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A Comparative Analysis of Leaders' Perception of Provision and Support for Students with Disabilities in Higher Education

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INTRODUCTION

Higher education is a high-paced and demanding environment for service providers as well as service users. The diversity of service users, however, is of paramount importance and the needs for this diverse clientele should be identified. One distinct grouping is students with disabilities. This group of students requires some support and unique provisions to enable them to face the challenges encountered within the higher education environment. In higher education, legal frameworks guide leaders in formulating and implementing institutional policies. One such framework is the disability rights established at the United Nations Convention on the Rights of Persons with Disabilities (United Nations Convention, 2008). This framework stipulates that "all universities and higher education colleges should appoint a person responsible for disability issues, whom students can approach regarding the support provided by the institution" (United Nations Convention, 2008; Disability Rights, n.d.). The responsible persons are usually leaders within the Faculty, School, or Department. In some cases, the named person in charge of disability issues does not hold leadership positions within the faculty. They however would report to the leaders within their jurisdiction. In either case, the responsible persons ensure that the needs of students with disabilities are addressed. The degree to which these needs are met depends on various factors, including the operating environment and staffing levels of higher education institutions.

Leaders play an important role in supporting staff with disabilities especially if they belong to the team they lead (Kensbock and Boehm, 2016). The role of leaders in such instances is more of a supporting role to ensure creation of a conducive working environment that allows for maximum productivity. Bhargavi and Yaseen (2016) highlights that the style of leadership adopted by leaders or organisations have a direct and significant impact on staff motivation. While staff motivation can influence the student experience in higher education, its impact on students with disabilities can be even more significant. This underscores the importance of effective leadership styles in shaping organisational culture and performance. Moreover, Luu (2019) alluded to the fact that certain leadership styles are more effective at creating a supportive working environment for staff with disabilities. However, not much research has looked at the connection between leadership and support for learners with disabilities in higher education settings. This chapter contributes to this body of knowledge by exploring how leaders and lecturers perceive disability support for students under their care.

Leaders are under mounting pressure to perform; it is imperative to understand their opinions on disability support. This study therefore explores if there has been a different trend in leaders' perceptions given the rising numbers and awareness of students with disabilities in higher education. Additionally, it compares the perceptions of leaders in various higher education contexts, specifically in developed and developing countries. Higher education institutions in developing countries have experienced a rise in the number of students enrolling in higher education. A case in point is one of the higher education institutions in Namibia, which saw an increase in student enrolment from 2245 students in the mid-1990s to 12 440 students by 2011 (Namibia Economist 2012). This rise in student numbers is usually not comparable with an increase in funding. Instead, Tshabangu et al (2013) noted a stagnation in government funding. Furthermore, Human Development Report, (2011) and Pillay, (2008) reported that funding for higher education in this developing country has declined by 6.3% between 2007 and 2011..

Previous studies on disability have primarily focused on students' perspectives (Osifuye and Higbee 2014; Fossey et al, 2017). Findings from the studies ranged from a sense of belonging to feelings of isolation and lack of support. Some researchers have explored the perceptions of staff on disability (Morina et al 2020; Bunbury 2020; Fossey et al 2017) but not much research has been conducted to explore the perception of leaders. Leaders are influential in shaping a disability-inclusive climate in the places they lead. This research seeks to contribute to the existing knowledge base by exploring leaders' perspectives on the learning environment for students with disabilities. Martin (2017) indicated that disability training should be an essential component of staff development. Leaders have a part to play in suggesting what constitutes mandatory training and their view on disability support shapes their preference for disability training. Furthermore, leaders also have a responsibility to ensure legislation such as the Equality Act (2010) is complied with.

A pertinent challenge with the Equality Act (2010) is that although it identifies disability as a protected characteristic, it lacks clarity around good practice on supporting students in higher education. Institutions have therefore adapted their student support structures to align with the legislation. A case in point is the University of Greenwich in London where an integrated Disability Support System (DSS) was developed to make the management of student support more efficient. The DSS is an efficient system which is used by staff members who are competent in supporting students with disabilities. Custody of this system has therefore been placed with the student wellbeing service and the University Fire Safety Officer. Leaders however have little hold on the quality assurance processes to ascertain its effectiveness thus

making it difficult for them to police or provide input on how the system should run. Other institutions such as the higher education institutions in Namibia have placed the responsibility for students with disabilities on the dedicated offices such as the university counsellors' department.

Regardless of where the responsibility for disability support lies within an institution, leaders have the ultimate responsibility for students' wellbeing and learning. This could be through their interaction with policy or as part of their day-to-day tasks of managing teams. Leadership styles are linked to character traits and these traits shape how individuals approach life. Furthermore, the perceptions of leaders are bound to be different as a result of the unique nature of human beings. This research therefore aims to assess if there is a common perception of defined themes from one institution to another.

