

Postcolonial Perspectives on Disability Management at South African Universities

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Article Info

Received: July 05, 2024

Accepted: November 22, 2024

Published: March 6, 2025

 10.46303/jcve.2025.16

How to cite

Manase, N. (2025). Postcolonial Perspectives on Disability Management at South African Universities. *Journal of Culture and Values in Education*, 8(1), 267-284. <https://doi.org/10.46303/jcve.2025.16>

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ABSTRACT

The transformation of disability management in South Africa is significant in shaping access, participation, and success of those with disabilities, given the country's political history of segregation and systemic inequalities. The imperative to decolonise disability management arises from recognising that current practices, including diagnosis, responses, identities and identifying students qualified for reasonable accommodations, are profoundly influenced by Western ideologies and frameworks. It is essential to approach disability management through a lens that prioritises cultural responsiveness, supports Indigenous languages, considers the intersectionalities of disability, and contextualises response programmes to suit the unique needs of students with disabilities. This perspective aligns with the calls for decolonisation in the higher education system in South Africa, where institutions are striving to dismantle colonial legacies, promote indigenous knowledge systems, and create a more inclusive and equitable educational environment for all students. This conceptual article problematises existing theories and models that frame disability management in higher education in South Africa. It provides perspectives on disability management in higher education, with a strong emphasis on the transformative role of postcolonial thinking in reshaping policies to be more inclusive and culturally sensitive, with the ultimate aim of enhancing the educational experiences and outcomes for students with disabilities.

KEYWORDS

Decolonisation; disability management; higher education; postcoloniality; reasonable accommodations; transformation.

INTRODUCTION

The intersectionality of disability and postcolonial studies has gained attention in academic discourses in recent years (Bulut & Arıkan, 2015). In light of the dissemination of the United Nations' Sustainable Development Goals (SDGs), the issue of disability in higher education and other academic fields has gained increasing prominence. The 2030 Agenda for Sustainable Development, with its 17 SDGs, pledges to leave no one behind and recognizes disability as a cross-cutting issue that impacts all SDGs. Despite such an ultimate goal, higher education institutions still have many problems with each SDG (Sung & Choi, 2022; Zorba, 2023). Within the context of higher education institutions, there remains a dearth of research exploring how postcolonial perspectives can inform disability management policies and practices (Dube et al., 2023). This article addresses this gap by examining the potential benefits of integrating postcolonial frameworks into disability management in higher education. It aims to provide insights into how these perspectives, particularly postcolonial thinking, can reshape policies to be more inclusive and culturally sensitive, ultimately enhancing the educational experiences and outcomes for students with disabilities. The objectives of the study are: to explore the influence of Western ideologies on current disability management practices, to propose a postcolonial approach to disability management, and to demonstrate the potential benefits of this approach in reshaping policies and practices.

The focus of a conceptual paper is not primarily on validation but on a disciplined discussion that problematises existing theories, provides multi-level insights and broadens the scope of thinking around a particular situation (Cropanzano, 2009; Gilson & Goldberg, 2015). Whetten (1989), cited by Gilson and Goldberg (2015), maintains that conceptual papers can be judged, though not entirely or in equal detail, on how they address these seven questions: What's new? So what? Why so? Well done? Done well? Why now? Who cares?

Some of these questions are addressed in this paper.

- **What's new?** A postcolonial approach to disability management in higher education introduces new ways of thinking about inclusivity, especially in institutional cultures that are or were shaped by colonial legacies. The approach challenges traditional Western-centric disability frameworks and emphasises the unique challenges faced by marginalised communities in postcolonial contexts.
- **So what?** A postcolonial approach to disability management can address inequalities within a higher education system, particularly how it perpetuates exclusionary practices. It promotes social change and more inclusive and equitable learning environments that recognise cultural and historical factors in managing disability.
- **Why so?** Disability management in higher education still reflects colonial tendencies which marginalise students with disabilities. Most institutions lack policies that integrate postcolonial perspectives on disability, and thus, they limit the opportunities for students with disabilities to meaningfully participate and succeed in higher education.

- **Why now?** The timing is critical due to the growing global movement towards decolonising higher education. It also aligns with South Africa's efforts to reform and redress apartheid legacies that marginalised most people, including those with disabilities.
- **Who cares?** The insights provided in this paper are relevant to higher education policymakers, disability advocates, practitioners and scholars in education, disability and postcolonial fields.

