

Institutional Bystanding: A Theoretical Framework for Understanding Support Gaps for Deaf and Hard of Hearing Students in Ghanaian Higher Education

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ABSTRACT

Despite growing policy commitments to inclusive education, deaf and hard of hearing (DHH) students in Ghanaian higher education institutions continue to encounter significant barriers to full academic participation. National policies such as the Inclusive Education Policy (2015) and the Persons with Disability Act (2006) formally promote equitable access to education. However, empirical studies consistently show that the implementation of these policies within universities remains uneven. DHH students frequently experience shortages of sign language interpreters, inaccessible teaching materials, limited lecturer preparedness for inclusive pedagogy, and fragmented institutional support systems. Existing explanations for these barriers often emphasise resource constraints, institutional capacity limitations, or weaknesses in policy implementation. While these factors are important, they do not fully explain why accessibility gaps persist even when institutional actors recognise the needs of students with disabilities. This paper proposes a conceptual framework of Institutional Bystanding (IB) to explain patterns of organisational inaction within higher education systems. Drawing on insights from the Bystander Effect in social psychology and Critical Disability Theory, the paper argues that accessibility gaps may arise when responsibility for responding to students' needs becomes diffused across multiple institutional actors. Within such environments, lecturers, administrators, and support units may assume that other actors are responsible for providing accommodations, misinterpret collective inaction as evidence that intervention is unnecessary, or hesitate to act due to uncertainty about institutional expectations. The proposed framework identifies the interaction between structural conditions, including policy ambiguity, fragmented administrative structures, limited accessibility resources, and weak accountability systems, and psychological mechanisms such as diffusion of responsibility, pluralistic ignorance, and evaluation apprehension. Together, these factors can produce Institutional Bystanding, resulting in delayed accommodations, inconsistent accessibility practices, and increased reliance on student self-advocacy. The framework offers a theoretical lens for understanding accessibility gaps and highlights the need for structural reforms that clarify responsibility and strengthen institutional accountability for disability inclusion.

Keywords: Institutional bystanding, Higher education inclusion, Bystander effect, Critical Disability Theory, DHH, Ghana

INTRODUCTION

Ghana's commitment to inclusive education is reflected in national policy frameworks, particularly the Inclusive Education Policy (2015), which promotes equitable access and participation for learners with disabilities across all levels of education. Research on Ghanaian higher education indicates that these policy efforts have expanded opportunities for persons with disabilities and strengthened the formal basis for inclusion within universities (Akoto et al., 2022; Naami & Mort, 2023; Vanderpuye et al., 2018). Higher education is especially significant in this regard, as it provides an important pathway to professional development, social mobility, and civic participation.

Despite these policy commitments, a persistent gap remains between the ideals of inclusive education and the lived experiences of deaf and hard of hearing (DHH) students in Ghanaian higher education institutions. While legislative and institutional frameworks formally support inclusion, their implementation within universities is

often uneven and inconsistently applied (Goodall et al., 2024; Samian et al., 2025). As a result, institutional support structures do not always translate policy commitments into everyday educational practice. This body of research indicates that while Ghana has established a strong policy foundation for inclusive education, significant challenges remain in ensuring consistent and effective implementation within higher education settings. These challenges point to the need for analytical frameworks that move beyond policy intentions to examine how institutional processes and organisational dynamics shape the experiences of students with disabilities within universities.

Problem Statement

Existing studies have documented several barriers affecting DHH students in Ghanaian higher education institutions. Research consistently identifies interpreter shortages, limited lecturer preparedness, and inaccessible learning materials as key challenges (Adade et al., 2022; Agbenyega et al., 2023; Hartman et al., 2023). Within universities, support systems are often ad hoc, and responsibility for securing access frequently shifts onto students themselves. In many cases, students rely on self-advocacy and personal resilience rather than guaranteed institutional accommodations (Bartolo et al., 2023; Wertans & Burch, 2022). Studies in Ghana further report that these conditions contribute to academic stress, marginalisation, and social isolation (Akoto et al., 2022; Oppong et al., 2018). Taken together, these findings suggest that accessibility challenges are widespread and persistent across institutions.

However, while these studies identify structural barriers, they do not fully explain why institutional actors may fail to respond even when accessibility needs are recognised. This recurring pattern of inaction highlights the need for a framework that explains how responsibility becomes diffused within institutional systems.

Aim of the Paper

This paper argues that the systemic failure to adequately support DHH students in Ghanaian higher education institutions cannot be explained solely by resource constraints or administrative inefficiencies. Instead, it proposes that these persistent gaps can be better understood through the concept of institutional bystanding, a form of collective and systemic inaction within organisations. The paper therefore develops a theoretical framework of institutional bystanding to explain how responsibility for supporting DHH students becomes diffused across multiple actors within university systems in Ghana. Within such environments, lecturers, administrators, and departments may assume that other units are responsible for responding to accessibility needs, misinterpret the urgency of students' challenges, or hesitate to act in the absence of clear institutional guidance or training.