Students with disabilities make up a small but important proportion of learners in education. This proportion gets smaller as students move from secondary school through further education into higher education. In the UK higher education system, it was estimated that students with disabilities made up 13.2% of the student body as of 2017 (Office for Students 2019). In developing countries, the figures are much lower with South Africa reporting that less than 1% of the student body has disabilities (Mutanga 2017). Given these low levels, this group of students must be supported given the challenges they face to make it into higher education. Minority groups are usually overlooked or not taken seriously when policies are formulated or implemented, and this chapter explores whether disability support structures are an exception.

There are defined support systems for students with disabilities in developed countries such as the UK, for example, the University of Greenwich has a strong support system for students with disabilities. These support systems are documented in the equality and diversity inclusion policy and the institution's student charter (Garrod 2018). Like other higher education institutions in developed countries, this institution puts in place measures to raise awareness of disability and available support. The outlook is however not the same in developing countries. Matshediso (2010) and Haywood (2014) highlighted a lack of disability awareness among staff members. This research assesses awareness among staff members, particularly lecturers. Additionally, it examines how well-prepared staff are to support students with disabilities. The study evaluates staff competence by exploring whether current systems allow them to deliver a successful and fulfilling learning experience.

Defining disability

Disability can be viewed differently in different social and cultural contexts, and this makes it difficult to define it on an international level. Consequently, the understanding of disability is varied among people of different cultural backgrounds. This notion is of paramount importance in higher education institutions where diversity and internationalisation are dominant. In this study, research was conducted on two institutions from different parts of the world. It therefore became imperative to find a standardised and well-defined way of explaining disability. Williams et al. (2017) concur that for institutions to provide support to students with disabilities there must be a common understanding as well as an appreciation of the different viewpoints on disability. The viewpoints form a basis for the models of disability. Drum (2009) highlights that these models could be a base on which provision and support for people with disabilities can be built. Basing disability support on these defined models has the advantage of being able to standardise support. It may be possible to benchmark the support with other higher education institutions. The rules and regulations that inform policy on disability support use these models as a reference point. The primary models of disability used are the Medical Model, Functional Model, and Social Model.

The worldview definition of disability has been provided by Centres for Disease Control and Prevention (CDC) (2020) as 'any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them'. Furthermore, the World Health Organisation (WHO) (2001) introduced the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) in an attempt to standardise the concept of disability among other concepts. These two attempts at presenting a common ground for explaining disability define it in the context of deficit or social inadequacy models. The models look at disability from a social and medical viewpoint and these models are explored below.

Models for disability

The Individual Medical/Deficit Definition

These three dimensions view disability from a functional or cognitive deficit point of view and attempt to highlight the uniqueness of individuals but Harry and Klingner (2007) have advocated that it be discarded as it views disability through a distorted lens. Harry and Klingner's (2007) argue that this model is ambiguous, subjective, and prone to misinterpretation. In an educational setting, this lack of standardisation can disadvantage student groups whose views have historically been undermined.

The deficit model attempts to understand human differences in terms of deficiencies or limitations an individual might have because of their psychological, physical, or mental being. This is then used to define their disability in an attempt to conceptualise how they can be

supported. Bourke et al. (2010) however argues that a deficit approach diminishes individuals and places upon them the onus to prove their ability or lack thereof. They further argue that it 'diminishes people's life chances and even their humanity' (Dinishak 2016).

Functional definition

According to WHO (2001), the definition of functional disability refers to any permanent or semi-permanent deficit in activity because of a medical condition. The World Health Organization (WHO) resolution 54.21, adopted by 191 member states in 2001, aimed to standardise approaches to disability across countries. In response to this, the International Classification of Functioning, Disability, and Health (ICF) was developed. This definition allows for the assessment of disability on both an individual and group level. The functional definition model gives some power to the person with a disability as they are consulted on how the deficit affects them. It however relies heavily on medical opinion making it subjective and difficult to assess disability. This is more pronounced for individuals with invisible disabilities.

The Social Definition

The earlier definitions of disability (medical and functional) did not differentiate between disability and impairment. In contrast, the social model definition distinguishes between the two. It focuses on disability as a result of societal factors rather than solely an individual's condition, exploring how societal influences may be incorporated in dealing with the disability. Furthermore, the social definitions focus on societal barriers as a driver for the incapacitation of people with disability and therefore part of the problem-solving process.

