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VOLUME 4
2021



THEORY & PRACTICE

*A Publication from the
National Emerging Museum
Professionals Network and
The Museum Scholar*

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Theory and Practice: The Emerging Museum Professionals Journal

www.TheMuseumScholar.org

Rogers Publishing Corporation NFP
4131 S. State St, Suite C, Chicago, IL 60609 www.rogerspublishing.org

Cover photo: Clay Leconey

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Reframing Attitudes and Habits: Strategies for Facilitating Learning in Museums Among Students with Disabilities

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Keywords students with disabilities, museum education, physical barrier, cognitive barrier, intellectual barrier

Abstract The majority of students with disabilities are often placed in special classes at formal schools where it is anticipated that they will get additional attention. When field excursions to heritage institutions are organized, students with disabilities are usually left behind, or those who manage to be part of school field trips fail to effectively learn due to various barriers. This study examines the effectiveness of national museums in Zimbabwe in facilitating learning of curriculum content among primary school students with disabilities. This study employed qualitative and phenomenology research approaches. Data was solicited from 320 primary school students with disabilities, eighteen schoolteachers, five museum directors, five museum curators, two display designers, and eight museum tour guides. The study revealed that students with disabilities face attitudinal, physical, and intellectual barriers in accessing national museums for educational purposes. It is concluded that they are few opportunities for students with disabilities to learn curriculum content. Therefore, there is need for museums to embrace an inclusive ethos that include reframing attitudes and habits, develop accessibility policies and facilities in-order to champion the educational and cultural rights of students with disabilities as well afford opportunities to learn curriculum content.

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This article was published on November 30, 2021 at www.themuseumscholar.org

Background to the Study

Throughout history, students with disabilities (SWDs) have been stigmatized, bullied, abused, marginalized, and discriminated in the community and at school.¹ The primary and secondary educational curriculum in Zimbabwe obliges schools to make educational field trips to expose students to curriculum topics in informal learning settings. National museums in Zimbabwe provide educational programming to primary school students that include school visits, structured class visits, quizzes, and cultural tours, among other programs. School students in Zimbabwe have the opportunity to learn through real life phenomena and artifacts when they visit museums. However, when museum trips are conducted, SWDs are sometimes left behind, or if they manage to go, are not supported in effectively accessing the optimum opportunities to learn from museums.² There are several calls for museums to be visitor-centered, proactive, and inclusive to all audiences.³ Very little is known about the learning needs of SWDs and the extent to which they learn curriculum content from museums in Zimbabwe. This study examines the effectiveness of national museums in Zimbabwe in facilitating learning among SWDs.

Disability and Models of Disability

The word disability is defined as a person's loss or limitation of opportunities to take part in society on an equal level with others due to social, environmental, attitudinal, intellectual, and institutional barriers.⁴ Disability is a political and social construct that needs to be understood within the broader canons of history, culture, and physical environments in which people live in.⁵ Disability is thus best understood through disability models, which are lenses to understand how disability has been conceptualized and understood through time and in different contexts throughout the world.

There are four main disability models that help understand how it is conceived of by society: the traditional, charity, medical, and social models. The traditional model of disability views Persons With Disabilities (PWDs) as being under the spell of witchcraft, possessed by demons, or sinners being punished by God or ancestors for wrongdoing.⁶ The traditional model perpetuates the exclusion of PWDs because it is underpinned by cultural or religious relativity rather than objective, scientific knowledge.⁷ This model disregards the human and cultural rights of PWDs whose liberties are well-captured and championed by the United Nations Convention of the Rights of Persons with Disabilities (CRPD) and the Constitution of Zimbabwe, amended in 2013.

The charity model views PWDs as persons that are needy and pitiful. It portrays disability as a personal tragedy with PWDs as the objects of charity.⁸ In Zimbabwe, PWDs are entitled to a monthly allowance in the form of public assistance from the government. Many non-governmental organizations, church institutions, and a few individuals in Zimbabwe take on responsibility to pay school fees and provide food and assistive devices to SWDs. What drives these well-wishers is the empathy and the desire to help. However, the assumption is that all PWDs need to be helped and supported because they cannot manage alone. Many churches and charity organizations in Zimbabwe employ this model to support PWDs. However, the major criticism leveled against this model is that it entrenches society's condescending view of them as objects of charity that are reliant on donations.

