



Institutional Preparedness for Access to Higher Education by Students with Disabilities in Private Universities in Nairobi County, Kenya

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Abstract

This study examined institutional preparedness for access to higher education by students with disabilities in five private universities in Nairobi County, Kenya, an under-studied sector, examining how policies and practices support access, retention and completion; how physical and learning environment accessibility shapes that access; and how attitudes, staff preparedness and support systems shape inclusion across intersecting student identities. Students with disabilities were treated throughout as heterogeneous by impairment type, gender and socio-economic position rather than as a single diagnostic category, with physical infrastructure and the learning environment adopted as the accessibility domains that condition access whatever the impairment. The study employed a convergent parallel mixed-methods design combining a faculty survey (n = 96), an independently scored observation checklist, interviews (37 students with disabilities, 15 administrators) and five focus groups (n = 45). A 52.8-percentage-point gap separated faculty (90.6%) from student (37.8%) awareness of the same policies; positive attitudes did not translate into preparedness, accessibility was weakest in digital and assistive technology provision, and training emerged as the strongest lever for both awareness and preparedness. The study contributes an Integrated Institutional Preparedness and Inclusion Model and a governance pathway from symbolic compliance to social transformation. The five, already-committed private sites and reliance partly on self-report bound the claims to a transferability scope rather than statistical generalisation. Because training was the strongest predictor of preparedness yet rated least effective in practice, universities should prioritise mandatory disability inclusion training and use systematic monitoring to link policy, institutional practice and student experience.

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Introduction

Globally, access to higher education for students with disabilities remains an important test of whether institutions can translate commitments to inclusive education into practice. Approximately 1.3 billion people, or 16% of the world's population, live with a significant disability (World Health Organisation, 2023), yet students with disabilities remain less likely than their peers to complete higher education (UNESCO, 2020; United Nations, 2019). International instruments, from the Salamanca Statement (UNESCO, 1994) to the Convention on the Rights of Persons with Disabilities, establish education as a right rather than an act of charity. The central challenge is therefore no longer the absence of formal commitment, but the ability of institutions to convert that commitment into accessible and equitable educational experiences.

International research shows that disability policies often remain aspirational, are implemented unevenly and are experienced differently by the students they are intended to support (Fernández-Batanero et al., 2022; Filippou et al., 2025). Three closely related institutional conditions influence whether inclusion is realised in practice: an institutional culture that values disability inclusion, staff who are prepared to provide inclusive teaching and services, and coordinated systems through which accommodations and support are delivered (Römhild & Holleder, 2023; Ndhlovu et al., 2025; Zorec et al., 2022). Weakness in any one of these areas reduces the effectiveness of the others. Institutional preparedness must therefore be examined as a connected system rather than as a list of separate provisions.

Across African higher education, the same policy-to-practice gap appears within resource-constrained and institutionally diverse settings. Studies report under-resourced disability-support units, inaccessible campuses, fragmented coordination and continued reliance on informal peer support (Mutanga, 2018; Okyere et al., 2019; Simui et al., 2020). These conditions do not indicate an absence of commitment across the sector. Rather, they show that formal commitments are difficult to sustain when responsibility is dispersed, resources are limited and disability inclusion is not embedded in routine institutional planning and accountability.

Regional research also shows that accessibility extends beyond the physical campus. Inaccessible buildings remain a major barrier, but digital platforms, online assessments, electronic resources, academic schedules and teaching practices can restrict participation just as significantly (Beyene et al., 2020; Kioupi et al., 2023; Ressa, 2023; Zongozzi & Ngubane, 2025). Positive attitudes are important, but goodwill without appropriate knowledge and training often produces reactive accommodation rather than inclusive design (Moriña, 2017). Effective preparedness therefore requires accessible physical and digital environments, flexible teaching practices, trained staff and disability-support services that are visible and connected to institutional decision-making (Nawire et al., 2025; Römhild & Holleder, 2023).

