Participation in higher education: experiences of students with disabilities

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Higher education institutions are required to promote equal access to all qualifying students, including those with disabilities. These institutions are expected to create environments that accommodate the diverse needs of all students and facilitate their learning and participation. The aim of this qualitative study is to obtain an in-depth understanding of how a group of students with disabilities experience participation at a university. This article supports the notion that disability is an experience that develops out of the interaction between individuals with a functional limitation and the social, attitudinal and physical environment in which they live. It focuses on their personal experience of living with impairment, both socially and individually, and demonstrates how both personal characteristics and proximal processes play an important role in participating in higher education.

Deelname in hoëronderwys: ervarings van studente met gestremdhede

Hoëronderwysinstitusies moet gelyke toegang vir alle studente bevorder, ook vir studente met gestremdhede. Hierdie omgewings moet daarom die diverse behoeftes van alle studente akkommodeer en hul leer en deelname faciliteer. Die doel van hierdie kwalitatiewe gevallestudie was om deur individuele en groeponderhoude ’n diepe-analise te doen van hoe studente met gestremdhede hul inskakeling en deelname aan ’n universiteit ervaar. Die artikel steun die standpunt dat gestremdheid ’n ervaring is wat ontwikkel in interaksie tussen individue met ’n funksionele beperking en hulle sosiale, houdings en fisiese konteks. Die artikel fokus op hulle persoonlike ervaring van leef met ’n gestremdheid, beide op sosiale en individuele vlak, en beskryf hoe beide persoonlike kenmerke en proksimale prosesse van hierdie studente ’n belangrike rol speel in die proses om ’n deelgenoot te word in hoëronderwys.

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Since 1994, the South African government has been committed to the transformation of the education system, including higher education. Higher education institutions have been encouraged to both promote equal access to all qualifying learners regardless of race, gender, language, age, or ability and increase their participation within these institutions. However, disability comprises an important and often overlooked aspect of the definition of equity of access to higher education institutions (Howell 2005, Matshesho 2007b). This article argues the importance of the unique experiences of persons with disabilities, both individually and socially, to develop an understanding of their personal restrictions in the social environment as well as social obstacles that hinder them in achieving vital goals. The article first analyses the principles of the policy and theoretical framework that inform the inclusion of students with disabilities in higher education. An outline of the research design and methodology is followed by the main findings and a discussion in order to contextualise the experiences of students with disabilities. Finally, recommendations are made for good practice and future research.

1. Policy framework and theoretical background
The overall policy framework that informs access and participation for students with disabilities in South African higher education institutions draws on the democratic principles of equity,

1 Sincere thanks are extended to the participants who shared their time and expertise in this project, and to Tsitsi Chataika, Raine Pettipher and anonymous reviewers for their valuable comments on earlier drafts.

2 The International Classification of Functioning, Disability and Health (ICF) model views disability as “... the umbrella term for any or all of an impairment of body structure or function, a limitation of activities, or a restriction in participation” (AIHW 2002, WHO 2001: 6). The term ‘disabled’ includes persons with physical impairments, sensory impairments, chronic illness or other health conditions including HIV and AIDS; learning difficulties, and impairment based on emotional and behavioural difficulties. Rieser (2006) also includes hidden impairments including epilepsy, diabetes, sickle-cell anaemia, disfigurements, persons of diminutive stature, and those in mental distress.
non-discrimination and respect for everyone (Howell 2005, Matshedisho 2007a & 2007b, Swartz & Watermeyer 2006).\(^3\)

The values and principles of the social model of disability are entrenched in various policy documents relevant to persons with disabilities.\(^4\) The policies require institutions to accommodate students with diverse needs and change the environment to enable their learning and participation. This is a fundamental shift in how persons with disabilities are viewed: from the individual medical deficit perspective to the acknowledgement of human rights and the capability and potential contribution of persons with disabilities.

However, in a Council for Higher Education (CHE) publication, Howell (2005) reports that in the process of developing more effective practices for students with disabilities, higher education institutions are challenged to deal with historical legacies that go beyond their responsibilities. These challenges include the legacy of exclusion of people with disabilities from mainstream education as well as stereotypes and attitudes that still marginalise them in present-day society. Consequently, while legislation and policy might create a higher education environment that is sensitised to the support needs of students with disabilities, this does not necessarily mean that the policies are converted into effective

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\(^3\) The term ‘students with disabilities’ is used in this article. Some people argue that the correct term for the social model would be ‘disabled person’ or ‘disabled people’. The adjective ‘disabled’ describes that the person is disabled by society (Engel & Barnes 2007). However, a number of people prefer to use ‘person first’ language and argue that the terms ‘persons with disabilities’ or ‘people with disabilities’ are also acceptable within a social model approach. Their disability indicates the existence of an impairment which society uses as a basis for discrimination and the denial of fundamental rights.

practices and equality. Adequate strategies need to be developed to address issues such as physical accessibility, support services provision, curriculum adaptations, alternative assessment options and adaptations, and the creation of an inclusive campus climate to ensure that students with disabilities participate equally (Howell 2005, FOTIM 2011).