Contribution of the Paper

This paper contributes to scholarship in disability studies and higher education by integrating insights from the Bystander Effect (BE) in social psychology with the socio-political critique offered by Critical Disability Theory (CDT). While the bystander effect helps explain the psychological mechanisms that produce collective inaction, CDT provides a critical lens for understanding how institutional structures and ableist norms sustain such inaction within higher education environments. The paper offers a framework for understanding why support gaps persist despite policy commitments by synthesising existing literature on disability inclusion in Ghanaian HEIs and analysing these dynamics through an integrated theoretical lens. The concept of Institutional Bystanding (IB) provides a diagnostic tool for examining how responsibility, authority, and accountability for disability inclusion are organised within universities. In doing so, the paper seeks to shift the conversation beyond isolated institutional barriers towards a deeper analysis of how organisational structures and social dynamics collectively reproduce exclusion within higher education systems.

Policy and Institutional Context of DHH students in Ghanaian Higher Education

Inclusive Education Policy in Ghana

Ghana's discourse on inclusive education is framed by a progressive set of national policies and legislative instruments that promote equal access to education for persons with disabilities. Central among these is the

Persons with Disability Act, 2006 (Act 715), which mandates equal rights and access to education and prohibits discrimination against persons with disabilities. The Act further obligates educational institutions to provide the necessary equipment and learning materials that enable students with disabilities to participate fully in educational programmes (Mantey, 2019). This commitment is reinforced by the National Inclusive Education Policy (2015), which outlines a framework for integrating learners with special educational needs into mainstream educational systems from basic to tertiary levels. National policies emphasise inclusive education and specialist training for educators (Naami & Mort, 2023). Within higher education, national institutions such as the Ministry of Education and the Ghana Tertiary Education Commission play important roles in shaping policy direction and institutional oversight for higher education. These bodies are responsible for developing regulatory frameworks, coordinating policy implementation, and ensuring that universities align their practices with national commitments to inclusive education. This policy environment establishes a strong formal commitment to inclusion, but does not guarantee consistent implementation. On paper, these policy frameworks provide a strong rights-based foundation for the inclusion of students with disabilities, including DHH students, within Ghanaian higher education institutions.

Expansion of Higher Education Access

Over the past two decades, Ghana has experienced significant expansion in access to higher education. Government policies aimed at widening participation have increased enrolment across public universities and other tertiary institutions. This expansion has created new opportunities for groups that historically faced barriers to higher education, including persons with disabilities. As access to tertiary education broadens, an increasing number of students with disabilities are entering universities, including students who are DHH. This trend reflects broader national and global commitments to educational equity and participation. Higher education therefore represents an important avenue for professional development, social mobility, and civic participation for persons with disabilities.

However, the expansion of access has not always been matched by proportional development of institutional support systems within universities. As a result, the presence of students with disabilities in higher education settings increasingly exposes the gaps between policy commitments and institutional readiness to provide appropriate support services.

Persistent Support Gaps

Despite the progressive policy environment, empirical research consistently documents significant barriers faced by DHH students in Ghanaian HEIs. Empirical research highlights persistent barriers, including interpreter shortages, limited pedagogical preparedness, and inaccessible instructional design (Adade et al., 2022; Hartman et al., 2023). Consequently, lecturers may rely on ineffective approaches such as speaking louder or providing minimal written notes rather than adopting pedagogical practices that facilitate accessible learning. Learning materials and instructional delivery methods are often not designed with DHH learners in mind. In addition, assessment systems frequently fail to accommodate different modes of communication used by DHH students (Hartman et al., 2023; Kim et al., 2024; Levesque & Duncan, 2024).

Research within Ghanaian Higher Education Institutions also highlights broader institutional challenges. Studies report that support systems for students with disabilities are often fragmented and under-resourced. Access to accommodations frequently depends on students' own advocacy efforts or the limited capacity of small disability support units within universities (Nakua et al., 2017). The consequences of these barriers are significant. DHH students in Ghanaian higher education institutions frequently experience social isolation, academic stress, and marginalisation within university environments (Fobi, 2021; Oppong et al., 2018). Across institutions such as the University of Education, Winneba, the University of Ghana, the Kwame Nkrumah University of Science and Technology, and the University of Cape Coast, support systems remain uneven in their development and implementation.

These findings reveal a clear paradox. Ghana has developed progressive policy frameworks that promote inclusive education, yet higher education institutions often lack the operational coordination, resources, and accountability mechanisms necessary to translate these commitments into everyday institutional practice

(Abugre, 2018; Atuahene & Owusu-Ansah, 2013). The body of evidence indicates that accessibility challenges are systemic rather than isolated occurrences. These findings highlight systemic limitations in translating policy into consistent institutional practice.

Existing Explanations for Accessibility Gaps in Higher Education

Research on disability inclusion in higher education has proposed several explanations for these persistent accessibility challenges, particularly focusing on resource constraints, institutional capacity, and policy implementation. One of the most widely cited explanations for accessibility gaps in higher education relates to limitations in material and human resources. Universities often face shortages of qualified interpreters, assistive technologies, and specialised personnel needed to support students with disabilities (Adade et al., 2022; Kim et al., 2024). These constraints are particularly evident in low- and middle-income contexts, where limited funding restricts investment in accessibility infrastructure. While resource limitations provide an important explanation for accessibility gaps, they do not fully account for why institutional actors may fail to respond even when needs are recognised. Taken together, these studies suggest that resource constraints are significant but insufficient as a standalone explanation.

