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Faculty of Community and Health Sciences

Psychology Department

Title: Identifying barriers and facilitators of reasonable accommodation for students with ADHD at a tertiary institution in the Western Cape

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PLAGIARISM DECLARATION

I, Daniël Frederik Luttig, student number 3266590, declare that this document (mini-thesis) is my own work and that all the sources I quoted have been indicated and acknowledged by means of complete references. I declare that this work has not been submitted in part or whole in fulfilment of the requirements of a different degree programme.

Signature: 

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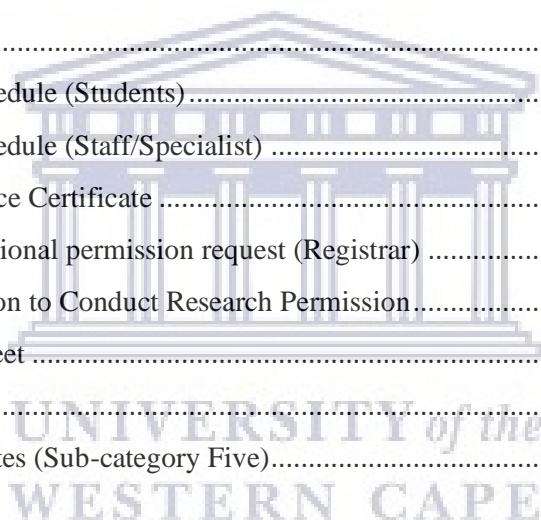
Conducting an intensive research process, which was conceptualised back in 2019, have been an enjoyable, albeit challenging, undertaking. Similar to the study's title, my own process of working on it also had its own set of barriers and facilitators. The COVID-19 pandemic sure did not make things easier, but it provided me with new perspectives and enhanced my research skills which I would have perhaps not otherwise learned during a different time period. I can confidently say that after many months of perseverance, I have expanded my knowledge. To this end, I would like to give my sincerest gratitude to God; without His support, presence and comfort I would not have been able to complete this successfully. My family have been a key source of support and encouragement, keeping my feet on the ground, and assisting me in various ways to keep me going. My dear friends, I thank you for always checking in with me, having my back and reminding me about self-care and being mindful. My supervisors, Prof. Smith and Ms. Willemse, thank you for your professional input, guidance and continued belief in me that we could make this possible. Ms. Willemse, thank you for your supervision sessions – your caring nature and feedback was always appreciated. Thank you, Prof, for your in-depth revision and expert feedback – I indeed learned a tremendous amount from your comments, shaping me to not only be very competent psychologist one day, but to also be equipped with an understanding of how the research process works. I am also thankful for the mentoring of Ms. Janine Senekal who guided me through the analysis process.

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ABSTRACT

The inception of the democratic government in 1994 was accompanied by the promulgation of progressive legislature. Chapter Two of the Constitution makes provision for reasonable accommodation for those who are differently-abled due to psychiatric difficulties. Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that impacts functioning adversely. The process to request, access and receive reasonable accommodation for students with ADHD remain inconsistent across various sectors of education. This study aimed to identify barriers and facilitators of reasonable accommodation for students with ADHD registered at the University of the Western Cape (UWC). This exploratory research recruited a purposive sample of 8 participants. Data was collected using semi-structured interviews which were audio recorded and transcribed. Data was analysed using content analysis. All ethics principles were upheld. Findings indicate that there are several facilitators and barriers throughout the student lifecycle that impacts access and utilisation of reasonable accommodation. Whether a student would disclose their diagnosis depends on factors pertaining to the age when the diagnosis of ADHD was made, the process of being diagnosed, the student's reaction to it, social support received, perceptions of ADHD, and external motivation. During the application for reasonable accommodation, aspects that play a role include: when/how to indicate the need for academic assistance, required documentation to complete the application, existing relationships with healthcare professionals, assistance received, and awareness of the disability unit. Forms of accommodations offered are influenced by the identification of it, the options of assistance available, whether students made use of it, and if it assisted with their academic- and social integration. The implementation was affected by the efficacy with which it was executed, role of academic staff, available resources, the COVID-19 pandemic as well as internal factors pertaining to students. The gap between theory/legislation and operationalising it into practical knowledge translation was also highlighted.

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CHAPTER ONE

INTRODUCTION

1.1 Thesis outline:

The aim of this study was to identify the barriers and facilitators of reasonable accommodation for students with ADHD. This mini-thesis is a shortened research report that contains six chapters. Chapter One provides the reader with background which forms the basis of the conceptualisation of the present study. This section gives an overview of the problem statement and rationale for conducting the study. Chapter Two presents a review of contemporary and seminal scientific work, both local and international, to identify the gaps in the body of literature. It contextualises the present study against the existing body of knowledge or literature. Chapter Three provides the theoretical framework underpinning this study. Chapter Four outlines the key features of the research methodology used to carry out the study. It refers to the aim and objectives, and describes the justification for how the study was conducted, participants selected, data gathered and ultimately analysed. It also reports on the trustworthiness of the data and the reflexive process inherent in such a study. Chapter Five details the results and discussion of this research. Chapter Six is the conclusion, which serves to summarise the study and to highlight its significance and limitations. This chapter also provides recommendations for further research. The research has been written up as a mini-thesis in partial fulfilment of the requirements of the Master's degree in Clinical Psychology. The 7th Edition of the APA referencing style was used.

1.2 Background:

Reasonable accommodation means that appropriate adjustments are put in place so as not to cause unnecessary or unfair burdens on people with disabilities, so that they too can enjoy exercising their fundamental human rights and freedoms on an equal level (United

Nations [UN] 2006). The Department of Public Service and Administration (DPSA, 2015) and The Foundation of Tertiary Institutions of the Northern Metropolis (FOTIM, 2011) state that the types of reasonable accommodation are dependent on the context and diagnosis. For example, the workplace will have specific policies and ways to assist someone with a specific disability compared to a university. The manner in which these policies and implementations are put in place will also differ depending on the diagnosis (e.g., cerebral palsy versus a learning difficulty).

The World Health Organization (WHO) defines disability as a multifaceted term that accepts that there is a complex interaction between health conditions and contextual factors, which contributes to impairments, activity limitations and participation restrictions (WHO, 2011). About 15% of the earth's population lives with some form of disability (The World Bank, 2019; WHO, 2011) and more than 80% of those live in poverty (UN, 2015). The 2019 Marginalised Groups Indicator Report reported that 7.7% of people in South Africa have a disability (Statistics South Africa, 2021). This increased by about 0.2% since the 2014 estimates provided by Statistics South Africa (2014). Amongst this population of people, school and employment attainment is very low (Statistics South Africa, 2014). The Western Cape Department of Social Development (DSD) stated that services for people with disabilities were historically (pre-1994) unfairly and disproportionately awarded to White people (DSD, n.d.) and males in particular (FOTIM, 2011).

Chapter Two of the South African Constitution is very clear that the state may not unfairly discriminate against anyone on various grounds, including disability (Chapter 2: Bill of Rights, 1996). The consensus is that inclusive education has its roots in the Universal Declaration of Human Rights in 1984 (Du Plessis, 2013). Traditionally, the focus has been limited on addressing reasonable accommodation for concerns such as access, retention and participation of university students with physical disabilities within a South African tertiary

landscape (FOTIM, 2011). The inclusion of students with disabilities has been driven by several policies such as the first governmental attempt, through the former Department of Education (DoE), arising in the form of the “Education White Paper 3: Transformation of the Higher Education System” (DoE, 1997). Consequently, reasonable accommodation was put in place to accommodate people living with disabilities fairly (DSD, n.d.). Reasonable accommodation is intended to help circumvent the various barriers to promote inclusion and participation in academic and social activities (United Nations, 2006). Ergo, education facilities should be disability-sensitive to provide peaceful, inclusive and productive learning environments (UN, 2015).

Internationally, there has been an increase in efforts to accommodate students with disabilities on university campuses specifically (Deckoff-Jones & Duell, 2017; Ntombela & Mahlangu, 2018). The most common types of disabilities on campuses include visual and hearing impairments, mobility impairments, learning difficulties, and psychiatric illnesses (Bakri, 2019; FOTIM, 2011). In addition to the Education White Paper 3, the National Plan for Higher Education was released in 2001, and set out ways to transform the higher education system and related institutions (Department of Higher Education and Training [DHET], 2001). Higher Education Institutions (HEIs) in South Africa established disability units to offer specific services to students with varying disabilities in order for them to have access to tertiary education and integrate them within the university setting (Mutanga, 2017). This is because previously disadvantaged groups, such as people who were not White, were female, or who had a disability, did not have equal access to education (Mutanga, 2017). Despite this, the lack of reasonable accommodation perpetuates discrimination, exclusion and marginalisation based on disabilities (South African Human Rights Commission [SAHRC], 2017). Even the process to apply for reasonable accommodation on campuses is stressful and has been associated with unsavoury experiences with staff (Fleming et al., 2018).

Ramaahlo et al. (2018) identified that scientific literature and government report on the experiences of students with disabilities at HEIs in South Africa indicate that provision for the needs of students with disabilities is not ideal, as these students still face challenges with regards to social-, financial-, environmental- and academic curricula domains.

As mentioned before, ADHD is a neurodevelopmental syndrome with significant impact on social, academic and occupational functioning (Shokane et al., 2004). It is important to note that ADHD does not mean there is impairment in intellectual functioning (Weyandt et al., 2017). As a primary diagnosis, ADHD is significantly related to academic distress and troublesome interpersonal relationships in students with the condition (Shokane et al., 2004). Post-secondary school students with ADHD are likely to have lower grade averages and discontinue courses more readily (Nugent & Smart, 2014). ADHD cohorts also engage in risk-taking behaviours more frequently than those without ADHD (Green & Rabiner, 2012; Shoham et al., 2016).

1.2 Problem statement

The impact of ADHD on all spheres of life including academic and social domains, has been well documented (Shokane et al., 2004). However, ADHD often remains undiagnosed in adult and young adult populations (Lasky et al., 2016). Of those who are formally diagnosed, the fear of stigmatisation becomes an important factor preventing access to services (Fleming et al., 2018). Similarly, ADHD in student populations has been under-researched and the impact on retention and throughput underestimated (Amod et al., 2013; Taylor et al., 2020). As mentioned before, the provision of and request for reasonable accommodation is context and diagnosis specific. Accordingly, it becomes important to identify the barriers and facilitators of reasonable accommodation for students with ADHD at an institutional level. Therefore, the present study aimed to engage with students with ADHD registered at an identified Higher Education Institution (HEI), as well as academic support

staff, to identify the barriers and facilitators of reasonable accommodation for students with ADHD.

1.3 Rationale:

The efforts of the United Nations Educational, Scientific and Cultural Organization (UNESCO) to promote global citizenship education centre on three dimensions (UNESCO, 2015). These are cognitive, socio-emotional and behavioural (UNESCO, 2015). 1.) *Cognitive* refers to knowledge acquisition and critical thinking about world issues; 2.) *socio-emotional* is concerned with empathy, solidarity and respecting diversity of the common humanity people belong to; 3.) *behavioural* speaks about effective and peaceful actions to ensure a sustainable world. The present study relates to these dimensions by virtue of focusing on how students with ADHD have experienced being reasonably accommodated in a higher education setting. It implicitly asks questions about the following: students' knowledge of reasonable accommodation and their right to access it (cognitive), the university campus and wider community's attentiveness to empathy and solidarity with these students with disabilities (socio-emotional), and the actions of providing and implementing reasonable accommodation to assist these students with their specific needs (behavioural).

The National Development Plan 2030 of South Africa (NDP2030) is a strategic document that articulates strategies for achieving a more equal and inclusive society (National Planning Commission, 2011). One of the goals set out in this document is to have highly specialised and skilled professionals in the work place. Such professionals will have a good working knowledge of the importance of reasonable accommodation and would be able to advise how it can be facilitated for specific syndromes and diagnoses, such as ADHD. Higher Education was identified as a sector requiring reform in the NDP2030 (National Planning Commission, 2011). The focus has largely been on curriculum transformation and inclusivity. Accordingly, the focus on reasonable accommodation helps to explore this by

addressing the barriers and facilitators of access to education, as well as retention and throughput. As mentioned before, barriers to reasonable accommodation can affect academic continuation rates (Katsiyannis et al., 2009). This coincides with the resolutions, i.e., the Sustainable Development Goals (SDG), set out by the UN's 2030 Agenda For Sustainable Development (2015). The SDGs affirm that people who are vulnerable, such as persons with disabilities, need to be empowered. The UN (2015) also ratified the decision that person with disabilities should have inclusive and equitable education in order for them to access knowledge and skills needed to participate fully in society. This was re-affirmed during the 18th World Conference on Curriculum and Instruction (WCCI), in collaboration with the Economic and Social Council (ECOSOC) of the UN and UNESCO, to advance inclusivity in order to bring forth global citizens that are informed and active (Pittman, 2017; WCCI, 2018). Consequently, this study explored how these goals are being pursued. It is important for people with disabilities to be deemed important stakeholders who can actively participate in society. The study is concerned with the experiences of a marginalised group and focuses on identifying the barriers and facilitators of reasonable accommodation in the context of a tertiary education institution. Hence, awareness of students with ADHD's needs is important. With this awareness, society can be equipped to promote their effective integration to campus and academic life through effective implementation of reasonable accommodation.

CHAPTER TWO

PART A

LITERATURE REVIEW

Introduction:

The focus of this chapter is to contextualise ADHD, disability and reasonable accommodation through an abbreviated review of local and international literature. Gaps in the research literature are highlighted to clarify the reason for conducting the present study.

2.1 Disability and reasonable accommodation:

Internationally, about 15% (one billion) of the world population experience some form of disability (The World Bank, 2019). In the USA, almost 26% of the population reports living with a disability and the most prevalent ones are mobility, followed by cognition, independent living, hearing and vision (Okoro et al., 2018). In the UK, only 17% of disabled people are born with their disability and disabled people are more likely to be in low-paid jobs compared to people without disabilities (The Papworth Trust, 2018). Internationally, the number of students with disabilities entering the higher education sphere is increasing (Hadjikakou & Hartas, 2008). There has been an increase in efforts to accommodate students with disabilities on university campuses specifically (FOTIM, 2011). In the UK and USA, their unambiguous legislation on inclusion and conduct against the unfair treatment of disability on campus, have led to diverse university samples within the student and staff populations (FOTIM, 2011). In South Africa, we are guided by legislation such as the Employment Equity Act, which is used to inform company policy and practices, for example, the provision of a job coach for people with intellectual disabilities.

Internationally, a distinction is drawn between a medical and a social model of approaching disability (Pearson & Samura, 2017). The medical model focuses on the medical

impairment only in order to diagnose and cure the “problem” whereas the social model views disability as a social construct that is defined by barriers regarding attitudes and access that disable the person (FOTIM, 2011). Some of these barriers include negative and discriminatory social attitudes and policies that view disability as an inferior way of being (Dirth & Branscombe, 2018). Many countries started to accept the social and more holistic model into their anti-discrimination legislation, such as the USA, UK and Australia (WHO, 2011; Bruce et al., 2002). However, it seems that the focus historically has disproportionately been on physical disability, and research on mental disorders that impact functioning has been limited as governments and policy-makers are frequently unaware of the impact of mental health in these spheres (Mental Health and Poverty Project, 2008; WHO, 2003). Policies surrounding the rights and access to reasonable accommodations specifically for people with mental health disabilities has been scrutinised and increasingly being promoted in Africa (Ebuenyi et al., 2019; Griffiths et al., 2020). However, as is often the case with policies with good intentions, the translation to the practical implementation and utilisation of it remains an area for further improvement (Ebuenyi et al., 2019; Vergunst, 2018).

Due to the Apartheid history in South Africa, the full inclusion of citizens with disabilities into mainstream society were prevented, as many of their human, social, economic and political right were ignored (DSD, n.d.). A person’s environment can have a large influence on how they experience their disability as well as the impact it will have on them (WHO, 2011). Following South Africa’s transition to a democracy, calls for disability equality through institutional reform and policy changes were facilitated (Bhabha, 2009). One such implementation was the specialised branch in the Presidency, called the Office on the Status of Disabled Persons (Bhabha, 2009). Despite the introduction of our new Constitution, people still experience discrimination, exclusion and marginalisation due to their disabilities (SAHRC, 2017). The SAHRC (2017) found that of all equality-related complaints by the

public, disability was the second-most-reported complaint. In a study in Flanders, researchers found that students with ADHD experienced difficulties in higher education due to challenges with functioning and participating in the university setting (Jansen et al., 2017). They reason that it remains uncertain when and how often problems arise in teaching and evaluation, and that it is unclear which reasonable accommodations are most effective to assist with functioning and participation (Jansen et al., 2017). Unsurprisingly, the SAHRC found in 2017 that adjustments at universities to be more inclusive with regards to their students with disabilities have been insufficient. Funding schemes, such as the National Student Financial Aid Scheme (NSFAS) for students who are academically adept, but financially needy, led to more people with disabilities enrolling at HEIs (Chiwandire & Vincent, 2019). However, only a quarter of students with disabilities felt welcomed and comfortably integrated into university due to the support of disability units at their respective campuses (Mutanga, 2017). As mentioned before, reasonable accommodation is context and diagnosis/ disability-specific and the services students with disabilities require differ greatly (Hill, 1992). Hence people with disabilities should not be lumped into one group (Mutanga & Walker, 2017). The needs of students with disabilities vary, depending on the type of disabling condition, the severity of the condition and, in some cases, the length of time that the student had the condition (Hill, 1992). No two students, even if they have the same disability, have the same needs. The services they require differ widely. One of the prevalent conditions at universities that is eligible for reasonable accommodation is ADHD (Burke et al., 2011).

2.2 Adult ADHD:

The fifth (5th) edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) define ADHD as a neurodevelopmental disorder with a “persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development” (American Psychiatric Association [APA], 2013). The impairment commonly persists into

adulthood (Louw et al., 2009; Ziegler et al., 2016). ADHD diagnoses can have the following descriptors – predominantly inattentive type, predominantly hyperactive/impulsive type, or combined type (Franke et al., 2018). Previously, the term “ADD” have been used to refer the inattentive ADHD type (Bhandari, 2019), and are often still used colloquially today. Various common comorbidities were observed, such as Oppositional Defiant Disorder, Autism Spectrum Disorder, Major Depressive and Anxiety Disorders in children (Gillberg et al., 2004). More recent studies have also highlighted the co-occurrence, and overlap of symptomatology, between ADHD and Specific Learning Disorders (Crisci et al., 2021), such as dyslexia (Lonergan et al., 2019). In adults, co-existing disorders that are elevated in terms of prevalence in the ADHD population include: eating disorders, Bipolar Disorder and Anxiety disorders, especially Social Phobia (Sobanski, 2006). Contemporary research also points to other concomitant syndromes occurring with ADHD, such as Obsessive-Compulsive Disorder (Dogan-Sander & Strauß, 2021) and Substance Use- and Depressive Disorder (Pehlivanidis et al., 2020).

ADHD has a worldwide prevalence between 3,4% (Polanczyk et al., 2015) and 7.2% (Thomas et al., 2015) for children and adolescents, and 2.5% (Simon et al., 2009) and 2.8% (Fayyad et al., 2017) for adults. Due to various factors, such as the overlap of symptoms between ADHD and other disorders, there has been difficulty determining the prevalence rates of ADHD in adults (Burke & Vorster, 2016). The expected number of adults affected by this condition in South Africa is one million between the ages of 20 and 50 (Schoeman et al., 2017). About 6% of first year students in the USA reports to have been diagnosed with the condition (Nelson & Lovett, 2019). Little has been reported in South Africa, but it has been suggested that the prevalence rate of undergraduate students with ADHD is between 13% and 19% (Burke et al., 2011).

The current accepted understanding of ADHD is that it develops in childhood and can potentially continue into adulthood (Franke et al., 2018; Malloy-Diniz et al., 2007). Most literature to date focused on ADHD as a chronic condition in children (Shokane et al., 2004). Although relatively little is known about ADHD in adults (Franke et al., 2018; Lasky et al., 2016), it is estimated that 30%-70% of children will continue experiencing problems related to the condition in adulthood (Louw et al., 2009). Rucklidge (2008) reported that ADHD is diagnosed more often in boys than girls, with girls being predominantly diagnosed with the inattentive type. Although it is unclear if ADHD impacts men and women differently, it has been suggested that females' functioning is more impaired (Fedele et al., 2012).

2.3 ADHD diagnosis and university students:

University students with ADHD seem to be a subgroup in that they are likely to have higher capability levels, better overall academic achievement and better coping strategies than the general population of people diagnosed with ADHD (Glutting et al., 2005; Nugent & Smart, 2014). University students with the diagnosis of ADHD can access certain provisions such as financial resources, practical advantages like extra time on examinations, as well as stimulant medication treatment to assist with enhanced concentration (Sollman et al., 2010). Although there are usually many different types of accommodations available for students with ADHD, such as additional time on exams, extended deadlines, note-taking services and distraction-free rooms, there is very little evidence regarding their efficacy (Nugent & Smart, 2014).

Many people with mental health conditions, such as ADHD, might not want to disclose their status due to the stigma that still exists (Trammel, 2009). Others might prefer to disclose it to certain parties, like a support centre on campus, in order to receive reasonable accommodation within an academic setting (Fleming et al., 2018). However, some are not even aware that there are these support structures on campus (Mamiseishvili & Koch, 2011).

Some people with ADHD are not aware that they have the syndrome (Fleming et al., 2018). Wong et al. (2018) found via a systematic review that some people with ADHD reject their diagnosis. Others may not perceive their diagnosis as a disability. Some do not regard aspects of their condition as weaknesses (Ringer, 2019), such as high energy levels (Lasky et al., 2016).

Entering university also correlates with a time when most individuals transition from adolescence into adulthood with decreasing close parental and teacher support, which places more organisational pressure on students with ADHD (Nugent & Smart 2014). An environment with more individual freedoms meets them and less strict scheduling than they might have been accustomed to in high school (Kwon et al., 2018). It appears that those with ADHD have a more difficult time adjusting socially and emotionally (Norwalk et al., 2009). ADHD can also cause several functioning impairments, such as social and daily life functioning (Biederman et al., 2006; Holst & Thorell, 2019). Several academic deficits in students with ADHD have been reported (DuPaul et al., 2009). Specifically, students report problems with sustaining attention and focus, often daydreaming, and executive functioning deficits such as planning, organising and completing tasks (Jansen et al., 2019). Impulsivity has been shown to lead to procrastination on important tasks and forgetfulness (Resnick, 2005). Inattention has been linked to significant executive functioning deficits, and linked to slower processing speed (Nigg et al., 2005). This can lead to challenges on timed tasks and feeling like they need to work harder than their peers to perform academically well (Lewandowski et al., 2008). This is supported by Norwalk et al. (2009) who posited that the inattentive subtype of ADHD has also been linked to poorer academic outcomes and academic adjustment.

Several reasonable accommodations have been listed to supposedly offset the debilitating symptoms of ADHD (Jansen et al., 2017) such as, taking the exam in a small

group setting to help cope with restlessness; oral exams to reduce careless mistakes; using a computer to answer questions in order to assist the person's working memory deficits; and extended examination times to help manage concentration and planning challenges. Weis et al. (2016) argued that many of the reasonable accommodations employed at university level for people with learning disabilities were not evidence-based. Extended time on examinations were the most used by students with ADHD and it was also perceived by them to be the most effective to manage their participation and functioning challenges (Jansen et al., 2017). This replicated a finding from Kettler (2012) who found that extended time on examinations was the most frequently used accommodation for students with ADHD. Miller et al. (2015) found that additional time gave an advantage to students with ADHD. These authors suggest that extended time is perhaps not necessary for all college students with an ADHD diagnosis. However, an experimental design study concluded that there were no significant differences between students with ADHD and a control group with regards to improvement in academics when given extra time (Jansen et al., 2019).

As early as 2012, it was reported that we need more rigorous studies on college students with ADHD to understand their functioning at university level better (Green & Rabiner, 2012). The literature clearly identifies that ADHD has significant impact on functioning (Knouse et al., 2017; Schoeman et al., 2017; Schoeman & Liebenberg, 2017; Vogel, 2014). A more systematic exploration of the subgroup of students with the diagnosis of ADHD remains a focus of further research (Green & Rabiner, 2012). The identification of barriers and facilitators of reasonable accommodation for specific diagnostic or disability cohorts, such as ADHD, at university level remains a focus of further research (Jansen et al., 2017; Schoeman et al., 2017).

2.4 Barriers to reasonable accommodation

This section explores factors that made it more difficult for students to access and utilise reasonable accommodation.

Institutional factors: Institutional factors can be defined as aspects related to infrastructure, systems of organisations and policy framework (Miller, 2019). In terms of this study, such structural factors will relate to the university and schooling system, as well as the guiding policies. Firstly, the lack of policies in place to guide institutions on reasonable accommodation, can be a barrier. At various national and provincial departments, only draft disability policies exist (Dube, 2005). It was previously found that policies regarding the accommodation of students with disabilities at tertiary level are mostly either, 1.) non-existent or, 2.) a lack of clarity exists around them (Mutanga, 2017). This gap was recognised and in 2018 a framework was put in place for promoting disability inclusion in higher education (Dalton et al., 2019). Secondly, even if policies exist, the lack of implementation can be a barrier. Often, sound policies are not translated into the practical implementation thereof (Ebuenyi et al., 2019; Vergunst, 2018). Political and community leaders often do not uphold their responsibility to empower people with disabilities to access their rights (Hussey et al., 2017). This can lead to people with disabilities being unaware of what services are available to access (Hussey et al., 2017). At a national level, execution of policies around mental health and people with disabilities have been questioned (Stein et al., 2018). Draft policies at government departments (as mentioned above) are also often not funded and hence it cannot be implemented (Dube, 2005). Despite the introduction of policies regarding improved inclusivity for students at tertiary level in South Africa, adjustments at universities have previously been insufficient (SAHRC, 2017).

FOTIM (2011) identified two aspects of the South African schooling system as potential barriers or facilitators of reasonable accommodation. First, the ability to integrate

and facilitate learners with disabilities is not clearly developed and managed consistently in basic education. Teachers' management of the classroom, especially for people with ADHD, is critical (Amod et al., 2013). For example, a learner from one school could be accommodated in the classroom by an attuned teacher who moved him/her to the front of the class to concentrate better while another person might not have had this opportunity. Hence, the pedagogical competence and methods of educators are important (Jansen et al., 2017).

Second, the ability of the schooling system to produce learners who are ready (i.e., readiness) to enter the tertiary sector needs to be scrutinised. The leap from high school to university is perhaps even more challenging for those with disabilities (Hong et al., 2007; Smart & Nugent, 2014). This appears true especially concerning the types of support they need to manage higher education (Ferrell & Marshak, 2004). Delays in NSFAS bursaries reaching students with disabilities resulted in many of these students discontinuing their university careers (Chiwandire & Vincent, 2019). Despite the efforts of HEIs, only a quarter of students with disabilities felt welcomed and comfortable integrating into university due to the support of the disability unit at their respective campuses (Mutanga, 2017).

There are factors internal to the university that impact such as variation in the functions and operations of disability units across HEIs (Mutanga, 2017). For example, text-to-speech programs might be utilised for people with learning difficulties at some universities while at others it may not (FOTIM, 2011). In the USA for instance, there are different accommodation models, such as courses different from the general student population, receiving additional academic support and the inclusive support model which offers assistance in an inclusive setting (Plotner & Marshall, 2015). Therefore, it is important to examine issues pertaining to reasonable accommodation at an institutional level as 'disability' and 'students with disability' is not defined and classified the same across all campuses (Mutanga, 2017). Poor interaction within university systems between stakeholders,

such as between the lecturers and disability units has been identified (Van Jaarsveldt & Ndeya-Ndereya, 2015). Furthermore, instances were reported of staff distancing themselves from providing support to students with disabilities (Van Jaarsveldt & Ndeya-Ndereya, 2015).

Socio-demographic factors: Mutanga (2017) identified that there are certain factors beyond the control of the university, such as the impact of the family with regards to the student's inclusion/exclusion academically that impact on retention and throughput rates. The parenting and support systems available to learners with disabilities could act as a facilitator or a barrier to success (FOTIM, 2011). This is in line with research that also advocate for a more social-model-understanding of ADHD in South Africa, where context and environmental factors are important to consider e.g., supportive parents and educational systems can be important protective factors (Amod et al., 2013).

Access to healthcare in South African remains a concern (Burger & Christian, 2018). Varied access can be interpreted by extant socio-economic inequalities, such as employment status and provincial differences (Omotoso & Koch, 2018). This also intersects with belonging to a vulnerable group, such as being Black or from a rural area (Burger & Christian, 2018). There is a striking contrast between the private and public health care sectors (Gordon et al., 2020). To this end, people with economic challenges will find it difficult to make use of health care services that are not affordable, as was reported elsewhere (Ataguba et al., 2011; Gordon et al., 2020). This means that socio-economically disadvantaged students belonging to a vulnerable group will experience access to health care as a barrier. Specifically with regards to ADHD, access to money is also a variable due to the costs involved in accessing adequate treatment (Schoeman & De Klerk, 2017). Hence, students with disabilities can also experience monetary challenges related to paying for their

tuition while also covering costs related to their disability (Mamiseishvili & Koch, 2011), such as medication and psychotherapy.

Race and gender can also be perceived as a barrier or a facilitator to reasonable accommodation, taking into account the Apartheid history where people were marginalised based on race and gender, as outlined previously (Lyner-Cleophas, 2016). Therefore, the overarching foci the last couple of years has been on increasing the participation of black students and women in the higher education system (FOTIM, 2011). Furthermore, there appears to be a gendered pattern in the diagnosis of ADHD, with research highlighting that ADHD is diagnosed more often in males and boys than females and girls (Mowlem et al., 2019; Rucklidge, 2008). Differences in symptom presentation has also been reported (Stibbe et al., 2020). For example, males are more likely to present with hyperactive and impulsive symptoms whereas females generally present with symptoms of inattention (Li et al., 2019; Willcutt, 2012), such as daydreaming (Young et al., 2020). Attention has been increasing around how gender biases can lead to females being less likely to be diagnosed and referred to meet their specific needs (Young et al., 2020).

