

Inclusive doctoral study: admission to submission

Case Study 1: ADHD waiting lists

Scenario: You are aware that your student is currently on a long NHS waiting list to access a diagnosis and possibly also medication for their potential ADHD. Meanwhile, they are asking for a seemingly endless list of adjustments in the way you supervise them and the environment in which they work. You want to be fair to all your students by treating them equally, whilst also being supportive of this particular student's needs. They do not yet have a Student Support Document, and you are not sure how best to proceed.

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Suggested Response:

- On boundaries: (how much can/should one get involved versus expecting other services within/outside to support the student). It's particularly tricky for ADHD as NHS services for adults are extremely thin. There are also cultural perspectives: e.g. ADHD as "neurodiversity" as ADHD versus "treatable condition"; the former perspective also invites in a range of other mental health conditions.
- Provide support based on need rather than diagnosis, i.e. you do not need to wait for a medical diagnosis to put supervision adjustments in place. If a student needs written instructions because they forget verbal ones, this is good practice regardless of a label.
- ADRC has a Neurodiversity screening service which can see students quickly and which can lead to an SSD and recommended adjustments.
- Formalise via ADRC: Explain that while you are happy to help, an SSD (Student Support Document) would be the optimum route as it will allow them to have a discussion with a disability specialist and the production of recommendations for adjustments.
- Re the "endless list", the ADRC can provide guidance on assessing 'reasonableness' and also guidance on supporting students with ADHD – the ADRC supports students and staff
- Equity vs Equality: Address worry about "fairness". Treating students equally (giving them the same) often leads to inequality. Treating them equitably (giving them what they need to reach the same standard) is the goal.

Case Study 2: Confidential disclosure & progress

Scenario: You are a supervisor of a second year PhD and you have concerns about your student's progress, which you discuss with them. In response, the student discloses to you that they think they may have ADHD. You have wondered in the past whether this might be the case, based on their writing, organisation, and time management, but you didn't feel it was your place to mention it. The student says you are the only person they trust, and they would like you to keep the disclosure confidential. They have asked what they should do next, and you are unsure how to respond.

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Suggested Response:

- Signposting: The ADRC cannot accept referrals from staff (as disabled people have a legal right not to disclose) but you can advise the student to engage (as above) with the ADRC neurodiversity screening service and provide those details in an email so that you have a clear record. Students can seek advice from ADRC generically (without full disclosure initially) to see what is available.
- Staff are also able to discuss 'hypothetical' cases with ADRC advisers to get generic advice on support
- Encourage engagement with ADRC to get an SSD – this allows expert consideration around reasonable adjustments, both in terms of study and examination (e.g., extra time, rest breaks in the first-year assessment). It is much harder to appeal retrospectively.
- Issue of how to accommodate without expert support: be honest about your limits. 'I am an expert in [Subject], not ADHD. The best way to ensure you can access your studies effectively is to consult and receive advice from the ADRC'.

Case Study 3: Remote working & visa compliance

Scenario: You are a supervisor in the School of Arts and Humanities. You have a full-time student in their first term of their PhD who has a student visa. During their first few weeks at Cambridge the student discloses to you that they have chronic fatigue syndrome and indicates that it would be better for their health if they could live in London and work from home as this would allow them to be supported by extended family. The student is unwilling to engage with the ADRC. You are unsure how to respond.

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Suggested Response:

- Encourage engagement with ADRC to get expertise into reasonable adjustments. They may suggest alternatives the student hasn't considered (e.g., ergonomic equipment, assistive software, rest breaks, extension to period of study/flexible study).
- Expectation management: Long-term living and working at home is unlikely to be seen as a reasonable adjustment for a full-time residential PhD. The University has residency requirements (keeping terms).
- Visa implications: Need to involve the International Student Office (ISO). International students on a Student Visa have strict monitoring requirements regarding their location and attendance. Living in London while enrolled at Cambridge could breach their visa conditions. This is a compliance issue, not just a preference.
- Explore the 'unwillingness' (with care and compassion): is there a reason they do not want to engage with ADRC? They might fear it will affect their visa status, or it could be a cultural issue, or they fear it might be interpreted negatively. Reassure them that ADRC is confidential and separate from the Home Office, and their purpose is to enable study, not block it.

Case Study 4: Carer responsibilities & office hours

Scenario: You have a full-time PhD student in their third year of their project. The student is progressing well and on track to complete within 4 years. A few months previously the student divorced and is now the sole carer for their 2 school age children. The student has indicated that they need to leave at 3pm for three days a week as they cannot find alternative childcare. You prefer your students to keep 'office hours' of 9am-5pm to keep an eye on them and to facilitate a community in your research group.

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Suggested Response:

- Refer to part-time, flexible study options. Students can apply for flexible study arrangements, such as compressed hours, flexitime or studying outside of the Department (this third option is not available to students with student visas). See [Flexible Study \(Postgraduate Research Students only\) | Cambridge students](#).
- Reflect on why you need to "keep an eye on them". Is this about trust?
- Community doesn't only happen between 3pm and 5pm. Is it possible to schedule group meetings/socials during the student's available hours so they are not excluded?

Case Study 5: Social Anxiety & Conferences

Scenario: Your second-year PhD student is neurodiverse and finds any social scenario difficult to manage. They tend to avoid situations where they may need to speak to others and have anxiety about large group settings. They have indicated that they wish to remain in academia after their PhD. You think your student could really benefit from attending an international conference to hear about relevant research and to network with other experts in their area.

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Suggested Response:

- Address barriers: discuss specifically what triggers the anxiety/overstimulation (e.g., the travel, the crowds/noise, the small talk). Are there options for a quiet room at the venue.
- Practical support: is it possible to help with planning and booking.
- Is it possible to attend with them? Don't leave them alone to 'circulate'. Introduce them to one specific person you know is friendly. Give them an "exit strategy" (e.g., "I'm going to step out for air") that they can use without feeling rude.
- Are there any local/national conferences which could be attended first?
- Many conferences now offer hybrid options. This allows access to the *research* without the sensory overwhelm of the social environment, and the possibility of networking.

Case Study 6: Narcolepsy & Peer Perceptions

Scenario: Your first-year student has narcolepsy. The student has an SSD and so you and a small number of colleagues are aware of their condition, but the student is reluctant to disclose it more widely, including to other students. Your student shares an office with four other PhD students who are not supervised by you. Your student often falls asleep at their desk, and others have started to notice and comment on them being lazy. The student's course requires them to attend some training modules, and you have heard that they have fallen asleep in two of those too.

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Suggested Response:

- Impact on others/Safety/PEEP (this response may be discipline dependent (i.e. if there are lab requirements): Health and Safety trumps the Equality Act. A risk assessment may be required
- Managing the environment: The "lazy" comments could constitute bullying/harassment. You could address the *behaviour* of the other students without disclosing the condition, but it would be easier if the student was prepared for the other students to know.
- Encourage partial disclosure: Discuss with the student that a limited disclosure (e.g., 'I have a medical condition that affects my energy levels') might stop the 'lazy' comments and reduce their own social anxiety, without needing to give the full medical history.
- Training Modules: Contact the training provider in advance (with student consent) to explain (again an SSD would be the optimum approach). An SSD is not an absolute prerequisite in order to make adjustments – speak to the student about any adjustments which may help them.