabled students currently face such as judgemental and demeaning treatment from UCT staff on their abilities.

This issue of what is noted as 'invisible disabilities' is vital to discuss when researching disabled students. An invisible disability is when one's disability and accommodation needs are not clearly visible to many people (Osborne, 2019). These invisible disabilities present in many forms such as mental health conditions, psycho-social disabilities, some vision disabilities, learning disabilities, and neurological developmental disabilities (Osborne, 2019). Osborne (2019) focuses on invisible disabilities and how students with invisible disabilities have a harder time receiving accommodations than 'visibly disabled' students do. Osborne notes that disabled students with mental health illnesses are often not believed by their professors and staff and are rather perceived as taking advantage of the system, being lazy, or lying. Students with invisible disabilities are said to often struggle to present themselves as disabled enough to acquire the necessary accommodations they need. Similarly, participants in my study described their experience of having to provide proof of their mental health conditions several times to gain concessions, extensions, or sick leave These experiences have been challenging academically and emotionally (see 4.2.3) and affects their mental health to the point of thoughts of suicide and self-harm and finding their life at UCT to be 'horrible' and 'draining'. Similar to my participants' experience of high levels of depression and suicidal tendencies, Oladele and Oladele (2016) studied suicidal ideation and depression among university students in Nigeria with and without disabilities. This study found that students with learning disabilities experienced higher levels of depression and suicidal ideation than students without disabilities. This concerning finding is pressing and needs awareness and facilitation in which disabled students' mental health is centred and taken more seriously.

Some students expressed that increasing awareness for staff and students about disabilities will be a great means of improving inclusion (see 4.2.3). This will aid in understanding the needs and accommodations that disabled students may request and will result in staff having a more empathetic approach to disabled students and would eventually lead to improved inclusion. One participant expressed that low awareness of disabilities can have negative effects that lead to stigma, non-compliance in accommodation, and bullying of disabled students.

Participants also expressed that lecturers/staff need more awareness or sensitivity training on disabilities (see 4.2.3). They felt as though lecturers do not know how to empathise with disabled students and struggle to understand their needs. Participants felt that there is minimal support and understanding from lecturers, especially when it comes to mental health and chronic illnesses. This point was particularly raised by participants for students with ‘invisible disabilities’ where one does not present with ‘obvious physical indications of disability’, thus leading to lecturers’ assuming students’ abilities and not believing their chronic illness or mental health conditions. This negative attitude and perceptions of disabled students’ abilities relates to Tugli et al. (2014), who discuss how many barriers are the result of prejudice. Participants in my study discussed and advocated for an increase in disability awareness for staff and students to combat this prejudice in the form of additional awareness training and more campaigns of disability awareness by the OIC and other societies of the UCT.

Similar to my argument that the responsibility of awareness education falls on policy makers and the UCT teacher training, David and Kuyini (2012) also argue that policy makers need to increase the resources provided to educators and staff to improve their knowledge and awareness of disability and inclusion.

It is important to create a socially conducive environment in lecture spaces. Participants mentioned how disabled students often feel ignored and isolated, never being seen or engaged with because of the designated seating for disabled students being at the back of lecture halls or tutorial venues. These physical arrangements of the teaching and learning spaces become a social barrier as well. Tutorial spaces are used to facilitate social engagement and team/group work, and this area of learning should ensure the inclusion of disabled students. Tutorial educators should ensure that their room is barrier free to create a space where disabled students can be accommodated and experience no barriers to social engagement.

Tschannen-Moran and Hoy’s (2001) study in schools highlights the positive role of teachers’ attitudes about and influence on the successful inclusion of disabled students. Similarly, in higher education, lecturers have the opportunity to create an impact on students’ academic performance and their experience of university. Participants of my study indicated that lecturers need to have increased training and awareness of disabilities and how to educate inclusively.

David and Kuyini (2012) note the importance of lecturers in social inclusion, with educators being referred to as “agents of social facilitation”. This agency needs to be highlighted as educators are mostly only thought of as agents of academic facilitation, and not so much of social facilitation. The authors argue that classroom practices also influence and can improve social inclusion for disabled students. Some socially inclusive practices that lecturers should implement are creating an inclusive environment, engaging socially with disabled students, and ensuring social involvement from disabled students in lessons and beyond.

UCT staff lack in disability sensitivity training and the disabled students have many unpleasant and exclusionary experiences of dealing with them. Effective and urgent education is needed to facilitate better inclusion.

5.2.4 Being there Emotionally

Participants attributed much of their success and inclusion to the support and facilitation that they receive from the people around them (see 4.2.4). The facilitating people or systems uncovered below included lecturers, staff, parents, family, friends, peers, and personal facilitation (assisting oneself). Participants shared about getting emotional support such as kind words and advice, and physical support such as helping them get to class or assisting them with work. These support systems are linked to positive attitudes and the drive to facilitate inclusion from the people offering the support.

Lecturers can make disabled students feel included and welcomed in spaces by assisting them with their needs and understanding their conditions and accommodations. This support is important as many participants found that lecturers are unaware and inconsiderate to their needs, and they crave the support and awareness from the lecturers to make their work and life inclusive. Penny noted that an aware and responsive lecturer or staff member can be an important support system for disabled students (see 4.2). Houck, Asselin, Troutman and Arrington (1992) discovered that lecturers need to be more attentive and responsive to disabled students' needs and have a willingness to allow accommodations. Comparably to my study and the call from participants for lecturers to become increasingly responsive, I argue that lecturers need to be more aware of disability and chronic illnesses in order to accommodate for students' needs and create a more inclusive environment and experience.