Stigmatisation: Students with disabilities is considered a vulnerable group (Swart & Greyling, 2011). Stigmatisation of people with psychiatric conditions are often deemed more socially acceptable because these syndromes are perceived as more culturally manufactured than other kinds of impairments (Emens, 2006). Traditional and stereotypical ways of perceiving people with disabilities can lead to their exclusion from participating fully in social structures surrounding them (Momene, 2015), such as the higher education system. This shows that stigma is still pervasive and affects people with disabilities adversely. The beliefs of the general public and medical sphere could influence access to primary care services (Hayden et al., 2018), as there are many misconceptions and uninformed opinions about ADHD. One of the reasons this, and other social and environmental factors are not

always recognised, is because of the medical model of disability that remains dominant (FOTIM, 2011). The conceptualisation of disability as an individual problem (medical model) can put barriers in the way of people with disabilities to access and integrate into HEI (Mutanga, 2017). To increase the awareness, knowledge of this condition needs to be improved (Hayden et al., 2018; Louw et al., 2009), especially with regards to integrating the latest research (French et al., 2019).

McGinty (2016) reported that academic staff found physical disabilities easier to recognise and accommodate. In contrast, the “invisible” nature of psychiatric illnesses can be more difficult to readily observe and accommodate (McGinty, 2016), such as ADHD. There often persists negative attitudes to those with non-visible disabilities (Barazandeh, 2005). Furthermore, some students may be concerned that disclosing their need for reasonable accommodation might result in being ostracised by other students or faculty members, and might thus not seek out the needed accommodations (Denhart, 2008; Dowrick et al., 2005). Students who receive reasonable accommodation for less visible disabilities such as, psychiatric syndromes, may experience negative peer judgements resulting from the accommodations being perceived as “unfair” (Deckoff-Jones & Duell, 2018). Students with disabilities reported that their sense of belonging to their peers and the institute was compromised due to the requirement that they write examination in a separate venue. (Bakri, 2019). Similarly, Cole and Cawthorn (2015) reported that students opted not to disclose their diagnosis in order to avoid feeling and being treated differently.

Application and verification: Although there is little research on the process of applying for reasonable accommodation, it appears to be a standard requirement for many students at universities in South Africa to undergo a verification process of disability, such as providing medical proof of their disability (Ramaahlo et al., 2018). There is a responsibility on the student to disclose his or her disability when acquiring reasonable accommodation

(Barnard-Brak et al., 2010b). Usually, a diagnosis of ADHD is not enough, but evidence of impairment is also required (Nugent & Smart, 2014). The disability unit doesn't carry out the verification, but an occupational therapist or psychologist will assess the person and a report is submitted to the disability unit (FOTIM, 2011). Logistical elements, such as registration of tertiary studies was identified as a potential barrier (Causton-Theoharis et al., 2009). The time it takes to complete the processes of verification and registration can be arduous and a burden on prospective students with disabilities (Causton-Theoharis et al., 2009). Furthermore, students might from the outset believe a reasonable accommodation to be ineffective if they received little guidance and information on it (Magnus & Tøssebro, 2014).

Diagnosis: In local studies, several themes were identified as potential barriers for people with ADHD. Firstly, there is a lack of recognition of this condition (Schoeman, et al., 2017). Secondly, it can be problematic if a person is not formally assessed and accurately diagnosed (Schoeman, et al., 2017). Lack of training among health care practitioners has been cited as one of the major reasons a diagnosis of ADHD might be missed (French et al., 2019). This is specifically the case when they do not assess the person's full history and mistakenly assign the wrong diagnosis to them (Schoeman et al., 2017). Conversely, pressure from patients and caregivers to the health care professional can also lead to incorrect diagnoses and therefore incorrect treatment (Matthys et al., 2014). Some physicians also do not feel comfortable in diagnosing the condition (Nugent & Smart, 2014). Over-diagnosis of ADHD has also been reported (Paris, 2015). It is suggested that many people with an official ADHD diagnosis might in fact not have the condition, due to the flawed diagnostic criteria and overreliance on screening tools (Paris, 2015). Hence, someone might be subjected to unnecessary stimulant use and the possible unsavoury experiences of stigmatisation.

Treatment: Access to treatment is a reason for concern (Hayden, et al., 2018; Schoeman, et al., 2017), as mentioned previously. In light of the previous themes, one

understands that access to treatment can be laborious, and therefore streamlining pathways to care is recommended to improve access to treatment (Hayden, et al., 2018). A considerable lack of confidence in treating adults with ADHD has been reported amongst health care practitioners, with some not even willing to prescribe medication (French et al., 2019). Swart and Greyling (2011) as well as Pretorius et al., (2011) communicated that the FOTIM report indicated that in South Africa, many disability units on campuses operate in fragmented and reactionary ways, not supporting the full integration of students with disabilities. The lack of multidisciplinary teams, or limited approach thereof in practice, can be a barrier to correct diagnosis (Louw et al., 2009). Psychotherapy and support within the work environments of adults has been widely noted as obstacles for adults with ADHD (Schoeman et al., 2017). This is further complicated and associated with other comorbidities if the diagnosis is made late or if inadequate treatment was provided (Schoeman et al., 2017). All of these themes mentioned above are intertwined and can result in adults with ADHD living a life of continuous failure (Schoeman et al., 2017).

2.5 Facilitators of reasonable accommodation

This section consists of exploring factors that assisted students, making it easier to access reasonable accommodation.

Support: Support as a facilitator for students with disabilities can present itself in various ways. One such example is peers' attitudes and support. Supportive friendships made during orientation and attitudes of academic staff are valuable facilitators of campus and academic integration, as well as accessing reasonable accommodation (Mutanga, 2017). "Belonging" has been highlighted as an important factor for students with disabilities to remain on campus (Raley, 2007). This links to previous research indicating that positive attitudes to those with disabilities are helpful in their campus life integration (Rao, 2004).

Disability, as an identity, was closely related to the disability support services on campus, where the relationship is seen as reciprocal rather than unidirectional (O'Shea & Kaplan, 2018). This means that if they were adequately and respectfully accommodated, they were more likely to use these services again (O'Shea & Kaplan, 2018). Lastly, monetary funding as a way of supporting post-secondary studies of students with disabilities can also be a facilitator of persisting with studies (Mamiseishvili & Koch, 2011). Hence, access to money can facilitate applying to university in the first place and accessing resources such as textbooks, and can help the student with more effective participation and making use of reasonable accommodation (Mutanga, 2018).

Diagnosis and reasonable accommodation: Students with disabilities is not a homogenous group and hence individualised support is needed depending on their unique needs (Goode, 2007; Howell, 2005; Howell & Lazarus, 2003). Students need to be evaluated individually as each accommodation might be disability-specific (Deckoff-Jones & Duell, 2017). For example, students with secondary disabilities would require reasonable accommodation for the co-morbid presentation as well which is qualitatively different from students who present only with ADHD. It is important to note that a good understanding of the ADHD syndrome and its symptomological presentation of each student is necessary to link the student with the appropriate academic provisions (Jansen et al., 2017). For example, a person having difficulties with concentrating for long periods of time might benefit from having a voice recording device to take notes in class, as opposed to simply receiving extra time on all tests. Hence, the reasonable accommodation is well-adjusted to the person to improve their outcome not only in university, but also in later life (Kettler, 2012).

Intrapersonal factors: Self-determination and self-advocacy were noted to increase students with disabilities' integration into campus and academic life and to negotiate participation in higher education (Swart & Greyling, 2011). A lack of these skills can be a

barrier to successful completion of higher education (Mamiseishvili & Koch, 2011). For example, going to the lecturer pro-actively and telling them that you will be a student in their class and what you would need from them. Having the self-knowledge to understand your own unique capabilities and limitations (Hong et al., 2007; Swart & Greyling, 2011), and having the ability to communicate clearly what reasonable accommodations you require, are positive predictors of participation in higher education.

Related to self-knowledge is the link between responsibility and managing your condition with respect to academic learning and utilising reasonable accommodation, as helpful coping strategies are related to better academic adjustment (Heiman & Kariv, 2004). Compensating strategies act as a facilitator towards integration into academic and campus life (Cole & Cawthon, 2015). This includes the previous example of a student pro-actively going to introduce him/herself to the lecturer, as well as a student preparing longer in advance to sufficiently prepare for all learning materials. Students who develop and use effective coping strategies will support their facilitation of learning (Barnard-Brak et al., 2010a).

Conclusion: From this brief review, it becomes evident that there are several gaps in the literature about the barriers and facilitation of reasonable accommodation for students with ADHD. More studies regarding students with ADHD in higher education settings are required to guide academic staff and academic support staff on providing assistance that matches the person's clinical syndrome (Harrison et al., 2013). Historically most research focused on disability and reasonable accommodation in the workplace, but more research is needed in student populations in order to help eliminate barriers preventing students from completing their degrees (Deckoff-Jones & Duell, 2018). A scarcity of literature at historically disadvantaged institutions, is also a limitation in research. Hence, research is needed to inform university policy-makers and program directors how to implement reasonable accommodation (Mutanga, 2018; Plotner & Marshall, 2015).

From this brief review, it emerged that there is a small but growing body of literature on the provisioning of reasonable accommodation for people with disabilities at university. The research literature focused on physical disabilities and there is a need for further research on reasonable accommodation for mental or psychiatric syndromes. Similarly, the literature provided summative data on whether reasonable accommodation was offered/implemented (Mutanga, 2018). Thus, the subjective experiences of acquiring reasonable accommodation remains a focus of further research. Few of the studies examined how students with disabilities have acquired their rights, and what their and the general population's responsibilities are. There are also comparatively few local studies on students with disabilities at institutional level. The literature reports on accommodation in an aggregated manner whereas the provisioning is closely linked to the institutional contexts. Research, such as the present study, is required at an institutional level to gain insight into the processes within specific institutional contexts. Thus, the present study attempted to examine the experience of acquiring accommodation at an identified institution and identifying the barriers and facilitators to acquisition.



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CHAPTER TWO

PART B

THEORETICAL FRAMEWORK

Citizenship, as a theoretical model, was selected as the framework for this study. People with disabilities have been marginalised in debates on citizenship (Meekosha & Dowse, 1997). Citizen participation in a socially just way is a prerogative which aligns itself with the rights of students with disabilities to be reasonably accommodated on campus in order to be fully integrated into campus and academic life (Pittman, 2017). To this end, it ties into the frameworks of the NDP and SDG, which proposes a future workforce that is sensitive and aware of global issues (National Planning Commission, 2011; Tarrant, 2010; UN, 2015; WGCI, 2018).

Historically, a number of people groups was marginalised and excluded from partaking in society as full and equal citizens. For example, those without property, women, racial minorities, etcetera (Heisler, 2005). Centuries of social and political change led to more and more people being fully included into citizens of a state (Manicas, 1989). Consequently, the marginalised groups acquired legal citizenship (Marshall, 1950). This included participation in politics, access to education and economic distribution (Heisler, 2005). It relates to a matter of status of equality with respect to the rights and duties of citizenship (Marshall, 1950). First and foremost, citizenship is concerned with membership (Parker, 2014). It is constructed from an arrangement of rights and duties related to parenting, employment and public service (Isin & Turner, 2007). Essentially, citizenship as a theoretical framework can be conceptualised as a dimensional model that consists of political-, social-, educational- and economical aspects (Isin & Turner, 2007; Pittman, 2017).

As Osler (2016) puts it, citizens today need more than simply access to public decision-making processes, they also need to be aware of how they can claim/be denied public

resources and how to not feel excluded from them. The concept of “citizenship” has been broadened beyond the narrow meaning concerned with membership to the national state, its tenants of political-, social- and cultural levels expanded, even permeating international borders to consider concepts such as, what it means to be a global citizen (Veugelers & De Groot, 2019). Peters et al. (2008) contextualised again how inequalities in the past resulted in inherited historical challenges which we need to engage with in a critically informed way in the present-day. In educating people on citizenship, valuing diversity is regarded as a key value of being a citizen in a democratic society (Veugelers & De Groot, 2019), as well as active student participation. Morris (2005) views this as a society where difference does not mean exclusion, but instead means appreciation of the common humanity.

Morris (2005) posited that there are three concepts integral to citizenship: *self-determination* (capacity for autonomous decisions), *participation* (full involvement in family, community and national life) and *contribution* (such as to anti-discrimination legislation and resources for reasonable accommodation). There are barriers that society need to be cognisant of, in light of the above concepts. Barriers to autonomy for a person with a disability are related to discrimination (unequal access to education and employment opportunities) and lack of communication ownership (if they are not aware they have a choice and were never taught to communicate their needs and decisions). Barriers to participation include a lack of “active citizenship” such as disaffection, stigma and a lack of intergroup empathy and marginalising/ignoring people with disabilities in processes of legislation for example, which can affect quality of life; and, barriers to contribution such as lack of resources and lack of support from the state (Morris, 2005).

Citizenship, as a theoretical framework, was used in the present study to conceptualise the topic and research questions, make methodological choices and as an interpretive framework for the results gathered. There are other variants of frameworks with citizenry at its core

concerned with *Global Citizenship* and *Global Citizenship Education* that were considered (Davies, 2006; Pittman, 2017). However, the *Citizenship* framework has become an increasingly popular perspective to view disability and participation limitations (Parekh, 2014; Waldschmidt & Sepulchre, 2019). This is justification for why this framework was used as a lens in the present study to conceptualise the target group. Within this framework, students with ADHD were conceptualised as a subgroup with a marginalised identity. This subgroup may experience various levels of participation limitations based on structural bias and prejudice against differently-abled individuals. For students with ADHD, reasonable accommodation adjustments that are appropriate to their diagnosis is fundamental to their ability to participate in higher education. These accommodations were put into place as not to cause undue restrictions to students, but it does not necessarily and automatically translate to students being aware of and using it. Hence, this study is exploring the processes, offerings and implementation of reasonable accommodations.

Employing *Citizenship* can also assist with indicating the existence of empathy and action towards this subgroup based on their marginalized identity, and the promotion of active citizenry and the right to inclusivity and participation. The present study attempted to understand to what levels students felt accommodated at the identified HEI, and identify the barriers and facilitators of reasonable accommodation in pursuit of citizenship and increased participation in higher education. How students with disabilities acquire these rights and the responsibilities associated with these rights, tie into the main tenants of *Citizenship*. Hence, we can use this model to gain a better understanding of the supposed rights and responsibilities of students with disabilities, as well as how to negotiate and acquire it.

This theoretical model also steered the researcher to exploratory research and qualitative methods of data collection and analysis. I conceptualised the participants as co-constructors of knowledge where their subjective views and experiences of the barriers and facilitators of

reasonable accommodation deepens insight into this under-researched process. The framework was used to make sense of the research findings by using the key concepts as described by Morris (2005) previously, such as being cognisant of issues around self-determination, participation and contribution.

This framework was deemed appropriate as this study is concerned with the experiences of a marginalised group and is attempting to identify the barriers and facilitators of reasonable accommodation in the context of an institution of higher learning. In an emerging and evolving democracy of South Africa, the theoretical framework of *Citizenship* was helpful to understand what the rights and responsibilities are, as well as how it is negotiated and acquired. It is important for people with disabilities to feel like they can actively participate in society and be viewed as key stakeholders (Berghs et al., 2016). This links with the South African Constitution and the focus on inclusive education by addressing the challenges of equity, access and redress (Du Plessis, 2013). With the announcement of the UN's Sustainable Development Goals, the idea about a student's place in the world has become more paramount, as well as how to make learning and education more just and sustainable (Blackmore, 2016). This framework is not only concerned with the rights of citizens in a democracy, but also on the duties and responsibilities of citizenship (Morris, 2005).

CHAPTER THREE

METHODOLOGY

3.1 Aim:

The aim of the study was to identify the barriers and facilitators of reasonable accommodation at the University of the Western Cape for students with ADHD.

3.2 Objectives:

- To identify barriers and facilitators of disclosure of the diagnosis.
- To identify barriers and facilitators in the processes associated with the application for reasonable accommodation.
- To identify barriers and facilitators of the identification of what reasonable accommodation would be required.
- To identify what forms of reasonable accommodation were offered.
- To identify barriers and facilitators to the implementation of reasonable accommodation.

3.3 Research setting

This study was conducted at the University of the Western Cape (UWC). UWC was established during the entrenchment of the Apartheid system (Wolpe, 1995). In 1958 it was established for people classified as “Coloured” to whom limited training was offered until it was awarded “university”-status in 1970 (UWC, n.d.-b). Although initially planned as an institution to have a dual-medium language tuition policy, it was mostly an Afrikaans university until English essentially replaced it as the university’s official language in the late 80’s – early 90’s (Antia, 2015). It formally rejected the Apartheid ideology in 1982 and played a key role in the establishing of a new democratic government in 1994 (UWC, n.d.-b). UWC entered a new era and grappled with the injustices of the past (Africa & Mutizwa-

Mangiza, 2017). It was during this time period that the university rejected these racialised foundations and committed itself to an open admissions policy where students of all races were welcomed (Antia, 2015). In line with these progressive policies, the university also committed itself to transformation and equity (UWC, 2020b). An example of this is accommodating people with marginalised identities, such as students with disability that was previously excluded, as previously mentioned in the literature review (DSD, n.d.).

Physically, the university is located in the outskirts of Cape Town, in a geographic area of previously disadvantaged communities (Jacobs, 2012). It also had less resources than some of its counterpart universities (Jacobs, 2012). Despite these challenges, the University committed itself to be a research-led institution of higher education (Bharuthram & Pokpas, 2020). UWC is unique in that it comparatively performs at the level of historically advantaged research-intensive institutions (Hoffman & Julie, 2012).

At the time of conducting the present study, UWC had 23 000 registered students and 2400 staff members across its seven faculties (UWC, 2020f). Females made up a majority of the student population (Schreiber & Yu, 2016). Although approximately 0.9% of students have self-disclosed a disability to the university (UWC, 2019), the estimated total number of students with disabilities at UWC is not clear. The university offers a mix of qualifications (degree programmes) for students to choose from, including Law, Education, Natural Sciences and Community Health Sciences (UWC, 2020f). It has also endeavoured to significantly upgrade its facilities, like the sports stadium (UWC, 2014), adding new buildings for learning (Pretorius, 2018), as well as another student residence (Mlamla, 2020).

To address the needs of students with disabilities, a disability unit was established (Bharuthram & Pokpas, 2020). The Office for Students with Disabilities (OSwD) opened its offices in 1996. It has been assisting students with a wide range of disabilities including

chronic medical conditions, hearing and visual impairments and learning impairments such as ADHD (Box, 2019). In 2014, Abrahams and Schreiber reported that more than 300 students were registered with the Office for Students with Disabilities

OSwD focuses on equipping students with support and development provisions, in order to promote and encourage fairness, equality and participation of students in life at university (UWC, n.d.-a). The OSwD is located within the Centre for Student Support Services (CSSS) at UWC. The unit was also recently relocated to the ground floor to enhance access and to highlight their aims of inclusivity and advocacy (UWC, 2020e). Some of their reported interventions are extra time on exams, providing a scribe, and accessible venues for students with mobility impairments (UWC, n.d.-a). OSwD also provides students with registered disabilities a space to write exams/tests, peer mentoring and administrative support (UWC, 2021), as well as a computer lab with assistive technology to aid students with various disabilities (UWC, 2020a).

3.4 Research Design:

The study made use of exploratory research. Exploratory research increases understanding by giving explanation to what and why something is investigated or happening (Sandhusen, 2000). Darlaston-Jones (2007) argued that exploratory research provides richer quality information when examining under-researched phenomena. Exploratory research favours qualitative methods of data collection and analysis (Denzin & Lincoln, 2005). These authors further argued that qualitative, explorative research involves an interpretive, naturalistic approach to the study, denoting that the focus is to make sense of and interpret phenomena in terms of the meanings people attach to it (Denzin & Lincoln, 2005).

Exploratory research was deemed appropriate, because it attempted to connect different ideas and understand reasons, causes and effects based on the participant's

subjective views (Babbie & Mouton, 2014). Exploratory research is flexible on sample sizes and underscores that sample size is not a proxy for data adequacy (Koo, 2012). Due to these design principles, the contributions to, or hindrances of, reasonable accommodation at university level could be explored in-depth using exploratory research as the design for the present study.

3.5 Participants:

The target group was stratified into three layers: First, students with a diagnosis of ADHD who registered for the 2020 academic year. The target group must have registered with OSwD. At the time of conceptualising the study, OSwD had 25 students registered who were diagnosed with ADHD (Loubser, personal communication, 13 May 2019). Of these 25, 11 had a second disability such as cerebral palsy, bipolar, dyslexia, severe anxiety and/or depression. It should be noted that the statistics for those registered at OSwD does not provide an estimate of incidence at the institution. During recruitment in 2020, OSwD had 200 students registered with them, of which 20 reported a formal diagnosis of ADHD (V. Daniels, personal communication, October 28, 2020). For the 2021 academic year, OSwD have 151 registered students, six of whom have a confirmed diagnosis of ADHD (V. Daniels, personal communication, July 7, 2021).

Second, Professional Academic Support Staff (PASS) employed at UWC. The PASS must provide direct services to students with disabilities as part of their portfolios. They were considered based on the following: they had to have knowledge and insight into people with disabilities' challenges, specifically with ADHD, and have experience of understanding the HEI system of offering and implementing reasonable accommodation to these students. Eligible participants could be recruited from various offices including, but not limited to, CSSS, OSwD, Finance Department, Division for Postgraduate Studies, and the Residential.

Third, psychologists *viz* specialists in the field of Psychology. Specifically, this would require that they have experience in working with disability, clinical syndromes (e.g., extensive knowledge about ADHD as a syndrome), as well as university administration and reasonable accommodation processes.

3.6 Sampling:

Purposive sampling was appropriate as it allowed me to recruit a sample based on my knowledge of the population. Utilising purposive sampling, a small subset of a larger population is easily identified to provide rich data and answer the research question (Babbie & Mouton, 2014; Patton, 2015).

Sample size: Of considerable conceptual debate and practical uncertainty is the issues of a suitable sample size in qualitative research (Vasileiou et al., 2018). Researchers need to guard against participant pools that are too small as that might not provide enough data richness (Omona, 2013). Neither should it be too large to hinder in-depth exploration (Sandelowski, 1995). The sample size in the present study was finalised based on the following considerations: 1) recommended sample sizes for qualitative studies, and 2) data saturation. To understand the participants' experience in qualitative research, at least six participants are recommended (Morse, 1994). A sample size between six to twelve participants will likely lead to rich data and saturation (Denzin & Lincoln, 2011).

Vasileiou et al. (2018) argued that *data adequacy* is most important given the lack of consensus on an appropriate number of participants in qualitative research. To achieve this, the present study sought to employ the concept of *data saturation* as recommended by (Saunders et al., 2018). Data saturation is described by Sandelowski (2008) as “informational redundancy” i.e., the point at which no new data (codes) appear (p. 875).

Participants were recruited in the following ways (recruitment strategy):

- a) Networks: Students within the immediate network of the primary researcher and supervisory team were identified and invited to participate in the study. Three students were identified of whom two agreed to participate in the study.
- b) OSwD service users: Eligible students were identified by the manager of OSwD and invited to participate in the study. Three students volunteered to be part of the study.
- c) Key informants within the Professional, Administrative, Support and Service staff (PASS) were identified by the supervisory team. Two university staff members were approached and both agreed to participate.
- d) Two specialists were identified and invited to participate in the study. The first psychology expert was recruited based on my knowledge of the person's occupational history and areas of expertise. Via snowball sampling, this person also referred me to the second potential participant based on the first specialist's knowledge of the second. Knowing this person would be appropriate to provide insight to the study aim and objectives, the second specialist was invited to participate in the study. Both agreed, but only one interview materialised due to scheduling difficulties.

One barrier encountered in the present study was with regards of the timeframe of data collection which coincided with the national lockdown being ordered by the government in response to COVID-19. Due to university campuses closing and the transition to emergency online learning, the scheduling of interviews was delayed. Another barrier was challenges in accessing participants given the sensitive nature of the topic and vulnerability of students with disabilities.

Recruiting participants, together with data collection and analysis, occurred in tandem to determine when saturation was reached. To assist with this to objectively detect when data saturation was reached, a second party reviewed the codes gained during data analysis, as recommended by (Fusch & Ness, 2015).

The final sample consisted of eight participants including, five students with ADHD making use of OSwD services, two PASS members, and one psychologist. Vasileiou et al. (2018) reported that small sample sizes in exploratory studies have been sufficient to extrapolate rich data. Thus, the sample size was deemed acceptable for the purpose of the present study.

The sample characteristics of student participants are reflected in Table 3.1 below.

Table 3.1

Demographics of student participants

<i>Students</i>	<i>Age</i>	<i>Gender</i>	<i>Home language</i>	<i>Level of studies</i>	<i>Generation student</i>	<i>Living on campus</i>	<i>Bursary</i>
<i>1</i>	26	M	Xhosa	PG	1 st	N	N
<i>2</i>	23	M	Afrikaans	PG	2 nd	Y	Y
<i>3</i>	20	F	English	UG	1 st	N	Y
<i>4</i>	22	M	English	PG	2 nd	N	Y
<i>5</i>	24	F	Afrikaans	UG	2 nd	N	Y

Table 1 indicates a heterogeneous sample of students. Although all student participants were in their twenties, there is variability with regards to their age, with the oldest being 26 years old and the youngest 20. There is an almost even number of male and female students, as well as postgraduate and undergraduate students. Afrikaans and English participants were even (two each), with one student's home language being Xhosa. Two participants were first generation students and three were second generation. Almost all of them received a bursary and did not live on campus residences. The demographic summary of staff participants and the specialist are summarised in Table 3.2

Table 3.2*Demographics of PASS and specialist*

<i>Participant</i>	<i>Professional Registration</i>	<i>Gender</i>	<i>Position</i>	<i>Direct service delivery to OSwD</i>	<i>Familiarity with reasonable accommodation as per cv</i>
<i>1</i>	Yes	F	Management	Yes	*High
<i>2</i>	Yes	F	Management	Yes	*High
<i>3</i>	Yes	M	Specialist	Yes	*High

*High – more than 10 years of experience in field of disability

Table 3.2 indicates that of the interviewed staff members and psychologist, two of them were female and one was male. All of them had a professional registration and occupied high-ranking managerial roles. They were 1) familiar with university administration and reasonable accommodation processes; and 2) they were in positions to understand and influence policy, such as those related to reasonable accommodation and students with disabilities. Limited demographic information is reported on to avoid accidental identification of participants.

3.7 Data Collection:

Individual semi-structured interviews were used for data collection. Interviews are a preferred data collection method for exploratory studies (Byrne et al., 2015). When using interviews, I was flexible and open to what the participant brought into the interview, instead of trying to prepare in advance so that everything is fixed and cannot be changed as recommended by Babbie and Mouton (2014).

Semi-structured interviews allowed me, the interviewer, to explore particular themes or responses further in response to a set of guiding questions consistent with the recommendation from Cohen and Crabtree (2006). It also gave respondents the opportunity to discuss and raise issues that I might not have considered initially, as outlined by Denzin and Lincoln (2005). Babbie and Mouton (2014) noted that semi-structured interviews give researchers access to information that would be difficult or impossible to acquire by other

means. Such rich information provided by participants are needed to adequately answer the research question (Ames et al., 2019).

Semi-structured interviews are appropriate for vulnerable populations (Biddle et al., 2012). It allowed me to explore sensitive issues with participants (DeJonckheere & Vaughn, 2019). For example, their personal viewpoints, experiences and emotions regarding their diagnosis and experiences that they might otherwise be reluctant to disclose in a group (Oltmann, 2016). This was very important in the present study on disability and seeking accommodation, especially the stigma that students of these groups reportedly often experience.

Bell (2009) reported that semi-structured interviews have a framework that allows room within subsections on the schedule to follow the participants' thought processes and explore any divergent topics that may present itself. As reported, ADHD includes inattention as a symptom. The presence of a structure can be containing for students with ADHD who may struggle with inattention. Ghosh et al. (2016) mentioned that a semi-structured interview with a time frame of around 60 minutes allows participants to share freely, but is not too long to cause fatigue. A semi-structured interview can make provision for covering broad themes with mini breaks. Thus, the selection of this method is in fact an accommodation for the symptoms of the diagnosis.

An interview schedule consisting of broad themes and open questions was developed to guide the interviews with the respective target groups (Appendix A1 & A2). I developed the interview schedule in consultation with my supervisors. It considered the broad objectives of the study, and was informed by the key ideas that surfaced during the literature review. The schedule was piloted to assess it for appropriateness. The feedback from the participant in the pilot interview and the supervisor was used to make minor amendments. For the PASS members, the same broad categories were employed but some of the questions were changed

slightly to attempt to capture their views on what the strengths/weaknesses are of the reasonable accommodation provided, and students' experience of it.

The data collection phase of this study took place during the COVID-19 pandemic. The virus outbreak caused university campuses all around the world to close and to migrate their teaching and assessments to online platforms (Watermeyer et al., 2020). Hence, I conducted the interviews using an online video call platform such as Zoom or Google Meet based on the participant's preference. UWC estimated that about 30% of its students did not have ready access to electronic devices or data while at home during lockdown (UWC, 2020c). Despite the COVID-19 pandemic, online learning and issues of data vulnerability, most eligible participants had access to personal resources such as an internet connection and compatible device for the video call, and one student was on campus for the interview and could make use of campus WiFi. The length of the interviews were 60 minutes each. Interviews were audio recorded and transcribed verbatim.

As mentioned above, I conducted the interviews personally. My training in Psychology, as well as experience in the field and work-integrated learning during clinical internship provided me with the experience and expertise to conduct interviews. As part of my post-graduate studies at UWC, I engaged extensively during my Honours and Master's year with clinical interviewing skills training, and was able to put it into practice during my clinical internship at a psychiatric hospital. By taking audio recordings and transcripts of therapeutic sessions with clients to my respective supervisors, I was able to hone the micro-skills of interviewing. This included aspects such as, listening attentively, being attuned to the person, having an open and warm body language and facial demeanour, reflecting and paraphrasing, as well as linking themes during the session and prompting the person for more information when appropriate. To this end, my clinical training prepared me adequately to conduct the interviews for this study. With the assistance and guidance of my supervisors, I

was also able to conduct practice interviews as well as a pilot interview. Their constructive feedback on these interviews helped shaped my interviewing style in order to be prepared for the discussions with participants.