A second explanation focuses on institutional capacity within universities. Many institutions lack the organisational structures and trained personnel required to implement accessibility measures effectively. Disability support units are often under-resourced and operate with limited authority, while academic staff frequently report limited preparation for inclusive teaching practices (Wray & Houghton, 2018; Nel et al., 2023). These limitations contribute to inconsistent implementation of accessibility practices across departments, resulting in uneven support for students with disabilities. This suggests that organisational limitations contribute to uneven implementation rather than fully explaining persistent inaction.

A third explanation emphasises weaknesses in policy implementation within higher education institutions. While national policies and institutional disability policies often affirm commitments to inclusive education, the translation of these policies into practical action is frequently inconsistent. Studies suggest that many institutional policies do not clearly define operational responsibilities for supporting students with disabilities. In such contexts, mandates for accessibility may remain broad and aspirational rather than specifying concrete procedures or lines of accountability (Schillemans et al., 2020). As a result, responsibility for implementing accessibility measures can become dispersed across multiple administrative levels, including faculties, departments, and support units. Weak monitoring and enforcement mechanisms further complicate policy implementation. Without clear accountability systems, universities may adopt inclusive education policies symbolically while practical implementation remains limited (Kioupi et al., 2023). This creates situations in which policies exist formally but do not consistently translate into everyday institutional practices that support students with disabilities. These patterns indicate that policy ambiguity may enable, rather than resolve, institutional inaction.

Limitation of Existing Explanations

While resource constraints, institutional capacity limitations, and policy implementation gaps provide important insights into accessibility challenges within higher education, these explanations often frame the problem primarily as a technical or logistical issue. They emphasise shortages of funding, personnel, or institutional infrastructure but offer limited explanation for why institutional actors frequently fail to respond to accessibility needs even when these needs are clearly recognised. In many university settings, lecturers, administrators, and support staff may be aware that DHH students require specific accommodations yet still hesitate to initiate action or assume that responsibility lies elsewhere within the institution. These patterns suggest that accessibility gaps cannot be understood solely as problems of resources or policy design.

Rather, there is a need for a conceptual framework that explains how responsibility for accessibility becomes diffused within organisational systems and how institutional actors may collectively fail to respond despite awareness of students' needs. For instance, in a typical lecture in a Ghanaian university, a deaf student may attend lecture without a sign language interpreter. The lecturer may assume the disability support unit is responsible for assigning an interpreter, while the unit may expect a formal request from the student. As

responsibility remains unclear, no action is taken, and the student relies on peers' notes or lip-reading. Such situations illustrate how accessibility gaps persist despite recognised needs. Addressing this gap requires analytical perspectives that examine the social and organisational dynamics shaping institutional responses to disability within higher education.

This paper therefore introduces a theoretical framework that integrates insights from the Bystander Effect in social psychology and Critical Disability Theory to explain how patterns of Institutional Bystanding emerge within higher education systems.

Theoretical Foundations

This section outlines the theoretical perspectives that inform the conceptual framework proposed in this paper. The analysis integrates insights from Critical Disability Theory (CDT) and the Bystander Effect in social psychology. Together, these perspectives provide a multi-level explanation of institutional inaction. Critical Disability Theory offers a socio-political critique of institutional structures that reproduce inequality, while the bystander effect explains the social psychological mechanisms through which individuals fail to intervene in situations requiring assistance. Combining these perspectives allows the paper to examine both the structural conditions and behavioural dynamics that contribute to accessibility gaps within higher education institutions.

Critical Disability Theory

Critical Disability Theory interrogates the political and ideological foundations of institutions that produce and maintain disability-related exclusion. Rather than framing disability as an individual deficit that requires accommodation, CDT conceptualises disability as a social and institutional construct shaped by policies, norms, and power relations within society (Goodley, 2013). From this perspective, barriers experienced by persons with disabilities do not arise solely from physical impairments but from environments that are designed around assumptions about “normal” bodies and communication practices. Higher education institutions frequently organise teaching, communication, and participation around expectations of speaking, listening, rapid information processing, and uninterrupted attendance. These expectations can create a structural misfit between institutional environments and the needs of DHH students (Goodall et al., 2024). CDT therefore redirects attention from the “impaired” individual to the institutional structures that produce disabling conditions. In higher education contexts, this perspective highlights how organisational norms, policies, and pedagogical practices may reproduce structural barriers for students with disabilities even when institutions formally endorse inclusive education (Fadlallah et al., 2025; Oswal et al., 2025).

Research within higher education has shown that reliance on discretionary accommodations often produces inconsistent access to learning opportunities. When accessibility measures depend on individual requests and staff awareness rather than systemic design, students with disabilities may encounter uneven support across courses and departments (Nel et al., 2023; Tannenbaum-Baruchi et al., 2025). In contrast, approaches such as universal design for learning, accessible instructional materials, and inclusive assessment practices aim to embed accessibility within the core structure of teaching and learning (Guo & Wang, 2025). Within African higher education contexts, structural barriers are further shaped by resource limitations, policy-practice gaps, and institutional governance challenges. These conditions reinforce the importance of analysing how institutional practices and organisational structures shape accessibility for DHH students rather than focusing solely on individual accommodation needs (Abugre, 2017; Amponsah et al., 2024).