Addressing some of the key evaluative questions posed by Whetten (1989) highlights the importance of rethinking disability frameworks within postcolonial contexts. The conceptual exploration of disability management in higher education offered in this article offers alternative and fresh perspectives on inclusivity in institutions still influenced by colonial legacies. A postcolonial disability management approach is timely and necessary, given the ongoing global and local efforts to decolonise education systems and promote social justice.

LITERATURE REVIEW

Disability management is defined, in the context of work, as a workplace programme that involves prevention, early intervention, and proactive return-to-work (RTW) interventions to reduce the impact of injury and disability and to accommodate those employees who experience functional work limitations (Rosenthal et al., 2007: 76). It came to prominence out of concern for workplace injuries that resulted in disability, to lower disability costs, promote productivity and enhance the workplace integration and reintegration of disabled workers (Lefever et al., 2018; Geisen, 2014). In the context of higher education students, disability management involves strategic processes of developing and implementing policies and practices and allocating resources to support students with disabilities. It encompasses the identification, assessment and removal of any barriers that may limit the academic and social participation of students with disabilities.

Often, the students with disabilities' needs are addressed through a "student support" system. From a postcolonial perspective, framing disability services as "student support" perpetuates a hierarchical, reactive model reminiscent of colonial approaches to marginalised groups. This approach reinforces a passive, deficit-based notion of disability where students must first experience exclusion or hardship before they are deemed deserving of aid. In this sense, the institution of learning, much like a colonial power, holds the authority to define and respond to the needs of students with disabilities, often placing the burden of self-advocacy on students. This mirrors the postcolonial critique of dominant structures that perpetuate dependency and invisibility among marginalised populations.

For students with invisible disabilities, particularly those in decentralised settings like Open and Distance Education, this burden is even more pronounced. The invisibility of disability and the student within such a system reflects the marginalisation of colonised populations who were often rendered invisible by the dominant powers. The challenge here is not only that the system fails to recognise these students' needs but also that it places the responsibility on the

students to claim their space within the structure instead of cultivating inclusivity and belonging. A shift from the “student support” mentality to a disability management framework represents a decolonial move — one that employs a proactive, integrated and systematic approach. Rather than positioning an institution of learning as a benevolent provider of support, a decolonised disability management framework would require institutions to anticipate and plan for inclusivity from the outset. This approach dismantles a colonial legacy of reactive support and reframes disability as a natural and essential part of the educational landscape that acknowledges the diverse realities of all students without placing the burden on students to navigate institutional gatekeeping mechanisms.

Postcolonial disability management in higher education

Postcolonial understandings in disability studies problematise hegemonic Western-centric disability perspectives and incorporate those that suit the lived experiences or realities of people in formerly colonised regions. Postcolonial perspectives on disability consider the cultural context, historical legacies, global power dynamics and inequalities, and encourage a critical engagement with the existing theories, policies and practices in order to effectively address disability. The primary goal in applying postcolonial thoughts to disability is to promote the relevance and credibility of marginalised forms of knowledge and practices, particularly those that were discredited due to colonial and ableist perspectives (Grech, 2017; Manase, 2024). Central to this effort is the recognition and respect for the voices and lived experiences of disabled people. In the context of the South African higher education system, postcolonial thinking in disability management calls for a re-examination of institutional practices and policies to better accommodate and empower students with disabilities in line with their values, beliefs, history, culture and contextually relevant frameworks to dismantle historical barriers and promote inclusivity through a decolonised approach. It challenges the apartheid legacy, respects diversity, and promotes equal allocation and access to resources. This means that the intersection of disability and race holds no ground in disadvantaging any institution or students with disabilities.

There has been an intensive call for transformation and decolonisation in the South African higher education system in recent years. These transformation imperatives should extend to disability management to prevent the marginalisation of students with disabilities. Integrating disability in institutional transformation plans could ensure that it is considered in every educational component to create inclusive environments for these students. However, as noted in the South African Strategic Policy Framework on Disability for the Post-School Education and Training System, the management, resourcing, and funding for disability are fragmented and detached from the existing transformation and diversity programmes at institutional levels (Department of Higher Education and Training, 2018). This fragmentation creates challenges for disability management, causing it to lag in efforts to decolonise systems and practices within higher education.