The traditional social theory of disability that informed policy development reflects the view that impairment is not necessarily disabling (Oliver 1990), but “the way society responded to people with impairments” (Oliver 2004). Disability is therefore not viewed as an “inherent, medically defined feature of an individual but the product of socially constructed environments and attitudes, a result of the interaction between the individual’s physical or mental condition and their socio-political environment” (Ryan & Struths 2004: 75). Consequently, disability is conceptualised as an experience that arises out of the interaction between individuals with their functional limitations (impairment) and the social, attitudinal and physical environment in which they live.

Although a working definition was provided earlier, the concept disability is difficult to define due to its extensive nature (Altman 2001). It is a highly contested, multidimensional concept and no single model can fully explain it (Mitra 2006, WHO 2011). Yet, how one understand disability determines whom one identifies as having a disability, the prevalence of disability in society, and ultimately what is needed in institutions to ensure equity and participation for students with disabilities (Priestley 2006). The traditional social model clearly separates the impairment from the disability that is caused by social rather

5 Curriculum is understood in a broad sense. It includes what is taught, the medium of instruction, how the curriculum is organised and managed, the methods and processes used in teaching, the pace of teaching, the learning materials and equipment used, the nature of required fieldwork experiences, as well as how learning is assessed (DoE 2001b: 9).

6 The model therefore still recognises that impairments undoubtedly have an impact on people’s daily lives and pose practical and economic problems but that the interaction with the environment creates disability. Cf Masala & Petretto 2008, Schneider 2006, Swartz & Watermeyer 2006, WHO 2011.
than biological barriers. By changing the meaning of the concept ‘disabled’ from being a condition to being an experience, persons with disabilities are no longer regarded as persons with ‘special needs’ or with ‘the problem’. Accordingly, this model promotes an approach that analyses the external physical, attitudinal and social environment to identify aspects that disable individuals (Shakespeare & Watson 2001). However, this does not negate individual needs and support that enable individual autonomy and social inclusion (Oliver 2004).\(^7\)

While the emancipatory frameworks linked to the traditional social model are relevant for South Africa, they have often come under scrutiny “for not taking note of the experience of the body and pain in their research” (Singal 2010: 422) and for not recognising the “complex dialectic of biological, psychological, cultural and socio-political factors” (Shakespeare & Watson 2001: 24, Shakespeare 2006). Therefore it is argued that an adequate social model should also include all the experiences of persons with disabilities. The consideration of both the experiences of the individual and the environment thus has implications for researching disability and making environments accessible (Howell 2005, Schneider 2006, Watermeyer & Swartz 2008). Oliver (2004) argues that the social model is a practical tool that should be adapted to suit local contexts and needs.

The present study is based on the principles and values of inclusive education, Bronfenbrenner’s bio-ecological perspective (Bronfenbrenner 2005) and Reindal’s relational social model (2008). Like disability, inclusive education is a multidimensional and complex concept; it is defined differently in various contexts (Fletcher & Artiles 2005, Florian 2009, Swart & Pettipher 2011). However, there are a few common values and principles, including the dedication to building a more democratic society, and a more equitable and quality education system (Ainscow 2009, WHO 2011). Inclusive education therefore embraces

\(^7\) Although it is not within the scope of this article to discuss the history and debates, readers are referred to Barnes & Mercer (2004) and Shakespeare (2006) who highlight the major trends and arguments.
and supports diversity, equality and collective belonging of all learners (Thomas & Loxley 2001). Inclusion is also an expression of individual human rights and social justice, and essentially has its origins in the international human rights movement (Artiles & Dyson 2005). This study foregrounds the issues of access, active participation and success of students with disabilities as one marker of difference.

In this project, Reindal’s relational social model (2008) provides a framework to listen to the individuals’ personal experiences of living with impairment, both individually and socially. The individual thus mentions the social effect of the impairment as well as the social restrictions imposed in the social environment. He argues that the individual experience potentially becomes a voice that enriches and empowers others. Inclusion is thus approached from a frame of human flourishing and conceptualises difference and disability as both individual and relational (Reindal 2010).