According to Grue (2016), the social model attributes peoples' disabilities to barriers that are placed by society. These barriers can be physical or intangible in the case of attitudes. Negative attitudes towards people with disabilities can significantly impact the people with disabilities. Attitudes such as assumptions that people with disabilities cannot work, look after themselves, or have intimate relationships can significantly impact their quality of life. Furthermore, more than a billion people with disabilities have illnesses and impairments that are largely understood as medical problems (Grue 2016). For this group of individuals, it is difficult to justify the use of a social definition model which relies on society which has little or no medical knowledge.

This research acknowledges the debate presented in the literature on the different definitions and models for disability. It therefore acknowledges all the models while being cognisant of their strengths and limitations.

Overview of disability support and provision

In developed countries such as the United Kingdom, disability support in higher education is usually prescribed in the law. A good example is the requirement that buildings should have facilities such as wheelchair access, hearing loops, and the provision of braille format. In these countries where resources are adequate, legislation to support learners with disabilities has also been backed with financial support from the government. In 2016 the UK government introduced an additional funding of two hundred pounds for every student with disability (Taylor et al., 2017). The allocation is for use in purchasing information technology (IT) equipment however, this provision has been introduced at the expense of other support. The UK government decided to stop support for non-medical helpers and specialised accommodation.

While there is some debate over the extent of support and government funding in developed countries, the situation is different in developing countries, where national budgetary limitations exist. According to The African Child Policy Forum, (ACPF) (2011), provision for students with disabilities is not usually prioritised in many African nations. This is despite good intentions by both the educational establishments and the governments. Furthermore, the lack of government funding for educational institutions in Africa is so rampant that meeting the internationally recognised disability support for students is difficult. This impediment has had a marked impact on the implementation of a variety of policies targeting students with disabilities. These policies include policies on inclusion, equal access, accessibility, and provision of educational resources.

In developing countries, especially in African nations, legal frameworks to enforce such policies are either outdated or entirely lacking (ACPF, 2011). However, this should not be viewed as reluctance on the part of African governments. Several countries on this continent have shown a willingness to introduce legislation that supports learning for students with disabilities. This includes Botswana in 1984, Ethiopia in 1981, Uganda in 1984 and Zimbabwe in 1987 (Mitler et al., 2012).

Matengu et al. (2014) noted that government support for higher education has been combined with increased autonomy for these institutions. Undoubtedly, developing countries such as Namibia have a young and relatively new higher education system. In Namibia, this young system developed policies using external consultants in an attempt to create internationally recognised institutions. While benchmarking the quality of higher education provision with renowned international organisations is important, it is pertinent to recognise that the operating environments are different. Matengu et al (2014) criticises the reliance on external experts to formulate policies on higher education and this is understandable given the unique challenges

faced by developing nations. The policies are generally out of touch with reality on the ground, consequently, it is impossible to implement them. This research therefore investigated the differences in perception of disability support in higher education institutions operating in different environments.

Leadership and managing students' needs

In higher education, student needs can be managed by students themselves, academic staff, technical and administrative staff. Astin and Astin (2000) argued that all these staff and student groups exhibit some form of leadership, and this depends on the environment they operate in. Regardless of the type of leadership, there is a relationship between leadership processes and how the needs of students with disabilities are managed. This relationship makes it imperative for leaders to adopt an approach that encourages support for students with disabilities. Lambert et al. (1995) advocate for a constructive leadership approach as it allows for shared leadership, a situation where all members of the team which includes the students themselves have a say in how the institution operates. This approach give students a voice in determining the way their learning is conducted and fosters collaboration.

Another approach that values team members is transformational leadership because it involves members in suggesting and implementing change. Additionally, collaborations thrive where transformational leadership style is utilised because it motivates the teams and is effective in creating an inclusive learning environment. Precey (2011) accentuated that leaders are responsible for promoting best practices for supporting students. Leaders therefore play a vital role in ensuring adequate provisioning for students with disabilities. This notion is also supported by Luu (2019) who focused more on the importance of the correct leadership styles. This chapter also research explores the connection between leadership and disability support to unpack how leaders' perceptions affect the way they enable support and provisioning for students.

It remains pertinent to note that there are different leadership styles and to also acknowledge that a valid assumption exists on the relationship between these approaches and how leaders support their teams to deal with disability issues. One such leadership approach that is prevalent in HEIs in transactional leadership. Transactional leadership approach is a *give-and-take* relationship where the leader motivates their team through a penalty and rewards system (Khan 2017). While this approach does not encourage innovativeness in disability, it can be best suited for institutions with well-defined policies and procedures on disability support. Khan (2017) highlighted that transactional leadership is effective in motivating team members by way of rewarding them. However, this approach falls short in current HEI settings as it does

not consider external factors which are important given that these institutions interact with professional, statutory, and regulatory bodies.