The need to decolonise disability management stems from the fact that colonial administrations imposed Westernised medical and social models of disability on indigenous populations (Grech, 2017). This, to a larger extent, disregarded or undermined traditional understandings and disability practices. Western knowledge devalued local knowledge, preferences, and traditional African practices and promoted Christianity and Western medicine on disability and health matters (Betcher & Wangila, 2016). Many African societies understood, and some still, understand disability mainly along cultural and spiritual lines. Societies established roles, responsibilities, and social positions for people with disabilities, particularly those with mental conditions who were regarded as possessing special spiritual powers that were crucial in the spiritual and religious life of the society (Ndlovu, 2016). They were involved in religious rituals and ceremonies as mediums, healers, or shamans. Western ideologies disrupted these understandings and imposed Eurocentric perspectives of disability which, as Lovern (2008) argues, may cause one to reject his/her culture or even create a “disability” where only “difference” exists. Lovern (2008:113) further argues that “the designation that all cultures should be subsumed to fit within a single cultural paradigm may deny the opportunity for the subsuming paradigm to benefit from the knowledge of those being subsumed.” This poses a danger of the mismanagement of disability.

The medical model of disability, which focuses more on medicalising disability, paved the way for Western medicine and education on disability that European practitioners dominated. Such conceptions of disability imposed certain Western notions of normalcy. They encouraged the stigmatisation and marginalisation of people with disabilities where disability is pathologised and regarded as something that should be gotten rid of and makes one invalid to work (Withers, 2024). In academic spaces, it means that people have low expectations of students with disabilities, assuming that they cannot perform up to expectations. Colonial health systems and policies were put in place, and interventions and structures still influence disability management at learning institutions. Most universities depend on the medical model of disability to enrol students into disability support systems. As a requirement, students should produce a formal medical diagnosis for a disability and undergo several assessments to qualify for reasonable accommodations. The doctor’s consultation and relevant medical assessments can be too costly to many who live below the poverty line; 62.7% of the South African population lives in poverty (World Bank, 2023). Hence, most students with disabilities who require accommodations may not receive them due to limited access to healthcare services.

Furthermore, a significant gap exists in the literature regarding postcolonial perspectives within this context, particularly in the identification of students with invisible disabilities such as dyslexia. Most tests, evaluations, and interviews that are conducted to assess academic skills such as listening, spelling, writing, and reading use tools, reference terms and languages that are not context-relevant to many African societies. These diagnostic tools overlook the unique socio-cultural and historical factors and local languages that are relevant for local and indigenous populations in South Africa. This creates challenges of misdiagnosis of

neurodevelopmental disabilities such as dyslexia since it manifests differently across languages and cultures. It also creates cultural bias since diagnostic tools and terminology that are developed in one cultural context may not adequately capture the diverse ways dyslexia presents in other cultures. This poses a risk of ineffective intervention measures since diagnostic tools and terminology are not tailored to the specific linguistic and cultural context. Strategies that work for dyslexia in one language may not translate well into another language due to differences in orthography, phonology, and grammar. Therefore, it is essential to have diagnostic tools and terminology that reflect the diversity of languages and cultures.

Moreover, students with disabilities face different challenges in accessing and participating in higher education (Ndlovu, 2022; Selepe & Molelemane, 2022). The same applies to staff members with disabilities, where scholarly coverage of their experiences is limited in South Africa and other African countries. Many institutions of learning were not designed to accommodate people with disabilities. This poses severe challenges to physical (access to physical structures) and epistemic access (access to knowledge and academic processes) (Woldegiorgis, 2021). During the colonial years, very few educators could teach students with diverse needs, and there was no training in inclusive education. Most education was done informally at home, where learning primarily focused on religious instruction, basic literacy, and practical skills necessary for daily life (Karisa et al., 2021). The minimal room for accommodation for special needs affected access to formal education. To date, these accessibility challenges exist with mainstream institutions failing to accommodate students with mobility needs, hearing impairment, sight challenges, and other conditions of neurological nature that affect learning.

There was a general lack of resources and infrastructure to cater to disability needs in colonised countries, which still affects the achievement of full inclusion at institutions of learning (Mutanga, 2022). This has a negative effect on how students with disabilities engage with the curriculum, which is essential in implementing inclusive education (Sharma, 2020). Moreover, many of the challenges that institutions of learning face in managing disability and achieving full inclusion are entrenched in the funding models that reinforce colonial principles (Ndlovu & Woldegiorgis, 2023b). Disability services are underfunded at most universities in South Africa (Vincent & Chiwandire, 2019). Disability Units tend to operate with low budgets – something which hampers their ability to address students' needs effectively.