The medical model is grounded in a personal tragedy approach where disability is described as an individual misfortune that limits them from acting "normal" and enjoying access to public goods and services. The medical model sees curing the impairment as the only way of making PWDs "normal;" otherwise they are seen as weak, dependent, and a drain on society's resources. The medical model emphasizes the medicalization of disability, and perpetuates dependency on the system. The main weakness of this model is that it places emphasis on a cure as the solution to make PWDs live like any other person. Most often some disabilities cannot be cured but require a proactive society to take measures and steps to make communities and institutions accessible to all. In the medical model, PWDs are also considered passive receivers of services aimed at curbing their disabilities. It creates a passive and isolationist relationship between the person with disability and the professional within a helping system.⁹ The inaccessible built environments and societal attitudes create a cycle of dependency and exclusion of PWDs. Rehabilitation centers have also been viewed as disempowering PWDs and reducing their capacity to interact on an equal level with other persons in society. Critics argue that the medical model incorrectly assumes that all disabilities have a single cause (disease) and that treating the disease will restore health, without taking into account other dimensions that limits the full participation of PWDs in society.¹⁰

The social model of disability was first put forth in the United Kingdom by the Union of Physically Impaired Against Segregation (UPIAS) in 1976, and later discussed by Finkelstein in 1980 and Oliver in 1990. The social model views disability as a socio-political construction.¹¹ It counsels everyone to see disability as a disadvantage caused by the confluence of a person's disability and a social setting comprising architecture, economics, politics, culture, social norms, aesthetic values and assumptions about disability.¹² It is the inhospitable physical environment, in concert with inaccessible communication and facilities, and negative social attitudes that PWDs encounter that result in their systematic oppression, exclusion and discrimination. Thus, disability is an artifact of society and every institution, including museums, that wishes to be accessible should be inspired by the precepts of the social model of disability.

Many Zimbabwean institutions subscribe to the charity, medical, and traditional models of disability, therefore excluding PWDs from participating fully in society and enjoying their human and cultural rights.¹³ Institutions that seek to champion the rights of PWDs should look to the social model of disability. Through the social model, the world is presented as the locus of many disabling factors including maintaining inaccessible buildings, transport services, goods, and services. PWDs are also segregated in society, labeled and patronized, creating an inferiority complex. The social model strongly advocates for the removal of barriers that prevent anything that limits people from fully participating in society. The social model is the most ideal framework to guide educational institutions, such as museums and cultural heritage sites, to develop accessible spaces that benefit all children regardless of their abilities and talents.

Introduction to Zimbabwe

Zimbabwe (formerly known as Southern Rhodesia) is a country in southern Africa that was colonized by the United Kingdom from 1890–1979. Southern Rhodesia was named after Cecil John Rhodes, whose British South African Company's (BSAC) administration spanned from 1890 to 1922.¹⁴ The colony of Southern Rhodesia was also administered by the Responsible government in 1923 to 1953 and became part of the Federation of Rhodesia and Nyasaland in 1953 to 1963.¹⁵ The colony was further ruled by the Rhodesian front political party headed by Ian Douglas Smith from 1964 to 1979.¹⁶ Therefore, from 1890 to 1979, white settlers in Southern Rhodesia controlled the levers of political and economic power, culminating in the construction of infrastructure and the development formal schools as well as museums.¹⁷

During the colonial period, all spheres of life were biased toward white settlers in the colony, while indigenous people were politically and socio-economically marginalized. Prior to 1980 (when Zimbabwe attained political independence), the education system was racially structured and biased toward white children, while native children were segregated from well-resourced schools. The ideology during the colonial period ascribed to the belief that the white settlers were superior and the natives were seen as savages, barbaric and uncivilized. The educational system during the colonial period was grounded on three parallel structures: separate education systems for white, colored, and native children. Schools for white settler children were funded and administered by the central government with better equipment and an academic curriculum. A school system for colored students was also funded by central government but based on a technical curriculum. Colonial administrators viewed the colored population as a better evil as compared to the Black population; therefore they were given better opportunities to keep them from building

relationships with native populations. The native school system was mainly provided by missionaries and administered by a Native Education Department, where students did an industrial training curriculum.¹⁸ Formal school attended by natives were poorly resourced and equipped and the curriculum was meant to create a labor force to be used in white-owned factories and farms.¹⁹

