

Inclusion of disability issues in teaching and research in higher education

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Evidence suggests that the lack of inclusion of disability issues in the curricula of higher education institutions may result in the perpetuation of practices that discriminate against disabled people in the broader society. In light of this claim, this article investigates whether and how disability issues are included in the teaching and research of three faculties at the University of Cape Town (UCT), namely the faculties of Health Sciences, Humanities, and Engineering and the Built Environment. A survey of disability inclusion was conducted across the faculties, followed by interviews with selected participants. The study revealed low levels of disability inclusion, and that disability is not viewed as an issue of social justice and transformation overall. However, there are pockets of inclusion, the nature of which differs for each faculty. In the Faculty of Engineering and the Built Environment, disability is included as an issue of legislation, space and environment, while the Faculty of Humanities focuses on the sociocultural and socio-economic impact of disability, and the Faculty of Health Sciences introduces disability with an emphasis on individual impairment, environmental effects, community-based rehabilitation and inclusive development, as well as the prevention and management of disability. We propose the creation of an institutional system that will build the capacity of lecturers to include disability in teaching and research across faculties, in line with UCT's transformation agenda.

Keywords: Disability inclusion, higher education institutions, teaching, research, curriculum

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Introduction

The definition of 'disability' is a contested one, often framed in terms of the dichotomy between the medical model (focusing on individual impairment), on the one hand, and the social model (focusing on socially constructed barriers and human rights), on the other. For the purposes of this article, we adopt the definition of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), where disability is viewed in a dynamic way, as "an evolving concept, and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others" (UN, 2006: 4).

Higher education institutions (HEIs) have a role to play in the mainstreaming of disability issues, as they are uniquely positioned "to stimulate progress and transform societies" (Blumenthal & Boelen, 2001: 10). Thomas (2002: 39) notes that the "inability of people with impairments to undertake social activities is a consequence of the erection of barriers by a non-disabled majority".

The lack of disability inclusion in the curricula of HEIs can be viewed as one such restriction that serves to perpetuate stigmatisation of, and discrimination against disabled people. There is a need to create awareness regarding disability issues in curricula so that university graduates can challenge the barriers that exclude disabled people from mainstream activities.

Disability and curriculum

Traditionally, disability has been regarded as the domain of medical and charitable interventions. However, the task of developing and institutionalising equal opportunities for disabled people is an ongoing task that requires a two-pronged approach: first, addressing the individual's needs related to the impairment and, secondly, removing societal and environmental barriers to participation (Lorenzo, 2009). It is this second aspect that is best addressed through curriculum content that includes disability as an issue of diversity and as a human rights issue, in similar fashion to the way that gender and race issues have developed as critical components of the curriculum – both as objects of study in themselves, and as markers of inequality.

In this study, we explore the extent to which disability issues are currently included in the curriculum. Currently, post-school institutions address disability in a variable and ad hoc manner. However, recently, HEIs have begun to recognise their obligation to provide equitable access to tertiary education for a diverse range of students. The Department of Higher Education and Training (DHET) (2012) proposes commissioning a disability prevalence study in order to address the issue in a cohesive way, leading to the development of a national disability policy for post-school education. The Green Paper does not mention disability as a curriculum issue, except as an issue of diversity in the post-school context.

The literature on the integration of disability into the curriculum is scant. However, some HEIs are beginning to engage with it (Peel & Posas, 2009; Duncan, Alperstein, Maters, Lockers & Gibbs, 2006; Treby, Hewitt & Shah, 2006). Indications are that training should be across disciplines, and focus on training independent and critical thinkers capable of policy-making, taking into account the different ways in which these policies impact on the lives of people with disabilities (Bryen & Shapiro, 1996). In this context, UCT's six strategic goals prioritise interventions for future development over the next five to 10 years. This study focuses on two strategic goals particularly relevant to disabled people, namely *Enhancing the quality and profile of UCT's graduates*, and *Expanding and enhancing UCT's contribution to South Africa's development challenges* (UCT, 2009).