The Bystander Effect

The Bystander Effect is a well-established concept in social psychology that explains why individuals sometimes fail to intervene in situations where assistance is required. The theory was developed through classic experimental studies by John M. Darley and Bibb Latané, which demonstrated that the presence of other observers can reduce the likelihood that any individual will take action to help (Darley & Latané, 1968; Latané & Nida, 1981). Research on the bystander effect has identified several psychological mechanisms that influence helping behaviour in group settings. One of the most prominent mechanisms is diffusion of responsibility, which occurs when individuals assume that others present in a situation will take responsibility

for responding. As the number of potential helpers increases, each person may feel less personal obligation to act (Fischer et al., 2011).

Another mechanism is pluralistic ignorance, facilitated by ambiguity of need. Ambiguity of need arises when situational cues do not clearly indicate whether assistance is required or what form it should take, prompting individuals to rely on the behaviour of others as a guide for appropriate action (Fischer et al., 2011; Hudson & Bruckman, 2004). In university contexts, many staff members remain uncertain about the specific needs of students with special needs and the appropriate procedures for providing support, often due to limited training and weak awareness of disability policies in Ghanaian higher education institutions (Amponsah et al., 2024; Swanwick et al., 2020). As a result, lecturers and administrators may interpret the visible practices of colleagues, such as teaching without interpreters or accessible materials, as signals that such accommodations are unnecessary or of low priority. This fosters pluralistic ignorance, where individuals may privately recognise accessibility needs but misinterpret collective inaction as a shared consensus that intervention is unnecessary (Borthakur et al., 2026). Organisational features common in universities, including role ambiguity and loosely coupled administrative structures, further reinforce these misperceptions by obscuring responsibility for accommodation provision (Weick, 1976; Nketekete & Mojalefa, 2021; Opoku et al., 2022). Empirical studies show that many faculty members lack knowledge of disability policies and remain uncertain about implementing accommodations for DHH students (Nel et al., 2023; Ristad et al., 2023). Conversely, research indicates that clear procedures and visible accessibility practices can reduce ambiguity and encourage proactive support (Swanwick et al., 2020; Guo & Wang, 2025).

A third mechanism is evaluation apprehension, which refers to the fear of negative judgment from others when attempting to intervene. Individuals may hesitate to act because they worry about making mistakes, appearing incompetent, or violating social expectations. This concern about social evaluation can suppress helping behaviour even when individuals recognise that assistance may be needed. Altogether, these mechanisms demonstrate how social context influences decision-making about helping behaviour. In group environments, responsibility becomes psychologically distributed across individuals, which can lead to collective inaction despite the presence of multiple potential helpers.

Extending the Bystander Effect to Institutional Contexts

The bystander effect was originally studied in interpersonal emergency situations; however, scholars have applied the concept to organisational and institutional environments. In such settings, responsibility for responding to problems is often distributed across multiple actors, including individuals, departments, and administrative units. Higher education institutions are complex organisational systems characterised by hierarchical structures, specialised roles, and loosely coupled units (Weick, 1976). In these environments, responsibilities for addressing accessibility needs may be dispersed across lecturers, department heads, disability support offices, examination officers, and senior administrators. When institutions distribute responsibility across multiple actors, individuals may assume that others within the organisation are better positioned or more formally responsible for addressing the issue.

Organisational research suggests that such distributed responsibility can reproduce dynamics similar to the bystander effect. Role ambiguity, fragmented communication structures, and unclear institutional mandates may create conditions in which institutional actors hesitate to take initiative or assume that another office or authority will respond (Schillemans et al., 2020; Ristad et al., 2023). These dynamics are particularly relevant in the context of disability inclusion in higher education. Accessibility measures often require coordination across multiple institutional units, including academic departments, disability support services, and administrative offices. When lines of responsibility are unclear, accessibility needs may remain unaddressed even when individuals recognise that support is required. Extending the bystander effect to institutional contexts therefore provides a useful lens for examining how organisational structures and social dynamics influence responses to accessibility needs within universities. When combined with the structural critique offered by Critical Disability Theory, this perspective enables a more comprehensive understanding of how institutional environments may unintentionally reproduce patterns of exclusion for DHH students in higher education.

Integrating Critical Disability Theory and the Bystander Effect

The extension of the bystander effect explains how inaction occurs within organisational systems; however, it does not account for the structural conditions that sustain these patterns over time. While the Bystander Effect and Critical Disability Theory (CDT) offer valuable insights independently, their integration provides a more comprehensive explanation of accessibility gaps in higher education. The two perspectives operate at different but interconnected levels of analysis. The Bystander Effect explains how inaction occurs at the level of individual and group behaviour, while CDT explains why such inaction is structurally sustained within institutional environments. From a social psychological perspective, the Bystander Effect demonstrates how responsibility becomes diffused in group settings, reducing the likelihood that any individual will intervene (Darley & Latané, 1968). In higher education contexts, where responsibility for supporting students is distributed across lecturers, departments, and administrative units, these dynamics can lead to collective inaction. Staff may assume that others are responsible, interpret inaction as a signal that intervention is unnecessary, or hesitate due to uncertainty about appropriate responses.

However, the Bystander Effect alone does not explain why these patterns of inaction persist over time or why they are particularly pronounced in disability-related contexts. This is where Critical Disability Theory provides an essential extension. CDT shifts attention from individual behaviour to the structural and ideological conditions that shape institutional responses to disability. It highlights how higher education systems are often organised around normative assumptions about communication, participation, and ability, which can marginalise students who do not conform to these expectations (Goodley, 2013).

