

Students' Experiences of Individual Accommodation in German Higher Education

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The paper reconstructs experiences of students who used individual accommodation in form of Disadvantage Compensation (Nachteilsausgleich) at a German university, based on 36 biographical-narrative interviews that were analysed using Grounded Theory methodology. The authors identify eight stages of Disadvantage Compensation that students must go through to obtain accommodation. At each of these stages, students face different challenges that may constitute barriers and lead to experiencing exclusion. Therefore, the authors argue that individual accommodation is rather (re)producing exclusion by creating new barriers than providing sufficient inclusion. To improve the effectiveness of individual accommodation as a measure of inclusion, universities need to implement a centralised organisation of Disadvantage Compensation and ensure adequate training of staff. In addition, inclusive learning environments and course participation opportunities need to be created, to comply with the United Nations Convention on the Rights of Persons with Disabilities.

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1 Disadvantage Compensation and the Inclusion of Disabled Students in German Higher Education

Like other countries, Germany has seen increasing numbers of disabled students in recent years. From 2012 to 2021, the percentage of students who reported an impairment which had a negative impact on their study experience increased from 5 percent to 16 percent (Steinkühler et al., 2023; Poskowsky et al., 2018). While disabled students face various barriers in higher education (Ball & Tuckwiller, 2024; Steinkühler et al., 2023; Bartz, 2020; Buß, 2018), universities seek to facilitate their inclusion by implementing measures of accessibility and reasonable accommodations (Nieminen, 2022; 2023, Gattermann-Kasper & Schütt, 2022). These principles are fundamental to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which aims to “*promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity*” and was ratified by Germany in 2009 (United Nations, 2024, Article 1).

These aims were taken up in the Higher Education Framework Act (Hochschulrahmengesetz [HRG], 2019), which urges the Länder to make universities accessible to disabled students in such a way that they are not *disadvantaged* in terms of admission or education. On the basis of this jurisdiction, universities in Germany provide reasonable accommodation in the form of “Nachteilsausgleich” which translates as Disadvantage Compensation (Gattermann-Kasper, 2016; Hövelmann, 2023). This measure of inclusion is intended to ensure equal opportunities for all students through individual assessment accommodations or accommodations in the organisation of studies (Gattermann-Kasper, 2022; Ennuschat, 2019; Welti, 2016; Bauer, 2021). The practice of granting individual accommodations to facilitate inclusion is common and shared worldwide in higher education, although there are international differences in the organisation of accommodation (Nieminen, 2023; DeKorver et al., 2024; Edwards et al., 2022). To be eligible for individual assessment accommodations in Germany, students must provide evidence of long-term health impairments, e.g., in the form of a medical certificate; they must experience *disadvantages* that make it difficult to study under normal conditions; and, to ensure equal opportunities, the impairments or the resulting *disadvantages* must not be relevant to the content of the assessment (Gattermann-Kasper, 2016).

The term *disadvantages* is written in cursive throughout the paper, to emphasise its use in line with the concept and phrasing of Disadvantage Compensation. Following the social model of disability (Shakespeare, 2013), *disadvantages* should be understood as a contingent concept that refers to the illegitimate inequality students experience due to being disabled by the context of German higher education. However, the concept and phrasing of Disadvantage Compensation instead follow the reactive logic of the medical model of disability, depicting the individual as being disadvantaged due to their impairment and making them responsible for taking care of their individual situation by applying for accommodations (Shakespeare, 2013). The problematic implications and assumptions accompanying the term will be further discussed in section five.