Research aim

This study aims to investigate the extent and nature of disability inclusion in teaching and research in the Faculties of Health Sciences (HS), Engineering and the Built Environment (EBE), and Humanities (HUM) at UCT, so as to provide a baseline and directions for furthering the disability inclusion.

Methodology

A mixed-methods approach was used for the study. A concurrent nested strategy was done by collecting both quantitative and qualitative data. The quantitative method addresses the extent of inclusion, and is embedded in a predominantly qualitative study that addresses the nature of inclusion (Cresswell, 2003).

Study population

The study was conducted in three faculties: Health Sciences (HS), Humanities (HUM), and Engineering and the Built Environment (EBE). There were 35 respondents (from across the three faculties) who participated in the study.

HS has 11 main departments, and a full-time academic staff of 168. HUM is the largest faculty at UCT; there are 27 main departments in the faculty, with 202 full-time academic staff. EBE has six departments, with 121 full-time academic staff (J. Henny, pers. comm.). The participants in the survey were all academic staff from the three faculties who had indicated that they include disability in their teaching and/or research.

Table 1: Responses from departments in each of the three faculties

Faculty	Not including disability	Including disability	No response	Total departments in each faculty
Health Sciences	3 (28%)	8 (72%)	0	11
Engineering and the Built Environment	1 (16%)	5 (84%)	0	6
Humanities	5 (18%)	6 (22%)	16 (60%)	27

Data-collection methods

The study was carried out from March 2010 to June 2011. Data was gathered in three phases for the purpose of triangulation.

Phase 1: Desktop review

We reviewed the UCT research reports, faculty handbooks, mission statement and strategic goals (UCT, 2012) to determine the extent to which and how disability is included. The texts were reviewed and categorised according to whether they reflect an individual or a social model of disability, the use of disability-related policy contexts, and other understandings of disability.

Phase 2: Survey

A survey questionnaire was developed and sent out to all staff members in each of the three faculties, with the assistance of the Heads of Department. The questionnaire was purely for the purpose of identifying staff eligible for the in-depth interview, and simply asked whether disability was included in their teaching and research, and for how long it had been included. Project information letters introduced the survey, and explained the project aims and what was expected of the participants. If the respondent did not include disability, s/he was asked to give reasons. If the respondent did include disability, s/he was invited to participate in an in-depth interview in Phase 3.

Phase 3: In-depth interview

An interview schedule was developed, based on the categories of disability used in the document review. The schedule included open-ended questions where participants could freely express their views on the topic. A digital recorder was used for the interviews (which lasted for approximately 45 minutes each), and there were 35 respondents in total.

Data analysis

The data was analysed using different analytic processes, depending on which best identified the relevant data sources.

Desktop analysis

Research, curriculum and policy documents were coded, based on a medical or individualistic model, if the document was focused on either disease, trauma or health condition, or on individual treatment by professionals.

On the other hand, documents were coded, based on a social model of disability if the research indicated loss or limitation of opportunities to participate in communal life on an equal level with others due to physical, attitudinal and social barriers that create disabling conditions and societal change at the political level.

Texts were coded under the heading 'Policy' if they referred to disability policies, and 'Other' if they could impact on disability in any other way. The codes were entered into a Microsoft Excel spreadsheet, and descriptive statistics were derived.

Survey data

The data from the survey were analysed using Excel and SPSS to determine the number of departments and faculties that include disability, their focus, and their method of inclusion.

Interview data

The recorded interviews were transcribed *verbatim* and an inductive analysis of the transcripts was done, focusing on manifest content analysis, guided by the research objectives (Elo & Kyngas, 2007). Statements from the transcript that supported the identified themes were grouped together under the relevant categories. The Results section below presents the results from the project.

Ethical considerations

The interviews were conducted in venues and at times chosen by the participants. During each interview, a document defining the interview concepts was given to the participant, consent was obtained for the interview, and confidentiality was maintained. Ethical approval was granted by the Human Research Ethics Committee of the Faculty of Health Sciences at UCT.