When these two perspectives are combined, Institutional Bystanding (IB) can be understood as the outcome of an interaction between psychological processes and structural conditions. Organisational environments characterised by policy ambiguity, fragmented responsibility, and limited training create conditions in which bystander mechanisms are more likely to emerge. At the same time, ableist norms embedded within institutional structures normalise inaction by framing accessibility as an individual accommodation issue rather than a collective institutional responsibility. In this integrated framework, psychological mechanisms do not operate in isolation. Diffusion of responsibility is reinforced by unclear institutional roles, pluralistic ignorance is sustained by the absence of visible accessibility practices, and evaluation apprehension is heightened in environments where staff lack training or clear guidance. These mechanisms, in turn, reproduce structural inequalities by allowing inaccessible practices to persist without challenge. This interaction suggests that IB is neither purely a behavioural issue nor solely a structural problem. Rather, it is a relational phenomenon in which institutional conditions shape individual responses, and individual inaction reinforces those conditions. Accessibility gaps therefore emerge not only from resource limitations or policy failures but from the alignment of organisational structures and social psychological processes.

Integrating the Bystander Effect with Critical Disability Theory provides a cohesive analytical lens for understanding why accessibility gaps persist in higher education. It explains both the immediate dynamics of inaction and the broader institutional context that sustains it, thereby offering a more comprehensive framework for analysing disability inclusion within Ghanaian universities.

Conceptualising Institutional Bystanding in Higher Education

The preceding discussion has shown that existing explanations for accessibility gaps in higher education often emphasise shortages of resources, institutional capacity limitations, or weaknesses in policy implementation. While these explanations illuminate important structural constraints, they do not fully account for the recurring patterns of institutional inaction observed even when accessibility needs are recognised. This paper therefore introduces the concept of institutional bystanding to explain how accessibility needs may remain unaddressed within organisational systems.

Institutional bystanding refers to a pattern of organisational inaction in which institutional actors recognise accessibility needs but fail to respond due to diffused responsibility, unclear roles, and uncertainty about appropriate action. It can be observed through delayed accommodations, inconsistent support across contexts, and increased reliance on student self-advocacy. In such environments, responsibility is dispersed across

multiple institutional actors, resulting in limited ownership of accessibility issues. This phenomenon reflects organisational dynamics similar to those described in research on the bystander effect, where the presence of multiple potential helpers reduces the likelihood that any individual will intervene (Darley & Latané, 1968; Fischer et al., 2011). Within universities, however, the dynamics extend beyond interpersonal situations and become embedded in institutional structures and administrative processes.

Several characteristics distinguish institutional bystanding within higher education systems.

First, responsibility for accessibility is often distributed across institutional units, including academic departments, disability support offices, administrative units, and senior leadership structures. Each actor may assume that another unit is responsible for providing the necessary support. Also, uncertainty regarding roles and obligations frequently emerges when institutional policies do not clearly specify operational responsibilities. Lecturers may assume that disability support offices will coordinate accommodations, while support staff may expect academic departments to adapt teaching practices. Furthermore, the absence of clear accountability structures can allow accessibility issues to remain unresolved over extended periods. When monitoring and enforcement mechanisms are weak, institutional actors may have limited incentives or guidance to initiate accessibility measures. These conditions create an organisational environment in which inaction can persist despite the presence of institutional policies that formally support disability inclusion. Institutional bystanding therefore provides a conceptual lens for understanding how everyday organisational practices within universities reproduce accessibility gaps.

Developing Institutional Bystanding (IB) Framework

Building on the theoretical foundations outlined earlier, this paper proposes a conceptual framework for understanding Institutional Bystanding (IB) in higher education. The framework integrates structural and psychological perspectives to explain how organisational conditions and individual decision-making processes interact to produce persistent accessibility gaps. The framework identifies three interrelated dimensions of IB.