The disability financial assistance from the National Student Financial Aid Scheme (NSFAS), though offered as a grant to students with disabilities, is not accessed by many due to restrictive eligibility criteria. One of the requirements is that an applicant should have proof of household income, which should be less than R600 000 per year (NSFAS, 2024b). While this means-testing funding model appears to be progressive, it excludes many students from families in the informal business sector without formal proof of income, such as payslips and bank statements. These exclusions limit the number of deserving recipients. According to the South African Minister of Higher Education, Science and Technology, only 1770 students with

disabilities received the NSFAS disability allowance in 2022 (NSFAS, 2022). Another major concern is that NSFAS struggles to meet the demand due to inadequate resources to fund all the students who require financial assistance. This is evidenced by rejections, appeals, and protests from disgruntled applicants (Independent Online, 2024; NSFAS, 2024a). For these reasons, Nkambule and Ngubane (2023) comment that the NSFAS funding model is inclusive in theory but exclusionary in practice. Its transformative potential and efforts to correct the inequalities from the colonial and apartheid eras are hindered by these systemic challenges.

Other challenges in disability management stem from the Social Model of disability that is adopted at most institutions of learning in South Africa. The Social Model of Disability locates disability more in the environment than in the body, highlighting that people with disabilities are disabled by how society is arranged to limit their participation in social activities (Dixon, 2021). The Social Model of Disability, which originates from the United Kingdom, employs a universalist approach that emphasises everyday experiences of exclusion and is weak in accounting for cultural practices, identities, and privileges that are shaped by colonial histories. Existing studies align with the social approach to disability, focusing on addressing accessibility issues, reasonable accommodations, and support services for students with disabilities, for example, Abrahams et al. (2023), McKinney and Swartz (2022), and Zongozzi (2022). These scholarly works lack engagement with postcolonial perspectives, which is essential for understanding how colonial legacies continue to influence policies and practices related to disability in higher education.

In conclusion, the management of disability at institutions of learning appears to be influenced by structures and practices that display colonial tendencies. Despite the growing recognition of the importance of postcolonial perspectives in disability studies, there remains a paucity of literature specifically examining the relevance of these perspectives to disability management in the South African higher education context. This research seeks to fill this gap by exploring how postcolonial theory can inform disability management to meet the needs of disabled students better while challenging existing structures of exclusion.

The history of disability and funding imperatives in South Africa

The history of disability funding in the South African education system is associated with the broader socio-political dynamics of colonialism and apartheid. It can be grouped into seven periods: (i) the early colonial period, (ii) the late 19th to 20th century, (iii) the early 20th century, (iv) the Union of South Africa, (v) the apartheid era (1948-1994), (vi) the post-apartheid era, and (vii) the current landscape. The early colonial period (17th to 19th century), when South Africa was under Dutch and British rule, had minimal structured education and no formalised support for people with disabilities. Disability was highly stigmatised, and families primarily provided care. In the 19th century, Missionaries established schools that Whites and a few wealthy indigenous black people mainly accessed. Disability health services were primarily funded by charity organisations rather than the colonial government.

In the late 19th and early 20th century, South Africa became more industrialised and urbanised and needed a more structured social welfare system. More schools, including special schools, were built but were segregated along racial lines, limiting most indigenous people's access to education. During this period, the state became more involved in welfare even though support for disabled people remained minimal. Funding was still charitable and church-based, rather than from the colonial government. The Union of South Africa (1910-1948), which saw the combining of the Cape Colony, Natal, Transvaal, and the Orange Free State under British dominion, had significant developments in the education system. The Education Act of 1923 provided a framework for education but did not adequately address the needs of students with disabilities. Special schools remained few and underfunded, and policies continued to favour whites more over Blacks.