Leaders in HEI exhibit different leadership styles and in some cases the same leader switches styles depending on the environment (Coleman 2018). While most styles are befitting for effective leadership in higher education, some are more fitting for individuals with disabilities as they create a disability-inclusive environment. A case in point is benevolent leadership which Luu (2019) noted a strong relationship between this type of leadership and the ability of the person with disabilities to create a sense of well-being. This relationship is strong because benevolent leadership is most suited and appears more relevant to the needs of individuals with disabilities. The original notion of disability as a defect needs to be disbanded, instead, disability should be seen as a dimension of human difference. Olkin (2016) alluded to the fact that disability should be viewed as another dimension of diversity that should be embraced. Leadership styles that share this notion will undoubtedly foster an inclusive working and learning environment.

Leaders implementing policies for disability support in higher education are assumed to be more knowledgeable than the staff they lead. This assumption is based on the fact they are supposed to be competent in creating environments that align with legislation an example of which is the Equality Act (2010) which applies to the United Kingdom (UK). A further problem with this assumption is that leadership development focuses on more areas than just disability support (Day 2000). Their roles are mainly focused on organisational success and the attainment of set goals and other strategic priorities. According to Bhargavi and Yaseen (2016), leaders need to focus on activities that increase productivity and performance, however, this does not usually prioritise disability support. Disability in higher education continues to be more prevalent thus demanding more focus. According to HESA (2019) data, the proportion of students with disabilities has been increasing since 2000/01 through to 2017/18 academic years. This increase in students with disabilities has not translated to an increase in funding provision for this student group. According to Williams et al. (2019), some primary responsibilities for funding of disability support have since been transferred to higher education (HE) providers, and such a move has had an impact on how leaders allocate resources.

Materials and Methods

There are different methods and procedures used to collect and analyse data and these approaches attempt to unearth truth. In this research, an attempt is made to use methods and procedures that are sensitive to the context in which the research is being carried out.

Research on or about disability is inadvertently influenced by researchers' philosophical assumptions that are instilled during their life, education, or interaction with disability. Hughes (2007) noted that studies on disability view it through the lens of frailty and vulnerability. Such a viewpoint lends itself to the notion that disability is a defect or deficit that needs to be addressed.

The research focuses on how student support and provisions are perceived by leaders in higher education. To fully address the objectives a qualitative research approach was adopted because it makes it possible to collect a lot of information from small sample sizes (Creswell & Plano Clark, 2018). By its very nature, the organisational structure of a higher education institution will have a small number of leaders in proportion to the led. It is therefore not feasible to get large samples considering only two institutions were used in this research. In this research, seven leaders and six lecturers were interviewed. The figure below demonstrates the distinction between these two approaches.

Qualitative data	Quantitative data
Allows for reflection on the findings.	Data collected is usually numerical or coded data. The collected data is mathematically analysed with the aid of statistics and statistical software.
Results obtained by use of interview guides, direct and indirect observations	Results obtained from laboratory experiments, questionnaires, and other survey instruments.
The analysis is carried out using observations and informal conversations.	Use of formulae, bar charts, graphs, and diagrams in analysing data.
Small samples are used to obtain large amounts of information.	Requires reasonably large sample sizes.

Table 1: Table showing features of the two research approaches, adopted from Finn et al. (2000).

Having decided on a qualitative approach it was important to consider different designs. Namely, naturalistic, emergent, and purposeful. The naturalistic design allows the researcher to observe the phenomenon as it unfolds in a natural environment (Mumford 2005). This

design is more appropriate in situations where participant observation is used as a data collection method. Despite this approach being non-manipulative, it is difficult to use this design when collecting information on perceptions and opinions.

An emergent design was adopted because of its adaptability during data collection. According to Palithorpe (2017), emergent design refers to “the ability to adapt to new ideas, concepts, or findings that arise while conducting qualitative research”. This design was adopted as it allowed the researchers to pursue new paths of discovery as they emerged. Hence, an emergent approach to qualitative research was embedded within every stage from conceptualisation to data analysis. An interview guide was used to collect data, as it made provision for emerging themes to be probed. Semi-structured interviews are an important feature of an emergent study design as they make provision for unanticipated questions. The interview guides enabled full utilisation of the emergent study design and enhanced rich data collection.

A purposive non-probability sampling was adopted to conduct semi-structured interviews, this involved the selection of people based on particular features or characteristics they possess. This method allowed the researchers to use their judgment in selecting participants which will provide the best possible information to answer the research question and meet the objectives of the study. For all interviews, content analysis was carried out to identify emerging themes. Interview data was coded to allow for analysis.

Two questionnaires were used for this research, one was used on leaders in higher education institutions and the second one was used on lecturers. While the focus of the study was on leadership, it became apparent that interviewing the led would give a richer meaning to the responses gathered from leaders. As a result, two interview guides were designed targeting the two different staff groups namely Leaders in Higher education and Lecturers who are academics with minimal or no leadership roles.