There were slim educational opportunities for native SWDs. This was made worse by the belief among indigenous cultures that SWDs were useless. Some parents hid their children from the public for fear of being ridiculed, while some men blamed their spouses for giving birth to a disabled child.²⁰ There were also few opportunities for SWDs to be part of museum trips as many cultural heritage sites and museums were a preserve of white settlers.²¹

When Zimbabwe attained political independence in 1980, several educational reforms were made that improved access to education amongst all children, regardless of race.²² Educational reforms instituted from 1980 also saw improved opportunities for SWDs to attend school, whether in regular classes or in classes for special needs students.²³ SWDs are exposed to the full national educational curriculum in regular educational settings.²⁴ Integration of SWDs in regular classrooms means that students make adjustments to the requirements of the school, instead of the school making adjustments to accommodate SWDs. These students face several barriers in effectively accessing educational opportunities. Studies done in Zimbabwe show that they face attitudinal, physical, transportation, and intellectual barriers in accessing education.

Attitudinal barriers have been recorded as the major barrier that SWDs face in Zimbabwe. These attitudinal barriers are found at different levels, including some parents, members of local communities, schoolteachers, and classmates. It has been found that some parents feel ashamed to have children with disabilities and that some men blame their wives for this bad omen and eventually divorcing them. Some parents cannot endure the brunt of being ridiculed by society and hide their children with disabilities from the public, and others have been observed to disregard the girl child with disabilities and only send male children to school.²⁵ This cultural perception of seeing the girl child as useless has contributed to their marginalization. Some members of local communities think that disability is contagious and are therefore not willing to have their children learn with SWDs.²⁶ SWDs in Zimbabwe also face attitudinal barriers from their classmates who have been recorded as labeling them with derogatory names such as ZIMCARES (a name for a rehabilitation center in Zimbabwe that looks after children with cognitive disabilities), zombies, and morons.^{27 28} Some teachers also create attitudinal barriers. They perceive SWDs, particularly those with learning impairments, to be mentally impaired and very slow to learn, and time-consuming to assist.²⁹ SWDs are stigmatized, segregated, and marginalized in Zimbabwe. Some refuse to teach SWDs whilst others openly indicate that they have been trained to only handle "normal," able-bodied students and not SWDs, and require them to be placed in special class.³⁰ Though trainings should incorporate modules in inclusive education that will empower graduate teachers to handle SWDs, very few teachers in Zimbabwe have undergone in-service training for inclusive education.³¹ The Ministry of Primary and Secondary Education (MoPSE) lacks a specific policy on inclusive education, and efforts are implemented haphazardly in educational establishments.

The second barriers that SWDs face are transportation-based and physical. Many students with physical disabilities find it challenging to travel from their residential areas to the schools they attend, an issue that is even worse for rural students. In rural Zimbabwe,

transportation is a big challenge and the majority of roads are in bad shape, which affects SWDs who may be forced to travel long distances on foot to get to school.³² This situation has led to some parents dropping their SWD from school. SWDs also face physical barriers in the form of schools that do not have accessible facilities such as furniture, bathrooms and sinks, ramps, and rails.³³ The majority of formal schools in service are a colonial inheritance and do not have facilities that are accessible to SWDs. Little effort has also been expended to create conducive learning environments that allow SWDs to access educational spaces, activities, and resources equally with others. It is these barriers together with a host of teachers who are not trained in disability culture that limit SWDs from fully participating and learning effectively.

It has become a trend in Zimbabwe to see schools organizing field trips for educational purposes. Field trips in Zimbabwe encompass visiting museums, conservancies, farms, factories, and industrial. Since 1980, there has been an 80% increase in student visitorship to museums.³⁴ The government has cited museums as a significant factor in achieving national education standards. However, when field trips are conducted, SWDs face a myriad of barriers in accessing them that include physical, attitudinal, and intellectual.³⁵ There is potential for SWDs to learn curriculum content in Zimbabwe if museums sincerely put effort.

