

UNIVERSITY OF KWAZULU-NATAL

**An exploratory case study of the experiences of students with disabilities at a TVET
College: Factors that facilitate or impede their access and success**

By

Sanele Siwela

**Thesis submitted in fulfilment of the requirement for the award of degree of Master of
Education (Adult Education) in the School of Education, College of Humanities,
University of KwaZulu-Natal, and Pietermaritzburg Campus, South Africa.**

Supervisor: Prof. Peter Rule

May 2017

DECLARATION

I, Sanele Siwela, declare that:

1. The research reported in this thesis, except where otherwise indicated, is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
4. This thesis does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
 - a. their words have been re-written but the general information attributed to them has been referenced
 - b. where their exact words have been used, then their writing has been placed in italics and inside quotation marks, and referenced.
5. This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, with the source being detailed in the thesis and in the References section.

Sanele Siwela

Date

Supervisor: Professor Peter Rule

TRule

ABSTRACT

This exploratory case study was aimed at investigating the experiences of students with disabilities at a Technical Vocational Education and Training (TVET) College, and in particular factors that facilitate or impede their access and success. The case comprised a group of six students with physical and/or visual impairments. The study was framed within a social model of disability and an inclusive approach to education.

A qualitative research methodology was utilized within a critical paradigm. Interviews, life histories, mapping and transect walks were used as methods of collecting data and to gain a better understanding of the case. Thematic content analysis was undertaken to identify and record themes within the data. This revealed implicit and explicit ideas within the data. The main findings were organized into three emergent themes of othering, academic ableism and poverty which were constituted by several minor themes.

The study found that students' personal attitudes such as self-determination, self-advocacy, being positive and intrinsic motivation were good enablers for learning whilst parental and lecturer support was also found to facilitate success. Physical, economic, social and epistemic barriers hindered access and success. These findings were illustrative of forms of oppression and marginalization of an ableist TVET College.

Students with disabilities were expected to learn like their able-bodied peers without assistive devices. The environment also prevented them from getting around and gaining access into buildings. There were constructions of students with impairments as "other." They were devalued and disempowered. Participants identified negative attitudes of peers as the greatest barrier to their learning experiences.

The study recommends that the TVET College implement inclusive education through the provision of accessible materials, funding, lecturer training, accessible buildings, flexible curriculum, providing resources and developing inclusive attitudes among both staff and students.

ACKNOWLEDGEMENTS

Alone in my misery, no one understood my daily struggles of looking after a disabled child. At work, no one understood my frustrations of seeing students with disabilities battle to survive as individuals belonging to the “othered” minority group.

As I worked tirelessly in front of my computer in the postgraduate LAN, I could hear the protesting students’ toyi-toying outside (in the “Fees must Fall” campaign). I became anxious that these protest marches might hinder the completion of my thesis. Now that I have finally completed it, I feel very proud.

Foremost, I would like to express my sincere gratitude to God Almighty for his kindness, love and divine intervention in completing this dissertation. A very special thanks goes to students with disabilities who remain anonymous, for being so willing to share their personal experiences with me. I would like to acknowledge their contribution during the data collection stage. Without their contribution, this dissertation would not have been possible. I must also acknowledge the support I received from the TVET College management, with interview venues and granting of permission for this thesis.

My sincere thanks goes out to my friend and sister-in-law, Sibongile Thembi Zwane, for the encouragement and support she provided at some levels of this thesis. I wish also to thank in a special way my daughter, Nonhlanhla Siwela, for her understanding when I could not be there for her, and absconded from my duties of supervising her homework.

I would like to appreciate the assistance and backing I received from my supervisor Professor. Peter Rule. His exceptional guidance, patience and encouragement enabled me to refine my ideas. His constructive inputs led to the completion of this dissertation.

Finally, I would like to thank the UKZN management for granting me the opportunity and providing financial support to study through their remission of fees funding scheme. I wouldn’t have made it financially without this financial aid.

DEDICATION

To my daughter, Nokuthaba Siwela, who has lived with her physical and mental disabilities with courage. Just seeing you coping with your impairments gave me the courage to keep on writing.

LIST OF ABBREVIATIONS AND ACRONYMS

COGTA	Department of Cooperative Governance and Traditional Affairs
DHET	Department of Higher Education and Training
DOE	Department of Education
IHE	Institutions of Higher Education
IHL	Institutions of Higher Learning
NSF	National Student Fund
NCV	National Curriculum Vocational
OAU	Organization of African Unity
PWDs	People with disabilities
SWDs	Students with disabilities
TVETs	Technical Education and Training Colleges
UNESCO	United Nations Educational, Scientific and Cultural Organization
USA	United States of America
WHO	World Health Organization

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
DEDICATION	v
LIST OF ABBREVIATIONS AND ACRONYMS	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	xii
LIST OF FIGURES	xii
PROLOGUE.....	i
1. CHAPTER ONE: BACKGROUND TO THE STUDY AND RATIONALE	1
1.1 Introduction	1
1.2 Focus and purpose of study	1
1.3 Rationale for study	2
1.3.1 Questions to be answered in the research	4
1.4 Background of the study	5
1.5 Types and causes of disabilities	7
1.5.1 Physical impairments	7
1.5.2 Visual disability	7
1.5.3 Albinism.....	8
1.6 Theoretical and conceptual frameworks	8
1.7 Legislation on disability	9
1.8 The TVET context.....	10
1.9 Definition of terms	12
1.9.1 Disability.....	12
1.9.2 Impairments	12
1.9.3 Disabled students or “students with a disability”	12
1.9.4 Barriers.....	13
1.10 Methodology.....	14
1.11 Structure and organization of the dissertation	15
1.12 Summary	16
2 CHAPTER TWO: LITERATURE REVIEW & THEORETICAL FRAMEWORK.....	17

2.1	Introduction	17
2.2	Factors that impede access of students with disabilities	18
2.3	Factors that facilitate success of students with disabilities	22
2.4	Disability and adult education.....	24
2.5	Disability and inclusion.....	25
2.6	Theoretical and conceptual frameworks	26
2.7	The four models of disability	27
2.7.1	The charity model	27
2.7.2	The medical model.....	27
2.7.3	The human rights model	27
2.7.4	The social model	28
2.7.5	Interactional models.....	28
2.8	Application of each model.....	28
2.8.1	The social model of disability.....	31
2.8.2	Advantages of the social model of disability	32
2.9	Disadvantages of the social model of disability.....	33
2.10	Inclusive model of education.....	35
2.10.1	Definitions of inclusive education.....	35
2.10.2	South African context: society and legislation.....	36
2.10.3	Benefits of the inclusive model of education	36
2.10.4	Limitations and criticism of inclusive education	37
2.11	Conclusion	38
3	CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY	39
3.1	Introduction	39
3.2	Research design.....	39
3.2.1	Research paradigm.....	39
	Data collection methods.....	45
3.2.2	Interviews.....	45
3.2.3	Transect walk.....	47
3.3.3	Mapping	49
	Sampling	50
3.2.4	Research setting	50

3.2.5	Study population	50
	Data analysis	52
3.2.6	Open coding.....	53
3.2.7	Axial coding.....	53
3.2.8	Selective coding.....	53
	Ethical considerations	53
3.2.9	Informed consent	54
3.2.10	Confidentiality.....	55
	Design limitations	55
	Researcher positionality.....	55
	Trustworthiness.....	56
	Conclusion	56
4	CHAPTER FOUR: LIFE HISTORIES OF STUDENTS WITH DISABILITIES	57
	Introduction.....	57
	General data from interviewee respondents and life histories	57
	Life histories of the participants in relation to their TVET	57
4.2.1	Nunu’s life history	58
4.2.2	Thandeka’s Life History	60
4.2.3	Sihle’s Life History.....	63
4.2.4	Sandile’s Life History	66
4.2.5	Amahle’s Life History	68
4.2.6	Sibusiso’s Life History	71
	Conclusion	73
5	CHAPTER FIVE: DISCUSSION: EXPERIENCES OF STUDENTS WITH DISABILITIES AT A TVET	74
5.1	Introduction.....	74
5.2	Coding for themes.....	74
5.3	Major theme one: Othering:.....	76
	Physical factors: Inaccessible environments	76
	Social barriers: Hostile Attitudes	79
5.4	Discussion on othering.....	80
5.5	Major theme two: Academic ableism	83

Rigid curriculum	83
Non-conducive learning environment.....	83
5.6 Discussion of Data.....	85
5.7 Emerging theory: Ableist othering	86
5.8 Major theme three: Poverty	88
5.9 Enablers of learning	89
5.9.1 Personal factors	90
5.9.2 Family factors.....	91
5.9.3 College factors	91
5.10 Conclusion	92
6 CHAPTER SIX: THEORETICAL ANALYSIS OF FINDINGS	93
6.1 Introduction.....	93
6.2 Findings and the social model of disability	93
6.3 Social aspects that create disability.....	95
The inclusive model and barriers to learning for students with disabilities	97
6.3.1 curriculum	97
6.3.2 infrastructure	99
6.3.3 Funding	100
6.4 Attitudinal barriers	100
6.5 Student agency.....	102
6.6 Conclusion	102
7 CHAPTER SEVEN: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS	104
7.1 Introduction	104
7.2 Questions to be answered in the research.....	104
7.3 Broad overview of findings	105
7.3.1 What factors impede the success of students with disabilities?	105
7.4 What are the factors that impede access of students with disabilities?	109
7.4.1 Lack of information.....	109
7.5 What are the factors that facilitate success of students with disabilities?	110
7.5.1 Personal factors	110
7.5.2 Family factors.....	111

7.5.3	College factors	111
7.6	What are the factors that facilitate access of students with disabilities?	111
7.6.1	Government financial aid.....	111
7.7	How can the needs of students with disabilities be addressed in terms of epistemic, physical, and social inclusion?	112
7.7.1	Epistemic inclusion	112
7.7.2	Physical inclusion.....	112
7.7.3	Social inclusion	113
7.8	What are the experiences of students with disabilities at a TVET College?	113
7.9	Inclusive education	114
7.10	Recommendations.....	115
7.11	Limitations	116
7.12	Areas for possible future research	117
7.13	Personal Reflections	117
7.14	Conclusion	117
8	REFERENCES	118
9	ADDENDA	129
10	Addendum A: Ethical Clearance letter	129
	129
11	Addendum B: Interview questions	130
12	Addendum C: Mapping exercise	131
13	Addendum D: Transect walks	132
14	Addendum E: Informed consent to participate in research	133
15	Addendum F: Declaration	135
16	Addendum G: Gatekeeper permission	136
17	Addendum H: Gatekeeper permission to conduct research	138

LIST OF TABLES

Table 1: Research Participants' Demographics.....	51
Table 2: Showing how the major themes were identified	75
Table 3: Enablers of Learning	76

LIST OF FIGURES

Figure 1: The Four models adapted from Harris and Enfield (2003, p.172).....	30
Figure 2: Nunu's life map.....	58
Figure 3: Thandeka's life map	60
Figure 4: Sihle's life map	63
Figure 5: Sandile's life map.....	66
Figure 6: Amahle's life map.....	68
Figure 7: Sibusiso's life map	71
Figure 8 Picture showing an inaccessible lecture room	77
Figure 9: Picture showing an inaccessible door to the hostel.....	78
Figure 10: Map 1 showing inaccessible places around the college.....	79
Figure 11: A photo showing a shiny board	84
Figure 12: A photo showing unfavorable room layout and large classes.....	85
Figure 13: Ableist othering and sub components	87
Figure 14: Barriers in TVETs from the perspective of the social model of disability	97
Figure 15: Intersectionality between poverty, gender, race and disability	108
Figure 16: What the college would need to provide inclusive education.....	115

PROLOGUE

I begin this dissertation with a vignette from my own experiences as a lecturer at a Technical and Vocational Education and Training College. This will reveal something about my position as a critical researcher and what motivated me to undertake this study. It is about a student whom I will call Sihle, a pseudonym to protect her identity.

Sihle is a student with a physical impairment who always sat under the stairs waiting to receive scraps of scribbled papers with notes from her able-bodied friends attending classes on the floors above. Due to her mobility problems, she could not climb the stairs to the classrooms and could only attend classes if they were on the ground floor. She could not see the lecturer nor the white board. She depended on notes thrown to her by her friends. I found this practice discriminatory, devaluing the students' personality and also limiting her learning potential. I therefore developed a desire to learn more and also to give this student a voice by telling me about her experiences as a person living with disabilities.

Then it was announced in the staffroom by one of the senior lecturers that the Department of Co-operative Governance and Traditional Affairs (COGTA) would bring to college three students with visual impairments to pursue a diploma in Public Management for employment purposes. When they finally came, I found myself observing them and wanting to know more about how they managed to "learn in darkness." And so this study was born.

KEY CONCEPTS: Access, success, barriers, disability, impairment, inclusive education

1. CHAPTER ONE: BACKGROUND TO THE STUDY AND RATIONALE

1.1 Introduction

This chapter introduces the study by providing a summary of the whole dissertation. It begins with the discussion of the focus and purpose of the study followed by the rationale, the aim, study objectives and significance of the study in education. Definitions of the key concepts used in this study are provided. The chapter also highlights the types and causes of disability as well as the commonly used models of disability. The research design and methods used, as well as the scope of the study are also explained. This chapter concludes with an outline of all the chapters that are presented in this thesis report.

1.2 Focus and purpose of study

With the dawn of democracy, government introduced several pieces of legislation and policies to address disability in post school education. In 1998, the Further Education and Training Act was introduced to ensure that disabled learners are able to access education. Unfortunately, there is still a gap between education policy and practice. Technical Education and Training Colleges (TVETs) currently lack the capacity to cater for students and staff with disabilities (DHET, 2013).

There is under-representation of students with disabilities in TVET Colleges. This may suggest that there are barriers which discourage them from entering the college. The few that enroll soon drop out, suggesting lack of persistence and retention. In my experience as a lecturer, these TVET Colleges lack the relevant infrastructure, resources and capacity to accommodate them. There are also challenges of how to access services on campus. There are stairs to classrooms and to residential buildings (hostels), and lecturers are not qualified in handling students with disabilities. Lecturers are also not flexible in their teaching methods. Most of these students come late to class because they are still trying to find their way around. Due to the challenges that they encounter, they end up underperforming or failing to cope academically. Some of them repeat courses and they generally take longer than other students to complete their diplomas. A bursary funding scheme for learners with disabilities was made available in TVETs through

the National Student Fund (NSF). This bursary was to assist with the purchasing of resources to assist students with disabilities. These funds are underutilized (DHET, 2013). This has further contributed to the continued inequalities in access. Thus, I felt the need to address these concerns and so contribute to ensuring that TVETs accommodate and serve students with disabilities.

Given this context, the purpose of the study is to investigate the experiences of students with disabilities at a TVET College regarding factors that facilitate or impede their access to and success at the college. The study might contribute in addressing barriers that these students encounter and thereby meet their learning needs. I intend to develop guidelines that may support their accommodation in teaching and learning. It is also envisaged that a conducive enabling environment will help in boosting their morale and thus promote their wellbeing.

This study was conducted at a TVET College in KwaZulu-Natal. The study focused on two physically impaired students from the National Curriculum Vocational (NCV) programme, who are both females, and four visually impaired students of whom two are females, and two males. The three visually impaired learners are from the business studies programme, whilst one female student is from the NCV Programme. The *case* is this group of learners with disabilities. The context of the case is the TVET College. The focus within the case is their accommodation within the college in terms of the factors that facilitate or hinder their access and success.

1.3 Rationale for study

The motivation to pursue this study stems from my personal experiences and observations as a TVET lecturer. Disabled students in TVETs are ignored and unassisted. Their counterparts and staff avoid and isolate them as if disability is contagious. I have observed a physically challenged student falling off stairs. I have noticed a visually impaired albino student battling to read a question paper in an exam. Some of the learners called the student *isishawa*. The belief is that she is cursed. Disability in this TVET is viewed by some to be a result of sin. There are even constructions that the albino student is an illegitimate child of a white man. There is also a belief that the parents of the disabled were bewitched. This has been coined the “moral model of disability” by disability policy scholars (Kaplan, 2000).

In TVETs, the curriculum is rigid. As a result, it fails to cater for the diversity in the learner population, thus disadvantaging the learners with disabilities. I have observed some chalkboard

notes being erased before students with disabilities had sufficient time to copy them. Some lecturers in TVETs see the disabled learners as abnormal. They label them as easily irritable, disruptive, short tempered and difficult to deal with. The prevalence of such attitudes is confirmed by Johnstone (2001) who postulates that disabled learners are often negatively labeled as unpleasant to teach and are only passive recipients of a welfare system.

As a lecturer and a mother of a disabled child, I have a desire to break the stigma of exclusion attached to the disabled learners. I feel that society is disabling them; for example, if there are no ramps, the physically challenged students are not accommodated. Moreover, the hostel (residential buildings) and classrooms are not accessible. They have stairs. According to Muthukrishna and Schoeman (2000, p. 5), “numerous students with deficiencies experience learning breakdown and exclusion because their learning needs are not met. This is caused by barriers in the learning environment and in the broader society.”

Barriers to learning are defined by Borland and James (1999, p. 86) “as all of the things that hinder teaching and learning.” Examples may include the attitudes and teaching approaches of different educators. Parts of the school curriculum can make it difficult for learners to learn.

These include: “what they learn about; the language they learn through; how classrooms are organized and managed; teaching methods; the pace of teaching; learning materials and equipment; and how learners are assessed. This may make learning difficult, especially if the right kind of support is not provided” (Borland & James, 1999, p. 86).

There is also a need for breaking the stigma of humiliation attached to disabilities in TVETs. Some view the disabled students as sick weaklings who are in need of medical attention. I have heard some discriminatory utterances like “*sifunani isixhwala la*” which means “what is this weakling doing here”. They seem to see the disabled students as sick and therefore incapable of learning. Some parents even hide away their disabled family members, thus excluding them from learning. This deprives them of any chance at having a meaningful role in society. Identifying disability with the impairment of the person has been coined the “medical model of disability” (Kaplan, 2000).

Most of these negative attitudes are mere misconceptions that stem from lack of proper understanding of disabilities and how they affect functioning. "These misconceptions stem directly from the traditional systems of thought called superstition" (Abosi, 2000, p. 48).

My topic is significant in education as it may draw awareness to the need for equal access. Many disabled students in South Africa still lack access to education. They have remained locked out of living their lives fully due to their disabilities. They are denied the opportunities that they could have, for example, employment.

Overall aim of the study

This study aims to investigate the experiences of students with disabilities at a TVET College regarding factors that facilitate or impede their access to and success at the college. While there is a body of South African literature on inclusive education in schools (Donohue & Bornman, 2014) and some literature on disability in higher education (Howell, 2006; Tugli, 2013), there is very little on disabled students and vocational education, and in TVETs in particular. Students with disabilities are a minority group in TVETS. Their voices are not heard. They lack access to educational resources and do not participate in decisions regarding learning. Some of them lack self-esteem. According to Nuwagaba and Rule, (2015, p.55) "Lack of self-esteem and confidence may be seen as the psychological corollaries of structural marginalization and become internalized forms of disempowerment. This makes them vulnerable when seeking learning opportunities or participating in learning activities as they cannot assert themselves". Also their experiences have been missing from earlier research (Holloway, 2001) and "their voices have hardly been heard" (Fuller, Bradley & Healey, 2004). This study thus seeks to make a contribution in addressing this gap.

1.3.1 Questions to be answered in the research

- What are the factors that facilitate or impede access of students with disabilities in a TVET College?
- What are the factors that facilitate or impede success of students with disabilities in TVETs?
- How do students with disabilities negotiate the barriers they encounter in TVETs?

- How can the needs of students with disabilities be addressed in terms of physical, social and epistemic inclusion?

1.4 Background of the study

Past and present perceptions of disability

Global perspective

Around the world, there have also been social stigmas and negative stereotyping about disabled people. As early as 355 B.C., Aristotle is quoted as saying that those “born deaf become senseless and incapable of reason” (Corker, 2002, p. 13). This is where the myth that deaf people are also dumb originated from. In ancient Israel, people who were born disabled weren’t allowed to own property or do any form of business. They also were not liable, and were not punished for any damage or injury they caused. In ancient Greece, disabled people were considered to be “non-persons”, and were rejected by their parents (Corker, 2002). Among the Greeks, Plato recommended that the deformed offspring of both the superior and inferior be put away in some “mysterious unknown places.” During the 16th century, Christians such as Luther and John Calvin indicated that the mentally retarded and other persons with disabilities were possessed by evil spirits. On the contrary, “early Christian principles introduced the opinion that disability is neither a disgrace nor a punishment for sin but a means of purification and a way of grace” (Block, n.d).

In other settings, persons with disabilities were accepted and treated in respectful ways. In contrast to the African culture, America’s past is filled with recurrences of a damaging myth of people with disabilities being “cute” or lovable little things in need of help” and as incapable of living constructive lives. Sadly, this promotes the myth of disabled people as incapable and in desperate need of help” (Block, n.d).

African perspective

Studies of African cultures in relation to disability have revealed that ignorance, superstition and fear are social factors that have intensified isolation of disabled people (Abosi, 2000; Munyi, 2012). Disabled babies in some traditional African countries like Nigeria and Botswana

were killed or abandoned at birth because it was believed that they would bring bad luck to the family. Such a child was a "shame" to the whole family, hence their rejection by the family or the community (Abosi, 2000; Munyi, 2012). According to some African writers, the burden of disability is endless and life with a person with disabilities is alleged as a life of endless sorrow. The able-bodied are always obliged to help them. People with disabilities and their families are seen as objects of charity. Their role is to stimulate compassion in others, to awaken feelings of sympathy and kindness (Munyi, 2012).

As indicated above, Africans traditionally attribute causes of disabilities to sorcery, sex-linked factors, God and or supernatural forces (Abosi, 2000; Munyi, 2012). These negative stereotypes also may rise out of religious and cultural beliefs, and for example, disability is seen as punishment from God or ancestral spirits. These stereotypes and constructions about disability make them view the disabled students as pitiful or evil and not human. The desire to shun whatever is connected with evil has affected these students' attitudes towards their counterparts with disabilities simply because disability is associated with evil. According to Moabelo (2012, p. 2), "People with disabilities ought not to be viewed as objects of charity, but as subjects with rights and they are capable of being active members of the society as well as making decisions that influence their own lives based on free and informed consent".

As a result of these superstitions, the vast majority of Africans with disabilities are excluded from schools and opportunities for work, virtually guaranteeing that they live as the poorest of the poor. School enrolment for the disabled is estimated at no more than 5-10 percent and as many as 70-80 percent of working age people with disabilities are not employed. The social stigma associated with disability results in marginalization and isolation, often leading to begging as the sole means of survival (WHO, 2011).

While throughout the world many changes have taken place in the status and treatment of persons with disabilities, the remnants of tradition and past belief influence present-day practices affecting such groups of people (WHO, 2011).

1.5 Types and causes of disabilities

According to the United Nations Convention on the Rights of persons with Disabilities, *disability is an evolving concept and that disability results from the interaction between persons with long-term physical, intellectual and sensory impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others* (UN General Assembly, 2006, p. 1).

Types of disabilities include various physical, mental and sensory impairments that can impede a person's ability to carry out day to day activities. These impairments can be labeled as disability of the person to do his or her day to day activities. Illnesses like cancer, heart attack or diabetes cause the majority of long-term disabilities. Back pain, injuries, and arthritis are also significant causes. Lifestyle choices and personal behavior that lead to obesity are becoming major contributing factors (Nazarov & Lee, 2012). The disabilities that I will focus on in this dissertation are physical and visual impairments.

1.5.1 Physical impairments

Physical impairments can be either in-born or acquired. They can also be the effect of a disease. Physical impairments can be visible or invisible, fluctuating or sporadic, chronic, progressive or stable. Some involve extreme pain, some less, some none at all. A person with a physical impairment may need to use some assistive devices for assistance with mobility, for example, a wheel chair, walking stick or crutches. The term physically-impaired also includes people without limbs or who, because of the shape of their body, require slight adaptations to be made to enable them to participate fully in society (Nazarov & Lee, 2012).

One of the participants in this study was born with clubbed feet, causing her mobility problems. The other participant was born with muscular dystrophy which weakens her muscles. This is a hereditary condition.

1.5.2 Visual disability

Visual impairments can be caused by many factors, including disease, accidents, and hereditary illnesses. The loss of sight may be total or partial. There is a difference between the needs of visually impaired individuals and blind people. Common causes of vision loss include cataracts, diabetes (progressive blindness) and retinal detachment (loss of vision) (Nazarov & Lee, 2012).

Some of the visually impaired students in TVETs were affected by diseases like measles and diabetes.

1.5.3 Albinism

Albinism is not a disability but an inherited condition. The person is unable to produce normal coloring of the skin, hair and eyes. These people identify with other disabled people due to the nature of discrimination they experience. They often develop visual impairments (Braathen, 2005). One of the participants in this dissertation was an albino with visual impairments.

According to African myths and superstitions, albinos vanish during their teens. This is not true as most of them have a normal lifespan and normal intelligence. It is society which makes them vanish by killing them. Some people believe that they are cursed and can bring bad luck.

In rural areas of Zimbabwe, for example, babies with albinism were killed. In Ghana, if the eldest son in the line of traditional chieftainship is an albino, he will not be ordained as traditional chief when it is his turn, for the community considers him to be infested with albinism. His junior brother with no albinism will be crowned chief instead (Machoko, 2013).

In some African countries like Malawi, albinos' body parts are believed to bring wealth and good luck. As a result, attackers chop off their limbs and pluck out organs to sell them to witchdoctors (Braathen, 2005). Some students with albinism have deliberately restricted their movement to the necessary minimum due to fear and thus fail to get education

As a lecturer at the TVET, I have observed that: hearing, cognitive or learning disabilities and psychological disorders are common in TVETs, although they are not relevant in this dissertation. Hearing disabilities include people that are completely or partially deaf. Those with psychological disorders are often negatively stereotyped by some students as being possessed by demons.

1.6 Theoretical and conceptual frameworks

There are four models of disability: the charity, rights-based, medical and social models. In this dissertation, the social model of disability would be used. According to this model, disability is caused by the way society is organized. The medical model focuses on what is 'wrong' with the person, not what the person needs. This creates low expectations and leads to people losing

independence, choice and control in their own lives (Kaplan, 2000). The belief is that, when barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives. Also an inclusive model of education is used in this thesis. The call is for society to build a more positive understanding of disability so that everyone can be seen as equal and not inferior or superior to others.

According to the White paper On the Rights of persons with disabilities, 2015, Inclusion denotes a shift from an ‘individual’ to a system change model. The emphasis is for society to change to accommodate all people. Since inclusion recognizes diversity, all students are therefore entitled to appropriate education in a supportive learning environment

1.7 Legislation on disability

The Bill of Rights, Chapter 2 of the Constitution states that every person has the right to basic education including adult basic education and to further education, which the state, through Realistic measures must make progressively available and accessible (South Africa, 1996).