An educational leader will be considered as someone who holds a formal leadership position. Fields et al. (2019) concurs with the notion that anyone who influences academic policies and strategic direction can be viewed as educational leaders. In this research educational leaders are identified as Heads of Departments, Associate Deans, Deans, Directors, and Pro-vice chancellors. This is consistent with Mårtensson and Roxå's (2016) example where these leaders are labelled as local leaders. These local leaders interact with lecturers regularly and have direct influence on how disability policies and provisions are operationalised.

Findings

Interviews were conducted with leaders and lecturers from two higher education institutions. University of Greenwich (UG) (a developed country) and Namibia University of Science and Technology (NUST) (a developing country). Hence, two different interview guides were developed.

Leaders

An interview guide for leaders was utilised to capture their understanding and perception of disability.

Perceptions of incapacitation in light of disability

A clear distinction between incapacitation and disability was made by all the leaders. The participants at NUST mentioned the lack of resources is an impediment to capacitate students with disabilities. One respondent said *'For me, they are kind of different...a disability is something that someone is born with at a time'* whilst another respondent indicated that incapacitation is usually because of external factors. Yet one respondent highlighted that individual students with disabilities also have a *'responsibility to contribute towards their wellbeing'* The rest of the participants were sympathetic and highlighted the need to allocate more resources to capacitate students with disabilities.

One leader mentioned that *'we struggle with resources to help students with disabilities'* and added that *'it is also a societal issue as well'* The respondents' view on incapacitation and disability was clear and they mentioned that *'disability is not synonymous with inability'*. Another respondent mentioned that in their country, students with disabilities are supposed to be given *'necessary support'* to capacitate them. They mentioned that the Dean of students has a responsibility to *'ensure the students are provided with necessary support'*.

The leaders at the UG had varied understanding of the two concepts. One respondent commented that *'incapacity is more serious and more difficult to work round or make adjustments for'*. The participant also highlighted that disability is an impediment. Whilst another respondent's opinion on the two (disability and incapacitation) was that they are similar and highlighted that the solution of these two would be the same. One leader emphasised that *'incapacitation might come from widening participation rather than what happens when they are on the ground'*.

The respondent also highlighted that *'the university's ability to capacitate students might be skewed because students do not enrol once they come to an open day, students seeing the absence of physical structures to support their disability would simply not join the university'*. They also mentioned that *'our wellbeing team are also understaffed'* supporting the idea that students do not bother to register when they can obviously see that they will not be supported by the physical environment.

Effectiveness of strategies used to communicate the vision about disability/

The Deans at NUST were clear about the communication strategies, but the departmental heads were not very clear. Two of the respondents mentioned that the information is communicated as part of the on boarding process and also at various platforms.

The other participants were uncertain about the institution's vision regarding disability support. One respondent mentioned that there is no specialised training for lecturers in particular on how to support students with disabilities. They added that there is a social worker who deals with such students. Another respondent, however, mentioned that the existence of the Dean of students whose responsibility is to provide support to students with disabilities among other things. Another respondent also mentioned that *'the role of the faculty is to ensure a clear link between students and the dean of students'* by referring the students to the dean's office. All participants mentioned that there are no quality assurance measures to assess lecturers' competence in supporting students with disabilities.

Some leaders at UG mentioned that they use individuals whose job roles focus on disability. One of the respondents who work with the coordinator running the Support Through Access Ability Retention and Transition (STAART) project mentioned that if the University has formal policies on disability, they will be able to support students with disabilities into higher education. Two respondents mentioned the use of Open Days to communicate the university's vision of supporting students with disabilities. The participant emphasised that during open days students with disabilities (ambassadors) can be brought to talk to new students about the support they receive. Another respondent further mentioned that IT poverty could be affecting students especially students with disabilities. This was mentioned in the context of the COVID pandemic and remote learning. All the leaders at this institution mentioned that staff are made aware of the policies during induction as well as during events that are led by the STAART coordinator. The respondents also mentioned how the university involved STAART in adaptations made because of COVID.

Most leaders at this institution engaged in a discussion on quality assurance measures to assess how lecturers are equipped to deal with students with disabilities. They all acknowledged that some academics may not feel empowered to support students with disabilities. Furthermore, all the respondents highlighted that there are no defined quality assurance measures to assess lecturers' competence in disability support. They acknowledged that staff have more to do, thus, lecturers probably do not prioritise training.

One respondent highlighted the role of professional bodies and said '*some Professional Statutory and Regulatory Bodies (PSRBs) are inflexible in their approach to students with disabilities*'. Another respondent also mentioned that inclusivity is part of the university vision but alluded to the fact that this encompasses more than just disability but also includes other protected characteristics such as race, sexuality, religion, and pregnancy. All the respondents highlighted the use of informal processes as a useful way of supporting students with disabilities but conceded that these are difficult to standardise.