Participants noted that their parents' encouragement is the reason that they can attend university despite their disability and accommodations, and that they believe in their own capabilities (4.2.4). In the sub-theme 'They would just be there emotionally' (see 4.2.4), parental support is often noted by participants as being a disabled person's first line of support, as parents are often the disabled person's first advocate, caregiver, and physical and emotional support. In the disabled person's academic life, the parental support is still present, as parents assist them on campus, advocate for their needs, transport them to social and academic meetings, and support them emotionally with encouraging words. This discovery is important as many disabled youths feel discouragement from attending university as they believe that they will not be included in the university space. Their parents' encouragement and devotion to making their experience as inclusive as possible is vital for disabled students. Universities should allow and encourage more parental or guardianship involvement to inform inclusion efforts and awareness education. Similarly, the same support is seen from other family members such as grandparents and siblings. In the example of Nel (see 4.2.4), disabled youth often feel that their family or close friends are the best support and caregivers as they know the disabled youth the best and can accommodate for them better than a 'strange' caregiver can (Francis, Gross, Lavín, Casarez Velazquez and Sheets, 2020). It is recommended that student housing allow disabled students to have a live-in caregiver and that the Disability Services or funding should support that.

Apart from these external support systems, the disabled person often practices what is called personal facilitation. This personal facilitation is when the disabled person facilitates their own access and inclusion by doing things for themselves, or by learning ways to better engage those external support systems. Sometimes personal facilitators can be practicing self-belief, enjoying recreational activities, self-care, fitness, and maintaining social contacts (Jaarsma, Dekker, Koopmans, Dijkstra and Geertzen, 2014). Jaarsma et al. (2014) further note how important personal facilitation is and the need to bring awareness to it, as there are many stereotypes that disabled people are wholly dependent, invalids, helpless, and a burden or drain on society. Participants in this study expressed how they feel that staff see them as a burden, lazy, and always asking for accommodations. Noting how they practice personal facilitation and self-inclusion is vital in shining a light on the many ways in which disabled students facilitate their own accommodations.

Similarly, Jali (2009) refers to this notion of disabled students taking their inclusion into their own hands as 'Personal development'. The participants in Jali (2009), similarly to my participants, detail self-expressed efforts of commitment, determination, and self-help, whereby they often had to make their own way for themselves when the institution failed them. Jali (2009:73) details participants "talking for themselves", "sort out the problems they faced with lecturers", "show willingness and determination". Jali (2009:75) details that the participants' practices of self- help were often as a result of not wanting to be a "burden to others", and to be successful in their academic life in order to gain the "key to their future". Jali (2009) study relates closely to the experiences of my participants also expressed that they cannot wait until the university becomes inclusive, as they have to make their way in a barrier-ridden environment as they need to become educated in spite of the barriers.

Emotional support from all types of support systems is a vital facilitation resource for disabled students as they navigate the challenges and barriers that they experience from other systems. Disabled students support systems, such as peers and family, needs more inclusion and support from the institution such as as allowing their presence and involvement.

5.3 Summary of Chapter

Although participants face multiple barriers and expressed many grievances with the systems at UCT, it was uplifting to hear that participant had many suggestions. And were also full of hope and determination to create a better future for themselves and other disabled students coming after them.It was also great to note that many barriers can be addressed with small changes to create significant results, such as different models for remote learning and ‘quiet rooms’ for the social inclusion of those with sensory impairment. The arguments for inclusive practices and better treatment of disabled students were similarly advocated for in other studies. The relevance of The Social Model of Disability and emancipatory disability research in guiding better inclusion was evident.

Chapter Six: Conclusion, Recommendations and Limitations

Introduction

This chapter presents the conclusions and recommendations for better inclusion and participation of disabled students of UCT and any other higher education institution. It also notes the study's limitations and making summative comments.

6.1 Conclusion

The themes that emerged from the experiences of disabled students at UCT, which are related to factors influencing the students' participation and inclusion in the academic and social life of the university are: 'Accessibility equals success' and 'Fostering inclusion'. The findings show that the disabled student body of UCT faces many barriers to learning, and UCT needs to increase its inclusion and participation of disabled students.

In addressing the first objective related to products and technology and its influence on inclusion, the first theme's sub-theme, 'Availability of resources', uncovered that disabled students lack various resources that are required for disabled students to be included. These resources are the availability of assistive devices and technology with accessibility features, and financial assistance to aid their access technological devices and data to aid their learning and as tuition fees and

In the second objective of how the natural environment influences inclusion, the first theme's sub-theme 'Make it feel as inclusive as possible' highlighted the specific challenges related to the accessibility of the physical spaces of UCT, showing that disabled students- especially wheelchair-users- struggle with the access to lecture theatres, classrooms, and other social public spaces.

In the third objective of how the nature of support and relationships influence participation, revealed that the attitudes of different role players, the second theme's sub-theme, 'Being there emotionally', identified that human-support system that offered emotional support, such as family and friends and self-determination was integral to the students' inclusion.

In the fourth objective of how service systems and policies influence inclusion, the second theme 'Fostering inclusion' highlight the disabled students' experiences of supportive services and systems that facilitated their inclusion and social belonging. The findings explored two UCT student services, the Disability Services of the OIC and Student Wellness that facilitated social, academic and health/wellness inclusion.