Section 9 of the constitution gives every eligible citizen the right to vote. Also included were those with impairments. This was a good indication that disability had become an important issue for consideration in the South African policy documents. During the apartheid era, persons with disabilities experienced discrimination. The new legislation therefore addressed such discriminations as a way of improving the livelihoods of persons with disabilities. According to the South African Constitution (South Africa, 1996, Section 29), Legislation also plays an important role in funding TVETs in South Africa as well as governing and assessing them.

According the Education White paper 6, Educational institutions have an obligation of providing equal education opportunities to all learners in their care including youths with disabilities (DOE, 2001). This is further supported by the 2006 United Nations Convention on the Rights of Persons with Disabilities which reaffirms that all people with all types of disabilities should enjoy all human and fundamental freedoms on an equal basis with others, and identifies areas where adaptations have to be made to enable people with disability to exercise their rights effectively (UN, 2006).

Persons with disabilities get less consideration, less stimulation, less education, less medical care, less upbringing and sometimes less nourishment than other children (Oliver, 1996). UNESCO (2001) states that “there should be recognition of and promotion of equal treatment of youth and the promotion of a gender inclusive approach to the development of youth, where the social influences of gender, disability, and the impact of sexism and the particular circumstances of young women are recognized” (UNESCO, 2001, p. 6).

According to the White Paper on Rights of People with Disabilities (DSD, 2015), persons with disabilities should enjoy the same rights as their fellow citizens. Citizens and institutions should therefore seek to create a caring and inclusive society that protects and develops the human potential of persons living with disabilities.

In South Africa, among the pieces of legislation and policies that emanated from the social model perspective are the South African Schools Act No 84 of 1996, the White Paper 6 of 2001 on Special Needs Education and Building an Inclusive Education and Training System, as well as the White Paper on the Rights of Persons with Disabilities (2015). According to the White Paper on Disability, “All these acts and policies were geared towards inclusion, equity and equal access across the education landscape for learners with disabilities” (DSD, 2015, p. 31). I have chosen the social model of disability and the inclusive model of education to direct this research report because of their relevance to disability.

1.8 The TVET context

TVET is an abbreviation for Technical Vocational Education and Training. TVET Colleges offer courses that are vocational or occupational by nature. This means that the student receives education and training with a view towards a specific range of jobs or employment possibilities (DHET, 2013). However this is not the case with some courses like the NCV programme. The NCV programme is highly academic. It is very rigid with more theory than practical components.

TVET systems are built to address vocational needs and to further promote personal, social, civic and economic development in their country. Their mission is to provide people with intermediate to high-level skills that would lay a foundation for higher education, facilitate the transition from school to work and develop autonomous life-long learners (DHET, 2013).

Some students may qualify for admission to a University of Technology to continue their studies at a higher level in the same field of study as they were studying at the TVET College. Public TVET Colleges are established and operated under the authority of the Continuing Education and Training Act 16 of 2006 and reside under the Department of Higher Education and Training (DHET, 2013).

On the News 24 of Friday 16 January 2014, Higher Education Minister Blade Nzimande reported that there was no national policy on disability to guide education and training organizations in the post-school area. Individual educational institutions had to work out unique ways in which to address disability. Resources to help the disabled students had to be allocated within each institution according to their programmes, as levels of commitment toward disabled people varied significantly between institutions. Nzimande complained of very low numbers of people with disabilities in colleges, despite the fact that bursary funding for learners with disabilities was available. He said that the low uptake of bursaries was a matter of serious concern since inequities in access still continued in TVETs (Nzimande, 2014).

In TVET Colleges, there is still no ring-fenced funding to improve the accessibility of buildings, although the norms and standards for funding these colleges do provide for additional funding for learners with special needs (DHET, 2013). Nzimande said that greater attention was to be given to ensuring that the colleges improved their capacity to accommodate and serve students with disabilities.

A strategic policy framework would also be necessary to guide the improvement of access to and success in post-school education and training for people with disabilities (DHET, 2013). The framework will set norms and standards for the integration of students and staff with disabilities in all aspects of university or college life, including academic life, culture, sport and accommodation (DHET, 2013).

1.9 Definition of terms

1.9.1 Disability

Being disabled has many meanings and is conceptualized in different ways. Some become disabled because of specific conditions like cerebral palsy, epilepsy, being blind or physically impaired. Being disabled may imply social restrictions placed on disabled people. Seale categorises the definition of disability according to the medical model and the social model approaches to disability. The medical approach to disability assumes that the cause of disability is located solely within the student, whilst the social model looks at the impact of the student's environment (Seale, 2013). According to the UNCRPD (UN General Assembly 2009, p. 1), disability results from "the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective Participation in society on an equal basis with others."

Since my intention is to detect inaccessibility and barriers, I will use an environmental definition of disability in this research study. This definition views disability as "an interaction between an individual with an impairment and an environment that lacks adaptations. Disability is seen as the property of the environment and not the person" (Oliver & Barnes 1998, p. 18).

1.9.2 Impairments

Impairment in this study will be used to refer to "a condition of the body or mind, such as lacking a limb or being partially sighted" (Burchardt, 2004, p. 736). Impairment is understood to be an element of an individual. The environment is seen as static and impersonal. The individual is changed to fit society. Impairment is a biological function, and disability is the social response to people with impairments. "Impairment is actually the cause of disability and the difficulties encountered by people labeled disabled" (Barnes, 2010, p. 4). Terms like *handicap*, *cripple* and *invalid* are sometimes used synonymously with the term impairments. They will not be used in this study as the researcher considers them as oppressive societal labels for people with impairments.

1.9.3 Disabled students or "students with a disability"

There are also debates on the use of the terms "students with a disability" or "disabled students." Seale (2013, p. 5) argued that:

referring to 'disabled students' was preferable to referring to 'students with disabilities' because the term 'people with disabilities' implies that the person's impairment or condition causes them to be 'disabled', whereas 'disabled person' implies that the person is disabled, not necessarily by their condition or impairment, but by society and its inability to cater effectively for that person.

The term *students with disabilities* in this study is used as it is more accepted in South Africa. I also prefer it as I believe in 'people first' language, which is, placing the person before the impairment. People with impairments are people and therefore should not be defined by their impairments. For if, "we target impairments, people with disabilities will soon believe that their lives are not worth living. Terminology has the effect of labeling people with impairments and labels will emphasize their "weakness" rather than strength. This in turn will create a culture of non-acceptance of diversity.

In general, it is appropriate to reference the disability only when it is relatable to the situation. The person is much more important than the disability. For instance, it is better to say "The student, who has a disability" rather than "The disabled student" because it places the importance on the student, rather than on the fact that the student has a disability.

1.9.4 Barriers

The World Health Organization (2001, p. 214) defines barriers as "Factors in a person's environment that, through their absence or presence, limit functioning and create disability." Examples may include: "a physical environment that is not accessible, lack of relevant assistive technology in learning, negative attitudes of people towards disability and services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in all areas of life" (WHO, 2011, p. 214).

In this study, a barrier to learning is anything that stands in the way of a student being able to learn effectively (Borland & James, 1999). I have used this definition because a person with impairment only finds him/herself in a disabling situation when the surroundings are inaccessible. A student may experience one or more barriers to learning throughout his or her education, for example, an inflexible curriculum. A student with a disability will experience their disability as an intrinsic barrier to learning and will require varying levels of support to

accommodate their impairment in order to reach their full academic potential. There can also be societal/environmental barriers. For example, extreme poverty, abuse or neglect will all act as barriers to a student's learning (Borland & James, 1999).

1.9.6 Access and success

Access

“Access to education lies in how people think and talk about education as a human right and how the representation or non-representation of different voices in educational policies, including the constitution, advances or hinders the realization of open access to education as a basic human right” (Du Plooy & Zilindile, 2014, p. 187). The schooling system in South Africa is differentiated according to those with special needs and those that are normal. There is a dominant mainstream system for normal learners. “Not all learners are accommodated in special schools. Yet education is a fundamental right which needs to be freely available to all learners” (South Africa, Constitution Act 108 of 1996, sec.29, p. 1). Physical access addresses matters like how easy it is to get to the classroom or move around, whilst epistemological access is about how appropriate the curriculum is in terms of level, language and content. Social access addresses other activities and responsibilities that students have, including their socio-economic circumstances (Dhunpath & Vithal, 2012).

Success

Success in this study may include different dimensions for SWDs. For SWDs success may entail meeting academic standards, for example, passing, proceeding through the system to graduation, being accepted socially by others and achieving own set goals.

1.10 Methodology

A qualitative research design was employed to understand through the critical paradigm the experiences of students with disabilities at a TVET College, that is, factors that facilitate or impede their access and success. A mixed approach in research styles and methodologies was used. Life histories were used within a case study approach.

Interviews were conducted as one method of data collection. Also, mapping, storytelling and transect walks were used as data production techniques because of their suitability in a participatory case study. These methodologies ensured trustworthiness of the data through triangulation. From these in-depth interviews with six students with disabilities, a case study was developed. Interviews were tape-recorded and transcribed. Thematic content analysis was developed through close textual readings of interview transcripts, and the data was classified under category headings.

1.11 Structure and organization of the dissertation

This dissertation comprises six chapters: The breakdown of these chapters is briefly discussed below.

Chapter Two

The second chapter explores the subject literature, that is, work that has covered disability in various contexts, particularly higher education, around the world. The inclusive model of education and the social models of disability are discussed as the theoretical frameworks of the research study.

Chapter Three

The third chapter discusses the research methodology and the approach that was taken to collect data. I start by explaining the research design and methodology. Secondly, I discuss the data collection methods used in the study. The research participants' demographics are explained and tabulated. Data analysis and coding are explained. I end with the ethical implications and challenges or limitations of the research study and my position as researcher in this study.

Chapter Four

Chapter four is the life histories of students with disabilities. I will begin each life history with an individualized life map. The life map will provide an overview and a summary of key events in the participant's life. These key events will include family and social background, origin and nature of impairment, experience of schooling: mainstream/special; dropping out; barriers; enablers; and feelings. Also, the participants' experiences of college: application; admission;

teaching and learning; assessment; relationships; barriers; and enablers will be explored. Finally, I will also look at the participants' hopes and aspirations.

Chapter Five

Chapter five is the discussion of the experiences of students with disabilities at a TVET College. The findings of the research will be presented. The rich data which emerged from the life histories, interviews, mapping and transect walks will be discussed. Data will be analyzed using thematic coding. This data's themes and patterns will be discussed in relation to the research question.

Chapter Six

Chapter six is the theoretical analysis of the findings. I will analyze, interpret and discuss data using the social model of disability and the inclusive model of education. The various barriers to participation will be debated in relation to the social model of disability and the inclusive model of education.

Chapter Seven

Chapter seven aims to synthesise and integrate the discussions and findings that emerged from this study. In this chapter, I examine the research questions in relation to the study's findings and the relevant literature. Additionally, I discuss the implications, insights and recommendations stemming from the research and an overview of the study's limitations. Lastly, I examine areas for possible future research.

1.12 Summary

Chapter one discussed the introduction to this study, including the focus, purpose and rationale. The significance of the study was also outlined. The roots of disability oppression from the past and current disability discourse are debated. The aims and objectives are stated including the TVET context. Types of disabilities like visual, physical and albinism are explained, including their causes. Terms like disability, impairments, barriers and access were defined. In addition, research methodology and the structure of the dissertation were outlined.

2 CHAPTER TWO: LITERATURE REVIEW & THEORETICAL FRAMEWORK

2.1 Introduction

The second chapter is an in-depth discussion of work that has been written on the experiences of students with disabilities in institutions of higher learning in various contexts around the world. I will discuss concerns and arguments of various authors on disability. The social model of disability and the framework of inclusive education will be discussed. Explanations will be given as to how these models have been applied in relation to my topic.

In the first part of the literature review, I frame and develop three lines of argument on the lack of lived experiences of students with disabilities, failure to involve them in the research process and their lack of voice which has led to a culture of silence.

Howell (2006) notes that there is lack of appropriate and adequate provision for learners with disabilities in institutions of learning. This has greatly affected access to higher education for students with disabilities. Similarly, Fuller, Bradley, and Healey (2004) points out that the lived experience of students with disabilities has been missing from previous studies and therefore calls for research which treats seriously the perspectives of disabled students. Other concerns that are raised by these disability writers include failure to involve students with disabilities in the research process, and investigating how these students experience teaching, learning and assessment.

Oliver and Barnes (2010) also comment on the lack of information on the lived experiences of disabled students. They acknowledge that it has been missing from previous studies and call for research that will involve informants in the research process as far as possible. Until institutions consult their disabled students directly, they will continue being ignorant of the difficulties and barriers faced by students with disabilities as they go about with their daily business (Tinklin & Hall, 1999). The above information has provided the rationale for the current research study.

McKenzie, Miji, and Gcaza (2014) assert that, although a social model of disability is still widely used in Southern Africa, a human rights approach is becoming prominent. Environmental factors may pose barriers to participation for persons with impairments. These barriers are viewed as a form of social injustice that countries should address. Barnes (2008)

cited in McKenzie et al. (2014, p. 2) posits that “An emancipatory research approach must at least include a focus on environmental barriers, and must prioritize the knowledge and experience of people with disabilities”. Since most research about students with disabilities has failed to involve them in the research process, my study aimed at involving them in the research process, as I have a desire to treat their perspectives seriously.

As indicated above, commitment to serve students with disabilities in vocational education colleges is still hopelessly weak, and there has been minimal research on disability and learning in TVETs. Some research has been conducted on the barriers to access in various contexts like schools and universities (Tugli, 2013; Du Plooy & Zilindile, 2014; Muthukrishna & Schoeman, 2000). Also, the focus in inclusive education has been more on lower phases of education and this creates the need to find out more about what happens in TVETs.

2.2 Factors that impede access of students with disabilities

This first part of the argument will address factors that hinder access of students with disabilities. The different aspects that will be discussed include access to content, societal barriers, culture of silence as a barrier, access to information as a barrier and institutional barriers.

It has been renowned that academic and social barriers can hamper learning. Some relevant research has been conducted in South Africa on disability in a higher education institution. Tugli (2013) investigates the challenges that learners with disabilities at the University of Venda in the Limpopo Province face. He finds that academic and social barriers hinder students with disabilities from learning. Tugli (2013) uses the findings to develop guidelines that will promote the accommodation of students with disabilities (SWDs) in the learning environment (Tugli, 2013). He recommends that the Department of Higher Education and Training (DHET, implement and develop inclusive institutional policies that will help in eliminating these barriers in learning (Tugli, 2013). This dissertation is similar to mine in that I also wish to develop guidelines that will assist in the accommodation of students with disabilities in TVETs.

Institutional policies that are not put into practice may have an effect on the lives of SWD. Prinsloo (2001) also highlights the problems that students with disabilities face in the South African education system. The rights of students with disabilities are not fully protected by

inclusive policies. As a result, these students are marginalized and excluded. Prinsloo (2001) therefore recommends that teachers be trained and empowered in order to identify and effectively support learners who experience barriers to learning. From my own experience as a lecturer in TVETs, students with disabilities are even denied access to certain courses because they are believed to be unable to meet the course requirements due to their impairments.

From the above article, it can be deduced that inclusive policies do not protect individual rights adequately. Students with disabilities are still marginalized and excluded, yet the South African constitution emphasizes the right to education for all and also recognizes diversity. My personal view on inclusion is that people are different. They have different backgrounds, racial groups, cultural backgrounds and disabilities. It's unfair keeping people isolated because of their differences. On the other hand, inclusive education without support is not inclusion but dumping.

Access to content can act as a barrier to learning amongst SWDs. At the University of North Texas in the USA, Vora (2013) assesses the state of accessibility in emerging ed-tech (Using technology to enhance learning) and identifies barriers in enabling educational content to be made accessible. He finds that, "In a world dominated by the print word, disabled people remain locked-out due to lack of access to content" (Vora, 2013, p. 2). He advocates for knowledge and education around accessibility - what it means and how best to incorporate accessibility into their university teaching and learning platforms (Vora, 2013).

In another institution of higher learning, at the University of Gloucestershire, UK, Fuller, Healey, Bradley, and Hall, (2004) investigate experiences that students with disabilities in higher education have of barriers to learning. This study places emphasis upon societal constraints and barriers to participation. Similarly, Goode (2007) also explores obstacles to an inclusive learning environment at another UK university. The intention is to offer qualitative evidence to inform future provision (Goode, 2007). In both studies, a social model of disability is used. They find that students with disabilities can be accommodated in an inclusive environment if barriers are eliminated.

Similar research which also addresses barriers to learning in higher education was conducted by Gibson in 2006 in the United States of America. According to Gibson (2006), the culture of

silence acts as a barrier to inclusive education. Policies promote inclusive education yet this does not translate into practice. There seems to be total silence from the general public and educational authorities on the implementation of inclusive education. Gibson (2006) appeals for dialogue between families, pupils, schools and educational authorities for this silence to be exposed and possibly broken.

Holloway (2001) describes the outcomes from a small-scale inquiry into the experience of higher education from the perspective of students with disabilities at a university in the United Kingdom. She makes recommendations for policy and practice. Holloway uses semi-structured interviews with participants. The methodology reveals their individual experience of learning in higher education. She identifies factors that create a positive experience for students with disabilities and those which amount to discriminatory practice and marginalization. She discusses the implications of the findings for policy and practice, and draws conclusions (Holloway, 2001).

The aim of Holloway's (2001) study is to give voice to those students with disabilities who wish to reflect on issues affecting their learning, since participation of students with disabilities in higher education is an issue of both equal opportunities and empowerment for the students concerned. However, despite a growth of interest in widening access and participation in an inclusive education, other researchers such as Gibson (2006) and Fuller, Bradley and Healey (2004) feel that the voices of students with disabilities themselves have hardly been heard. I personally feel that there is still a culture of silence in addressing issues that affect students with disabilities.

Access to information is one of the barriers to access that has been identified by some disability writers. Vickerman and Blundell (2010) report on insights into the views and experiences of students with disabilities in one Higher Education institution in the UK. Data were collected through a questionnaire and interviews. The purpose is to hear the opinions and experiences of SWDs about a series of learner support practices within Higher Education. Findings indicate a lack of information in supporting students with disabilities in making choices about gaining information of pursuing Higher Education. Thus, without information to make informed choices, students with disabilities not only experience stress and anxiety but also difficulty in

preparing themselves for Higher Education. This has resulted in a very low proportion of students with disabilities in further and higher education within the UK (Vickerman & Blundell, 2010).

This also applies to students in TVET Colleges in South Africa. From my own engagement with students, they lack information about access to college. Others do get the information and state that they have disabilities on the application form. One would assume that, by accepting them, the college had acknowledged their disabilities and would provide for their needs. This is not the case. Some end up dropping out due to lack of resources that can cater for their needs.

In the above study, it was suggested that:

Higher Education (HEI) institutions should acknowledge their roles and responsibilities in empowering disabled students to advocate their views, opinions and experiences whilst taking strategic responsibility to meet the needs of individuals as necessary, rather than disabled people feeling that they have to adapt to 'fit in' to existing HE practice (Vickerman & Blundell, 2010, p.141).

The above study also suggests a need to modify the institutional policies and cultures of HE institutions together with the provision of staff development. This is to ensure that disabled people are afforded equal access and support regarding educational provision. Also, there are arguments that despite some signs of improvement in provision for students with disabilities over recent years, barriers remain regarding entrance to HE.

In an African context, Murgor, Changa'ch and Keter (2014) assess barriers to accessibility of TVET institutions by people with disabilities in Kenya. They discover that students with disabilities face certain challenges in education and training. The difficulties that they face stem from the surrounding socio-economic environment and from mainstream TVET institutions. Semi-structured questionnaires are utilized as the main tools for data collection. They find that students with disabilities in TVET institutions are discriminated against and isolated. Furthermore, students with disabilities are not able to access some of the school buildings. They recommend that skills training and instructional mechanisms must consider the specific needs of youth with different types of disabilities before putting them into a regular class. Better

coordination between the government and service providers can anticipate and mitigate this barrier. There is also the need for specialized training institutions to be upgraded and modernized, and mainstream training institutions to be adjusted to include training of persons with disabilities (Murgor et al., 2014).

The literature reviewed for this study indicates that there are several barriers that inhibit learning and access to higher education amongst learners with disabilities. The barriers comprise of factors that hinder physical, social and epistemic access to learning. These were identified from studies which were conducted mainly in schools and universities in several countries. It appears that there are few studies that have been conducted to investigate learning barriers affecting students with disabilities in TVETs in South Africa. I believe that the information obtained from schools and universities may be useful in conducting research in TVETs.

2.3 Factors that facilitate success of students with disabilities

Research has also been conducted, not only on the barriers to learning, but also on the factors that may facilitate success for students with disabilities. Three such studies were conducted by Getzel and Thoma (2008), McCall (2015) and Pham and Murray (2016).

McCall (2015) documents the experiences of four successful college students with different disabilities. “Analysis that was derived from in-depth interviews highlighted a range of informal transition supports they utilized in their transitions (e.g., self-advocacy, family support, inclusive high school programming), but just one participant described comprehensive and coordinated transition supports” (McCall, 2015, p.162). Discussion themes contained plans for transition teachers to better utilize students’ informal supports. The participants shared their stories of moving from high school to college. It was found that programmes that encourage high levels of family participation are more likely to increase academic growth, confidence, and self-advocacy skills among the students they serve.

It has been noted that self-determination strategies and approaches can intensify the retention rate of learners with disabilities in postsecondary education programmes.

Getzel, et al. (2008) investigates retention of students with disabilities in higher education. The intention is to find out the self-determination skills that they believe are vital for remaining and

continuing in college. A semi - structured interview process is used within a focus group format. Self-determination is identified by the participants as important to their success in post-secondary education (Getzel, et al, 2008).

According to the above author, college life needs more *self-determination* than is expected of students in secondary schools. There are differences in class time versus study time. The student has to choose the amount of time required to read texts, review notes, complete assignments, and study. Also, the student has to be well-organized enough to independently meet those obligations. This should be done without supervision from parents or teachers despite the distractions offered by college life. While high school is structured, college environments require students to manage their own time and organize their days and nights. This dramatic difference in personal freedom combined with the increased demand for critical thinking and independent learning can be overwhelming for students who are not self-determined (Getzel, et al, 2008).

Social relationships are another important factor that contributes to the success of students with disabilities. Pham and Murray (2016) explore the relations between parents, peer, teacher, and mentor in making adjustments among youths with disabilities. Findings show that teachers and mentors have important roles in influencing the adjustment of students with disabilities. Overall, results show that parents, teachers, and mentors contribute the most to improving the emotional, behavioral, and school-related outcomes for these youth. These findings suggest that “efforts to develop or improve adolescents’ relationships with adults, rather than peers, may be more effective at improving outcomes for youth with disabilities” (Pham & Murray, 2016, p. 235).

From the above articles on evidence-based practices of post-secondary success, it can therefore be deduced that students need self-determination skills, family involvement and support and also teacher support to be successful in post-school education. “Disability needs not be an obstacle to success but regrettably, many sources acknowledge that learners with disabilities constantly face various challenges and barriers in their educational environment” (Fuller, Healey, Bradley, & Hall 2004, p. 303). It is against this background that the articles were included as a way of acknowledging success factors in Higher Education Institutions (HEIs).

One story of success is that of Helen Keller who was born in 1880 and suffered a fever that left her blind and deaf. McGinnity, Seymour-Ford and Andries (2004) present a story of a woman both blind and deaf who succeeds in learning to read, write and speak. Helen studied Latin and German. She went to college and graduated with a Bachelor of Arts degree. Helen then went on to teach others who had disabilities similar to her own how to live in and enjoy both American and Japanese societies. Helen Keller is a perfect example of what it can mean to be blind, deaf or both and still learn successfully.

A research study carried out by Howell (2005) on behalf of the Council on Higher Education (CHE), generates information about the different ways in which public HEIs work to increase access for disabled students. The methodology that they use in the study is a combination of surveys and interviews. These methods help by permitting researchers to identify a range of practices in relation to disabilities. A social model of disability is used in the study, as this model sees the situations of people with disabilities and the discrimination that they face as a socially created phenomenon. They find that adequate financial resources are a key factor in creating an enabling teaching and learning environment for disabled students. Also personal attitudes play an even larger part in facilitating access and affirming equity (Howell, 2005).

The findings suggest the need to improve internal systems to identify students with disabilities and their profiles, to understand their needs, and to monitor the extent to which these needs are met at individual institutions.

2.4 Disability and adult education

This section introduces research that was done in community education among adults with disabilities. According to Preece (1995), most disabled adults experience educational disadvantages. This may be because most of them have difficult childhood experiences and also encounter discrimination. This contributes to a lack of educational opportunities for them. This indicates that disability is a particular form of disadvantage. Preece (1995) also postulates that there is still limited research information representing disabled persons' voices. It was found that most disabled people who acquired their impairments from childhood had less chance of achieving a professional qualification as adults; this is especially the case for women. The growing importance of TVET College courses can assist in responding to the previous

institutionalized education of people who need to learn skills of self-advocacy and basic literacy. Preece recommends equal opportunities in adult education for disabled people. She uses the themes of integration, self-worth, empowerment and consultation to support this call (Preece, 1995).

Similarly, Rule and Modipa (2011) investigate the attitudes and experiences of adults with disabilities regarding education in KwaZulu-Natal. Their study draws on an interactional model of disability and an emancipatory action research approach. Persons with disabilities were involved in conducting the research. Their study reveals that “Adults with disabilities had generally negative experiences of education as children but a strong desire to learn as adults” (Rule & Modipa, 2011, p. 1).

Nuwagaba and Rule (2016) explore barriers to learning that people with visual impairments face concerning microfinance in Uganda. They establish that disabled people are discriminated against by able-bodied society in the context of microfinance. Seeing these barriers as obstacles can lead to non-participation in learning. However, seeing them as manageable hurdles can possibly inspire participants to learn. The barriers that they identify are related to the social model of disability. “It was recommended that society should eliminate barriers which it creates for disabled people since they inhibit them from accessing services” (Nuwagaba & Rule, 2016, p. 1).

2.5 Disability and inclusion

Now I turn to literature on the inclusive model of disability. “Inclusion has been defined as including a number of key perspectives, policies and practices such as reducing barriers to learning and participation for all students, and learning from attempts to overcome barriers to the access and participation of students” (Fuller, Bradley & Healey, 2004, p. 455). The authors provide a platform for students with disabilities to articulate the barriers and opportunities that they experience in their studies. They find that, although provision for students with disabilities has improved, support for them is not yet embedded in all institutional policies and procedures (Fuller, Bradley & Healey, 2004). Thus, many areas, especially teaching and learning, are still a cause for concern. They recommend that institutions of learning should consult their students with disabilities directly so as to be aware of the difficulties and barriers that they encounter in

institutions of learning. It is believed that such information will assist by providing stakeholders with perspectives on the development of that institution's policies and practices for inclusive education (Fuller, Bradley & Healey, 2004).