In line with other respondents' sentiments, one leader stated that an inclusive curriculum is on the agenda and will help improve the learning experience of students with disabilities. Furthermore, the respondent mentioned that '*staff could do with training*' developing accessibility with the staff team and expounded that '*but there is a GOLD scheme that offers staff an opportunity to explore disability but that is a voluntary scheme and not everybody will be exploring that if they are not prompted to do so*'.

Factors to consider in identifying learners with disabilities.

Participants were asked how they identify learners with disabilities. The following common factors in table 2 below illustrate common themes that leaders at NUST identified. While table 3 highlights the common themes that leaders at UG identified.

Participant	Factors
1	Self-declaration; Physical evidence; Personal judgement; Change in performance;
2	Self-declaration; Personal judgement; Observation by other teaching staff; Individuals overdosing themselves; slow learners. Students' conduct during lab practical sessions.
3	Self-declaration; Dean of students' opinion; Physical evidence; Memo from the dean of students; Change in performance;

4	Self-declaration; Absenteeism; Change in performance; Doctors' letters;
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Table 2: Factors emanating from identifying disabilities.

Participant	Factors
A	Self-declaration: Documentary evidence (Greenwich Inclusion Plan) especially for when there are adjustments to be made; Physical evidence; Personal judgement; change in performance;
B	Taking the student's word for it; Medical certification; Measuring the extend of the problem; we can be more helpful if we understand the severity of the problem; change in performance
C	Students disclosing their disability to the university, use of Greenwich inclusion Plan (GIP), students on disability students' allowance (DSA), migraine,

Table 3: Factors emanating from identifying disabilities.

All the respondents gave a thorough description on factors used to identify students with disabilities. In their description, they also mentioned '*migraine, sickle cell, diabetes dyslexia, mental health*'.

Embedment of inclusivity in assessment regulations

All the respondents from NUST highlighted that large font is used for students who have eyesight problems and provision of extra time. They also mentioned that the achievement of stated learning outcomes is however, expected of all students regardless of disability. They all mentioned the use of special paper (colour, font size) to help students with disabilities during examinations.

However, the leaders from UG mentioned that assessment regulations are driven by professional body requirements. However, one respondent acknowledged that the professional bodies do not always take into account students with disabilities. The respondent mentioned that '*I do not think we consciously design our assessments with the needs of the disabled students at the forefront*'. The Extenuating circumstances (EC) was highlighted as not an appropriate procedure for students with disabilities. ECs are designed to deal with

temporary and transient problems. Another respondent echoed that *'the ECs are not designed to fix something that is of a more permanent matter, if it got to the EC stage we failed as an institution in terms of support for that student'*.

All the respondents indicated that students with long term medical should not go through the EC process. With regards to equipping students with disabilities for the working world, the respondents mentioned that it is important for students to declare a disability and to provide a description so they can be assisted. One respondent highlighted that; experts such as the STAART coordination, director of student experience, and the employability team maximise value addition to the student. However, one respondent said

'I don't believe we are as good as we could be, I think we are work in progress, I am of the view that disability is an area that I need advice and guidance on...I am for students I look beyond the disability find ways of supporting students...and students cannot do what they can't do'.

Others indicated that some disabilities could manifest as a result of the environment (Higher Education) students find themselves in and gave examples of marginal mental health issues that were made worse by COVID. They mentioned that anxiety and digital poverty can exacerbate mental health issues.

All the respondents mentioned extra time, scribes, use of laptops, reading out questions for students as a way to ensure the assessment do not leave out students with disabilities. They added that the university regulations make provision for the use of different rooms. One respondent mentioned that the GIP allows students to get extra time, laptops, rooming, and speech-to-text software. This is in line with ensuring the well-being of students with disabilities. They also mentioned that students with disabilities tend to do better than other students and is an indication of the university's ability to capacitate and support them.

Lecturers

Lecturers are closer to the students' learning experience. Their views of disability were captured using an interview guide designed specifically for lecturers. The findings complement those from leaders and are presented in this section.

Defining disability

Lecturers Higher Education Institution in a developing country acknowledged that there are individuals with disabilities. Their understanding of disability was varied with most of them identifying disability as a learning disability or a physical impairment. 50 % of the respondents

defined disability as a person who is physically challenged and limited in ability. However, the other half indicated that it is not always the case that students with disabilities are mentally challenged. None of the respondents in this group were able to identify other long-term medical conditions such as hereditary angioedema. However, some respondents identified medical conditions such as sickle cell, stammering, and blindness as examples of disabilities. They also mentioned that other conditions are difficult to identify as disability.