In the fifth objective of what changes need to be implemented to improve inclusion, disabled participants gave many suggestions about how to improve inclusive services like the Disability Services and Student Wellness, improved accessibility such as the built environment of UCT, disability transportation, and accessible technology. More financial aid is needed for tuition fees, living expenses, data, assistive devices, health care. The argument was made for a focus on holistic inclusion in teaching and learning spaces as well as social spaces. The plea and expressive quotes from participants reflect the need for the transformation of inclusion at UCT.

The disabled students' experience of exclusion in social spaces, physical spaces, products and services calls for transformation of inclusion. Even though participants experienced positive facilitations for inclusion by staff, curricula, services and access, all participants noted that UCT could improve their services and inclusion for disabled students.

In conclusion, the disabled students of UCT face many barriers to availability of resources and inclusion. Their experience of inclusion is minimal, and they struggle constantly to perform daily tasks. The exclusionary culture at UCT is a significant contributor to social and physical exclusion. Transformation of policies, awareness training of staff, improved accessibility to resources and spaces, hyflex method of learning, and improved student services will increase opportunities to enrich inclusion and improve their quality-of-life trajectories. Further to this, assistance in negotiating extra support for disabled students to enrich inclusion through the establishment of anchoring disability transformation in UCT Vision 2030 is called for by disabled students.

6.2 Limitations

Having to conduct the research during the COVID-19 pandemic resulted in my running online / remote focus group discussions, which presented some connectivity issues, data cost and worries of reduced engagement from participants. Where possible, I explored and tried my best to compensate for these issues by offering data cost compensation and the accommodation of calling on the phone instead of video.

6.3 Recommendations

The following recommendations for improvement to inclusion at the UCT stemmed from the findings (see chapter four), where participants identified areas of opportunity and improvement, and vocalised suggestions based on their experiences and ideas. The following recommendations were also influenced by and stemmed from literature (see chapter two).

6.3.1 Focus on Inclusive Services and Support Systems

- Any university-wide strategic planning, like UCT Vision 2030, should be explicit about disability inclusion, disabled students and improving their opportunities and experiences at the university. It is important to create a focus on including disability in policies and services, teaching and learning, staffing and research
- Increase disabled student representation as advisors on how to improve awareness training and systems and support
- Disability Services is a lifeline for many disabled students and UCT Council and executive leadership need to increase its funding and support for the Disability Services so that it may expand its services and physical spaces to accommodate more students
- Student Wellness Services should prioritise disabled students by providing priority access and immediate assistance. This service is especially needed for disabled students as they often require easy access to a consultation with a Health Care Practitioner, to request accommodations like examination concessions, sick leave, sick notes, extra time for tasks, and extensions, etc
- Student Wellness Services should increase their mental health practitioners as the current number of mental health practitioners is too low to serve the many students that are in need
- There should be increased funding made available for disabled students. The funding amounts should include funds for tuition fees, data, assistive devices, reasonable accommodations, living expenses and a healthcare expenses stipend

6.3.2 Integrate more disability inclusion in academic and social spaces

- UCT should implore a hyflex hybrid method of teaching and learning, where students are able to choose to learn through remote learning or in-person learning. This will facilitate inclusion as disabled students noted many struggles with inaccessibility of the campus and noted many benefits of learning in the comfort of their personal spaces
    - If not all classes and courses can be in the remote or hyflex model, recordings of lectures should be a standard practice to facilitate for the barrier of in-person learning
- UCT should implement increased and regular disability awareness training for all staff focusing on accommodations, disability sensitivity and Universal Design for Learning

- UCT needs to create a holistic approach to inclusion, which places emphasis on the social inclusion of disabled students. This is needed due to participants expressing a lack of social inclusion in their university experience and the barriers in social spaces. This focus on social inclusion will promote better health and wellbeing. The UCT Disability Services should assist with social inclusion of disabled students. This can be done by increasing the accessibility and inclusion of social clubs of UCT and creating more opportunities for social engagement at the Disability Services
- Social inclusion as well as inclusion in teaching and learning spaces can be facilitated if UCT improves their physical accessibility for disabled students. This accessibility improvement includes additional elevators, upgrade of existing elevators and regular maintenance of elevators. Additional ramps should be built, accessible desks should be provided in lecture venues, tutorial spaces, libraries, seating spaces should be accessible, larger classrooms, etc

6.3.3 Future directions for disability inclusive research

- Further research should be conducted on other higher educational institutions in South Africa and the Global South
  - It would be interesting to explore other university's inclusive services, especially their disability service centres and student health/wellbeing services
  - Further investigation is needed for university accessibility policies as this study did not focus on policies nor focus on policy creation or change
  - A holistic comparative study on all top universities in Africa is needed in order to research what university is the most inclusive. This would be a vital informative resource for disabled students in assisting them with making a decision of which university to enrol in
- This study did not include blind or vision impaired students. Including the experience and perspective of students who are blind or visually impaired would be valuable
- Future study could focus on the flip side of remote learning for disabled students, such as the effects on the students' social integration and connection with faculty and academic support

6.3.4 Recommendations for research practice

- Special grants should be made available for research lead by disabled researchers. This centering will provide a pipeline for disabled researchers into academia and focus on disability specific research