Within this regional context, Kenya presents a particularly important case. The Constitution guarantees persons with disabilities access to educational institutions (Government of Kenya, 2010), while the Sector Policy for Learners and Trainees with Disabilities (Ministry of Education, 2018) and the Persons with Disabilities Act (Republic of Kenya, 2025) provide further legal and policy direction. Despite this framework, participation in university education remains very low. The 2017/2018 university statistics recorded only 793 students with disabilities: 681 (85.9%) in public universities and 112 (14.1%) in private universities (Commission for University Education, 2019; Wang'ang'a, 2024, 2025). The small share



enrolled in private universities, together with low completion and limited disaggregated data, makes this expanding sector an important but insufficiently studied setting.

Kenya's institutional arrangements further clarify the implementation problem. The Commission for University Education (CUE) regulates and accredits universities, sets standards and monitors compliance through processes that include institutional quality audits (Commission for University Education, n.d.-a, n.d.-b). The National Council for Persons with Disabilities (NCPWD) is mandated to promote and monitor the rights of persons with disabilities (National Council for Persons with Disabilities, n.d.). However, studies continue to identify weak disability-specific monitoring, limited budgets and uneven institutional accountability (Maina et al., 2025; Nawire et al., 2025; Sika, 2025). This study describes the resulting distance between national obligation and institutional implementation as the Kenyan regulatory-enactment shortfall. Because private universities operate within the same national framework but make different decisions about resources, support structures and implementation, their preparedness can vary considerably.

Students with disabilities are not a homogeneous population, and this study does not treat them as one. A student with a visual impairment may require accessible digital text and assistive technology, while a student with a mobility impairment may depend more directly on accessible routes, lifts and classroom layouts. Students with hearing impairments or specific learning disabilities may encounter different communication, assessment and instructional barriers. These experiences are further shaped by gender and socio-economic position. The study therefore retained a cross-disability focus and used Intersectionality Theory to examine disability type, gender and socio-economic status as related dimensions of institutional experience rather than treating disability as a single category.

This cross-disability approach required the study to examine institutional conditions that influence access across impairment groups. Physical infrastructure and the learning environment provided two such domains. They included campus routes and buildings, the format of learning materials, assistive technology, digital systems and instructional delivery. Many students encountered barriers in more than one domain. The structured observation checklist therefore assessed these conditions independently of participants' reports. Findings were not disaggregated statistically by impairment type because the 37 self-identified students, reached through snowball sampling in the absence of a complete institutional disability register, did not provide sufficient subgroup sizes for reliable comparison.

The preceding literature identifies four connected gaps. First, Kenyan evidence remains concentrated in public universities even though disability enrolment is especially low in the private sector (Wang'ang'a, 2024, 2025); the five-site private-university design addresses this contextual gap. Second, research documents policy commitments more readily than their institution-level enactment (Maina et al., 2025; Sika, 2025); Research Question 1 therefore examines how policy and practice support access, retention and completion. Third, reported experiences are seldom triangulated with independent observation of physical and learning environments; Research Question 2 explicitly combines structured accessibility observations with stakeholder accounts. Fourth, few studies integrate structural barriers, organisational enactment and intersecting student identities within one explanatory framework; Research Question 3 and the integrated theoretical framework address this conceptual gap. Together, these links show how the study design and each research question respond to the literature reviewed.



Research Questions

The broad objective of the study was to examine institutional preparedness for access to higher education by students with disabilities in private universities in Nairobi County, Kenya. The research questions that guided this study are the following:

1. How do institutional policies and practices support access, retention and completion for students with disabilities?
2. To what extent do independently observed conditions in the physical and learning environments of private universities in Nairobi County demonstrate accessibility for students with disabilities, and how do these observations converge with or diverge from reported experiences of access?
3. How do institutional attitudes, staff preparedness and support systems shape the inclusion and participation of students with disabilities, and how do these dynamics vary across intersecting student identities such as disability type, gender and socio-economic status?

Theoretical Framework

The study was guided by an integrated framework combining Critical Disability Theory, Institutional Theory and Intersectionality Theory. Each lens addresses a distinct level at which preparedness is produced. Critical Disability Theory locates exclusion in ableist environments and institutional arrangements rather than individual impairment (Annamma et al., 2018; Dolmage, 2017; Kaufmann, 2024). Institutional Theory explains why universities may adopt formal policies for legitimacy while everyday practice remains decoupled from those policies (Aksom & Tymchenko, 2020; Meyer & Rowan, 1977). Intersectionality Theory explains how disability interacts with gender, socio-economic position and impairment type to produce differentiated experiences (Crenshaw, 1989; Leon-Larios et al., 2024). The lenses therefore integrate without conceptual duplication: Critical Disability Theory identifies structural barriers, Institutional Theory explains organisational enactment, and Intersectionality Theory explains variation in lived experience.