Four of the interviews were transcribed by a research assistant with Master's level training in research. I reviewed all those transcripts for accuracy and amended where necessary. During re-reading, the transcripts notes were made by me to facilitate the coding process and to add context to the data analysis. I personally transcribed the remaining four interviews.

3.8 Data Analysis:

For this study, Content Analysis was used. Content Analysis identifies and groups categories together in text (i.e., the verbatim transcripts of participants experiences) to ultimately gain a sense of understanding (Bengtsson, 2016). It is a technique that allows a researcher to make replicable and valid inferences from texts and to ultimately describe and quantify phenomena (Downe-Wambolt, 1992; Krippendorf, 2004). This type of analysis focuses on eliciting a picture of a specific phenomenon (barriers and facilitators of reasonable accommodation) that is rooted within a particular context (a university campus with a very politicised history), not on an objective account of reality (White & Marsh, 2006). Content Analysis was deemed suitable for this study because: Firstly, it helped to describe the phenomenon being explored (Elo & Kyngäs, 2008) *viz.* the barriers and facilitators of reasonable accommodation. Secondly, it lends itself to simplified reporting of common threads surfacing in the data (Vaismoradi et al., 2013) *viz.* the categories and sub-categories.

I extracted categories then grouped the information under similar headings as recommended by Elo and Kyngäs (2008). I followed a three-phased process as set out by Vaismoradi et al. (2013) – preparation, organisation and reporting.

Preparation meant that I read and re-read the transcripts to become familiar with the content. I was cognisant of how each re-reading might provide new insights into the participants' experience. Iterative reading enabled me to identify salient concepts and patterns (White & Marsh, 2006). The fact that I conducted the interviews and had reflections afterwards, contributed to preparation as well. I also verified transcripts against the audio recordings which formed part of the preparation phase.

Organising: As categories and sub-categories started to emerge, codes were grouped under them to *organise* the data set until no new codes or categories appeared (data saturation). I also received feedback from a second coder who was experienced in research methods. The supervisors also reviewed my codes and acted as external auditors.

Reporting: During *reporting*, I described categories and sub-categories qualitatively using illustrative quotes. During this phase the focus was on displaying conceptual depth through arranging the detailed observations, to depict a comprehensive picture of the phenomena being studied consistent with the recommendation of White and Marsh (2006).

3.9 Reflexivity and strategies for enhancing trustworthiness

Attia and Edge (2017) underscored that awareness of reflexivity is important as it requires that, as a researcher, I take a step back in order to theorise and understand what is unfolding within the study. I engaged in continuous reflexivity to be acutely cognisant of how I am actively part of the contextualisation of the process. Furthermore, it was important for me to reflect on the effect of the research on myself, i.e., the retrospective reflexivity described by Attia and Edge (2017). As a tertiary student, I do not have ADHD or any other condition which required me to apply for reasonable accommodation, and hence my experience of university life is qualitatively different from someone who required such accommodations. I am also aware that I am a white male and a continuing-generation

university student, three variables that was different to some of the participants, considering the history of the university and access to reasonable accommodation.

On my journey of becoming a Clinical Psychologist, my capacity for empathy and role of listening to someone else's experience has broadened. My deep-seated curiosity of making sense of people, systems and the effect of it on behaviour, has allowed me to approach the participants with a sense of wanting to understand. For this reason, this study required me to listen empathically to the participants' narratives of making use of the supplied reasonable accommodations on campus, and to hopefully make use of my position as a researcher to illuminate the areas of success as well as the aspects where it can be improved to make tertiary education more equal, accessible and harmonious.

To achieve these goals of empathy and wanting to understand, I made reflective notes after each interview, which was forwarded to my supervisor whose feedback I could integrate into the next interview. For example, I was surprised that due to my affiliation as a student of the same HEI, some participants seemed wary to criticise aspects of reasonable accommodation, and I sometimes found myself needing to probe more in order to elicit information that they would not have volunteered had I not asked. In addition, two of the students were busy with their Honours in Psychology studies and I felt some level of identification with them. The perceived sameness contributed to a deeper rapport with these two participants resulting in richer data and created an expectation that there would be reciprocal sharing. For example, at the end of one of these two interviews, the participant asked me if I had any advice for him on how to get into a Master's program for Clinical Psychology. I was immediately "confronted" with the expectation that I should "help" in return just like he did by partaking in the study. Also knowing how difficult and complicated this path can be, I found it hard to not answer, and after giving a short basic summary. Upon reflection and during supervision, I was able to learn that all participants established a deep

rapport with me as a result of my student identity, my clinical training and my interest in ADHD. I became more adept at using it intentionally to deepen rapport and remained more vigilant not to collude by stepping into expectations as described above.

The notion of “trustworthiness” in qualitative research is to clarify the objectivity of the study, in other words, the neutrality of findings and decisions (Babbie & Mouton, 2014). Demonstrating rigour and trustworthiness is important (Shenton, 2004). I employed the following aspects of trustworthiness, as advised by Babbie and Mouton (2014) as well as Lincoln and Guba (1985): credibility, dependability, transferability, confirmability and authenticity. The first is *credibility* – the purpose of which is to ensure confidence that the results are believable (Lincoln & Guba, 1986). Shenton (2004) provides guidelines on how to achieve credibility, such as iterative questioning, debriefing sessions, reflections, and having your research scrutinised by peers. In the present study, an interview schedule was developed by piloting it first. I also made use of audio recordings, persistently interrogated emerging categories and codes and also debriefed regularly with my supervisors. I was furthermore able to return to questions during the interview with participants, for example, clarifying if they actually disclosed their ADHD diagnosis to OSwD.

Secondly, *transferability* relates to a verdict about the applicability of my research discoveries from one context to another; to be able to conclude that my findings can be applied to other comparable contexts (White & Marsh, 2006). This entailed me writing in-depth and precise descriptions of the data collected, as argued for by Shenton (2004).

For a study to enhance its *dependability* status there needs to be a sense of auditability, whereby a reader can follow and corroborate the research process (Sandelowski, 1986). To ensure that my study is dependable I created an “audit trail” of my sampling, data analysis and interpretations so that it would be feasible for another researcher to replicate the

study. In this way, dependability also ensured conceptual consistency between what I observed and what I concluded (White & Marsh, 2006). This allows another researcher to repeat this work (Shenton, 2004).

The confidence that a research paper's results can be corroborated and confirmed by others is called *confirmability* (Lincoln & Guba, 1986). Hence, it is to show that the results indeed flow logically from the data (Korstjens & Moser, 2018). The principles here are closely linked to dependability in that neutrality and transparency of the research process are key (Korstjens & Moser, 2018). Practically this meant that during the present study I provided a detailed outline of the research process and decisions, and made reflective notes which externally audited by two research supervisors. I ensured that my predispositions and decision-making processes were documented and tracked through reflexive notes in order to limit the effect of researcher bias as recommended by Miles and Huberman (1994).

Lastly, *authenticity* concerns itself with the issues of fairness, a type of ontological position to meaning development (Amin et al., 2020). The researcher has to faithfully present the held views and ideas of participants, and not only his/her own (Elo et al., 2014). In line with the recommendations of Amin et al. (2020), in the present study I worked sensitively with the vulnerable sub-set of the sample and ensured that informed consent was in place and adhered to. I was transparent about the aims of the study to participants, and built a trusting relationship with the participants. My clinical interviewing skills, alongside supervision and debriefing assisted to enhance the authenticity of the study.

3.10 Ethics

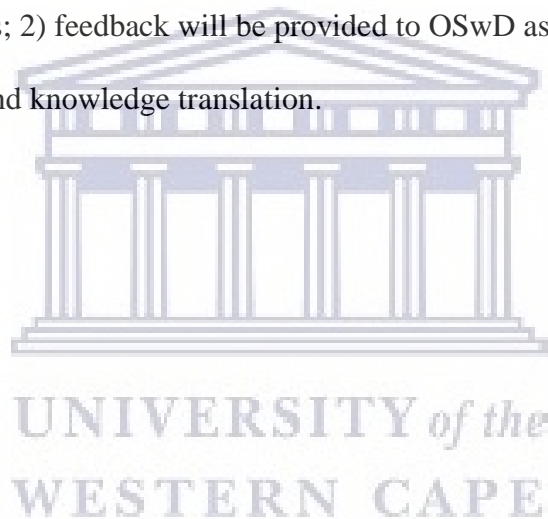
Ethics clearance (Ethics Reference Number: BM20/5/16) and project registration (Registration no. BMREC-130416-050) was obtained from the Biomedical Research Ethics Committee (BMREC) of the University of the Western Cape (Appendix B). Institutional

permission to conduct the study at UWC was requested from the Office of the Registrar through the UWC online application process (Appendix C). The proof of this permission was submitted to the BMREC for noting (Appendix D). An information sheet was prepared that explained what participation would entail, as well as the rights and responsibilities of everyone involved (Appendix E).

It was arranged that the manager of OSwD would email the respective candidates from OSwD on my behalf. I prepared an introductory email that gave an overview of the research question and the purpose of the study. No incentives were offered in exchange for participation. In light of the Protection of Personal Information Act of 2013, the contact details of the students were not disclosed to me. My email address was provided to the students so that they could contact me directly. After the introductory email, three of students responded with interest. I contacted all of those who showed interest and arranged interview times. All participation was voluntary. Participants had the right to withdraw at any time without consequence or fear of loss of benefits. Participants completed a consent form (Appendix F).

All transcripts were anonymised by using abbreviations and alpha-numeric codes. The transcriber signed a confidentiality agreement. When sharing these transcripts and the coding processes with my supervisors, it was password-protected using Microsoft OneDrive's secure cloud-based sharing settings. Limited identifying information was requested so as to not inadvertently disclose the identity of participants. Reporting on limited demographic information ensures avoidances of accidental identification. After each interview the researcher conducted a short debriefing with the participant to explore any adverse or emotional reactions. The target group is considered a vulnerable group and referrals to a clinical psychologist would have been made in the event that participation in the study caused distress or raised issues for the participants. There were no adverse reactions from the

participants. The nature of the semi-structured interview allowed us to have breaks after each section which was important for this subgroup and enhanced data integrity. All information gathered during the interviews was stored on Microsoft OneDrive's secure cloud-based platform, which creates a protected local and online copy of the data so that it cannot accidentally become lost or deleted. Only myself and my supervisors have access to it. This file will be maintained electronically for a minimum of five years as per the data storage policy of the University. Thereafter the supervisor and I will determine whether the file will be destroyed or saved in some format for posterity. Participants were informed about the ways in which the research will be disseminated, such as: 1) findings will be disseminated in the form of my mini-thesis; 2) feedback will be provided to OSwD as part of responsible community engagement and knowledge translation.



CHAPTER FOUR

RESULTS

The overall aim of this chapter is to report on the findings of the present study. Four categories emerged from the data analysis and each contained several sub-categories that were identified based on their frequency occurring in the transcripts and the significance of what interviewees said. Quotes were extracted from the transcripts to illustrate each category and sub-category. Table 2 below provides an overview of the relationship between the categories and sub-categories.

Table 4.1

Categories and sub-categories deducted from the Content Analysis

Category	Sub-categories
Diagnosis of ADHD	Age when diagnosed
	Process of being diagnosed
	Reaction to the diagnosis, including current feelings it
	Social support
	Perceptions of ADHD
	Motivation for disclosing diagnosis
Process of application	Indicating need for reasonable accommodation
	Documentation required
	Existing relationship with health care professionals
	Assistance received during application process for reasonable accommodation
Forms of reasonable accommodation offered	Awareness of OSwD
	Identification of which reasonable accommodation would be required
	Reasonable accommodation options
	Utilisation of reasonable accommodation
Implementation reasonable accommodation	Integration into campus and academic life
	Efficacy with which accommodations were implemented
	Role of academic staff
	Impact of resources on reasonable accommodation
	Effects of COVID-19
	Internal factors
	Future directions

Each category refers to the steps/principles in accessing reasonable accommodation. The sub-categories represent factors that students identified. These factors act as either barriers or facilitators.

4.1 Category 1: Diagnosis of ADHD

The category centres around the concept of receiving a diagnosis of ADHD. This category included six sub-categories. Each sub-category is presented below with illustrative quotes.

4.1.1 Sub-category One: Age when receiving diagnosis:

This sub-category speaks to the age the participant was when they were first diagnosed with ADHD. Table 4.2 presents illustrative quotes

Table 4.2

Diagnosis of ADHD (Age when receiving diagnosis)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“I was only officially diagnosed in the end of Grade 5.”
<i>Student 2</i>	“I was four years old [when diagnosed with ADHD].”
<i>Student 3</i>	“Uhm, the one part was when I was in primary school. And – but then, I was taken to an educational psychologist, uhm, but then, uhm, you know the, the educational psychology suggested to my parents that maybe I should try, you know ADHD treatment, medication or whatever the case might be. But you know, obviously that was something that, you know most parents don’t want to do, or whatever. So I went on to complete school, and then in 2017, uhm a GP recommended that I, you know, try Concerta. Uhm, and I – but then I got a proper evaluation from my psychiatrist in 2018. So, uhm I don’t know, I don’t know if you want to say 2017 or 2018. But, uhm the, the official letter is from my psychiatrist in 2018.”
<i>Student 4</i>	“Dit was eintlik baie vroeg in my lewe gewees. Ek dink dit was hier in Gr. 3, as ek nou reg onthou. Want ek was nogal baie jonk gewees toe.” [<i>It was actually very early in my life. I think it was in Grade 3, if I remember correctly. Because I was actually very young then.</i>]
<i>Student 5</i>	“I was diagnosed at about 10, 11,12. Maybe 10.”

From the illustrative quotes it is evident that most of the participants were diagnosed quite early in their life. Only one participant was diagnosed before primary school (Student

2). Interestingly, Student 3's ADHD symptoms were recognised in primary school, but he was only officially diagnosed in 2018 as an adult.

4.1.2 Sub-category Two: Process of being diagnosed:

The second sub-category refers to the process of being diagnosed with ADHD. This section will entail whether they were formally evaluated and by whom. Table 4.3 presents illustrative quotes

Table 4.3

Diagnosis of ADHD (Process of being diagnosed)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	"We [him and his brother] were seeing a doctor and psychiatrist for a very, very long time. Both my brother and me was seeing her at the same time and both were diagnosed over the course of 3 or 4 years. The test consisted out of going and asking a few questions, regular check-ups and we had to do these puzzle game type of thing."
<i>Student 2</i>	"I was taken to a psychologist [corrected herself later, saying it was a psychiatrist] and they did a whole bunch of tests and they diagnosed me."
<i>Student 3</i>	"I was taken to an educational psychologist, uhm, but then, uhm, you know the, the educational psychology suggested to my parents that maybe I should try, you know ADHD treatment, medication or whatever the case might be. But you know, obviously that was something that, you know most parents don't want to do, or whatever. So I went on to complete school, and then in 2017, uhm a GP recommended that I, you know, try Concerta. Uhm, and I – but then I got a proper evaluation from my psychiatrist in 2018."
<i>Student 4</i>	"Daai sielkundige... ek onthou nog altyd ons het... sy het net altyd gepraat en vrae gevra. Maar ons het ook, omdat ek so jonk was, het ons meer "gespeel" en toe het sy gekyk met die speletjies of ek aandag afleibaar is, ADHD het, watter probleme ek self het. Dit was oor 'n redelike tydperk gewees, ja, so daar was paar sessies gewees." [<i>That psychologist... I remember how she always spoke and asked questions. But we also, because I was so young, "played" and she determined from the games if I had attention deficits, ADHD, which problems I had. This occurred over a reasonable period, yes, so there were a few sessions.</i>]
<i>Student 5</i>	[I was diagnosed by...] "a neurologist."

From this table two things emerge namely 1.) All of the participants underwent thorough assessments before receiving a diagnosis. Some of them were more specific, saying it took place over more than one session, and indicated that certain tests were done. 2.) All students indicated that they underwent a thorough assessment conducted by a trained health

professional. Three participants reportedly were diagnosed by psychologists. One participant was able to identify the category of registration. Two participants reported that they were diagnosed by medical doctors who were general practitioners and doctors who completed registrar specialisations in neurology and psychiatry respectively.

4.1.3 Sub-category Three: Reaction to the diagnosis, including current feelings about it:

This sub-category summarises the participants' reflections about their reaction to their initial diagnosis and their feelings about it now. The way in which participants spoke about it was interrelated and did not make sense to present as separate sub-categories. The intersectionality that emerged between the two is important to capture. Table 4.4 presents illustrative quotes:

Table 4.4

Diagnosis of ADHD (Reaction to the diagnosis)

Participant **Illustrative quotes**

Student 1	“At the time (of diagnosis) I didn’t think much of it, because I didn’t know what the big deal was. We (him and his brother) got diagnosed by the same doctor at the same time. I think both of us handled it quite well. Being from the same family, we dealt with it and we have completely different personality types.”
Student 2	“It’s a weird feeling because people view it as a disorder, as something really bad but it’s actually.... your emotions are just intensified always. I don’t know, I feel like it hasn’t fully hit me that it is a disorder...”
Student 3	“Uhm, I think, I wasn’t reluctant in any sense because I believe that medical and health professionals are competent in what they do, and they there for a reason. So if you really want the best health for yourself, be a good patient. So, yeah.”
Student 4	“Nee, dis vir my meer normaal omdat ek groot geword het daarmee.” [<i>No, for me it is more normal because I grew up with it.</i>]
Student 5	“I didn’t understand much as a kid. [Today, I...] reject it because then it makes it seem real. I don’t want to have those symptoms and feelings, so having a label makes it seem real.”

From this table it became clear that the responses to or feelings about their diagnosis is a process and has a temporal impact. For example, Participant 5 reflected that the diagnosis was made at a very young age and that there was a lack of understanding of the syndrome and symptoms while growing up. This participant currently still has an adverse reaction to the

symptoms and diagnosis. Participants 1, 4 and 5 also mentioned their age in relation to their initial reaction to receiving a diagnosis. Student 1 and 4 reflected that they too were diagnosed at a young age, and having grown up with this condition, having a diagnosis was normalised. Thus, they did not have strong or adverse feelings about having a diagnosis. Thus, there is a continuation over time (temporal effect) linked to the initial diagnosis and how that was managed through the lifespan.

The findings indicate that there were two types of reactions. Some students reported not having strong, adverse feelings about the diagnosis. For example, Student 3 reported that trust or confidence in the competency of the medical professionals provided a level of comfort that translated into a lack of adverse feelings about the diagnosis that carried through to young adulthood. It is important to note that the participants did not articulate that they had positive feelings, but a lack of adverse, negative or intense feelings.

The second type of reaction was a strong adverse reaction to the diagnosis. For example, Student 5 made it clear that he rejected his diagnostic label. This participant did not want to have the symptoms or the diagnosis. The participant indicated that the diagnosis made it real.

The psychologist (specialist participant) stated that a person's reaction to his or her ADHD diagnosis is influenced by several factors. It is not only the age at which the diagnosis occurs. Table 4.5 illustrates this sentiment.

Table 4.5

Specialist perspective (Reaction to the diagnosis)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Specialist 1</i>	“So I think that the focus on when you are diagnosed is quite misplaced. The focus would be far better if placed on accurate diagnosis in a timely manner, communicated well, with an understanding of readiness.”

The specialist participant clearly indicates that what was important was the person's readiness to receive such a diagnosis and the manner in which it was communicated. If done well and accurately, it is more likely for the person to have a more positive reaction to their diagnosis. From the student participant accounts, it was clear that those participants whose diagnoses were delivered in an age-appropriate manner and reiterated over time presented with a lack of adverse reactions.

4.1.4 Sub-category Four: Social support:

In this sub-category, students identified the sources of social support. The participants all related social support to a relational context and identified specific people who offered support to them. The support offered was explicitly linked to the alleviation of stress or increased coping with different aspects of the syndrome for example, the management of the diagnosis, help with work and/or having people to talk to about their diagnosis.

Table 4.6

Diagnosis of ADHD (Social support)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	[Decisions regarding the management of his diagnosis...] "was facilitated mostly on my own and with support from my parents."
<i>Student 2</i>	"My mom would take me on hikes when I was little just to get me out sometimes... my mom loves going to the wilderness as well so we use to go on hikes a lot so that would wear me out."
<i>Student 2</i>	"So, I mean lots of people... I mean, my friend is like totally she thinks it's the best thing ever because she like really talks and she's like always listening to my stories and she always asks questions about it I mean she's super supportive about it and that's what's nice and she understands it."
<i>Student 3</i>	"My girlfriend is a medical doctor and I think she saw those symptoms in me, but obviously she couldn't do the assessment because she would be biased. She recommended that I go [to a psychiatrist]. And I don't think if she hadn't recommended that I would ever have been able to go."
<i>Student 4</i>	"Uhm, ek moet sê, uhm, mense wat ek mee groepies gevorm het en vriende gemaak het is dit makliker om mee te praat daaroor (rakende haar ADHD diagnose)" [<i>Uhm, I have to admit, it was easier to talk to people (about her ADHD diagnosis) that I have started making groups of friends with</i>]
<i>Student 4</i>	"My ma was meestal [ondersteunend], ja. Sy is meestal in die prentjie maar as dit kom by werk en goeters om mee te help en daaraan." [<i>My mom was mostly (supportive), yes. She is mostly present with regards to work and stuff, to help me with it.</i>]

From the above excerpts three supportive relationships emerged – that of the parent(s), friends and partners. Parents were identified as a form of social support. Student 1 identified that parents provided support with various aspects of the syndrome. From this quote the parents augmented the resources of the student to increase coping. In a similar fashion Student 4 reported that her mother ameliorated her resources by assisting with her academic tasks. This student reflected that her mother was a consistent aid in this manner. Student 2 relayed that her mother engaged her in planned activities to expend excess energy. The provision of opportunities to manage the symptoms of her diagnosis required a high level of attention and planning, and demonstrated accommodation of her specific symptoms of inattention and hyperactivity. This was a clear manifestation of support and modelling of adaptive functioning.

From the results, significant others were also identified as a source of support. Student 3 specifically identified his partner as a source of support. From that particular quote, the partner was able to draw on knowledge of the student in the context of their relationship. Through spending time with him, she was able to recognise ADHD symptoms and could use the relationship to encourage him to seek help for it. From this example, the intimate relationship provided a safe space in which awareness of symptoms could be increased and buy-in could be leveraged to seek professional assistance. The professional training of the partner was pivotal in her ability to be supportive in this manner.

Friends and friendship networks were also identified as sources of support. Student 4 identified that small friendship groups were helpful. Within these small groups there were opportunities to be vulnerable and to access support. Student 2 went further to describe how the personality of one friend created a relational context where the syndrome could be talked

about with interest and curiosity without judgement. This made it safe and provided an opportunity for reflexive engagement. Through such relationship, the student was understood and together a growing understanding of the syndrome and its manifestations was developed. Moreover, it encouraged accessing the relational network.

4.1.5 Sub-category Five: Perceptions of ADHD

Sub-category five of the category, *Diagnosis of ADHD*, refers to the perceptions that other people reportedly had/have about the students with ADHD. These perceptions included presupposed ideas about the diagnosis, stereotyped ways that people with ADHD would act, as well as how these perceptions could possibly change over time.

Table 4.7

Diagnosis of ADHD (Perceptions of ADHD)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“I know in the beginning for my dad especially, because my dad was very old school, he was freaked out, because from his generation ADHD was this ‘oh no, no’ thing. My mom, also to a degree, but as they started. Because they were obviously there taking us to doctors, they heard all the diagnoses, they read all the paperwork. The more they researched on like, ‘okay, this isn’t that bad’, type of thing.”
<i>Student 1</i>	“Most people have heard of it, most people know it’s this slight learning disability. The only ever problem I had was when people were expecting me to be this very jittery, hyper”
<i>Student 2</i>	“Also, ADHD was like... people always look at you differently, I mean I’m not going to lie it happens if you tell somebody look, I’m ADHD and people always think... especially when you get extra time people get super annoyed and it’s not like it’s my fault, I didn’t ask for the extra time I didn’t ask to get this disorder [laugh] ... Why do they call it a disorder? [laugh]. I mean some people just don’t understand that concept... they make it negative for you... It’s like you have an extra head or something when you told somebody...”
<i>Student 3</i>	“...in undergrad, what I noticed, a theme, is that, especially to guys, for some reason, when you mention it to them (that he has ADHD) they think that you a drug dealer, you know? So they think that – not a drug dealer, but they think that you going to give them, you know, um some of your medication and stuff and that’s something that’s irritating.”
<i>Student 4</i>	“...ek spreek dit nie uit, want ek wil nie actually w... hê dat almal moet na my kyk oor hoe’s ek op ’n disability nie. Want daar is frictions, van studente ook wat sê, ‘ja, dis unfair, hoekom kry sy die ekstra tyd?’” [<i>I don’t disclose (to peers in class) because I don’t actually want others to look at me differently because I have a disability. Sometimes there are friction because other students feel it is unfair that I receive extra time.</i> ”

Perceptions of ADHD of others can often be negative and unsavoury. Student 2 refers to how she does not like the pathologising nature of the word and its connotations, like “disorder”. Many of the participants prefer others not to know that they have a diagnosis which requires special assistances, as they might be frowned upon or can put them in uncomfortable situations. Furthermore, some parents’ views can be a barrier for their child (related to stigma) and hence, even if ADHD is diagnosed early, the parents might be against the idea. That being said, Student 1 felt that even though his parents were initially sceptical, they became psycho-educated around the issue and did not view it in such a negative light anymore. Student 3 also experienced how having a conversation with his parents as an adult, could help them to be more open to him having a diagnosis of ADHD, and taking medication for it, as illustrated below:

Table 4.8

Parental perceptions of ADHD and reasonable accommodation

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 3</i>	“...but with regards to me, um, because I was over 18, I was in university, I even came to my parents and I was like “I got some magic pills” [laughing] and I told them “this is Concerta. I drink this”, you know? And they were like – it was about me explaining to them, educating them, that this is, you know, Concerta. This is what it does. It’s not going to change who I am... and they were super cool with that, you know? Like ja, it wasn’t a issue or anything. I just think when I was younger, you know that over-protectiveness to their son, you know, and I was – I’m the first child, you know, so all of that stuff plays a role.”
<i>Student 2</i>	“I never had extra time for exams, I knew you could get it and I always asked my mom can I apply for it and my mom said nobody is going to give your extra time in life. I think my school marks actually really suffered from that, but if I look back I only got 3 distinctions I could’ve got more if I had extra time.”

Student 2 specifically refers to her mother’s perception that someone with ADHD do not need extra time, as it will confer an assistance to them academically that will not translate to automatically being given in life. Due to a child being dependent on their parents, they

might not be able to be labelled with a diagnosis of ADHD and receive medication and/or reasonable accommodation for it if the parents have certain perceptions about the syndrome. It seems from the interviews that external to the student, the diagnosis of ADHD and its associated reasonable accommodations are still to a large extent misunderstood by the general population, and negatively stereotyped.

Table 4.9

Staff/specialist perspective (Perceptions of ADHD)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“So I think uhm ADHD for me is one of those uhm diagnoses that I think is very misunderstood.”
<i>Staff member 2</i>	“...some of the students would also mention their ADHD is almost laughed upon when you're an adult because it's a typical childhood, uhm, condition.”
<i>Staff member 2</i>	“If you look at if it's a blind student, then you can see this is a blind student so your gestures and everything will be different, because you immediately, almost instinctively, tailor it to this person that is now blind. But when it comes to a student with ADHD, you often don't immediately kick into that mode of what does this student need from me specifically.”
<i>Specialist 1</i>	“...it's not well understood. It's very, very much stereotyped.”; “But actually, the issues of stigma are more external than internal to the person. It's about what other people think and how other people will manage you.”
<i>Specialist 1</i>	“I think the other barrier obviously is around stigma. So... so you know, with the like not wanting to receive special treatment or being seen to receive special treatment.”

Staff members and the specialist concur that the ADHD is often misunderstood by others. In accordance with the students, they agree that stigmatisation mostly happens from outside the person, due to the views and attitudes of others towards the person with the diagnosis. The psychologist added that because of such perceptions, the student might not want reasonable accommodation or be known to make use of it, due to fears of stigma. Staff member 2 mentioned the challenge of recognising someone with ADHD's needs whose condition is by nature less visible, compared to someone with a more visible physical disability.

4.1.6 Motivation for disclosing diagnosis

The last sub-category, *Motivation for disclosing diagnosis* in the context of the *Diagnosis of ADHD*, deals with the student's rationale for disclosing their condition i.e., what was their motivation to make it known to others, such as the disability unit? From the illustrative excerpts, it emerged that professional and supportive staff was a facilitator for disclosure. The existence of OSwD and knowledge of eligibility for funding based on disability motivated students to disclose their ADHD diagnosis, as well as seeking help for poor academic performance. It also emerged that the disclosures happened at different times, including application, during orientation and during the semester.

Table 4.10

Diagnosis of ADHD (Motivation for disclosing diagnosis)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	"... my family is from a quite poor background. We needed to apply for a bursary and like I said, my sister is a teacher now. She's teaching in Dubai and she was on the same bursary I am, [Name of bursary] disability, and they accredit ADHD as a learning disability. After she got it, my mom decided, once you go study, we're going to apply for you and see how it goes."
<i>Student 2</i>	"So, I went to OSwD I actually went for a totally different reason and I saw one of the office people there and they told me 'look this the your story' why didn't you say and I actually just said 'look it wasn't that big of a deal with me' but I mean I went because I have epilepsy and I just wanted to make a nurse how it works and then I landed up telling her and she basically told me 'look you can get extra time and you can get a separate venue' and I was like 'that would be so nice to have a separate venue where people don't click pens and drive me crazy'."
<i>Student 3</i>	"... then as I came to first year I met a friend who explained to me about [OSwD] and I went to go find out more about it. And I was actually intrigued that there was this service there to assist me, and I felt that it, it, it's very facilitative of what I was going through, uhm and I spoke to [OSwD staff member's name]... I said 'Hi [staff member's name], my name is [name of student], I'd like to register at the unit, I'd like to write my exams here. And I explained to her why, you know'."
<i>Student 5</i>	[He decided to disclose his diagnosis because...] "I was failing, my marks were going very bad. And I realised it was just too much mental effort that was required."