- Disabled students need to be included as much as possible in the research as researchers and as research participants. The sharing of disabled researcher's experiences in their context of the research provides an opportunity to humanise the plight of the research and to bring more lived experiences to light.
- Research during the COVID-19 pandemic called for a distanced interviewing approach
    - COVID-19 pandemic necessitated social distancing to curb the spread of infection, thus interviews were conducted online using various applications. Doing interviews online proved to be helpful for disabled participants because the online platform accessibility features facilitated inclusion. Pursue distanced / remote online research for disabled students to better facilitate for participants' accessibility, health and wellbeing.
    - Offer data or airtime as compensation to participants for online researching methods such as phone calls or video conferencing
    - Due to an online /distanced environment being less intimate than in-person engagement, researchers need to facilitate for a safe and engaging environment with icebreakers and sharing personal information

References

Abrahams, D., Batorowicz, B., Ndaa, P., Gabriels, S., Abebe, S. M., Xu, X., & Aldersey, H. M. (2023). "I'm Not Asking for Special Treatment, I'm Asking for Access": Experiences of University Students with Disabilities in Ghana, Ethiopia and South Africa. *Disabilities*, *3*(1), 114-128. https://doi.org/10.3390/disabilities3010009

Acocella, I. (2012). The focus groups in social research: advantages and disadvantages. *Quality & Quantity*, *46*(4), 1125-1136. https://doi.org/10.1007/s11135-011-9600-4

African Union. (2007). *African youth charter*. African Union.

Ahmed, A. (2017). *Overcoming barriers to inclusive mobility: Experience of disabled people in Tertiary Institutions of Kano, Nigeria/Ahmed Abubakar* (Doctoral dissertation, University of Malaya).

Ali, I. (2020). The covid-19 pandemic: Making sense of rumor and fear: Op-ed. *Medical Anthropology, 39*(5), 376-379. https://doi.org/10.1080/01459740.2020.1745481

Amosun, S. L., Volmink, L., & Rosin, R. (2005). Perceived images of disability: the reflections of two undergraduate medical students in a university in South Africa on life in a wheelchair. *Disability and Rehabilitation*, *27*(16), 961-966. https://doi.org/10.1080/09638280500030407

Bachiochi, P. D., & Weiner, S. P. (2004). Qualitative data collection and analysis. In S. G. Rogelberg (Ed.), *Handbook of research methods in industrial and organizational psychology* (pp. 161-183). Blackwell Publishing. https://doi.org/10.1002/9780470756669.ch8

Barnes, C. (2002). 'Emancipatory disability research': project or process? *Journal of Research in Special Educational Needs*, *2*(1). https://doi.org/10.1111/j.1471-3802.2002.00157.x

Barnes, C. (2019). Understanding the social model of disability: Past, present and future. In N. Watson, A. Roulstone & C. Thomas (Eds.), *Routledge Handbook of Disability Studies* (2nd ed.) (pp. 14-31). Routledge. https://doi.org/10.4324/9780429430817

Bohman, J. (2005). Critical theory. *Stanford Encyclopedia of Philosophy*. http://plato.stanford.edu/entries/critical-theory/

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health, 11*(4), 589-597.

Brown, K. R., & Coomes, M. D. (2016). A spectrum of support: Current and best practices for students with autism spectrum disorder (ASD) at community colleges. *Community College Journal of Research and Practice*, *40*(6), 465-479. https://doi.org/10.1080/10668926.2015.1067171

Calabrese, R., Patterson, J., Liu, F., Goodvin, S., Hummel, C., & Nance, E. (2008). An Appreciative Inquiry into the Circle of Friends Program: The Benefits of Social Inclusion of Students with Disabilities. *International Journal of Whole Schooling*, *4*(2), 20.

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., ... & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, *25*(8), 652-661.

Charlton, J. I. (1998). *Nothing about us without us: Disability oppression and empowerment*. University of California Press. https://doi.org/10.1525/9780520925441

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.

Chiwandire, D., & Vincent, L. (2019). Funding and inclusion in higher education institutions for students with disabilities. *African Journal of Disability, 8,* a336. https://doi.org/10.4102/ajod.v8i0.336

Chmiliar, L., Chiarella, A., & Anton, C. (2014). The Use of e-Textbooks on the iPad to Support Students with Disabilities. In *Proceedings of the Conference Universal Learning Design, Paris 9-11 July 2014.* Brno: Masaryk University.

Clouder, L., Cawston, J., Wimpenny, K., Mehanna, A. K. A., Hdouch, Y., Raissouni, I., & Selmaoui, K. (2019). The role of assistive technology in renegotiating the inclusion of students with disabilities in higher education in North Africa. *Studies in Higher Education*, *44*(8), 1344-1357.

Coduti, W. A., Hayes, J. A., Locke, B. D., & Youn, S. J. (2016). Mental health and professional help-seeking among college students with disabilities. *Rehabilitation Psychology*, *61*(3), 288 -296. https://doi.org/10.1037/rep0000101

Colley, H., Hoskins, B., Parveva, T., & Boetzelen, P. (2005). Social inclusion and young people. In *Report of a research seminar October 31-November 2, 2005*. Council of Europe & European Commission Youth Research Partnership.