As German higher education research has largely focused on the legal foundations of inclusion in higher education (Ennuschat, 2019; Gattermann-Kasper & Schütt, 2022; Kaufman et al., 2022; Hövelmann, 2023), the experiences and challenges that disabled students face throughout the entire process of using Disadvantage Compensation are rarely considered. Existing studies have identified institutional (e.g. complex application processes, inflexible study structures) and social barriers (e.g. stigmatisation, lack of support, lack of sensitivity on the part of teachers and fellow students) (Gattermann-Kasper & Schütt, 2022; Bauer, 2021; Gattermann-Kasper, 2016). International higher education research (Bartolo et al., 2023; Toutain, 2019; Mamboleo et al., 2020; Magnus & Tøssebro, 2014) has highlighted that disabled students experience individual accommodation as problematic. This is because it involves segregation and stigmatisation and requires them to disclose and provide proof of their impairment. Students

also lack information about institutional support and experience negative attitudes from fellow students and academic staff. They may also be provided with accommodation that is not useful to them. Therefore, to identify and request appropriate accommodations, students need to gain knowledge about their own impairment, the higher education context, and the disadvantages they experience therein, as Skinner (2004) pointed out.

Furthermore, the need to interact with lecturers when using individual accommodation has been identified as a particular challenge for students, which can lead to “*minimisation of their own concerns*”, as DeKorver et al. (2024, S.19) put it. Finally, individual accommodation has a high non-take-up rate (Lyman et al., 2016; Blasey et al., 2023). For Germany, recent research has shown that in 2021, only about a fifth of students with an impairment that negatively affects their studies applied for Disadvantage Compensation (Steinkühler et al., 2023). Thus, previous research highlights that individual accommodation in the form of assessment accommodation is not experienced as an effective measure of inclusion in higher education by all students (Kendall, 2016; Bartz, 2020). However, despite mixed findings on its impact on GPA achieved (Römhild & Holleder, 2024), researchers have argued that in the current higher education environment, individual accommodation may be both necessary to meet the diverse needs of disabled students and effective in reducing their *disadvantages* (Salzer et al., 2008; Sharpe et al., 2005).

The following paper answers the question how students experience the use of Disadvantage Compensation. It does so by reconstructing the study experience of students who used individual accommodation in the form of Disadvantage Compensation at a German university. The analysis is based on 36 biographical-narrative interviews conducted in 2022 and 2023 which are evaluated using Grounded Theory methodology. The research aims to inform policy decisions in the context of inclusive higher education by adding to existing knowledge about the higher education experiences of disabled students, and to elaborate on the potentials and problems of reasonable accommodation in the form of individual accommodation. It is innovative and unique in its perspective, as its focus on the use of a specific measure of inclusion allows to understand the exclusive and inclusive mechanisms that shape inclusion in the higher education context.

2 Data collection and Methodology

In 2022 and 2023, 36 biographical-narrative interviews were conducted with students at a middle-sized, comprehensive university located in central Germany, as part of the ErfolgInklusiv (SuccessInclusive) research project, funded by the German Federal Ministry of Education and Research. The interviews were conducted in German lan-

guage and transcribed verbatim. To make them accessible for a broader audience, parts of the interviews were translated into English language and are presented in section three. The students were selected on the premise of using Disadvantage Compensation during their studies at the selected university. The interviews were conducted digitally or in person. Of the 36 students, 34 used Disadvantage Compensation in the form of individual assessment accommodation. While three students used accommodation due to pregnancy or other social reasons, the remaining 31 students used it due to impairments. Following the social model of disability, we summarise this group as disabled students, meaning students who experience disability in the context of higher education, which makes them eligible for Disadvantage Compensation (Shakespeare, 2013). However, before and during the interviews we did not refer to specific categories or identities. Rather, students were given the opportunity to explain their individual situations in their own words.