The period 1948 to 1994, popularly known as the apartheid era, witnessed the institutionalisation of racial segregation. Educational segregation was rife across racial groups, with well-resourced special schools predominantly serving white children, while only a few ill-equipped special schools catered for black children. The democratic period, the post-apartheid era (1994 to the present), marked a significant shift in educational policies, including efforts to address the inequalities in special education. The democratic government aimed to make education inclusive and developed several policies that promoted inclusivity. In 1997, the Education White Paper 3 on Higher Education Transformation was released. It emphasised the need for an inclusive higher education system that accommodates the needs of all students, including those with disabilities. In 2001, the Department of Education published the National Plan for Higher Education, which, among other things, outlines commitments to improving access and support for students with disabilities. In the same year (2001), the Education White Paper 6 was published and outlined funding and support for educating people with disabilities. As the South African Department of Basic Education's (DoE) Directorate of Inclusive Education states, the Education White Paper seeks a "qualitative improvement of special schools" (DoE, 2007:1). These policy mandates led to the establishment of disability units at institutions of learning, seeking to provide disability support services to students and staff members.

The White Paper on an Integrated National Disability Strategy was developed in 2005. This policy outlined a comprehensive approach to addressing disability issues across all sectors, including higher education. It aimed to ensure that institutions developed inclusive practices and environments. Further developments include the establishment of the Higher Education Disability Services Association (HEDSA) in 2006, which encouraged disability service professionals to collaborate and share best practices in order to improve support and resources for students with disabilities. In 2013, the Department of Higher Education and Training (DHET) released the Policy on Disability in Higher Education to encourage institutions to develop comprehensive disability support services and create inclusive learning environments. The latest development is the 2018 Strategic Policy Framework on Disability for the Post-School

Education and Training System, which guides the implementation of policies that support access and success for people with disabilities.

Despite the government's efforts to transform the education system and advance the inclusion of people with disabilities, significant challenges remain. The government has not fully implemented inclusive education and addressed the challenges in special schools, mainly due to funding gaps. In one of the parliamentary briefings by the Department of Basic Education, concerns were raised that "South Africa has been developing an inclusive education schooling system from a White Paper, which only articulates policy aspirations rather than imperatives, thus limiting the deployment of resources at every level, resulting in slower progress made than desired" (Parliamentary Monitoring Group, 2023). It was noted that special schools have poor accommodations, inadequate facilities, a lack of assistive devices, and inadequate staff members, all of which are exacerbated by limited funding. The government subsidy given to special schools is insufficient to cover the essential expenses. For example, the R15 (US \$0.81) per day that each learner at Tshilidzini Special School in Limpopo receives falls short of meeting students' needs (Hope for Limpopo, 2024).

Deconstructing colonial legacies in disability management: A proposed model

A decolonised approach to disability management at a university seeks to dismantle the systemic inequalities and biases that marginalise students with disabilities. It necessitates institutional commitment to decolonised policies and practices, considering cultural and other contextual aspects that support decolonisation. The model proposed in this study views disability management as a comprehensive effort that accounts for cultural considerations and context-specific interventions. The process is not linear but rather iterative and cyclical, often requiring refinement-based feedback from the consulted people. The following model can offer guidance in developing disability policies and inform practices that could dismantle colonial structures and historical systems of marginalisation.

At the heart of decolonising disability management lies an institutional commitment to policy reform. Equity and inclusion policies must explicitly address colonial legacies in disability management. Institutional leaders must champion transformation efforts and establish structures that include students with disabilities in disability-related panels. More importantly, holistic frameworks that go beyond compliance with legal frameworks and consider the various intersections of disability should be developed. The following model can offer guidance in developing disability policies that aim to dismantle colonial legacies.

Figure 1.*Decolonised disability management framework***Representation and voice**

Being mindful of the prominent disability activists' slogan "Nothing about us without us", it is important for the voice of students with disabilities to inform disability policies and practices. A university should create platforms for students with disabilities to share their perspectives and experiences to influence decision-making. It is unfortunate that students with disabilities are excluded from policy development and review, placing a high risk of delayed degree completion (Ndlovu & Woldegiorgis, 2023a). In the context of postcolonial disability management, this mantra is significant since it calls for an active role of students with disabilities in the formulation, implementation and management of policies that impact them. The motto ensures that students' voices and lived experiences are considered rather than being sidelined by top-down approaches that institutions of learning adopt when supporting them. This participatory approach ensures that there is a balance of power (Kuper et al., 2021) which is important in decolonial debates.