Limitations of the study

Where there was no response, no interviews were conducted. However, there may be various reasons for no response; this does not necessarily mean that there is no work being done on disability issues in that department.

The data-recording method was changed in the course of the study. Initially, the responses to the interviews in HS were written down. However, it became apparent that important data was being lost, so digital tape was used to record the interview sessions from the other two faculties – with the consent of the participants.

Results

Out of 35 respondents across the three faculties, 31 indicated that they include disability in their teaching. Each of these gave multiple responses (Table 2).

Table 2: Responses indicating disability inclusion in teaching using the different methods (31 respondents, with multiple responses)

Nature of disability inclusion	Humanities (n=21)	Health Sciences (n=37)	Engineering and the Built Environment (n=11)
As an impairment	6 (29%)	14 (38%)	2 (18%)
As a participation and environmental issue	8 (38%)	11 (30%)	4 (36%)
As part of practice/ service learning	7 (33%)	12 (32%)	5 (46%)

Staff members were asked to indicate whether they include disability-related policies in their teaching, and which policy they use the most (Table 3).

Table 3: Policies used by those practising disability inclusion

Policy	Humanities (n=15)	Health Sciences (n=16)	Engineering and the Built Environment (n=4)
United Nations Convention on the Rights of Persons with Disabilities (UN, 2006)	4 (27%)	6 (37.5%)	1 (25%)
Integrated National Disability Strategy (OSDP, 1997)	2 (13%)	6 (37.5%)	1 (25%)
The South African Constitution (1996)	9 (60%)	4 (25%)	2 (50%)

The qualitative data yielded the following themes: definition or understanding of disability; disability inclusion practices, and policy context of disability inclusion. Each of these themes is discussed below, in terms of each faculty.

Understanding of disability

In HUM, disability is viewed as socially or culturally constructed, as an ‘otherness’, or ‘differentness’:

... noticing a particular othering ... those people who cannot walk like us, again, it's always this point of reference, that we would be this normal somebody, and these other people will be constructed into various disabled groups (Participant 3:1).

Some respondents also expressed a gendered view of disability, and positioned disability as an intersectional and human rights issue:

So, I do look at the way in which men with impairments are constructed by society, but, I also look at how women are even more disadvantaged, because of their gender (Participant 3:4).

In HS, there was little evidence of a purely medical view only focused on impairment; but there was a range of understandings of disability as a social issue, and of the extent to which social aspects should be the concern of a medical professional. Some respondents adopted a biopsychosocial model focusing on the interaction of an individual with an impairment with their family and social environment. This perspective is further developed by respondents who view disability as an intersectional issue that interacts with race, class and gender in certain ways. Barriers that construct disability were also noted, including language barriers for deaf people and for those who are expected to function in a second language without support. The impairment is considered in relation to the functioning of the person in his/her environment:

Well, for me it can be multi-faceted, anything that impacts on your activities of daily living, which could include at the work place, at home, job opportunities, teaching and learning, I think the most obvious one that comes to mind is always physical disability (Participant 1:2).

In EBE, some lecturers related to disability in terms of impairment type and the causes of disability. It is addressed as far as possible by means of technical interventions, which can help alleviate the impact. For architects, this relates to issues of universal design, where making provision for disability is integral to successful design. In this understanding, the complexity of disability lies in its dynamic nature and in its changing interaction with the environment. This was taken further by one respondent, to imply that the environment does create disability, even in the absence of individual impairment:

In fact, the biggest disability in this country is the spatiality of the apartheid city; so in redressing disability, the way townships are constructed, I think a real challenge is to broaden the definitions of disability, and to critically assess how professionals are contributing to building disabled environments through the lack of attention to those areas (Participant 2:1).

Disability in the curriculum

This theme describes the various methods participants use to include disability in the curriculum. Although all four methods – disability as an impairment, as an issue of participation and environmental restriction, as practice learning, and relating policies to disability – were used by staff members to introduce disability into their teaching, practice learning was the most significant method of inclusion for HUM, and the second most significant for EBE. In HS, all four methods were used more or less equally.