The bio-ecological perspective is a multidimensional model of human development that serves as a tool for understanding the complexity of the influences, interactions and relationships between the individual person and multiple other systems that are connected to the individual (Bronfenbrenner 2005, Bronfenbrenner & Morris 1998). His Process-Person-Context-Time Model provides a broad framework to conceptualise a person’s development and participation as a dynamic relational process between person(al) characteristics, processes and social systems (contexts). Moreover, the model helps us to comprehend and explore the inclusion of students with disabilities as being both about the development of systems (for example, universities), and the capabilities and development of individuals (for example, attitudes of students with disabilities, peers, lecturers) within these systems (Singal 2006, McDougall et al 2004) as opposed to a focus on personal tragedies (Oliver 2004). The students’ experiences of the proximal processes (or nature of reciprocal relationships, for instance communication, interaction, behaviour) between themselves and other environmental systems are important for this study. To
develop an understanding of the student as a person, it is also important to consider the dispositions that set the processes in motion, their perceptions of the bio-ecological resources required for effective functioning of the proximal processes and the demand characteristics that either invite or discourage relations between these systems (Bronfenbrenner 2005).

To date very little research has been conducted regarding the provision for students with disabilities in higher education in South Africa, focusing specifically on their own experiences (Howell 2005 & 2006, Howell & Lazarus 2003, Matshedisho 2007a & 2007b). Examples of other studies include those of Crous (2004), Howell’s report to the Council for Higher Education (2005) and the most recent project report on disability in higher education of the Foundation of Tertiary Institutions of the Northern Metropolis (FOTIM) (2011). Howell (2005) reports the findings of a questionnaire survey on the structures, policies as well as human and financial resources available at higher education institutions for dealing with the needs of disabled students. The survey research of Crous (2004) investigated the academic support needs of students with disabilities at three higher education institutions. From a traditional social perspective he made the recommendations for academic support based on the students’ responses to a questionnaire. The FOTIM report aimed to describe and analyse the role and functioning of the specialised Disability Units at various tertiary institutions in South Africa (2011). The main finding indicates that, although commendable progress has been made, disability is still managed in a fragmented way at many HEIs with the Disability Units being reactive in their approach.

The lack of research on the participation of students with disabilities that include the personal as well as experiences of the proximal processes in the environment provide the rationale for this study. The disability rights movement in South Africa argues that, since students with disabilities are best equipped to change perceptions of and attitudes to disability, they should play a key role in the development of strategies and projects (ODP 1997).
Thus, it is important for students with disabilities to express their experiences and needs instead of becoming the recipients of services planned by others assuming what ‘they’ need. This article addresses the following research question: How do students with disabilities experience participation (support and constraints) on a university campus in the Western Cape province?

The primary purpose of this study was to obtain an in-depth understanding of how students with disabilities participate and experience participation (including support and barriers) of their diverse needs at a university campus in the Western Cape province. This article aims to share some of the students with disabilities’ personal experiences on how they adjust and participate in higher education, and to establish factors and processes that either promote or inhibit their participation.

2. Research design and methodology

2.1 Design

The aim of this constructivist-interpretive case study of students with disabilities’ subjective experiences of participation, barriers and support in the context of a university in the Western Cape province (Terre Blanche & Durheim 1999, Denzin & Lincoln 2005) was to gain an understanding of how these students as a ‘bounded system’ constructed their own meaning of their experiences on campus (Merriam 2009). This constructivist paradigm assumes that reality constitutes subjective experience (Denzin & Lincoln 2005). The epistemological beliefs of constructivism allowed the researchers to explore the multiple meaning constructions of the students’ experiences of participation by interacting with them. The social world was explored, using both the participants’ and the researchers’ understandings (Ritchie & Lewis 2003).

2.2 Participants
Students with disabilities are regarded as a vulnerable group and therefore the utmost care was taken to ensure ethical research. With the required permission, students who declared their disability were invited to participate in the research. The researcher and an independent staff member of the office that supports students with disabilities explained the nature and aims of the research project and their participation. The ten voluntary students were contacted with the aim of explaining the research process. Before consenting to taking part in the study, the researchers perused the consent form with the students, and explained and clarified all issues. This included their right to withdraw from the project without penalty and that they could direct any concerns related to the process to an independent staff member. The researchers had no previous contact with these students. To protect the identity of these students, anonymity and confidentiality were two issues that required repeated consideration in the study.

Although the participants formed a 'homogeneous group' in terms of the disability label and the context, this study viewed them as unique individuals with different contexts, experiences and voices. Two male and eight female participants volunteered. Their impairments, in most instances from birth, included blindness, partially-sightedness, deafness and cerebral palsy. Seven of the participants resided in university accommodation and the remaining three in private accommodation.