A university can improve representation and voice by employing diverse staff, including those with disabilities, and receiving their input on matters of transformed inclusion. Designing and implementing policies without involving people with disabilities in the planning process can be disrespectful and pose a risk of not fully meeting their needs. A top-down approach, that most institutions adopt in supporting students with disabilities, can be perceived as paternalistic and disconnected from the lived experiences of the students. The top-down approach also sustains a colonial control objective by centralizing decision-making and imposing systems without proper consultation.

Cultural considerations

Institutions of learning should acknowledge students' diverse cultural backgrounds and ensure that all students have equal access to learning opportunities. Students' cultural backgrounds, including their values, traditions, worldviews, learning, and communication styles, must be respected and understood to know how cultural factors influence academic and social engagement. Groce (1999), cited in Sotnik and Jezewski (2005: xiii) maintains that if culture is disregarded in disability programmes, the opportunity to make real and effective change is lost. Sotnik and Jezewski (2005) thus highlight the importance of knowing and understanding the different cultures of people being served and their perspectives on disability and associated services. Hassanein (2015) contends that culture should be a core tenet of disability service delivery because it has the potential to reduce health disparity gaps in most settings.

African cultures have traditional treatment practices and a holistic approach to health and disability. Certain types of personal assistance or therapy might not align with local practices or can be viewed as intrusive and disrespectful. For example, Manase (2020) established that some university students with dyslexia feel sub-human when using a scribe to read and write for them during examinations. The students expressed that having someone else write exams for them creates a sense of inadequacy that makes them feel dehumanised. Many African cultures uphold the Ubuntu values of human dignity and respect (Molefe, 2024). Accommodations that completely ignore these practices, or dismiss traditional knowledge as inferior to Western medical approaches, can conflict with the Ubuntu ethos of human dignity and respect, which are highly valued in African societies. Thus, disability services should consider culture to reduce the chances of students with disabilities rejecting or abandoning assistive devices – something which Petrie, Carmien and Lewis (2018) note to be high. More importantly, engaging with students' families and communities can provide valuable insights into their cultural backgrounds and help build more robust support systems for them.

In addition, language should be factored in when assessing the degree of complexity in learning that emanates from a disability such as dyslexia. Recommending and implementing disability support without considering local languages and communication styles can be problematic. For instance, assessing the existence of dyslexia only in English, where it is not one's first or primary language, can disadvantage students who are more comfortable with indigenous languages. This can lead to unnecessary misdiagnosis and mismanagement of disability. The students' socio-economic status and other disability intersectionalities should be considered also when enrolling students with disabilities for support. Many from disadvantaged backgrounds may not afford medical assistance and assessments and have other ways of identifying disability. Focusing primarily on medical interventions and neglecting social, economic, and cultural aspects of disability can be offensive. Therefore, the provision of disability services such as accommodations should be aligned with local realities.

Cultural competency training

Cultural competency is understood as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations (Harris, 2004: 12). Cultural competency is a vital component of transforming disability management since it enhances the ability to understand and address the needs of culturally diverse students (Agaronnik et al., 2019). It can also be a vital tool to reduce disability stigma (Sabatello, 2019). In as much as students' culture needs to be understood and considered in disability services, disability culture itself should be embraced, respected and integrated into these services. Understanding disability culture, such as the deaf culture, promotes a consciousness that disability is a way of life, not a tragedy (Brown, 2002). This stance is crucial in postcolonial disability management as it challenges historically ingrained perceptions of disability rooted in colonialism where disability was viewed as a burden or deviation from societal norms. Cultural competency training also limits the use of derogatory disability terms, making language an important aspect of disability culture (Brueggemann, 2013).

Also, as part of professional development, staff members should have opportunities to learn about and implement decolonised approaches to disability management, especially in accommodating students with disabilities. Advocacy programmes that raise awareness about disability issues are also crucial in advancing cultural competency and promoting systemic change within a university. These advocacy programmes can assist in limiting negative stereotypes against those with disabilities. Thus, ongoing training for students and staff members to understand the cultural contexts of disability is necessary and should be mandatory if full inclusivity is to be achieved.

Inclusive curriculum and pedagogy

The curriculum and pedagogy must intentionally consider the diverse needs of students with disabilities, with an emphasis on inclusivity and accessibility. In many institutions where educational systems are still grappling with colonial legacies of exclusion, the needs of students with disabilities, especially invisible disabilities like learning disabilities that do not fit the typical image of disability, are often overlooked in the design, delivery and assessment of courses (Manase, 2020). Instead, students are sent to the university's Disability Unit to write examinations, leaving the larger part of the learning process unsupported. This neglect perpetuates systematic barriers that prevent students with disabilities from accessing education on a level field with their peers.