In HUM, various methods are used to include disability in the curriculum. It is introduced as a module in coursework, and life histories are used in classrooms to teach students about disability. In the African Gender Institute, a life history – in the form of visual media – is used to engage with students and get them talking about disability issues. The students watch a movie that deals with issues of disability and discrimination, and the salient points that they raise afterwards are discussed

in class. This story shows strength and empowerment in disability, as opposed to disability being seen as 'pitiful':

... and what the story does, it makes us see the other aspects of her, which are foregrounded at the expense of – and I put it in inverted commas – the 'disability' or the 'impairment'. So we don't see this disabled girl hobbling around on crutches, and see her only in terms of that. What we see, in fact, is this resourceful little girl, who goes and she earns money (Participant 3:4).

This perception of enablement is supported by the School of Dance, where the body is viewed not from the position of 'disabledness', but from one of ability. The inclusion strategy employed in the School of Dance is an ongoing, continuous interaction with disability issues, in both formal and informal spaces.

So we do not look at what the body cannot do, but we look at what can the person do? What can the body do? And we move from that point (Participant 3:1).

In clinical psychology practice, disability is not taught as a course; it mostly comes up when it is part of a presenting case. The department of Social Development brings in teaching about disability as a spin-off of a crisis situation and its impact on family. In the Education department, the main focus is on inclusive education.

And, when it comes to inclusive education that I do with the School of Education students, it's about creating an awareness about disability, but not focusing on the condition (Participant 3:6).

In HS, the concern with disability is more apparent, as it can be regarded as their 'core business', and the traditional home of disability in HEIs for disability-inclusive services. A common strategy, especially in the Health and Rehabilitation Sciences, is to adopt a graded approach over the years that moves from an individual impairment focus in first year towards examining the environmental effects of disability, and models of disability and primary health care; and then further, towards community-based rehabilitation (CBR) and advocacy.

Psychiatry uses a case-study approach; students are required to follow up on an individual in the community, in terms of their families. Disability is also considered as an issue in programmes such as Nursing, where the follow-up of acute patients in the community highlights family and community issues.

Other strategies in HS are to focus on clinical skills; disability prevention; disability assessment for occupational health, and South African Sign Language courses. Another approach to including disability in the curriculum is the *ad hoc* inclusion, expressed as 'disability is addressed according to the need or demand for it'. This falls under the general domain of 'creating an awareness of disability', in which disability issues are highlighted when necessary.

We are sensitive to race, and equity in access to services, and disability if it comes up. We do not do the work with disability as the major focus, but only look into it if it comes up (Participant 1:13).

In EBE, the inclusion of disability issues in the curriculum is a new area; they view themselves as pioneers, in the sense of introducing and spreading disability-related issues in the curriculum:

Don't forget we have just started this, although it (participant's current disability-related project) is ten years old, what I'm doing, but it is still very much embryonic. (Participant 2:2).

Another respondent expressed the novelty of the idea of disability inclusion thus:

I haven't as yet seen that we need to do anything more in our curriculum than simply developing tolerant, open-minded, compassionate individuals. But I'd be interested if someone were to challenge us, to say that (disability) must become more prominent. It's the first time anyone has ever raised that issue, in fact, in your interview (Participant 2:3).

Policy context of disability inclusion

The study investigated what disability-specific and non-disability-specific policies were included in the teaching. This provides evidence for whether disability is understood as a rights issue, rather than as a predominantly medical issue. HUM and EBE make the most use of the South African Constitution, and HS makes use of all the policies mentioned more or less equally.