2.3 Data capturing and analysis
This study captured qualitative data to generate rich descriptions of how students with disabilities experience participation on campus. Four methods were used to capture the data: semi-structured individual interviews, focus group discussions, document analysis, and field notes. The interviews with the participants were arranged at a time and place of their choice. Interview guides for both interviews were designed to ensure that all relevant topics were covered during discussions (Patton
2002). The guides provided flexibility to explore certain themes in depth. In the interviews participants were asked to describe their experience as a student on the university campus. They were also asked to describe incidents of participation, support and constraints which added richness to the data (cf Henning et al 2004). To enhance the data quality and credibility, the individual interviews were followed up with two group interviews with three and four participants, respectively, focusing on the same themes. The groups were small for practical reasons. Students with disabilities have limited time due to the extra time spent on preparations for lectures, examinations and assignments. The interviews were audio-taped with the written permission of the participants. The field notes taken during the interviews assisted the researchers in formulating new questions or in returning to themes that required more in-depth discussion. The formal documents provided data about the policies, structures and practices related to student access and support of students with disabilities on campus. These documents did not include the students’ personal files.

The process of data analysis started during the fieldwork. The constant comparative method of analysis was used to construct categories and subcategories from the interview transcripts to answer the research question (Merriam 2009). The data was coded line-by-line and then the codes were refined during a focused coding phase. Open codes were then grouped into axial codes that linked the open codes together (Charmaz 2006). The measures to ensure trustworthiness included multiple methods of data-generation, peer review, member checks and an audit trail.

3. Research findings and discussion

Disability as a complex, multidimensional concept was described earlier. Positioned at the “intersection of biology and society and of agency and structure” (Shakespeare & Watson 2001: 19), participation (involvement, inclusion and exclusion, support and constraints) is believed to be the outcome of the interaction
between person factors and the contexts in which the students find themselves. Capabilities and not only problems were identified, using the lens of human flourishing. In order to understand the dynamics between all the different elements of the participants’ experiences, four broad categories of participation, support and constraints in the data were identified, namely personal qualities and self-determination, social integration, attitudes and beliefs, and curriculum responsiveness. The complexity of the proximal processes between the internal personal and external factors in relation to participation, support and constraints became evident through the data.

3.1 Personal characteristics and self-determination

This research focuses on the ‘voiced’ experiences of students with disabilities. A core theme that emerged relates to their own personal characteristics and self-determination that helped them to cope with the transition to university. Personal characteristics refer to data that revealed intra-personal qualities or features. Self-determination in this category includes data that refer to knowledge, skills and beliefs that enable them to be and become independent. The students in this study emphasised disclosure and self-advocacy as essential factors that impact on participation. The meaning can be deduced from the following quotes:

I think it is the duty of the student to disclose the disability as well as the support they need ... Every (disabled) person is unique and their impairments and needs differ. Therefore they must take the responsibility to inform people (IP 2).

I must first start with the lecturers and explain to them, ‘This is my world’, so that they can understand me. It is not enough to work via Student services to do these things for you. Go to the lecturers before the year starts and inform them that you will be in their class and what you will need during the year (IP 3).

Williams & Palmer (Andreon & Durocher 2007) state that in most university settings, students with disabilities are responsible for disclosure and advocating for themselves. However, disclosure does not necessarily guarantee the required support (Lightfoot
& Gibson 2005, Getzel & Thoma 2008). These students linked disclosure and self-advocacy and emphasised their own responsibility in the process. For most of them disclosure means a pro-active step towards getting support and understanding, whereas their experience is that they often get labelled and 'othered' in the process (Shakespeare 2006, FOTIM 2011). These students also confirmed the findings of previous studies that disclosure is often a repeated and tiresome process (Lightfoot & Gibson 2005, Getzel & Thoma 2008). They therefore emphasised the importance of self-advocacy as an important quality to adjust and negotiate participation on campus.

The participants emphasised that the university is not solely responsible for their support, and that they themselves must take ownership and communicate their needs to the person involved in the support process: “You must take the initiative - they won’t know if you don’t tell them” (FP 3). “Only you will know what works best for you” (IP 2). Self-advocacy and self-empowerment require certain knowledge and skills for that to happen.

Knowledge in the data refers to self-knowledge and self-belief (sense of self) as well as knowledge regarding services and programmes. The students considered the campus as a developing inclusive environment where they can explore their interests and develop a sense of self. They reasoned that self-belief and a sense of self is necessary to communicate their needs to lecturers and all the role players. A student with a visual impairment tried alternative methods of assessment but knew what works best for him: “You must know what works best for you. I experimented with the scribe, but it does not work for me. I cannot see what I have written and also how I approached a problem (maths). I therefore use a computer and my magnifying glass” (IP 1). One student stressed that “people become over-concerned. They must accept that you are an adult and that you can take your own decisions” (FP 5).

Hong et al (2007) confirm the importance of self-knowledge and a clear understanding of one’s own unique strengths, interests, and limitations (Bronfenbrenner’s ecological resources). One
should therefore understand one’s own impairments and how it affects one’s learning and living. More importantly, one must have the communication skills to articulate the support and adjustments needed (Getzel & Thoma 2008). The participants identified some of their own personal characteristics (Bronfenbrenner’s demand characteristics) that contribute to soliciting support, for example a “positive attitude”, “agency”, “determination”, “patience”, “social skills” and “friendliness”.