Cope, D. G. (2014). Methods and meanings: credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, *41*(1), 89-91. https://doi.org/10.1188/14.onf.89-91

Couzens, D., Poed, S., Kataoka, M., Brandon, A., Hartley, J., & Keen, D. (2015). Support for students with hidden disabilities in universities: A case study. *International Journal of Disability, Development and Education*, *62*(1), 24-41. https://doi.org/10.1080/1034912x.2014.984592

Creswell, J. W. (2013). Qualitative inquiry and research design: Choosing among five approaches. Thousand Oaks, CA: Sage.

David, R., & Kuyini, A. B. (2012). Social Inclusion: Teachers as Facilitators in Peer Acceptance of Students with Disabilities in Regular Classrooms in Tamil Nadu, India. *International Journal of Special Education*, *27*(2), 157-168.

Davids, N. (2020, September 16). Vision 2030: initiating change. Retrieved 26 October 2020, from https://www.news.uct.ac.za/article/-2020-09-16-vision-2030-initiating-change

Department of Education, (2001). Special needs education: Building an inclusive education and training system: education White Paper 6. Pretoria: Department of Education.

Dodds, S., & Hess, A. C. (2020). Adapting research methodology during COVID-19: lessons for transformative service research. *Journal of Service Management*, *32*(2), 203-217. https://doi.org/10.1108/josm-05-2020-0153

Dudley-Marling, C., & Burns, M. B. (2014). Two perspectives on inclusion in the United States. *Global Education Review*, *1*(1), 14-31.

Efem, N. (2007). African Youth Charter: Prospects for the development of the African youth. *Presented at Workshop on the Appropriation, Dissemination and Implementation of Regional Instruments and Endogenous Democratic Governance and Conflict Prevention Mechanisms in West Africa*, Dakar and Saly, Senegal, 16-19 October 2007. Retrieved 16 April 2016 from http://www.oecd.org/swac/events/42259218.pdf

Emmett, T., & Alant, E. (2006). Women and disability: Exploring the interface of multiple disadvantage. *Development Southern Africa*, *23*(4), 445-460. https://doi.org/10.1080/03768350600927144

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods*, *5*(1), 80-92. https://doi.org/10.1177/160940690600500107

Francis, G. L., Gross, J. M. S., Lavín, C. E., Casarez Velazquez, L. A., & Sheets, N. (2020). Facing double jeopardy: The transition experiences of Latina family caregivers of young adults with disabilities living in a rural community. *Rural Special Education Quarterly*, *39*(1), 17-34. https://doi.org/10.1177/8756870519879069

Gannon, B., & Nolan, B. (2005). *Disability and social inclusion in Ireland.* Ireland: The National Disability Authority and The Equality Authority.

General rules and policies 2021 - University of Cape town. Accessed November 13, 2023. https://www.uct.ac.za/sites/default/files/content_migration/uct_ac_za/49/files/UCT_Handbook_3_2021.pdf.

Gustafsson, J. (2017). Single case studies vs. multiple case studies: A comparative study.

Hanass-Hancock, J., & Mitra, S. (2016). Livelihoods and disability: The complexities of work in the Global South. In S. Grech & K. Soldatic (Eds.), *Disability in the Global South* (pp. 133-149). Springer, Cham. https://doi.org/10.1007/978-3-319-42488-0_9

Hosking, D. L. (2008). *Critical disability theory.* Presented at the 4th biennial disability studies conference at Lancaster University, UK, Sept. 2-4, 2008.

Houck, C. K., Asselin, S. B., Troutman, G. C., & Arrington, J. M. (1992). Students with learning disabilities in the university environment: A study of faculty and student perceptions. *Journal of Learning Disabilities*, *25*(10), 678-684. https://doi.org/10.1177/002221949202501008

Howell, C. 2005. South Africa higher education responses to students with disabilities. Equity of access and opportunity? Higher Education Monitor no. 23. Pretoria: The Council on Higher Education.

Hysenbegasi, A., Hass, S. L., & Rowland, C. R. (2005). The impact of depression on the academic productivity of university students. *Journal of Mental Health Policy and Economics*, *8*(3), 145.

Jaarsma, E. A., Dekker, R., Koopmans, S. A., Dijkstra, P. U., & Geertzen, J. H. (2014). Barriers to and facilitators of sports participation in people with visual impairments. *Adapted Physical Activity Quarterly*, *31*(3), 240-264. https://doi.org/10.1123/apaq.2013-0119

Johnson, A. P., & Lester, R. J. (2022). Mental health in academia: Hacks for cultivating and sustaining wellbeing. *American Journal of Human Biology*, *34*(S1), e23664. https://doi.org/10.1002/ajhb.23664

Kamberidou, I., Bonias, A., & Patsantaras, N. (2019). Sport as a means of inclusion and integration for "those of us with disabilities". *European Journal of Physical Education and Sport Science, 5*(12). https://doi.org/10.5281/zenodo.3464696

Kingdon, G. G., & Knight, J. (2004). Unemployment in South Africa: The nature of the beast. *World Development*, *32*(3), 391-408. https://doi.org/10.1016/j.worlddev.2003.10.005

Koopman, M. M. (2015). *Data archiving, management initiatives and expertise in the Biological Sciences Department, University of Cape Town* [Unpublished doctoral dissertation]. University of Cape Town.

Lemon, L. L., & Hayes, J. (2020). Enhancing trustworthiness of qualitative findings: Using Leximancer for qualitative data analysis triangulation. *The Qualitative Report*, *25*(3), 604-614. https://doi.org/10.46743/2160-3715/2020.4222

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Madaus, J. W., Gelbar, N., Faggella-Luby, M., & Dukes III, L. L. (2021). Experiences of Students with Disabilities during the COVID-19 Interruption of In-Person Instruction. *Journal of Postsecondary Education and Disability*, *34*(1), 5-18.