Ainscow (2005) argues that inclusion is the major challenge facing educational systems around the world. Ainscow (2005) proposes some levers that can assist in easing systems in a more inclusive direction. "These include learning to live with difference and learning how to learn from difference. The barriers would come to be seen more positively as stimuli for fostering learning amongst adults" (Ainscow, 2005, p. 118). The author argues that many of the barriers encountered by students emanate from prevailing ways of thinking. The author views inclusive education as a reform that supports and welcomes diversity amongst all learners. The author further argues that the main aim of inclusive education is to eliminate social exclusion as a response to diversity. Education is a basic human right and a foundation for a more just society (Ainscow, 2005).

Ash, Bellew, Davies, Newman and Richardson (1997) report on a study of student attitudes towards students with disabilities in three colleges of further education in the UK. They find that many non-disabled students are not aware of the various issues facing students with disabilities at the colleges. Social contact between disabled and non-disabled students is not widespread, although those who have attended school with disabled pupils are friendlier to them. Whilst non-disabled students strongly support inclusive education, many view inclusion in the mainstream as dependent on the particular impairment of an individual. Disabled and non-disabled students support the view that early social and educational contact results in greater mutual understanding, and is of benefit to all students (Ash et al., 1997).

2.6 Theoretical and conceptual frameworks

The second part of this chapter presents the theoretical and conceptual frameworks underpinning this study. A theoretical framework can be thought of as a map or travel plan for a research study (Sinclair, 2007). In other words, it is a framework for understanding information. The social model of disability is a fundamental contribution to our knowledge and understanding of impairment and disability as suggested by disability scholars, disabled people

and their movements (Barnes & Mercer, 2003; Watson, 2007). This is the model that I have selected as a framework for my study, together with the notion of inclusive education.

2.7 The four models of disability

Society's views of disability has progressed from the idea of complete exclusion of disabled people, where the problem is seen as the person's impairment or malfunction, to the model of inclusion where everyone has equal access to the same services. Society is viewed as the problem causing barriers which inevitably disable people. Mason (2000, p. 180) states that, "segregation holds out a model of punishment, devaluing and isolation as society's response to... disability and because this could happen to anyone, we all live in fear and dread of it being us".

2.7.1 The charity model

The charity model views people with disabilities as victims of their impairment. The major weakness of the charity model is that it sees disability as a tragedy. This model may lead to self-fulfilling prophecy with disabled people feeling hopeless and unable to perform any societal duties (Kaplan, 2000).

2.7.2 The medical model

The medical (or individual) model considers people with disabilities as persons with physical problems which need to be cured. The major weakness of the medical model is that it wants disabled people to be normal and therefore sees them as abnormal (Kaplan, 2000). The belief is that they can be changed through special treatments and services. The medical model therefore can influence the way disabled people think and feel about themselves and can cause feelings of low self-esteem. This can then lead people to believe that their impairments stop them from participating in society, which can eventually lead to further segregation and exclusion (Barnes & Mercer, 2010).

2.7.3 The human rights model

Rights discourse sees disability as the fulfillment of human rights. This discourse advocates for the right to equal opportunities and participation in society. The rights discourse of disability

situates disability in the context of all forms of oppression, including racism and sexism (Watson, 2007).

2.7.4 The social model

The social model is closely related to the rights model. It sees disability to be a result of the way society is organized. According to the social model of disability, society imposes barriers that prevent people with disabilities from participating as equal citizens. It therefore advocates for change from society to ensure that all people have equal opportunities to access services (Kaplan, 2000).

2.7.5 Interactional models

More recent scholarship has sought to link social, psychological and biological dimensions of disability in a holistic approach that acknowledges both internal and external factors (Schneider, 2006; Rule & Modipa, 2012; Mckenzie, 2013). This approach attempts to overcome dichotomies between impairment and disability, individual and society, and mind and body. It acknowledges that different models of disability may be appropriate for different purposes and contexts.

2.8 Application of each model

A student with disabilities using a wheel chair would be viewed differently by each model. The charity model would pity her for being wheel chair-bound and perhaps provide assistance such as food parcels. The model may even suggest that she may never be able to lead a normal married life. However, the medical model may suggest that she sees a specialist doctor to see if there is any therapy that can assist her to walk again like able-bodied people.

The social model, on the other hand, may suggest that the community needs to build ramps for her to participate in social life. The rights-based model may also suggest that her employer should build rooms which have wheelchair access, for her use as that is part of her rights. Johnstone (2001, p. 33) suggests that “it is society that perpetuates the oppression and exclusion of disabled people... the onus of responsibility is shifted from the individual with an impairment

or disability to the restrictions imposed by the construction of the social and physical environment and the attitudes of institutions and organizations.”

Models of disability shape the way we treat people. There are some who believe that disability occurs to unfortunate people and that their situations are tragic. Tragic disabilities are those with no possibility of cure, where attempts at cure fail. This has been coined the personal tragedy theory by some disability scholars (Oliver & Barnes, 2010). As mentioned above, others see disability as a sickness, something to be fixed, an abnormality to be corrected or cured (Oliver & Barnes, 2010). This normally leads to negative stereotyping about disabled people, thus worsening the situation.

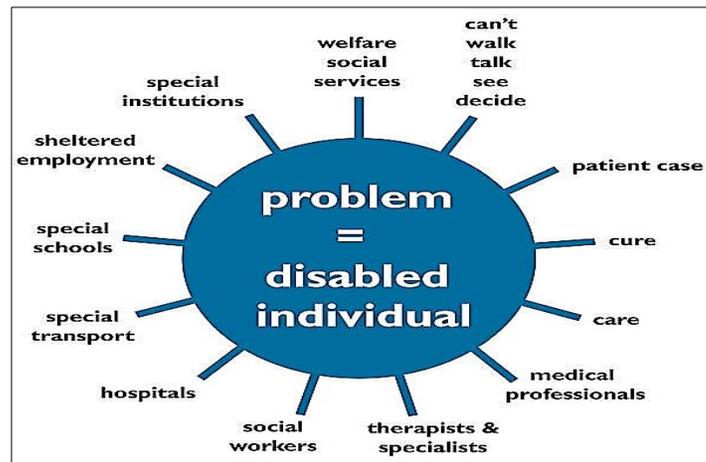
The diagram below by Harris and Enfield (2003, p.172) depicts the four models discussed above



Charity model



Rights-based model



Medical model social



Social model

Figure 1: The Four models adapted from Harris and Enfield (2003, p.172)

2.8.1 The social model of disability

My research is based on a social model of disability. It is grounded on the premise that “society must change to accommodate the diverse needs of its entire people” (Fuller, Healey, Bradley & Hall, 2004, p. 303). Barriers should be removed since they have a negative effect on students’ learning. The social model argues that disability (as opposed to impairment or illness) cannot be characterized only as a medical condition requiring medical attention, but a problem of a discriminatory society. It argues that disability is not inability. Disabled people are not given opportunities to exploit their abilities fully because of barriers that are placed by society. If given a chance, they can live healthy productive lives.

Ideas of the social model of disability originated from disabled people through sharing their experiences (Fuller, Healey, Bradley & Hall, 2004, p. 303). They formed the disabled people’s movement. These ideas were further developed by civil rights movements through campaigns. Disabled people believed that their problems are created by society and not by the impairments of people’s bodies (Kaplan, 2000).

In this model, disability is defined as “the loss or limitation of opportunities to take part in the life of the community on an equal level with others” (Burchard, 2004, p.735). Society therefore, and not personal tragedy, becomes the cause of disability. According to this model, social barriers may include negative attitudes and discriminatory policies that exclude and isolate people with impairments from full participation in education.

According to Barnes (2003) for physically challenged persons impairment means “a medically defined condition but disability is something imposed on top of our impairments; by the way we are unnecessarily isolated and excluded from participating in society” (Barnes, 2003, p, 4). The phrase social model of disability means “a shift away from an emphasis on individual impairments towards the ways in which, physical cultural and social environments exclude or disadvantage people labeled disabled” (Barnes, 2003, p. 5).

The ideas of the social model of disability fit in well with my study, as my main focus is on investigating barriers that hinder students with disabilities from being accommodated in the learning process. The aim is to create a barrier-free society. Therefore, disabling societies should be more inclusive. However, I am not suggesting that impairments do not exist. Personal

struggle related to impairment will remain, even when disabling barriers no longer exist (Kaplan, 2000).

2.8.2 Advantages of the social model of disability

Oliver (2013) views the social model as a tool to improve people's lives. This model of disability gives people with impairments the words with which to describe their experiences of inequality. Currently, no other model has been put forward that accounts for the variety of ways disability may be experienced. Barnes and Mercer (2003) assert that the social model of disability has demonstrated political success for disabled people in society and has been used successfully for political activism.

The model also helps persons with disabilities to understand what needs to happen so that they can access their human and civil rights. It provides insight on how society should be created as to accommodate people with disabilities (Carson, 2009). The model frees people with disabilities from social imprisonment. They can campaign for their rights. The social prison that they live in will be made more humane. "For what happens to disabled people exactly mirrors where humanity is going wrong" (Hughes & Paterson, 1997, p. 330).

By using the social model of disability, the belief is that all disabled people have a right to be a part of society (Carson, 2009). The denial of opportunities, the restriction of choice and self-determination and the lack of control over the support systems in their lives have led persons with disabilities to question the assumptions underlying the traditional dominance of the medical model. Through the social model, disability is understood as an unequal relationship within a society in which the needs of people with impairments are often given little or no consideration (Carson, 2009). The social model of disability, for its part, has been a source of revelation and inspiration for action. It can dismiss uncritical assumptions that disadvantage is natural and necessary, which is no small act.

According to the social model of disability, a person should be respected irrespective of their disability status. Barriers should be identified and removed (Tugli, 2013). Also, diversity should be welcomed and all students included in learning. Relationships should be nurtured. The social model is also meant to empower and develop persons with disabilities. "It has become part of

the cornerstone of the human rights approach to disability, leading to progressive and inclusive policies and legislations” (Tugli, 2013, p. 16).

2.9 Disadvantages of the social model of disability

In 2001, Shakespeare and Watson explored the background to British academic and political debates over the social model. “They argued that it was time to move beyond this position and presented three central criticisms of the social model focusing on: the issue of impairment; the impairment/disability dualism; and the issue of identity” (Shakespeare & Watson, 2001, p.27).

Despite the criticisms of the social model of disability, its critics have failed to construct an alternative model to address what is happening to disabled people at present (Oliver, 2013). Oliver recognizes that the social model itself is just a model and therefore cannot explain all the aspects of disability. He maintains that “models are merely ways to help us to understand the world better, or those bits of it under scrutiny. If we expect models to explain, rather than aid understanding, they are bound to be found wanting” (Oliver, 2013, p. 70). I support Oliver, and believe that the social model of disability is not an out-dated ideology, as persons with disabilities are truly disadvantaged by society, particularly in contexts of the South (including South Africa) where the struggle for disability rights remains a crucial arena and where progressive policies, where they exist, are often not fully implemented, if at all.

From the above literature we can conclude that the disadvantages of the social model are that: It is a rigid approach which needs more flexibility. It presents a partial and, to a certain extent, flawed understanding of the relationship between impairment, disability and society, thus setting a framework that needs clarifications and extensions and presents limits to the achievement of its own aim of inclusion. It has traditionally either avoided or excluded the issue of impairment. According to Shakespeare and Watson, (2001, p. 28), “It ignores the personal experience of pain and limitation which is part of impairment. It is out-dated and thus creates more problems than it solves”.

Criticisms of the social model have pointed out how the social model excludes or marginalizes differences associated with particular groups of disabled people, for instance women and ethnic

minorities, and how the model itself does not represent the interests of people who have particular forms of impairment, for example learning difficulties or mental illnesses (Oliver, 2013). The model, however, fails to recognize difference in an attempt to overcome discrimination. According to the social model, there is a divide between illness and disability.

Oliver (2013) suggests that asserting the complete distinction of illness and impairment or, on the contrary, their contiguity, might have more to do with terminology than with theoretical differences. Furthermore, he acknowledges that there might be some similarities between the two conditions and that some disabled people may have illness at some points in their lives. However, he also argues that disability as a long-term social state is not treatable medically and is not certainly curable. Hence many disabled people experience much medical intervention as, at best, inappropriate, and, at worst, oppressive (Oliver, 2013).

On the issue of illness and impairments, Crow (1996) supports Oliver by asserting that: “The model also ignores illness which is part of impairment, yet studies on chronic illness support the issue that people may be physically impaired and simultaneously ill. Impairment in the form of chronic illness or pain may curtail activity and participation to the extent that ‘the restriction of the outside World becomes irrelevant’ and impairment will remain, yet without disabling barriers” (Crow, 1996, p. 209).

Recent developments of the social model of disability have taken an intersectional approach, linking disability to factors such as gender, and underlying the value of the structural and social emphases of the model (Travis, 2014). This has application to the links among disability, gender, class and poverty in the present study.

Like the social model of disability, I personally reject all these articulations about impairments and illness, although I do acknowledge the problem of disability. However, I strongly feel that the problem lies within the society which fails to provide the needs and services of people with disabilities. This is interpreted as discrimination against people with disabilities. I think the personal tragedy theory is inappropriate because I believe that disability is a social state and not a medical condition. The problem is that society views disability as an illness which is curable rather than as a social condition which should be dealt with by society.

To conclude this section, I have chosen to use the social model of disability as it provides a useful lens for understanding social factors in relation to disability. It was also found useful in barrier removal. This entails the delivery of individualized services. Furthermore, it also endeavors to change the way society is structured, for example ramps as access to buildings, and to change social attitudes towards disability from exclusive to inclusive. The use of assistive devices will promote the inclusion of people with impairments and lead to social change. If the environmental factors are favorable to SWDs, this will help in improving their quality of life.

2.10 Inclusive model of education

2.10.1 Definitions of inclusive education

According to UNESCO (2001), inclusive education is seen as a reform that supports and welcomes diversity amongst all learners. It starts from the belief that education is a basic human right and the foundation for a more just society. It uncovers and minimizes barriers to learning and participation in education for all learners. As a result, the exclusion from mainstream learning will be reduced as all the needs of learners will be incorporated. This may assist in achieving quality appropriate education.

Similarly, the 2015 White Paper on disability defines inclusion as “a universal human right” that:

aims at embracing the diversity of all people irrespective of race, gender, disability or any other differences. It is about equal access and opportunities and eliminating discrimination and intolerance for all. It is about a sense of belonging: feeling respected, valued for who you are; feeling a level of supportive energy and commitment from others so that you can best fully participate in society with no restrictions or limitations (DSD, 2015, p. 8).

The democratic government addressed issues of equal access for all in education including for disabled persons. The environment was also to be altered to make it more functional for people who cannot see or walk (DSD, 2015). Given so many barriers to overcome, it has been difficult to put this government initiative into practice successfully. The aim of inclusive education is to eliminate social exclusion, thereby having a foundation for a more just society (DSD, 2015).

2.10.2 South African context: society and legislation

The inclusive model of education will be used as a complementary model for this study to be more relevant to education. The story of disability in South Africa is one of social oppression and exclusion. There are many people with disabilities in this country who have never seen the inside of a classroom due to discrimination (Howell, 2006).

In 1994, democracy was established in South Africa. The government then introduced inclusive policies to address disability. The framework for an inclusive education system is laid out in *Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training*. “The policy attempts to address the diverse needs of all, including special needs learners, by reducing barriers to and within education. Despite South Africa’s’ progress in promoting inclusive education, access to education for students with disabilities is still problematic”. There are inconsistencies between policies (DSD, 2015, p. 22).

South Africa has adopted an inclusive education policy in order to address barriers to learning in the education system. However, the implementation of inclusive education is hampered by a curriculum that fails to address a wide range of learning needs. According to the Education White Paper 6, the needs that should be catered for are: Protecting the rights of all people and making sure that all learners are treated fairly; making sure that all learners can participate fully and equally in education and society, and ensuring that all learners have equal access to a single, inclusive education system (DHET, 2013).

2.10.3 Benefits of the inclusive model of education

The inclusive model promotes increased social initiations, relationships and networks between the disabled and the normal students (Barnes, 2003). UNESCO adopted the Salamanca Statement as a foundational policy shift promoting an inclusive approach to children with special needs in education (UNESCO, 1994). “The Salamanca statement argues that regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, building an inclusive society and achieving education for all” (Ainscow, 2005, p.110). That leads to greater access to general curriculum, enhanced skill acquisition and generalization. Inclusive education provides an effective education for the majority of students and improves the efficiency and cost-effectiveness of the entire education system.

Families of the students with disabilities are more integrated into the community, leading to increased inclusion in future environments. Thus inclusion is seen as a process which places emphasis on “Uncovering and minimizing barriers to learning and maximizing the participation in education of all learners within an area whatever the origin of their barriers” (Lomofsky & Lazarus, 2001, p.315). The inclusive model of education further addresses issues of disability that include inaccessible physical environment and rigid curriculum, and can be used to transform cultures and practices in celebration of diversity (Lomofsky & Lazarus, 2001).

To conclude this section, I have chosen the inclusive model as it is essential in ensuring improvement in accessibility and in the provision of equal opportunities for all. From a research perspective, the model helps us to understand how inclusion and exclusion links to access and success in education. Access to education for students with disabilities should not be problematic. Exclusion of SWDs from the educational system should be addressed. The curriculum should be flexible, and assistive devices provided to address their learning needs. Finally, they should not be socially marginalized.

2.10.4 Limitations and criticism of inclusive education

Not everyone is excited about bringing students with disabilities into the mainstream classroom setting. Controversy over full inclusion spotlights another, larger, issue in education. The idea that all students, including those with disabilities, should and can learn in a regular classroom has taken firm root in many educational institutions. To oppose inclusion would seem to advocate exclusion. Yet some observers maintain that full inclusion is not always the best way to meet student needs.

Critics of full inclusion ask whether even those students with the most severe disabilities benefit from placement in regular classrooms. Inclusive classes may require more than one teacher. Teachers and students may need specific technology to help students with disabilities perform better. The issues extend far beyond special education. All students can learn at high levels' has become a rallying cry for improving educational institutions (DSD, 2015).

Students with disabilities in South Africa, particularly black students with disabilities who have in the past been excluded still continue to be especially vulnerable to exclusion from the educational system, including the higher education system (DSD, 2015). Students with

disabilities have reported being denied access to certain courses because they are believed to be unable to meet the course requirements due to impairment.

Others think that just because students with disabilities have an “impairment”, they have a mental problem as well. If students with disabilities pick up such attitudes, they interpret them as hostility; it becomes difficult for them to overcome their disability.

It is therefore clear that inclusive policies in South Africa have not been able to safeguard individual rights effectively. “Marginalized and excluded voices are not heard and students with disabilities still experience exclusion” (Prinsloo, 2001, p. 344). In this study, I argue that disability is not random or natural, but a social infliction.

Although the inclusive model has gained popularity in education, it has remained ill-defined in its implementation and practice. It was hoped that with the transition from apartheid to democracy, the education for many students with disabilities would improve. It is recommended that the education and training system should promote education for all, and foster the development of inclusive and supportive centers of learning that would enable all learners to participate actively in the education process so that they can develop and extend their potential and participate as equal members of society.

2.11 Conclusion

This chapter explored relevant literature pertaining to fundamental issues related to the research topic. In order to throw light on my own study, I looked at the concerns, arguments and debates about various disability issues. I also looked at the main theories and methods that were used in some articles. The findings of some studies were also reviewed.

Firstly, the various experiences of students with disabilities within Higher Education Institutions in South Africa and other countries were discussed, followed by a debate on adult education and disability. Finally, the theoretical frameworks that are used in this dissertation were also discussed as the underlying point of departure of the current study.

3 CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The research design constitutes the plan for the collection, measurement, and analysis of data. It is the procedures of inquiry (Creswell, 2012). This research study utilized a qualitative style within a critical research paradigm to investigate the experiences of students with disabilities at a TVET College. Data were obtained from a purposive sample of students with disabilities enrolled at the TVET College. A semi-structured interview procedure was developed for use in conducting face-to-face interviews with study participants. In addition, community mapping and a transect walk were used to gather data.

Data were analyzed using thematic content analysis based on transcriptions of the interviews, and records of the mapping and transect walks. During the interview sessions, notes were made and summarized afterward. I also reflected on the data after the interviews. Students' non-verbal responses were observed and follow-up questions were utilized to gain a deeper understanding of their experiences. Ethical considerations related to the study are presented and issues of trustworthiness of the instruments are clarified.

According to Rule and John (2011, p. 27), "case studies differ in their purposes. Some wish to explore the phenomenon, others to describe, explain or evaluate it." The purpose of enquiry in this study was exploratory in nature. According to Cohen, Manion and Morrison (2011, p. 28), an exploratory case study aims to "find out what is happening, to seek new insights, to ask questions and to assess phenomena in a new light." Thus I set out to investigate the experiences of students with disabilities at a TVET College in order to obtain first-hand information on the factors that enabled or hindered their access and success.

3.2 Research design

3.2.1 Research paradigm

The word paradigm is used synonymously with words like framework, worldview, position and orientation. Paradigm may refer to episteme or traditions. According to Bertram and Christiansen (2014, p. 22), "A research paradigm represents a particular worldview that defines, for the researchers who carry this view, what it is acceptable to research and how." According

to this definition, a paradigm is a way of organizing one's research. It is how a researcher sees the world, and this in turn influences the way research is conducted. Similarly, Guba and Lincoln (1994, p.105) view a paradigm as "a basic system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways." Describing a world view is informed by philosophical assumptions about the nature of social reality (ontology), ways of knowing (epistemology), and ethics and value systems (axiology).

Critical theory was used as the paradigm for this qualitative study. The critical paradigm "uses methods that allow for collaboration and can be carefully deployed in a way that avoids discrimination" (Mackenzie & Knipe, 2006, p.5). Critical theory aims to critique and emancipate. In the critical paradigm, reality is formed by social, political, cultural and economic principles (Bertram, & Christiansen, 2014). In this study, the critical paradigm was suitable because it helped in understanding the cases of disabled person's learning experiences and challenges, and provided insight into what might be necessary in improving education provision. Also, it attempted to involve students as active participants in the research process through the use of participatory data collection methods.

Epistemologically, critical theories give a kind of knowledge which is beneficial in emancipation and enlightenment (Cohen, et al., 2011). Furthermore, they adopt a more transactional and subjectivist epistemology where the researcher and the investigated object are assumed to be interactively linked, with the values of the investigator . . . inevitably influencing the inquiry. The aim is to promote democracy by making changes in different social, political, cultural, economic and ethical aspects as well as beliefs and systems in society. This will enable people to speak freely without any fear from others or to have a kind of sense of freedom from the various restrictions in the society as well as the social, political, economic, cultural, religious, gender and caste barriers (Cohen et al., 2011).

The critical paradigm has been criticized for being too radical or political. I personally think that the critical paradigm is more political than transformative as it claims. This paradigm relates to the "political agenda and that the task of the researchers is not to be dispassionate, disinterested, and objective" (Cohen et al., 2011, p. 28).

3.2.1.1 *Qualitative approach*

This study used the qualitative style of research. Qualitative data were suitable for my study as it was based on flexible and explorative methods like interviews (Cohen et al., 2011). Such methods investigated day-to-day events and experiences of people. Myers (2009) is of the opinion that qualitative research is designed to help researchers understand people, and the social and cultural contexts within which they live. In support of this Burns (2000, p. 3) also posits that, “Qualitative implies a direct concern with experience as it is ‘lived’ or ‘felt’ or ‘undergone.’” Qualitative research, then, has the aim of understanding experience as nearly as possible as its participants feel it or live it (Burns, 2000, p.14).

Using qualitative research was advantageous in that I understood events adequately as I was immersed in the setting. As a TVET lecturer I saw events in context. Nothing was predefined or taken for granted. As an insider, I spoke to the participants and observed events in a subjective way. As their lecturer, they were free to talk to me. However, as an insider, I had to be aware of my own positionality and the power relations associated with it. My position as their lecturer did not mean that I supported all their view points. Krauss (2005, p.759) supports this by saying, “Because of close researcher involvement, the researcher gains an insider's view of the field. This allows the researcher to find issues that are often missed (such as subtleties and complexities) by the scientific, more positivistic enquiries.” The participants spoke for themselves and thereby provided their perspectives in words and actions. Because of this interactive process, I was able to know more about their lives.

According to Burns (2000, p.14), the limitations of qualitative study are that “Contexts, situations, events, conditions and interactions cannot be replicated to any extent nor can generalizations be made to a wider context than the one studied with any confidence.” Also, the time required for data collection, analysis and interpretation is lengthy. The researcher’s presence has a profound effect on the subjects of study. Sometimes, issues of anonymity and confidentiality present problems when selecting findings. Finally, the viewpoints of both researcher and participants have to be identified and clarified because of issues of bias (Burns, 2000).

During data gathering, I also experienced some of the sentiments echoed by Burns, as it took me much longer than I expected to collect data. Transect walks took a long time as some of my participants have mobility problems. Interviews also took longer than I had expected. As the students' lecturer, I felt that some of the participants told me what I wanted to hear, they acted "good" in front of me. Burns (2000, p.14) supports this by saying, "Any group that is studied is altered to some degree by the very presence of the researcher. Sources or subjects may not all be equally dependable". Some subjects may be previously influenced and affect the outcome of the study. Background information may be missing.

3.2.1.2 Case study

The main methodology used in this research report was a case study. According to Rule and John (2011, p. 3), "A case study is a systematic and in-depth investigation of a particular instance in its context in order to generate knowledge." It captures participants' lived experiences and thoughts (Bertram & Christiansen, 2014). In this study, I chose a case study design because it was flexible in terms of what it studied since it used a wide range of data collection and analysis methods. Also, "it examined a particular instance in a great deal of depth and was very intensive (Rule & John, 2011, p. 14).

This methodology was useful in the study as it enabled me to collect a lot of data. Although I collected rich and in-depth data, it was difficult to operationalize it, and it took some time and dedication to organize my data. According to Rule and John, (2011), case studies allow a relationship to build between participant and researcher, which can result in the participant being more honest and opening up, thereby increasing the validity of results. This proved to be true in my study as my participants became more open and honest after some time of working with them. The use of a range of different research methods like interviews, mapping and transect walks improved the quality of my research results.

In my study, the methodology was useful in that it enabled me to examine the data within a specific context closely. In addition, I had selected a small geographical area and limited number of individuals as the subjects of study and this made the study manageable. Furthermore, I used multiple sources of evidence and observed the subjects within their environment. I observed the data at the micro level. This is in line with what Hodkinson and Hodkinson (2001, p. 25)

hypothesized about case studies. “Case studies are often done in the subject's real-world context, which gives researchers a good view of what they are really like”

One of the main criticisms of case studies is that the data collected cannot necessarily be generalized to the wider population. People are more likely to leave studies if they are longitudinal (which case studies sometimes are), which leaves the study incomplete and can be frustrating for the researcher (Krauss, 2005). It is also very difficult to draw a definite cause/effect correlation from case studies. Case studies simply describe the behaviors observed in the cases but might fail to explain the underlying mechanisms of behaviors.