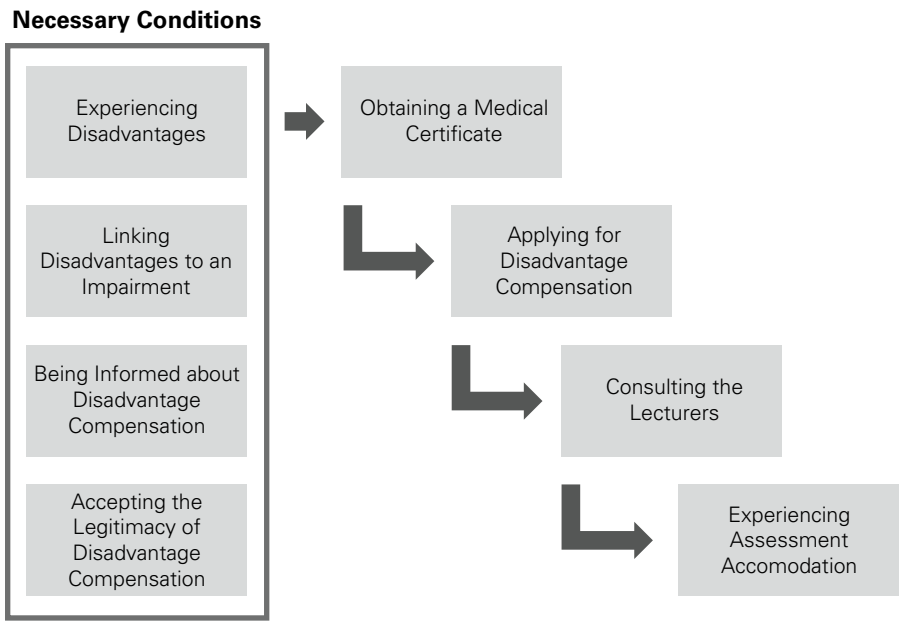
The data was analysed using Grounded Theory methodology (Corbin & Strauss, 2015). The first interviews were used to develop a coding system. The codes and concepts were continually revised. After coding two thirds of the interviews, no new concepts emerged. The following interviews were used to further develop the concepts in terms of their properties and dimensional variation. The present analysis focuses mainly on the concepts of the code *Disadvantage Compensation*, which emerged during the course of the data analysis. Nevertheless, it is also informed by other codes, such as but not limited to *type and course of impairment*, *study experience*, *social networks*, *gender*, *social background* and *individual life course*.

The study was approved by the Ethics Committee of the university where the study was conducted on 24.05.2022 (No. E05202201). All participants were informed about the aims of the research project and the interview procedures, and took part voluntarily and without financial compensation. They gave their consent to the use of the interview material and were informed of their right to withdraw from the study at any time. All interviews were conducted by the same white cis-male member of the team, who is trained in interviewing and experienced in dealing with potentially traumatic issues. During the interviews, the interviewer tried to create an open space for the interviewees' narratives without judging their choices or re-traumatising them (Loch, 2008). To allow students to elaborate on their life stories without prior attribution of identity and to minimise expectations, the interviews were designed as biographical-narrative interviews, starting with an initial narrative question, following up with internal narrative questions referring to topics mentioned in the initial narration, and ending with external narrative questions referring to further topics that may not have been mentioned (Rosenthal, 2018).

3 **The Eight Stages of Disadvantage Compensation**

On the basis of the interviews, eight stages of Disadvantage Compensation were identified that are relevant to students’ study experiences. As depicted in Figure 1, these eight stages consist of four necessary conditions and four stages of which each must be completed to proceed to the next stage. Encountering barriers in any of these eight stages can hinder the use of accommodation and lead to the experience of exclusion in higher education.

Figure 1: The Eight Stages of Disadvantage Compensation



3.1 **Experiencing Disadvantages**

The first necessary criterion for the use of Disadvantage Compensation is the experience of *disadvantages*. In the interviews, students reported experiencing different *disadvantages* during their life course, based on the social and organisational context of a given situation. To experience how the context of higher education limits their potential and to reflect on the factors that disable them, some students needed time. In these cases, social networks were able to facilitate this process. Therefore, although *disadvantages* may appear to be objective, the students needed to experience them subjectively in the context of higher education. This requires linking the experienced *disadvantages* to an impairment.

3.2 Linking Disadvantages to an Impairment

Those students who were born with an impairment or who had lived with it for a long time tended to link their *disadvantages* to their impairment and recognise them as normal and self-evident. Other students found it difficult to link their *disadvantages* to an impairment. In particular, students with impairments with a variable and/or episodic course (i.e., fluctuating symptom severity over time), mental illness, learning disabilities or neurodivergence needed time and external support to gain knowledge about their *disadvantages*.