Maja, P. A., Mann, W. M., Sing, D., Steyn, A. J., & Naidoo, P. (2011). Employing people with disabilities in South Africa. *South African Journal of Occupational Therapy*, *41*(1), 24-32.

Matshedisho, K. R. (2007). Access to higher education for disabled students in South Africa: A contradictory conjuncture of benevolence, rights and the social model of disability. *Disability & Society, 22*(7), 685-699. https://doi.org/10.1080/09687590701659535

McLafferty, I. (2004). Focus group interviews as a data collecting strategy. *Journal of Advanced Nursing*, *48*(2), 187-194. https://doi.org/10.1111/j.1365-2648.2004.03186.x

McQuarrie, E. F. (1990). Book Review of Focus Groups as Qualitative Research by D. L. Morgan. *Journal of Marketing Research*, *27*(1), 114-117. https://doi.org/10.1177/002224379002700114

Meleo-Erwin, Z., Kollia, B., Fera, J., Jahren, A., & Basch, C. (2021). Online support information for students with disabilities in colleges and universities during the COVID-19 pandemic. *Disability and Health Journal*, *14*(1), 101013. https://doi.org/10.1016/j.dhjo.2020.101013

Moriña, A., Sandoval, M., & Carnerero, F. (2020). Higher education inclusivity: When the disability enriches the university. *Higher Education Research & Development*, *39*(6), 1202-1216.

Moswela, E., & Mukhopadhyay, S. (2011). Asking for too much? The voices of students with disabilities in Botswana. *Disability & Society*, *26*(3), 307-319. https://doi.org/10.1080/09687599.2011.560414

Mutanga, O. (2017). Students with disabilities' experience in South African higher education–a synthesis of literature. *South African Journal of Higher Education, 31*(1), 135-154.

Naidoo, A. (2010). *Students with disabilities' perceptions and experiences of the disability unit at the University of KwaZulu-Natal: Howard College Campus*. [Unpublished doctoral dissertation]. University of KwaZulu-Natal.

Ndebele, P. (2013). The Declaration of Helsinki, 50 years later. *Jama*, *310*(20), 2145-2146. https://doi.org/10.1001/jama.2013.281316

Ndlovu, S. (2021). Provision of assistive technology for students with disabilities in South African higher education. *International Journal of Environmental Research and Public Health*, *18*(8), 3892. https://doi.org/10.3390/ijerph18083892

Nene, N. N. (2019). *Accessibility issues and challenges facing students living with disabilities in institutions of higher education and training: the case of the University of Kwa-Zulu Natal's Pietermaritzburg campus* (Doctoral dissertation).

Ohajunwa, C., Mckenzie, J., & Lorenzo, T. (2015). Enabling disability inclusive practices within the University of Cape Town curriculum: A case study. *African Journal of Disability, 4*(1). https://doi.org/10.4102/ajod.v4i1.157

Ohajunwa, C., Mckenzie, J., Hardy, A., & Lorenzo, T. (2014). Inclusion of disability issues in teaching and research in higher education. *Perspectives in Education*, *32*(3), 104-117.

Oladele, A. O., & Oladele, I. T. (2016). Depression and Suicidal Ideation among College Students with and without Learning Disabilities in Nigeria. *The European Journal of Social & Behavioural Sciences, 16*(2), 138-153. https://doi.org/10.15405/ejsbs.187

Oliver, M. & Zarb, G. (1992). *Greenwich Personal Assistance Schemes: An evaluation.* London: Greenwich Association of Disabled People.

Oliver, M. (1997). Emancipatory research: Realistic goal or impossible dream? In C. Barnes & G. Mercer (Eds.), *Doing Disability Research* (pp. 15-31). The Disability Press.

Osborne, T. (2019). Not lazy, not faking: teaching and learning experiences of university students with disabilities. *Disability & Society*, *34*(2), 228-252. https://doi.org/10.1080/09687599.2018.1515724

Pearse, N. (2019). An illustration of deductive analysis in qualitative research. In Stacey, A. (Ed.), *Proceedings of 18th European conference on research methodology for business and management studies* (pp. 264-270). Johannesburg, South Africa, 20-21 June 2019.

Petretto, D. R., Carta, S. M., Cataudella, S., Masala, I., Mascia, M. L., Penna, M. P., Piras, P., Pistis, I., & Masala, C. (2021). The Use of Distance Learning and E-learning in Students with Learning Disabilities: A Review on the Effects and some Hint of Analysis on the Use during COVID-19 Outbreak. *Clinical Practice & Epidemiology in Mental Health, 17*(1), 92-102. https://doi.org/10.2174/1745017902117010092

Sachs, D., & Schreuer, N. (2011). Inclusion of Students with Disabilities in Higher Education: Performance and participation in student's experiences. *Disability Studies Quarterly*, *31*(2). https://doi.org/10.18061/dsq.v31i2.1593

Schneidert, M., Hurst, R., Miller, J., & Üstün, B. (2003). The role of environment in the International Classification of Functioning, Disability and Health (ICF). *Disability and Rehabilitation*, *25*(11-12), 588-595. https://doi.org/10.1080/0963828031000137090

Shakespeare, T. (2006). The social model of disability. In L. J. Davis (Ed.), *The Disability Studies Reader* (pp. 197-204). Psychology Press.