A key component of inclusive higher education is the flexibility of instruction and assessment. This involves providing multiple ways of presenting content, engaging students, and assessing their performance. For example, instead of relying solely on traditional lectures, lecturers could incorporate interactive elements such as discussions, group work or digital resources that allow students to engage in different ways. Similarly, assessments should not be limited to written exams but should include alternative formats such as oral presentations, long

assignments or project-based assessments, which can cater for the strengths and preferences of students with different learning needs. The colonial history of many educational systems indicates that curricula have often been shaped by Western notions of knowledge and ability, which may not resonate with or adequately serve students in postcolonial contexts. A reimagination of what is being taught is needed to ensure that knowledge creation and dissemination is culturally relevant, inclusive and empowering for all students, including those with disabilities. Most Africans have exceptional oratory skills (Mushengyezi, 2003). Hence, those with limited reading and writing skills due to a disability, can demonstrate knowledge better through oral presentations. Disability activists and scholars from the global South who provide perspectives that challenge dominant disability narratives perpetuating systemic inequalities can be consulted for guidance on how to effectively accommodate students with disabilities.

Comprehensive disability support

Disability support should be comprehensive by focusing on inclusivity and providing adequate financial support, resources, and reasonable accommodations tailored to students' unique needs. The funding models should recognise historical and systemic inequalities to create educational environments where students with disabilities have equal opportunities to participate and succeed in higher education. In addition, reasonable accommodations should be culturally relevant, accessible, and usable to meet the needs of the university community with disabilities. The campus infrastructure should be barrier-free and address physical, digital and attitudinal barriers. Assistive technologies and resources must be accessible and tailored to students' specific needs. Accommodations should not be experienced as an attack on one's humanness. There is evidence that some students with dyslexia who use amanuenses to read and write for them during examinations sometimes feel sub-human (Manase, 2020). The practice of separating students with disabilities from their peers when offering accommodations can be undesirable. Creating separate facilities or services for students with disabilities rather than inclusive ones reinforces stigma and marginalisation (Manase, 2020). In many African cultures, interdependence, relationality and fellowship are highly valued (Ewuoso & Hall, 2019). Hence, separation can be perceived as isolating and discriminatory.

Implementation, evaluation, and accountability

A comprehensive assessment of the existing disability management policies and practices should be conducted to identify areas that reflect and maintain colonial legacies. The allocation of resources (monetary, human, and technological) must be adequate to support the implementation of transformed systems. This is important for transforming disability management since funding for disability services at institutions of learning in South Africa is limited (Vincent & Chiwandire, 2019). This means that most students with disabilities operate in environments with limited resources that limit access to assistive technology and accommodations – elements that are crucial for better academic performance (Svensson et al., 2021) and have psychological and social benefits for students with disabilities (McNicholl, 2021).

Additionally, regular evaluations of disability management practices should be done to identify and address areas where colonial legacies persist. The university community that utilises disability services should be allowed to give feedback and report on issues that need improvement in disability management. Overall, the university should be held accountable for the progress in disability management through transparent reporting and evaluation processes.

Significance of the study

This research potentially contributes to both disability studies and postcolonial theory by bridging the gap between these two fields. It aims to contribute to creating more inclusive and accessible higher education environments. The management framework developed in this research may serve as a blueprint for institutions seeking to decolonise their disability management policies and practices.

CONCLUSION

Transforming disability management requires more than just making expert-led adjustments to the learning environment. It calls for the rethinking of the educational environment to be inclusive and equitable for students and staff members with disability and from diverse cultural backgrounds. To promote greater inclusivity within South African higher education institutions, it is crucial to challenge the hegemonic Western-centric perspectives that dominate the general understanding and management of disability. Recognising and valuing cultural diversity ensures that educators can create a learning space where every student feels respected, supported, and empowered to succeed. The model proposed in this study aims to contribute knowledge to ongoing debates and efforts to decolonise various systems in higher education. This model can improve the access, participation, and success of students with disabilities since they have low representation in higher education, and have a high risk of dropping out of higher education studies. Further research could explore innovative approaches that foster inclusive learning environments that prioritise cultural diversity, given that the 4th Industrial Revolution is increasingly reshaping educational paradigms.

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