One of the bad experiences that I had in using case studies was that some participants displayed negative feelings of upset and anxiety when we discussed and reflected upon sensitive aspects of their life in an interview procedure. To protect them against psychological harm, I had to organize some counseling services for them. Throughout the research I adopted a sensitive manner of dealing with them and abided by the ethical principles of confidentiality, anonymity and debriefing. This helped a lot in easing the tense situation. Another drawback of case studies is that research findings may lack meaningful presentation. They present themselves as fact when of course the reality of ‘facts’ is one of the reasons why such research is carried out (Hodkinson & Hodkinson, 2001).

From using the case study method, I observed that case studies can be too long, difficult to conduct and produce massive amounts of documentation. The danger comes when the data are not managed and organized systematically, something which I also struggled to do in my case. Since my case study was exploratory, it proved to be useful in that I managed to obtain data of real-life situations and this provided insights into the detailed behaviors of my participants.

Some researchers have, however, criticized case studies for their lack of rigor and the tendency for a researcher to have a biased interpretation of the data. Grounds for establishing reliability and generality are also subject to skepticism when a small sampling is deployed (Hodkinson & Hodkinson, 2001; Krauss, 2005).

3.2.1.4 Life histories

According to Bertram and Christiansen (2014, p. 44), “A life history is the story or account of a person’s life.” I have used life histories in this study because they allow the voice of the subject to be represented. Life histories also help the researcher in knowing about the participants’ childhood experiences as participants tell their individual stories in depth and detail (Rule & John, 2011).

In this study, life histories were useful in generating fascinating, unexpected insights which led to the production of rich data. Since some of my participants just gave me “yes” or “no” answers during interviews, life histories allowed them to tell their life stories in their own words. Furthermore, life-histories allowed me to explore the participants’ individual experiences within a macro-historical framework. Such information helped me to understand an individual’s current attitudes and behaviors and how they may have been influenced by initial decisions made at another time and in another place.

Life histories are advantageous in that they place people at the heart of research this in turn helps in the production of a wealth of rich data. The method is participatory and therefore gives the respondents more voice than other deductive methods. This empowers the respondents by giving them a more prominent role to decide what is significant. This in turn will help participants to recollect the past and document change. Life history interviews are long. In my case, I had to try to get them done in a single sitting to avoid repeat visits. It was difficult to get one participant to talk. She had to be coaxed to talk. Not everyone has a story “ready-made”; also, not everyone enjoys telling their story. On the other hand, some people are difficult to shut up! One of my participants spoke endlessly. He had a lot to tell. Although it was time consuming, I gained a lot of information which in turn contributed to rich data. However, as I reflected on Life Histories, I wondered if they were empowering or exploitative. As a researcher I uncovered some distressing past, therefore, they need to be sensitively carried out since they involve sensitive issues. Histories

Data collection methods

3.2.2 Interviews

In this study, one of my key research questions was: “What are the barriers to learning and opportunities for access for learners with disabilities in TVETs?” My source of data was the students and therefore interviews with students were the most suitable data collection method to be used first. An interview schedule was developed as a tool for data collection.

The word interview has many synonyms like ‘dialogue’, ‘meeting’ and ‘conversation’. An interview may be a dialogue between two people, the interviewer and the interviewee. Also, it can be a meeting where a reporter obtains information from a person (Kvale, 1996). This is supported by Rule and John (2011, p. 64) who posit that “Interviews usually imply one-on-one discussion between the researcher and research participants, a sort of guided conversation.” I used them in this study since they permitted an interaction which allowed the respondent to clarify the question asked and the questioner to probe for the specific meanings of answers (Bertram & Christiansen, 2014).

Interviews are conducted to enable the interviewer to achieve a specific goal. They can also be described as conversations with a purpose. Sometimes they are seen as questioning in order to know the personal views of a person (Kvale, 1996). Bertram and Christiansen (2014) agree with Kvale since they state that an interview is a conversation between two or more people on the topic of the same interest. Other researchers assert that they give voice to marginalized or common people who do not ordinarily participate in public debates and also seek to foster learning about individual experiences and perspectives on a given set of issues. DiCicco-Bloom and Crabtree (2006) categorize interviews as unstructured, semi-structured and unstructured or ‘loosely’ structured. In this research study, I had initially planned to use semi-structured interviews; however, I had to combine them with loosely structured interviews to obtain more information from some of my participants.

When using loosely structured interviews, I had a list of questions to ask or areas to cover, but deviated when the conversation took a different direction, then carried on with the remaining questions.

Some researchers support the use of loosely structured interviews by saying that:

Questions can just be topics you wish to discuss in the interview. It has a list of topics with relevance to the field of inquiry. It can move outside the scope of the interview guide if conversation takes another direction. There is time to develop the informant's ideas while they speak therefore the method is an effective tool to uncover different aspects of a challenge. It produces large quantities of data on which some structure has to be imposed (Cohen & Morrison, 2007, p. 45).

For my purposes, loosely structured interviews were useful in this study in that they were coded in terms of themes for easy interpretation of data. I also had opportunity to do follow up interviewing. Loosely structured interviews invited open-ended stories from the informants, thus allowing for flexibility. The method was also suitable for gathering deep-rooted knowledge about the informants' feelings and values.

I also experienced the drawbacks of loosely structured interviews suggested by Cohen and Morrison (2011) when they posited that loosely structured interviews are an open ended approach that generates data which needs to be organized after the interviews have been conducted. Sometimes it is intrusive and sensitive especially when dealing with sensitive topics on disability (Cohen & Morrison, 2011), as a researcher, I found myself counseling and also giving advice during an interview. It cost a lot of money to transport some of my participants home as their transport had left. Stage fright for interviewer or interviewee whilst jumping from one subject to another is also one of the limitations that I experienced. Such interviews can also be time intensive. They are not generalizable and are also prone to possible bias (Cohen, et al., 2011).

Semi-structured interviews are scheduled in advance at a designated time and location outside of everyday events (Kvale, 1996). They are organized around a set of predetermined open-ended questions. Other questions emerge from the dialogue between interviewer and interviewee (Kvale, 1996). The interview may take from 30 minutes to several hours to complete. Data should also include observer descriptions. According to Chilisa and Preece (2005), semi-structured interviews emphasize the issues to be covered. The sequencing of questions is not

the same for every interviewee as it depends on the process of the interview and answers from each individual participant.

Adopting the semi-structured interview method helped me to be prepared and competent as I had planned the interview questions ahead of time. This allowed the informants the freedom to express their views in their own terms. The interview guide that I had prepared (see Addendum A) provided a clear set of instructions for interviewers. They were useful in getting the story behind a participant's experiences, as they gave me the opportunity to probe or use follow up questions. This enabled me to obtain reliable, comparable qualitative data.

Whilst the interviews confirmed what was already known, they also provided the opportunity for further learning. Information obtained from semi-structured interviews did not only provide answers, but the reasons for the answers. They allowed flexibility in that I could make possible changes in the order of questioning. They also enabled follow-up questioning which aimed at seeking clarification, further explanation or in-depth inquiry (Chilisa & Preece, 2005).

The limitations of semi-structured interviews I found were that, since there was a prescribed order and wording for asking the questions, the respondents' ideas were already being shaped by the questions before they actually answered them (Chilisa & Preece, 2005). Furthermore, interviewing skills are required to conduct semi-structured interviews. Since I am not all that skilled in interviewing, I found it challenging. It was, however, useful that I had made preparations so as not to make the questions prescriptive or leading. The interviews also took a long time to conduct and they required a lot of resources.

Other drawbacks suggested by other researchers are that the flexibility of the interview may lessen reliability, and open-ended questions are difficult to analyze. It is also difficult to compare answers. Comparability and flexibility carry threats in that the same topics may be spoken in a different order, thus making comparisons difficult (Kvale, 1996).

3.2.3 Transect walk

In this study, a transect walk was a systematic walk around the college environment to explore barriers experienced by students with disabilities (Keller, 2003). This was achieved through observing, asking, listening, looking and producing a transect diagram. The transect walk was

conducted by the researcher and the participants. The information gathered was used to draw a map based on the discussions held by researcher and participants. During the walk, participants discussed all the barriers that they encountered in the college environment. I facilitated these exchanges by asking questions and making observations. I also took some notes.

3.3.2.1 Procedure

I discussed with the participants the purpose of the walk and decided on the path that should be taken to cover the college environment. We developed an observation guide that provided a reminder of general themes for the walk. Participants walked around the college and spoke about a variety of obstacles found on campus. They shared and discussed their findings. Furthermore, they identified common themes that emerged from each finding. Participants with similar themes teamed up and developed a story that represented the perspectives of the multiple participants.

The walk itself was most stimulating as were the discussions that arose during it. What I found most challenging was documenting it afterwards. The information gathered during the transect walk was presented in a map showing the different barriers in the environment.

The main advantage of using transect walks in this study was triangulating data collected through other tools. The tool also helped to identify major barriers and challenges experienced by students with disabilities.

Keller (2003) observed some of the following points as some of the challenges of this tool:

- This tool only takes into account the currently “observable” situation and features, serving as an entry point for more in-depth analysis;
- It might be impossible to bring together all the relevant actors for participating in the transect walk (Keller, 2003)

In my case, one of the participants with clubbed feet could not complete the walk because of mobility problems. Our transect walk took two to three hours including discussion and was followed by mapping.

3.3.3 Mapping

Participatory mapping is a collaborative method that draws on local people's knowledge, enabling participants to produce visual and non-visual data to explore social problems, opportunities and questions (Burke, O'Campo, Gielen, McDonnell, & Trochim, 2005). Participants work together to create a visual representation of a place using the tools and materials at their disposal. While creating their map, the group may debate over how to best represent the place in question, share their observations as they go along, and tell personal stories. This leads to rich and sometimes surprising data for research (Burke, et al., 2005).

In this thesis, this method was advantageous in that it gave students with disabilities a chance to become research collaborators. Participants had a chance to construct the focus question to be used, collect data, organize and prioritize data, label findings, and discuss their relevance. As a research method, participatory mapping was a useful way of exploring participants' knowledge, perceptions and experience of their environments.

The approach attempts to challenge some of the power dynamics between the researcher and those being researched. The method allows participants to identify and define the issues, ideas and experiences that are important to them through representation on paper. For participants it can lead to new understandings of an issue, of a locality and the influences of wider social, political and economic forces. It may also increase the relevance of a study as the questions being asked are the important ones for those taking part. For the researcher it can often provide a surprising and rich set of data which can be both visual (the maps produced) and auditory (the conversations). (Burke, et al., 2005)

Mapping was used to gain a situated understanding of the case. "Mapping allows for creative expression and representation in generating data" (Rule & John, 2011, p.70). In this case, participants drew a map of the college according to how they currently perceive it and how they would like to see it in the future. They also marked the places in the college environment which they considered to be barriers to participation. I chose mapping to provide research participants with higher levels of participation and control over the data.

I found mapping to be an ideal tool for collecting, organizing, reducing and managing data. Additionally, mapping assisted the researcher to decide on meaning as seen in interrelationships

of the data. From these experiences of using mapping, I learnt that creating a map or an inventory is more than just gathering data and information. It is a development and empowerment tool. The process of discovering the hidden and potential assets in a TVET created new relationships and new possibilities.

The major disadvantage of using mapping in this study was its complexity for my participants. I had to divide my participants into two groups. The first group was participants with visual impairments. They constructed the map outside using a large rough paper and natural resources from the environment that they could find. These included soil, small stones and seeds. The physically impaired students drew their map in the classroom using colour pens and paper. At first we had two separate maps. The two groups then merged and discussed their maps. One large map was drawn from the information gathered from both maps.

Sampling

3.2.4 Research setting

The study was conducted at a TVET College. This was an inclusive college where disabled learners are admitted to pursue their studies after secondary education. Those who have failed to complete their matric are admitted in the NCV Programme. This was a historically black college which served poor township students. As a historically black institution, it has a severe lack of resources with poor physical infrastructure which was not disability friendly. The students with disabilities enrolled at their own peril. The college did not have the resources to cater for their needs, although they had to declare their disability status when they enrolled.

3.2.5 Study population

3.2.5.4 Participants' disability status

Research participants' demographics are presented in a tabular form (See Table 1 below). There were four female and two male participants and applicable particulars including participant ages, academic courses and their disability are contained in Table 1. Two participants had physical impairments and the other four had visual impairments.

Table 1: Research Participants' Demographics

Participants	Gender M/F	Age (Years)	Course	Disability
Participant 1	F	28	NCV	Visual
Participant 2	F	28	Public Management	Visual
Participant 3	F	25	NCV	Physical
Participant 4	M	33	Public Management	Visual
Participant 5	F	25	NCV	Physical
Participant 6	M	33	Public Management	Visual

3.4.2.5 Sampling procedure

The sampling of students with disabilities to participate in this study was purposive. In purposive sampling, the sample is judged on the basis of the purpose and rationale for each study, and the sampling strategy used to achieve the purpose of the study. This type of sampling is convenient in that it is confined to a specific type of people who can provide the desired information (Bertram & Christiansen, 2014). In support of the above assertions, Patton (2002, p. 432) defines purposive sampling as a process whereby

a researcher chooses specific people within the population to use for a particular study or research project. Unlike random studies, which deliberately include a diverse cross section of ages, backgrounds and cultures, the idea behind purposive sampling is to concentrate on people with particular characteristics who will better be able to assist with the relevant research.

In purposive sampling personal judgment needs to be used to choose cases that help answer research questions or achieve research objectives. I chose to use purposive sampling since it was one of the most cost-effective and time-effective sampling methods available. Purposive

sampling was appropriate in this research report since there were only limited numbers of primary data sources who could contribute to the study. One of the key benefits of this sampling method was the ability to gather large amounts of information by using a range of different techniques. This variety in turn gave the researcher a better cross-section of information.

3.2.5.6 Ages of students

Most of the students are quite old for the level of education they are currently doing. This is so as most of them attended schooling very late because of their impairments. Most mainstream schools rejected SWDs with an excuse that they had no resources for them. Some principals thought that they would fail to cope in mainstream education. Also some guardians were uncomfortably to send them to school for fear that they will not cope. The age of the participants thus reflects the disabling conditions for learners with disabilities within the schooling system.

Data analysis

According to Bertram and Christiansen (2014, p. 116), “Data analysis consists of three flows of activity: data reduction, data display and conclusion drawing and verification.” The strategy adopted for data analysis was thematic content analysis. I used the process of content analysis as suggested by Strauss and Corbin (1990). I copied and read through the transcripts. Brief notes were made in the margin when relevant information was found. I went through the notes and listed the different types of information found. I then categorized each item in a way that offered a description of what it was about. I then linked the categories into minor themes and major themes.

After I had collected the raw data, I had to convert it into information which is meaningful and interpretable. This was accomplished through first editing and then encoding the data which was obtained from qualitative research. Through this process, I was able to establish certain data categories or classifications. During the coding and categorization I had to figure out which items fitted together. Patton (2002, p. 466) calls this technique convergence.

This means that the data will be searched and studied in order to find some core consistencies or recurring themes or patterns. The primary patterns in the data will thus be identified, coded, categorized and labeled. By doing this a framework for the

organization and description of the data collected can be provided. This analysis will form the basis for the interpretation of the data (Patton, 2002, p. 466)

After I had developed summaries, the information was analyzed and systemically coded for emergent themes. The themes were then integrated across the major themes that emerged from the data analysis across all groups. The minor and major categories were contrasted and compared. The three types of coding as suggested by Rule and John (2011, p.98) are open, axial and selective.

3.2.6 Open coding

I read through my data several times and then started to create tentative labels based on the meaning that emerged from the data. I identified, named, categorized and described phenomena found in the text. Examples of labels from this open coding process included for example, large classes, white boards, poor lighting and noisy rooms, poor teaching styles.

3.2.7 Axial coding

I then followed with axial coding. Axial coding involves putting the data back together in new ways after open coding by making connections between categories. Using the above examples from open coding, I made some connections among the codes and came up with more labels like: non –conducive environment and rigid curriculum.

3.2.8 Selective coding

Selective coding then followed. This involved identifying a core category and relating it systematically to other categories. My core code according to the above example was epistemic factors which lead to a theme of academic ableism.

Ethical considerations

According to Rule and John (2011, p. 111), “Ethics are a set of moral principles embraced by society or a specific community.” The two ethical principles that were used in this study were autonomy and non-maleficence (Bertram & Christiansen, 2014). Autonomy was enhanced by ensuring participants’ privacy, confidentiality and anonymity. This was achieved through the use of pseudonyms. I had also requested for permission to conduct research from relevant

gatekeepers such as colleagues, supervisors and ethics committees. An informed consent letter was signed by the participants. The researcher did not use any form of deception to secure participation (Rule & John, 2011).

“Non-maleficence means that the researcher will protect participants against any physical and emotional harm since they are vulnerable to exploitation” (Rule & John, 2011, p.112). The participants were given the right to withdraw from the study if they wanted to. Since I was aware that some questions might trigger emotional issues, I organized with the college for student support services to counsel them.

3.2.9 Informed consent

“Consent means that the participants agree to take part in the study” (Bertram & Christiansen, 2014, p. 66). Efforts were made by the researcher to obtain informed permission for the research from appropriate authorities and gate-keepers. The researcher was granted ethical clearance approval by the Human and Social Sciences Research Ethics Committee on 19th July 2016.

A request for gatekeeper permission to conduct research was submitted to the campus manager of the TVET College and he agreed. Permission to conduct research was granted by the campus manager on the 23rd of March 2016. Anonymity and confidentiality were also protected. In this study, the decision to participate was made solely by the participants, without any coercion or promise of incentives. Participation was voluntary.

To protect the students I did not use their real names. Pseudonyms were used for participants, and no individual was identified by their real name. I also did not reveal the name of the center. The researcher informed all the participants about the study topic, the purpose, type of information and level of commitment required of them. The students were asked to sign a declaration if they were interested in taking part in the study. The consent information had the following parts that students had to first read and understand before signing:

- You do not have to take part in this research if you do not want to.
- You can stop at any time and leave the interview if you want to.
- Your real name will not be written down in the research report or made public.
- We will not share any of your personal information with anyone else.

- You will not be paid for participating in this research.

My participants were fully aware about what was expected of them and the nature of the study. Thereafter, the participants signed the consent forms to participate in the study.

3.2.10 Confidentiality

According to Burns and Grove (2009, p. 196), “confidentiality is the researcher’s management of private information shared by a subject that must not be shared with others without authorization of the subject.” In this dissertation, participants were assured that all the research information from them would be treated confidentially. Their real names were also not used as a way of concealing their identity.

Design limitations

The limitations were that the study was based on one case, so the findings were not transferable to other situations but only helped me to understand issues in this particular case. The findings provided a reference point for other similar centers and implementers, though. It was challenging for me to make sense of the massive amounts of data that I had collected. Researchers like Patton (2002, p.432) acknowledge my above admission by asserting that: “The challenge of qualitative analysis lies in making sense of massive amounts of data. This includes reducing the volume of raw information, sifting trivia from significant, identifying patterns and constructing a framework communicating the essence of what the data reveal.” Interviews were time consuming; as a result, I suffered from interviewer fatigue.

In addition, I had a very small sample and this may be a challenge to checking the authenticity of the data gathered. My research budget was also very limited and this may have an effect on the quality of the research. Students’ strikes at the college contributed to loss of time in completing interviews as planned. There was also a delay of ethical clearance letters.

Researcher positionality

Since I am the participants’ lecturer at the TVET College, my position may have negative connotations/impact. Participants may not have given me honest answers. They may have told

me what I wanted to hear. This may have affected the credibility of the study. My own feelings as a mother of a disabled child might also have influenced the research. To address the above limitations, I triangulated my data and also remained subjective throughout the data collection procedure.

As their lecturer and a mother of a disabled child, I had to adopt an “outsider” position to their experiences of disability and could not support all their points of view.

Trustworthiness

To enhance the trustworthiness of the case study, the researcher checked for transferability, credibility, dependability and confirmability (Rule & John, 2011, p. 107). In this study, trustworthiness was ensured by asking participants to verify the contents of the interview transcript or a life history narrative to improve accuracy. I kept a well-organized case file and researcher notes as an audit trail. This served as evidence for claims made in the study. I also asked my fellow students to check my interpretation of data. I also used triangulation, which implies using many sources and methods to support findings generated in a case study (Rule & John, 2011, p. 109). Finally, I also used thick descriptions of the case and context.

Conclusion

This chapter began by highlighting the qualitative research methodology followed in this study. It explained the research paradigm adopted and the research approach and design implemented in the study, and their justifications. The population, sampling and the data collection instrument and its features were described in detail. In addition, matters relating to data collection procedure and method and ethical considerations complied with in the study were highlighted. The chapter also considered the matter of my positionality as a researcher. The following chapter will report on the life histories of students with disabilities at the TVET College.

4 CHAPTER FOUR: LIFE HISTORIES OF STUDENTS WITH DISABILITIES

4.1 Introduction

In this chapter participant profiles are developed to introduce the participants who shared their experiences and aided this research. The six students with disabilities who agreed to be interviewed are first profiled individually. There are six students, four visually impaired and two with physical disabilities. Four are females and two are males. Their ages range from 22 to 33. Each life map includes the person's family and social background, origin and nature of impairment, and experience of schooling: mainstream/special; dropping out; barriers; enablers; and feelings. Their experiences of college, including application, admission, teaching and learning, assessment, relationships, barriers and enablers are explored. Finally, they also talked about their hopes and aspirations.

General data from interviewee respondents and life histories

Some of the data analysis was based on transcriptions of the interviews and summarized afterwards, and by my reflection on the data after the interviews. Six respondents were involved in standardized interviews, which were conducted by the researcher. I gained permission to use the boardroom within my workplace as the venue for interviews. The room was private and comfortable so the participants could feel relaxed. Four of the interviews took place there. One participant was interviewed where she was doing her internship, while one was interviewed telephonically using a loosely structured interview schedule. Interviews varied in duration from 30 minutes to one hour. An open question was posed to the interviewees on barriers to learning that they encountered in order to determine their experiences at the TVET College.

4.2 Life histories of the participants in relation to their TVET

Life histories were developed from in-depth interviews with the six students. An interview schedule was used with each participant. From the interview data, I developed a life map visual tool to place events in a meaningful order. I begin each life history with this individualized life map, which provides an overview and a summary of key events in the participant's life.

4.2.1 Nunu's life history

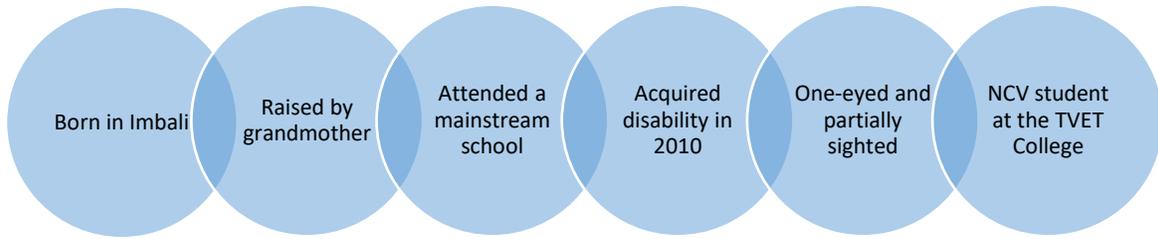


Figure 2: Nunu's life map

Nunu is 29 years old. She is currently enrolled in the National Curriculum Vocational (NCV) programme at level three. She talked more freely than any other participant. During the interview she had mood swings, though, from this big smile on her face to teardrops at some point. Perhaps this was because the trauma of her experiences was very real to her.

Nunu was born at Imbali Township in Pietermaritzburg. She lived with her grandmother and child. This was because her parents were deceased. She attended both mainstream primary and secondary school. The highest grade that she passed at school prior to enrolling at the TVET College was grade eleven.

She is one-eyed and partially sighted in the other eye. She acquired her disability in 2010 after being stabbed and injured by a jealous boyfriend in a tavern. Her boyfriend dug a broken drinking glass into her eyes and damaged her eye nerves, leaving her partially sighted and one-eyed. She suffered depression and hid in the house for about two years. She was persuaded by a social worker and a friend to come and attend at the TVET College.

Nunu's grandmother never thought that she would be able to further her studies after her assault. She thought that her disability would prevent her from being successful. Her grandmother was very happy when she finally agreed to go back to college to complete her matric.

When asked to describe her relationship with her fellow classmates she said:

Some students at this college are very, very bad. They call me “one eyed”, “Isaac” or Ichide. They stare at me and whisper behind my back. I have no friends; it makes me to sometimes feel down.

When asked to define success and to share any success stories that she had experienced, she said:

Success is about achieving my personal goals.

She said that the first step was to pass her matric and get a job so as to assist her grandmother and fatherless child. They survived on her grandmother’s old age pension grant, child support grant and her disability grant. The money was not enough to cater for all their needs.

I have now accepted my disability and I am determined never to get discouraged.

What motivated her to attend at the college was getting a qualification and supporting herself, her grandmother and her child. When asked about how supportive the college lecturers were to her, she said that some were quite useful and kind. However, others just ignored her as if everything was okay.

At first they weren’t that good, but as they got used to me they got better. I guess some have not taught disabled students before.

On the steps needed to address disability, she mentioned educating able-bodied students about how they should treat students with disabilities.

Someone should tell them to stop calling me names, I don’t take very kindly to that. At break time I sit alone and walk home alone.

She wished to improve her social connections with able-bodied students on condition that they stopped picking on her and showed consideration for her feelings.

4.2.2 Thandeka's Life History

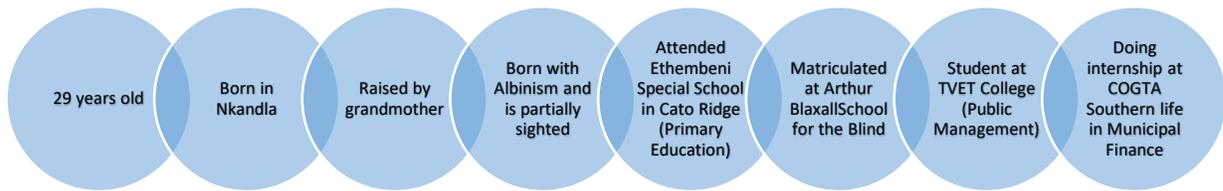


Figure 3: Thandeka's life map

The Department of Cooperative Governance and Traditional Affairs (COGTA) training association brought in disabled individuals to study at the college to enhance their employment possibilities.

Thandeka is a 29 year old albino with visual impairments. During the interview, she spoke with confidence and also used body language to stress some points. She was among the students who were brought to the college by COGTA. She was born in Nkandla and lived with her grandmother and twin brother who is also an albino. Her mother was deceased. Her father did not want anything to do with them.

After she had been turned down by many local schools in Nkandla, a social worker took her to Ethembeni Special School for her primary education. She matriculated at Arthur Blaxall School for the Blind. She lacked confidence in attending a mainstream college as she had attended special schools all her life. As an albino with visual impairments, she has always suffered from low self-esteem.