Methodology

The study was carried out from 2012 to 2020 at four national museums in Zimbabwe: the Zimbabwe Military Museum (ZMM), the Natural History Museum (NHM), the Zimbabwe Museum of Human Sciences (ZMHS), and the National Museum of Transport and Antiquities (NMTA). The study employed the social model of disability as theoretical framework, which argues that disability is a political and social construct as well as an artifact of society. Therefore, museums should be accessible to all learners. This study employed qualitative research and phenomenology research approaches. Data was solicited from 320 primary SWDs, 18 school teachers, 5 museum directors, 5 museum curators, 2 museum display designers, and 8 museum tour guides. Research instruments such as observations, interviews, focus group discussions, diary methods, and an accessibility audit were used. From 320 SWDs that participated in the study, 84 had physical disabilities, 38 had cognitive disabilities, 16 had multiple disabilities, 36 had vision disabilities, and 146 had hearing disabilities. SWDs and teachers were interviewed and observed in museums or at school for those who did not manage to visit museums. Teachers assisted with identifying SWDs with various disabilities and also contributed information on their educational needs.

The accessibility audit conducted assessed the accessibility of museum buildings, facilities, exhibitions, and research or educational activities. This was grounded on the Principles of Universal Design by the Centre for Universal Design (1997), the 9 Buildings Blocks to Accessibility by Salmen (1998), accessibility audit guidelines provided by The Council for Museums, Archives & Libraries (2001) & Children's Ergonomics by Kennedy & Pragger (2008). A sample of 16 primary schools was selected in the Midlands, Manicaland, Mashonaland, and Matabeleland provinces of Zimbabwe to gather data on the learning needs and expectations of SWDs in museums. The data was transcribed, analyzed, and coded thematically. National museums in Zimbabwe provide two popular and well-established educational programmes to primary school students, the Structured Class Visits (SCV) and School-Museum Visits (SMV). The SCV includes students visiting museums on specific dates and participating in educational programs, such as study sheets and viewing a film. The SMV involves school students visiting museums where there are provided a

guided tour or chooses to do self-guided tours. It is in these programs that SWDs unable to fully participate due to barriers found in museums.

Types of Disabilities

This study focused on several types of disabilities that should be taken into account when designing products and services for SWDs. There are three main categories are physical, sensory, and cognitive.

1. Physical disability

A physical disability is defined as a condition that significantly restricts one or more physical activities in life, such as difficulty to walk, standing for long periods, climbing, reaching, carrying, and lifting heavy things.³⁶ There are two major types of physical disabilities: mobility and agility impairments. SWDs with mobility impairments find it challenging to move around easily and usually do not have the strength to stand for a long period of time.³⁷ Agility disability includes a person not being able to bend and use some of their muscles. Some SWDs use a cane, crutches, or a wheelchair, while others need to rest often.³⁸ Barriers come in the form of steps, steep slopes, tours that involve walking long distances, pushing heavy doors, using computer interfaces or touch screens that are too small, and lack of accurate access to information or accessible transport facilities. There is scant reliable data on children with physical disabilities in Zimbabwe. The little that is known is that there were about 104,000 children with physical disabilities recorded by 1986. From 1986, no statistics have been published about children with physical disabilities in Zimbabwe.

In Zimbabwe, a good number of Students With Physical Disabilities (SWPDs) are usually left behind when museums trips are conducted. Interviews with thirteen teachers revealed that SWPDs are very involving when included. SWPDs face several physical barriers at national museums. For SWDs that manage to visit national museums, they encounter steps in galleries, inaccessible display cases, and tiring guided tours. Steps found in all the national museums in Zimbabwe hinder easy access to galleries among SWDs, while ramps found at the ZMHS and GZWHS were too steep for students using wheelchairs. The grabbing rail found at the entrance of the ZMHS for example, is too steep to be used by a student using a wheelchair, while the ramp at the GZWS has no grabbing rail at all.