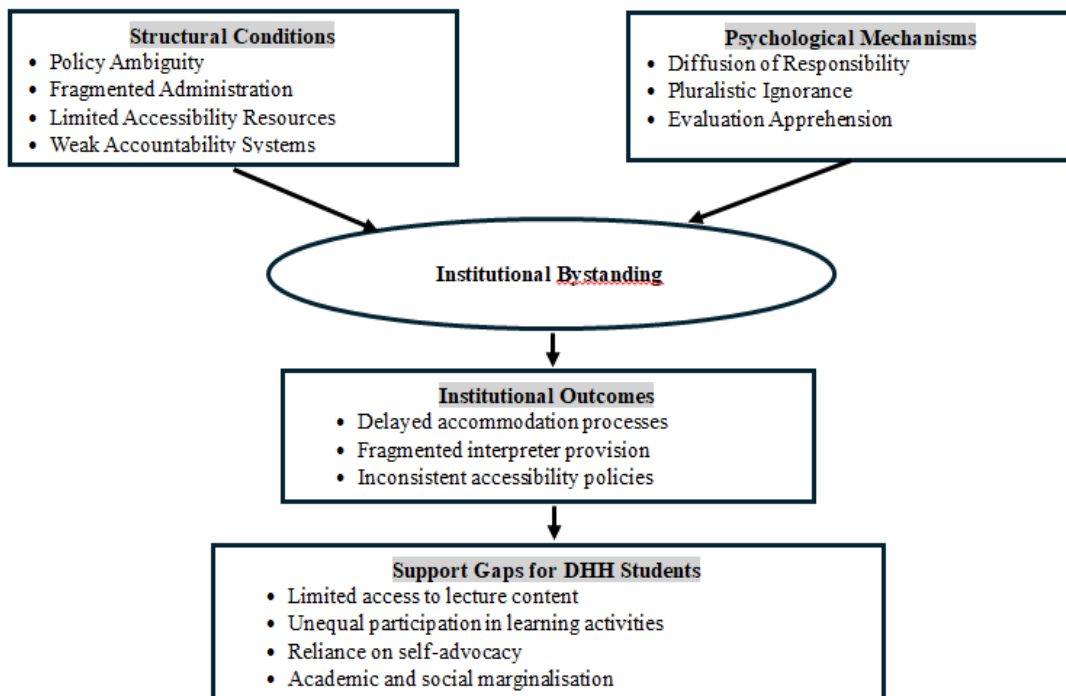


Figure 1: Conceptual Framework
 Source: Honu-Mensah (2026)

Structural Conditions

Structural conditions refer to the institutional environments that enable or reinforce bystanding behaviour within universities. These conditions shape how responsibility for accessibility is organised and influence the

capacity of institutional actors to respond effectively to students' needs. One important structural condition is policy ambiguity. When institutional policies affirm commitments to inclusive education but fail to specify operational responsibilities, accessibility measures may remain aspirational rather than actionable. In such situations, policies may state that universities should provide reasonable accommodations without clearly identifying who is responsible for initiating, approving, or implementing those accommodations (Abugre, 2017; Schillemans et al., 2020).

A second structural condition is the presence of fragmented administrative structures. Higher education institutions are typically composed of specialised units with distinct responsibilities, including faculties, departments, disability support offices, and administrative divisions. These organisational arrangements can produce coordination challenges when accessibility support requires collaboration across multiple units (Weick, 1976).

A third factor concerns limited accessibility resources, including shortages of trained sign language interpreters, assistive technologies, and specialised personnel who support students with disabilities (Adade et al., 2022; Murtadlo et al., 2025). Resource constraints may reinforce patterns of inaction by making accessibility measures appear difficult or costly to implement.

Finally, weak monitoring and accountability systems can allow accessibility issues to remain unresolved. Without mechanisms that track institutional compliance with accessibility commitments, universities may adopt inclusive policies without ensuring their consistent implementation (Kioupi et al., 2023). Together, these structural conditions create organisational environments in which responsibility for accessibility becomes diffuse and institutional responses remain inconsistent.

Psychological Mechanisms

Within these structural environments, individual-level psychological processes among university staff can further reinforce institutional inaction. One key mechanism is diffusion of responsibility, a central concept in research on the bystander effect. Diffusion of responsibility occurs when individuals perceive that responsibility for responding to a situation is shared among multiple actors, thereby reducing the sense of personal obligation to act (Darley & Latané, 1968; Fischer et al., 2011). In higher education institutions, this dynamic is reinforced by decentralised governance structures in which responsibility for disability inclusion is distributed across lecturers, departments, disability support units, and administrative leadership (Weick, 1976; Schillemans et al., 2020). Within such systems, each actor may assume that another unit is better positioned or formally mandated to provide the required support. As a result, responsibility becomes organisationally dispersed and psychologically diluted, reducing the likelihood that any individual will initiate action (Hudson & Bruckman, 2004). Research on disability inclusion in higher education suggests that when institutional roles and procedures are unclear, this diffusion of responsibility can weaken proactive responses to accessibility needs (Nel et al., 2023; Ristad et al., 2023). Taken together, these dynamics show how distributed organisational structures can contribute to inaction even when accessibility needs are recognised.

Another mechanism that reinforces institutional inaction is pluralistic ignorance, a situation in which individuals privately recognise that a problem requires attention but interpret the apparent inaction of others as evidence that intervention is unnecessary (Fischer et al., 2011; Borthakur et al., 2026). In university settings, this dynamic often emerges when accessibility needs are not clearly visible or when institutional guidance is limited. Staff may rely on the behaviour of colleagues to determine appropriate responses, particularly in environments where training and awareness of disability policies are uneven (Amponsah et al., 2024; Swanwick et al., 2020). When others do not adapt teaching practices or provide accessibility support, this absence of action may be interpreted as an indication that such measures are unnecessary or already addressed elsewhere. Over time, this process produces a false consensus that existing practices are adequate, even when individuals recognise underlying accessibility barriers (Ristad et al., 2023). In contexts characterised by limited communication and weak institutional coordination, these misinterpretations can become entrenched. Taken together, this dynamic helps explain how collective inaction is sustained within institutional environments despite awareness of students' needs.

A third mechanism is evaluation apprehension, which refers to the concern individuals experience about being judged negatively by others when attempting to act, which can inhibit intervention even when a need is recognised (Fischer et al., 2011; Ristad et al., 2023). In higher education contexts, this apprehension often arises when staff lack confidence or training in supporting students with disabilities. Lecturers and administrators may be uncertain about how to communicate effectively with DHH students, how to adapt teaching practices, or how to implement appropriate accommodations. This uncertainty can lead to hesitation, particularly in professional environments where errors may be perceived as undermining competence or authority (Hassard et al., 2024; Levitt et al., 2023).