Her grandmother was overprotective and never thought that she would be able to go to higher education. She sometimes isolated herself because of fear of being sexually abused. In her community, there was a belief that having sex with a woman with albinism would cure HIV and AIDS. This restricted her freedom and had a negative impact on her achievement at school. She experienced rejection and exclusion due to myths and ignorance about albinism leading to bullying and other problems of social integration.

At the college she encountered a lot of challenges due to her impairments. She had poor vision and difficulty in mobility. She also had problems of seeing what was written on, and being able to read, the chalk board. Her impairments also limited her participation in outdoor sporting and leisure activities.

I am not able to perform according to my potential because of sight problems, especially in computer lessons. The computer screens and the white boards are too shiny for me. It's hard to see. The stairs are also a big problem, and I often miss a step and fall. Some students laugh at me.

Others, however, tried to be nice to her but the problem was that they overdid it.

Others pity me; they see albinism and visual impairments as an illness.

The interviewee complained that those who pitied her were always hovering around her like helicopters as if she needed help to perform tasks.

They think I need training in order to be like them, but sometimes they avoid me and only talk to me when necessary.

She managed to form friendships with her fellow students with disabilities at the college. Her relationship with her non-disabled fellows was bad at first, but improved with time when they got used to her.

I shake my head a lot as this is part of my impairment. It was bad that everyone would start shaking their heads in class as I came in, some students don't like me. They call me 'isishawa' or 'inkawu' and I don't like it at all, they often whisper behind my back about my head shaking.

When asked what motivated her to attend at the college despite all the challenges, she said:

I want to prove a point that I can do better than them. Being visually impaired does not mean that I have a mental problem. I perform tasks better than most of them.

She described an incident in which she threw a tantrum in class because she could not read the computer screen. She complained to the social worker who referred her to the Department of Cooperative Governance and Traditional Affairs (COGTA) for help.

She finally received a special Braille computer from COGTA. The challenge was that the lecturers could not read Braille. No one could help her. Some lecturers told her that they had little time to devote to individual students, much less to make adjustments to their teaching styles. Also, lecturers had to deal with very large class sizes of about 40 students. As a mainstream college, they had no support staff to care for students with disabilities.

Some lecturers were really unhelpful, they also did not even notice bad comments directed at us by our peers who are able-bodied.

She defined success as being able to do things or perform tasks independently for herself.

I don't want people to do things for me, I have my personal and academic goals that I wish to attain and achieving them would be success for me.

In dealing with the problems that she encountered at the college she said that she had to persevere and work hard. She did not want to give up. She ignored all the bad talk about her and focused on learning.

I accepted the fact that I must work harder than other students to get the same diploma, my impairments no longer bother me as I was born with them and will die like this.

On the steps needed to address barriers to learning that she encountered at the college, she said:

Braille should be provided for visually impaired students and lecturers should be trained on how to assist students with disabilities, government should also provide assistive devices such as magnifying equipment or tape recorders to assist in learning.

She also suggested the provision of note-takers or to be given additional time for note taking and to be given extra time during exams.

4.2.3 Sihle's Life History

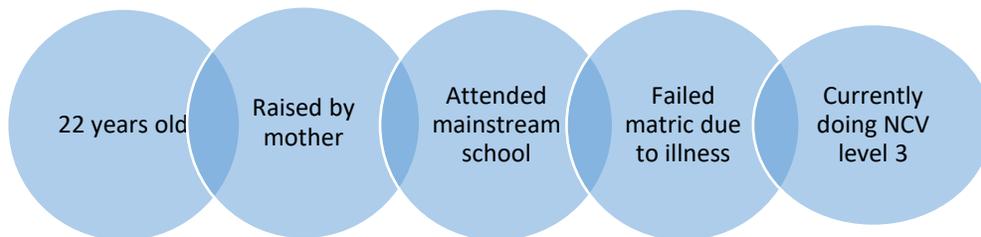


Figure 4: Sihle's life map

Sihle is 22 years old. She is currently in the NCV programme level three. She spoke very softly during the interview and gave only short answers. When asked to elaborate, she only said very few words. The interview section with her was long as she takes her time when answering questions. Her face was expressionless and she did not show any emotions. Sihle was born in Imbali Township. She was born with club feet. She had to lean heavily on a stick to walk. She was brought up by her mother. Her parents are divorced. Her father is, however, supportive in that he borrows a car from a friend and brings her to college when he is not at work.

Sihle attended mainstream schools but was kept back for a few years. She faced physically difficult journeys to school. She was often absent from school and had to repeat grades. She was always two grades behind. Sometimes they upgraded her to higher grades without passing. The mainstream school was ill-equipped to accommodate her needs. Toilet facilities were often inaccessible and she often developed bladder infections.

When she got to grade ten, she wasn't coping with school. The school principal transferred her to a TVET College to do a vocational programme. She is often absent from college as her feet get swollen and she fails to walk. She is currently overweight due to lack of exercise. She is not involved in any sport. She has no social life and only stays at home most of the time.

Her mother helped her in dealing with the problems that she encountered. She taught her to persevere. She did her best to support her in pursuing an education. She told her that education

could lead to a better future. Her mother attributed their poverty to her own lack of education. As a result, Sihle views education as a route out of poverty.

A podiatrist had prescribed special medical boots for her to help with her mobility problems. Her mother could not afford them and therefore asked for help at the local government hospital. The local government hospital placed an order for her last year and she is still waiting.

Being an off-campus student makes life difficult for her with her mobility limitations. She has problems with getting to college as well as moving around campus. She has challenges of getting to college due to long distances, lack of transport and unmet assistive device needs. Her disability has an impact on class attendance. Fatigue and pain affect her concentration and memory. She complained about having to negotiate a physical environment, which was originally designed for non-disabled people. She also said that some lecturers were not well informed on how to work appropriately with students with various impairments. Sihle had not declared her disability on the application form as she thought that it would disadvantage her in some way.

I was scared that they won't take me if I said I won't be able to handle the stairs.

The other reason given for not disclosing was fear of stigma, which would affect her academic, social and personal life. This also limited her confidence to seek and obtain support.

I did not ask for support as I did not want to be treated differently from my peers.

I just want to get along as normal as any other student can.

She mentioned me as the only lecturer who had shown her compassion by giving her a lift when she could not walk. On one occasion, I found her at the college sitting alone crying as she could not climb the stairs to the Maths room above. Her friends could not help to pull her up because of her obesity. On the whole, however, she described her relationships with her fellow classmates as good.

They don't discriminate against me. They even collect notes from lecturers for me if I fail to climb the stairs.

As described in the vignette, her friends try to assist her by throwing notes down to her where she sits at the bottom of the stairs leading down from the Maths classroom on the top floor.

She defined success as:

Achieving ones' dreams and goals.

Her dream is to pass NCV (matric) and continue with her studies. She wishes to be a psychologist or a social worker one day. When asked what motivated her to attend at the college she said:

There is free education at this college since the government gives us bursaries. I would not be able to afford to pay at school since my father left us.

She has problems with moving between classes. Lecture rooms are far apart. She has to walk around every day. The computer room, Maths and English rooms are on the top floor whilst other classrooms are at the bottom, some distance from each other. Although her friends fetch work for her, she wishes that all the classrooms were downstairs.

It would be convenient if the education and development department was in the same block. We have two separate blocks and it's kind of hard to move around.

When asked what she thought could be done to facilitate her learning she suggested the following:

I think they should just put lifts in all the buildings. Also ramps may help. Sometimes I just feel like learning from home and only come to college to collect notes and write tests and exams. Nothing is working for me.

Despite the problems at the college, she supports inclusive education. She did not want to be at a special school. She said she would feel more disabled and helpless.

4.2.4 Sandile's Life History

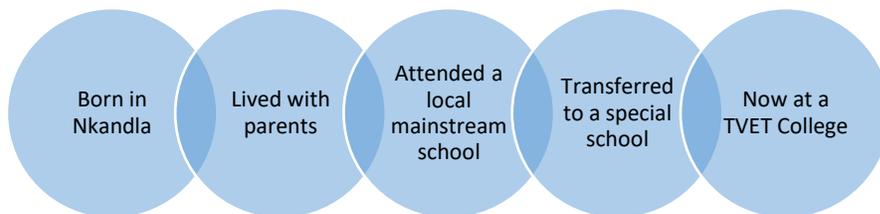


Figure 5: Sandile's life map

Sandile is 33 years old. He is from rural Nkandla KwaNgono. He is partially blind. This participant was very talkative and it was challenging to record his data accurately. He did not focus on the question and sometimes spoke about things that I had not asked. He doesn't stop speaking unless I tell him to. I had interview fatigue after our interview section.

Sandile was the first child in a family of four children. He contracted measles at the age of four due to a lack of vaccinations and immunizations. The measles left him partially blind. He comes from a very disadvantaged poor family. He attended a mainstream primary school and completed his secondary education in a special school, which had better facilities to cater for his needs. He had no problems with disclosing his disability, as the college was already aware that he was visually impaired.

I think the deaf and blind society alerted the college that I was a visually impaired person. I disclosed because I am aware that I am entitled to support.

Sandile said that there were times when he felt excluded in lectures or on occasions when his needs were not being accommodated, for example, if the print on the exam papers was not enlarged. He was very open about his impairments and the limitations associated with it.

It is very annoying to move around here. I often bump into objects and stick close to walls to avoid falling.

Sandile said that his other challenge was seeing notes on the chalk board.

I am short sighted. I can only see things that are near me. I cannot copy notes from the board. Some lecturers write quickly and erase before I can copy notes.

He said he asked for notes from other students so as to copy them at his own pace. One of the barriers to participation that he encountered in the lecture rooms was reading the white boards. In some lectures, the lecturers relied on the white board when teaching. For a visually impaired person like him this mode of teaching was unsuitable.

The lecturer used the whiteboard quite a lot and I had to ask her on several occasions to write bigger. That was a major difficulty for me.

He said he decided to rely more on listening to the lecturer rather than on writing. He had to endure a lot of struggles at the college like infrastructure issues and also face awkward social situations.

I don't get talked to a lot. People are scared if one has a visual handicap. I am always unsure and a little bit nervous to talk to people on campus. I keep to myself. I often cling to walls because I am scared of falling off the stairs.

This participant agreed that:

At exam time I need additional time to complete exams. When I am nervous or stressed, my eyes begin to shake so much that I am unable to read.

Sandile felt that, although the college had a number of structures and supports that helped him to succeed, there was still a lack of technological support. He felt that the college could improve by having enlarged versions of textbooks as well as screen-reading software which is always more readily available. In addition, he recommended a dedicated support center for people with disabilities.

Success for Sandile was passing his diploma and getting a paying job. He wanted to prove to people who thought that disability was inability that they are wrong. He hoped to be a successful business man one day.

4.2.5 Amahle's Life History

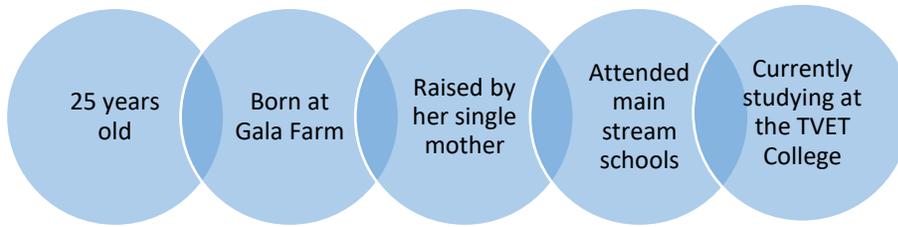


Figure 6: Amahle's life map

Amahle is 25 years old. It was difficult to interview this candidate as she became pregnant and had to postpone her studies to the next semester. She was born on a small farm called Gala. It was owned by a Mr. Train. All her family members worked at the farm, that is, her mother, uncles, aunts and cousins. They were very poor because of very low salaries on the farm.

Amahle was born with muscular dystrophy. Her muscles kept on weakening and her condition worsened until she lost her mobility. She was in a wheel chair for a year as a child. Schools were very far from the farm. Her family had to move from the farm in 1996. Amahle now lives in an informal settlement in Mpophomeni (Howick) with her single mother. They earn a living through selling popcorn and vetkoek (*magwinya*). She also receives a disability grant from the government.

She had very bad schooling experiences. She attended primary school at Danview School in Howick West. She was the only one in her class with a disability. She had problems with walking and was always in pain. She used a taxi to travel to school at that time as she could not walk. Some taxi drivers were very rude to her. They did not stop to give her a lift. If they did, it took a long time for her to get into the taxi. Other passengers would complain.

They would tell me to hurry up. The problem was that I couldn't because of my impairments.

High school was also a nightmare for her. The classrooms were upstairs, including the toilets. She had to ask for a toilet key from the clerk's office downstairs and climb up two floors again.

The other students were very rude to her. They called her names. They were very angry if she did not do chores. The school had no cleaners. The girls had to sweep and mop the floors. She could not manage to perform such tasks.

They said I thought I was better than them. I was nothing. I was not like them. I belonged to a special school.

She dropped out of mainstream education in grade nine because of mobility and social problems. She just stayed at home as a school drop out for two years. She came to the TVET College and enrolled in the NCV programme at level two (equivalent to grade ten). She wanted to fulfill her dream of obtaining matric.

She was annoyed by the fact that many people questioned her eligibility to be a mother when she fell pregnant at the college.

They see me as different because of my impairments.

Her condition could not support her pregnancy. She had to rest at home until childbirth. I had to interview her telephonically using loosely structured interviews. She later on changed her mind and came back to write exams. I then got a chance to interview her again.

She had declared on the college form that she was disabled but did not specify her impairments. She was anxious for a new beginning in a mainstream educational setting and did not want to deal with being labeled. She was also scared of being excluded. She found college life extremely nerve-racking. The college had limited human resources available for inclusive education. The classroom environments were hard to move around due to unfavorable room layout. It was always crowded and this made it difficult for her to move around. There were also insufficient places to sit.

It's hard to fully integrate yourself into campus life. I think if a student is starting a course, college needs to prepare them.

This student had problems with physical access to all parts of the college. She had to limit the amount of walking she did, because she found it very tiring as the college had so many obstacles in the physical environment. She also found going up the stairs a nightmare.

There are no ramps into buildings except the library and there are no lifts in any of the buildings.

In the toilets, she encountered closed doors, which she had to push to get through. Everywhere she went, she encountered difficulties. Her relationships with other students were generally bad.

I feel excluded and really out-of-place, I am always alone.

Her muscles are not strong and she described an incident where she accidentally poured water onto able-bodied students after losing balance.

They told me that I was in the wrong place. I belonged to a hospital.

She said that other students did not understand her needs because of ignorance of her impairment. When asked about her relationship with lecturers, most of her comments were negative and she seemed to relate that to their lack of understanding or information about disability matters.

Some staff members are difficult to get along with. They are uncooperative and don't initiate a dialogue about a student's needs.

They had no energy, nor the willingness to take the initiative to help her.

On her hopes and aspirations she indicated completing her studies and getting a paying job.

Disability and poverty need not be an obstacle to success; I will find a way of completing my studies.

She also wished to create jobs for people living with disabilities. She said some people with disabilities could do some jobs better than able-bodied people.

She said the challenging mainstream college activities had changed her outlook in life to positive. The enablers to learning that she suggested included: being given work in advance; training lecturers to be more sympathetic to requests for extensions; special seating arrangements in exams; and anti-discrimination legislation to be introduced to protect the rights

of disabled students. She also suggested holding classes on the ground floor for students with disabilities.

4.2.6 Sibusiso's Life History

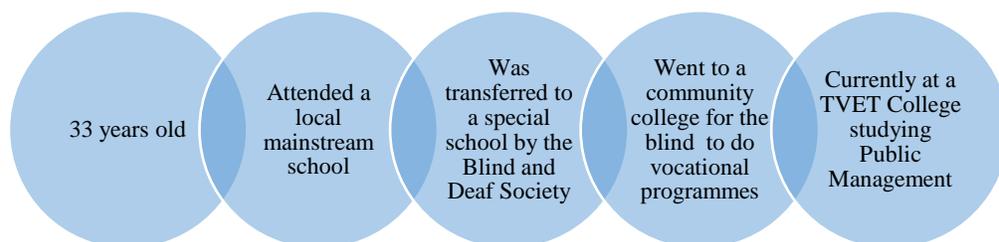


Figure 7: Sibusiso's life map

Sibusiso is 33 years old. Sibusiso is very sensitive and emotional. He was very grumpy and resentful during the interview. He is from Ebovini in Sweetwaters. He could see as a child but gradually lost his sight because of unchecked diabetes. Currently he has low vision. He receives a disability grant.

He went to a mainstream school throughout his childhood as someone who “muddled along with the class” due to his impairments. He just sat in the classroom without being able to follow the curriculum. As a result, he failed most of his grades and had to keep on repeating to be moved up. This had an effect on his confidence. It hurt when they asked him to drop out as he was not making progress. He admired his peers who continued to go to school.

He went to a community college to further his studies later on in life, and finally obtained his matric. He was also brought to the TVETs by a social worker from the Blind and Deaf Society. He is currently completing one module in Public Management. This student complained that, although he had declared his visual impairments on registration, there was no mechanism put into place to help him.

His relationships with other students were generally not good and his comments indicated that.

With a very deep and unhappy expression he said:

They say very unpleasant comments when I pass by. Some of these students are embarrassed about us. They don't know what to say or do with us. I guess they fear being blind.

With scorn in his face, he described some negative experiences that he had encountered at the hostel.

Some students imitate the way I walk. I can't help it. They also hide things from me and ask me to look for them.

He could not see writing on the board and on the computer screen. During computer lessons, his pace was very slow as he lost the mouse all the time. He said that the seating arrangement was very poor and did not suit his needs. He also suggested that Braille be provided for them to help them to learn.

I cannot look and write fast at the same time. I had to ask for pre-prepared notes. I am also nervous and anxious about doing written work.

In addition to that, he had to battle climbing the stairs in the hostel and classrooms. He often bumped into furniture and other objects in the classroom. He suggested that steps be painted bright so as to make it easy to see the way up.

This student was not positive about attending a mainstream college. He suggested that private colleges be set up for students with disabilities. Braille or electronic exam papers were also not available during exams, which indicated that students with low vision were almost entirely excluded from the college curriculum. He also had experiences of written work which was erased from the board too fast.

He described some lecturers as being particularly approachable and helpful on this issue as they gave him photocopied notes. They gave him an extra hour during the exam and enlarged papers for him.

What motivated him to attend at the college was the desire to fulfill his dreams of getting a qualification.

We are very poor at home. I wish to pass in order to improve our lives.

When asked to define success, he said:

It is being able to fulfill one's purpose in life.

4.3 Conclusion

This chapter aimed at gaining insight into the lives of students with disabilities at the TVET College. Overall, the life histories and interviews revealed vital information about the students' enablers and barriers in learning and their home lives. Although I had completed the interviews, I kept on calling in students for bits and pieces of information that I had missed out. Despite the emotional nature of the interviews, they helped me to gain a deeper insight into the lives of these students. The following chapter will present the analysis, description and presentation of the research findings.

5 CHAPTER FIVE: DISCUSSION: EXPERIENCES OF STUDENTS WITH DISABILITIES AT A TVET

5.1 Introduction

The previous chapter presented the life histories of the participants at a TVET College. This provided the basis for the analysis. Drawing from the previous chapter, I will now discuss the findings emanating from the data generated from these participants to explore the experiences of students with disabilities. The purpose of this chapter is to gain a better understanding of the findings in order to address the research questions. The rich data emerging from the life histories, interviews, mapping and transect walks revealed particular themes and patterns. Data were analyzed using thematic coding. The findings are presented according to the research questions. The three major themes that were identified from the six participants' interviews are then presented.

5.2 Coding for themes

Drawing on qualitative content analysis using open, axial and selective coding (See Chapter 3), I developed three major cross-cutting themes from the data as presented in Table 2:.

The first table shows how the major themes were identified in answering the research question on the factors that impede access and success of students with disabilities. In addition, the second table was on the factors that facilitate access and success.

Table 2: Showing how the major themes were identified

Open coding	Axial coding	Selective coding	Theme
Buildings Stairs Discrimination Stereotyping Social exclusion Bullying Being ridiculed Being judged Name calling	Inaccessible environments Hostile attitudes	Physical factors Social factors	OTHERING
Poor teaching styles Large classes Lack of resources Unfriendly lecturers Poor lighting Noisy rooms White boards	Rigid curriculum Non-conducive learning environment	Epistemic factors	ACADEMIC ABLEISM
Disability grants Housing	Lack of resources Lack of finance Lack of accommodation Lack of transport Lack of information	Economic factors	POVERTY

Table 3: Enablers of Learning

Major themes	Minor themes
a) Personal factors (P)	Self-determination (PSD) Intrinsic motivation (PIM) Self-advocacy skills (PS) Positive attitude (PPA)
b) Family factors	Parental support (FPS)
c) College factors (C)	Lecturer support (CLP) Being given extra time in exams (CGPE) Good assessment practices (CG) Enlargement of papers from A4 to A5 (CE)
d) Government policies	Disability grants

5.3 Major theme one: Othering:

The first part on othering is on the Presentation of the findings .The findings will be presented under two main headings on physical barriers and social barriers. Physical barriers will be divided into a sub heading on inaccessible environments. Social barriers will be discussed under a sub heading on hostile attitudes.

Physical factors: Inaccessible environments

Physical access to college buildings is an essential prerequisite for educating students with disabilities. Physical inaccessibility was one of the barriers mentioned by students with disabilities in the findings. They encountered physical barriers to education in the form of inaccessible environments such as a lack of ramps and/or elevators in the college buildings, heavy doors, and stairs. For example, a lady with mobility problems complained that she could

not go to the classroom to learn because of the stairs and inaccessible doors. The toilets also had steps and inaccessible doors. The following pictures illustrate this:



Figure 8: Picture showing infrastructural discrimination

The student in the photograph, for example, who uses a walking stick, is experiencing severe disability as she is challenged by an inaccessible environment. When she came to the college, she had impairments but now she is being disabled because of the stairs. The visible aid, in this case the walking stick, identifies the person as disabled. This student will, however, experience very little disability when confronted with a completely accessible and supportive environment.



Figure 9 Picture showing an inaccessible lecture room



Figure 10: Picture showing an inaccessible door to the hostel

Mapping provided some information on how SWDs were discriminated against at the TVET College. In groups of two, participants described and mapped the college on a large blank piece of paper using a variety of materials. They indicated places that they frequent and where barriers are prevalent. Following the map creation process, the groups reflected on one another's maps and discussed similarities, differences, inclusions and omissions. One final map was drawn by the participants based on their discussions as shown in Figure 11

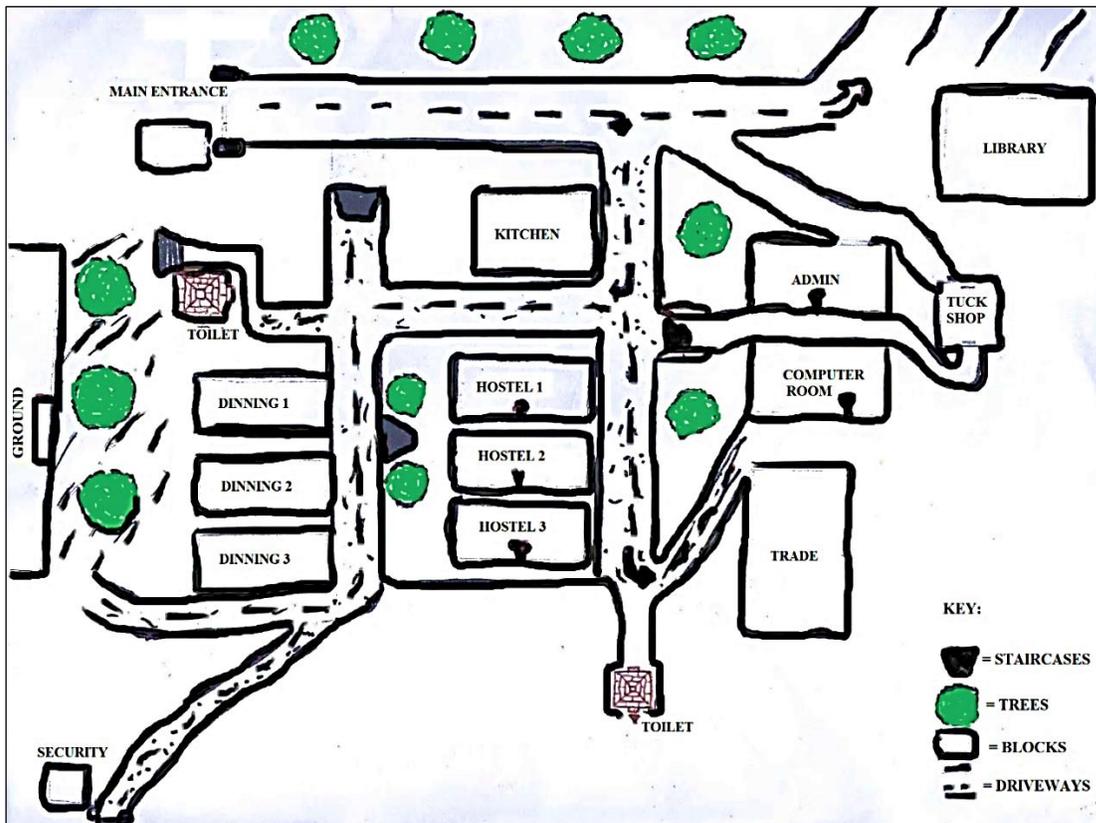


Figure11: Map 1 showing inaccessible places around the college

The map shows places where SWDs encountered some problems. They indicated that they often bumped into trees. The paths had uneven ground with some of the slabs coming off thus causing students to fall. The hostel was also inaccessible, with inaccessible doors and only staircases, no lifts. The dining halls are now used as the classrooms. They pointed to the dining halls (lecture rooms) as places where they also experienced barriers.

Social barriers: Hostile Attitudes

The main findings that came out of this study in relation to othering suggested that students with disabilities faced hostile attitudes and stereotypes at the TVET. They were labeled, teased, judged, called names, ridiculed and isolated. During the interviews most of the respondents stated that this had a negative effect on their relationship with their colleagues and lecturers. Through their life histories, students with disabilities reported being harassed and victimized.

Some forms of harassment and victimization that the SWDs experienced included nicknames, teasing and name-calling, pulling faces, jokes and pranks. For example, one of the participants reported that he did not like the way able-bodied students imitated the way he walked. Thandiwe also indicated that she was saddened by the way able-bodied students imitated the way she was shaking her head which was part of her impairments.

Most of the participants indicated that they had no social interaction with able-bodied students. Some of the comments made by the participants provide an indication of these negative feelings:

I have no friends due to my disability (Sibusiso).

Thandeka, an albino with visual impairments said that:

They don't want to be friends with me because I am an albino. They don't seem to understand that I am not different from them. I only lack Melanin (outer skin pigment).

Data also revealed that staff and able-bodied students assumed that SWDs could not do tasks because of their impairments. SWDs were rudely mistreated through assumptions that they are ill-equipped mentally because of an obvious physical impairment. They also made unfair negative assumptions, preconceptions and generalizations about them. There were conceptions that SWDs were partial or limited people, in an “other” and lesser category and in some way inferior.