Further, SWPDs, especially those who use wheelchairs, found it challenging to access exhibition displays at all four museums in this study because they are mounted one meter above the ground and out of range of their eye sight. All national museums have portions of their gallery entrances that have steps and this affects both SWPDs and students who have visual impairments who use canes. National museums in Zimbabwe do not have accessible specialized facilities such as bathrooms and sinks. SWDs, especially those using wheelchairs, indicated that they found it a nightmare to use bathrooms that do not have grabbing rails. The lack of accessible facilities for all made SWPDs in general to have negative museum experiences that affected their learning.

It is also revealed that these national museums, except for the NHM, do not have adequate resting places where SWDs can sit to refresh or take food breaks. Thus, students must to sit on the floors inside or outside the museum building to rest and eat. Educational activities done through the SCV and SMV usually take three to four hours to complete. The study

observed that SWPDs would be tired by completion of tours. Students were observed looking for areas to sit or used non-verbal language indicative of fatigue. It was mentioned by 15 SWPDs that educational activities that take long without having them take rest were seen as strenuous. Some students using calipers and artificial legs cited that they could not stand for long hours or even walk for long distances at museums. For example a guided tour at the GZWHs involved climbing the Hill complex, walking to the Shona Village and the Great enclosure as well as the site museum.

Museums in Zimbabwe are a colonial inheritance whose facilities and exhibitions were developed and used by white settlers. These exhibitions although still maintained currently, were developed with the colonial agenda in mind hence were not created with the persons with disabilities in mind. Therefore, in post-colonial Zimbabwe museums continue to receive students including SWPDs but the challenge is that they fail to effectively benefit from colonial exhibitions. The majority of exhibitions are mounted 1 metre above the ground which is out of sight level for SWPDs using wheelchairs. It is recommended that museum exhibitions be redesigned so that they are reachable or dedicate certain spaces or galleries which SWPDs can easily access for educational purposes. There is need for museum to retrofit or construct accessible bathrooms for SWPDs. It is also recommended that bathrooms be fitted with grabbing rails or toilet pans mounted at accessible levels together with water sinks. To undertake these renovations museums can be guided by principles of universal design (Centre for Universal Design 1997) and children's ergonomics by Kennedy and Pragger (2008).^{39 40} When they are no proper and suitable facilities it spoils the mood and overall experiences for SWPDs. The pace being taken by museums to have physically accessible permanent exhibitions and facilities is excruciatingly slow.

The ramps found at the ZMM, GZWHs and ZHMS are too steep and do not have grabbing rails. Thus, the ramps at the entrance are an artificial feature that allows museums to present as inclusive and accessible, despite being the opposite.⁴¹ There is also need for museums to provide way finding, maps, and to use disability symbols to show the type of accessibility they provide. It seems that there is lack of commitment from museums to produce better catalogues, brochures and maps. Mapping systems enable SWPDs to easily navigate their way through galleries and avoid tiring or wasting time.

The museum experience for SWPDs can be enhanced if proper resting places are provided. Currently it is only the NHM that has adequate resting places as compared to other museums. Opportunities to learn curriculum-related content can also be enhanced when educational activities are structured in a manner that accommodates their attention span, physical development, and capabilities. Museum-led tours and educational activities that take more than two hours are tiresome and straining for SWDs. Museums can structure educational activities in phases, allowing for breaks in between activities. They can also develop outreach programs to create opportunities for SWDs that are unable to be part of field excursions to learn. Further, museums in the 21st century are encouraged to be proactive to serve their audiences effectively and this may include providing virtual tours, which can also benefit SWDs.

2. Sensory disabilities

Sensory disabilities are defined as an impairment of one of the senses and generally referred to as visual or hearing disabilities.⁴² There are two types of sensory disabilities: hearing and vision loss. Hearing loss varies from mild (almost unnoticeable) to the total

inability to hear. This can be caused by heredity, aging, illness, or accident and may inhibit communication. Hearing impairment can be defined by its varying degrees of loss as late deafened or hard of hearing and deaf.⁴³ Other students can only hear very loud sounds and it is important to consider acoustics when designing educational spaces.⁴⁴ Visual impairment means a decreased ability to see, and students who are blind or have very limited vision will make sense of the world using a combination of touch, smell, hearing, and imagination. Some would fail to identify things that are at a distance from them and others fail to read texts written in small texts.