This theoretical integration was carried through data collection and analysis. The faculty survey and independent observation checklist generated evidence about structural barriers and preparedness and were interpreted through Critical Disability Theory. Administrator interviews were examined through Institutional Theory for evidence of implementation, legitimacy and policy-practice decoupling. Interviews with students with disabilities and focus groups with student leaders were interpreted through Intersectionality Theory, with attention to disability type, gender and socio-economic position. The quantitative and qualitative evidence streams were analysed separately and then merged by research question to identify convergence, divergence and complementarity. This division of analytic labour allowed the theories to inform one integrated explanation without treating them as interchangeable.

Method

The study adopted a convergent parallel mixed-methods design in which quantitative and qualitative data were collected concurrently, analysed separately and integrated during interpretation (Creswell & Plano Clark, 2018). A parallel design was appropriate because the purpose was corroboration at a single point in time rather than development of one instrument from another; the two-month, five-site fieldwork period made sequential phases impractical; and concurrent collection prevented earlier



findings from shaping participants' later responses. The quantitative strand comprised a faculty survey and an independently scored structured observation checklist. The qualitative strand comprised semi-structured interviews with students with disabilities and administrators, and focus groups with student leaders. Integration was organised by research question: survey and observation results were compared with interview and focus-group themes, and convergence, divergence and complementarity were recorded. Fisher's exact test and chi-square tested associations between training and policy awareness or preparedness, while reflexive thematic analysis interpreted the qualitative evidence (Braun & Clarke, 2006; Braun & Clarke, 2019). Ethical clearance, a National Commission for Science, Technology and Innovation licence and institutional permissions were obtained before data collection.

Study Setting

The study was conducted in Nairobi County, which has Kenya's largest concentration of private universities (Commission for University Education, 2025). Five of the 15 private universities in the county and its metropolitan region were purposively selected. Every site met three inclusion criteria: chartered status, an established record of admitting students with disabilities, and identifiable disability-support structures. The sites also reflected variation in enrolment size and faith-based or secular governance. To protect confidentiality, the institutions are identified as Universities A-E. Selecting institutions that had already demonstrated some commitment to disability inclusion created a demanding test of whether formal commitment was translated into everyday provision.

Study Population and Sampling

The study involved four stakeholder groups, each matched to a sampling procedure appropriate to its size and visibility (see table 1). Faculty were selected through stratified random sampling with proportional allocation across the five universities. Applying a 10% fraction to the accessible faculty population of approximately 1,000 produced a target of 100; 96 completed the survey. This fraction falls within the range considered adequate for accessible populations below 10,000 (Kothari, 2004; Mugenda & Mugenda, 2013).

University administrators were included through a census because the eligible office-holders were few: one Dean of Students, one Academic Registrar and one Deputy Vice-Chancellor responsible for academic and student affairs from each university ($n = 15$). Student leaders participated in one focus-group per site, with nine participants in each group ($n = 45$). Students with disabilities were recruited through snowball sampling because disclosure was voluntary, records were not centrally maintained and no complete sampling frame existed. Trusted peer referrals reached 37 students. They were not assigned fixed site quotas because referral chains depended on disclosure and peer networks within and across institutions.



Table 1: Sampling Matrix: Sample by Participant Group

University code	Faculty (N)	Faculty target (n)	Students with disabilities interviewed (n)	Student leaders in FGD (n)
University A	250	25	No fixed site quota	9
University B	100	10	No fixed site quota	9
University C	200	20	No fixed site quota	9
University D	150	15	No fixed site quota	9
University E	300	30	No fixed site quota	9
Total	1000	100 targeted; 96 responded	37	45

Source: Field data (2026).