Some departments in HUM engage more with policies than others do. While most departments teach on policies specific to their field of study, and only refer to certain disability policies, all the departments interviewed refer to the South African Constitution, as it relates to what they teach. However, in certain departments, the students are allowed to identify policies of interest, which are then discussed in class; especially in the light of non-implementation of policy:

Other students will... students will bring up the Constitution, and they'll tell me that it's the perfect document, and then I'll ask them about the fact that... the lack of enforcement, which is the same kind of thing that I notice everywhere I am; that people can have the most perfect document, the most perfect policies, but they have to be enforced (Participant 3:1).

In HS, some respondents with a human-rights perspective drew heavily on the UNCRPD and the Integrated National Disability Strategy of South Africa. There was also the approach that disability is integrated into other policies as far as possible:

The policy we work with is the International Covenant on Social, Economic and Cultural Rights. It is not specific to disability, but when it comes in, we address it (Participant 1:13).

There was at least one instance in which a level of frustration was shown at the use of different policies concerning disability, and the different conceptual underpinnings that they imply:

My personal approach is inclusion, enablement, the social model. However, the department takes a medical approach, so disability issues do not come in as a formally integrated aspect of the teaching; but individuals bring that aspect in. The department uses the DSM (Diagnostic & Statistical Manual of Mental Disorders), while I personally like to introduce the UNCRPD (Participant 1:8).

Some respondents in EBE were of the opinion that disability policy issues were not important, because what is required is technical expertise. Others were guided by

professional considerations as to what skills members of the profession need to be able to demonstrate. In architecture, legal requirements were noted, with the strong proviso that legal requirements should not be the motivation for inclusion of disability issues, as this was regarded as a moral requirement:

We have to comply with the Universal Access Act, which really is about redress of the physical environment with respect to making all buildings accessible to people with various – particularly physical – disabilities, ‘cause buildings are physical manifestations. So that is embedded in all of our pedagogy (Participant 2:1).

Table 4 presents a summary of the different ways in which staff members include disability in their teaching, per faculty, and indicates the different approaches by various disciplines. This reflects the interdisciplinary nature of disability in HEI curricula.

Table 4: A summary of inclusion strategies and focus areas in all three faculties

Faculty	Focus	Method
Health Sciences	Individual impairment Environmental effects Models of disability and primary health care Community-based rehabilitation (CBR) and advocacy Family context Community issues Disability prevention Programme management Disability assessment for occupational health South African Sign Language courses for making healthcare services accessible for deaf persons and families	Clinical practice Case study approach
Engineering and the Built Environment	Legislation: accessibility and reasonable accommodation Space and environment	Lectures Discussion groups Practical experiences
Humanities	Sociocultural aspects of disability Socio-economic class, lack of resources Mental health Intellectual impairment Family context Development practice Intersectionality	Participatory Experiential learning Discussion groups Tutorials Journal articles Clinical practice Seminars Media Life history Masters by full dissertation

[confirm grouped together: ‘Discussion groups Tutorials’, ‘Journal articles Clinical practice?’]

Discussion

In this section, the findings of the study are discussed under the three themes identified.

Understanding of disability

There is a wide range of definitions or understandings ascribed to 'disability' in the three faculties. The role of impairment in creating a disability is accepted, but a broader sense of disability as a social construct permeates the discussion on disability. In HS, the curriculum is constrained by professional council requirements for clinical practice; this does not always accommodate a social understanding of disability.

While EBE brings the unique understanding of observing spatiality and the creation of disabling environments, HUM understands disability as primarily a societal construct that has implications for gender. In HUM, there is also the notion of conceptualising disability from the viewpoint of 'ableness' rather than 'disableness'. This focus on using more positive language is important, as language can influence both how one perceives disability, and one's attitude towards disabled people (Olkin, 2002).

In HS, the primary focus is from an impairment perspective. Although certain divisions such as Occupational Therapy and Physiotherapy have begun to bring the social aspects of disability into teaching, the medical model is still significant in other divisions. Campbell (2009) states that medical education is generally still very fragmented and influenced, to a large extent, by the medical model of disability. Doctors still play a powerful role in disseminating information about disability to the public. To a large extent, this influence of doctors continually affects how society perceives disability.