The lecturers in Higher Education Institution in a developed country were well conversant with what disability is. They were able to even give examples of different types of disabilities. They identified learning disabilities and deafness as examples of disabilities. 75% of the participants gave an in-depth description of what learning disabilities are, they mentioned dyslexia as a disability. However, most participants had trouble identifying long-term medical conditions such as sickle cell disease, hereditary angioedema, and asthma as disabilities. One respondent defined disability as *'where a student cannot do things that you would expect them to do'*.

Perceptions of incapacitation in light of disability

This question was met with mixed responses by all the lecturers in higher education institutions in a developing country. One of the respondents could not differentiate between disability and incapacitation which made it difficult for them to give a concrete response. The respondents who were able to distinguish between incapacitation and disability highlighted that the education environment incapacitates students with disabilities. One participant mentioned that *'an individual who is wheelchair bound could be disabled but not incapacitated'* and the participant's sentiments were echoed by another participant who said, *'disability does not mean inability'*. Lecturers at this institution generally perceived incapacitation as the result of the government's reluctance to support students with disabilities. They emphasised the importance of government financial support as a significant factor incapacitation.

Whilst lecturers from a higher education institution in a developed country linked incapacitation and poor student support by the Higher Education Institution. All participants highlighted challenges in capacitating students with disabilities in the field of science. Some respondents shared their own experiences as students with disabilities, some participants stated that they were told to never do sciences due to their disability. They mentioned that *'I see disability as a positive thing.... incapacity I don't see it as a very positive thing'*.

Factors to consider in identifying learners with disabilities.

The respondents' understanding of disability shaped the way they identified students with disabilities. Participants at NUST mentioned: physical appearance, a sudden change in performance, and mental well-being as common features. However, self-declaration emerged as a strong factor. Whilst the lecturers at UG, demonstrated a thorough understanding of features that can be used identify learners with disabilities. One participant mentioned that *'other rare features such as flare-ups as a result of stress' can be a sign of disability*". The features that were common with all respondents were dyslexia, hearing impairment, and lack of engagement.

Lecturers' level empowerment to support learners with disabilities.

All the lecturers from a higher education institute in a developing country mentioned that they do not feel empowered to support students with disabilities. They all gave similar but different reasons why they do not feel empowered with lack of facilities being one of the most common ones. The participants mentioned that the four-story building they used is not very accessible for anyone with physical impairment. They mentioned that there is only one elevator which is reserved for staff, and they mentioned that at one point the lift was out of order for more than three months.

Apart from the elevator, all participants expressed their inability to assist anyone with a physical disability in the case of a fire emergency. They also mentioned that even though they are conversant with the emergency evacuation procedure, they have not received any training on how to assist students with a disability in case of an emergency. Overall, participants acknowledged that the physical environment posed a significant impediment to the students' learning environment. 50% of the participants mentioned that it is not necessary to equip themselves because the dean of students will help these students. All respondents mentioned that they were never trained on how to deal with students with disabilities.

Whilst the participants from higher education institution in a developed country felt they were empowered to support students with disabilities. Some participants claimed their competence was as a result of their experience of living and caring for individuals with disabilities. Others stated that they felt *'empowered'* because they have had to tutor students with disabilities.. They also noted that they have not been given the resources needed to fully support this group of students. However, other participants mentioned that they have *'expertise in lecturing but not supporting students with disabilities'*". They further expounded that the training available for lecturers is not compulsory and work pressures make it difficult for them to complete any of the awareness or training activities. One participant mentioned that *'it would be helpful if disability training was made available and easily accessible'*. Approximately 80% of the

lecturers mentioned that the presence of a students' support office and the provision of services such as scribes make them feel confident in dealing with students with disabilities. One participant highlighted that *'I just refer them to the right office, and they get help'*.

Discussion

The leaders' knowledge and awareness of disabilities shaped their perception on provisions and support. No impediments beyond physical and material resources were identified and this raises questions as to whether the leaders value staff training as a tool to support students with disabilities. The responses indicated that there was no expectation for lecturers to engage further beyond implementing recommended teaching and assessment strategies for students with disabilities. This lack of expectations implied lack of training support for lecturers and this was confirmed by the lecturers interviewed.

The leaders' perception of what is needed to provide support for students with disabilities did not include empowering lecturers. Lecturers are the main players in a student's academic life and should be empowered to create a bearable learning environment for this group of students. Hassell and Ridout (2018) highlighted the fact that students, in particular first year students rely heavily on the lecturers for their learning. It is apparent from their research that lecturers play a vital role. Lack of compulsory training opportunities coupled with overloaded teaching teams as confirmed by respondents within the lecturers' group meant that students' access to quality learning experience was compromised.