Data Collection Instruments

Four instruments were used, each aligned to the objectives and theoretical framework. A researcher-developed, anonymous faculty survey, combining closed- and open-ended items, measured awareness, preparedness, attitudes and perceptions of accessibility; it was constructed directly from the study objectives because no existing validated instrument covered the dimensions examined here. Semi-structured interview guides were used with administrators and students with disabilities, and focus-group guides structured discussions with student leaders. A structured observation checklist recorded the accessibility of physical and learning environments across each campus, covering ramps, elevators, pathways, washrooms, classrooms, signage, library facilities, assistive technologies and digital accessibility. Each item was scored on a three-point convention applied consistently in a single observation visit per campus: "met" (present, functional and accessible without assistance), "partially met" (present but incomplete or accessible only with assistance), and "not met" (absent); this convention, rather than an external engineering standard, is the baseline for the proportions reported in Table 3 below. The survey and interview guides were pre-tested with participants drawn from the study population categories but outside the five study sites, and pre-test responses are not included among the totals reported below, and refined for clarity and accessibility.

Validity, Reliability and Trustworthiness

Content validity of the faculty questionnaire was established through alignment of items with the research questions and through expert review. Reliability was supported through pre-testing and standardised administration across all sites. For the qualitative strand, trustworthiness was strengthened through triangulation with the independent observation checklist and member checking, transferability through thick description of institutional contexts, and dependability and confirmability through an audit trail of coding decisions, field notes and reflexive journaling.

Data Management and Analytical Procedures

Quantitative data were analysed in SPSS using descriptive statistics and inferential tests including the chi-square test of independence; Fisher's exact test and associated effect sizes (Cramér's V, odds ratio)



were used where expected cell counts were small. Qualitative data were analysed through the six recursive phases of reflexive thematic analysis (Braun & Clarke, 2006, Braun & Clarke, 2019), with coding grounded in the three theories described above. The two strands were then integrated during interpretation to identify convergence, divergence and complementarity, generating meta-inferences neither strand could produce alone.

Results

Participant Demographics

The quantitative sample comprised 96 faculty members across the five institutions and was complemented by 37 students with disabilities, 15 administrators, and five focus groups comprising 45 student leaders (nine per group).

Institutional Policies and Practices

All five universities had adopted disability inclusion policies, accommodation procedures and non-discrimination frameworks, and administrators described inclusion as increasingly embedded in institutional thinking. One administrator noted that the institution had "policies that support students with disabilities, but implementation is still developing across departments," (University D) while another affirmed that "inclusion is part of our institutional thinking reflected in our policies." (University E), Faculty awareness of these policies was correspondingly high, at 90.6%.

Students with disabilities described a markedly different reality. Only 37.8% reported being aware of any institutional policy, procedure or service supporting them, and the same division recurred across related questions on requesting accommodation and on perceived policy effectiveness. The contrast between the two groups is the central pattern of the study, a 52.8 percentage-point gap between faculty and student awareness of the same policies (Table 2). Effectiveness ratings reinforced the picture: 66.7% of faculty rated non-discrimination provisions as effective, but only 33.3% rated faculty training and development as effective, and 27.1% rated policy monitoring and data tracking as effective.

Table 2: Awareness of disability inclusion policies among faculty and students with disabilities

Awareness of policies	Faculty (n = 96)	Students with disabilities (n = 37)
Aware	90.6%	37.8%
Not aware	9.4%	62.2%
Awareness gap	52.8 percentage points	

Source: Field data (2026).

Accessibility of Physical and Learning Infrastructure

Accessibility was consistently partial. No institutional system was rated accessible by a majority of faculty, and ratings were lowest for the systems most consequential for independent participation: classrooms and physical infrastructure were rated accessible by approximately half of faculty (50.0% and 47.9%), while communication and digital infrastructure were rated accessible by four in ten (41.7% and 39.6%), and online assessment, library e-resources and assistive technologies fell below that (37.5%, 35.4% and 27.1% respectively). Students' accounts echoed this unevenness. One student with disability reported that "materials are not in usable formats" (R22) and another noted, "I rely on others to access services; improving independent access would enhance dignity and participation." (R31). The juxtaposition of



moderate physical access with weaker digital and assistive provision suggests that access is being addressed through the built environment more readily than through the learning environment.