Students with disabilities’ awareness of relevant support structures and policies seemed to differ. They all had previous contact with the office for students with disabilities and were aware of the support available. Some students were fully aware of the contents of the disability policy and were of the opinion that knowledge of the contents of policies empowers students to advocate for themselves. Others knew of it but had not yet read it. This is similar to the findings of Crous (2004) and FOTIM (2011).

Consistent with the findings of Andreon & Durocher (2007), these students learnt and used specific skills for self-advocacy when they entered tertiary education. These include skills for communication and assertiveness, problem-solving, conflict-resolution and for making decisions and choices. Their motto is to take responsibility and communicate their learning needs clearly because “you must know what you will need, what will help you, because no one else will know” (FP 3). They had to learn problem-solving skills to overcome constraints, as well as goal-setting and self-determination skills to adjust, persist and remain at university. Resistance from staff or peers often requires conflict-resolution skills because “you cannot run to your mother anymore” (FP 5). Referring to unrealistic expectations of a lecturer, a student explained: “I had a discussion with her [lecturer]. I demonstrated to her and showed her that the [software] programme does not allow it. I then advised her and then we were both happy” (FP 1). This finding supports the statement of Hong et al (2007) who emphasise the importance of the development of self-advocacy (how to communicate needs), self-regulation (how to evaluate own performance), self-efficacy (what it means to have a sense of
control) and self-knowledge so that students with disabilities can become self-empowered and therefore take responsibility for their own learning. “Positive and active coping strategies are related to better adjustment, and reflect higher coping effectiveness” (Heiman & Kariv 2004: 452).

The processes of self-advocacy takes extra time and energy. Students often have to be assertive and persistent and, unlike other students, have to do much more to reach the same goal. Although they are determined to succeed, some of them have “to fight a constant battle” (FP 5) in convincing lecturers of their capabilities and needs. The strong theme of resilience and advocacy was therefore also layered with realities of pain and exclusion. A range of emotions resulted from the dynamic and changing interaction between the individual and the transition from school to university. The participants indicated that they experience positive emotions such as happiness, a sense of belonging and satisfaction but also negative emotions such as aggression, anger and feelings of exclusion and alienation. They recognise that these emotions could contribute to participation or detract from it, thereby becoming either a support or a barrier factor. Their negative emotions are often caused by their own uncertainty and others’ actions. A student with a hearing impairment described the impact of a typical situation: “I felt excluded, I felt rejected. It leads to aggression. It makes me feel mad!” (IP 3).

3.2 Social integration

Social integration refers to the students’ general feelings of belonging (identity as a student of this specific university and a member of a specific residence), the importance of friendship and on a broader level the campus culture and climate.

The opportunity to stay in the residence or on campus facilitates their inclusion and contributes to a general feeling of belonging. Participation in campus activities supports the development of their identity as a university student and their membership of the campus community: ‘I think all the disabled should be in the residence. The situation that saved me was that
I was immediately included” (IP 2). “The traditions gave me a sense of belonging” (FP 3).

More specifically, the participants regarded the practical and emotional support from peers to be very important, and the lack thereof was experienced as a barrier. Older students with disabilities’ knowledge, guidance and experience of support are also considered as valuable resources for information about services, advocacy and support. In addition, student mentors are identified as a source of support for first-year students, especially for showing them around campus or going with them to meet lecturers. Other similar studies consider the social interaction with peers as either external support or barrier factors (Fuller et al. 2004, Shevlin et al. 2004, Dowrick et al. 2005). Andreon & Durocher (2007) state that it helps some students to establish a contact person or mentor to go to when confused about academic and social demands. In their view, students with disabilities should participate in various clubs and societies that provide the opportunity to advocate and raise awareness in the university community: “If you want to integrate, you have to integrate yourself – you aren’t just automatically going to become part” (FP 2). For that to happen, students need to understand their disability and how it affects their learning and living, and effectively articulate the support and adaptations they need (Getzel & Thoma 2008). It would therefore appear that the extra-curricular activities created opportunities for these students to become active members of the university community.

Friendship was highlighted as an important protective factor in the lives of these students. They experience the growing diversity of the campus community (referring to race, age, (dis)ability, gender) as an asset. This enables them to socialise and participate, and gives them the opportunity to choose friends:

It is very important to be accepted and to be part of something as it is to have access to things. If you don’t have friends, what are you doing here? Friends give meaning to your life at university. To become part of a group is very important in the long term. If you have
a group of friends around you, makes your life so much easier. [...] I think friends are more supportive than other adults (IP 2).