From the results, it became apparent that the student participants considered to disclose their diagnosis due to the possibility of material or substantive assistance. One of the

main reasons for most students was the prospect of academic assistance it could provide to help them cope with the challenging symptoms of ADHD. Student 2 said that she did not initially thought of disclosing it, but told a nurse in confidentiality. To her surprise, she found out that she could be eligible for reasonable accommodation specifically to cope with her challenges around distractibility. This shows how a positive conversation with professional and supportive staff can be a catalyst for making one's diagnosis known. Another reason that emerged was the possibility of accessing financial aid in the form of a bursary. Thus, this made access to higher education possible. Student 1 indicated that disclosing their disability status was easier as his sister was awarded a scholarship and, in that process, he learnt that ADHD was recognised as a disorder which then made him eligible for the identified funding. Hence, the disclosure was to assist with the eligibility for material support in the form of funding.

Table 4.11

Staff/specialist perspective (Motivation for disclosing diagnosis)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“So we find that because of the kind of support that we, we offer in the centre and specifically in OSwD, you find students want in on that sense of belonging, students want in on that sense of community.”
<i>Staff member 1</i>	“... so I find that there is such overwhelm in terms of the demand, uhm, the, the adjustment to the new academic environment et cetera, that I almost feel that we find ourselves in a dangerous situation in society where having a diagnosis of something, you know, is almost an advantage for getting support quicker.”
<i>Staff member 2</i>	“Yeah, so students often self-disclose easily. But that is more when it's during the first year. When they come almost with this letter that says “Oh, it's nothing major. This is what my principal gave me to give to the university.”

It surfaced often during interviews that students coming from secondary education are not always fully equip with the tertiary landscape requirements and demands. Overwhelmed students can view a diagnosis/disability as a way of getting help quicker in order to cope with new environment of higher education, which hence facilitates access to support. Another

reason is that once students become aware of OSwD, they also want to be part of a community and belong to something that could help them. Lastly, often first-year students who have received reasonable accommodation at school, disclose their diagnosis to OSwD easily in order to continue receiving their concessions at university-level.

4.2 Category 2: Process of application

The category entails the process of applying for reasonable accommodation. This category included four sub-categories: 1) Indicating need for reasonable accommodation, 2) Documentation required, 3) Existing relationship with health care professionals, 4) Assistance received during application for reasonable accommodation, and 5) Awareness of OSwD.

4.2.1 Sub-category one: Indicating need for reasonable accommodation

This sub-category speaks to how students indicated to the university that they would like to be eligible for reasonable accommodation.

Table 4.12

Process of application (Indicating need for reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“When I did the application for UWC, I had to check the box that said, ‘Yes, I have a disability.’”
<i>Student 2</i>	“I didn’t tick both [boxes] I wasn’t sure if you were allowed to, I didn’t specify it said to tick a box. It said pick a box so ‘a box’ made me feel like ‘is it one, is it two?’, made me pick [laugh] so I just ticked one box with most of the disorders.”
<i>Student 4</i>	“Uh, daar was ’n blokkie gewees om te sê dat jy het ’n spesifieke probleem en jy moes daai probleem gesê het; soos hulle sal klomp blokkies gehad met die spesifieke probleme en dan moes jy afge-tick het watter soort probleme jy het.” [<i>Uh, there was a box where you could indicate a specific problem and you had to specify that problem; like, they would have many boxes with specific disabilities and then you had to check which ones was applicable to you</i>].
<i>Student 3</i>	“I would say my process was that I registered as a student, uhm, but I didn’t check the disability box because it wasn’t on my mind because I was still in matric. But then as I came to first year I met a friend who explained to me about that process and I went to go find out more about it.”

Student 5 “I went to the [department name] to ask for help, then I went to the unit, they told me what they need from me, then I got a letter from my doctor, and then they processed it.”

The results identified that all students reported that there was an option to indicate if one has a disability or learning challenges during the application for admission to the university. The students reported that they had to check the disability box. There might be some variability in how the box/boxes were presented to students over the years; one student mentioned that there were multiple options of applicable disabilities listed which created confusion as to which boxes to tick. From the staff interviews, the process was confirmed as illustrated in the quote below from Staff member 1.

Table 4.13

Staff perspective 1 (Indicating need for reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“... when the student applies online, or – whether it’s a paper-based application to the university, the university’s application form has a section where students or applicants have to indicate whether they have a disability or not. And what then happens is once they’ve indicated on that form, on the application form that they have a disability the Registrar sends that list, you know, they filter out all those applicants whom have indicated that they have a disability, and we are given that beautiful list. And we then make contact with those students. And of course I am talking about the OSwD team now.”

The results also indicated that students who did not select or indicate the disability option, still had an opportunity to access reasonable accommodation and support services. Two participants reported that they were referred to OSwD. For example, Student 3 presented to OSwD after hearing from a friend about their role at university. Student 5 asked for academic support from his department, who in turn referred him to OSwD where he could indicate his need for reasonable accommodation. The interviews with support staff also identified that students were informed about OSwD during the orientation period. This period

of information sharing was helpful in increasing awareness of the service and often resulted in referrals or walk-in presentations

Table 4.14

Staff perspective 2 (Indicating need for reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	“So, uhm, say you are a matriculant of last year and you come to [UNIVERSITY’S NAME] for this year for the first time. And you then attend the orientation and you hear about the services provided by the Center for Student Support Services and there is a disability office. So if you have a disability or you know of any first year with a disability, you make contact with our offices by coming to the office and, uhm, making an appointment to do an intake.”

The specialist makes the point that most students would apply for reasonable accommodation only if they have a diagnosis. So, the fact that the application includes the option should not be over-interpreted as those who have not been diagnosed formally would not necessarily construct their challenges as a disability on the basis of which they could apply for reasonable accommodation. accommodation.

Table 4.15

Specialist perspective (Indicating need for reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Specialist</i>	“I think the majority... look, we are talking about people who know, who have a diagnosis. Because if you do not have a diagnosis, you wouldn’t be asked, you wouldn’t access the kind of reasonable accommodation you refer to. So it would be students who have, uhm, who come through the system already with the diagnosis, and students who may have already experiences the process of... of receiving reasonable accommodation. So that’s the majority.”

In the present study, all the student participants had an existing diagnosis of ADHD which made it easier for them to indicate their need for reasonable accommodation. It should be noted that two of the students did not select the box at the time of application despite having been diagnosed formally.

4.2.2 Sub-category two: Documentation required by OSwD

This sub-category refers to the verification process installed by OSwD. It also speaks to the administrative process of providing documentation in order to assist one's application to receive reasonable accommodation.

Table 4.16

Process of application (Documentation required by OSwD)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	"I think it needed to be less than a year old, so my old document from when I was diagnosed wasn't eligible to be used. I had to go back to the doctor, she had to rewrite a medical certificate, rewrite references and all these type of paperwork on her end."
<i>Student 5</i>	"... I got a letter from my doctor and then I went to the disability unit and I gave it to the office and I gave them my ID and matric results and my proof of registration."
<i>Student 2</i>	"So, I had to go to my doctor, to my psychiatrists and I had to ask him for letters and I had to go to an occupational therapist as well because of the dyslexia... I just had to ask nicely. They both gave me letters and you have to take them; letters and you have to hand them a certified ID copy, I think a result of last year and that's all they asked for..."
<i>Student 4</i>	"Uhm, toe ek ingeskryf het vir my eerste jaar, moes ek vorm gegee het van skool wat bewys het dat ek gestranskribeer het en dat ek het hierdie spesifieke, uhm, leerprobleme. Ek moes ook wéér 'n sielkundige gaan sien het om seker te maak dat dit (ADHD) nogsteeds daar is. So, hulle moes weer ondersoek doen, hulle moes weer na my gekyk het, weer al die toetse deur gegaan het om seker te maak ek het nog steeds die probleme." [<i>Uhm, when I applied for my first year, I had to provide proof from school that I received transcribing services and that I had these specific, uhm, learning challenges. I also had to see a psychologist again to confirm that it (ADHD) is still there. So, they had to examine me again, I had to undergo all the tests again to ensure I still had the challenges.</i>]

From the above excerpts it is clear that OSwD has a verification process in place when applying for reasonable accommodation. Participants identified that the documentation included standard requirement documents, such as a copy of your ID and proof of registration at the university, residential address. One would also have to provide proof of one's ADHD diagnosis with an updated letter from a mental health professional.

From the staff interviews, this process and the required documentation were confirmed. Staff members also echo the sentiments from students – that there is standard administrative process of applying for reasonable accommodation. Staff member 1 touched on the issue regarding the requirement of documentation and provisional registration, saying that a student cannot continue receiving reasonable accommodation unless they provide absolute proof of their ADHD diagnosis. Staff member 2 also adds that if a student received assistance before, such as during secondary schooling, they can bring those proof of that as well. It would seem that this process would be more facilitative of students who already has a diagnosis of ADHD, have received previous reasonable accommodation, and know they would like to continue receiving it at tertiary level. In addition to the document identified by the student participants, the staff identified a copy of the matriculation concessions.

Table 4.17

Staff perspective (Documentation required by OSwD)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	“So a student with ADHD, which has been previously diagnosed, would come into the office and bring all their matric concessions with them, so we can see what was done for you during your matric end-of-year exams. You will need your psychologist report and all the other medical documentation ...”

The student participants reflected that the process was comprehensive and exhausting. For example, Student 1 said that the process was very laborious and almost made him quit the application. The students were requiring to revisit medical professionals, and as in the case of Student 4 to get evaluated again.

Table 4.18*Additional student perspectives (Documentation required by OSwD)*

Participant	Illustrative quotes
Student 1	“I think it’s quite daunting and it’s very complicated to first do the application. Especially if you’re doing it...I’m not very technical when it comes to computers and stuff, I mean I still have a record player that I use. I’m very old school, so I prefer pen and paper when I fill it in. But the problem is there’s so much of this paper, there’s so many things you need and they send you that way to get bank account details, that way to get residential address details, that way to get this references and it’s just so overwhelming that it kind of just shorts you out and you’re like, “I don’t want to do this anymore.”
Student 3	“It was fairly – it, uhm – you know what I think made it easier, and what was a surprise to me was that people – that there are people who care about you. That, even though people care about you, and care about your wellbeing, they also have to do their job and confirm that the correct papers are there. But I wouldn’t say that’s challenging, that’s just them doing their job.”
Student 3	“And I was actually intrigued that there was this service there to assist me, and I felt that it, it, it’s very facilitative of what I was going through, uhm and I spoke to [staff member’s name], but she encouraged me to get the necessary documentation. But given that I have the GP’s letter, she allowed me the service in the meantime.”

The student participants reflected that despite the intensity of the process, they understood the reasoning behind it. One said that even though there is an admin process required for application, he understood why. Student 3 reflected that the staff were “doing their jobs.” The same participant also reflected that the staff were encouraging and supportive during this process. For example, Student 3 was allowed to access services in the interim based on a letter from a general practitioner whilst securing the full recommendation from a mental health professional (diagnostician).

One staff member reflected that the process was difficult for staff and student applicants. The staff had to fulfil their legal obligations in evaluating the documentation. They could provide some flexibility during the process for documents to be procured, but in the end the required documents was a suspensive condition.

Table 4.19:*Additional staff perspective (Documentation required by OSwD)*

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“And so one of the things we had to do, and I think it was hardest for students was having to say to students “uhm you don’t have the necessary documentation, we’re gonna give you a window period. Uhm if you don’t that then regrettably-” you know what I’m saying?”

4.2.3 Sub-category Three: Existing relationship with health care professionals

This section seeks to illustrate how an existing relationship with a health care professional can facilitate the process of applying for reasonable accommodation. Students said that their existing mental health professional facilitated their process of applying to OSwD.

Table 4.20:*Process of application (Existing relationship with health care professionals)*

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“With that I needed to get a medical certificate, a couple of other things and proof if you had any additional support at school, which in school I was granted extra time from the... I can’t remember the name. So, all those documents I had to gather and give to them, photocopy, certify and hand them in separately from the university application. So, I had to go back to my doctor, ask for her old file, to write a letter..”
<i>Student 2</i>	“So I went to my psychiatrists and my psychiatrist recommended an occupational therapist who worked with me and she said that it shouldn’t be an issue, she knows I’m scared to tick the box and so she said ticking the box is not going to kill you it’s just going to make life a little bit easier. So, I ticked the box, I took her advice... I mean, I follow most of the programmes and everything. I ticked the box and that’s why I ticked the box because she told me that it’s not going to make my life a little worse it’s just going to help me, she said there’s a reason they supply those boxes it’s to make your life easier. It is not like a sensor toll and you tick the box and they go “oh another one!” [laugh] and they throw it on the computer, you know.”
<i>Student 3</i>	“There was a delay in me getting the proper proof. But I eventually got that from my own psychiatrist.”

Having a long-term relationship with such a professional meant that they could return to them when required by OSwD to have updated proof of their ADHD diagnosis. Hence, having

existent access to such a professional, e.g., psychiatrist, sped up the application process. Furthermore, the professional with whom they have a relationship can play an important role in normalising the process of applying for reasonable accommodation. Student 2 provides an example of how the professional reframed the application for her and assisted her to complete a challenging process.

Staff member 1 explained that a lack of formal diagnoses can be a barrier to access support. Students who have not received a formal diagnosis from a health care professional, means that their application process is delayed as they would have to first get properly evaluated.

Table 4.21:

Staff perspectives (Existing relationship with health care professionals)

<i>Participant</i>	<i>Illustrative quotes</i>
Staff member 1	“So I find the biggest dilemma with, with ADHD is almost twofold: on the one hand you find that there isn’t enough people with proper assessments being done to, to, to – with the diagnosis. And on the second – on the other hand there are people who are self-diagnosing and when they come to the office of students with disabilities they expect support, they saying “No, but I’m struggling with concentration, I’m struggling with attention. I have ADHD” or the lecturer diagnosed the student with ADHD.”
Staff member 2	“But if a student has recommendation that was just made by the school psychologist in grade 9, for instance, and not reviewed after that, they come to university and we arrange for them to be seen by someone on campus. But I must be honest, that can sometimes take a lot of time.”

This ties into what Staff member 2 said. Getting a diagnosis from a new practitioner can be time-consuming. The staff member reflected that if someone was not diagnosed recently and they cannot return to an existing health care professional to update their document of proof, then their application to OSwD can be delayed.

4.2.4 Sub-category Four: Assistance received during application for reasonable accommodation

This sub-category pertains to the help students received during their application for reasonable accommodation. The results indicated three ways in which student participants received or could receive assistance with the completion of the application.

Two aspects emerged from students' views regarding the assistance they received during the OSwD application process for reasonable accommodation. The first is the support of parents. The parents of student 1 and 2 assisted them with completing the application. It is worth noting that both of these students received reasonable accommodation at school and hence their parents were also more likely to have a good grasp of the components involved with such an application process.

Secondly, the other participants shared how the OSwD staff were very supportive during the application process which made it easier for them to apply. Student 1 and 3 mentioned how they received hands-on assistance from one of the OSwD staff members. Student 3 specifically mentions that there was a balance between being assisted by OSwD and having to take responsibility for finalising his application.

Table 4.22

Process of application (Assistance received during application for reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	"...me and my mom who did all the applications."
<i>Student 1</i>	She [OSwD staff member] actually helped me with my application, directly... filled in some of my [NAME OF BURSARY] things I needed to go through, filled in my application form for UWC. So she was, it was amazing and it was absolutely a Godsent from her end and if anything was late she'd push it through on her end just to...she goes, 'Don't worry you're a day late, just a day late.' On the sly, just to get things done and it's because of her that I'm relieved that I'm in university now, because of her I have a room on campus to be honest. Otherwise, I don't know. She helped me every step of the way and was tremendous. I wish I had her help now with [postgraduate program], because it's the same thing all over again. [laughs]. It's daunting, to say the least.

Student 2	“... but the process is really it’s really easy to go through, they don’t make you feel bad and they don’t make you feel like you really are disabled and ‘we just doing this because we have it’. People who generally, they want to be there, they want to do this and they make it easier on the people... and if the one [staff member at OSwD] was busy there was somebody else to talk to you don’t have to see that person because everybody [staff at OSwD] was informed about the issues and everybody knew the students it wasn’t like you just a number... there was actually a face and a profile to the students, they knew the students, they knew what they needed and that’s what didn’t make it boring and “langdradig” so it was actually quite...”
Student 3	“Um, yoh man. I don’t know if you know Ms. [staff member’s name]. Yoh, she is the best woman ever. She is the most wonderful person I have met ever, in my whole entire life. She’s a great person, I miss her so much, you know. And - she played a big role in my life, you know. Accepting me into the disability unit – and not in the sense that, you know, I’m a victim and all of this stuff. But in the sense that there’s that culture that ‘I understand what you going through, here’s resources for you’ and stuff,’ but at the end of the day it is still on you to take responsibility’ and whatever. I just went to her office. Her office was always open, always open. ... in [year], in February or March I saw her door was open and I knocked on the door. I said ‘Hi [staff member’s name], my name is [participant’s name], I’d like to register at the unit, I’d like to write my exams here.’ You know what I think made it easier, and what was a surprise to me was that people – that there are people who care about you.”
Student 4	“Maar dis wat my ma daarvoor was om te help. Net om seker te maak, hoor hierso, vul alles in, seker te maak ek verstaan wat daar aangaan.” [<i>But that is where my mother assisted. To ensure everything is completed and that I understood what the application entailed</i>].
Student 5	“Yeah, the people were welcoming and very kind and very supportive. Also, they were processing it [application process] fast.”

It became evident that OSwD has a formal service in place to assist students with applications for reasonable accommodations. However, it appears the typical user of such a service are those with physical disabilities.

Table 4.23

Specialist perspective (Assistance received during application for reasonable accommodation)

Participant	Illustrative quotes
Specialist	“So I know at [university], you can have assisted applications with OSwD, but typically if you have cerebral palsy, a physical disability or you’re blind, your application will be assisted by OSwD, but the student with ADHD is not going to necessarily have that. ... A very small percentage would actually have the assisted application. So, we need to do an enormous amount of work at that first node of the life cycle, which is preparing them to access the university, in terms of the application and in the process of applying itself.”

The specialist makes the point here that despite the university offering assistance with application, and with OSwD specifically, very few students with ADHD would make use of official assisted applications. Hence, at this part of the student life cycle, i.e., applying for reasonable accommodation, more work is required in order to assist students with successfully applying.

4.2.5 Sub-category Five: Awareness of OSwD:

This sub-category refers to the potential challenge prospective applicants in need of reasonable accommodation would face, whether they are even aware that a disability unity on campus exists. The findings identified two ways that participants became aware of OSwD: 1) informal networks, e.g. friends, and 2) student activism and student organisations.

Table 4.24

Process of application (Awareness of OSwD)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“Like I said, it’s not something that’s front and centre in university. It’s not something they advertise when it comes to getting applicants, so a lot of the time when people find out it’s by pure coincidence. They walked by, saw something and they look into it.”
<i>Student 2</i>	“I didn’t really know what OSwD was on campus, like I literally only know where the buildings are.”
<i>Student 3</i>	“How did I become aware of it? Uhm [pause] I think [pause] someone might have told me about it. Someone – a class mate might have told me about it. I’m 100% sure that’s what happened.”
<i>Student 1</i>	“So DASA, Differently Abled Student Organisation, is a second organisation affiliated with the SRC on campus. We get funding from them, which we have to apply for each year. It’s not a lot it’s basically to do this basic thing. We use it as a platform to create awareness on campus. In the beginning of every year, with the new students coming in, we do a little kiosk with some pamphlets and that type of thing saying, ‘If you have a disability we encourage you to apply for the disability section of OSwD when you apply for UWC.’ We’re just making people aware. ‘UWC does have facilities for disabled people and learning disabilities. We encourage you to apply for it if you need it.’ There is still a stigma of learning disabled, of being disabled on campus. We just encourage people to apply for it, use it if you want to. It’s there for you to benefit from it. It takes no extra money from you. It’s nothing like that, it’s not a money thing, it’s just support for students and that was our job.”

Most student participants expressed that there is a general lack of awareness of OSwD presence and services on campus. Student 1, who sought out reasonable accommodation services from the start of his tertiary education, admitted that many people find out about the disability unit by chance. Student 3 said that via word of mouth he was able to become aware that a unit such as OSwD existed.

Student 1 also provides insight into how more awareness is currently generated through student-run organisation affiliated with OSwD, such as DASA (Differently Abled Student Organisation). Students connecting with DASA can find out more about OSwD's services, as well as normalising the rights of people with disabilities rights to apply for it.

The specialist also makes it clear below that there is a lack of communication within HEIs to inform students with disabilities of their right to access the services of a disability unit.

Table 4.25

Specialist perspective (Awareness of OSwD)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Specialist</i>	“So in general, the higher education environment, is not set up to communicate to students that should you have any kind of disability, or should you present with challenges that compromise your functioning, you are able to access services.”

Relating to the concept of awareness of a disability unit, the specialist regards this issue as a larger structural issue. He posits that the tertiary education setup is not communicating to students that such services exist and that they can access it. Hence, many people would not be aware that they can seek out a service to provide them with reasonable accommodation.

4.3 Category 3: Forms of reasonable accommodation offered

The third category focuses on the steps involved deciding on the appropriate accommodation to a student's needs. This entails how the form of accommodation specific to a case of a person with ADHD was identified. The category included four sub-categories.

4.3.1 Sub-category One: Identification of accommodation:

The first sub-category deals with the process followed to identify what needs and participation limitations would require accommodation. The findings point to a collaborative process in which the accommodations are identified relative to student needs and available services. Table 4.26 contains illustrative quotes

Table 4.26

Identification of which reasonable accommodation would be required

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 2</i>	“So, it was... another thing was when you go for the interview, they inform you of different things... did you know you can apply for this bursary and it covers a little bit more or did you know you can do this and it helps you... or they also ask if you are on a bursary do you need academic help, is there anything we can help you with like medication wise or anything. So, that was very nice of them as well, very few schools and universities are aware of those things.”
<i>Student 5</i>	“And then they brought me in a for a meeting to explain how they can help me... the people were welcoming and very kind and very supportive.”
<i>Student 1</i>	“As far as that goes, the accommodation they make for you is based on what was given to you before.”

Students identified two ways in which the accommodations are finalised. First, students who received accommodations during secondary school were evaluated for the feasibility of continuing those specific accommodations. For example, Student 1 reflected that in his case, the reasonable accommodation was based on what he received during school. Second, a consultation interview was conducted in which OSwD representatives discussed different forms of reasonable accommodation that could be considered for the identified needs of the student. For example, Student 2 reported that there was an interview where she

was advised of the various ways OSwD could assist her. Similarly, Student 3, who has not received reasonable accommodation before, expressed that OSwD explained to him what services they offer which could help him.

Feedback from staff participants confirmed that there was a collaborative process where recommendations are discussed and accommodations considered. Staff members made it clear that staff liaise with the student regarding what their needs are in light of their disability and what could help them cope better.

Table 4.27:

Staff perspectives (Identification of required reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	"... and I arrange for an interview with the student. So we sit down, do the interview, asking questions, and the main purpose of the intake interview is really to assess what the student perceive their needs to be at university."
<i>Staff member 2</i>	"... taking my reference from the student's psychometric report. So whatever is classified for that specific student and the extent of their diagnosis, that is how we are framing the diagnosis of ADHD and the assistance we provide."

Both staff participants said that the identified reasonable accommodations are case dependent. This means that each student with ADHD will be afforded assistance with their specific challenges. Psychometry reports also carry weight, in that OSwD uses reports to inform what accommodations the student with ADHD needs in order to participate in university studies and be successful.

Table 4.28

Additional staff perspective (Identification of required reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	"... every case is unique as you know, uhm we really assess the kind of special, reasonable accommodation by what every individual student presents with. So we have uhm, some students with ADHD who can sit in a room with one or two other people, you know what I'm saying? But then you find there are other students who sit completely on their own and they get the extra time ...and you need to make sure the environment is completely quiet et cetera et cetera. So uhm, yes ADHD is one diagnosis but you can – we – it's very important for us to also to respond to how each individual case presents itself."

Student participants reported that they felt free to give input into this process and could make suggestions or requests for specific accommodations that may not have been offered to them. For example, student 5 requested transcription services. Similarly, Student 2 reported that “OSwD would be open to suggestions” and that they would make a concerted effort to secure accommodations. The same participant indicated that the student has a choice of accepting the recommended accommodations.

Table 4.29

Additional student perspectives (Identification of required reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 2</i>	...I mean, they really think of everything and if they haven't thought of something and you tell them look, I need this then they really go and they try to accomplish what you need to meet the goal which is really nice.”
<i>Student 2</i>	Usually, they try to offer the student a choice, like they offered me choice... like would you like to write in a separate room or would you like to write with the rest of the class...”
<i>Student 5</i>	“I did ask them about dictation software that I can use to transcribe but I am still waiting on a reply from them. They did offer me a software to read journal articles for me but doesn't help me as I still need to concentrate.”

4.3.2 Sub-category Two: Reasonable accommodation options:

The second sub-category refers to the various options of accommodations that would be available to students with ADHD.

Table 4.30

Forms of reasonable accommodation offered

<i>Application area</i>	<i>Accommodation</i>	<i>Reasoning/ Function</i>
<i>Lectures and modules</i>	<i>Schedule sharing</i>	<i>OSwD assists with tracking the student programme</i>
	<i>Recording device</i>	<i>Allows student to attend while recording the lecture. removes the requirement for note-taking during lecture</i>
	<i>Text-to-speech software</i>	<i>To read journal articles to the student</i>

<i>Tracking</i>	<i>Reminders and notifications</i>	<i>Signalling due dates for assessments which assists with focusing and tracking</i>
<i>Dedicated work space</i>	<i>Computer labs</i>	<i>Reduces competition for resources and reduces distractions</i>
<i>Non-classroom space</i>	<i>Personal space</i>	<i>Space to withdraw and regroup</i>
<i>Assessments</i>	<i>Extra time</i>	<i>15 mins per hour</i>
	<i>Computerised test taking</i>	<i>Alternate format to writing</i>
<i>Exam venues</i>	<i>Quieter exam venues</i>	<i>Preferred venues with less distraction</i>
	<i>Alternate exam venue</i>	<i>Dedicated space to write with other differently abled-students.</i>

From the interviews, the most common reasonable accommodations are extra time on tests/exams, and to write these in a separate, quiet, OSwD-assigned venue. All students that specified the extra time given, said that it was 15 minutes extra per hour. Student 5 stated that essentially extra time was the default accommodation for students with ADHD.

Table 4.31

Additional student perspective (Forms of reasonable accommodation offered)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 5</i>	“Uhm, just... on the application on the application there is a list of things to choose from to choose ... It was not specific to ADHD (the list), it was for disability in general, so the only available accommodation for ADHD was extra time.”

Both PASS staff members indicated that extra time is generally afforded to students with ADHD.

Student 1 and 4 also mentioned that OSwD provided them with computer facilities to make use of. Student 3 said that these computer labs were only for OSwD students and allowed one to avoid the general long queues at the library. Student 1 posited that recording devices were also available from OSwD to use. Student 2 said that OSwD sent reminders to their students, informing them of upcoming exams. She also added that OSwD told students

to remind them in advance of what reasonable accommodation they would need for a specific exam.

The Staff participants identified the importance of providing alternate and dedicated spaces for students with ADHD. Staff member 2 spoke about the quiet, separate space OSwD can offer students and highlighting that the provisioning and aesthetics of the room had to be containing and comfortable. Table 4.32 presents illustrative quotes:

Table 4.32

Staff perspectives (Forms of reasonable accommodation offered)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“Uhm, so, I think besides – as I said the space – what we also do is, very often the students with ADHD require additional time ... I think students get 15 minutes per hour? Uhm, so, so what we also do is we give them – we engage with faculty so that additional time is factored into their test time or their exam time.”
<i>Staff member 2</i>	“So the most common ones, actually the only ones, is the extra time that we give during assessments and the space, the physical space, that we provide ensuring that the space ... what you call it... aesthetic feel of the space would accommodate, would assist them.”
<i>Staff member 1</i>	“Ja, ja. I think mainly, I think the – for ADHD, the, the reasonable accommodations which are mostly used is having a, a individual space where they actually write, and the extra time. You know? So, so if I think it really depends on – so if it’s just ADHD and then them sitting alone and writing alone in a very quiet space, that is the number one priority for us. And preparing the space and the students prior to them writing; calming them down, helping them to – so, so we do that as a standard practice, and as I say the extra time that’s the second thing.”

From the staff interviews, it emerged that there is also a liaison function with faculties and academic staff to arrange for the implementation of accommodations. There is also a liaison function with support staff such as psychologists who can be consulted when students are dysregulated before or during examinations. In this way the liaison and monitoring functions are also forms of accommodations.

The specialist reflected that the implementation of reasonable accommodation should stretch to learning in the class as well. He further argues that extra time is not always an appropriate concession for some struggling with inattention.

Table 4.33

Specialist perspective (Forms of reasonable accommodation offered)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Specialist</i>	<p>“So with ADHD students, for example, we know that the interventions that work, are the following: first, if it is about distractibility, you sit in front of the class, you don’t sit at the back of the class, when the lecture hall holds 250 students. Uhm, the second thing that helps with ADHD is... having access to notes and things like that, so if there is something they missed, uhm, due to inattention, you know, they would be able to get these additional notes that help them augment. The... in general... everybody gets extra time... Everybody gets extra time, and I don’t think extra time is always indicated and I don’t always think it’s useful. In fact, the worst thing you can do for someone with inattention, is to give them more time.</p>

It is noteworthy that the classroom experience was not mentioned by students when referring to reasonable accommodations received, as discussed by the specialist. Furthermore, contrary to the specialist’s recommendation, students and staff members seemed to mostly list extra time first on their lists of reasonable accommodations offered. They all referred to one way of extra time being structured as a form of reasonable accommodation, which is that of one extra lump of time additional to what is generally given to all students.