The independent observation checklist (scored met / partially met / not met per campus, as defined under Data Collection Instruments) quantified how sharply preparedness varied across institutions. The proportion of accessibility criteria fully met ranged from 94% at University E and 78.6% at University D to 37.0% at University B, 33.3% at University C and only 14.8% at University A, where a quarter of criteria were entirely absent (Table 3). This gradient corroborates the qualitative accounts of students and faculty above, the triangulation Research Question 2 calls for, and demonstrates that preparedness is not a property of the sector as a whole, but an achievement of particular institutions.

Table 3: Observation checklist results by institution

Institution	Met (%)	Partially met (%)	Not met (%)
University E	94.0	06.0	0.0
University D	78.6	21.4	0.0
University B	37.0	55.6	7.4
University C	33.3	59.3	7.4
University A	14.8	59.3	25.9

Source: Field data (2026).

Institutional Attitudes, Staff Preparedness and Support

Attitudes toward students with disabilities were largely positive; students frequently identified supportive lecturers, with one noting that "staff attitudes are positive, and I feel encouraged to take part in activities" (R21). Yet positive dispositions did not translate reliably into capacity: only 41.7% of faculty rated themselves prepared or fully prepared to teach students with disabilities (10.4% not prepared, 18.8% slightly prepared, 29.2% moderately prepared, 27.1% prepared, 14.6% fully prepared), and only 37.5% reported knowledge of Universal Design for Learning principles. Students corroborated this, observing that "some lecturers do not understand my needs, which limits my participation" and that "staff do not seem trained in supporting students with disabilities." (R36).

Support systems mirrored this dependence on individual goodwill rather than institutionalised capacity. Faculty reported drawing most often on assistive technology (50.0%), counselling services (41.7%) and accessibility workshops (35.4%), while only 29.2% reported a disability services office as a resource. Student leaders reported that "support depends on individual lecturers rather than institutional systems," and administrators acknowledged the gap candidly, noting that the institution responds "to student needs as they arise."

Inferential Analysis of Training as an Institutional Lever

The inferential analysis identified faculty training as a decisive institutional variable. Training was significantly associated with policy awareness: faculty who had received training were far more likely to be aware of institutional policies, with Fisher's exact test returning $p = .005$ and an odds ratio of 9.19. Training was also significantly associated with preparedness, $\chi^2(2, N = 96) = 25.40$, $p < .001$, with a



Cramér's V of .51 indicating a large effect (Table 4). When asked what would most enhance inclusion, faculty ranked training and mentorship first (58.3% among their top two priorities), ahead of physical infrastructure upgrades (56.3%) and assistive technology (27.1%), yet simultaneously rated existing training provisions among the least effective institutional practices. Because training was simultaneously the strongest predictor of preparedness, the priority most valued by faculty, and among the provisions rated least effective, it represents the clearest and most actionable point of leverage identified in the study.

Table 4: Association between Faculty Training, Policy Awareness and Preparedness

Association	Test	Statistic	Effect
Training - Policy awareness	Fisher's exact	$p = .005$	OR = 9.19
Training - Preparedness	Chi-square	$\chi^2(2) = 25.40, p < .001$	V = .51

Source: Field data (2026). N = 96 faculty members

Discussion

The findings show that institutional preparedness depends on policy enactment rather than policy existence alone. The 52.8-percentage-point gap between faculty and student awareness is the clearest evidence of decoupling: administrators and most faculty recognised the policies, but most intended beneficiaries did not. This pattern extends implementation research by locating decoupling between institutional provision and student experience, rather than only between formal documents and practice (Fernández-Batanero et al., 2022; Filippou et al., 2025). In tuition-dependent private universities, policy adoption also offers a visible and relatively low-cost signal of legitimacy, whereas enactment requires sustained expenditure on accessible infrastructure, digital systems, staffing and training. The difference between the cost of signalling commitment and the cost of implementing it helps explain why formal policy can outpace practice.

The regulatory context helps explain why this decoupling can persist. CUE's quality-assurance mandate includes standards, compliance monitoring and institutional audit, while NCPWD holds a national rights-monitoring mandate. Yet only 27.1% of faculty rated policy monitoring and data tracking as effective. This finding indicates that national oversight mandates do not automatically become routine disability inclusion monitoring within universities, consistent with Kenyan studies that identify inadequate monitoring, constrained budgets and weak accountability as implementation barriers (Maina et al., 2025; Nawire et al., 2025; Sika, 2025). Closing the regulatory-enactment shortfall therefore requires disability-specific indicators to be embedded in institutional quality-assurance, evidence reporting and follow-up.