Sharif, A., McCall, A. L., & Bolante, K. R. (2022, October). Should I say "disabled people" or "people with disabilities"? Language preferences of disabled people between identity-and person-first language. In *Proceedings of the 24th international ACM SIGACCESS conference on computers and accessibility* (pp. 1-18).

Silbert, P. (2019). From reciprocity to collective empowerment: Re-framing university-school partnership discourses in the South African context. *Gateways: International Journal of Community Research and Engagement, 12*(1). https://doi.org/10.5130/ijcre.v12i1.6620

Singal, N., & Muthukrishna, N. (2014). Education, childhood and disability in countries of the South – Re-positioning the debates. *Childhood*, *21*(3), 293–307. https://doi.org/10.1177/0907568214529600

Smith, M. L. (1987). Publishing qualitative research. *American Educational Research Journal, 24*(2), 173-183. https://doi.org/10.3102/00028312024002173

Statistics South Africa [StatsSA]. (2011). *Census 2011: Profile of persons with disabilities in South Africa.* Retrieved 8 September 2020, from http://www.statssa.gov.za/publications/Report-03-01-59/Report-03-01-592011.pdf

Taghavi, D. (2017). *Exploring fallism. Student protests and the decolonization of education in South Africa* [Unpublished doctoral dissertation]. Universität zu Köln.

Thanh, N. C., & Thanh, T. T. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American journal of educational science, 1*(2), 24-27.

Tschannen-Moran, M., & Hoy, A. W. (2001). Teacher efficacy: Capturing an elusive construct. *Teaching and teacher education*, *17*(7), 783-805. https://doi.org/10.1016/s0742-051x(01)00036-1

Tugli, A. K., Zungu, L. I., Klu, E. K., & Ramathuba, D. (2014). Knowledge of disability rights and the social encounters of students with disabilities in a tertiary institution in South Africa. *Journal of Social Sciences*, *38*(2), 145-150. https://doi.org/10.1080/09718923.2014.11893244

United Nations [UN]. (2006). *Convention on the Rights of Persons with Disabilities and Optional Protocol.* United Nations. http://www.un.org/esa/socdev/enable/rights/convtexte.htm

University of Cape Town [UCT]. (2020). *World University Rankings*. Retrieved 8 September 2020, from https://www.uct.ac.za/main/research/rankings

Üstün, T. B., Chatterji, S., Bickenbach, J., Kostanjsek, N., & Schneider, M. (2003). The International Classification of Functioning, Disability and Health: a new tool for understanding disability and health. *Disability and Rehabilitation*, *25*(11-12), 565-571. https://doi.org/10.1080/0963828031000137063

World Health Organization. (2001). *The World Health Report 2001: Mental health: New understanding, new hope.* World Health Organization. https://apps.who.int/iris/handle/10665/42390

World Health Organization. (2007). *International Classification of Functioning, Disability, and Health: Children & Youth Version: ICF-CY*. World Health Organization.

Appendices

Appendix 1: Consent Form

UNIVERSITY
OF CAPE
TOWN
DEPARTMENT OF HEALTH
AND REHABILITATION SCIENCES

Division of Disability Studies
March 2021

Participant Information letter and consent form

Study Title: Barriers and Facilitators to Educational Opportunities for Youth with Disabilities
Name of Principal Investigator: Heather Aldersey, School of Rehabilitation Queen's University, Canada.
Name of Co-Principal Investigator(s): Araba Botchway, Asheshi University, Ghana; Theresa Lorenzo, University of Cape Town, South Africa; Solomon Mekonnen Abebe, University of Gondar, Ethiopia

Good Day,

We are inviting youth with disabilities in Ethiopia, Ghana, and South Africa to take part in a pilot study about their barriers and facilitators to accessing educational opportunities. In addition to receiving ethical approval from ethics committees at the partner universities, this study has been reviewed and approved by the University of Cape Town's (UCT), Faculty of Health Sciences- Human Research Ethics Committee (HREC). The HREC number for this study is ***414/2020.***

How the study will be conducted?

This study will gather data through focus group discussions with participants, which will be digitally audio-recorded and later transcribed. The focus group discussion will include five - eight scholars/students with disabilities. The facilitator will ask you to share your experiences in general, and specifically on:
barriers you face attending school or university;
facilitators that have enabled you to attend and succeed in school/university;
thoughts about how your disability affects your ability to participate in school/university;
suggestions for institutional and system changes that may be implemented to support scholars/students with disabilities to succeed up to university education and beyond.

Some of the questions and stories shared by others may upset you as they may bring up sad or negative experiences for you. You are free to inform the facilitator if any of the questions are unsettling. We will be able to refer you to an appropriate professional for support, should it be necessary to help you cope with any adverse responses you may experience as a result of the questions asked.

<u>When and where the focus group discussions will take place?</u>
The focus group discussions will take place at a time and venue that is convenient and accessible to all participants. If you have any special requirements like a sign language interpreter, that will be arranged for you. If you would like to participate in the study and have any special needs in order to so, you are free to inform us, and we will do our best to facilitate this.

<u>Will there be any compensation for participating in the study?</u>
Although there are not direct benefits to you as a participant, we plan to use the results of this study to argue for institutional and system changes to better support youth with disabilities in the future.
You will be compensated with the amount of R200 for any expenses incurred for participating in the study.