The study reveals that Students With Hearing Disabilities (SWHDs) experienced communication barriers in museums. Museum tour guides are not trained in sign language communication, and students with hearing impairments were not able to get assistance from museum staff. It became apparent that museum personnel were not able to handle SWHDs upon admission into the museum. Due to communication barriers, students who were hard of hearing took less time in galleries before proceeding to other destination sites. A group of students who had hearing impairments from Jairos Jiri in Gweru were observed at the ZMM where they spent less than thirty minutes before proceeding to other sites. Some schoolteachers that accompanied students ended up assisting with guided tours. In galleries it was observed that SWHDs benefited from viewing exhibitions and some took interest in preserved animals and life-sized artifacts.

Students With Visual Disabilities (SWVDs) faced intellectual barriers where exhibitions and educational activities did not utilize Braille. The SCV and SMV do not have provisions for a touch collection; therefore SWVDs found it challenging to learn curriculum topics with others. The lack of catalogues and labels done in Braille affected student's learning in museums because they failed to get information about artifacts. Seven students with visual impairments observed at the NHM indicated that they felt excluded because captions were not in Braille. The partially and visually impaired students indicated that labels found on permanent exhibitions were too small and difficult to read. These students also shared that they learned content related to environmental science through the oral explanations provided by tour guides, but could not effectively link with artifacts found in displays. Students that managed to get inside the Vickers Viscount airplane and armored vehicles at the ZMM indicated they learned more about the artifacts through this experience, rather than just being told about them. Three grade 6 visually impaired students who touch armored vehicles at the ZMM felt it added to learning about the history of Zimbabwe's colonization and how independence was achieved in 1980.

Students with sensory impairments learn effectively when educational content is designed and delivered through multimodal formats.⁴⁵ Visually impaired students learn effectively when their hearing and touch senses are engaged. They also learn effectively through oral interpretations and hands-on activities. Hands-on activities are the primary information-gathering tool for students with visual impairments, these tactile activities have been found to be an effective method of content delivery.⁴⁶ Tactile activities may include touching model artifacts and engaging in visual art production. A museum that offers opportunities for visually impaired students to prepare a 16th century meal in a reconstructed kitchen creates more learning opportunities than just having students read the recipe in a book.⁴⁷ Visually impaired students also learn effectively when visual cues are used during tours, such as icons of clapping hands to illustrate something and generate student attention. The partially and visually impaired students find museum captions that use small font sizes or that do not use contrasting colors to be difficult to read. Captions that facilitate effective

learning have been cited as employing serif font size 24, where text is even spaced, and at high contrast with the background. There is also need for museum to provide educational resources and captions in Braille. Museums can also take advantage of the information technology evolution where assistive devices that provide audible tours are now available for use. Students who have hearing impairments will learn effectively when students and museum staff can communicate. Staff training is important to empower tour guides to communicate through sign language and other more accessible methods. National museums in Zimbabwe can forge partnerships with universities and Disability People's Organizations (DPOs) for capacity building of museum staff members.

3. Cognitive or learning disabilities

Cognitive or learning disabilities are defined as limitations in intellectual functioning that usually occur during the developmental and maturation periods of a child.⁴⁸ There are two types of cognitive disabilities: developmental, and learning.⁴⁹ Causes of developmental disabilities range from maternal illness and damage to the brain during labor to genetic conditions. People with developmental disabilities develop intellectually and socially at a slower rate compared to other children. Examples of developmental disabilities include autism and Down's syndrome. People with learning disabilities fail to interpret what they see or hear, or to link information from different parts of the brain. A learning disability may also affect one or more of the following: a person's vision, hearing, speech, literacy and numeracy competence, memory, expressive and receptive language, concentration span, fine motor skills, confidence, mobility, and social awareness.⁵⁰