Their friends include both students with and without disabilities. The overall campus climate of a university is considered central in the academic success and personal happiness of any student and more specifically a student with disability (Howell 2005). A campus climate that does not value diversity and fails to create a sense of belonging and inclusion for all students could cause negative peer behaviour, insufficient awareness and understanding of lecturers, or a lack of flexibility and support. In general, the participants experienced a sense of belonging in their own peer group. However, they indicated that a lack of awareness and understanding of disability and negative attitudes towards disabilities permeate their social lives, create constraints and must be constantly negotiated: “I must remind her a hundred times – enlarge the texts” (IP 1), “the lecturer did not use her microphone so I could not hear a word” (FP 7). This can result in an atmosphere where they experience social alienation and rejection. One student with a hearing impairment considered attitudinal barriers to be much worse than the architectural barriers they face daily:

The peers in my class often made jokes ... then they would laugh and I would sit with a sombre face, because I would not know what the joke was about. You know what they would think? [...] that I was upset, that I was disappointed, that I had problems at home [...] I would also like to enjoy the joke, but I do not know what it was all about (IP 3).

As they gradually became members of the campus community they learnt to see the humour in social situations. They particularly referred to the reactions of first-year students when they encounter students with disabilities for the first time: “They would stare and turn their heads three times. It is not such a strange thing for the second and third years anymore” (FP 3). They learnt not to take it personally: “It is a fact that we are in the ‘big’ world now where everyone is together” (FP 3); “I believe it has to do with more than disablement only - it has to do with any aspect of diversity”
3.3 Beliefs and attitudes

This category refers to responses to their own and others’ beliefs and attitudes that had an impact on their adaptation and participation. In accordance with what is stated in the literature, the participants regarded belief factors such as the belief in their own ability, their perception of others’ beliefs about difference and disability, stigma, individual differences, and understanding and accommodating disability as a learning process.

The participants expressed a firm belief in their own ability and inherent potential, stating that others need to recognise this, and value and respect them as human beings: “I am a complete person. It’s just that I have a disability” (IP 3), therefore “see me and not my disability”. Often “people do not really know the person and only see the disability” (IP 1). They also stated that their own attitudes and willingness to participate and self-advocate can either facilitate or constrain their inclusion and participation: “Don’t expect everything must change and be done for you because you are disabled. Take responsibility and participate. Yes, disability is my daily reality and I must learn to cope with it” (FP 3).

In addition, their perceptions of others’ beliefs influenced their own beliefs about support and adaptations. Fuller et al (2004) and Andreon & Durocher (2007) found that many faculty members are unaware of the support needs and rights of students with disabilities, especially those with “invisible” disabilities. This study found that the participants believed that when a disability is “invisible” (for example, learning disabilities or hearing impairments), people tend to question requests for support and adaptations given to students with disabilities: “They think you are taking a chance” (FP 6) or “How are you going to make it at university?” (FP 5). On the other hand, it was found that when a disability is visible it is easier to be stigmatised and become ‘extravisible’ (Goode 2007) in a negative way.
If you have a disability, you use a scooter and I use a guide dog, then people will understand for example she has a guide dog so she cannot see, but if I don’t have a guide dog with me and walk on my own, then it is difficult because people will think – why? What is wrong? (FP 3).

Rieser (2006) explains that the disablement developed from myths and beliefs that assign characteristics to people with disabilities is unrelated to the reality of their daily lives. The stereotypes of disabilities then elicit pity, fear and humiliating attitudes. They are often viewed as different, faulty and needing to be treated and made as ‘normal’ as possible.

Given the stigma of disability, disclosure and concessions such as extra writing time or using assistive devices were expressed as a constraint: “It is a double-bind. I need extra time and have to use a computer. And yet, it highlights my disability. It makes me different because it is a special request” (IP 2). In research by Fuller et al (2004), Shevlin et al (2004) and Dowrick et al (2005), many students stated that they feel stigmatised because of the misconception that “disability equals inability”. “There just is that connotation that if you are disabled you are dumb. If you are blind, you are dumb. If you are deaf you are dumb, if you are in a wheelchair you are dumb” (IP 1). This still reflects the individual or medical deficit discourse referred to earlier and illustrates how the interaction between the individual needs and the environment can become a constraint to participation and success.

Another finding consistent with those of Goode (2007), Howell and Lazarus (2003) and Howell (2005) was that the students with disabilities are not a homogeneous group and that their support needs may differ considerably from student to student and can change over time. For this reason the participants believed that communication of their unique needs is necessary in order to raise awareness and to get individualised support.

Another interesting support factor for students with disabilities in the present study that supports the notion of disability as a process (Schneider 2006) is their belief that understanding and accommodating disability is a learning process for themselves
and others: “Being disabled involves a learning process. You learn something new about yourself every day [...] How to do things more easily and how to use your time more effectively [...] Every person is unique. I am still learning every day” (IP 2). As a result, they see problems and difficulties related to support and accommodations not as shortcomings, but as part of a learning process for everyone involved.