They said that we would not pass because of our impairments (Thandeka)

The interviews with the students with disabilities revealed that they were bullied by their able-bodied peers. Furthermore, they imitated how they walked and made offensive, teasing and offhand remarks about their impairments. They were also verbally harassed, for example, being called a slut, *one eyed* or *isishawa* (cursed one).

5.4 Discussion on othering

The theme of othering emerged through selective coding as students described how they were oppressed at the TVET College. Data revealed that the students encountered negative

experiences such as stereotyping, bullying, name calling, being ridiculed, being judged, rejection, teasing, prejudice and discrimination.

By “othering”, I mean any action by which an individual or group becomes mentally classified in somebody’s mind as “not one of us.” “Othering is seeing someone as being in some way less human and less worthy of respect and dignity than others” (Smith, Foley & Chaney, 2008.p 303). According to Rule and John (2008, p.80), “the verb ‘othering’ picks upon the sense of difference and takes it further to mean a process of making alien, of separating and belittling in some way, it is a process of differentiation, subordination and exclusion.” Some of the terms that elaborate this notion, as identified by Rule and John (2008, p. 80) include:

- Scapegoating
- Distancing
- Disowning
- Extermination
- Targeting
- Stigmatization

Shakespeare (2002, p.27) argues that:

Part of the hostility to disabled people may lie in the tendency of non-disabled people to deny their vulnerability and frailty and to project these uncomfortable issues onto disabled people, who they can oppress, exclude and ignore.

Moreover, able-bodied students use various languages to describe them like handicap, cripple and invalid. Yet no one’s body works perfectly. We are all in some way impaired and illness is just a human condition (Shakespeare, 2002).

In this context, othering also implies discrimination in the provision of services, for example, lack of assistive devices. It is also discriminatory of government to design buildings that people with disabilities will never use. The fact that only certain people can now use those buildings makes it exclusion or bigotry. It is like spitting in the face of those with disabilities.

As a person who identifies herself as Zulu, my own cultural experience is that group cohesion is important in the Zulu culture. It is surprising that the theme of ‘othering’ emerged amongst an ethnic group which believes in *Ubuntu* (humanity). Othering is incongruent with the Zulu practices of empathy that build personal ethics and communal solidarity (Rule & John, 2008). In the Zulu culture, *umuntu ngumuntu ngabantu* (I am because of others). The rejection of others opposes this Zulu saying, for:

Africans survive in community by helping each other. It is manifest in structures such as stokvels (savings clubs), burial societies and women’s groups, and in practices such as good neighborliness, ilima (reciprocal farming assistance), taking in of orphans and support of bereaved families (Rule & John, 2008, p. 82).

Othering stems from the intentional or unintentional behavior of people that reduce the potential for others to be fully human. Disabled people are also targeted for ridicule, abuse, harassment and violence. As a result, they lack freedom to pursue their interests or plans as they are made to feel less than human.

Marginalization is also part of othering. “It is a process of exclusion that effectively positions certain groups as not only ‘inferior’ within society, but also makes that group largely ‘invisible’ within society” (Smith, Foley & Chaney, 2008, p. 303). Marginalization expels students with disabilities from full participation in social life. This creates a situation of helplessness and powerlessness but also a culture in which the disabled not only become invisible, but may be expected by the able-bodied to be invisible.

Through marginalization, disabled people are indoctrinated with negative images about themselves. They are often treated as objects rather than people. “Able-bodied students refer to other “different people” for example, when talking about a peer with impairments. This in a way suggests that disability is a discursive category” (Shakespeare, 2002, p. 10).

From my experiences as a TVET lecturer, efforts to prepare disabled persons adequately for participation in skills development are not realized. Mere enrollment of disabled people in such programmes often results in failure. Such failure, due to lack of adequate preparation, further reinforces negative stereotyping of disabled persons. Similarly, Murgol, et al. (2014) conducted

a study in Kenya and found that students with disabilities in TVET institutions were discriminated against and isolated. They were also unable to access some of the school buildings and were also barred from enrolling in certain courses that they desired to enroll in, and were instead just registered in any available programme.

It is not surprising that people with disabilities are still viewed differently today. Historically, disabled people faced much more extreme forms of repression. In Germany during the 1930s, the first victims of the Nazis were 100 000 disabled people – or “inferiors”, as they were called. People with physical and learning disabilities were butchered as a consequence of Hitler’s ideology of “racial purity.

People are different. They have different backgrounds, racial groups and cultural backgrounds. I personally think that it is unfair keeping people separate or othering them because of their differences.

5.5 Major theme two: Academic ableism

The key findings that emanated from this study in relation to the theme of academic ableism were on participants’ curricular and pedagogical challenges. These included large class sizes, lack of assistive devices in learning, poor room arrangements, poor curricular delivery and assessment approaches, and unsupportive academic staff. In this section, I arrange the findings under the headings of ‘Rigid curriculum’ and ‘Non-conducive learning environment’.

Rigid curriculum

Rigid curriculum indicates inflexibility regarding time, space, resources and methods. Interview findings revealed that, there was no time or resources to support disabled learners at the TVET College. Curricula and teaching methods were rigid. Assessment guidelines were written for “normal” students or for those who did not have impairment-related needs.

Non-conducive learning environment

Lecture rooms were frequently overcrowded and there were no trained lecturers capable of regularly handling the individual needs of students with disabilities.

From the above data, Academic ableism can be described as discrimination within academic institutions against students with disabilities. These may include a non-conducive learning environment such as large classes, lack of resources, unfriendly/untrained lecturers, poor room arrangement and inadequate materials.

Examples of academic ableism at the TVET College that are evident in the data include:

- *Lack of electronic books for visually impaired students* (Sibusiso);
- *Poor lighting that affects those with low vision* (Thandeka);
- *Noisy rooms with large group sizes* (Sandile);
- *Classroom environments that are hard to move around due to unfavourable room layout* (Amahle).

The lecture rooms were often too crowded and very noisy. They had white shiny boards that gave students with visual impairments problems. This is illustrated by the data in Figure 12 and Figure 13.

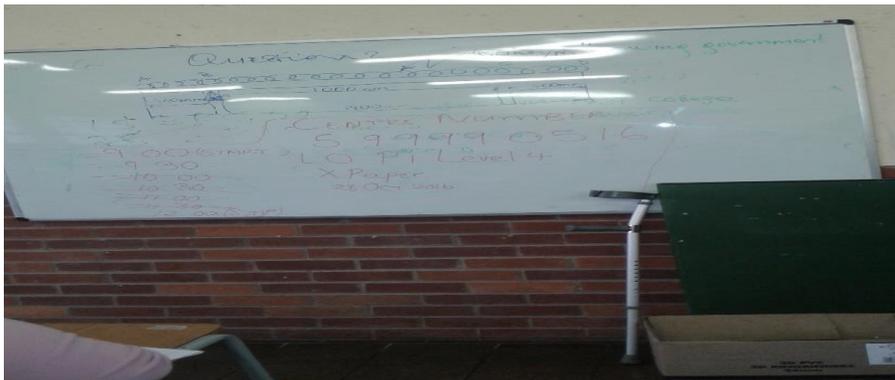


Figure 8: A photo showing a shiny board



Figure 9: A photo showing unfavorable room layout and large classes

Some data on academic ableism was gathered during the transect walks. The students were of the opinion that the lack of relevant assistive technology in learning; the negative attitudes of people towards disability and services; systems and policies that are either non-existent or that hinder their involvement, and an inaccessible environment were all seen as barriers that hampered the students from learning. It is interesting to note that students with disabilities also want to see equality within their educational institutions. They feared being ridiculed, judged and discriminated against because of disability.

5.6 Discussion of Data

The data confirm Howell's (2005, p.164) findings that "There is lack of appropriate and adequate provision for learners with disabilities in institutions of learning, and commitment to serve these learners in vocational education colleges is still hopelessly weak." The White Paper on the Integrated Disability Strategy (1997) says that very limited attention has been placed on addressing issues of access and participation for students with disabilities in the higher education system in South Africa.

Students with disabilities are expected to work within the same stringent system as non-disabled students. TVETs do not accommodate their particular situations. The able-bodied students would then perceive them as lazy, ill or stupid if they fail to cope. The White Paper on the Integrated Disability Strategy (1997, p.23) recognizes this as "it mentions that people with

disabilities are often viewed as helpless and dependent, as ill and in constant need of care and medical treatment, or as tragic victims”. In addition, Watermeyer and Swartz (2006) postulate that in South Africa, understanding of disability falls within an individual model of disability, as the emphasis is on the impairment of the body. Such practices do not allow students with disabilities equal access to the curriculum. This holds back students with disabilities from reaching their academic potential.

Furthermore, lecturers need to develop an understanding of how students with disabilities complete tasks efficiently and how they learn differently. As a result of ableist assumptions, there is often a lack of appropriate educational support for students with disabilities, leaving students with disabilities not to be accommodated in the classroom. Howell (2005, p. 164) supports this by saying, “In South Africa, black disabled students continue to be especially vulnerable to exclusion from the education system. These processes of exclusion are linked to broader practices which relate to the marketization of higher education.”

Educational policies promote inclusive education and yet this does not translate into practice. There seems to be total silence about the lack of provision of education to disabled learners, especially in mainstream colleges (Gibson, 2006). I personally think that the solution would be to engage students with disabilities in a dialogue about their priorities, solutions to problems and their human rights. In some studies conducted in the UK, it was found that students with disabilities can be accommodated in an inclusive environment if barriers are eliminated (Goode, 2007).

5.7 Emerging theory: Ableist othering

After the discussion of the two major themes, a theory of ableist othering emerged.

Othering and academic ableism often lead to ableist othering as shown below.

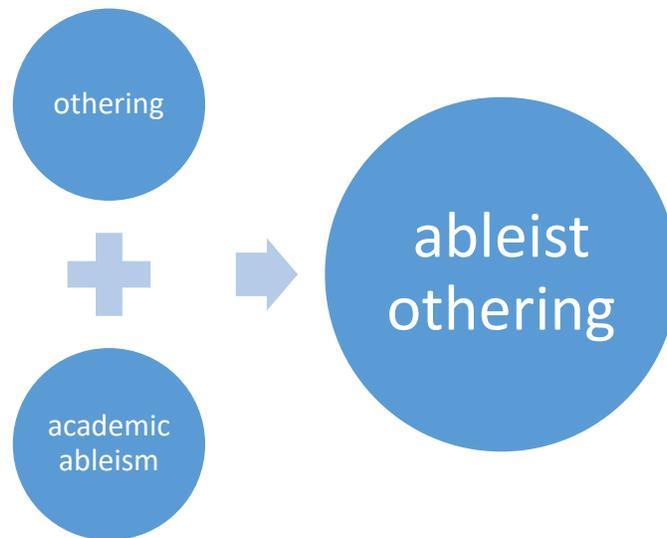


Figure 10: Ableist othering and sub components

Ableist othering implies differentiating students with disabilities as abnormal. .
 The following are some responses that indicate ableist othering from the data:

The seating arrangement is very poor and does not suit my needs (Sibusiso).

I fail to go up the stairs and wait for my friends to throw down some note for me (Sihle).

Some lecturers seem to have no energy, nor the willingness to take the initiative to help us, they just let us sit unattended whilst others are learning (Amahle).

These students are classified as subhuman, flawed or freaks rather than as persons with identities. They are given only the necessary academic adjustments to “get by” in the classroom, and not the full array of accommodation needed to have an equitable opportunity in college lecture rooms with non-disabled peers. Disabled people are also depersonalized. Their disability makes them the object of different treatments and forms of support. They are also degenderized; for example, in public toilets there are separate toilets for (able-bodied) ladies and gentlemen, but only one toilet for disabled people – as if ‘disabled’ represents a third gender, or people with disabilities have no gender.

In a study conducted in South Africa by Tugli (2013), it was found that academic and social barriers hampered students with disabilities from learning. Also Vora (2013) in his study

conducted in North Texas found that disabled people remained locked out from learning due to lack of access to content.

5.8 Major theme three: Poverty

Poverty was also a dominant theme throughout all interviews and served as a main reason for not being in college, missing classes and having difficulties with learning. This is because poverty may lead to lack of funds, resources, and information. Unmet needs of SWDs at the TVET College also entailed lack of assistive devices, and educational, vocational training and counseling services. Findings revealed that some of the participants came from disadvantaged poverty-stricken homes. All the participants received disability grants, which they used for survival with their families.

My father is a subsistence farmer, we live on what we get in the fields and my disability grant, and that's not enough (Sibusiso).

My mother first worked on a farm and left because of a poor salary; she is now a vendor and it's still hard to make ends meet (Amahle).

Most of the participants' guardians or parents were unemployed and therefore lived under very poor conditions. This led to failure to afford basic necessities like purchasing extra learning resources that they needed. The college itself has rundown facilities. During the transect walk, participants pointed at some areas that were dangerous like unpaved paths. Socio economic factors like poverty also contributed in creating barriers to learning, and these challenges made inclusion all but impossible.

One of the participants with physical disabilities faced difficulties in travelling to college. She had to travel a long distance and cross a very busy road with speeding taxis. Even if she finally reached the college, there were problems of stairs around the college. These are some of the comments provided by the respondents;

"I travel a long distance from home to college and I am always late and tired" Participant 3

Given their experiences of poverty, some participants had hopes that education would lead to an independent life, and their caregivers hoped that their educated children would support them

as they aged. That poverty is a barrier to education is supported by Rule and Modipa (2011, p.1) who assert that, “Many adults with disabilities in South Africa never had a chance to attend school or dropped out at an early age because of poverty and discrimination”.

According to the Integrated National Disability Strategy White Paper, there is a serious lack of reliable information on the nature and prevalence of disability in South Africa. This is because, in the past, disability issues were viewed chiefly within a health and welfare framework. This led naturally to a failure to integrate disability into mainstream government statistical processes. There is no reliable empirical data on the poverty of people with disabilities globally, however, there is evidence that people with disabilities make up a greater proportion of people living in chronic poverty. (Integrated National Disability Strategy White Paper, 1997). Insert in References. Poor people face a greater risk of impairment or disability. In addition, the birth of a disabled child, or the occurrence of disability in a family, often places heavy demands on family morale, thrusting it deeper into poverty (Integrated National Disability Strategy white paper, 1997).

Data also revealed that lack of information is a major factor hampering access of students with disabilities. Some did not apply because they could not obtain prior information about how the institution might be able to meet their learning needs. Others were reluctant of informing individual members of staff about their impairment and asking for adjustments in a place that could not accommodate them. There were others who feared rejection or staff unwillingness to be flexible or understanding. They always thought that help for them would not be possibly. Getzel and Thoma, (2008, p. 77) support this data by saying, “Some students decide for varying reasons not to self-disclose. These students may be anxious for a new beginning in an educational setting by not having to deal with being labeled”.

5.9 Enablers of learning

Now, I will talk about enablers of learning that were derived from the data of the life histories and interviews of participants. These will help in answering the research question:

What are the factors that facilitate the success of students with disabilities at the TVET College?

5.9.1 Personal factors

Personal factors such as: self-determination, self-advocacy skills and a positive attitude were mentioned by participants as factors that enabled them to succeed.

Self-determination

The participants described being self-determined as making things happen in their own lives instead of having others do things for them. They achieved that by setting goals, and working on achieving them. They used supports from friends, family members and technology. Too often, people with disabilities have too few choices about where and with whom they live. They have few choices about which educational institution they will attend. Being more self-determined enables them to have more of a voice in living in their own communities.

Some disability researchers agree with this data as they have found that skills of self-determination are essential for students' success, including problem-solving skills, learning about oneself, goal setting and self-management (Getzel & Thoma, 2008). Researchers have found that students with disabilities who also have high levels of self-determination are more likely to become adults who are:

- Employed;
- Satisfied with their lives; and
- Living independently, or with support, outside of their family homes.

Like the research participants, Getzel and Thoma (2008, p. 79) defined self-determination as “being able to advocate for what you need, understanding your disability and how it impacts your learning, having self-confidence and being independent.” One of the participants in this research study said:

When some people told me that I wouldn't be able to pass, it made me more determined to work hard and pass (Thandeka).

Intrinsic motivation

When asked what motivated participants to attend at the college despite the challenges that they encountered, they indicated that they wanted to pursue their learning goals and succeed at the end. Success was important for boosting their self-esteem.

Self-advocacy skills

Self-advocacy was described by most participants as learning to speak up on your own behalf and ask for what you need. It is learning to take charge and be more independent. It builds self-confidence. Confident students feel better about themselves, take more risks, ask for the help and clarification they need and consequently do better in college and in life. Studies of highly successful adults with disabilities have identified the ability to self-advocate as an important factor contributing to success both in post-secondary education and in the workplace. As students enter college it becomes increasingly important that they are able to express their needs in a positive way, as they are expected to be more independent as learners. For example, one of the participants said:

I don't want people to do things for me. I have my personal and academic goals that I wish to attain, and achieving them would be success for me (Thandeka)

A positive attitude

A positive attitude helped them to cope more easily with the daily affairs of college life. It brought optimism into their lives, and made it easier to avoid worries and negative thinking. With a positive attitude, they were able to see the brighter side of life and expect the best to happen. They always expected success and not failure and also believed in their abilities.

5.9.2 Family factors

Parental support was also important for them. It was very important for them to be loved or to see someone caring about them.

5.9.3 College factors

At college most students said that lecturer support was very important. This included being given extra time in exams and having exam papers enlarged from A4 to A5. Students reported

that they found it useful when lecturers made modifications and accommodations in their teaching methods and assessment practices.

5.9.4 Government policies

Most students received NSFAS bursaries to cover the costs of their studies for certain qualifications at public colleges in South Africa. The Disability Bursary Programme provides financial support to students with disabilities who need financial aid and possess the ability to pass their academic subjects. It is intended to open opportunities in higher education, providing the necessary additional teaching and support for students to overcome learning barriers, which have resulted from disability. Most of the participants mentioned the benefit of bursaries in their learning. For example, one of the participants said:

There is free education at this college since the government gives us bursaries. I would not be able to afford to pay the school fees since my father left us (Sihle).

5.10 Conclusion

This chapter focused on the data presentation, analysis and discussion. Data were collected from students with disabilities at the TVET College, themes were identified and discussed. It emerged from the data that students at the TVET College experienced barriers and enablers in learning. It is, however, noted that the barriers that they experienced had the greatest effect and contributed to challenges in their learning. The following chapter will focus on the analysis, presentation and discussion of data using the conceptual framework and the theoretical frameworks.

6 CHAPTER SIX: THEORETICAL ANALYSIS OF FINDINGS

6.1 Introduction

As a researcher, I could not free myself of my theoretical framework in coding my data. Some aspects of the data would be analyzed, interpreted and discussed using my theoretical and conceptual frameworks, that is, the social model of disability and the inclusive model of education. The social model of disability views disability as the way society is organized. The aim is removing barriers that restrict life choices for persons with disabilities. Inclusion focuses on identifying and removing the barriers to learning, and changing practices in educational institutions to accommodate the diverse learning needs of individual students.

First I will discuss the findings in relation to the models of disability. The various barriers to participation will then be debated in relation to the social model. These include physical, social and epistemic barriers. Finally, the inclusive model of education and the barriers to learning will also be discussed.

6.2 Findings and the social model of disability

Drawing on the social model of disability to understand the data, I argue that the TVET college environment turns the students' impairments into disabilities. It does so by generating structural, attitudinal, linguistic and economic barriers that hamper access and success of SWDs. The college did not take into account the physical, social and mental differences of students with impairments. As a result, this became a major barrier that hindered them from living their lives fully at the college. They then became disabled by this situation since they were not fully accommodated. Their disabilities were therefore not caused by their impairments.

This is further supported by Goodley (2001) who posits that "(the social model) is concerned with the *barriers* (physical, intellectual, attitudinal, etc.) within our society, which serve to *disable* people with impairments." From a social model perspective, disability is not caused by people's impairments but rather by society's failure in accommodating people with impairments and the barriers that these failures generate.

Disability is therefore seen as a form of social oppression like racism, ageism or homophobia, rather than as an individual problem caused by impairment (individual medical model).

Disability is also seen as a form of psycho-emotional disablism which can leave people feeling worthless and ashamed. This in turn affects what people can do and who they can be (Barnes & Mercer, 2004).

In the context of this study, I argue that, disability is caused by the way the TVET is organised, rather than the students' impairments or difference. The college should find ways of removing barriers that restrict life choices for SWDs. The belief is that when barriers are removed, SWDs can be independent and have choice and control over their own lives.

According to the social model of disability, a ramp should be added to the entrance so that the wheelchair user is free to go into the building immediately. In addition, the social model solution would make full-text audio recordings available when a text book is first published. This means students with visual impairments can join in learning activities with everyone else (Oliver, 2004).

This model implies that the removal of attitudinal, physical and institutional barriers would improve the lives of people with disabilities, giving them the same opportunities as others on an equitable basis. Taken to its logical conclusion, there would be no disability within a fully developed society. The strength of this model lies in its placing the onus upon society and not the individual. At the same time it focuses on the needs of the individual. Ignoring impairments, however, has been seen as one of the weaknesses of the social model of disability by theorists like Morris (1993) and Crow (1996).

As individuals, most of us simply cannot pretend with any conviction that our impairments are irrelevant because they influence every aspect of our lives. We must find a way to integrate them into our whole experience and identity for the sake of our physical and emotional well-being, and, subsequently, for our capacity to work against Disability (Crow, 1996, p. 7).

The social model also defines disability as oppression. Disabled people are distinguished from non-disabled people. Disabled people are an oppressed group (Shakespeare & Watson 2002). In this study, it was found that non-disabled students and some lecturers are the causes of or contributors to that oppression. In addition, the environment was found to be non-conducive for

learning for students with disabilities. “An analysis of oppression within capitalist societies has shown that ‘disability’ is in reality an artificial and exclusionary social construction that penalises those people with impairments who do not conform to mainstream expectations of appearance, behaviour and/or economic performance” (Oliver, 2004, p. 20).

6.3 Social aspects that create disability

Disability models are ways of translating ideas into practice. They are tools for defining impairment. Furthermore, they provide a basis upon which government and society can devise strategies for meeting the needs of disabled people (Barnes, 2008; Oliver, 2013). They are often treated with scepticism as it is thought that they do not reflect a real world. Some theorists think that they are often incomplete and encourage narrow thinking and rarely offer detailed guidance for action (Morris, 1993; Barnes, 2008). However, they are useful frameworks in which to gain an understanding of disability issues, and of the perspective held by those creating and applying the models. They reveal the ways in which our society provides or limits access to services (Oliver, 2013).

One of the social aspects that create disability and disabling barriers is the medical view of disability. The medical view focuses on the impairment of the person more than on the needs of the person. The model sees disability as unconnected to the social or geographical environments. It views disability as lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being (Oliver, 2013). Because of this, students with disabilities become stigmatised as "lacking" or "abnormal". From this data, it seems that SWDs have internalised this view, which others impose on them. They start to see themselves in this way, which can be very disempowering and stop them from learning or even cause them to drop out. They might say to themselves, “I am abnormal, I am the problem, and therefore I cannot stay here.”

Another social aspect that creates disability and disabling barriers is tradition. In the traditional model the belief is that SWDs are under a spell of witchcraft; possessed by demons; are sinners, or are being punished by God for such misfortune to befall them. This causes isolation and marginalization of SWDs by their able-bodied counterparts who avoid them since they are scared of being associated with what is perceived to be evil.

The underlying assumption that impairment is a personal tragedy can present a disabling environment for SWDs. This causes able-bodied students to regard and treat students with disabilities as victims of misfortune. The tragedy/charity model depicts students with disabilities as victims of circumstance, deserving of pity (Oliver, 2013). Data from this study showed that this idea of seeing people with disabilities as being recipients of charity lowers their self-esteem. Students with disabilities should also be treated as equal citizens requiring respect and not pity.

Cultural images also create disability. They have been used to socially construct disabled people as an unwelcome 'other' whose subjugation is necessary to the perpetuation or reinstatement of mainstream society (Barnes, 2008, p. 51; Morris, 1993, p. 93). The operation of such processes is revealed in the use of negative imagery in the general media and in literature which portrays difference as unacceptable, evil, or a punishment from God (Morris, 1993). Such symbols are supported by the use of stigmatising language and metaphors by society and were used as disabling barriers at the TVET College, for example, words and phrases such as one eyed or *ichide and isishawa* which means 'cursed one'. The social model of disability advocates for students to be valued. Barriers should be identified and solutions developed. Resources should be made available. Relationships should be nurtured and diversity welcomed.

According to the diagram (Figure 14), the problem does not lie with the student with impairments but with the structures and attitudes within the TVET College. These include: an inaccessible environment, stereotyping, prejudice, devaluing and a lack of beneficial education.

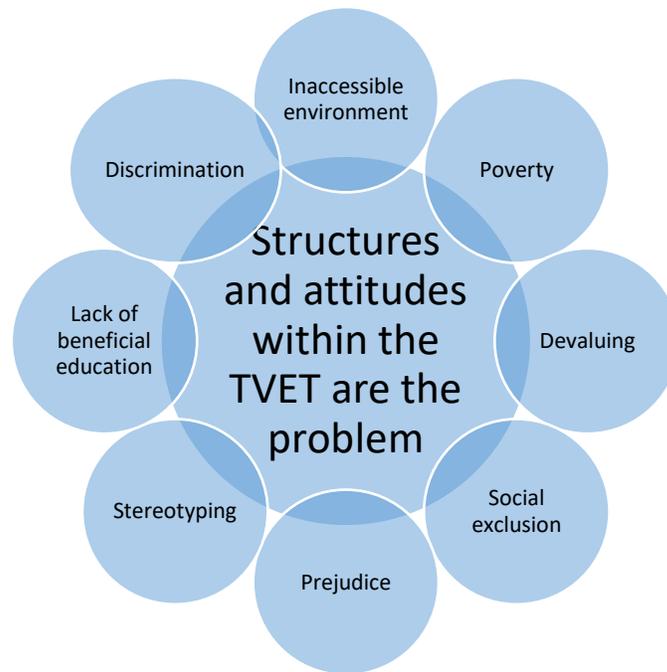


Figure 11: Barriers in TVETs from the perspective of the social model of disability

The inclusive model and barriers to learning for students with disabilities

Drawing on inclusive education theory, I argue that the TVET College formally includes students with disabilities while excluding them at the level of curriculum, infrastructure, funding and social life through attitudinal barriers.

6.3.1 curriculum

Curricular and pedagogical challenges that excluded students with disabilities included large class sizes, lack of assistive devices in learning, poor room arrangements, poor curricular delivery and assessment approaches, and unsupportive academic staff.

Although students with disabilities were accommodated, an appropriate curriculum was not offered to ensure quality education. In addition, there were no suitable resources, teaching strategies and organizational arrangements for these students, yet the inclusive model calls for educational institutions to respond to the diverse needs of all students regardless of any difficulties or differences.

The TVET system served to disable the students as there was no time or resources to support this group of learners. Curricula and teaching methods were rigid. Lecture rooms were frequently overcrowded and there were no trained lecturers capable of regularly handling the individual needs of students with disabilities.