Partial Accessibility and the Digital Dimension

Accessibility was evident but uneven. The proportion of observed criteria fully met ranged from 94.0% to 14.8%, demonstrating that preparedness was achieved by particular institutions rather than uniformly across the sector. Critical Disability Theory locates the resulting exclusion in institutional design: inaccessible routes, unusable formats, rigid schedules and digital systems that require students to rely on others (Ressa, 2023; Sika, 2025). The especially low ratings for assistive technology, online assessment and library e-resources support evidence that the boundary of exclusion now extends from the staircase to the screen (Beyene et al., 2020; Kioupi et al., 2023; Zongozzi & Ngubane, 2025).



Attitudes, Staff Preparedness and Support: From Goodwill to Capacity

Positive attitudes coexisted with limited capacity to provide accessible education, showing that goodwill alone cannot overcome gaps in disability knowledge, inclusive pedagogy and coordinated support (Moriña, 2017; Nawire et al., 2025). Training was strongly associated with policy awareness and preparedness, while students described support that depended on individual lecturers. Faculty also ranked training as their leading priority while rating existing provision among the least effective practices. Training is therefore the most immediate institutional lever, but its effect must be sustained through coordinated services, accessible systems and accountability rather than isolated workshops.

The Integrated Institutional Preparedness and Inclusion Model

Synthesising the three objectives, the study advances an Integrated Institutional Preparedness and Inclusion Model, presented in Figure 1, as its principal theoretical contribution. The model is offered explicitly as this study's own construction, developed inductively from its findings rather than adopted from prior literature. The model proposes preparedness as both structural and relational, extending beyond infrastructure to the everyday responsiveness and organisational culture through which provision is actually experienced. The model incorporates student agency and feedback; conceptualising inclusion is a two-way negotiation rather than a linear delivery. The model also foregrounds intersectional variation within the student population.