3.4 Curriculum responsiveness
Curriculum is understood to include the content of the learning programme, the language and medium of learning and teaching, the management and organisation of lectures, the teaching style and pace, the time frames for completion of modules and programmes, the materials and equipment that are available (and used), and the assessment methods and techniques employed (DoE 2001: 32). The success of all students’ learning (including students with disabilities) is important in higher education. The participants revealed that various aspects related to the responsiveness of the curriculum influence their participation and learning. This confirms similar findings of a number of researchers including Fulcher et al (2004), Shevlin et al (2004), Dowrick et al (2005), Howell (2005 & 2006) and FOTIM (2011).

Key factors considered important in creating an inclusive environment are the levels of awareness and accessibility of faculties and departments as well as teaching and learning in the classroom. Although the institutional policy may explicitly support the traditional social model of disability, the everyday experiences of students contradict this. Some faculties and departments are experienced as more flexible and supportive than others. For example, students in the Humanities and Social Sciences experienced more support and adaptations than students in the Natural Sciences and Economic and Business Sciences (cf also Howell 2005).

A number of lecturer support and constraint factors were elicited from the participants’ data. Consistent with the findings of Fuller et al (2004), students with disabilities experience
difficulties related to awareness and attitudes of lecturers, physical space in the classroom, assessment accommodations, curriculum delivery, and the provision of user-friendly handouts. In this study participants generally did not feel that lecturers and staff have negative attitudes and are unsupportive. However, some lecturers seem to be more aware, understanding and accommodating and show more openness than others. Positive attitudes from lecturers and accommodative teaching are experienced as very supportive, and intrinsic qualities such as patience, kindness and a caring attitude make a difference. One participant emphasised: “It does not necessarily mean lowering standards” (IP 5). Belch (2000) believes that when working with students with disabilities, values of human dignity and equality need to be reflected. Their reasoning confirms Ryan & Struths’ (2004) finding that the willingness and ability of faculty and staff to accommodate them depend on their previous experience of disabilities and their knowledge and understanding of disability support needs.

This study reported that finding the best form of assessment was a matter of experimenting as part of the learning process for both academic staff and students: “What works for one student does not necessarily work for another and what works in one module is not necessarily the best every module” (FP2). A number of adaptations and concessions, including extra time, and using a computer or a scribe instead of writing were reported. The majority of the students found oral examinations to be particularly challenging. The participants with cerebral palsy and visual impairment, for instance, reported that they get physically tired and, depending on the individual, often need to take a break during a session or between sessions. A visually impaired student stated:

I cannot write three consecutive papers. After every exam I need three days for my body to recover. My body cannot take it. I must sleep after an exam. It is very demanding. I would say approximately ten times more than for normal people (IP2).

The orals [...] It creates a lot of pressure. It is far worse than writing because you must remember what you have said [...] I rather write
A number of constraints to learning in lectures were reported. Teaching technologies used in the classroom can cause problems. For example, students with visual impairments could have difficulties with transparencies, whereas those with hearing impairments experience problems when lecturers do not use a microphone, or turn away from the audience or dim the lights, making it impossible to lip-read. “The transparency that moves up and down, it does not work for me. I cannot follow with my eyes, read and write at the same time” (IP 1). When teaching methodologies reflects flexibility in providing for a variety of learning styles by incorporating different teaching methods and multimedia, all students reported that they benefit. They consider multimedia such as PowerPoint presentations very effective teaching aids and the lecturers’ willingness to e-mail the presentation provides valuable support.

Throughout the literature the university’s support services are mentioned as crucial to the success and participation of students with disabilities (Fuller et al 2004, Shevlin et al 2004, Dowrick et al 2005). The organisation of support may differ from one university to another, while some may follow similar trends. However, a flexible organisation design can ensure that individual differences and needs are accommodated and support is provided (Belch 2000). At this university, the dedicated office that supports students with disabilities as well as other divisions that deliver supportive functions, are considered important support structures. “The services are there, so if you have difficulties you can go there” (FP 7), yet “I think it is to make life easier for you, but eventually it really depends on you to be successful. All the services can be there and you can still fail” (IP 2). Howell (2005) stresses that the entire campus, and not only the disability support office, is responsible for fostering a diverse campus climate and addressing students’ diverse needs (Belch 2000).