4.3.3 Sub-category Three: Utilisation of reasonable accommodation:

This third sub-section speaks to whether students actually made use of the reasonable accommodation options offered to them.

Table 4.34

Forms of reasonable accommodation offered (Utilisation of reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“Yes. On all my online tests I do get my 15 minutes for each hour... I do still get the 15 minutes extra, which I do use.”
<i>Student 2</i>	“But I don’t... I never... I hardly run into the extra time... I rarely use my extra time... especially not in COVID I still use my textbooks though but I don’t really... I really ever if I’m on campus use the extra time, I don’t really need it, it is there but it’s like a comfort blanket when you falling off the roof and the trampoline is there, they put a blanket underneath the trampoline in case you fall through the trampoline.
<i>Student 2</i>	“I did, I worked into a different room and it was actually, a different lab as well. It was nice to have a quiet room, I must say because of people and the clicking of the pens and people coughing and people sneezing and when they countdown 5 minutes left, that drives me insane I cannot do that, that breaks me...”
<i>Student 3</i>	“I am still making use of extra time on the online platform. That’s the predominant one that I use, extra time. Yes, I was using the venue on campus [prior to COVID-19]. The venue at CSSS. So the extra time was awesome because it really, it doesn’t put you under so much pressure and you able to use that..”
<i>Student 4</i>	“Uhm, daar is partykeer dat ’n toets vir my so bietjie makliker sal wees, dan sal ek nie die volle 15min gebruik nie. Maar meeste van die tyd gebruik ek alles wat ek kan, of ek maak seker om deur te gaan, weer deur te gaan om seker te maak ek het alles geantwoord. Daar is partykeer wanneer ek ’n vraag oorsien en net aangaan, dan sal ek later terugkom na hom toe.” [<i>Uh, there are times when a test will be a bit easier for me, then I won’t use the full 15 minutes. But most of the time I use all of it, or I go through my test again to make sure I answered everything. There are times when I will skip a question and continue, and then return to it later.</i>]

It appears all students appreciate having the extra time they are provided by OSwD, although they don’t always necessarily need/use it. Student 2 summed this sentiment up by saying that for her the extra time it’s like a safety net – she does not always use it but it’s reassuring knowing it is available. Student 3 relatedly said that extra time ensured less time pressure during a test/exam. Student 4 said that with extra time she can return to questions at a later stage, and use the time to make sure she answered correctly. Students 2 and 3 also said that they made use of the OSwD-assigned space; Student 2 in particular described it as a very helpful accommodation due to its distraction-free nature.

The staff interviews indicated that students are very willing to accept the accommodations offered to them. They reflected that students may later decide whether they need to use it, but generally feel comfortable having access to it.

Table 4.35

Staff perspectives (Utilisation of reasonable accommodation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“Ja, ja. I think mainly, I think the – for ADHD, the, the reasonable accommodations which are mostly used is having a, a individual space where they actually write, and the extra time. You know? So, so if I think it really depends on – so if it’s just ADHD and then them sitting alone and writing alone in a very quiet space, that is the number one priority for us. And preparing the space and the students prior to them writing; calming them down, helping them to – so, so we do that as a standard practice, and as I say the extra time that’s the second thing.”
<i>Staff member 2</i>	“Man, the students... they tell us they take on everything, but sometimes you can actually see that a student isn't really fazed, some of the students with ADHD – they not really fazed by whether the walls were painted blue or yellow, you know? So the aesthetic feel... it doesn't really faze them that much. They really just want to ensure that they get to write with the extra time. Then there is also some of the students that just want to be part of the office for that sense of belonging. And then some students really make use of the full package and they would tell you that they need to sit in the computer lab, not just by a study desk in a quiet nice space.”

Both staff members said that extra time is high on the list of priorities for students with ADHD. Staff member 1 also said that the OSwD-assigned space is often used. Staff member 2 mentioned that students are generally not influenced by the aesthetics of that space. She added however that some students need the sense of belonging to OSwD more than some of the other more typical, practical reasonable accommodations. Extra time and the OSwD-assigned space are often used when writing tests/exams.

4.3.4 Sub-category Four: Integration into campus and academic life

Sub-category Four speaks to the contribution of accommodations to integration into campus and academic life. Students mostly spoke positively with regards to the impact of reasonable accommodation on their integration into campus and academic life. Some felt that

it facilitated learning e.g., Student 4 said it helped with her academics. Student 2 echoed these sentiments, saying it facilitated an easier student experience by reducing her stress.

Table 4.36:

Forms of reasonable accommodation offered (Integration into campus and academic life)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“I think in my case a lot of the accommodation and special needs things that they have made available to me has helped quite a lot. A lot of my friends now, I met at the OSwD”
<i>Student 1</i>	“The social aspect of it was very important. It was work, technically work but it’s a student organisation [DASA] so you don’t get paid or anything like that. It was a very big social part of my life on campus. At the moment... I’m not very social here, so all my social interaction, my class interaction happened at the OSwD with the people I knew there. So that was my social interaction, especially since I live on campus and I was in my room 7 days a week. I look forward to going out, that was my thing. I went to class and in between classes I popped into the office. I said hello, we talked, I went to another class and that was my day. That’s how I did it. That’s pretty much how I spent the last 4 years of my university life and it was enjoyable.”
<i>Student 2</i>	“... it definitely makes it a little easier especially like the extra time and things like that I didn’t feel so stressed also like when they offered a quieter room and stuff like that it makes it a lot easier and in like... it didn’t put an obstacle in my path it actually just took one out of my path.”
<i>Student 3</i>	“... it can hamper your integration. Because, uhm – but I don’t think it hampered mine. It actually made me more open to the other things, and, and to the other organisations on campus. And the disability unit served as this, this hub to find out about everything else, you know. I had a great campus experience, I had a typical campus experience I would say actually.”
<i>Student 3</i>	“... that the disability unit is, is, is something that I find a great institution for students who, who, who need that. But [pause] it can put the student in a place of victim mode – victimisation. And it’s sad for me, to a degree, to see someone spend their entire Bachelor’s degree, most of their time sitting in that building [pause] alone... because I used to be like that for, for, for like in the beginning, in my first year, um right in the first few months. I just used to go to my class and after my class then I went to go sit upstairs in the lab and I’m just there on the computer, doing my work because I don’t need to go to the library and you just cutting yourself off from everybody but then afterwards, I met friends at the unit, you know? So then it’s not necessarily spending your time in the unit, but it’s spending your time alone, you know? I think that it’s important to have friends and stuff so...”
<i>Student 4</i>	“Ek sê dit het nie so baie gehelp nie, maar nogsteeds jou sosiale en goeters moet jy... is nog maar steeds daar. Maar dis... dit het niks met dit te doen nie. Dit maar net te help met die akademie.” [<i>I would say with other aspects not so much, with regards to social things and stuff you have to... you are still just there. But this has nothing to do with it. It’s only there to assist with academics.</i>]
<i>Student 5</i>	“Well, I didn’t feel disintegrated from campus, I just failed. But I feel this will help although I think there is not much you can do for ADHD.”

Student participants were very clear that their integration into academic life and coping with academic demands were substantially enhanced, supported or facilitated by accommodations and OSwD.

There was mixed feelings or perceptions reported on the extent to which accommodations assisted in their social integration. Some students reflected that they became part of a community and were able to establish networks with staff and students. For example, Student 1 and 3 enjoyed how, through OSwD and reasonable accommodation, they could make friends and find out about things they otherwise would have missed out on. Student 1 identified that exposure to co-curricular activities such as the student organisation, DASA, assisted in expanding their networks and contributed to an interaction with the general student population.

Other students felt that the accommodations and the dedicated service had a limiting impact on social integration. For example, Student 4 felt that OSwD and reasonable accommodation was only helpful in assisting with academic-, but not with social integration. Student 3 reflected that some people restricted themselves by spending their time only at OSwD and in the separate, quiet space. This can cause social isolation and become a barrier for full participation in the curricular and co-curricular activities on campus. Hence, they actually do not integrate into campus life.

Staff members and the specialist agrees that students generally find OSwD's services helpful. The expert mentions that through the support and advocacy of OSwD, students feel they can make arrangements with academic staff, which otherwise would not be accessible for them to do.

Table 4.37*Staff/specialist perspectives (Integration into campus and academic life)*

Participant	Illustrative quotes
Staff member 1	“I think feedback from students have been positive... So, so what I want to say is, uhm [pause] there’s positive feedback, yes, there’s also students that may feel that they did not get everything that they – sometimes the expectations from students very often is that the office must do everything for them.”
Staff member 2	“Some of the students would tell you they are happy to just be part of OSwD and to come and write their things and to be away from the other mainstream students, because no one looks at them when they have to write a bit longer and everyone else must hand in their test papers. But other students again feel a bit stigmatised when they are having to write separately. So as much as it's a benefit for them to get the extra time and whatever, sometimes you’ll find that there’s classmates that was “oh why was [PARTICIPANT’S NAME] not writing in our venue” yet we saw that she got a mark on the noticeboard.”
Staff member 2	“So some of the things that happened, you see a student registering with OSwD, they've got ADHD, and they think that the time allocation is what would solve the academic challenges. Only to discover, but they are registered with OSwD, they get the extra time and whatever the sorts, but they still experiencing that same academic challenge. Which then somehow indirectly links to higher education just being a different ballgame than what they were used to at high school. So sometimes students would register and almost feel “this was unnecessary, it really doesn't benefit me”, uhm, then you find that some of the other facilitators for those with ADHD is that sense of community within the OSwD office space.”
Specialist	“I think the students who are currently making use of the OSwD service find it very useful because it is essentially a support structure. I think I mentioned earlier that, you know, there is a focus on the relational aspects and I think that they do offer almost a sort of mentoring through the degree processes and so that is incredibly valuable. I find that the students tend to negotiate and with lecturers through the... through the OSwD and not directly which helps them given the power differential and it does help them to feel like they have like someone's got their back and they are protected.”

Staff member 1 adds however that despite their offerings, some students are not satisfied with what they received from OSwD. Staff members 2 makes two important points: 1.) some students feel stigmatised making use of OSwD’s reasonable accommodations services despite its academic efficacy; and 2.) due to the increased workload and challenging nature of higher education, some students still struggle academically despite receiving the appropriate reasonable accommodation.

4.4 Category 4: Implementation of reasonable accommodation

This category contains content related to the implementation of reasonable accommodation. The category includes six sub-categories. The subcategories are presented below with illustrative quotes.

4.4.1 Sub-category One: Efficacy with which accommodations were implemented:

This sub-category contained information related to the efficacy with which accommodations were implemented. Four ideas emerged from the content in this subcategory namely, a) Implementation of extra time, b) Implementation of reasonable accommodation, c) Responsiveness of OSwD service and d) Student responsibility.

a) Implementation of extra time during examinations: This particular aspect was important since extra time was one specific accommodation that was applied for students with ADHD. Student 3 reflected that the invigilators managed the timekeeping in the venue and always assured them of their allocated additional time. Similarly, Student 2 indicated that proper arrangements were made to ensure that everybody knew that extra time was allocated to a particular student and then implemented it accordingly.

Table 4.38

Efficacy with which accommodations were implemented

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 2</i>	“They [Indicate who] simply made sure that you had everything and they just make sure that the venue is quiet and that you do have your extra time and that it is known that this is required, they didn’t say ‘okay you going to get this’ and then it didn’t happen they really made sure that it suits what you need.
<i>Student 3</i>	“So, uhm, when it – when it comes to the examinations, then you will have your invigilators and your invigilators will be there. And they will put a clock on the, uhm, table or on the wall. And, uhm, they will inform you – they will put a sticker on your table to inform you “[name], you have so much time left. And they stick to their, their, their times, you know? And sometimes, they’ll even give you, like you know, if they see you really need it, they’ll give you more time. But I mean they, they – and nobody’s like, uhm, nobody is, is, is rushing you, or putting you under pressure, you know? They just, and they tell you ‘guys, you may start now’ and ‘the first hour’s passed, but don’t worry you have your, you know, you have your 15 minutes extra for every hour’”.

b) Implementation of reasonable accommodation: The findings indicated that students generally had a positive experience of the implementation of reasonable accommodations. Students perceived the implementation of accommodations to be competent. They specifically stipulated that OSwD demonstrated competence in their implementation of reasonable accommodation. Student 2 distinctly mentioned that OSwD ensured that the reasonable accommodation she was supposed to receive, such as a distraction-free exam environment, were implemented correctly, even if she were to write in the evening. Student 3 mentioned that the invigilators were well-trained and mindful of not distracting students and ensuring that the accommodations were implemented in the test-taking venue.

Table 4.39

Additional student perspectives 1 (Efficacy with which accommodations were implemented)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“They implemented it very well. There’s no complaints from my side about that.”
<i>Student 2</i>	“They simply made sure that you had everything and they just make sure that the venue is quiet ... For instance, the quiet rooms [laugh] they were really quiet, I must say, there was no clocks ticking, no annoying features, no... and the lecturer knew not to count down and things like that. They really made it pleasant...it wasn’t like I saw this impending doom [laugh] So, they really are what they say they are, they really there to help and I feel like the organisation you never hear about them you just know that they do their work which is what you expect.”
<i>Student 2</i>	“The lecturer was informed and because it was such a late test, I think it was from 6 o’ clock... we always write our tests so late it’s so inconveniences, but anyway they just moved me to a different lab that was next door to the lab that everybody else was writing in so I wrote into a lab that was next door and there’s always a lecturer present.”
<i>Student 3</i>	“I think what they doing now, they’re doing a good job.”

c) Responsiveness of OSwD: The student participants reflected that the OSwD service was responsive. Student 4 indicated that the service was able to problem solve when they are informed of any challenges to the implementation of the accommodations. The

students indicated that their experience was that OSwD would go the extra mile to assist students with successful implementation of reasonable accommodation.

Table 4.40

Additional student perspectives 2 (Efficacy of implementation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“They implemented it very well. There’s no complaints from my side about that.”
<i>Student 3</i>	... But even then [when you do not submit your details] they’re [OSwD] still accommodative.”
<i>Student 4</i>	“Kyk, uhm, as mens vir hulle sê [van ’n probleem met billike akkommodasie] dan sal hulle jou tien teen een kan help, hulle sal hul bes probeer... en jy sal sê hoor hierso, hierso is my probleem. En dan sal hulle dit uitsort van hulle kant af.” [<i>Look, uhm, if you inform them (of a problem with the implementation of reasonable accommodation), they would likely be able to help you, they will try their best... and you would say, ‘look here, this is my problem’. And then they sort it out.</i>]

d) Student responsibility: An important thing that emerged was the responsibility of the student in the implementation process. Student 3 reflected that some students omitted to share their exam schedule which meant that OSwD could not plan for the implementation of their accommodations. This places the service under pressure and “places them in a tough situation.” Thus, the student has a responsibility to ensure that they share their schedules.

Table 4.41

Additional student perspective 3 (Efficacy of implementation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 3</i>	The only way that that can happen to you [failed implementation of extra time] is that if you, if you never sent them your, your, your, your, your – the necessary stuff that you needed to send them, your module code and all of that. There are actually students that, that, that never done that hey. And that’s a – yoh that’s a stressful process because they don’t – then they don’t have your examination papers. And then you need to – yoh, that’s not nice. Because that’s on the day of the exam. Then, then, then you put them in a, in a, in a tough situation. Because they don’t have your exam papers and then it’s a whole thing.

Staff perceptions about efficacy: Staff participants and the specialist were of the opinion that the implementation of reasonable accommodation has been good. The staff

identified factors that contributed to efficacy in this domain. Table 4.42 below has illustrative quotes to that effect.

Table 4.42

Staff/specialist perspectives (Efficacy of implementation)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“Ja, so, so I think one big achievement... uhm we’ve been very proactive in terms of not sitting back and complaining. Our, our – one of our values is co-creating opportunities. So we really take that seriously in the sense that the team has been proactive. We’ve been quite proactive in terms of, instead of saying the university doesn’t give us this, this this – which is a reality, there – we always tend to have resource constraints and we do have – I mean we have a manager and we have 3 admin staff and there are over 200 students registered with OSwD.”
<i>Staff member 1</i>	“Students develop relationships with a person, you know? So even though there’s a broader team we find that some students will prefer to go to [staff member’s name] some students will prefer to go to [staff member’s name] some want to go to [staff member’s name], some want to go to [staff member’s name]. So you do find that there’s relational – there, there there’s a relationship that gets developed, and a relationship of trust that gets developed uhm with either the entire team or with members of the team.”
<i>Staff member 2</i>	“Uhm, the implementation has been very good once our office... our office makes a recommendation and inform the lecturers thereof. It has been mostly like 95%; the implementation has been very good, where the lecturers... I think the office has a good credibility at [UNIVERSITY’S NAME], so that’s why it’s been implemented very well.”
<i>Specialist</i>	“I think at the moment the service is primarily advocacy. It’s saying okay yes, an individual student - student goes through the formal processes and then they will champion that student. They will... they engage on behalf of that student with staff...”
<i>Specialist</i>	“At the moment, it is really... the focus is on an advocacy and championing and the focus is on support. So there is an... incredibly wonderful support of the student from a kind of humanitarian point of view. There is a lot of hand-holding... you know? Where the work was really around managing and hand-holding and being able to support. And to build very personal relationships with the student and of course that is beneficial - that keep students connected to the unit. So I think what they’ve done well is that have they’ve built an alliance between the student and the unit. They focus on their relational aspects and that has paid off. I don’t think that the service at this point is able to do the real kind of transferable skills work. So I don’t think that people necessarily graduate having understood “oh these are my rights”, “oh this is what is reasonable”, “this is how I negotiate”, you know?”

Staff member 2 said that one reason is due to the credibility of the disability unit. The other staff member cited being pro-active as one of the core reasons why OSwD has been successful with implementation. Another thread that came through in the illustrations above is that of the important of relationships between OSwD and their students. The first staff member participant indicated that one of the reasons OSwD's implementation has been successful, and why they are perceived as competent, is due to the good relationship the OSwD staff has fostered with their students. The psychology expert also mentioned that the disability unit has a strong humanitarian focus and underscored their ability to advocate on behalf of students. The specialist reflected that the achievement was the establishment of an alliance between students and the OSwD that facilitated the acquisition and implementation of the accommodations.

The specialist reflected that the students were not gaining transferable skills. For example, gaining in their understanding of their rights as students with disabilities. They are not developing a sense of what accommodations are reasonable. In short, students were not empowered to understand and acquire rights and responsibilities under the provisions of Chapter Two of the Constitution and relevant legislation.

4.4.2 Sub-category Two: Role of the academic staff:

This sub-category deals with information pertaining to the experiences students and staff had with academic staff, and how that impacted implementation of reasonable accommodation. Students said that academic lecturers carry an important responsibility in ensuring that reasonable accommodation is implemented as indicated. Four ideas emerged within this content namely, a) liaison with OSwD, b) difficulty confirming accommodation arrangements and c) accommodating changes to the academic programme. Each idea will be explained below with illustrative quotes.

a) Liaison with OSwD: The role of the lecturer in providing reasonable accommodation entails liaison with the OSwD. Once alerted that there is a student who requires accommodation, the lecturer must engage with OSwD and specifically ensure that the assessments are submitted to OSwD for accommodations to be implemented. Student 3 identified this pivotal role of the lecturer. This student gave an example of a lecturer who forgot to submit the assessment with adverse effects for the provision of accommodations.

Table 4.43

Student 3's perspective (Role of academic staff)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 3</i>	"The lecturer – 'cause the lecturers are informed that they need to bring the papers to OSwD. And this one lecturer in second year... she forgot to bring the papers to OSwD."

b) Difficulty confirming accommodation arrangements: Communication with lecturers is also sometimes problematic. Student 2 said that there is often uncertainty regarding whether lecturers are aware of her reasonable accommodation needs. This impacts negatively on the subjective experience of students and increases anxiety.

Table 4.44

Student 2's perspective (Role of academic staff)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 2</i>	"Sometimes when you had to specify the tests and the times and stuff like that sometimes the lecturers are really... they don't make it easy on you they always changing the dates and you can't email them because they would always ask you to email them at least 4 days in advance to email them about the test and things and sometimes you just you have emailed them and then the lecturer will change their original email address. It's like back and forth and you never know whether they've gotten it or not, if I they've received it or sometimes they won't, so, you not really sure and sometimes it's like should I go, should I not go, should I ask them if they've got it, should I just email again... I'm always so scared that they don't see the email."

c) Communication about changes in assessment dates: Student participants identified that lecturers change the dates of assessments for a range of reasons. The communication about these changes can happen at short notice such as, days before the

revised date for a scheduled assessment. In such cases, the student runs the risk of not being able to access accommodations for that assessment. Student 4 reported that a minimum of one week's notice is required to arrange for accommodations. This student identified lecturers as a barrier to accessing accommodations when assessment dates are changed at short notice. Thus, there is a lack of alignment between the timelines for accessing accommodations and the communication about changes.

Table 4.45

Student 4's perspective (Role of academic staff)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 4</i>	<p>“Kyk, die enigste probleem wat daar is, is partykeer die akademiese goed hardloop nie altyd soos wat dit moet hardloop nie. So, die toetse en goeters uhm, word of uitgestel of nader gestel aan die tyd, want dis te min tyd om alles in te kry. So dan sal daar vir ons gesê word seker twee dae voor die tyd ons het 'n toets, en met die [OSwD] moet jy 'n week voor die tyd al deurstuur, hoor hierso, ek het 'n toets om actually geakkommodeer te word. So dit sal partykeer vir my wees wanneer ek nou toets skryf of iets, wat uhm, ek sal nou dit kan doen nie, want dit word op die nippertjie vir ons gesê deur die lecturers self. So dis nie die [OSwD] wat die probleem is nie, dis die lecturers.” [Look, the only problem is that sometimes the academic things do not always occur smoothly as it's supposed to be. So the tests and stuff, uhm, either get postponed or are moved closer to the time, because there is too little time to fit everything in. So then we would be informed about two days prior that we have a test, and with OSwD you have to inform them a week in advance of what reasonable accommodations you would require. Sometimes when I have to write my tests or something, I won't be able to do it, because we were informed last minute by the lecturers. So it's not OSwD that's the problem, it's the lecturers.]</p>

From the above ideas, it becomes clear that lecturing staff play an important role in the ability of students to access accommodations. Staff members also reported that academic staff are not always aware of students' reasonable accommodation needs and that OSwD has addressed it by working on improving relationship with academic staff and educating them. This has been especially positive during the COVID pandemic.

Table 4.46*Staff perspectives (Role of academic staff)*

<i>Participant</i>	<i>Illustrative quotes</i>
Staff member 1	“Because we’ve worked closely with lecturers to – and, and, and I must say this – the positive of [working during 2020’s COVID] has been the manner in which lecturers were open to learning, and working with the team. To make those reasonable accommodations possible. I think that’s probably been the most significant shift at [university name], the manner in which people have worked. .”
Staff member 2	“But you do have certain cases where, uhm, especially when it comes to certain modules, for instance, like in the [name of department], where students generally would want extra time. That is where some of the staff will then question and want extreme evidence of a student registered with ADHD in our office. Just in certain instances where, you know, that giving a student... Whether you have a diagnosis or not, giving anyone extra time will almost be a bonus prize for someone doing that course.”
Staff member 2	So especially with the online learning now, it is happened a few times where the time and locations were not incorporated onto the iKamva platform [UWC’s online learning platform] where the assessments were taking place. So the student would inform us of that and we, uhm, we query it with the lecturer to check what went wrong, whether they received our communication that was sent early on and if lecturers say “oh sorry it was just a mistake” or it was a technical error, they didn't know how to program three extra assessments differently for students who need extra time, we then ask them to resend that specific question which the student couldn't finish. Or the students would then write during another time. But that is then what I personally feel... I feel it’s unfair on the student if they've informed us, they completed their module list and everything, we’ve informed lecturers this is what must be done, the time must be allocated, please ensure that it's in place before the person even start writing 'cause iKamva also records a student even attempting to answer some of the questions. So if you are supposed to get an hour and a half, but they only gave you an hour, can you at least try and answer that in the long run; it may disadvantage the student, because it will show “oh but you then started to write” ... but, but, but it really depends on lecturer to lecturer.
Staff member 2	That's currently the state at [UNIVERSITY’S NAME] - where the lecturer has a bit of power to decide what is going to happen for this student, you know? As much as we advocate and say but it's not fair towards the student, that we’ve reminded you at least three weeks before the time. Even a day before the time we send the updated reminder, ensure that everything is in place. Even when it was physical sit-down exams, students would arrive at our venue, the exams department would know that this is a person writing, and this is the time of writing, but their papers would not be sent over. Or there won't be invigilators... exam invigilators sent over. So that student now starts a bit later and like, you know, for students with ADHD that is very unsettling. You know, someone with a physical disability can still wait 15 minutes before they start, and it won’t really affect them that much. But for someone with ADHD, that should not be happening.

There does appear to be instances of where staff did not grant students their concessions, such as extra time, despite OSwD informing them in advance. Another theme that emerged was that OSwD are sometimes questioned over what they advise/grant to students. For example, Staff member 2 spoke of one department that does not accept OSwD's recommendations for a student at face value, but requires that the evidence be beyond doubt. This is due to the department possibly feeling that extra time can be advantageous to a student who does not actually have ADHD, in light of the nature of the degree program. She added that lecturers often have control over the implementation of reasonable accommodation for a specific student.

The specialist reflected that there is a tension between academics and OSwD that at its core is about authority and legitimacy. Academic staff are responsible for and in charge of the academic programme and the OSwD plays the role of support staff and advise on the accommodations. The expertise of OSwD and support staff are sometimes questioned by some lecturers. The resulting tug of war ultimately have an effect on the implementation of reasonable accommodation for a student.

Table 4.47

Specialist perspective (Role of academic staff)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Specialist</i>	"By and large, the staff in OSwD... often are champions. They... they may very well have personal experience with disability, you know? They really kind of the good-natured people who want to assist them and all of that and they have management experience. So so I think that that sometimes a barrier that... that academic staff do not take them seriously, you know, and then can be dismissive. And so it becomes a tug of war about legitimacy and the student is lost."

4.4.3 Sub-category Three: Impact of resources on reasonable accommodation

Sub-category Three contains information related to the availability of resources with regards to reasonably accommodating students. The content that emerged from the interviews, illustrated below, is that: 1) there is a need for more resources to make the

reasonable accommodation services more effective and comprehensive, 2.) students and staff have found ways to leverage the resources available to them.

Table 4.48

Student perspective (Impact of resources)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“The issue again comes down to finance. There wasn’t always enough of everything to go around. For instance, these recording devices. It’s a first come, first serve basis, unfortunately. The OSwD only has so many of this for them to lend out. If you missed your chance, you missed your chance and I think that’s the biggest problem that’s still out there, not just OSwD, generally universities when it comes to structures like that. There’s still the case of many people just fall through the gaps. Especially in the sense that, again, funding wise and things they have access to is so limited. 300 students with learning disabilities and special needs and one office that deals with it. It doesn’t necessarily mesh up.”
<i>Student 3</i>	“I would say that um, I know it might sound like a stupid thing, but the only – as far as I’m aware, in the computer lab in the library, they only have 1 printer so.”

Firstly, some students indicated that there is a lack of resources available to OSwD. This gap could have an effect on the service offerings to students with disabilities. Student 3 lamented the shortage of printers for everyone’s needs. Student 1 mentioned that there are limited voice recording devices available, that would be beneficial to students with ADHD. He reasons that this is due to resource constraints, such as finances and limited OSwD staff members that is disproportionate to the number of students they service. This reasoning was supported by PASS member and the specialist, as illustrated in the excerpts below:

Table 4.49

Staff/specialist perspective (Impact of resources)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“We always tend to have resource constraints and we do have – I mean we have a manager and we have 3 admin staff and there are over 200 students registered with OSwD.”
<i>Specialist</i>	“I think, probably the best facilitator of reasonable accommodation would be a real engagement with, uhm staff with a psychology background would be able to help think about the match between the accommodation that’s required and the areas, or you know the challenges that the student experience as a result of the diagnosis. Now that kind of matching is really at an individual level. We don’t have the human resources to work in that way, with every with every student and develop individual plans, that’s the ideal.”

It appears from the above that an increase in human resources would be beneficial to compliment the scope and vision of what OSwD wants to achieve. According to Staff member 1, the lack of staff members is a constraint on the service. Currently, the office houses a small number of staff who in turn needs to provide a wide range of reasonable accommodation services to many students. In the same vein, the specialist mentions that the best facilitator of reasonable accommodation would be working with each and every student at an individual level. However, if the disability unit wants to improve the matching between the student's diagnosis and their required reasonable accommodations, they would require more human resources than they can currently manage.

Secondly, despite resource constraints in some domains, students mentioned ways in how they are leveraging what is available to them, on campus and personally.

Table 4.50

Additional student perspectives (Impact of resources)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	"Campus has free Wi-Fi that I'm using."
<i>Student 3</i>	"Because I, uhm I have all the resources at home that I need. Uhm, you know, like laptop, Wi-Fi, printer."
<i>Student 4</i>	"Uhm, ek sou sê ek het darem my eie computer... my laptop. So dit het my geweldig baie gehelp. En ons het internetkonneksie hier soos Wi-Fi en sulke goedjies." [I have my own laptop and internet which helped.]

Student 1 is utilising free campus internet, which ensures he can access his academic work. Students 3 and 4 indicated that they are fortunate to have personal resources to assist them academically, such as an electronic device, Wi-Fi and a printer. The second Staff member also said that OSwD has received external funding to assess students with possible ADHD:

Table 4.51

Additional staff perspective (Impact of resources)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	"And then also, for last year, we managed to get external funding - we could select 10 students to have refreshed assessments done. So that helped, that was students that weren't really fully assessed before, but they had a recommendation from the school."

Due to OSwD requiring students to have a verified diagnosis of ADHD, it might be difficult for some students to undergo an assessment due to a lack of resources. Some students might have a query regarding the diagnosis, such as students coming from secondary scholastic education. With the disability unit receiving funding to do some assessments, it can give at least a few students a chance to verify their diagnosis and be eligible to receive reasonable accommodation.