Some students needed to receive a medical diagnosis to link their *disadvantages* to their impairment. They experienced the diagnosis as an official certificate of the existence of an impairment, which provides legitimate access to resources and measures of inclusion. However, seeking diagnosis requires students to accept the existence of an impairment. This can be challenging if students fear stigma and social exclusion, which was particularly the case for students with neurodivergence and mental illness. As students may reject the possibility that there is „*something wrong*“ with them, ableism and gendered stereotypes of masculinity may prevent them from seeking medical support; and if the diagnosis is accompanied by an official disability status, this may challenge their own understanding of themselves and „*disabled people*“, as Laura experienced.

“Yes, [my impairment] was officially recognised after my first [...] operation, when I [was a child]. And of course, my father then applied for a disability card and I think I was a bit alienated somehow, because [...] I didn’t feel as disabled as I had always imagined or something. I had actually been taught as a child that you always have to look after disabled people and offer them help and I thought “No, that’s not me now”. And yes, on the other hand, I had already been told that it might have advantages for me and some tax benefits, which I personally didn’t care about, then.” – Laura

Another problem some students face when seeking a diagnosis is being doubted by medical staff. In the case where this happened systematically and a student was denied diagnosis over a long period of time, the student referred to it as „*medical gaslighting*“. These experiences of being doubted hindered the students from receiving diagnosis for a long time and lead to severe self-doubts, since they felt that they are to blame for the barriers they face at school and university.

3.3 Being Informed about Disadvantage Compensation

In addition to being aware of their *disadvantages*, students need to be aware of the possibility of Disadvantage Compensation at university in order to apply for it. Some

students, even those who used accommodation in primary or secondary school, reported that they did not expect universities to offer it. While many students were sure that they received information about Disadvantage Compensation in introductory courses, they argued that they often forgot about it, because they were not able to process all of the information they receive at the beginning of the semester. Fellow students or lecturers therefore play a crucial role in making students aware of Disadvantage Compensation. Without regular reminders, some students were not aware of their rights for years, as Mia reported in the interview when asked what she would change about Disadvantage Compensation.

“To make Disadvantage Compensation better known. I don’t know what efforts the university is currently making. It’s also possible that a lot has changed in recent years. But as I said, I studied for two or three years and didn’t know anything about it.” – Mia

3.4 Accepting the Legitimacy of Disadvantage Compensation

For some students, the use of Disadvantage Compensation is a matter of course, because they see it as a legitimate measure of inclusion that can adequately reduce *disadvantage*. This is especially the case for those with visible or physical impairments, who have lived with their impairments for a long time or who already used Disadvantage Compensation in school. Others had to learn that they are entitled to it. For some, this took some time, as Lena found out.

“And then finally, when I was doing my last homework, I realised that I also have the right to Disadvantage Compensation. I don’t think I was aware of this before, [...] through my job as a student assistant, I had already noticed that there were some people who wanted individual rooms because they needed extra rest or longer periods of time or whatever. But I always thought “Yes, I can study normally, I don’t need that.” That’s also a process that you have to learn, that you realise “No, I have that right, too,” even if you might not think of it that way at first.” – Lena

Even if they knew they were entitled to it, some students tried to study without individual accommodation because they perceived using Disadvantage Compensation as receiving special treatment.

“As long as I can, I won’t let the illness push me back and I’ll do as much as I can under normal conditions. The last thing I want is a fucking “Extrawurst” [German idiom for special treatment] or to have too much thrown at me.” – Nico

However, the experience of not being able to study without accommodation forced some students to finally claim their rights, as Mia describes.