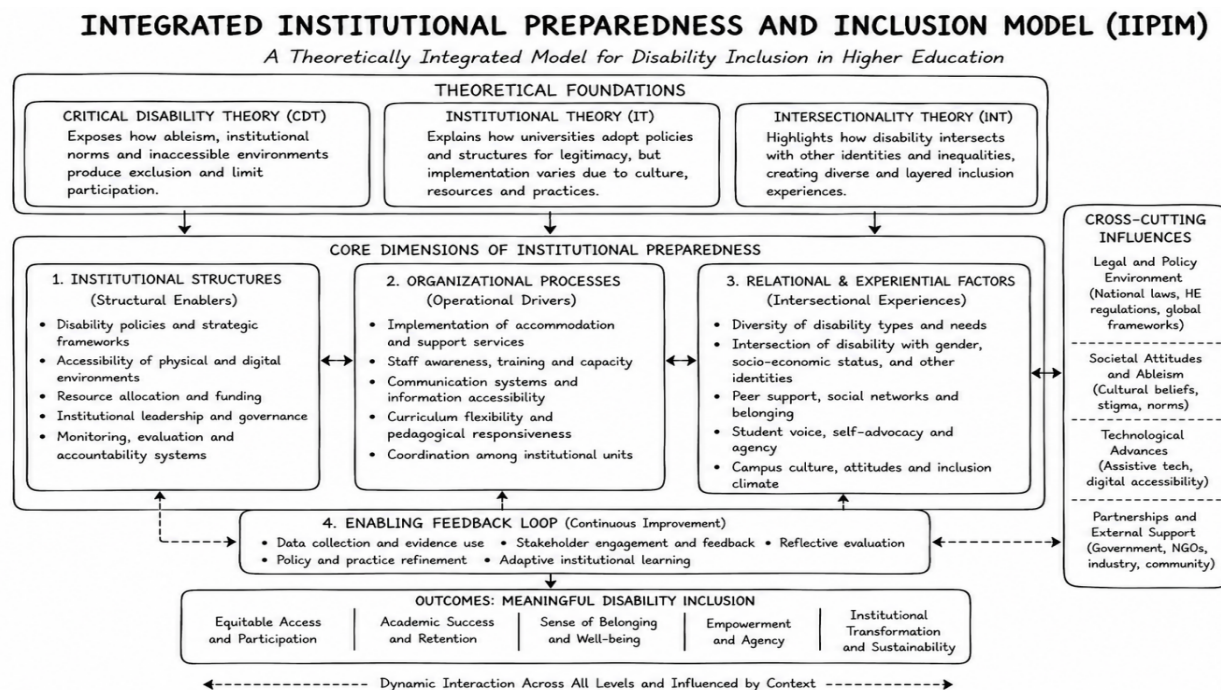


Figure 1: The Integrated Institutional Preparedness and Inclusion Model

Source: Developed by Kiema from the study findings (2026).



The model is organised in four tiers. The first tier contains the three theoretical foundations, each with a distinct explanatory purpose. Critical Disability Theory identifies how ableism and inaccessible environments produce exclusion. Institutional Theory explains why universities may adopt policies and structures for legitimacy but implement them unevenly. Intersectionality Theory explains how disability interacts with other identities to produce different experiences of inclusion and exclusion.

The second tier brings together three interacting dimensions of preparedness. Institutional structures include disability policies, accessible physical and digital environments, resource allocation, leadership and accountability systems. Organisational processes include accommodation procedures, support services, staff training, communication, curricular flexibility and coordination across university units. Relational and experiential factors describe how students actually encounter these arrangements. They include different disability-related needs, the interaction of disability with gender and socio-economic position, peer support, belonging, student voice, self-advocacy and campus attitudes.

The third tier is a feedback loop for continuous improvement. It links data collection, stakeholder engagement, reflective evaluation, policy revision and institutional learning so that gaps between policy and experience can be detected and corrected. The fourth tier identifies the intended outcomes: equitable access and participation, academic success and retention, belonging and well-being, student agency, and sustainable institutional transformation. Legal and policy requirements, social attitudes, technology and external partnerships influence all four tiers. The model is therefore dynamic: change in one dimension can strengthen or weaken the others.

The Integrated Institutional Preparedness and Inclusion Model converts the study's central empirical finding, that provision and experience diverge, into a theoretical proposition. Preparedness is a property of the relations among institutional structures, organisational processes and lived experience; and can be assessed only where those relations are examined together. No existing framework in the disability inclusion literature performs this integration, and none supplies the feedback loop through which an institution can detect and correct its own decoupling. The model is therefore offered not as a summary of the findings but as a transferable instrument, one that other researchers can operationalise and other institutions can use to audit themselves.

Governance Pathways from Symbolic Compliance to Social Transformation

The study's second contribution situates the model within a governance pathway (Figure 2), likewise the study's own construction, offered as a diagnostic instrument rather than an established typology. The study's central finding, that policies affirmed by 90.6% of faculty were invisible to 62.2% of the students with disabilities, is therefore not simply an administrative shortfall but a disconnect between espoused values and enacted governance. The governance pathways map how that disconnect is repaired, through three stages. Stage 1, symbolic compliance, policy exists, is known to staff, but remains unknown to students, and monitoring is not sufficiently implemented to detect the failure. Stage 2, operational inclusion, is reached when accommodation is delivered by institutional systems rather than individual goodwill and the accessibility gradient between institutions narrows. Stage 3, social transformation, is



reached when inclusion is institutionalised within governance systems and students with disabilities are repositioned as rights-holders rather than recipients of discretionary support.