4.4.4 Sub-category Four: Effect of COVID-19

The following sub-category illustrates the effect that the COVID-19 and the transition to emergency remote/online learning have had on the implementation of reasonable accommodation for students with ADHD. Key elements that emerged during the analysis were the following:

- Impact on reasonable accommodation
- Connecting with OSwD
- Accessing resources

Impact on reasonable accommodation: Due to COVID-19 and the imposed national lockdown, there was a transition to emergency online learning for HEIs. Students, including those associated with OSwD, would have to complete academic work from home. Naturally, the implementation of reasonable accommodation was affected.

Table 4.52

Student perspectives (Effect of COVID-19)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 3</i>	“Uhm [pause] yoh, it’s almost as if when, when, when one started this – this COVID thing came so - especially the transition to online – it was so quick, man.”
<i>Student 3</i>	“I know they handing out permits. I also got a permit. Uhm, that’s actually a resource that you can say, in the context of COVID-19, giving permits to students who need it is of great value. Because campus itself is a resource, and uhm, yeah so we got permits and stuff.”

- Student 4** “Kyk, ek het uitdagings gehad met dit ook. Daar was partykeer wanneer ek my 15 min gekry het en daar was partykeer wanneer ek dit nie gekry het nie. Ek dink dit het maar meer afgehang van lecturers self ook, want ek was meer in kontak met die lecturers self as student om te sê ‘hoor hierso, ek het hierdie disability, onthou om my 15 min’... want hulle het mos nou alles opgestel op hulle iKamva. So, daar was tye wanneer ek my tyd gekry het en daar was tye wat ek nie gekry het nie. Ek dink wat dit makliker gemaak het is dat dit half... dit is online so dis half ’n open book. Meeste van... meeste van die toetse was open book toetse. So dit het my... dit het meer tyd gevat, maar dit het my ook meer gehelp. Net om seker te maak, hoor hierso, ek is reg.” [*Look, I had challenges with it also. There were times when I received my 15 min, and other times not. I think it depended more on the lecturers, because I was more in contact with them, as a student, to tell them, “listen, I have this disability, remember my 15 min”... because everything is setup on iKamva now. So there were times when I received my 15 min, and other times not. I think what made it easier was that it was online so it was kind of open book. Most of... most of the tests were open book tests. So that... it required more time, but it also helped me more. Just to double-check, “listen, I am correct.”*]
- Student 2** “I live in a gated community with a complex so there’s a lot of kids screaming outside [laugh]... but at campus they give you a quiet room. I’m so use to writing tests in a quiet room so, the screaming outside really did affect most of my concentration... and then especially when there’s a clock on your screen and then you see the clock counting down and then you can see the seconds slipping away that really... that made me take all the clocks out the room for me... and that little line there with the green block just lighting away like I saw my life going I was like what, no gosh here we go. So, that really did affect... it did affect some implementations but the extra time was there.”

From student participant’s views it become clear that the COVID-19 pandemic effected their reasonable accommodation provisions in various ways. Student 3 highlights the nature of the sudden transition from campus life to remote learning. The “suddenness” was potentially a barrier to adjustment to a new way of academic learning. This student furthermore reported that some students could apply for a permit to come and study on campus. He experienced this as a facilitator for learning, but for those who did not apply or did not know they could, it was a potential barrier.

Student 4 reported inconsistent implementation of her extra time during online assessments. However, she says this was counteracted by the open-book nature that online

assessments can lend itself to, which helped her academically. Staff member 2 was also aware of these issues:

Table 4.53

Staff perspective (Effect of COVID-19)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	“So especially with the online learning now, it is happened a few times where the time and locations were not incorporated onto the iKamva platform where the assessments were taking place.”

Student 2 on the other hand said that her extra time were always provided for assessments. However, the fixed graphical layout of the timer on the online assessments was a huge distraction for her. Interestingly, she also further shared her experience of attempting to do academic work from home, but being distracted by outside factors such as the noise from neighbours. As she was one of the participants that made use of OSwD’s quiet, separate room on campus, she unfortunately did not have access to this accommodation during the pandemic.

The specialist provides an important consideration below as to why reasonable accommodation services, in some aspects, were adversely affected by the pandemic. The argument is that due to COVID, several other issues, such as health- and safety related factors, became more urgent matters to attend to. Due to this, the reasonable accommodation services, although still important, were not as high on the list of urgent matters to attend to immediately.

Table 4.54

Specialist perspective (Effect of COVID-19)

<i>Participant</i>	<i>Illustrative quote</i>
<i>Specialist</i>	“So when we look at the impact of COVID on reasonable accommodation I think the biggest impact is that the re-reprioritisation that, that all universities were able to do, was... had a negative impact on reasonable accommodations for, uhm, students with disabilities. So, so, so I think COVID, like any other crisis, impacts the urgency with which we view the provision of reasonable accommodation. It doesn't impact the importance of it, but it does impact the urgency.”

Lastly, the specialist also provides insight into how COVID and online learning had an unintended positive consequence on reasonable accommodation:

Table 4.55

Additional specialist perspective (Effect of COVID-19)

<i>Participant</i>	<i>Illustrative quote</i>
<i>Specialist</i>	<p>“I think the big thing I mentioned before is that with COVID we have gone to emergency, uhm, learning and teaching and we’ve worked primarily online. And I think that we have tried to pare down the content so that the content could be loaded onto learning management systems in a data light way. So you able to access this information without it using too much bandwidth or requiring too much bandwidth. Now, in that process, we obviously had to summarise the content, we had to take out the key things and we move... remove the noise, remove the multiple examples, and for a student with ADHD that's very beneficial.</p> <p>Because paring down the content they now only have to focus. So, so our intervention was to make the work data light, but actually for the ADHD student that was beneficial because it helped him to just get the essence and they could focus on that as the core information. So those are unintended positive consequences of the responses to COVID.”</p>

University lecturers frequently upload academic material onto an online platform for students to access, which is the iKamva platform at UWC. During COVID-19, all academic material had to be uploaded in a way that is accessible to all students. To make the uploading more convenient and faster, and making it easier for students to access, academic material was trimmed in various ways so that only the critically necessary content is present. Hence, the “noise” was removed making the work easier for students with ADHD to digest.

Connecting with OSwD: The communication from OSwD to students at the onset and duration of the pandemic and move to online learning, was differently experienced by students. Student 1 felt that OSwD did as much as they could to assist students during the pandemic. He feels they are still reaching out to students, despite their physical offices being closed and working from home. Their response time is praised which is likely a positive factor for students to know they are being kept in mind, during such a daunting time. Student 4 also initially experienced OSwD to be thoughtful and present. She cited that she also

received support from the psychologist at CSSS. However, she felt that as the pandemic and online learning continued, the communication from OSwD waned. The absence of electronic communication led to uncertainty with regards to whether her reasonable accommodation provisions would be granted and implemented, as she requested. Due to the physical closure of their offices, it meant a student could not go and address the issue in person either.

Table 4.56

Connecting with the disability unit (Effect of COVID-19)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“They’ve been trying as much as they possibly can. At the moment I’m back on campus, their offices are not open, but they still work from home. They still contact people when they can, emails and things and if you have questions you can contact them. They’ve done everything they possibly can from their part, I think. There’s nothing I can fault them for not doing or say they’re not doing because they have done their part. The OSwD I think was quicker to respond than the actual university. Obviously they’re part of the university, but they got to the students quicker.”
<i>Student 4</i>	Kyk, in die begin was dit dat hulle het jou ge-try help waar hulle kon. En ek het paar meetings gehad met ’n sekere sielkundige, met ander student, ook net om seker te maak ‘hoor hierse, hoe doen ek in die COVID, cope ek nog?’ en al daai goedjies. Maar hoe verder dit in die COVID gegaan het, het daar al hoe minder kommunikasie van [OSwD] gekom... maar dit het gev... dit het gevoel of hulle nie daar was nie. Want die kommunikasie het al hoe minder geword. Jy het maar net jou goedjies ingestuur en gehoop ‘hoor hierse, is my goed nou aanvaar, is dit daar, gaan ek my ekstra tyd kry?’. So ja, dit was maar moeilik gewees. [<i>Look, in the beginning they tried to help you where they could. I had a few meetings with a psychologist, with other students, just to make check in how I was doing during COVID, whether I was coping, all that stuff. But the longer COVID continued, the less there was communication from OSwD... it felt like they were not there. Because the communication decreased. You just had to send your stuff in and hoped that it would be accepted and that I would receive my extra time. So yes, it was challenging.</i>]

As previously mentioned, the sense of belonging to a supportive community at OSwD is important for students. However, due to the closure of the disability unit’s offices, people could not physically gather and socialise anymore. This effect of COVID as a barrier to community culture was brought up by Student 3:

Table 4.57*Social culture (Effect of COVID-19)*

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 3</i>	<p>“But I will say, you know the culture of, of, of, of, of, of OSwD and – just missing that culture. And you know even missing the university culture... I feel that there’s things that I missed on, also from just being, you know in the normal Honours environment, you know, the normal skills that you learn during your Honours year, uhm, that I, I’m sure I didn’t pick up on. But I mean there’s next year, you know? And hopefully things go differently next year. Uhm, and I mean most of my friends – some – well, some of my friends done postgrad as well and some of them with me at the disability unit done postgrad. And just you know, seeing their journey, and seeing, and speaking with them, you know, the regular day on campus. Asking them how their days going? And what is it like for them to do their Honours now, or their PGCE or whatever they doing, you know? And that experience of speaking to others and all of that, you know, it’s, it’s yeah. That’s all that – all of that plays a role you know? And now it’s not there, so. Uh, but hopefully I mean in the new year, in the new academic year things will be different. And then also disability students who are first year students. I mean what, what, what must that be like for them? You know, you just. You so excited to start campus, and then boom.”</p>

Student 3 bemoans the lack of human connection COVID-19 caused, meaning he cannot experience interacting with the culture at OSwD. The pandemic, in a large sense, caused a sense of disconnection from peers. OSwD served as a centre for him to meet up with friends and fostering deep connections with people. Learning online means he also missed out on the experience of physically being in an academic class, and missing out on skills he would otherwise learn.

Access to resources: During the pandemic, the move to emergency remote/online learning was not without challenges. One of the important issues was how students would work online from home, and be able to access academic material. Factors that could impact was whether they had access to, for example, a laptop and internet connection. Quotes from the staff member and specialist below highlight their experience of these challenges were managed.

Table 4.58*Access to resources (Effect of COVID-19)*

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“[sigh] So, so I think that we know during COVID, two things kept coming up. It was “we don’t have devices and we don’t have data” and then connectivity. So, sorry, three. So people, students didn’t have devices, or students didn’t have data or poor connectivity. So those were the three things that sort of, sort of interacted all the time. But what we discovered was that, was there was an assumption by lecturers, and even with the e-learning team, the CICT team, that once information was available on [online platform], students have access. And so one of the things we’ve had to do as a department was to re-educate them around – you may have information, but students are not able to navigate their way because it’s not friendly for certain, certain disabilities.”
<i>Specialist</i>	“And I think that, that in terms of COVID what it has done, is that it demonstrated... it exposed the fault lines, so it showed us where... Even if we knew where the faults... fault lines were, they really showed us where we are vulnerable. You know. It highlighted in institutions where there was reasonable infrastructure, good learning management systems, they were able to go online within a week or two. Other campuses couldn’t do that within months. So, so certainly universities that historically were advantaged and had the infrastructure were better able to respond. Universities that had better the infrastructure regardless of these historical disadvantages, like [university name] was better able to respond, and others not.”
<i>Specialist</i>	At [university], we obviously like all at the universities were caught a little off guard with the extent of data vulnerability and the extent to which students had access to devices. So again, all the interventions around that was to provide data for students at a reduced rate, to provide devices, so they benefited from those in broad terms. But the one thing that we did, and I'm not, I don't know if other universities do this: we also made VPN... we made VPN available to students say it's essentially being able to access remotely. So and the thing is, is that VPN is not is not data-dependent. So if your content is pared down and loaded onto your learning management system, and we had the agreement of zero data with all the service providers, so if you are going online onto the learning management system of UWC, you didn't use any data. So you were able to access. But if you needed to use material that was, you know outside of that very small data free space, then you could use the VPN and the VPN allows you to navigate the library, the resources without... so even if you didn't have data. So the use of the VPN was a wonderful ICT solution for data vulnerability, but again, students with ADHD being affected because with the VPN they were able to access information, like everybody else, but they will also be able to access dedicated material that could have been prepared for them either in the context of the course, or in the context of the programme, or in the context of the support provided by the OSwD. So I think [university] actually has a very robust ICT platform, a very good, learning management system, and that was very responsive to the COVID, and it allowed for the capability to produce material specifically for particular groups of students and then to provide access that was not dependent on data.

Both agree that the infrastructure necessary to deal with online learning was a concern for universities. The PASS member says that some students lacked device, data or a serviceable internet connection to access academic material remotely. She furthermore says that the university and the IT services on campus had to be made aware that even if all content is placed online, it did not mean everyone could access it. The specialist adds that the IT service were very responsive in that sense, to ultimately ensure that everyone, even data-vulnerable students, could access online academic material. This meant that students, even those with disabilities, could access the material necessary to continue their academic learning.

The specialist mentioned that HEIs varied in how quickly they could make the shift to online learning. Those that were well-resourced historically, were better equip to do this. UWC, despite being a historically disadvantaged university, could defy the status quo, by responding swiftly. Two ways in which this was achieved was through a zero data agreement with internet service providers when accessing the online platform, as well as the use of a VPN to navigate to other resources data-free.

4.4.5 Sub-category Five: Internal factors

This sub-category, Internal factors, pertain to personality traits and inner resources of students with ADHD, showcasing how it played a role in the ultimate efficacy of the implementation of reasonable accommodation for them. The illustrative quotes below points firstly to student responsibility.

Table 4.59*Implementation of reasonable accommodation (Internal factors)*

<i>Participant</i>	<i>Illustrative quotes</i>
Student 4	“Maar jy moet aan die lecturer ook herinner om te sê hoor hierso, ek skryf vandag die toets, maar ek is nie in die klas nie (omdat ek die toegewysde OSwD lokaal gaan gebruik).” [<i>But you have to remind the lecturer that you will be writing the test but won't be in class (due to using the assigned OSwD space).</i>]
Student 1	“The only thing is, the student has to let their lecturer know, I'm registered with the OSwD, and then send an email to them. Just contact them about it because the lecturer is the one that has to put it on the system and give you that 15 minutes extra. If you don't do that, you're not going to get it and you won't be eligible to get it otherwise. A lot, actually [that he did not receive reasonable accommodations]. Especially in the first year, but that's mostly on my part for not contacting the lecturer. That's my responsibility. It was my responsibility to contact them and tell them, I'm registered with the OSwD, they will let you know what I need extra. That's my fault entirely, that wasn't on the lecturer or on the OSwD. You need to let the lecturer know once in the beginning of the semester and at least double check about a week before every test if you can so that they make accommodations for that.”
Student 2	“You do have to let OSwD still know when you write tests, so you still have to let them know I'm writing for this module and this is the lecturer and all this. I mean there's some weeks my schedule is so full I pull all nights to just get the stuff in and every now and again I let tests slip through I also forget to email them and tell them look I have this test or that so it's really the communication especially in times like this, there's a little... how do you say... a delay in how it's going.”

Most of the student participants specifically highlighted how personal responsibility affected effective implementation of reasonable accommodation. The frequent example was that they had to inform OSwD and/or the lecturer, that they require specific accommodation for an upcoming test. Student 1 even recommended following up with lecturers to ensure they are aware of his needs. Hence, student initiative and responsibility are facilitators for the effective implementation of reasonable accommodation. Student 1 said that if he did not contact the lecturer in advance regarding his extra time, he would have to take the blame if it was not implemented. Student 2 shared how her busy schedule sometimes led to her forgetting to inform OSwD of her upcoming tests. The theme of student responsibility was also identified by the PASS members:

Table 4.60*Staff perspectives (Internal factors)*

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	“And as much as you can tell a student with ADHD, “well you are responsible adult, create your own schedule”, a lot of those things were out of the student’s control [during emergency remote/online learning].”
<i>Staff member 1</i>	“So, what is really important for us... one of the significant shifts we’ve made is to say ‘It’s your responsibility to inform faculty, it’s your responsibility – we are here as a conduit between you and faculty, we are a conduit between you and, you know, financial support, giving you bursary support et cetera, but you have to’ – so, so, so that is I think a significant shift we’ve made, that we are, we are sort of getting the student’s to take more agency. Because we find that that is something that they are going to have to, uhm – access is one thing, universal access is one thing, but we also need to give them the tools to empower themselves.”

Staff member 2 concurred that responsibility needs to be stressed to OSwD students. She added however, in some circumstances, such as COVID and online learning, there are things outside of their control. Staff member 1 emphasised that OSwD made a shift to encourage students to take up more agency, as opposed to OSwD holding their hand and doing everything for them. She felt it was important that students understand to empower themselves by taking responsibility for their academic and reasonable accommodation needs. In order for effective empowerment to take place within students with disabilities, according to the specialist, they need to know their rights to reasonable accommodation, be able to access it, and be aware of the responsibilities of those rights. However, there still exists gaps within the student and also outside, structurally, in the form of legislation and policies that have not yet operationalised how they are supposed to negotiate the acquisition of their rights to reasonable accommodation. This is illustrated below:

Table 4.61*Specialist perspectives (Internal factors)*

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Specialist</i>	“But then there is also the, uhm, the, the, the, the acquisition of, of the rights that come with the, the with reasonable accommodation. So how do you acquire it? How do you access it? How do you own it? And that process is not operationalised. So you've been asking me about barriers and facilitators, uhm, and you know there are, there are barriers and facilitators within the individual to acquire those, but there are also barriers and facilitators in the environment. The structural environment that, that make it difficult to actually acquire, acquire what, what is intended with Chapter 2 of the Constitution. So, uhm, I think that is something I would add is, is that you know it's important to understand this... the transformation legislation and transformational policy gives, you know, is quite clear on the intent of the policy. It's quite clear on the intended participants or beneficiaries, but it is generally silent on the acquisition of those rights. And of course, then the other thing is, is you know what are the responsibilities of the person who's accessing these reasonable accommodations? So, so those are the two things that I think we aren't talking about is the acquisition of the rights and then the responsibilities that comes with those rights once you access it.”

Secondly, managing oneself can be a facilitator for academic success and adapting to the challenging circumstances of remote learning. The student below highlighted how being aware of his anxiety and use of time has helped him to manage it in constructive way, in order to still achieve academically:

Table 4.62*Self-management (Internal factors)*

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“The big thing, I think, has been stress management and time management [during the COVID pandemic]. You know, not having, like I said; you don't have class in the morning, so you want to sleep in. It's important to keep a schedule and a structure, even if there's no physical place you need to be. You just need to stay focused, stay in this rhythm, because if you lose the rhythm you fall out and then it's very hard to get back. And then, otherwise it would be stress management. Finding something to do with your spare time, you know. Not just sitting in front of the computer watching movies. Me, personally, I've picked up painting since this all started, me just miniature painting for no apparent reason and I enjoy it tremendously. I've never done it before, it was never on my radar and I thought, I have spare time now, let's do this. So, I think those are the two biggest things, just keeping the structured, time management and just dealing with any excess stress or anxiety that you might have. Since you can't contact people that often now or do physical things, finding something to do.”

Lastly, being able to adjust to a new setting of online learning has been very helpful for Student 3. He cited that he takes his university work seriously but COVID affected his academic routine. However, he was able to make use of his ability to adapt and became more used to a new way of learning.

Table 4.63

Adaptability (Internal factors)

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 3</i>	“But I like to be at campus. I wake up every morning, I get in my car, I go to campus. And I get there at half past 8 in the morning and I come home at, at between 4 and 5. ‘Cause I treat, you know, university as a job, you know? And on weekends I take off. And that – I mean I, I, I’m a conscientious person so I have a lot of routine in myself, and that routine was taken away from me [during COVID pandemic]. But then eventually, I became used to it. I adapted. I – I’m super used to it now. I think it – but I don’t think it will be difficult to, to, to go back to campus once everything’s back to normal.”

4.4.6 Sub-category Five: Recommendations for improvement

The last sub-category refers to recommendations and ideas proposed by participants, regarding how the reasonable accommodation for students with ADHD can be improved. From the transcripts, the following content were extracted and grouped into three around the concepts of increasing self-determination, participation and contribution. Three tables were constructed to summarise and illustrate the content accordingly.

The first group related to recommendations to improve the provision of reasonable accommodation that related to self-determination. Self-determination refers to the capability of students to be able to make their own decisions, which can be negatively impacted by discrimination and a lack of ownership communication (Morris, 2005).

Table 4.64

Self-determination: *Suggested ways to improve reasonable accommodation to students with ADHD*

Recommendation	Description of recommendation
Workshops/skills training	To empower students to manage their symptoms more effectively
Empowering students to acquire and access their rights	To equip students with the knowledge and awareness of their right to access reasonable accommodation

Participants identified skills training. Student 5 suggested that students with ADHD would benefit from workshops to better manage their time. The specialist also agrees that skills training for OSwD's students would be beneficial, such as reading without distraction and reading with increased comprehension. This type of training provides transferable skills that enable the student to manage his or her symptoms better.

Staff and specialist participants identified that training about their rights would be useful to aid students in the acquisition of those rights and provisions under reasonable accommodation. Staff member 2 proposed that more work is necessary to inform students of their right to access reasonable accommodation, so that they do not have to feel guilty that it might be a burden for others. Understanding the rights provided for under the policy mandates is a skill that can be enhanced through training. In both instances, students will have a greater ability for self-determination should their knowledge base and skills set increase.

The next set of recommendations related to ways of increasing participation. Participation entails that students with disabilities can engage fully in social and academic life, due to active citizenry around them (Morris, 2005). However, stigma, lack of intergroup empathy and ignoring them, act as barriers towards academic and social integration (Morris, 2005). Table 4.64 illustrates the recommendations.

Table 4.65

Participation: *Suggested ways to improve reasonable accommodation to students with ADHD*

Cluster	Recommendation	Description of recommendation
Marketing and communication	Improving OSwD's visibility	Decreasing the number of people that are not aware of OSwD's service
	OSwD to improve communication with their students	Reducing uncertainty about whether OSwD students' reasonable accommodation will be implemented for an upcoming test/exam
Psycho-education & Advocacy	Training staff members	Ensuring that academic lecturers are more aware of students with disabilities' needs and how to cater for them
	Reducing stigma	The general campus perception towards students with disabilities can be improved upon
Streamline processes	Reduce uncertainty of application process	To better define what <i>disability</i> and <i>reasonable accommodation</i> entails for prospective students
Flexible learning and teaching spaces	Restructuring the classroom experience	It was suggested that the classroom can be more conducive to the needs of students with ADHD
Differentiation of accommodations	Modifying existing reasonable accommodations	Concessions, like extra time, can perhaps be structured and implemented in ways other than is currently being done, to increase its efficacy

The results indicate that improved marketing of the OSwD services would increase student awareness. Student 2 stated that many people were “unaware of OSwD’s services.” Hence, with an increased focus on advertising their services and how to access it, it can reach more people who can potentially benefit from it.

Linked to marketing, was the efficacy of communication. Participants recommended that OSwD could improve their communication with their students. Student 4 specifically referred to the clear and timely confirmation of accommodations for each test. This student indicated that improved communication will ensure that they will have assurances that they will receive their anticipated and approved accommodations. The improvement of marketing and communication were identified as recommendations that could enhance the acquisition of accommodations.

The findings indicated that the application process could be streamlined and made more user-friendly. This would reduce the uncertainty reportedly experienced by some students e.g., Student 2. Staff member 1 said that the disability unit is working with the Registrar to make the application form more user-friendly and reduce the ambiguous meaning of what is meant by “disability”.

The findings identified training of staff as a recommendation. Student 4 encouraged academic lecturers to be more aware and attentive to implementing the reasonable accommodation advised by OSwD. Staff member 1 indicated that since 2019, OSwD has started developing a lecturer’s guide to inform lecturers on which reasonable accommodations students with different disabilities require. This is to be continued. Staff member 2 feels that more can be done to improve the general perceptions and attitudes towards students with disabilities on campus.

The specialist also drove home the notion that PASS members should be aware of what reasonable accommodation entails. He argues that it should be a component of every staff member’s training during his or her orientation period. He adds that the idea of citizenry and citizenship is important for students and staff members to grapple with, saying “...if you are tying it into citizenship, you are asking every single student, every single staff member to think about equity to think about access, to think about equality, to think about marginalised identities and then to, then to develop intergroup empathy.”

Structural improvement, were cited many times. Operationalising the process for students to understand and require their rights was a component specifically brought forth by a staff member and the specialist. This shows how staff are in positions to specifically understand factors outside of students’ control and awareness, which can have a large impact on the quality of the service they receive.

The findings identified the adaptation of teaching spaces as a recommendation. Staff member 2 indicated that the current way classrooms are set up is perhaps not attuned to the challenges students with ADHD face. Students might struggle due to the classroom being disruptive and an astute lecturer might be cognisant that this will not be conducive to students with ADHD.

As mentioned before the findings indicated that extra time was the standard accommodation for students with ADHD. This lack of differentiation treats this subgroup of students as a homogenous group. The specialist suggested that the way extra time is provided to students be restructured. Instead of simply giving them extra time, there are perhaps creative ways of using it so that students with ADHD can find this reasonable accommodation useful. Thus, the modification of this (and other) accommodations will result in more reasonableness of the accommodations offered.

The third set of recommendations ties in with the concept of *contribution*, which is related to resource allocations (Morris, 2005) as illustrated in Table 4.65.

Table 4.66

Contribution: *Suggested ways to improve reasonable accommodation to students with ADHD*

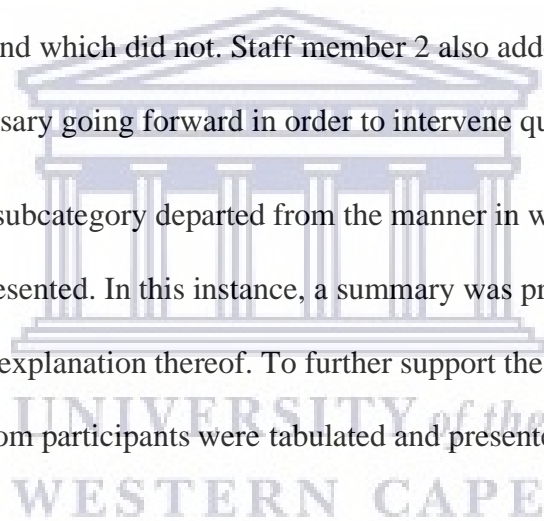
Recommendation	Description of recommendation
Increasing OSwD's resources and leveraging current available resources	OSwD is understaffed. An increase in workforce and funding can possibly help to effectively manage the large number of students who need to be accommodated. To assist with this, UWC can make use of current resources not yet utilised with respect to OSwD
Better monitoring of students	OSwD to keep better track of students and their needs, and to act swiftly if a reasonable accommodation is not effective

In terms of improving direct service delivery, increasing the funding of OSwD as well as their workforce were recommended. Student 1 felt that with more money and staff they can service the large number of students more effectively. Student 3 advised that OSwD acquire an additional printer to facilitate the printing needs of their students. Staff member 1

concluded that more staff resources are necessary, and also suggested that individual plans for every student is completed. The specialist added that CSSS and OSwD is inundated due to the disproportionate staff to student ratio that exist. He proposed that current resources be used, such as harnessing the abilities of Master's students in Clinical Psychology to deliver services such as developing information on reasonable accommodation in the form of systematic reviews, as well as doing closed groups with staff and students to educate them on reasonable accommodation.

Issues regarding retention and throughput for students with disabilities were brought up. It was recommended that OSwD staff be more attentive to which of the support services worked well for students and which did not. Staff member 2 also added that ongoing check-ins with students are necessary going forward in order to intervene quicker.

The findings in this subcategory departed from the manner in which other categories and subcategories were presented. In this instance, a summary was provided of the recommendations with an explanation thereof. To further support the reported findings in this subcategory, quotations from participants were tabulated and presented in Appendix G.



CHAPTER FIVE

DISCUSSION

5.1 Executive summary

The overall aim of the study was to identify the barriers and facilitators of reasonable accommodation for students with ADHD, at the University of the Western Cape's disability unit. The five objectives of the study were: 1) To identify barriers and facilitators of disclosure of the diagnosis, 2) To identify barriers and facilitators in the processes associated with the application for reasonable accommodation, 3) To identify barriers and facilitators of the identification of what reasonable accommodation would be required, 4) To identify what forms of reasonable accommodation were offered, 5) To identify barriers and facilitators to the implementation of reasonable accommodation.

An exploratory research design with qualitative methods were used in the study. Eight participants were recruited including five students with ADHD who made use of UWC's OSwD services, two PASS members, and one specialist (psychologist). Participants were recruited using purposive sampling.

Semi-structured interviews were transcribed and analysed through a process of content analysis. By being a reflexive researcher, the trustworthiness of the study was enhanced through the strategies of credibility, dependability, transferability, confirmability and authenticity. With the assistance of my supervisors, data collection and analysis occurred together, and the information elicited from the interviews were monitored to track for data saturation. Four categories emerged from the analysis of the data, which highlights barriers and facilitators of reasonable accommodation: 1.) Diagnosis of ADHD, 2.) Process of application for reasonable accommodation, 2.) Forms of reasonable accommodation offered, 4.) Implementation of reasonable accommodation.

5.2 Discussion:

This section focuses on a discussion of the present study's findings in relation to current scientific literature. This will be structured according to the five objectives of the study.

1. Identifying barriers and facilitators of disclosure of the diagnosis:

The first facilitator for the disclosure of one's diagnosis of ADHD is an early age of diagnosis and management. It seems from the results that the due to being diagnosed earlier, children are less aware of the stigma surrounding the diagnosis. This means that there is increased time and opportunity for them to normalise their diagnosis; a facilitator for acceptance. To this end, undergoing a thorough assessment by a trained mental health professional means that students are likely to have an accurate diagnosis of ADHD, which can ensure early intervention.