In Zimbabwe, Students With Cognitive Disabilities (SWCDs) face a myriad of barriers that include attitudinal and emotional, as well as intellectual. The first hindrance SWCDs face are attitudinal barriers that come from some teachers, classmates, and museum tour guides. It has been found that the majority of schoolteachers view SWCDs as a burden when included in museum visits as they often need extra assistance. Some teachers indicated that they lack adequate information on how to effectively facilitate learning among SWDs in general, particularly SWCDs. Thus, many prefer to leave SWDs behind when field trips are conducted. For those that manage to go, they usually find a host of barriers upon admission into museums. This study observed a class of students at the ZMM and noticed that two students that had learning disabilities were isolated by their classmates and were left wandering about in galleries or following others without a particular task there were involved in. Some students even labeled them as zombies and ZIMCAREs. These are insulting and are intended to demean students with cognitive disabilities. Some teachers even tell museum tour guides not to concentrate on SWCDs because they are perceived as slow learners. The fact that some students with cognitive disabilities were not able to ask questions in a certain way, were simply avoided by some museum tour guides. These attitudes were insulting, demeaning and detrimental to SWCDs' learning because they could not get supportive learning environments or assistance.

Students with cognitive disabilities learn effectively in smaller groups and when content is presented in small chunks, compared to viewing the whole museum. They benefit from these scaffolded experiences that break up learning into smaller pieces and are accompanied by a tool or structure, such as models, pictures, films, and charts. Museums can also develop post museum-visit educational kits that can be used by SWCDs. They can also arrange educational activities that include experimentation, problem solving, and exploration for students with cognitive disabilities.

Conclusion

The rights of (SWDs) are protected by several legal instruments. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) of 2006 challenges the discrimination, ill treatment, and marginalization of Persons with Disabilities (PWDs). The Disabled Persons Act of Zimbabwe (DPA) Chapter 17:01 also requires that public institutions remove all barriers that prevent access by all people, regardless of race and ability. It appears there is lack of a monitoring mechanisms and compliance of the precepts found in the UNCRP DPA among educational institutions in Zimbabwe. The lack of political will and monitoring mechanisms of these important pieces of legislation shows that the government in Zimbabwe considers the welfare and rights of SWDs a postscript and not a priority. The DPA in Zimbabwe is equally a powerless piece of legislation, with no mechanism to enforce its requirements. There is a need for Zimbabwe to have specific inclusive education policies for formal and informal educational institutions. This includes National Museums and Monuments of Zimbabwe (NMMZ), which should create access policies that can be implemented cohesively across all of its museums to ensure that proper guidelines will be followed and that uniform efforts will be taken in all museums.

The attitudinal barriers that SWDs face can be reduced if training programs are developed for schoolteachers, students, and museum staff members. Collaborations can be forged between the Ministry of Primary and Secondary Education (MoPSE) and national museums to develop programs that provide trainings on disability culture and inclusive education. Such training will enable museum personnel to take into account the perspectives and needs of SWDs when developing educational programming. Currently, museum tour guides treat SWDs as a homogenous group that learns the same way and at the same speed, but this is far from the truth. SWDs have different learning styles that are affected by factors such as motivations, prior knowledge and experiences, culture, and methods of content delivery.

There is need for museums to reframe their attitudes and habits as well as embrace an inclusive ethos in order to facilitate learning of curriculum among SWDs. The majority of museum permanent displays and facilities are a colonial inheritance. These exhibitions and facilities are not suitable and in sync with the learning needs of SWDs. Therefore, there is need to redesign displays, change or retrofit some accessible facilities which make it easy for SWDs to use. The lack of inclusive educational programming in museums is a sign that NMMZ consider SWDs an afterthought. There is need to develop accessible educational programmes and activities for SWDs. This will also include the use of availing content in multimodal formats such as tactile exhibitions, song and dance, experiments, exploration, role play, games, computers, pictures, films, audio and video gadgets, sign language and Braille. SWDs are a heterogeneous audience and should be treated as persons with unique learning qualities. In order to provide meaningful learning among SWDs there is need to group students according to their forms of disability and this is possible with the assistance of school teachers who know student's disabilities and capacities. No successful learning is likely to occur when SWDs are bundled together without museum tour guides having knowledge of the learning needs of students. Student visitors are often constituted by SWDs with different impairments and there is need for tour guide and school teacher collaboration to establish this. Thus, grouping students according to their form of disabilities is an important step in facilitating effective learning of curriculum content among SWDs. In summation SWDs have the opportunity to learn when museum reframe their attitudes and

habits and be inspired by the social model in developing accessible educational programmes.

Notes

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