<u>How we will ensure confidentiality?</u>
Your name and information will be protected, to the extent permitted by applicable laws. We will do this by replacing your name with a fake name in all publications and a study ID number in all study records. The study data will be stored securely. The code file that links real names with fake names and study ID numbers will be stored securely and separately. We will keep your data securely for at least five years, after which the de-identified data and code file will be securely destroyed. In addition to the Principal Investigator and study team, a transcriber/translator who has signed a Confidentiality Agreement will have access to the data.
The Queen’s University General Research Ethics Board (GREB) may see your study data to check on its quality.
Participation is voluntary. You do not have to answer any questions that you do not want to. You can stop participating at any time without affecting your existing or future access to education or related services. Although you may leave the group discussion at any time, because you are giving information in a group setting, we cannot take your responses out of the study after you have provided them.
Please note that although the researchers are capable of assuring confidentiality of the information shared, we will also ask all participants not to discuss what participants have shared with anybody outside of the group. However, we cannot guarantee that privacy will be maintained by the other participants in the discussion group.

<u>What we plan to do with the results of this study?</u>
We plan to publish the results of this study in academic journals and present them at conferences. We will include quotes from some of the interviews when presenting the findings but will never include any real names with quotes. We will do our best to make sure quotes do not identify participants.

Covid19 considerations and safety protocol

All Covid19 pandemic safety protocols will be adhered to. All participants will complete a covid19 screening beforehand and will be expected to wear masks during the focus group discussions. Hand sanitizer will be available at the venue. Participants will be socially distanced during the focus group discussions.

Who to contact with any questions?

Should you have any questions about the study, you are free to contact the Principal Investigator, Prof Theresa Lorenzo, for the UCT part of the study via email on theresa.lorenzo@uct.ac.za or telephonically on (021)406 6326/6401

If you have any ethical concerns, you may contact the Faculty of Health Sciences – Chair of HREC if you have any questions or concerns about your rights and welfare as a research participant.

Chair of HREC: Professor Marc Blockman - 021 406 6496 - Marc.Blockman@uct.ac.za

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this study. Keep one copy of the Letter of Information for your records and return one copy to the interviewer. You have not waived any legal rights by consenting to participate in this study.

Who to contact if you would like to participate in the study?

If you would like to participate in the study, please return this signed document contact to sumaya.gabriels@uct.ac.za or dureyahab@gmail.com .

By signing below, I am verifying that: I have read the Letter of Information and all of my questions have been answered.

I agree to participate in the study

- ☐ Yes, you have my permission to use quotes and audio record
- ☐ No, you do not have my permission to use quotes/audio record

Signature of Participant/Guardian/ Substitute decision maker Printed name Date

Signature of Person Conducting Printed name & role Date

Appendix 2: Participant Information Letter

We are inviting students with disabilities to participate in our study: Barriers and Facilitators to Educational Opportunities for Youth with Disabilities

This is an international study and we have research partner universities in Ghana, Ethiopia and Canada. This Mastercard Foundation funded study is keen to explore the barriers and facilitators that youth with disabilities experience as they transition through different stages of the educational journeys.

This study will gather data through focus group discussions with students with disabilities. We will ask you to share your experiences in general, and specifically on:

- Barriers you face attending school or university;
- Facilitators that have enabled you to attend and succeed in school/university;
- Thoughts about how your disability affects your ability to participate in school/university;
- Suggestions for institutional and system changes that may be implemented to support scholars/students with disabilities to succeed up to university education and beyond.

We hope to share the findings of the study to improve the experiences of students with disabilities on their educational journeys.

If you agree to participate you will be part of a focus group discussion with other university youth with disabilities. You will participate in a group discussion that should last approximately **90 minutes on Wednesday the 31st March 2021 at 1:30-3:30pm.** The discussion will **take place online via Zoom, in order to consider the current Covid19 pandemic and safety of participants.** Your Zoom invitation will be sent to you via email before the Focus Group Discussions.

You will be reimbursed R220 for your data used for the online Zoom interview.

Please read the attached information for the study details. Please confirm by return email to dureyahab@gmail.com if you are willing to participate in the study and please inform us of any assistance you may need in order to participate so that we may facilitate those arrangements. Feel free to contact sumaya.gabriels@uct.ac.za or dureyahab@gmail.com with any questions or queries.

Appendix 3: Focus Group Questions

1. Please tell us about your educational journey so far.
2. What on this educational journey helped you to get to this point of university?
    a. Probe for different kinds of facilitators (products & technology; natural environment (geography/built space/climate); support & relationships; attitudes; services, systems & policies) Probe: Personal strategies that help you manage (Internal facilitators)
3. What made this educational journey to university more difficult for you? Probe: for different kinds of barriers including attitudinal, social etc.
4. What did you expect your university experience would be like before you enrolled for your course/ programme?
5. Probe/ follow-up question- How or in which way were your expectations met/ not met?
6. What extracurricular activities do you participate in at university? And what sort of changes might you like to see to better support your participation in university activities right now? (Probe for events, extra-curricular, social clubs). Probe: for importance of social inclusion for disabled university students.
7. If we were to take concrete action right now to better support youth with disabilities to access education in UCT, what would we do?
8. How do you anticipate your disability affecting your educational and/or employment journey in the future?
9. Is there anything else that we haven't discussed today related to access to education for youth with disabilities that you would like to share?