The literature supports this notion that a formal assessment and accurate diagnosis is important (Schoeman et al., 2017). Early intervention may lead to more effective management (Joffe, 2018). One student also highlighted his trust in the competency of the person diagnosing him, which translated into an absence of any strong, adverse feeling about his diagnosis. Having an accurate diagnosis and receiving treatment and reasonable accommodation at school level, will make it easier for the person to access reasonable accommodation at tertiary level.

For some of these students, a normalised diagnosis makes it more likely for them to disclose it to others, such as the disability unit, due to reduced shame or fears about stigma and because they want to continue receiving their academic concessions. In that sense, previous positive experiences with engaging with the process of disclosure to receive reasonable accommodation normalise requesting and access for the student. It has been

reported in the literature that students with disabilities who have experience of using disability services prior, would probably disclose their diagnosis again in order to continue receiving academic assistance at university (Thompson-Ebanks & Jarman, 2018).

Conversely, inadequate management and not normalising an early diagnosis of ADHD can be considered a barrier. It emerged that for one of the participants there was a lack of understanding of the syndrome and its symptoms while growing up. The timing of and the way the diagnosis is communicated is also important (Vierhile et al., 2009). Research indicates that there still exists a lack of clarity and understanding of the diagnosis of ADHD and treatment among people and structures that influence children with the diagnosis (Hamed et al., 2015). Currently, this participant expressed that he does not want this diagnosis and therefore rejects the label. Hence, from this finding it can be deduced that the management of an initial diagnosis can also have an effect on a person's feelings towards it.

Thirdly, social support of parent(s), peers and partners can facilitate understanding and management of the diagnosis. The findings of the present study are supported by Mutanga (2017) who reiterated that supportive friendships are an important facilitator for academic integration and accessing reasonable accommodation. Parents' perceptions can determine whether their child gets diagnosed and/or apply for reasonable accommodation at school. The present study showed that open-minded parents can be a facilitator for students. One student reported that his parents did a large amount of research to understand his condition better, while another one said his parents were understanding when he informed them of his diagnosis and treatment. Supportive parenting has been lauded as important protective factor for academic success (FOTIM, 2011). However, the findings also highlighted that the diagnosis of ADHD and its associated reasonable accommodations are still to a large extent misunderstood by the general population, and negatively stereotyped. Negative perceptions that society have of ADHD and people with this diagnosis, has been

found to be a barrier to disclosure. Because of such perceptions, the student might not want reasonable accommodation or be known to make use of it, due to fears of being marginalised or ridiculed. This is often the case with students with disabilities (Hong, 2015).

It also emerged from the study that due to a child being dependent on their parents, they might not be allowed to receive a diagnosis of ADHD and receive medication and/or reasonable accommodation for it if the parents have certain perceptions about the syndrome. Literature supports this notion that parental viewpoints towards ADHD might be of such a nature to delay the diagnosis and treatment of ADHD (Hamed et al., 2015). A participant in the present study explained that her one parent's perceptions of reasonable accommodation was a barrier to her accessing support. This resulted in a lack of disclosure, until she could apply for assistance when in her second year of university. As pointed out, psycho-education can have a positive influence on parents, and to this end, knowledge of this condition needs to be improved to create more awareness (Hayden et al., 2018; Louw et al., 2009). The diagnosis of ADHD and the academic assistance related to negate the debilitating symptoms are still widely misunderstood and negatively perceived (Denhart, 2008; Thompson-Ebanks & Jarman, 2018). Literature shows that stigma and a lack of support can be a barrier for students with ADHD (Hayden et al., 2018; Momene, 2015).

Next, knowledge of eligibility for funding based on disability can motivate student to disclose their diagnosis in order to receive monetary assistance. Students with disabilities attempting to cover their tuition costs can experience financial difficulties (Mamiseishvili & Koch, 2011). Hence, it follows, that if a student is aware that a support structure is available, and they know they can apply for financial assistance, it would facilitate their decision to make their diagnosis known to the respective support structure to receive the required assistance. Research shows that students can be selective to whom they disclose, often opting

to disclose their diagnosis to the disability unit on campus in order to receive reasonable accommodation (Fleming et al., 2018)

Furthermore, research shows that often students with ADHD experience challenges with academics (DuPaul et al., 2009). The present study shows that sub-par academic achievement can motivate a student to seek assistance, which means they could consider disclosing their diagnosis to a disability unit. Assistance to people with ADHD is important to encourage academic performance (Bantjes et al., 2020). The present study's findings also suggest that many students felt overwhelmed by the academic transition from secondary- to tertiary education. Literature support this finding that progressing from secondary- to tertiary education can be more challenging for those with disabilities (Hong et al., 2007; Smart & Nugent, 2014). Due to this, they might consider making use of reasonable accommodations to negate the debilitating symptoms of the syndrome (Jansen et al., 2017).

Lastly, the assistance from professional and supportive staff can help students to normalise disclosing their diagnosis. One student in the present study explained how she was scared of applying for reasonable accommodation, but after a supportive staff member affiliated with the disability unit normalised the process for her, she felt relieved to disclose her diagnosis. Research has shown that guidance and information from disability unit staff to prospective students are important facilitators (Magnus & Tøssebro, 2014). When students felt respected by the disability unit, they are likely to make use of its services again (O'Shea & Kaplan, 2018).

2. Identifying barriers and facilitators in the processes associated with the application for reasonable accommodation:

During the process of applying for reasonable accommodation, findings indicated that certain factors played a role such as: how students with ADHD indicated the need for

academic assistance, the required documentation from OSwD to complete the application, how existing relationships with healthcare professionals impacted this process, assistance received during this application, and lastly, the awareness of the disability unit.

It became clear that students indicated their need for reasonable accommodation at various stages of their university career, not only during their university application. This was a facilitator for access to reasonable accommodation, as some applied when entering their first year while others had the opportunity to decide to apply later, even during their postgraduate program. Having an existing diagnosis of ADHD facilitated the process of indicating the need for disability services. It also emerged that having used academic assistance at school level equipped the student with the knowledge to seek out OSwD's services when they entered university, which concurs with a recent study by Thompson-Ebanks & Jarman (2018). Contrary, those without an official diagnosis would experience a delayed application process as they had to be fully evaluated. This intersects with the lack of access to healthcare, which will have a compounding effect. If a student cannot access healthcare services in order to be diagnosed and treated for ADHD, they might have challenges to identify what their academic needs are when entering university and likely not even consider to apply for reasonable accommodation. Literature reports that access to healthcare in South Africa remains a reason for concern (Burger & Christian, 2018). Unfortunately, the case in South Africa is that the schooling system is not adequately set up to recognise and assist learners with disabilities (FOTIM, 2011). Hence many learners enter a HEI without receiving any prior support.

Students that have not received academic assistance before, experienced uncertainty during the application process, due to confusion regarding what disability and reasonable accommodation exactly entailed. Lack of transparency with regards to the process was a barrier for them. This links to research on institutional barriers, where the definitions of these

disability-related terms differ across campuses (Mutanga, 2017). Students noted previously that information regarding these terms can be clearer (Fleming et al., 2017). It appeared that the disability unit was aware of this issue, and said they are working together with the Registrar to make the definitions of these terms and the process of this application process clearer. In a study by Fleming et al. (2017), it was also proposed that work is required to streamline information related to disability and reasonable accommodation.

As is generally the case, a standard verification process is in place at UWC for new applications. A facilitator that emerged was that students with a dire need of assistance could make use of the service while the verification process was underway. For many students this administrative process was daunting and intensive. They cited that many documents were required and one student almost gave up the process. If they were accommodated at school based on an early report of their specific challenges to ADHD, OSwD would need an updated report to indicate what their current difficulties are. Attempting to secure previous records to indicate a diagnosis of ADHD and/or receiving prior reasonable accommodation can be challenging (Lehmann et al., 2000). Logistical elements such as this has been identified as a potential barrier (Causton-Theoharis et al., 2009). Verification and registration can be a timeous process and a burden on prospective students wanting to register with a disability unit (Causton-Theoharis et al., 2009). During discussions on the laborious processes involved with application, the cost involved with the re-assessment and certification was not mentioned by participants in this study. It is likely that this is because of the level of parental involvement, meaning students were unaware of the costs. Research has found that the documentations required for students with disabilities applying for assistance weighs financially heavy (Krebs, 2019).

Some students' current relationships with their mental health professional were deemed as a counteract to the exhaustive administrative process. For example, the

professional could swiftly provide the required certified documents to accelerate the application process for the student. One student also mentioned how one of her health professionals helped to normalise the process for her, encouraging her to apply for reasonable accommodation. This was in contrast to several literature sources indicating that health professionals are often a barrier due to their discomfort with and lack of knowledge about assisting those with ADHD (French et al., 2019; Nugent & Smart, 2014; Schoeman, et al., 2017).

Students reported assistance during the application process, e.g., from parents and supportive staff members at the disability unit. They specifically mentioned helped with the admin tasks, such as completing the applications. Having a family member who previously underwent such a process, also contributed as a facilitator. Parents and support system are cited by literature as important factors that could acts as either barriers or facilitators (Amod et al., 2013; FOTIM, 2011). However, although a formal “assisted application” is a service provided by the unit, it was not offered to students with ADHD. This is likely due to a perception that only students with physical disabilities, such as visual impairment, would make use of such a service. This is in line with literature which found that students with physical disabilities are easier to recognise and accommodate amongst staff (McGinty, 2016). However, in light of how students with ADHD found the process uncertain and daunting, it appears that they too would benefit from formalised assistance.

Lastly, knowledge of OSwD’s existence is critical to whether a student would indicate a need for reasonable accommodation. A lack of awareness can have the effect that potential students that might benefit from OSwD are not identified, or do not realise they can access it. For many this was a barrier to access reasonable accommodation, which have been found too in a previous study (Lyman et al., 2016). There currently exists a lack of awareness about OSwD as a service, which relates to the lack of communication from universities to inform

students with disabilities of their right to access such services. Students are frequently unaware that there might be a disability unit on campus (Mamiseishvili & Koch, 2011). Some students would seek out OSwD services due to having knowledge of reasonable accommodations services at school level. The findings indicated that others students mostly became aware of the disability unit through informal networks, like friends, or through student activism and student organisations. Hence these networks acted as facilitators for access to reasonable accommodation.

3. Identifying barriers and facilitators of the identification of what reasonable accommodation would be required:

The study found two ways in which the required reasonable accommodation is identified. Students either continued receiving the academic accommodations they received at school. Alternatively, an OSwD staff member arranges a consultation interview with students to collaboratively help them to identify what their needs and requirements are. This would be helpful to those who are applying for reasonable accommodation services for the first time. Those who are new to such a process found it easy to engage with OSwD regarding what they could be offered to be academically successful. Such an interview can have the effect of a warm and welcoming experience, as well as facilitate understanding of what reasonable accommodation entails. This supported by research indicating that a reciprocal, collaborative relationship between the student and the disability unit is a facilitator for the student (O'Shea & Kaplan, 2018). For example, it can aid the student with ADHD to identify what their needs and requirements are.

One student mentioned that they were presented with a choice of whether to accept the recommended accommodations. This could be a potential barrier if the student is not fully informed regarding what would be effective for their symptoms. However, case dependent identification of reasonable accommodations means that each student's specific needs are

taken into a consideration, which is a facilitator for accessing, choosing and making use of appropriate accommodations. The appropriate matching of the service to the student's specific needs are important because students, such as those with ADHD, are not a homogenous group (Goode, 2007; Howell, 2005; Howell & Lazarus, 2003). The appropriate identification of reasonable accommodation is also facilitated by every student's psychometric report, since everyone needs to have proof of a diagnosis of ADHD. The finding of the present study indicated that ultimately there is a multi-disciplinary team of professional support staff involved to make sure the student receives the appropriate accommodations. This was positively noted in light of some settings reporting these teams to operate in disintegrated manners (Louw, et al., 2009; Pretorius et al., 2011; Swart & Greyling, 2011).

4. Identifying what forms of reasonable accommodation were offered:

The findings suggest that the two most common reasonable accommodations offered are: extra time on tests/exams, and to write in a separate, quiet, OSwD-assigned venue. It appears that the default accommodation for any student with ADHD was extra time of 15 minutes per every hour of a test/exam, likely due to its practical utility. Most of the students found the reasonable accommodations helpful, but mostly made use of the extra time. This is supported by research findings that additional time on examinations/tests were the most frequently used accommodation (Jansen et al., 2017; Kettler, 2012)

Research indicates that there are various accommodations students with ADHD can receive (Sollman et al., 2010). Other accommodations that an OSwD-registered student is offered include computer facilities, recording devices, text-to-speech software, a personal space to withdraw and regroup, as well as reminders about upcoming tests/exams. Some students said that specific reasonable accommodations they requested was not able to be provided, while another participant mentioned that he was offered an accommodation which

was not useful to help manage his ADHD symptoms. This is often due to resource constraints. The literature does provide examples of accommodations that were found by students to not be functional (Toutain, 2019). Students have previously reported that challenges with the functionality of some accommodation (Black et al., 2015). Other students too have had experiences of the disability unit not being able to provide an accommodation they hoped for (Lyman et al., 2016).

A point of contention was the manner of how extra time was offered. Most of the students and staff referred to extra time being given as a set of a determined number of extra minutes in addition to how long the test/exam generally would be (e.g., for a 3-hour paper they would receive 45 minutes extra, meaning they now have 3 hours and 45 minutes to write their answers). The specialist argued that often this approach is not useful, especially for someone with symptoms of inattention. It was noteworthy that many of the students said they sometimes did not use the extra time, but felt comfortable with having a “safety net”. It has been indicated that students with ADHD experience more test anxiety relative to students without ADHD (Nelson et al., 2014). This insurance that they would have extra time if they cannot answer within the regular allotted time period, perhaps speak to students’ management of their academic anxiety. The extra time act as a sort of guarantee that they will have enough time if need be.

Research confirms this finding and report that students deem extra time as the most helpful accommodation they received (Jansen et al., 2017). However, it has been reported before that extra time is possibly not necessary for every university student with ADHD (Miller et al., 2015). Reasonable accommodation needs to be well-adjusted to the particular challenges a person experiences, in order to improve their outcome in university (Kettler, 2012). Specifically with ADHD, a good grasp of the presentation of its symptoms particular to each student is necessary to match the appropriate academic provisions to the student

(Jansen et al., 2017). ADHD is not a homogenous group and the symptoms manifests differently (Franke et al., 2018). Hence, it is not evidence-based to let every person with ADHD receive extra time; from the results it appeared that although it was not necessarily a barrier to let a student use extra time, it was not always indicated nor effective. This point has been argued before by Nugent and Smart (2014) as well as Weis et al. (2016), saying there are often little evidence regarding the efficacy of some reasonable accommodation, such as extra time on tests/exams. If students experience anxiety related to their exams, skills training can perhaps be advised, which will be discussed at the end of this section.

It was also highlighted that the liaison function between OSwD and the respective faculties, academic- and support staff (e.g., psychologists) were also forms of accommodations offered. For example, a psychologist can intervene if a student appears to be dysregulated before/during an examination. This was encouraging to see due to earlier literature reports indicating that many disability units are fragmented with regards to their support, and not proactive, which affects the academic- and social integration of students (Pretorius et al., 2011; Swart and Greyling, 2011). Often there are poor collaboration between stakeholders within the university system, such as between the disability unit and academic staff (Van Jaarsveldt & Ndeya-Ndereya, 2015). If this happens, it can give the idea that that students with disabilities are to be dealt with separately which can possibly be stigmatising (Fleming et al., 2017).

Another one of the barriers appears to be the limited reach of OSwD's services: although reasonable accommodation should extend to the classroom experience, it was not currently operational in that setting. Lecturing is often geared towards a "majority mode", catering to those with any disabilities (Fleming et al., 2017). Literature notes that in inclusive education settings, it is important to not only recognise students with disabilities needs, but also create a space for different ways of learning (UNESCO, 1994). If student do not disclose

their diagnosis, then academic staff members are likely to be unaware of the presence of these in their classes and/or how to accommodate them effectively. This might be, in part at least, be explained by the invisible nature of psychiatric syndromes such as ADHD. Lecturers often found it easier to detect and accommodate those with physical disabilities (McGinty, 2016). Unless a student actively acts out in class, due to being restless for example (externalising behaviour), they are likely not to be noticed. It was noteworthy that none of the student participants had any expectations for reasonable accommodation to be implemented in the classroom's teaching experience. This is in contrast to a study by Fleming et al. (2017) where students were more vocal about the need for classroom-specific accommodations for ADHD. This might be due to them being content with that they were receiving already, or perhaps that they were not aware that they could ask/recommend such implementations.

Students regarded the effect of reasonable accommodation on their integration into campus and academic life as mostly positive. This extended to the notion of how it either facilitated their learning (helping with academics) and/or provided a more uncomplicated student experience (reducing stressors). Research has shown that assistance can help students academically and socially (Magnus & Tøssebro, 2014). From the present study, most were of the opinion that the reasonable accommodation offered, like extra time and the OSwD-assigned test-taking venue, enabled them significantly to cope with academic demands (academic integration). This finding is consistent with literature on the perceived effectiveness of accommodations by students with ADHD (Jansen et al., 2017).

Initially it was hypothesised that OSwD could act as a facilitator for inclusion in order to overcome the barriers of stigma. However, there were mixed responses as to whether the reasonable accommodations offered assisted with social integration. Some felt that through OSwD they could have special social experiences with friends as well as, connect to student organisations, such as DASA. Others felt like exclusively making use of OSwD's services

could be socially restrictive. In addition to this, students can also feel being unnecessarily put into the spotlight for making use of reasonable accommodations while their peers do not, and consequently experience stigmatisation and feeling “othered”. As one student mentioned, her peers have regarded her receiving accommodation as unfair, and hence she rather only talks to small group of friends about her diagnosis. Research backs this up: students are often concerned that they might be ostracised by their peers or academic staff if they know they are making use of reasonable accommodation (Denhart, 2008; Dowrick et al., 2005). Making use of some of the accommodations, such as writing in a separate venue, immediately discloses to your peers that you might be making use of the disability unit’s services (Bakri, 2019).

Students with less visible psychiatric impairments making use of reasonable accommodation are often seen as receiving an unfair advantage by their peers, such as those with ADHD (Deckoff-Jones & Duell, 2018). One of the staff members mentioned how the disability unit values a social justice approach. Research indicates that how disability is understood and viewed by these services is an important predictor for how the campus will perceive it (Fleming et al., 2017). Hence, inclusivity and empathy can be generated through deviating from a medical viewpoint model (Fleming et al., 2017).

5. Identifying barriers and facilitators to the implementation of reasonable accommodation:

The findings indicated that students generally had a positive experience of the implementation of reasonable accommodations. OSwD’s competence of ensuring that students receive the services they requested were heralded as a facilitating factor of good implementation. Often students experience the opposite – that accommodation take long to be implemented (Fleming et al., 2017). One of the core reasons for this was the strong working alliance between the disability unit and its students. It appeared that generally invigilators were well-trained and mindful of not distracting students and ensuring that the

accommodations were implemented in the test-taking venue as well. When any challenges arose, such as extra time not being implemented, many students felt OSwD would do everything in their power to make sure that they were not disadvantaged. Research found that students with disabilities often have generally positive experiences of disability unit staff (Finn, 1999; Fleming et al., 2017). This is a facilitator for students to overcome implementation challenges. OSwD also aimed to get feedback from students on their experiences, which shows a genuine interest in their service users - a facilitator for students.

The liaison work between OSwD and academic staff, with respect to students with ADHD, was perceived to be both a barrier and a facilitator. The finding suggests that OSwD advocates on behalf of students in order to ensure that faculties and lecturers are aware of the students of disabilities belonging to them, and how to assist them. When the disability unit collaborates with the academic staff, and lecturers implement the accommodation, students benefit (Fleming et al., 2017). Lecturers play a critical role in the successful implementation of reasonable accommodation. However, at times academic staff did not implement the reasonable accommodations as per the request of OSwD. Instances have been reported of lecturers forgetting to bring the exam papers to the disability unit for those writing in the quiet, separate venue, or not implementing a student's extra time allocation. Lecturers sometimes did not confirm to students following up with them whether they would implement a requested accommodation; this creates uncertainty for students. Academic staff also changed some of the test dates on short notice, which puts the student's planning to receive reasonable accommodation in jeopardy. This is a finding consistent with literature indicating that students often have experiences where academic staff did not honour their approved accommodations (Lyman et al., 2016).

This is not to say that all academic staff neglect these duties; it is generally only a few students who have these experiences (Houck et al., 1992). However, these experiences can be

quite negative, causing students to vividly remember it (Lyman et al., 2016). Research also indicates that staff often distance themselves from lending support to students with disabilities (Van Jaarsveldt & Ndeya-Ndereya, 2015). The exact reasons for and conditions under which these instances occur require further examination (Toutain, 2019). A possible explanation that emerged from the study was the presence of a friction that exists between the disability and academic staff is often regarded as one of legitimacy, authority and credibility. Although OSwD are in some respects held in good esteem by some faculties, other faculties require more concrete evidence when OSwD make a recommendation. The expertise of OSwD and support staff have been questioned before. This tension can likely impact negatively on the implementation of a student requiring reasonable accommodation.

Internal factors of each student can also impact on the successful implementation of reasonable accommodations. Personality traits and inner resources of students, such as taking responsibility for one's academic needs, being able to adapt and manage one's symptoms have been cited as important facilitators. It has been posited that responsibility is related to several aspects of managing ADHD, such as a person utilising reasonable accommodation (Heiman & Kariv, 2004). For example, if a student, after requesting reasonable accommodation, followed up with the lecturer in advance of an upcoming test to verify if they will receive their academic assistance, they were more likely to experience successful implementation of said reasonable accommodation. Compensating strategies can act as a facilitator for academic and social integration (Cole & Cawthon, 2015), such as a student doing what they can to ensure their reasonable accommodations are implemented. A lack of responsibility meant a lack of ownership and agency – some students throughout the years at the disability unit became accustomed to “hand-holding” assistance.

The findings suggest that responsibility hence also needs to be stretched further to also include empowerment. In line with a *citizenship* framework of understanding, people

with disabilities need to feel like they can actively participate in society and be regarded as key stakeholders (Berghs et al., 2016). A barrier was that students who made use of reasonable accommodation services often completed their student cycle without ever really understanding their rights as a student with disabilities. Students sometimes feel they might place a burden on others, such as their lecturers, when requesting accommodations. There appears to be a need for more work to be done to equip students with transferable skills, empowering them to understand and acquire the rights and responsibilities as set out by Chapter Two of the Constitution. Thus, from the above it is evident that there still exist gaps within the student and also outside, structurally, in the form of legislation and policies, with regards to how they should negotiate access to their rights to reasonable accommodation. Research shows that a lack of these skills can be a barrier to successfully completing one's university career (Mamiseishvili & Koch, 2011), such as a lack of empowerment and ownership. Increasing students with disabilities' self-determination and self-advocacy skills are essential in order for them to negotiate their active involvement in tertiary education (Swart & Greyling, 2011).

A lack of resources, both personnel- and funding related, have been experienced as a barrier to implementation of reasonable accommodation. Students mentioned a lack of recording devices and printers. OSwD's number of staff members are disproportionate to the large number of students they serve, which places strain on the service. Recent funding to conduct ADHD assessments was very helpful, and more of this is needed to facilitate access to reasonable accommodation. Research indicates that supportive resources and assistive technologies should be prioritised (Hong, 2015). Furthermore, human resource development strategies are important, because a lack thereof can result in barriers to students with ADHD (National Commission on Special Needs in Education and Training & National Committee

on Education Support Services, 1997). Increase in additional resources can facilitate faster and more comprehensive service delivery (Fleming et al., 2017)

The COVID-19 pandemic and the ensued transition of the academic calendar to online learning, also had an effect on the implementation of reasonable accommodation. This happened despite OSwD's best efforts to work closely with lecturers to facilitate the provision of support during the pandemic. The study found that one of the main reasons for this was due to health- and safety related factors becoming more urgent matters to take care of for the university. The reasonable accommodation services, although still important, were not as high on the list of urgent matters to attend to immediately.

COVID-19 transformed the lives of university students (Aristovnik et al., 2020). The sudden transition from campus life to remote learning was a barrier to adjustment to a new way of learning and teaching. It was reported that some students could apply for a permit to travel and study on campus, which acted as a facilitator for academic learning due access to the campus being a resource. Students can also experience working from home as a facilitator for learning at their own pace (Fleming et al., 2017). Learning from home however meant that students did not necessarily have access to a quiet space. Extra time appeared to be the most impacted form of reasonable accommodation: many students complained that their 15 minutes per hour was not consistently provided for by academic staff, which was reported as well before COVID.

Students lauded OSwD's response time to the news of the national lockdown. This was likely a positive factor for student to know they are being kept in mind. Students value communication from their disability unit and perceive them as a source of support during challenging times (Fleming et al., 2017). Furthermore, as mentioned previously, the sense of belonging to a community at OSwD is important for students. Due to the closure of the

disability unit's offices during lockdown, people could not physically gather and socialise anymore. Students experienced connection with OSwD during the pandemic differently. Some felt that OSwD's were attempting the best they could to continue keeping track of students, while others experienced their presence to wane over time. COVID-19 impacted many young people's emotional wellbeing negatively during lockdown (De Lannoy & Mudiriza, 2020). One student reported that OSwD' offered psychological intervention services during the pandemic.

Another factor that emerged during COVID-19 was whether students would have the resources to continue with online remote learning. Potential barriers for many students were data vulnerability and access to an electronic device, which a recent local study highlighted (Whitelaw et al., 2020). Interestingly, none of the students in this study explicitly mentioned that this too was for them a challenge. They often referred to owning resources at home such an internet connection and a laptop. These were sometimes sponsored by their financial funders. Hence, personal access to resources enabling one to access online academic material, was a facilitator for these students. For those coming in to the university to study could make use of free Wi-Fi on campus. It was reported that the abilities of the infrastructure and willingness of the IT department to work in collaboration with OSwD, meant that no student was left behind. This is in line with the action plan of the university to ensure that all students have access to data and devices and would be able to complete the 2020 academic year (UWC, 2020d).

COVID did seem to have an unintended positive consequence on reasonable accommodation. To make the uploading of academic information more convenient and faster for student access, material was trimmed in various ways so that only the critically necessary content is present. By removing the "noise" it facilitated academic learning for students with ADHD, who often have challenges with being easily distracted. Accommodating students

with appropriate and organised lecture slides can facilitate academic learning (Bustamante et al., 2021; Weis et al., 2019).

Lastly, to enhance the efficacy of reasonable accommodation implementation for students with ADHD, several recommendations were made by this study's participants. Participants identified skills training that provide transferable skills which would enable the student to manage his or her symptoms better. This will facilitate a greater ability for self-determination, which is in line with literature (Mamiseishvili & Koch, 2011; Swart & Greyling, 2011). Examples of this included: workshops to better manage their time or training to read without distraction and reading with increased comprehension. A need to increase adaptive management of anxiety was also a factor that emerged. Understanding the rights of reasonable accommodation for students with disabilities provided for under the policy mandates is a skill that can be enhanced through training to increase ownership and empowerment for students with ADHD.

Promotion of active citizenry has been proposed in various forms as an aspect that can be improved. As mentioned previously, stigma, lack of intergroup empathy and ignoring them, act as barriers towards academic and social integration. Increased marketing and awareness campaign of OSwD's services, improving the general perceptions campus has of students with disabilities, effective communication to existing students, and the training and psycho-education of academic- and support staff could enhance the access to and utilisation of accommodations by students with ADHD. Research underscores this: Hong et al. (2010) argued that faculty development programs should focus on increasing the awareness of students with disabilities, as well as the rights and obligations that is paired with this. These programs ought to go beyond faculty orientation, and should be imprinted in their continued professional growth to advise students in terms of time management, communication,

learning techniques, etcetera (Hong, 2015). This can create the message of how disability is seen by the university and how it values to be inclusive (Fleming et al., 2017).

All of the participants were able to share aspects of OSwD's service delivery that could be improved upon. The suggestions focused on overarching, structural matters, as well as more specific recommendations. Structural improvement, were cited many times. Operationalising the process for students to understand and require their rights was a component specifically brought forth by a staff member and the specialist. This shows how staff are in positions to understand factors outside of students' control and awareness, which can have a large impact on the quality of the service they receive. In line with Osler (2016), students need to be empowered with regards to knowledge about their rights to fully participate at university. The aid of other stakeholders can advance this process. Issues regarding retention and throughput for students with disabilities were brought up. It was recommended that OSwD staff be more attentive to which of the support services worked well for students and which did not. The more specific recommendations were mostly proposed by the students, such as: improved communication from OSwD, access to more recording devices for students, and increased monetary funding to OSwD as well as expanding their workforce.

5.3 Conclusion

The overall aim of this mini-thesis was to gain an understanding of the barriers and facilitators students with ADHD experience in their quest to access and utilise reasonable accommodation. Findings indicate that there are several facilitators and barriers throughout the typical student lifecycle that impacts access and utilisation of reasonable accommodation. The process of applying for reasonable is embedded within the student cycle and generally follows this order: diagnosis of ADHD, then process of applying for reasonable

accommodation, forms of reasonable accommodation offered, and ultimately implementation of reasonable accommodation.

For students to disclose their diagnosis to a disability unit depends on factors pertaining to the age when they received a diagnosis of ADHD, their experience of the process of being diagnosed, their reaction to the diagnostic label, social support received to manage the syndrome, others' perceptions of ADHD, and lastly, the external reasons for disclosing their diagnosis. After that, during the application for reasonable accommodation, aspects that play a role include: when and how to indicate the need for academic assistance, the required documentation from the disability unit to complete the application, how existing relationships with healthcare professionals impacted this process, assistance received during this application, and lastly, the awareness of the disability unit. The forms of reasonable accommodations offered are characterised by the identification of accommodations needed, the options of reasonable accommodations available, whether students utilised what were available to them, and if the reasonable accommodation assisted with their academic- and social integration. Lastly, the implementation of reasonable accommodation was affected by the efficacy with which assistances were implemented, the role of academic staff, available resources, the COVID-19 pandemic, as well as internal factors pertaining to students.