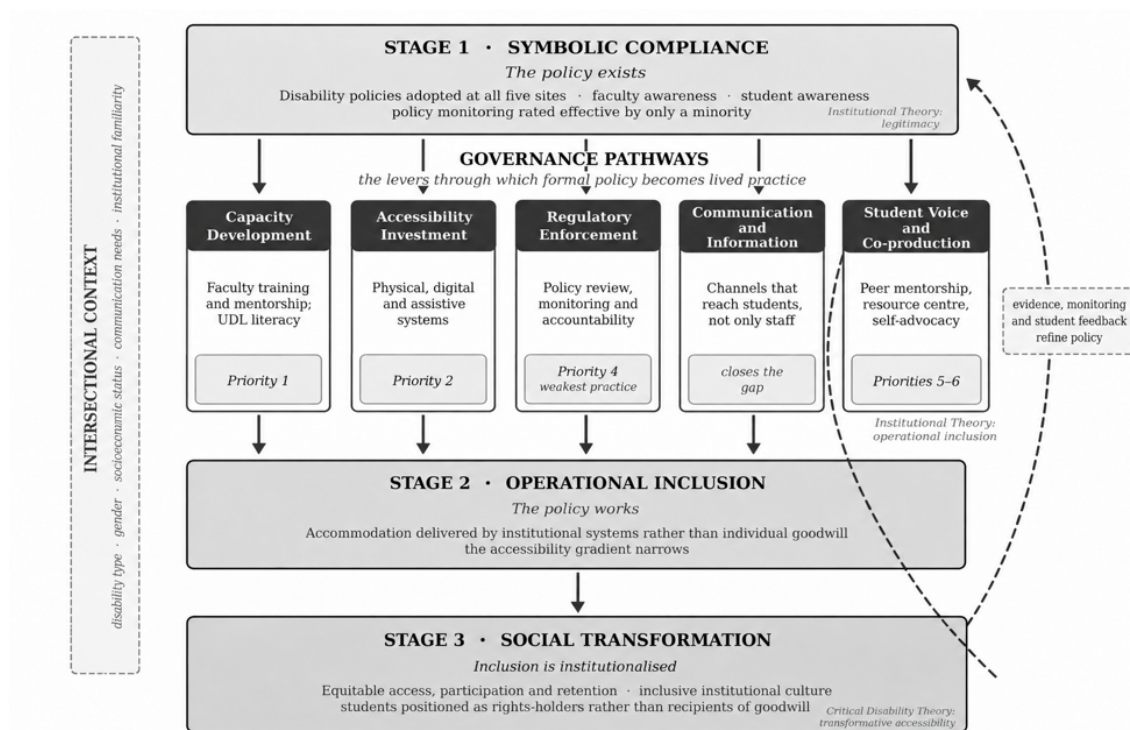


Figure 2: Governance pathways from symbolic compliance to social transformation

Note: Broken lines denote recursive and contextual relationships rather than sequential steps.

Source: Figure developed by Kiema using study data (2026).

Movement between the stages runs along five governance pathways: capacity development, accessibility investment, regulatory enforcement, communication and information, and student voice and co-production. The broken return pathway indicates that monitoring, evidence and student feedback continually refine policy, and the intersectional context band signals that movement along every pathway is experienced unevenly across disability type, gender and socio-economic position. The governance implication is that social transformation in value-driven institutions is not a declaratory achievement flowing from founding mission, but a governance achievement realised only when accountability, transparency, participation, equity and the rule of law are embedded in the systems through which institutional authority is routinely exercised. This reframing specifies inclusion as a staged, governable and empirically weighted process rather than an aspiration.



Limitations of the Study

First, the five purposively selected universities already had some disability-support infrastructure; the findings therefore transfer most directly to chartered private institutions that have begun inclusion work, while application to public universities or institutions without support structures requires further testing. Second, snowball sampling may have missed students who were disconnected from peer networks or unwilling to disclose disability, possibly under-representing more severe exclusion. Third, survey and interview evidence may be affected by recall and social-desirability bias. Independent observation, comparison across four stakeholder groups and integration of quantitative and qualitative evidence reduced, but did not eliminate, these risks.

Conclusion

Meaningful disability inclusion depends not on policy existence alone but on institutional capacity to enact, monitor and revise policy in response to student experience. This study's primary outputs are the Integrated Institutional Preparedness and Inclusion Model and the governance pathways from symbolic compliance through operational inclusion to social transformation, both developed from the study findings rather than adopted from prior literature. The evidence identifies mandatory disability inclusion training as the most immediate priority because training was strongly associated with both awareness and preparedness yet existing provision was rated weak. Sustainable change also requires CUE, NCPWD and universities to connect standards, routine monitoring and student feedback so that gaps between institutional provision and lived access are detected and corrected. Testing the model and pathways in other institutional and national settings would establish their wider transferability.

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