In contexts such as Ghanaian higher education, where formal training in deaf education and inclusive pedagogy is limited, these concerns may be further intensified (Amponsah et al., 2024; Swanwick et al., 2020). Staff may avoid engaging directly with DHH students or delay taking action due to fear of making mistakes or causing unintended offence. Institutional conditions can reinforce this hesitation when clear guidance, training, and support systems are absent (Wray & Houghton, 2018; Kendall, 2017). Taken together, these dynamics show how evaluation apprehension can suppress proactive responses and contribute to sustained patterns of institutional inaction.

Institutional Outcomes

The interaction between structural conditions and psychological mechanisms produces a range of institutional outcomes that directly affect the experiences of DHH students within universities. One common outcome is delayed or incomplete accommodations. When responsibility for accessibility is unclear, requests for interpreting services, accessible materials, or assessment adjustments may move slowly through administrative processes or remain unresolved. Another outcome is inconsistent accessibility across departments and courses. Because accessibility measures may depend on the initiative of individual lecturers or administrators, students may encounter varying levels of support across different academic contexts. A further consequence is an increased reliance on student self-advocacy. In environments characterised by Institutional Bystanding (IB), DHH students often become responsible for identifying accessibility barriers, negotiating accommodations, and explaining their needs repeatedly to different staff members (Wertans & Burch, 2022). These outcomes illustrate how IB can reproduce accessibility gaps within higher education systems, even in contexts where formal policies endorse inclusive education.

Implications of the Framework for Ghanaian Higher Education

The institutional bystanding framework provides a lens for understanding how accessibility gaps persist within Ghanaian HEIs despite the presence of inclusive education policies. Rather than interpreting these gaps solely as consequences of limited resources or weak policy implementation, the framework highlights how organisational structures and social dynamics may produce collective inaction even when the needs of DHH students are recognised. Within Ghanaian higher education institutions such as the University of Education, Winneba, the University of Ghana, the Kwame Nkrumah University of Science and Technology, and the University of Cape Coast, disability inclusion typically involves multiple actors across different levels of the university system. These include lecturers, department heads, disability support units, administrative offices, and senior institutional leadership. When responsibility for accessibility is distributed across these actors without clearly defined roles or accountability mechanisms, IB may emerge.

One context in which Institutional Bystanding becomes visible is lecture delivery. Lecturers may recognise that DHH students require accessible communication during lectures but assume that the responsibility for arranging sign language interpreters lies with the disability support unit or administrative offices. At the same time, disability support staff may expect academic departments to adapt their teaching methods or provide accessible instructional materials. When these expectations remain uncoordinated, accessibility adjustments may not occur consistently within the classroom. IB may also arise in assessment arrangements. Universities often maintain standardised assessment procedures that prioritise uniformity across students. In the absence of clear institutional protocols for inclusive assessment, lecturers may hesitate to adapt examination formats or provide additional communication support for DHH students. This hesitation may reflect uncertainty about institutional policies or concern about maintaining academic standards (Nieminen, 2022). In some cases,

lecturers may recognise that adjustments are needed but hesitate to act due to uncertainty about appropriate practices. For instance, a lecturer who has not received training in deaf education may avoid modifying lecture delivery or engaging directly with a DHH student for fear of making errors or causing unintended offence. At the same time, observing that colleagues do not routinely implement accessibility measures may reinforce the perception that such adjustments are unnecessary or outside their role. This combination of uncertainty and perceived social norms illustrates how evaluation apprehension and pluralistic ignorance can inhibit proactive support within institutional settings.

Another area where Institutional Bystanding may occur is interpreter provision. The shortage of qualified sign language interpreters in Ghana has been widely documented (Adade et al., 2022). However, even where interpreting services are available, delays in arranging interpreters may occur when responsibility for scheduling, funding, or approving these services is unclear within institutional structures. IB can also affect academic advising and student support services. Academic advisors and administrative staff may recognise that DHH students require specialised guidance regarding course requirements, academic planning, and institutional procedures. Yet in the absence of clear guidance or training, these staff members may assume that disability support offices are responsible for providing such assistance.

Across these contexts, the framework demonstrates how accessibility gaps may arise not only from resource limitations but also from organisational dynamics that distribute responsibility across multiple actors. As a result, the needs of DHH students may remain insufficiently addressed even when individuals within the institution recognise that support is required.

Policy and Institutional Implications

The Institutional Bystanding (IB) Framework highlights the importance of structural reforms that clarify responsibility for accessibility within higher education systems. Addressing accessibility gaps for DHH students therefore requires coordinated action at both national and institutional levels. One important policy direction concerns the development of national minimum accessibility standards for higher education institutions. National regulatory bodies such as the Ghana Tertiary Education Commission, working in collaboration with the Ministry of Education, could establish clear standards that define institutional responsibilities for supporting students with disabilities. These standards may include guidelines on interpreter provision, accessible instructional materials, inclusive assessment practices, and the operation of disability support services. Establishing national accessibility standards would reduce ambiguity and strengthen institutional accountability (Nieminen, 2022). Such measures would shift accessibility from discretionary practice to institutional obligation. These measures directly address the mechanisms underlying IB by clarifying responsibility, reducing ambiguity, and strengthening institutional confidence in responding to accessibility needs.

A second priority involves workforce development for accessibility professionals. The shortage of trained sign language interpreters, captionists, and other accessibility specialists remains a significant barrier within Ghanaian higher education institutions. Expanding professional training programmes for accessibility services, particularly within universities that specialise in teacher education and special education such as the University of Education, Winneba, would help address this gap. Developing a trained workforce would strengthen institutional capacity to provide consistent accessibility support across universities.