In summary, various barriers and facilitators of reasonable accommodation for students with ADHD emerged. Some were internal while others external. By examining these against the student lifecycle, we gained a sense that a confluence of factors impact on how reasonable accommodation would be (or would not be) implemented. The study points to further exploration of the rights and responsibilities of those accessing reasonable accommodation. It also aims to be thought-provoking, asking stakeholders to be cognisant of how they can contribute to barriers or facilitators of reasonable accommodation. The gap

between theory/legislation and operationalising it into practical knowledge translation was also highlighted.

5.4 Limitations

Below are limitations to this study acknowledged by the researcher, which one should be cognisant of when interpreting the results.

The first limitation is the exclusion of academics in this study. Due to the absence of their voice, a gap exists regarding their perceptions of their views and experiences of implementing reasonable accommodations for students with ADHD.

Secondly, this study only interviewed student participants who had an official diagnosis of ADHD, disclosed it and accessed reasonable accommodation. Exploring the perceptions of students who have not disclosed their ADHD diagnosis and/or need for reasonable accommodation can increase the depth of understanding of the barriers and facilitators of reasonable accommodation.

Lastly, although all students had a confirmed diagnosis of ADHD, some of them also had other disabilities too, such as epilepsy, dyslexia and depression. Although the interviews and data extracted attempted to focus as closely as possible to their experience of reasonable accommodation with regards to their ADHD diagnosis, the provisions for their other conditions might have overlapped experientially thereby influencing their perceptions and experiences of reasonable accommodation services.

5.5 Recommendations for further study

A replication of the study could be considered for future research with samples from other institutions of higher education to provide a larger collective case. It might also be

beneficial to focus on other disabilities as well, and explore how the barriers and facilitators perhaps vary across disabilities.

As mentioned previously, this study did not interview students who have not disclosed their ADHD diagnosis and/or need for reasonable accommodation. Although this might be practically challenging, it would be recommended that upcoming studies attempt to examine the perceptions of these students to gain a more in-depth understanding of the barriers and facilitators of reasonable accommodation.

The first-hand accounts of academic staff, such as lecturers, would be important to gain an improved understanding of how they view reasonable accommodations, and the strengths and challenges that they have experienced to implement it.

Furthermore, future research should examine why students have experiences of academic staff not implementing reasonable accommodations as prescribed. As noted previously, this phenomenon requires further examination.

The study highlighted gaps in students' knowledge of the acquisition of their rights to access reasonable accommodation. Further research can explore why progressive policies on disability legislation have failed to operationalise the process of acquiring rights and responsibilities, and how it can be improved.

5.6 Significance of the study

One of the main contributions of this study is that it adds to South African literature within the higher education system, specifically focusing on students with ADHD and the barriers and facilitators they experience with regards to reasonable accommodation. This is an exploratory study based on the experiences at one historically disadvantaged university. However, the goal was not to generalise the results to the wider population, but instead to

provide a rich and nuanced understanding of the plight of students with disabilities, specifically those with ADHD, and the barriers and facilitators they experienced with regards to applying and receiving reasonable accommodation.

The study also took place during a modern historical event, namely the COVID-19 pandemic. Due to the research being conducted during the onset and midst of the pandemic, it is able to highlight the immediate impact that the pandemic had on reasonable accommodation. It is in that sense also unique, as currently there is still very little research available on this topic.

On an individual level, this study might assist in creating awareness and knowledge for both current and prospective students to seek out and access reasonable accommodation. On a programmatic level, it might be beneficial for academic staff at all levels of an institution for higher education to consider the variety of barriers to reasonable accommodations students grapple with, and to assist in facilitating access and ownership of these accommodations. Within the framework of *Citizenship*, the study can initiate the practicality and utility of transferable skills, so that people can understand what their rights are, how to negotiate and access these services they are entitled to, and to facilitate speaking the common language of reasonable accommodation.

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Appendix A1: Interview Schedule (Students)



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The interview will begin with an introduction. The researcher will introduce himself and explain the study. The informed consent form will be explained to the research participant and they will voluntarily sign. The researcher will obtain permission to audio record the interview:

Demographic information (To be completed by participant prior to interview)

Name and surname:

Age:

Gender:

Home language:

Language of education:

Highest level of education:

Degree programme:

Date of enrolment:

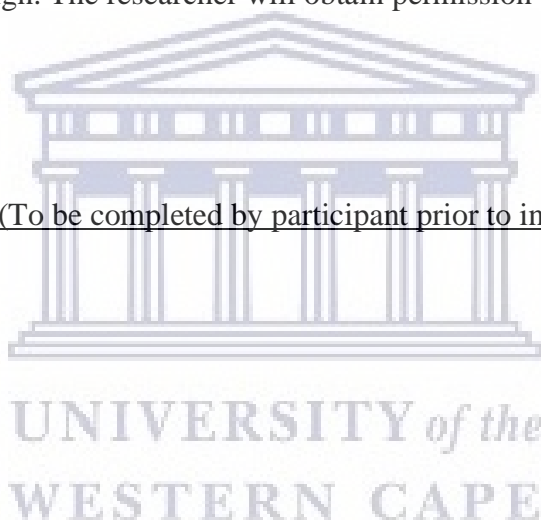
Date of completion (if applicable):

Generation student: 1st 2nd 3rd Other

Living on campus: Yes or No

Bursary: Yes or No

If Yes, what kind of bursary:



Interview guide

This interview is aimed at gaining insight as to how the tertiary environment provides reasonable accommodation for students with ADHD. The schedule is merely a guide and that the final interview will be determined by responses in the interview.

Set 1: Disclosure of the diagnosis (Objective 1)

- When were you diagnosed with Attention/Deficit Hyperactivity Disorder?
- Who diagnosed you?
- Which type of ADHD were you diagnosed with?
- What is your understanding of ADHD?
- If you were diagnosed during childhood, which enduring symptoms of ADHD do you experience?
- What is it like living with ADHD?
- Do you have any other comorbid conditions?
- Which factors motivate you to accept/reject your diagnosis?
- Why did you decide to disclose your diagnosis?
- Are you currently on any medication?
- Are you medically adherent?

Set 2: Processes associated with the application for reasonable accommodation (Objective 2)

- What is the process to apply for reasonable accommodation at UWC?
- Were there any factors that made this process easier for you?
- Were there any challenges that made this process more difficult for you?

Set 3: Identification of what reasonable accommodation would be required (Objective 3)

- Who was involved in providing the reasonable accommodation(s) to you?
- How was this communicated to you?
- What was your experience of this process?

Set 4: Forms of reasonable accommodation that were offered (Objective 4)

- Which forms of reasonable accommodation were offered to you?
- Which of these did you/are you making use of?
- Did these forms of reasonable accommodation facilitate or prevent your integration into campus and academic life?
- Are there other forms of reasonable accommodation that you can think of that would assist you but that you were not offered?

Set 5: Implementation of reasonable accommodation (Objective 5)

- What are the strengths of how the reasonable accommodation was implemented?
- What are the areas of development in how reasonable accommodation was implemented?
- Can you resort to courses of action if it is not implemented as recommended?
- What do you think will help to better the providing of reasonable accommodation?
- What do you think will get in the way of providing reasonable accommodation?
- How has the COVID-19 pandemic affected the implementation of reasonable accommodation?

Conclusion: Is there anything you would like to tell me about your experience that might not have been covered in the interview?

Appendix A2: Interview Schedule (Staff/Specialist)



Set 1: ADHD (Objective 1)

- What is your understanding of ADHD?
- Which enduring symptoms of ADHD do most of the students at OSwD experience?
- What is it like working with these students with ADHD? Any specific challenges?
- Do they typically have any other comorbid conditions?
- Which factors motivate students to accept/reject their diagnosis?
- Are the students on medication and what is your sense regarding their medical adherence?

Set 2: Processes associated with the application for reasonable accommodation (Objective 2)

- What is the process to apply for reasonable accommodation at UWC?
- Are there any factors that make this process easier for students?
- Are there any challenges that made this process more difficult for students?

Set 3: Identification of what reasonable accommodation would be required (Objective 3)

- Who was involved in providing the reasonable accommodation(s) to students?
- How is this communicated to them?
- What was your experience of this process?

Set 4: Forms of reasonable accommodation that were offered (Objective 4)

- Which forms of reasonable accommodation are typically offered to students with this diagnostic profile?
- Which of these are they making use of?
- Do these forms of reasonable accommodation facilitate or prevent their integration into campus and academic life?
- Are there other forms of reasonable accommodation that you can think of that would assist them but they are not/cannot be offered?

Set 5: Implementation of reasonable accommodation (Objective 5)

- What are the strengths of how the reasonable accommodation is implemented?
- What are the areas of development in how reasonable accommodation is implemented?
- Can students resort to courses of action if it is not implemented as recommended?
- What do you think will help to better the providing of reasonable accommodation?
- What do you think will get in the way of providing reasonable accommodation?
- How has the COVID-19 pandemic affected the implementation of reasonable accommodation?

Conclusion: Is there anything you would like to tell me about your experience that might not have been covered in the interview?

Appendix B: Ethical Clearance Certificate



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25 June 2020

Mr D Luttig
Psychology
Faculty of Community and Health Sciences

Ethics Reference Number: BM20/5/16

Project Title: Identifying barriers and facilitators of reasonable accommodation for students with ADHD at a tertiary institution in the Western Cape

Approval Period: 25 June 2020 – 25 June 2023

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report annually by 30 November for the duration of the project.

Permission to conduct the study must be submitted to BMREC for record-keeping.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

NHREC Registration Number: BMREC-130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

Appendix C: Proof of institutional permission request (Registrar)

Wednesday, July 1, 2020

APPLICATION TO CONDUCT RESEARCH INVOLVING UWC STAFF, STUDENTS AND DATA

Before completing the application form below ensure that you have the following documents ready for upload:

1. Research Proposal (outline of your research, highlighting aims, methodology and expected outcomes)
2. Ethics approval letter (from institution at which applicant is registered at or conducting research from)

For queries please contact Dr Ahmed Shaikjee (ashaikjee@uwc.ac.za)

Please note that this is not an application to the Ethics Committee for ethics approval, but an application to the Registrar to conduct research at UWC once ethics approval has been granted

Are you a student or member of staff at UWC

Yes

STEP 1: APPLICANT DETAILS

Should you be applying on behalf of a group of students/researchers, please complete the form under the name of lead/head researcher or supervisor

Student/Staff number	3266590
Full Name	Daniel Luttig
Title	Mr
E-mail	luttigdaniel@gmail.com
Contact Number	0741886019
Study type	Masters
Faculty	Community and Health Sciences
Department/School	Psychology

Create your own automated PDFs with [JotForm PDF Editor](#)

 JotForm¹

<http://etd.uwc.ac.za/>

STEP 2: NATURE OF RESEARCH

Research Topic	Identifying barriers and facilitators of reasonable accommodation for students with ADHD at a tertiary institution in the Western Cape
Relevant data sources (Requesting permission to conduct research involving)	Students
Approach (How will you be conducting the research)	Interview

STEP 3: SUPERVISOR DETAILS (to be completed if the application is made by a student)

Full Name	Michéle Willemse
Title	Ms
E-mail	miwillemse@uwc.ac.za

STEP 4: DOCUMENT UPLOAD (files must be less than 2MB each)

Research proposal	 Daniel Luttig (3266590)_MPsych_Research_...
Ethics approval letter	 Ethics_Luttig D_BM20_5_16.pdf

STEP 5: ACCEPT TERMS AND CONDITIONS

I am familiar with the University of the Western Cape's Policy on Research Ethics and agree to adhere to it in order to protect the rights of UWC staff and students. • I am familiar with the University of the Western Cape's Research and Innovation policy and agree to adhere to it in order to protect the rights of UWC staff and students • I am familiar with the University of the Western Cape's Intellectual Property Policy and agree to adhere to it in order to protect the rights of UWC staff and students. • I am familiar with the Protection of Private Information Act. no 4 of 2013

I Accept

students. • I am familiar with the Promotion of Access to Information Act 2 of 2000 and agree to adhere to in order to protect the rights of UWC staff and students

You will be notified of the outcome of your application within 24-48 business hours

Should you have any queries please contact Dr Ahmed Shaikjee (ashaikjee@uwc.ac.za)

STEP 1: APPLICANT DETAILS

Should you be applying on behalf of a group of students/researchers, please complete the form under the name of lead/head researcher or supervisor

STEP 2: NATURE OF RESEARCH

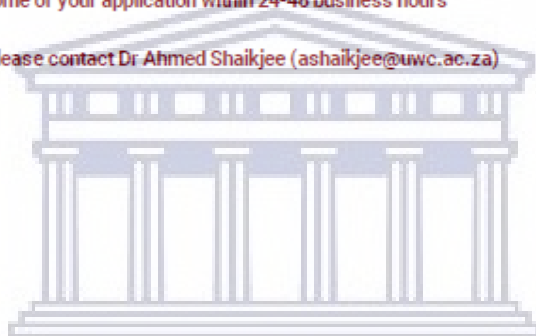
STEP 3: SUPERVISOR DETAILS (to be completed if the application is made by a student)

STEP 4: DOCUMENT UPLOAD (files must be less than 2MB each)

STEP 5: ACCEPT TERMS AND CONDITIONS

You will be notified of the outcome of your application within 24-48 business hours

Should you have any queries please contact Dr Ahmed Shaikjee (ashaikjee@uwc.ac.za)



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Appendix D: UWC Permission to Conduct Research Permission

The University of the Western Cape is a Public Higher Education institution established and regulated by the Higher Education Act, No. 101 of 1997 (Republic of South Africa), with the language of instruction being English. The University is duly accredited by the Council on Higher Education and its degrees and diplomas are registered on the National Qualifications Framework in terms of the South African Qualifications Authority Act, No. 58 of 1995.



REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF THE WESTERN CAPE

This serves as acknowledgement that you have obtained and presented the necessary ethical clearance and your institutional permission required to proceed with the project referenced below:

Name of Researcher

DANIEL LUTTIG

Research topic

Identifying barriers and facilitators of reasonable accommodation for students with ADHD at a tertiary institution in the Western Cape

Period permission is valid for

03 July 2020 – 25 June 2023

(or as determined by the validity of your ethics approval)

Reference code

UWCRP030720DL

You are required to engage this office in advance if there is a need to continue with research outside of the stipulated period. The manner in which you conduct your research must be guided by the conditions set out in the annexed agreement: *Conditions to guide research conducted at the University of the Western Cape*.

Please be at liberty to contact this office should you require any assistance to conduct your research or require access to either staff or student contact information.

Yours sincerely

DR AHMED SHAIKJEE
DEPUTY REGISTRAR
UNIVERSITY OF THE WESTERN CAPE



UNIVERSITY OF THE WESTERN CAPE
ACADEMIC ADMINISTRATION

03 JULY 2020

This document contains a qualified electronic signature and date stamp. To verify this document contact the University of the Western Cape at researchperm@uwc.ac.za.

UWCRP030720DL

Appendix E: Information Sheet



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INFORMATION SHEET

What is this study about?

This is a research project being conducted by Daniel Luttig at the University of the Western Cape (UWC), under the supervision of Ms. Michéle Willemse and Prof. Mario Smith. My thesis is on the experiences of students with ADHD throughout the student life cycle. The study aims to gain insight into how your learning needs have been accommodated in the UWC system. The study is well-timed as we grapple to make sense of the impact of the pandemic and emergency remote learning and teaching. I am inviting you to participate in this research project because you have a unique vantage point that will be invaluable in strengthening services for students with ADHD.

What will I be asked to do if I agree to participate?

You will be asked to participate in a one on one interview of approximately 30-45 minutes. Due to the COVID-19 pandemic, interviews will take place via an online video conference call, such as Zoom or Google Meet. You will be asked to reflect on your experience of requesting reasonable accommodation based on the diagnosis of ADHD.

Confidentiality

To ensure your confidentiality, all transcripts will be anonymised by using alpha-numeric codes. All information gathered during the interviews will be kept secure in a password-protected electronic file. This research project involves making audio recordings of our interview. This will also be kept electronically and will be password-protected. This will be stored on my computer and only myself and my supervisors will have access to it. It will be used to transcribe your interview word for word. It will not be transcribed by anybody else. This file will be electronically deleted after five years. All identifying information will be changed, other than your gender and age.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about our self or others carry some amount of risks e.g. you might become emotional in response to reflections on your experience. I will act to the best of my ability to minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise, during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This study can benefit you by providing insight into how your future access to learning assistance on campus, and the implementation of it, can be improved. The results may help the investigator learn more about how students with ADHD understand their health condition and perceive the hindrances and facilitators of reasonable accommodation on campus. We hope that, in the future, other people may benefit from this study through improved understanding of the breadth of the problem.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

What if I have questions?

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr. Maria Florence

Head of the Psychology Department

021 959 3515

University of the Western Cape

Private Bag X17

Bellville 7535

mflorence@uwc.ac.za.



Prof. Anthea Rhoda

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville 7535

arhoda@uwc.ac.za

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee

REFERENCE NUMBER: BM20/5/16

BMREC, Research Development, Tel: 021 959 4111, email: research-ethics@uwc.ac.za 567077



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Appendix F: Consent Form



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CONSENT FORM

Title of Research Project: Identifying barriers and facilitators of reasonable accommodation for students with ADHD at a tertiary institution in the Western Cape

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate by virtue of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I agree to be voice-recorded:

I do not agree to be voice-recorded:

Participant's name.....

Participant's signature.....

Date.....

Appendix G: Illustrative quotes (Sub-category Five)

Increasing OSwD's resources and leveraging current available resources:

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 1</i>	“So, it all falls down, in my mind, back to what type of funds they have available to them. They are very small but the amount of students they have under their care, at the moment, it's somewhere around, I think since I last checked, 300 plus students? And we're talking about less than five people, mainly that deal with all this. So, I think it's funds and just manpower [that OSwD need more of].”
<i>Student 3</i>	“... because in the unit, uhm, there's PC's but there's no printer yet. And then in the library – the dedicated part in the library, there's PC's but there's only one printer. So I think that they can maybe get at least another one. You know? And then put one in the, in the, in the lab in the unit as well.”
<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	“So now going forward, yes I think, uhm staff resources is critical, and another thing that I think is critical is, is the learning resources. And I'm not saying – staff and – because of the specialised nature of uhm, persons with ADHD, we need to let students have access to assessments, for example. You know, we need to have those assessments done, and once those assessments are done, we need to be able to have an individual plan for each student. So that is our, that's our dream, you know? that's the vision that every single student has an individual, uhm learning plan.”
<i>Specialist</i>	“You know, but I think what we need in addition to that is a really good thinking about, you know, what, what does the syndrome entail? And how do we actually, uhm, offset the impact of those symptoms? And how do we leverage the resources that we have, you know? So, for example, the university offers a programme in... at Masters level in Psychology, in Clinical Psychology. As part of their community interventions, for example, right, they would need to learn how to do indirect service delivery, but this is something they could do. Nothing prevents us from having MPsych students year on year develop information around reasonable accommodation for diagnostic categories tailored to higher education. That could be in the form of, of systematic reviews. So if you look at the kind of research you do and looking at and identifying those interventions, it could be part of knowledge translation. So for me from an academic point of view, it's the knowledge translation, it's the development of psychoeducative material for the staff, for the student, and for the service, that would, that would leverage the resources we already have, right. So that, for example.

We've got a CSSS and they are inundated they, they, they know really have very few people for the work they need to do. For these, but you know why, why could we not consider, you know, closed groups, for example, you know, group sessions. Over three or four sessions that really just helps the student to think about, okay, you know 'what is reasonable accommodation? How do I engage that and so forth?' So those would be... those would be ways in which we can use the skills to reach more people and use different interventions. I just don't think that the absolutely, one on one, hand-holding intervention is sustainable. So, so, we need to do that where it is indicated, but we also need to look at developing these other levels of indirect service delivery, that would be important."

Improving OSwD's visibility:

Participant Illustrative quotes


Student 2	"I feel like every now and again students need to be made aware that they are there... you get all these emails about health month and mental health week and all this stuff but nobody knows what they actually do..."
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OSwD to improve communication with their students:

Participant Illustrative quotes

Student 4	"Uhm, dalk net hulle kommunikasie met die eksamens en die toetse. Want jy's nie altyd seker of jy uh op is vir die ekstra tyd of al daai goedjies nie. Daar word nooit vir jou bevestig nie; jy stuur maar net jou papiertjie in en jy hoop en bid jy het die regte datum daar, en dat dit op die regte tyd die to... die toets is, en dat die papier daar is vir die eksamens. Want dit het al met my gebeur dat ek ingegaan het vir 'n eksamen, en toe ek ingaan toe het die lecturer nooit die papiere daar gedrop nie." [<i>Uhm, maybe their communication with the exams and tests. Because you are sometimes unsure if you will receive your extra time or all of that stuff. There are never any confirmations with you; you just send your piece of paper in and hope and pray that you have the correct date and time, and that the test paper is present on the day of the exam. Because it has happened to me before where I went for an exam and then the lecturer never dropped the papers off.</i>]
------------------	---

Reduce uncertainty of application process:

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Student 2</i>	<p>“... you know when the application form comes around do you really want to tick that box because you don’t know what is going to happen afterwards... [laugh] You always think to yourself that if I tick this box ‘am I signing my death warrant or am I doing... or am I going to stop studying now or what’s going to happen?’ People just needs to be made aware that they there to help they not there to cause any trouble or make life harder for you. They just need to... and they improvement... they always say they going to do this and then they improve on it and it makes so much simpler so much easier to cooperate with them.”</p>
<i>Staff member 1</i>	<p>“So we have been working very closely with the Registrar... to try and see how can we make the application form more user-friendly and keep clearer in terms of what the university means by disability and can we filter it down a bit more?””</p>
 <p>Psychoeducating PASS members</p>	
<i>Student 4</i>	<p>“Kyk, ek dink, ek dink wat moet gebeur is dat die gaping tussen die lecturers en die [OSwD] moet gehelp word, en dat die lecturers actually moet ingestel word om te sê hoor hierso, hier’s soveel mense met probleme in jou klas, uhm, kyk net ’n bietjie verder na hulle en maak seker hulle is geakkommodeer. En dan ook met die toetse, is, jy as uhm, ’n student het mos daai tipe van ’n plig om te weet wanneer jou toetse is, maar ook die [OSwD] moet ook net help om te sê hoor hierso, ons weet van jou toets, moenie worry nie, ons is daar, jy kan kom skryf. So dit is maar die enigste ding, die gaping tussen [OSwD] en die uhm, lecturers self. En dan die lecturers met die studente, wat moet geakkommodeer word.” [<i>Look, I think that what needs to happen is that the gap between the lecturers and OSwD needs to be addressed, and that lecturers need to be reminded that there are people with challenges in their class and that they need to be looked after and accommodated. And with the tests, as a student you have a duty to know when your tests are, but OSwD can also assist by reassuring you that they are aware of when it is and that you can come and write. So that is basically the only thing – the gap between OSwD and the lecturers. And then the lecturers with regards to students being accommodated.</i>]</p>

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	<p>“Uhm, and then I think in terms of the way forward, one of the projects that the team for example has undertaken just in the latter part of 2019, they, they developed a lecturers’ guide. Yes, and so, what they did is they did their own research on special accommodations for different disabilities and they took all of that information and they put it together for lecturers. So, so that, depending on what a student presents with, the lecturer is able to use that as a reference guide. And so I found that that was quite an empowering project that the team undertook. Uhm, and going forward I know that what we have planned, we were going to do it for 2020.”</p>
<i>Specialist</i>	<p>“Then I think you know the big psychoeducation drive is for people to know what this is about. So we have staff orientation - it should be built into that. The university offers a programme called “Professionalisation of learning and teaching” that all new staff are required to do. It’s part of their probation and they go through, you know pedagogies, developing teaching plans and teaching portfolios and so forth.</p> <p>But... and I speak under correction, but I don't think that programme at the moment touches on reasonable, reasonable accommodation for learners or students in your classroom and, and how you would do that, and that... in that kind of course. You know. It’s like a ten-week course that people attend. Certainly, we could, we could be looking at, you know, sharing valuable information with staff around what this actually means. I would be willing to bet that the average staff member has never heard the term “reasonable accommodation”. Yeah, I would be willing to, to bet that probably even, even staff working in therapeutic services and even in OSwD may not have heard that term.”</p> <p>So, so maybe that's just an academic thing, but it's not a term. So for me it ties into uhm “Citizenry”, it ties into the notion of “how is higher education contributing to citizenship, or are we just providing an education?”</p> <p>So if you are tying it into citizenship, you are asking every single student, every single staff member to think about equity to think about access, to think about equality, to think about marginalised identities and then to, then to develop intergroup empathy.</p> <p>So so, “am I completely unaware that there are people who are differently abled? Am I completely unaware that they need different accommodations and therefore I can't even join advocacy and I can't support that?”, or “am I aware of it, but it does... it's not my problem?”</p> <p>So, so a citizen... some... when you talk with active citizenry, you must be able to recognise and identify that, but also have the intergroup empathy and then have the need to act. And on that. So that kind of fits within the model of of, of citizenship, and in a lot of thinking and theorising around citizenry. So, so the question I'm asking is to which extent, and are we not missing an opportunity in higher education to really work with every single student in every single course in every single programme to develop the notion of citizenry and to think about, uhm to think about disability as one marginalised identity?</p> <p>And how at an institutional level, at a personal level and a social level, you can begin to, ja, to address that, respond to that, to support that, advocate for that.</p>

Ja, so I think that is the... is really the biggest thing. At the moment, ja, that that higher education is, is, is missing a little bit I think. We probably do more on “globalisation” and less around global citizenship. You know, and, and definitely just around citizenship in general.

Workshops/skills training

Participant Illustrative quotes

<i>Student 5</i>	“Maybe they should run time management workshops in the future.”
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Participant Illustrative quotes

<i>Specialist</i>	<p>“But by and large the ADHD students that we are working with are sighted - so they don't need the reading assistance, or it's assumed that they don't need the reading assistance, but in actual fact, what they need is, is you know really skills training around how to read without distraction and how to read with increase comprehension and how to, uhm, speed read for example. Often they are more distracted by the volume of reading than the normal student, the normally abled student. So those kinds of skills training would be important. So if we can look at the broad diagnostic category, we can say what are the kind of general trends here. We can then start to look at it. So I think. I think that I can accept that we have sort of a standardised set of accommodation, but as long as it at least reflects thought of the diagnostic categories. So if we didn't have, if we didn't say things like I mentioned earlier – where you sit in class, placement in class, how information is presented to you, how exams are administered. If we look at those things in a, in a systemised way for the broad diagnostic category, we would be able to give staff at the OSwD a bit of a guideline to work with. So that is missing for me - there isn't a guideline for the kinds of reasonable accommodations that are indicated from an evidence point of view for particular disciplines. So that I think probably would be the biggest facilitator of success.”</p>
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Better monitoring of students

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 1</i>	<p>“Uhm, and even to go and track those who did not – so I think for me going forward it would be to go back and look at who are the students that have registered? How many of them have completed? How many of them have dropped out? And then to go back and, and sort of try and figure out what is it about – from the students themselves – to ask them, what is it about the office that works well? Uhm, what did not work well? And to learn – work with them to support – so it’s support for them, with them. So I think that for me is the way that we want to approach, uhm student access for success, you know? Access itself – I always say to my team, access in itself is really not a privilege, you know? If, if, if you don’t provide contextually relevant support for students then – and I think sadly we see it in South Africa a lot – people are given access, there’s absolutely no support, and we actually cause more harm. Uhm, you could rather have just left them out of the system. So I’m very much about the, the social justice for persons with disabilities. That, you know, they’re not just a number, uhm, they need to be treated with the dignity they deserve. Uhm, and we need to work with them and be truly open to learning from them and through them, ja.”</p>
<i>Staff member 2</i>	<p>“So, from that point of view, my team and I are committed to next year really be informed by what the students’ ongoing responses are. To actually after a few of the assessments, do a random check in with students. To hear what has been happening, how has it been going, so that we provide on-the-go feedback, wherever its needed, instead of waiting till the end of a semester. Or saying, “oh no we’ll fix that for next year’s exam”. Next year is too late. ”</p>

Modifying existing reasonable accommodations, like extra time

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Specialist</i>	<p>“So for example, if you write exam... a 3 hour exam, and you give them 15 minutes for every hour, that becomes a four... three hours and 45 minute, almost 4 hour exam. That is not appropriate. What you should be doing is structuring exams so the students should be... how you should be using the 45 minutes is different. So, that is a much better use of the 45 minutes, than you... just adding 45 minutes for the time to write.”</p>

Restructuring the classroom experience to be more conducive to the needs of students with ADHD:

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	“In terms of the classroom experience... that is where a big gap still exists. When it comes to ADHD and some of the other disabilities as well. So in terms of the student... how does the student experience a teaching aspect when they are in the classroom? And not just getting the additional time when they are doing an assessment. How do they make sense of the learning while they are being taught in class or in an online environment? Because there, for instance, a student may be sitting in a lecture hall, trying to sit in the front row and doing all the things that they need to do as student to help manage their condition, but then the class may be very disruptive and the lecturer won't necessarily pause things to check in “whom of you have ADHD?” and “whom of you have low vision?” you know? That doesn't happen. But in all fairness, the student is applying to a mainstream institution, but they need to be accommodated. You can't just say “okay no, you chose to come and study here, sink or swim.” It shouldn't be the case.”

Reducing stigma

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	“And then in terms of the academic life, so much still has to be done for students that have a disability, you know? So I think [UNIVERSITY'S NAME] generally improving the culture towards disability so having a... a really, truly inclusive culture where students with disabilities are not... they shouldn't be ashamed, you know?”

Empowering students to acquire and access their rights

<i>Participant</i>	<i>Illustrative quotes</i>
<i>Staff member 2</i>	“And the... the support and assistance offered to them, it's... something that almost seems like a burden. For some students will report that “I felt it would be a burden to ask a lecturer or ask this person to do something extra for me” when in essence it's nothing extra - this is your learning requirements...”