Furthermore, Moriña et al., (2015) reported that students with disabilities perceive lecturers as forming 'more barriers than bridges' in creating an enabling learning environment for students with disabilities. This perception was formed in the backdrop of ill-prepared lecturers highlighting the importance of competent and well-trained lecturers in supporting students with disabilities. Training in this case requires leaders' input because they set priorities for the areas they lead. HESA, (2019) noted that the number of students with disabilities continues to increase. It is therefore important for leaders to pay more attention to equipping lecturers in this regard. Leaders should focus on activities that increase productivity (Bhargavi & Yaseen 2016). It can be argued that lecturers who are competent in supporting students with disabilities can significantly improve learning experience of students albeit for a small group of students.

The leaders in the two institutions under study were content with the use of dedicated services such as the office of the Dean of students and the disability coordinators in supporting students with disabilities. They both did not perceive that lecturers' involvement in disability support

would have a noticeable impact on the provision and support of students with disabilities. This was confirmed by their lack of commitment to training and equipping lecturers to support such students. It is pertinent to note that leaders play a crucial role in supporting students as well as staff with disabilities (Kensbock & Boehm, 2016). Without this support, individuals with disabilities fail to thrive or to realise their full potential.

It is important to note that leaders' support for learners with disabilities is multifaceted and is not limited to equipping lecturers and provisioning for physical access. It should transcend these boundaries and also try to address how the students with disabilities themselves feel about the learning environment in which they find themselves in. Fossey et al., (2014) highlights the fact that access to disability support can be difficult even if the support is available. In this regard, leaders should also focus on the actual needs as opposed to implied needs and the only way to do this is to involve students with disabilities during policy review and policy formulation stages. None of these thoughts were mentioned by leaders from the two institutions.

Lecturers acknowledged that there are students with learning disabilities, and this confirmed that they have knowledge of disabilities. They also acknowledged that they have a part to play in the students' learning. This notion was also supported by Morina et al. (2020). Lecturers confirmed their commitment to supporting students with disabilities but were not sure how. The lack of competence was also consistent with the findings. Students interact with lecturers more than any other university staff during their learning life (Hassel & Ridout 2018). Their awareness of disability is therefore of paramount importance to students with disabilities. The lack of ability to identify salient long-term medical conditions as disabilities forms a barrier to concerned students' learning. This can be avoided by training lecturers to be competent in supporting the students. Most of the lecturers mentioned that they had expertise in lecturing but not supporting students with disabilities. This notion is supported by Moswela and Mukhopadhyaya (2011) and Molina et al., (2016). Molina et al., (2016) reported that lecturers are not properly trained to deal with disability issues, a sentiment that was commonly shared by lecturers from both universities. Support from leaders in the form of training provision and mentoring can help lecturers deal with issues facing students with disabilities. This notion is derived from Moswela and Mukhopadhyay (2011) who highlighted that lecturers' ignorance on supporting students with disabilities is widespread in higher education institutions.

Conclusion and Recommendations

Provision and support for students with disabilities was perceived to be the role of specialist units within the HEIs. Impediments for this support were resources, particularly financial input from the government and an established inclusivity agenda. The need for financial resources was more prominent in the developing country and the inclusivity agenda was the main factor cited by an institution in the developed country. The leaders' view on supporting students with disabilities emphasised provisions by units other than competent lecturers. Lecturers however believed they have a role to play in supporting students with disabilities.

Leaders understood what disability is, however, they did not have a consistent view of the extent of the problem in their institutions. Despite the lack of consistency, the leaders agreed that more is needed to adequately provision for disability support. These leaders also do not have clear/well defined disability leadership roles beyond managing generic HEI activities. This was also the case concerning their roles in ensuring access and inclusion for students. Access and inclusion were left for designated offices with most leaders acting as bystanders. Consequently, lecturers did not receive clear guidance and direction from leaders on supporting disability.

Based on the above conclusions, the following recommendations were proposed to improve and enhance the quality of life for students with disabilities.

- . Clear and effective communication from leadership on matters related to support for students with disabilities.”
- Training and awareness for leaders on managing disability. Furthermore, training of lecturers on supporting students with disabilities is also recommended.
- Both institutions introduce annual workshop on designing inclusive digital assessments to ensure lecturers are competent in this regard.
- Leaders facilitate the establishment of a platform to share good practice for supporting students with disabilities. This would be useful because the same group of students will pass through the hands of more than 10 lecturers during their university life.
- Disability support to be one of the compulsory objectives of a probation report.
- Disability support champions among the SL/Assoc professor roles.
- Review of the extenuating circumstances (EC) procedure to incorporate long-term and predictable medical conditions.

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