Other supports such as classroom assistants were also lacking. Information was also not delivered in the most appropriate mode for students with disabilities. For the visually impaired students, teaching materials were not available in alternative formats such as Braille. Assessment and evaluation systems were often focused on academic performance rather than individual progress, and these disadvantaged students with disabilities.

The rigid curriculum at the TVET College did not allow for experimentation or the use of different teaching methods. This therefore posed as a massive hurdle to inclusion and therefore disabled the students. The Study plans failed to recognize different styles of learning and hindered the college experience for students with disabilities. Lecturers who were not trained or who were unwilling or unenthusiastic about working with differently-abled students were a drawback to successful inclusion. Inclusive education was hard to put into practice as lecturers, who were already straining under large workloads, felt bitter about the added responsibilities of coming up with diverse approaches for the same lessons.

What an inclusive education lens reveals is that inclusion is more than physical access but must also involve social, financial and epistemic aspects. Findings indicated that, some students would just be there physically but not gain anything academically. One student would try hard to go to class but would be late due to barriers in the environment. On arrival, she would sit at the back where she could not see on the white board. The lecturer would be talking and writing whilst she could not see what was written. Another student said that by the time she reached the lecture room, she was too tired to concentrate. These findings match with those of the report from UNESCO:

I was taken out of all my classes and told just act pretty in the corner, smile and be happy, and you'll be fine... and I just sat there and looked at the four walls that was my day at junior high I went to lunch; I went to gym, ACADEMIC Ableism (UNESCO, 1994, p.856).

I therefore argue that, the college curriculum did not facilitate inclusive education .This is so as Lecturers were not willing to make modifications and accommodations in their teaching methods. They were not flexible to use other methods, for example, limiting written work for students who could not write fast. According to the inclusive model, similar learning objectives could have been achieved through a different method. These findings revealed a lack of cooperation of staff with students. For inclusive education to be possible, open communication and coordinated planning is needed (UNESCO, 1994). As researcher, I think lecturers and SWDs could have met to create well-constructed plans to identify and implement modifications, accommodations, and specific goals for meeting individual students' needs. .

6.3.2 infrastructure

Physical accessibility was also found to be another barrier to inclusion. A student with a disability cannot learn in an inclusive lecture room if he cannot enter the room. Findings indicated that the TVET College was inaccessible to students with mobility impairments as they needed elevators, ramps, paved pathways and lifts to get in and around buildings. Classrooms were also found to be crowded making it difficult for these students to move around, thus reducing SWDs at the TVET also experienced difficulty in securing accessible student housing in the hostel.

Students with physical disabilities complained that they were expected to attend lectures every day in an environment that was inaccessible to them. From the researchers' observations, the college is economically-deprived, dilapidated and has poorly cared-for buildings that further restrict accessibility. Some of these facilities are not safe or healthy for any students. Government lacks either the funds or the resolve to provide financial help. These environmental barriers create obstructions for some students to simply enter the college.

In the findings, it was clear that difficulties with access caused students with disabilities to act and feel different and inferior to their (seemingly) able-bodied counterparts. During the Transect walk, one of the students pointed at the entrance of the hostel, which has a very slippery staircase and reported that the *steps* often reminded him that he was disabled. Every time he left the hostel or came in, he had to think of a way of negotiating steps.

These findings are similar to the focus group findings of a study conducted by Imrie and Kumar in 1998 in which the participants in the study highlighted their major barrier as access.

Access is something which is the realisation that you are unfortunately different, every time I go outside of my house I'm reminded that I'm in this wheelchair and I feel I've got a battle on my hands to get to where I want to go to, the streets are all broken up, it's like a slalom course for me, it saps my strength and I feel people staring at me (Group 1) (Imrie & Kumar 1998, p. 362).

The findings of this study revealed that some disabled people felt estranged and oppressed by facets of the built environment. A student with physical disabilities who receives the help he or she needs to walk can move more easily in a barrier-filled environment.

Findings revealed that a campus that was partially inaccessible hampered academic freedom, and this posed barriers to the degree of academic freedom enjoyed by the students with disabilities.

6.3.3 Funding

In TVETs, there is no funding set aside for disabled students. This then becomes a major constraint to the practice of inclusion. Teaching students with disabilities needs additional staff to support students' needs. Coordinating services and offering individual support to the students requires additional money that many colleges do not have, particularly in the current tight economy. Inadequate funding hinders ongoing professional development that keeps college lecturers updated on the best practices of inclusion.

6.4 Attitudinal barriers

The principles of inclusive practice are extensive and have the likelihood of reducing disadvantage for many people with impairments. Inclusive practice may be defined as 'belonging' (Morris, 1993). A culture which facilitates a sense of belonging amongst diverse students is debatably the reverse of that which creates a sense of othering. The oppression of SWDs at the TVET was endorsed through a set of assumptions and practices that promoted the

differential and unequal treatment of people because of outward or assumed differences. I have chosen to use terms such as “ableism” and “othering” for that kind of treatment.

The main findings that came out of this study in relation to othering suggested that students with disabilities faced negative attitudes and stereotypes at the TVET. They were labeled, teased, judged, called names, ridiculed and isolated. During the interviews most of the respondents stated that this had a negative effect on their relationship with their colleagues and lecturers thus reducing inclusivity. Such findings serve, in part, to reinforce Morris’s (1993) notion that societal conceptions of disability are generally negative, thus increasing the possibilities for intimidation and ridicule. Sometimes the barriers of attitudes may prove to be greater obstacles than staircases everywhere.

According to the World Report (2011), assigning labels to students in education systems can have negative effects including stigmatization, peer rejection, lower self-esteem, lower expectations, and limited opportunities. Students may be reluctant about revealing their disability due to negative attitudes, thus missing out on needed support. The findings of this thesis echo the World Report findings of (2011) which quote people in other countries suffering similar experiences of exclusion. Some findings also indicated that contact with and real acceptance of students with disabilities remained elusive. At break time SWDs sat separately. No one joined them.

The students with disabilities at the TVET attributed this to a lack of knowledge about and sensitivity to disability issues on the part of some students and lectures. This made it difficult for them to access educational services equally. According to Tugli (2013) Failure to safeguard access to inclusive education is not only a violation of human rights, but also intensifies the burden on families and incurs economic, social, and welfare costs.

The above findings indicated that able-bodied students did not expect much from SWDs. They didn’t expect SWDs to perform up to standard. Whether born from ignorance, fear, misunderstanding or hate, these attitudes kept able-bodied students from appreciating and experiencing the full potential SWDs could achieve. They focused on a person's disability rather than on an individual's abilities thus excluding students with disabilities.

6.5 Student agency

I argue that, persons with disabilities also have a role to play in breaking attitudinal barriers by organizing themselves, making people aware of disability issues and advocating for change. There is a strong history of activism in the disability movement and the social model of disability itself arose from the disability movement as a critique of, and struggles to change, a disabling society (Oliver, 2013). However, my study revealed that students with disabilities at the TVET College often felt helpless and took on a passive attitude. They saw themselves as victims of the structures and attitudes of the college. This can be partly explained by the absence of organizations, channels of communication and official structures to represent SWDs that have been developed at other institutions. On the other hand, the methods adopted in the study did try to afford the students agency by giving them a chance to participate in research. The study attempted to ‘give voice’ to SWD. However, there is still a lot of work to be done in developing the agency of SWDs at the college, and the students themselves are crucial to turning this into reality.

6.6 Conclusion

This chapter summarized the findings as they related to the theoretical frameworks. I examined the themes using the social model of disability and the framework of inclusive education. I discussed the social model of disability in relation to physical, social and epistemic barriers to learning. The inclusive model of education was debated in terms of barriers to learning and enablers to participation. Disability and poverty were also deliberated in relation to the theoretical frameworks. What the lens of the social model of disability reveals is that structural and attitudinal barriers at the TVET College ensured that the students’ impairments became disabilities.

The inclusive education lens shows that, whereas there might have been formal inclusion, the students with impairments experienced exclusion at physical, social, financial and epistemic levels. One can therefore construe from the findings that students with disabilities in TVETs experienced oppression, othering, inaccessible facilities and conditions, and academic ableism. This disabling and exclusionary environment undermines there sense of agency. For some

students, impairments also played a part in inhibiting them to learn. The last chapter will address the findings in relation to the research questions and relevant literature.

7 CHAPTER SEVEN: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

7.1 Introduction

This concluding chapter aims to synthesize and integrate the discussions and findings that emerged from this study. I examine the research questions in relation to the study's findings and the relevant literature. Additionally, I discuss the implications, insights and recommendations stemming from the research, and an overview of the study's limitations. Lastly, I examine areas for possible future research.

The findings of this dissertation are dependent upon what was voluntarily provided by the participants. After I had developed summaries, the information was analyzed and systemically coded for emergent themes. The themes were then integrated across the major themes that emerged from the data analysis across all groups.

As an exploratory case study, this research set out to gather insight into the experiences of students with disabilities at a TVET College: factors that facilitate or impede their access and success. These research questions are examined in relation to the findings and relevant literature. The research question and sub questions are detailed in the next section.

7.2 Questions to be answered in the research

Major question

What are the experiences of students with disabilities at a TVET College?

Sub questions

- What are the factors that facilitate or impede access of students with disabilities in a TVET college?
- What are the factors that facilitate or impede success of students with disabilities in a TVET college?
- How do students with disabilities negotiate the barriers they encounter in TVETs?
- How can the needs of students with disabilities be addressed in terms of physical, social and epistemic inclusion?

7.3 Broad overview of findings

I have one major question and four sub-questions. I will start by answering the sub questions so as to obtain information that will help me in addressing the major question.

7.3.1 What factors impede the success of students with disabilities?

The findings in this study indicated that SWDs faced barriers that inhibited them from learning at the TVET College. These barriers were related to social, physical and epistemic access. Lack of resources and funding were also among some of the barriers mentioned by the students. Most of the findings on the barriers to learning at the TVET College fall under these headings:

- Experiences of assessment and learning
- Poor social relations
- Insufficient funding
- Lack of resources
- Poor teacher training
- Reluctance of SWDs to ask for assistance

The headings will be discussed in detail below.

7.3.1.1 Experiences of learning and assessment

Findings revealed that the students' experiences of assessment at the TVET College were unpleasant. Although students with visual impairments were present in the lecture rooms, lecturers were lecturing as if all students were sighted, using a "talk and chalk" strategy. Shiny whiteboards and computer screens, small writing on the board and insufficient time for copying notes were all barriers for these students. This finding is congruent with other research which found that pacing hampered the performance of people with disabilities (Fuller, Healey, Bradley & Hall, 2004).

7.3.1.2 Poor social relations

The research findings of this thesis revealed that there were poor social interactions between able-bodied students and students with disabilities. Students with disabilities were 'othered' by able-bodied peers and staff. Some students experienced ridicule and name-calling, while others

were shunned by able-bodied students. One student's way of walking was mockingly imitated. Amahle was told that she belonged to a hospital since she was often ill due to her muscular dystrophy. Other disability researchers have also discovered similar findings. Ash et al (1997) investigated able-bodied students' attitudes towards students with disabilities in three colleges of further education. They found that "social contact between disabled and non-disabled students was not extensive" (Ash et al., 1997, p. 615).

7.3.1.3 Insufficient funding and lack of resources

The study found that lack of funding affected the students in many ways, including not affording to pay for their transport fares. Lack of funding also led to lack of equipment, aides, therapy staff and interpreters. The students could not afford note takers and assistive devices. A podiatrist had prescribed special boots for Sihle to help with her mobility problems. Her mother could not afford them. Nunu also needed an artificial eye but her grandmother could not afford the procedure.

Students reported barriers related to lack of resources. Some participants mentioned that sometimes they had no transport to come to college and this affected their learning in that they missed out on some assessments. All the students reported that they needed help but could not afford personal tutors.

7.3.1.4 Reluctance of students with disabilities to ask for assistance

SWDs did not like disclosing their disabilities as they thought they would not be accepted to study by the college. Sihle had not declared her disability on the application form as she thought that it would disadvantage her in some way. She thought that the college would not have taken her if she had said that she would not be able to handle the stairs. The other reason for not disclosing was a fear of being stigmatized and consequently being treated differently. Amahle said that she had not specified her impairments as she did not want to deal with being labeled. She was also scared of being excluded.

7.3.1.5 Poor Teacher Training

Students reported that lecturers were not trained to deal with their special educational needs. They did not include methods and procedures in their lesson plans to meet the special

educational needs of disabled students. For example, they did not initiate a dialogue about their needs. The students said that they had neither the energy nor the willingness to take the initiative to help them. .SWDs indicated that these lecturers were not sympathetic to requests for extensions in writing assignments.

Students attributed this to a lack of opportunity for lecturers to be trained in special needs education. Findings also revealed that, most lecturers were unfriendly and ignored the needs of students with disabilities. They were unhelpful and ignored students with disabilities. They did not permit students to read braille even when it was provided. They did not even notice bad comments directed at SWDs by their able-bodied peers.

7.3.1.6 Physical environment accessibility

SWDs indicated that the physical environment, mainly buildings and sidewalks in the college, was not accessible to them since they had visual or physical impairments. The landscape of the college campus was described as uneven and marked by physical features such as open ditches or poles erected on pedestrian walkways. In particular, roads and most of the buildings were not accessible. Stairs and absence of ramps were particular problems.

Furthermore, one student highlighted that the classroom environments were difficult to move around due to poor room arrangement. The rooms were often crowded and this made walking around difficult. Other rooms were upstairs and she could not go up.. Participants reported experiencing challenges within the classroom because of the structure of the environment. Specifically, participants noted that the size of the lecture halls, the way furniture was organized and the number of students in the class presented them with difficulties.

7.3.1.7 Poor inclusive education policy implementation

There is no adequate support for inclusive education from the concerned stakeholders in TVETs. The TVET College was not able to effectively implement an inclusive education policy framework due to lack of funding, resources and lecturers qualified in special needs education.

7.3.1.8 Poverty

Poverty was one of the major themes that came up from the findings. Participants mentioned that their parents were uneducated and unemployed and this resulted in their poverty. As a result, they viewed education as the only route out of poverty. One of the participants could not afford special boots that were prescribed by a podiatrist due to her family's poverty. She could not afford transport fares. Another participant indicated that they lived on her grandmothers' old age pension grant, her daughters' child support grant and her disability grant. The money was not enough to provide for all their needs. Some of the participants lived in informal settlements under extremely poor conditions. They could not afford some of the assistive devices that they needed. An intersectional approach, which links, gender, disability and class, helps us understand barriers more deeply as illustrated in Figure 15.

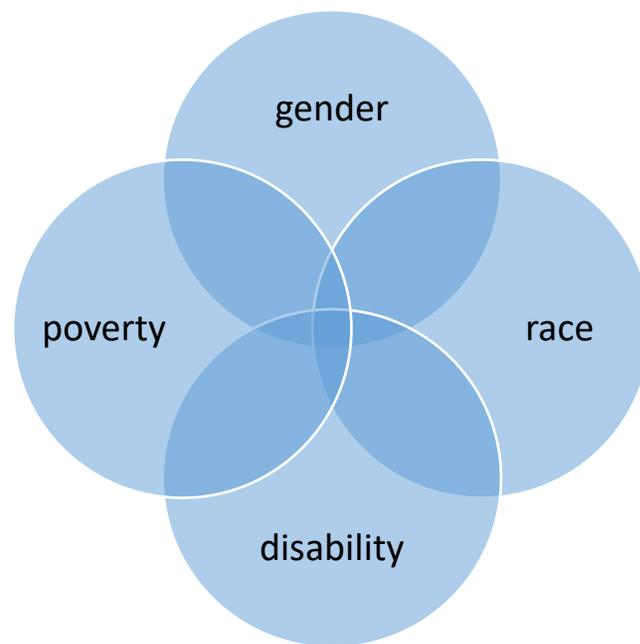


Figure 12: Intersectionality between poverty, gender, race and disability

According to Emmett (2008) there is a connection between disability, poverty, gender and race. Recognizing this connection is vital for advancing the cause of disability and addressing poverty in South Africa. Poverty increases vulnerability to disability through a lack of access to vocational education. Disability in turn increases vulnerability to poverty because of the costs associated with disabilities. In the TVET College, these included discrimination, difficulties

related to access to education, and a lack of assistive education. SWDs drop out before completing their diplomas. This will then lead to a lack of education and skills making the students to be unproductive and dependent on their families and government.

Gender has a link with disability. One of the participants, Nana, was stabbed by her boyfriend, resulting in her disability. This shows an imbalance in their power relations. Being a woman made her vulnerable.

From my experiences as a mother of a disabled child and from the data gathered through the students' life histories, it is clear that families of students with disabilities often incur additional costs when seeking a standard of living equal to that of non-disabled people. They may need to purchase assistive devices and require special transport, medication and personal assistance. Moreover, they are viewed as (no) bodies by the very educational institutions that are designed to protect, nurture, and empower them. .

In this dissertation, poverty is seen as a linkage of disadvantages, each one intensifying the others as shown in the diagram. One of the reasons for this is limited access to basic services such as education and vocational training. There is a strong correlation between disability and poverty. Disability causes poverty, which in turn triggers impairment and disabilities (UNESCO, 2004).

7.4 What are the factors that impede access of students with disabilities?

7.4.1 Lack of information

SWDs had barriers in accessing information. Some students reported that they were often unaware of how to access educational services about vocational education. Their parents did not know what choices were open to them in inclusive colleges. Students also lacked information about procedures for funding or personal support available to them at the college.

SWDs reported barriers to accessibility regarding entrance at the college, the physical environment, access to information and low levels of awareness among staff. The books were in print and not available in tape or braille. The education system at the TVET College was not user friendly to them. Most lecture rooms had stairs and there were no rails to hold onto. SWDs had to lean on the wall and sometimes fell off the stairs. There was also a lack of paved

pathways. The student with muscular dystrophy could not open some toilet doors as they were too heavy for her. Obviously, a student with a disability cannot learn in an inclusive lecture room if he cannot enter the room, let alone the college building.

7.5 What are the factors that facilitate success of students with disabilities?

7.5.1 Personal factors

Self-determination

Despite the hardships that were experienced by the students with disabilities, some said that they worked even harder and never gave up. They even adjusted their schedules to make sure that college work was done. They achieved some of their goals. The students said that believing in one's self was crucial in learning.

Intrinsic motivation

The students were intrinsically motivated to perform tasks because they found them enjoyable and rewarding. They worked hard on tasks because they wanted to pass and become employed.

Positive attitude

Without a positive attitude, students have little chance of learning competently. Although students felt that they were rejected by their lecturers and peers, they remained positive to achieve their set goals. They achieved this by approaching challenges, tasks and goals in a positive, constructive manner. One of the students had to establish a study routine and adopt a healthy sleeping pattern. She also had to walk away from people who affected her negatively, to be able to pass.

Self-advocacy

Self-advocacy skills were achieved through understanding their strengths and needs. They had to identify their personal goals and man oeuvre through life's challenges and obstacles to make sure their needs were met. They also had to plan ahead for assignments that needed extra time.

7.5.2 Family factors

Parental support

Support was reported as the most important factor in facilitating course completion. Positive family relations or being loved by their parents was mentioned as the most important attribute in the lives of SWDs. One of the participants was supported by her father who borrowed a friend's car to take her to college since she had mobility problems. This encouraged her to work hard. One of the participants said that she was grateful that her mother sold popcorn to raise taxi fare for her to be able to attend at the college. One of the participants who encountered bullying at the college said that it helped to talk to her grandmother about her problems. Her grandmother always gave her advice on how to deal with the problems she encountered. Some families of SWDs provided homework assistance.

7.5.3 College factors

Lecturer support such as being given extra time in exams was viewed as promoting success for some SWDs. One of the students indicated that enlargement of papers from A4 to A5 was very useful during exam time as this improved his speed in writing.

7.6 What are the factors that facilitate access of students with disabilities?

7.6.1 Government financial aid

The South African Government assists PWDs by giving them disability grants. All the participants in this dissertation received the disability grant. They used some of the money for their educational needs; purchasing stationery, taxi fare to college and food. One of the participants was sponsored by the society for the blind and deaf. In addition, some of the SWDs received financial support from COGTA. During interviews, Sihle said that she came to the college because she had a bursary to study for free.

7.7 How can the needs of students with disabilities be addressed in terms of epistemic, physical, and social inclusion?

7.7.1 Epistemic inclusion

Students recommended that study plans which recognize different styles of learning be practiced at the TVET. They proposed that the curriculum be modified to allow for experimentation or the use of different teaching methods. SWDs also requested that they be given different forms of assessments, other than writing, to compensate for their lack of writing skills. They wished that lecturers could provide a conducive learning environment for them so that they are not disadvantaged. To reduce disadvantage, it was suggested that ongoing monitoring and evaluation procedures which involve SWDs be practiced in the TVET. Some SWDs stressed the need for staff trained in special needs. Amahle requested that classes be held on the ground floor for students with disabilities like her.

One of the participants, Thandeka, suggested that braille be provided for those with visual impairments and that lecturers also be trained in using braille so as to assist them. She also suggested that government provide assistive devices such as magnifying equipment and tape recorders to assist in learning. In addition, she proposed the provision of note takers and that the students be given extra time during exams. Sandile, on the other hand, requested that exam papers be enlarged. He asked that lecturers write with big bold letters on the white board, and not erase notes quickly, so as to allow students time to copy the notes slowly at their own pace. Sandile further suggested that a dedicated support center for people with impairments be started at the college. Amahle suggested that students be given work in advance, whilst Sibusiso requested pre-prepared notes.

7.7.2 Physical inclusion

Since students had limited access to the environment, there was a call for the removal of obstacles such as large stones in pathways, and the covering of holes and mending of pathways. SWDs suggested that ramps and lifts be installed in buildings for ease of movement. There was also a request for furniture in the lecture rooms to be spaciouly arranged to allow ease of movement. Others suggested that lectures be conducted on the ground floor to accommodate them. Sihle even suggested that those with mobility problems be allowed to learn from home

and only come to college to collect notes and write tests and exams. Sibusiso suggested that steps be painted in a light colour so as to be easily visible.

7.7.3 Social inclusion

Nunu was concerned about the negative attitude of her able-bodied peers. She requested that they stop name calling, bullying and picking on them. There was also a call for able-bodied students to show respect and compassion towards the SWDs. Amahle suggested that anti-discrimination legislation be introduced to protect their rights and also that lecturers be more sympathetic towards them.

7.8 What are the experiences of students with disabilities at a TVET College?

Now that I have summarized my findings in relation to the sub-questions of my study, I return to address the main question because the answers to this major question are drawn from the answers to the sub-questions.

From the above data it was found that students experienced oppression and discrimination from their non-disabled counterparts. Staff were sometimes seen as unhelpful and uncaring. The students attributed their attitudes to lack of information about issues of disability. Two students thought some staff were supportive but also attributed the causes of others being unsupportive to their lack of knowledge about handling disabled learners. They thought it was essential for lecturers to be given adequate support and training to enable them to accommodate students with disabilities.

The students encountered barriers of access and making friends, the students' answers indicated that it was really hard getting around, the campus was not fully accessible to them. They recommended that the college carry out improvements to accommodate them. Only one student had no problems of getting around.

Only one student reported being fairly friendly with non-disabled students. One managed to make friends whilst four reported that they did not have non-disabled friends. To address the problem of making friends, some of the respondents advocated for anti-discrimination legislation to be put into place to protect their rights. One student supported the principle of

inclusion whilst others did not. Most of the students socialized with members of their families. They did not take part in any leisure or sports activities at the college or outside the college.

The students found writing formal assessments like exams and essays challenging. They said that they would have been happier to do practical courses where they could be hands on and do what they wanted. Tests were described as causing anxiety. Oral presentations were preferred to written work. The college also lacked flexibility in modifying tests or exams to accommodate students with disabilities.

7.9 Inclusive education

Impairments do not go away. They affect many domains of a student's life. SWDs were seen as abnormal or unusual. The College needed to accommodate human differences by including all students rather than drawing an artificial line that separated SWDs from others. This could have been achieved through adopting inclusive attitudes, teacher training, providing accessible materials and funding as shown in Figure 16.

Adequate funding is a necessity for inclusion and yet it is rare in TVET Colleges. According to interview findings, TVETs lack adequate facilities, qualified and properly-trained lecturers and other staff members, educational materials and general support. Overcoming the many barriers to inclusive education will require additional funding, but even more importantly, it requires the change of old and outdated attitudes.

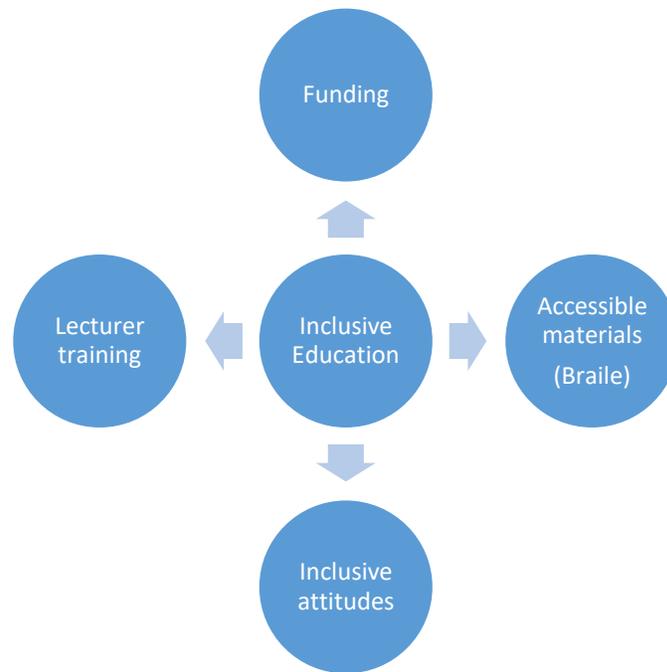


Figure 13: What the college would need to provide inclusive education

7.10 Recommendations

In this study, it was noted that able bodied students and lecturers still held the old traditional belief of the medical model of disability. “This model focused on individual deficit or impairment, and attributes any restriction of activity or social disadvantage that the individual confronts in his or her everyday life as the inevitable and tragic consequence of that impairment;” Hamell, 2006 cited in Ohajunwa, Mackenzie and Lorenzo (2015, p. 1). The recommendation was to use the social model of disability which will remove barriers, that is negative attitudes, inaccessible environments, systems and structures; for disability arises when a person with impairments is disabled by societal barriers.

The following are some of the recommendations of the study that arise from the findings of the study:

- Improving social connections between SWD and able bodied students.
- Braille should be provided for visually impaired student.
- Lecturers to be trained on how to assist students with disabilities.