The participants emphasised that the university needs to respond to the diverse needs of students with disabilities and thus
provide a spectrum of accommodation and support services. The support and alternative arrangements referred to in this study include the scanning and enlarging or Brailing of notes and textbooks, and using information technology, for example special computer software such as JAWS for Windows which is a screen reader programme for visually impaired students. Concessions would include allowing lectures to be tape-recorded, e-mailing of notes and PowerPoint presentations after lectures, designated seating in classrooms and extra writing time for assessments. Alternative arrangements could be made during assessments by Brailing or enlarging examination papers. In addition, students reported using a computer, writing an assignment, doing oral examination presentations or making use of a scribe as alternative forms of assessment. The majority of the students found it “always comforting to know that the support is there” (IP 2) that would provide a safety net when they experienced challenges. This confirms the findings of Crous (2004) and FOTIM (2011).

4. Conclusion
This article provided an understanding of the experiences of a group of students with disabilities at a university campus in the Western Cape. From an inclusive education perspective it was argued that policies, structures and access are important stepping stones, but that proper practice, adequate awareness, and positive attitudes are required to effectively teach, support and accommodate the diverse needs of students with disabilities and promote participation in campus life. The bio-ecological theory provided a framework for making sense of the relational aspects of students with disabilities and the nature of their participation in this context. The main themes generated in this study include the interaction between personal qualities (biological or psychological) and self-determination, social integration, beliefs and attitudes, and curriculum responsiveness.

The findings of this preliminary study add value to our understanding of the importance of personal factors in relation to
proximal processes and social systems in both Bronfenbrenner’s theory (2005) and a relational understanding of the social model of disability. Inclusion and participation are therefore conceptualised as a complex and continuous interaction between personal characteristics, systems and processes and not only the overcoming of “external barriers to learning” and of changing systems referred to in policy documents. The nature and direction of participation as a process can thus be conceptualised as a joint function of both the characteristics of the student and the properties of the systems of the university as a context. The students emphasised their active role and responsibility and felt that instead of becoming victims, they needed to “get out there and become part of” the life on campus, raise awareness, “advise others in this regard” and “try to find own solutions”. It also became clear that participation and inclusion cannot realise without the development and support of certain proximal processes and supportive systems in the university. They specifically referred to different levels of social integration, the responsiveness of the curriculum covering a range of aspects, and the beliefs and attitudes of all role-players. The development and support should not only benefit students with disabilities but also be designed in such a manner that it benefits all students (FOTIM 2011).

The findings of this study underscore the particular role of the personal characteristics or self-determination and the proximal processes of these students in their context to balance the perceived focus on systems development in the traditional social model. In describing self-determination, Bronfenbrenner (1989: 143-5) refers to developmentally instigative characteristics including self-empowerment, self-control, self-efficacy and other characteristics of both the individual and other people including disability, age, sex, and race that comprise personal stimulus qualities and directive beliefs. Self-determination is a critical disposition for their resilience and participation on campus. On the one hand, self-determination develops in interaction with facilitating and supportive systems and, on the other, it enhances participation. The participants highlighted a number of bio-ecological resources
(Bronfenbrenner 2005: xvi) including the abilities, knowledge and skills required for optimising the proximal processes that both support and require self-determination. This is of course relevant for all students, including those with disabilities.

In the process of developing a student identity, these students disclose their disability to negotiate access, support and participation on different levels. However, disability is only one part of their identity and daily reality, whereas other people often make disability their core identity. They therefore want people to understand that they learn differently but have the same ideals for a professional future as any other student on campus. In addition, they are individuals with unique sets of needs, meaning that there are no recipes for support or a one-size-fits-all programme. Support should aim not to change them but to enable them. Learning to live with and support disability is thus a constant learning process for everyone involved, including the student.

Consistent with Bronfenbrenner’s theory, the self-determination and participation of students with disabilities can only develop optimally in interaction with inclusive environmental factors, in particular social integration on campus and a responsive curriculum. Beliefs and attitudes span across all the systems involved in the proximal processes and should be addressed continuously on all levels. The studies by Howell (2005), Crous (2005), Matshedisho (2007a & 2007b) and FOTIM (2011) recommend several strategies that should be implemented to address the environmental factors in higher education. This transformation cannot be successful without constantly learning from and with the students themselves. Based on the findings of this study, it is recommended that personal characteristics and self-determination should also be developed not only at a tertiary level, but ought to form part of life-skills development that starts prior to transition to the university. It should therefore form part of the learning support programmes of children with disabilities in inclusive schools.

There were silences in the data of this study. The researchers were able to listen to the voices of volunteers who seem to be
self-determined. They come from education backgrounds where they received some kind of support and already know what works for them. It should be borne in mind that not all students with disabilities disclose or want to be labelled as disabled. The results cannot be generalised but serve the purpose of exploring participation and self-determination of students who disclosed and participated. For that reason, follow-up research that reaches the voices of all students with disabilities, not to ‘other’ them but to learn from them, is recommended. This research should ideally be designed in collaboration with and by the students. Issues such as the development of self-determination in inclusive school settings, career choice and development; transition from school to university, identification of best practices for support, and the impact of individual differences on their learning and living ought to be considered.
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