EBE also teaches on the alleviation of impairment, with more focus on both environmental issues and universal design. The concern is not only the physical environment, but also the social space in which the disabled person lives, and this should also be integrated into teaching. In HUM, one finds diverse understandings of disability, and no particular understanding is dominant. Every division interrogates and interprets disability differently; there is a wide range of definitions given to 'disability'. The varied perspectives on disability in HUM are understandable, since HUM have historically engaged with the different representations of disabled people (James & Wu, 2006), and have interpreted disability within cultural contexts (Garland-Thomson & Stoddard-Holmes, 2005).

Disability in the curriculum

HS and EBE had a majority of departments including disability to some degree (72% and 84%, respectively). HUM had a much lower rate, at 22%. The inclusion of disability in the curriculum arises more through the enthusiasm and specific interest

of certain members of staff, rather than through systematic departmental initiatives. Disability issues are often included in optional courses, as they are regarded as a new area of study in EBE and HUM with which academics are beginning to grapple.

It appears that lecturers often find it difficult to know where to add disability issues into the curriculum, especially when they feel pressurised by having to cover a range of issues within limited time. Some are unsure about how and where in the curriculum disability is relevant. Despite this, the literature indicates that disability is multidimensional, and can be included in any discipline and any course offered by an HEI (Gabel, 2010). Globally, disability has been included in many different disciplines in HEIs: Psychology, Education, Social Development, Medicine, Engineering, Music, History and Art, for example (Ohajunwa, 2012). However, strategies that examine the disabled person in his/her own community are most popular. It appears that this approach works well with an interdisciplinary focus, and can be experiential by including community visits in the curriculum.

Policy context of disability inclusion

The majority of the departments interviewed did not use any disability-specific policy in teaching. It was interesting to note that departments would often rather use mainstream policies in the classroom, and integrate disability only when it was discussed. However, teachers need to engage with at least one policy on disability in teaching, as this will help stimulate discussion about the meaning of the disability experience.

Conclusion

In a study conducted in South African HEIs, which examined diversity and difference (Pillay & McLellan, 2010), the HEIs identified diversity in terms of race, gender, culture, language, religion, ethnicity and even age; but disability is omitted. Even when doing the desktop review for this study at UCT, there was a great deal more focus on race and gender, and minimal discussion on disability. This study sought to address this gap of not including disability as an issue of transformation and diversity in our HEIs. As stated earlier, this study recommends that the curriculum is a good place to begin to interrogate the complexities involved in disability inclusion.

Recommendations

An interdisciplinary approach to the teaching of disability is required. The need has been identified for a structure or forum to nurture cross-faculty collaboration, as there are pockets of rich experience within and across faculties that would create a niche area of teaching and research for UCT that would have international appeal.

Equally, a vast number of academic staff members are already practising disability inclusion and could inform others. However, the necessity for providing systemic

or institutional support to staff on how to start including disability in teaching and research cannot be overstated. Even in places where various rights are included in policy, the lack of systemic support, knowledge and skills has been identified as a challenge to policy implementation (Probyn, Murray, Botha, Botya, Brooks & Westphal, 2002). One participant suggested encouraging research and involvement by postgraduate students in disability seminars and workshops.

There is also potential for developing on-line materials, to assist lecturers in preparing lectures and to provide material for lecturers to use in their own courses. The Disability Studies programme offers a dedicated focus on teaching, research and policy development regarding disability in Africa. The programme aims to increase awareness of disability issues, and to inform the participation of disabled people in society through advocacy and interrogation of policy at different levels. This UCT resource could potentially assist in addressing the issue of disability in terms of diversity and transformation at UCT. In addition, the growing number of disabled students at UCT could enrich the processes of curriculum reform by raising issues from their own experiences of disability in different contexts.

Furthermore, it is important to stimulate the inclusion of disability in social responsiveness, service learning, and the projects in which staff and students engage. This would also assist to monitor UCT's contribution to disability inclusion in terms of the University's strategic goals related to development in South Africa and to graduate profiles.

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