- Government should also provide assistive devices such as magnifying equipment or tape recorders to assist in learning.
- Provision of note-takers or to be given additional time for note-taking and also to be given extra time during exams.
- Putting lifts and ramps in all the buildings.
- Coming to college to collect notes and to write tests and exams.
- Having enlarged versions of textbooks as well as screen-reading software.
- Training lecturers to be more sympathetic to requests for extensions.
- Having special seating arrangements in exams.
- Anti-discrimination legislation to be introduced to protect the rights of SWD.
- Holding classes on the ground floor for students with disabilities.
- Steps to be painted bright so as to make it easy to see the way up.
- Lecturers should consider removing obstacles and arranging furniture to ensure a clear passage to where they sit in class.

7.11 Limitations

This study was based on a small sample size. This limited generalizations and external validity of the findings. This may also have limited the scope of the research as it is difficult to assess the transferability the research findings have to other TVET settings. The findings are from one TVET College and may not be extended to wider populations with the same degree of certainty.

One of the participants was ill and pregnant and stopped coming to the college for some time. This delayed the data collection process. I tried interviewing her telephonically but did not get enough information as I had limited air time. However, she came back to write exams later and this gave me a chance to ask her some of the questions that I had not completed. The interview sections were very emotional and it was fortunate that we got counselling services from the student support office. Students with disabilities are very sensitive; they need a lot of patience and perseverance when dealing with them.

7.12 Areas for possible future research

This was a case study of a single institution in which some of the findings are specific to that institution. I recommend a study that will cover many TVETs to shed more light on the experiences of SWDs in colleges. A study to identify strategies to overcome constraints encountered when doing research with disabled persons would also be beneficial. A draft policy on the assessment of students with disabilities in TVETs is needed. Since I concentrated on limited impairments, research which covers more impairment may be useful.

7.13 Personal Reflections

At the heart of this thesis, lies my passion to assist persons with disabilities to access inclusive, quality and free education. The dissertation was an eye opener for me regarding the oppression of persons living with disabilities. The information I gained was much more rewarding than the emotional experiences I went through writing this thesis. Hearing the voices of students with disabilities taught me to appreciate my sight and mobility. I seemed to treasure them more than before.

Life for students with disabilities in this TVET institution of learning is neither dignified nor easy. Able-bodied students are privileged and therefore take things for granted. The cry is for educational institutions to restore dignity and respect for students with disabilities by removing barriers that impede them from learning. This plea relates to the Zulu saying *awukho umgqomo wokulahla umuntu* (there are no dustbins for disposing of human beings). The Constitution of The Republic of South Africa (1996) states that everyone has a right to education. If they cannot cope, they are owed additional educational assistance. We need to accommodate them.

7.14 Conclusion

In this chapter, I have presented the findings of the experiences of SWDs at a TVET College. Their accounts highlighted the need for both variety and flexibility in all aspects of teaching and learning. The SWDs reflected on their own experiences of learning and thereby provided important information on the development of the TVETs' practices for SWDs. It is hoped that this will sensitize the TVET College to be more accommodating to the needs of these students. This research has shown that there is a need to remove the barriers that impede learning of SWDs in TVETs.

8 REFERENCES

- Abosi, O.C. (2000). Trends and issues in Special Education in Botswana. *Journal of Special Education*, 34 (1), 48-53.
- Ainscow, M. (2005). Developing inclusive education systems: what are the levers for change? *Journal of Educational Change*, 6 (2), 109–124.
- Ainscow, M. & Sandill, A. (2010). Developing inclusive education systems: the role of organisational cultures and leadership. *International Journal of Inclusive Education*, 14 (4), 401-416.
- Ashton, B. (1999). Promoting the Rights of Disabled Children Globally–Disabled Children Become Adults: Some Implications. *Action on Disability & Development*. • Bagenstos, SR (2000). *Subordination, Stigma, and Disability*, *Virginia Law Review*, 397-534.
- Ash, A., Bellew, J. Davies, M., Newman, T. & Richardson, L. (1997). Everybody In? The experience of disabled students in further education. *Disability & Society*, 12 (4), 605-621.
- Barnes, C. (2003). What a difference a decade makes: reflections on doing ‘emancipatory’ disability research. *Disability & Society*, 18(1), 3-17.
- Barnes C, & Mercer, G. (2003). *Exploring Disability*. 2nd Edition. Cambridge: Polity.
- Barnes, C. In *Implementing the Social Model of Disability: Theory and Research* ‘edited by Barnes, C. & Mercer, G. (2004); Leeds: The Disability Press, pp. 1-17).
- Barnes, C. (2008). An ethical agenda in disability research: rhetoric or reality? In. DM Mertens, & PE Ginsberg (Eds.). *The Handbook of Social Research Ethics* (pp. 458–473).
- Bertram, C. & Christiansen, I. (2014). *Understanding research: An introduction to reading research*. Pretoria: Van Schaik.

- Blaxter, L., Hughes, C & Tight, M. (1996). *How to Research*. Buckingham: Open University Press.
- Block, L. (n.d). Stereotypes about people with disabilities. Disability History Museum. Accessed on 27.2.2017 from www.disabilitymuseum.org/dhm/edu/essay.html?id=24.
- Borland, J. & James, S. (1999). The Learning Experience of Students with Disabilities in Higher Education. A case study of a UK university. *Disability & Society*, 14 (1), 85-101.
- Braathen, S. H. (2005). *Albinism in Malawi* (Doctoral dissertation, University of Oslo).
- Burchard, T. (2004). Capabilities and disability: the capabilities framework and the social model of disability. *Disability and society*, 19(7), 735-751.
- Burke, J. G., O'Campo, P., Peak, G. L., Gielen, A. C., McDonnell, K. A., & Trochim, W. M. (2005). An introduction to concept mapping as a participatory public health research method. *Qualitative health research*, 15(10), 1392-1410.
- Burns, R. (2000). *Introduction to Research Methods*. London: Sage.
- Burns, N. & Grove, S.K. (2009). *The Practice of Nursing Research. Appraisal, Synthesis, and Generation of Evidence* (6th ed.). St. Louis: Saunders Elsevier.
- Carson, A. (2009). The narrative practitioner: theory and practice. *The International Journal of Narrative Practice*, 1 (1), 5-8.
- Chilisa, B. & Preece, J. (2005). *Research methods for adult educators in Africa: African Perspectives on adult learning*. Cape Town: Pearson Education.
- Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education* (7th ed.). London: Routledge.
- Corker, M. (2002). Deafness / Disability – problematizing notions of identity, culture and structure. In Ridell, S. & Watson, N. (Eds.), *Disability, Culture and Identity* (pp. 1-18). London: Pearson.

- Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods Approaches (3 ed.)*. Retrieved 10.6.2016 from http://www.sagepub.com/upm-data/22780_Chapter_1.pdf
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks: Sage.
- Crow, L. (1996). Including all of our lives: renewing the social model of disability. In C. Barnes & G. Mercer (Eds.), *Exploring the Divide* (pp. 55-72). Leeds: The Disability Press.
- Denzin, N. & Lincoln, Y. (Eds.). (1994). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.
- Denzin, N & Lincoln, Y (Eds.). (1998). *The Landscape of Qualitative Research: Theories and Issues*. Thousand Oaks, CA: Sage.
- Dhunpath, R. & Vithal, R. (2012). *Alternative Access to Higher Education: Underprepared Students or underprepared institutions?* Cape Town: Pearson.
- Dicicco-Bloom, B. & Crabtree, B.F. (2006). The Qualitative Research Interview. *Medical Education*, 40, 314-321. <http://dx.doi.org/10.1111/j.1365-2929.2006.02418.x>
- Donohue, D, & Bornman, J. (2014). The challenges of realizing inclusive education in South Africa Centre for Augmentative and Alternative C. *South African Journal of Education*, 34(2), 1-14.
- Du Plooy, L. & Zilindile, M. (2014). Problematizing the concept epistemological access with regard to foundation phase education towards quality schooling. *South African Journal of Childhood Education*, 4(1), 187-201.

- Emmett, T. (2006). Disability, poverty, gender and race. *Disability and social change: A South African agenda* (pp. 207-233). Pretoria: HSRC.
- Evans, E., Colleen, G. & Thomas, A. (2008). *Experiences of College Students with Disabilities and the Importance of Self-Determination in Higher Education Settings*, Richmond Virginia: Commonwealth University, 77-84.
- FAO (2003). *Facilitator's reference material. Annex*. Rome: FAO.
- Fuller, M. Bradley, A. & Healey, M. (2004). Incorporating disabled students within an inclusive higher education environment. *Disability & Society*, 19(5), 455-468.
- Fuller, M., Healey, M., Bradley, A. & Hall, T. (2004). Barriers to learning: a systematic study of the experience of disabled students in one university. *Studies in Higher Education*, 29(3), 303-318.
- Getzel, E. E., & Thoma, C. A. (2008). Experiences of college students with disabilities and the importance of self-determination in higher education settings. *Career development for exceptional individuals*, 31(2), 77-84.
- Gibson, S. (2006). "Beyond a culture of silence." Inclusive Education and the Liberation of Voice. *Disability and society*. 21(4), 315-329.
- Goode, J. (2007). Managing disability: early experiences of university students with Disabilities. *Disability & Society*, 22(1), 35-48.
- Goodley, D. (2001). 'Learning difficulties', the social model of disability and impairment: challenging epistemologies. *Disability & Society*, 16(2), 207-231.
- Guba, E. & Lincoln, Y. (1994). Competing Paradigms in Qualitative Research. In Denzin, N. & Lincoln, Y. (Eds.). *Handbook of Qualitative Research* (pp.105-117). Thousand Oaks, CA. Sage.
- Harris, A., & Enfield, S. (2003). Disability, Equality and Human Rights. *A training manual for development and humanitarian organisations*, Oxfam.

- Hodkinson, P. & Hodkinson, H. (2001). The Strengths and Limitations of Case Study: Research Paper presented to the Learning and Skills Development Agency conference making an Impact on Policy and Practice, 5-7. Leeds: University of Leeds.
- Holloway, S. (2001). The Experience of Higher Education from the Perspective of Disabled Students. *Disability & Society*, 16 (4), 597-615.
- Howell, C. (2005). *Higher Education Monitor: South African Higher Education Responses to Students with Disabilities: Equity of Access and Opportunity?* Pretoria: Council on Higher Education.
- Howell, C. (2006). Disabled students and higher education in South Africa. In B. Watermeyer, L. Swartz, T. Lorenzo, M. Schneider & M. Priestly (Eds.), *Disability and social change: A South African agenda* 164-178. Retrieved from http://www.sage-net.org/fileadmin/documents/pdf/DisabilityandSocialChange_EntireeBook.pdf
- Hughes, B., & Paterson, K. (1997). The Social Model of Disability and the Disappearing Body: Towards a sociology of impairment. *Disability & Society* 12 (3), 325-340.
- Imrie R, Kumar M, 1998, ``Focusing on access in the built environment" *Disability and Society* 13, 357 374.
- Johnstone, D. (2001). *Introduction to Disability Studies*. London: David Fulton.
- Kaplan, D. (2000). The Definition of Disability: Perspective of the Disability community. *Journal of Health Care Law and Policy*, 3(2), 352-364.
- Konur, O. (2006). Teaching disabled students in higher education. *Teaching in Higher Education*, 11(3), 351-363.
- Krauss, S. E. (2005). Research paradigms and meaning making: A primer. *The Qualitative Report*. 10(4), 758- 770.
- Kvale, S. (1996). Interviews. *An introduction to qualitative research writing*. Thousand Oaks,

CA: Sage Publications

- Lincoln, Y. S. & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging influences. In N. Denzin, N. & Y. Lincoln (Eds.). *Handbook of Qualitative Research (2nd ed.)*, 163-188). Thousand Oaks, CA: Sage.
- Locke, F. L., Silverman, S. J. & Spirduso, W. W. (2010). *Reading and Understanding Research (3rd ed.)*, London: Sage.
- Lomofsky, L. & Lazarus, S. (2001). South Africa: First steps in the development of an Inclusive education system. *Cambridge Journal of Education*, 31 (3), .303-317.
- Lorella, T. (2004). The Social Model of Disability: A Philosophical Critique. *Journal of Applied Philosophy*, 21 (2), 141–157.
- Machoko, C. G. (2013). Albinism: a life of ambiguity—a Zimbabwean experience. *African Identities*, 11(3), 318-333.
- Mason, M. (2000). *Incurably Human*. London: The Working Press.
- Mackenzie, K. (2005) Models of Disability. Retrieved 05/11/2016 from <http://www.staffcentral.brighton.ac.uk/clt/disability/#models>
- McCall, Z. A. (2015). The Transition Experiences, Activities, and Supports of Four College Students. *Career Development for Exceptional Individuals*, 38(3), 162-172.
- Mckenzie, J. (2013). Models of intellectual disability: towards a perspective of (poss)ability. *Journal of Intellectual Disability Research*, 57(4), 370-379.
- Mckenzie, J., Miji, G. & Gcaza, S. (2014). With or without us? An audit of disability research in the southern African region. *African Journal of Disability*, 3(2), 1-6.
- Mackenzie, N., & Knipe, S. (2006). Research dilemmas: Paradigms, methods and

methodology. *Issues in Educational Research*, 16(2), 193-205.

McGinnity, B.L., Seymour-Ford, J. & Andries, K.J. (2004). *Towards the light, Helen Keller*.

Watertown, M.A: Perkins History Museum, Perkins School for the Blind.

Moabelo, G. (2012). The Marginalisation of Young People with Disabilities at Higher

Education Institutions, *National Youth Development Agency*, 2 (1), 1-5

Morris, J. (1993) *Independent lives? Community care and disabled people*. London: Macmillan.

Munyi, C. W. (2012). Past and Present Perceptions towards Disability: A Historical Perspective

Disability Studies Quarterly, 32(2), 16.

Murgor, T. K., Changa'ch, J. K. & Keter, J. K., (2014). Accessibility of Technical and Vocational Training among Disabled People: Survey of TVET Institutions in North Rift Region Kenya. *Journal of Education and Practice*, 5(3), 200-207.

Muthukrishna, N. & Schoeman, M. (2000). From 'Special Needs' To 'Quality Education for

All': A participatory, problem-centered approach to policy development in South Africa, *International Journal of Inclusive Education*, 4(4), 315-335.

Nazarov, Z, & Lee, C. G. (2012). *Disability Statistics from the Current Population Survey*

(CPS). Ithaca, NY: Cornell University Rehabilitation Research and Training Centre on Disability Demographics and Statistics.

Nuwagaba, E. L. & Rule, P. N. (2015). Power dynamics among PWDs during adult learning

processes: Motivator or demotivator? *Rwandan Journal of Education*, 3(1), 52-64.

Nuwagaba, E. L. & Rule, P. N. (2016). An adult learning perspective on disability and

microfinance: The case of Katureebe. *African Journal of Disability*, 5(1), 1-10.

Nzimande, B. (2014, January 16). No disability policy on post-school education. News

24. Retrieved 26.5.2016 from <http://www.news24.com/SouthAfrica/News/No-disability-policy->

- Ohajunwa, C., Mckenzie, J. & Lorenzo, T. (2015). Enabling disability inclusive practices within the University of Cape Town curriculum: A case study *African Journal of Disability*, 4(1), 8 pages.
- Oliver, M. (1996). Defining impairment and disability: issues at stake. In C. Barnes & G. Mercer (Eds.) *Exploring the divide: Illness and disability* (pp. 29-54). Leeds : The Disability Press.
- Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & society*, 28(7), 1024-1026.
- Oliver, M. & Barnes, C. (1998). *Disabled People and Social Policy: From Exclusion to Inclusion*. Harlow: Addison Wesley Longman.
- Oliver, M. & Barnes, C. (2010). Disability studies, disabled people and the struggle for inclusion. *British Journal of Sociology of Education*, 31(5), 547-560.
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pham, Y.K. & Murray, C. (2016). Social Relationships among Adolescents with Disabilities: Unique and Cumulative Associations with Adjustment. *Exceptional Children Journal* 82(2), 234–250.
- Preece, J. (1995). Disability and Adult Education - the consumer view. *Disability & Society*, 10 (1), 87-102.
- Prinsloo, E. (2001). Working towards inclusive education in South African Classrooms. *South African Journal of Education*, 21(4), 344-348.
- Rule, P. & John, V. (2008) Unbinding the other in the context of HIV/AIDS and education. *Journal of Education*, 43, 80-100.
- Rule, P. & John, V. (2011). *Your guide to case study research*. Pretoria: Van Schaik.

- Rule, P. & Modipa, T. R. (2011). "We must believe in ourselves": Attitudes and experiences of Adult Learners with Disabilities in KwaZulu-Natal, South Africa. *Adult Education Quarterly* 62(2), 138-158.
- Schneider, M. (2006). Disability and the environment. In B. Watermeyer, L. Swartz, T. Lorenzo, M. Schneider, & M. Priestley (Eds.), *Disability and social change: A South African agenda* (pp. 8-18). Cape Town, South Africa: HSRC Press.
- Seale, J. (2013). *E-learning and disability in higher education: accessibility research and practice* (2nd ed.). NY. London: Taylor & Francis Group.
- Shakespeare, T., & Watson, N. (2001). The social model of disability: an outdated ideology? In S.N. Barnartt & B.M. Altmann (Eds.) *Exploring theories and expanding methodologies: Where we are and where we need to go* (pp. 9-28). Bingley: Emerald.
- Shakespeare, T. & Watson, N. (2002). The Social Model of Disability: An Outdated Ideology? *Research in Social Science and Disability*, 2, 9-28.
- Sinclair, M. (2007). Editorial: A guide to understanding theoretical and conceptual frameworks. *Evidence Based Midwifery*, 5(2), and 39.
- Smith, L., Foley, P. F., & Chaney, M. P. (2008). Addressing classism, ableism, and heterosexism in counselor education. *Journal of Counselling & Development*, 86 (3), 303-309.
- South Africa. (1996). *Constitution of the Republic of South Africa, Act 108 of 1996*. *Government Gazette*, 378.
- South Africa. Department of Social Development (1997) *Integrated National Disability Strategy White Paper Office of the Deputy President*. Pretoria: Department of Social Development.

- South Africa. Department of Education. (2001). *Education White Paper 6: Special needs education: Building an inclusive education and training system*. Department of Education.
- South Africa. Department of Higher Education and Training. (2013). *White Paper for Post-School Education and Training: Building an Expanded, Effective and Integrated Post-School System*. Pretoria: Department of Higher Education and Training.
- South Africa. Department of Social Development. (2015). *White paper On the Rights of Persons with disabilities*. Pretoria: Department of Social Development.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research* (Vol. 15). Newbury Park, CA: Sage.
- Swartz, L. (2014). Five challenges for disability-related research in sub-Saharan Africa. *African Journal of Disability*, 3(2), 1-6.
- Thomas, G. & Loxley, A. (2001). *Deconstructing special education and constructing inclusion*. Buckingham: Open University.
- Timmons, J., Mack, M., Sims, A., Hare, R., & Wills, J. (2006). *Paving the way to work: A guide to career focused mentoring for youth with disabilities*. Washington, DC: National Collaborative on Workforce and Disability for Youth. Institute for Educational Leadership.
- Tinklin, T. & Hall, J. (1999). Getting round obstacles: Disabled students' experiences in higher education in Scotland. *Studies in Higher Education*, 24, (2), 183-194.
- Travis, M.A. (2014). Disabling the gender pay gap: Lessons from the social model of disability. *Denver Law Review*, 91(4), 893-923.
- Tugli, A. K. (2013). *Challenges and needs of learners with disabilities in an inclusive Institution of higher education in the Limpopo, South Africa*. Unpublished thesis. University of South Africa, Pretoria.

UNESCO, (2001). *The Open File on Inclusive Education*. Paris: UNESCO.

UN General Assembly (2006), *Convention on the Rights of Persons with Disabilities:*

resolution / adopted by the General Assembly, 24 January, A/RES/61/106. Retrieved 20.2.2017 from <http://www.refworld.org/docid/45f973632.html>

Vickerman, P. & Blundell, M. (2010). Hearing the voices of disabled students in higher education. *Disability & Society*, 25(1), 21-32.

Vora, D. (2013). *Emerging Ed-tech and Accessibility*. Denton, TX: UNT Digital Library. <http://digital.library.unt.edu/ark:/67531/metadc407857/>. Accessed March 22, 2016.

Watermeyer, B. & Swartz, L. (2006) Introduction and Overview. In In B. Watermeyer,

L. Swartz, T. Lorenzo, M. Schneider & M. Priestly (Eds.), *Disability and social change: A South African agenda* (pp. 1-6). Retrieved from http://www.sage-net.org/fileadmin/documents/pdf/DisabilityandSocialChange_EntireeBook.pdf

Watson, E. (2007). *Disability: Major themes in Health and Social Welfare*. London: Routledge.

World Health Organization (2011). *World report on disability*. Geneva: World Health Organization.

9 ADDENDA

10 Addendum A: Ethical Clearance letter



19 July 2016

Mrs Sanele Siwela 211555989
School of Education
Pietermaritzburg Campus

Dear Mrs Siwela

Protocol reference number: HSS/0815/016M
Project title: An exploratory case study of the experiences of students with disabilities at a TVET College: Factors that facilitate or impede their access and success.

Expedited Approval

In response to your application dated 06 June 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shamila Naidoo (Deputy Chair)

/px

cc Supervisor: Dr Peter Rule
cc Academic Leader Research: Dr SB Khoza
cc School Administrator: Mrs B Bhengu-Mnguni, Mbalenhle Ngcobo, Phillisiwe Ncayiyana, Tyzer Khumalo

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3597/6350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbao@ukzn.ac.za / snvmanm@ukzn.ac.za / motunp@ukzn.ac.za

Website: www.ukzn.ac.za



Four-ling Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

11 Addendum B: Interview questions

Biographical

- 1 What is your name?
- 2 Do you mind telling me how old you are?
- 3 Why did you come to study at this TVET?
- 4 What course do you do?
- 5 What was the highest grade that you passed prior to enrolling here?
- 6 How did you become disabled?
- 7 Do you get support from your family in terms of learning? Please explain.
- 8 Do you get support from your lecturers at this college? Please explain.
- 9 Please describe your relationship with your fellow classmates?
- 10 Do you have any success stories that you would like to share?
- 11 What motivates you to attend at this college?

Experiences at the TVET

- 1 Can you tell me about one event that helped you to learn?
- 2 What barriers to learning do you encounter in this college?
- 3 What do you think are the steps needed to address barriers to learning that you encounter?
- 3 Do you benefit from the education you get from this college? Please explain.
- 4 What do you think can be done to facilitate your learning at this college?
- 5 How do you deal with the problems that you encounter in this college?

12 **Addendum C: Mapping exercise**

1. In groups of two, participants will describe and map the college on a large blank piece of paper using a variety of materials.
2. They would be asked to indicate places that they frequent and where barriers occur.
3. There is no correct way to draw the map that would be emphasized and accuracy is not important.
4. Following the map creation process, the groups will reflect on one another's maps and discuss similarities, differences, inclusions and omissions.

13 Addendum D: Transect walks

1. Participants will walk around the college and talk about a variety of obstacles found on campus.
2. They will share and discuss their findings,
3. Participants will identify common themes emerging from each finding.
4. Participants with similar themes will then team up and develop a story that will represent perspectives of the multiple participants.

14 Addendum E: Informed consent to participate in research

My name is Sanele Siwela, a Master of Adult Education student at the University of KwaZulu-Natal (UKZN). My research thesis is an exploratory case study of the experiences of students with disabilities at a TVET College: Factors that facilitate or impede their access and success. The study seeks to investigate the barriers to learning and opportunities for access for learners with disabilities in TVETs. I am also interested in finding out how students with disabilities negotiate the barriers they encounter in TVETs. Finally, the study will also look at how the needs of students with disabilities could be addressed in terms of physical, social and epistemic inclusion.

The study might contribute in addressing barriers that students with disabilities encounter and thereby meet their learning needs. I intend to develop guidelines that may support students with disabilities to be accommodated in teaching and learning. It is hoped that this may help them improve academic performance. It is also envisaged that an environment conducive to enabling the students will help in boosting their morale and thus promote their wellbeing.

As a participant of this study, you will be asked to share your experiences as a student with disabilities at UTVET College. There are no right or wrong answers, and anything you say—whether it is good or bad will help me understand my research topic better. I will ask you questions and write down what you say. I will also tape record the interviews only if you agree. The interview will take between 45 minutes to one hour. I am hoping that you will be part of this research project. Mapping and transect walk exercises will be done as part of data collection methods. They will also take between 45 minutes to one hour.

Your participation in this research is confidential and voluntary. You can also stop at any time.

For more information you can contact me, the student, Sanele Siwela on 079 432 7503 and siwelasanele@gmail.com. My supervisor is Dr Peter Rule, and can be contacted on 033 260 6187, or by email at rulep@ukzn.ac.za

HSSREC RO (Ms. Phumelela Ximba 031 260 3587, email:ximbap@ukzn.ac.za)

Please note:

- You do not have to take part in this research if you do not want to.
- You can stop at any time and leave the interview if you want to.
- Your real name will not be written down in the research report or made public.
- We will not share any of your personal information with anyone else.
- You will not be paid for participating in this research.

Please sign the declaration below if you wish to participate in this study.

15 Addendum F: Declaration

I (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I agree to take part in this research project.

I understand that I am at liberty to withdraw from the research project at any time, should I so desire.

I am willing to have my interview session recorded using the following:

	Willing	Not willing
Audio equipment		
Photographic equipment		
Video equipment		

Signature: Date

16 Addendum G: Gatekeeper permission

18 March 2016

Campus Manager

Plessislaer UMgungundlovu Technical Vocational Education and Training College

Dear Sir (Campus Manager)

REQUEST FOR GATEKEEPER PERMISSION TO CONDUCT MY MEd STUDY AMONGST STUDENTS WITH DISABILITIES AT A TVET.

I am a Masters student (No 211555989) at the School of Education at the University of KwaZulu-Natal in Pietermaritzburg who has applied for ethical clearance for an MEd study entitled: An exploratory case study of the experiences of students with disabilities at a TVET College: Factors that facilitate or impede their access and success.

Please note that the study will not require participants to reveal their names or the name of the College. This is to protect them from any harm or harassment

Purpose of Study

- To investigate the barriers to learning and opportunities for access for learners with disabilities in TVETs
- To explore the factors that facilitate or impede success of students with disabilities in TVETs
- To understand how students with disabilities negotiate the barriers they encounter in TVETs

- To identify the needs of students with disabilities and how they can be addressed in terms of physical, social and epistemic inclusion

For more information and any questions regarding this study, you can contact my lecturer Dr Peter Rule on 033 260 6187.

Thank you for your assistance.

Mrs S. Siwela (079 4327 503)

17 Addendum H: Gatekeeper permission to conduct research



higher education
& training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA



23 March 2016

Dear Sanele Siwela (Student No 211555989)

GATEKEEPER PERMISSION TO CONDUCT MED STUDY AMONGST STUDENTS at Plessislar TVET College.

I have considered your request to access research participants at Plessislar TVET College for your MEd study entitled: An exploratory case study of the experiences of students with disabilities at a TVET college: Factors that facilitate or impede their access and success.

I grant such permission for the study and wish you well with your research. I would also encourage you to make your findings available to the college management in the form of a presentation at some suitable forum.


CAMPUS MANAGER