A third policy implication concerns the development of stronger institutional accountability systems. Universities may formally adopt disability policies but lack mechanisms for monitoring and evaluating their implementation. Establishing institutional reporting systems, accessibility audits, and compliance monitoring procedures would help ensure that accessibility commitments translate into practical institutional action.

Finally, universities should prioritise strengthening disability support units as central institutional structures rather than peripheral service offices. Disability support units require adequate staffing, resources, and institutional authority to coordinate accessibility services across faculties and administrative units. When these units function as strategic centres for accessibility planning and institutional coordination, responsibility for inclusion becomes integrated across the university rather than concentrated within a single office (Goodwin et al., 2024; Wray & Houghton, 2018). Taken together, these policy directions demonstrate that reducing IB

requires more than individual awareness or goodwill. It requires structural reforms that clarify responsibilities, strengthen institutional capacity, and embed accessibility within the operational systems of higher education institutions.

Directions for Future Research

The Institutional Bystanding Framework proposed in this paper offers a conceptual model for understanding accessibility gaps affecting DHH students in higher education. However, further empirical research is required to examine the explanatory value of this framework within specific institutional contexts. One promising direction involves mixed methods research examining staff perceptions of responsibility for accessibility support. Quantitative surveys could assess levels of awareness of disability policies, perceptions of responsibility for providing accommodations, and levels of evaluation apprehension among academic and administrative staff. These surveys could be complemented by qualitative interviews that explore how university personnel interpret their roles in supporting DHH students. Combining quantitative and qualitative approaches would allow researchers to examine how structural conditions and psychological mechanisms interact within institutional environments.

Also, institutional ethnography examining how accommodation requests are handled within universities could involve detailed observation of administrative processes related to interpreter provision, accessible instructional materials, and assessment adjustments. Researchers could identify points where responsibility becomes diffused or delayed within organisational systems by tracing how accommodation requests move through institutional structures.

Another research direction could be comparative studies across Ghanaian Higher Education Institutions. Applying the Institutional Bystanding Framework across multiple institutions would allow researchers to examine how differences in institutional governance structures, organisational culture, and accessibility resources influence support systems for DHH students. For example, comparative analysis between institutions with strong traditions in special education and those with more conventional academic structures may reveal how institutional context shapes patterns of responsibility and accessibility provision.

Finally, intervention-oriented research could explore strategies for reducing Institutional Bystanding within higher education systems. Future studies may design and evaluate professional development programmes that aim to increase staff confidence in supporting DHH students, clarify institutional responsibilities, and reduce evaluation apprehension among academic personnel. Experimental or quasi-experimental designs could then assess whether such interventions improve institutional responsiveness and accessibility outcomes for DHH students (Cambon et al., 2019). Researchers may further refine and test the Institutional Bystanding Framework, contributing to a deeper understanding of how organisational systems influence disability inclusion within higher education.

While this framework is developed within the context of Ghanaian higher education, the concept of IB has broader relevance for understanding accessibility gaps in other higher education systems. Many universities globally operate through complex organisational structures in which responsibility for disability inclusion is distributed across multiple actors, including academic staff, administrative units, and support services. In such environments, similar patterns of diffused responsibility, role ambiguity, and institutional hesitation may emerge, particularly in contexts where accessibility depends on coordination across units rather than clearly defined responsibilities. The framework may also be applicable to other disability groups whose participation relies on institutional accommodations, including students with visual impairments, mobility challenges, and learning disabilities. This suggests that Institutional Bystanding provides a useful analytical lens for examining how organisational dynamics shape disability inclusion beyond the Ghanaian context.

CONCLUSION

This paper has argued that persistent accessibility gaps affecting DHH students in Ghanaian higher education cannot be fully explained by resource and policy-based accounts alone. Although national policies and institutional commitments support inclusive education, these measures have not consistently translated into

effective support systems within universities. Therefore, this paper has proposed the concept of IB as a framework for understanding how higher education systems reproduce accessibility gaps by integrating insights from Critical Disability Theory and the Bystander Effect. The framework highlights how structural conditions such as policy ambiguity, fragmented institutional structures, and weak accountability mechanisms interact with psychological processes including diffusion of responsibility, role uncertainty, and evaluation apprehension. Together, these factors can produce organisational environments in which actors within Higher Education Institution recognise the needs of DHH students yet hesitate to act because responsibility is perceived to lie elsewhere within the institutional system. As a result, accessibility support may remain inconsistent, delayed, or dependent on student self-advocacy.

Understanding accessibility gaps through the lens of Institutional Bystanding therefore shifts attention from isolated institutional barriers to the broader organisational dynamics that shape responses to disability within universities. Addressing these dynamics requires structural reforms that clarify institutional responsibilities, strengthen accessibility support systems, and embed inclusive practices within the everyday operations of higher education institutions.

Such changes are essential for ensuring that national commitments to inclusive education translate into meaningful educational participation and equitable learning opportunities for DHH students within Ghanaian higher education.

Declarations

Ethical approval: Not applicable. This study is based on a conceptual and theoretical literature review and did not involve human participants or animals.

Consent to Participate: Not applicable.

Data Availability: Not applicable. This article is based solely on published literature and no new data were generated.

Conflict of interests: The author declare no competing interest

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