"I somehow didn't even know [Disadvantage Compensation] existed a month beforehand. I didn't actually look into what the university does for chronically ill or disabled people. Not because I wasn't limited in my studies, but because I always thought: "Yes, I can manage that." Until I couldn't do it anymore." – Mia

Many students discussed the legitimacy of Disadvantage Compensation, regardless of whether they considered it as a matter of course or initially rejected it. Their arguments were based on discourses of fairness, individual effort and the requirements of their future profession. In the interviews they mentioned that other students, lecturers and university staff also referred to these points when discussing the inclusion of disabled students in higher education. In particular, they mentioned the argument of fairness repeatedly in the interviews. Since some people perceived accommodations as an unfair and illegitimate *advantage*, students who use Disadvantage Compensation expected and experienced these accusations. This often had a negative impact on their study experience, as Kira explains.

"I've always had the feeling that people think that I'm somehow trying to exploit this Disadvantage Compensation in order to have it easier than others by taking different exams or something like that. But it just helps me to be able to study normally like everyone else and for me it's logical that people with disabilities have different needs than; or have to overcome different challenges than people who have fewer disabilities. And I would also prefer it if I could study normally like a normal student. But that's just not possible." – Kira

3.5 Obtaining a Medical Certificate

While some students reported that their lecturers provided them with informal accommodations based on individual agreements, they needed a medical certificate, stating their individual impairment and the necessary accommodation to apply for Disadvantage Compensation. Those students who were in regular contact with medical professionals were able to obtain a medical certificate without major problems. In general, students with physical impairments and those who have been living with their impairments for a long time had contacts with doctors who were aware of their situation and willing to provide a certificate for the University. In some other cases, obtaining such a certificate cost a lot of time, money and energy. In particular, students living with mental illness, learning disabilities or neurodivergence found it difficult to obtain appropriate certificates as they did not have regular contact with their doctors.

In addition, some impairments are only certified by specialist doctors (e.g., neurologists or psychiatrists), and some students have to pay for their certificates, which may need to be renewed regularly. When these factors come together, some students had to

travel long distances to see their doctors and pay for their certificates every year, as Anna complained about in the interview.

“I’ve had to pay €250 per certificate since I turned 21. And I must submit a new certificate every year [...] for [my impairment], where it’s clear that it won’t change. So, every certificate always says “Yes, the test showed exactly the same result as the previous test”. I think it’s kind of unnecessary to spend so much money just to have it in black and white – yes, nothing has changed with an illness where not much can be done at that age.” – Anna

Even though Anna is able to overcome this barrier because she can afford the certificates and has enough time and energy, she expresses deep frustration at this process since she does not expect her situation to change. Also, she emphasises that others may not be able to invest this amount of time, energy and money.

In addition to the process of obtaining a medical certificate, the content of medical certificates poses further challenges. Doctors have to ask for a specific level or form of Disadvantage Compensation. This means that they have to assess the extent to which accommodations are necessary. This process is problematic in that the doctors may not be aware of the specific examination situations in a particular field of study. As a result, the students questioned if the doctors were able to estimate the actual *disadvantages* that they experienced, especially, since they often struggled to do so themselves. Students with impairments with a variable and/or episodic course, mental illness, learning disabilities or neurodivergence often found it difficult to identify specific *disadvantages* that should be compensated for.

In addition, students reported about personal relationships to doctors influencing the content of medical certificates. While some students felt that this influence of personal relationships on a medical process was unfair, others were happy that their personal relationships facilitated contact with doctors and provided easy access to medical support and certificates. However, the fact that Disadvantage Compensation is based on the judgements of medical professionals and the students themselves, and that both can be influenced by individual perceptions and personal relationships, creates uncertainties that can have a lasting impact on the application process. In the interviews, many students feared that the level of need might be over- or underestimated; and those who were uncertain about their doctors’ assessments or their own perceptions of their *disadvantages* questioned the legitimacy of their Disadvantage Compensation.

3.6 Applying for Disadvantage Compensation

Once students had received their medical certificate, they had to apply for Disadvantage Compensation at their respective examination offices. While most students in our sample did not experience any problems with the application process, some found it untransparent and confusing at the beginning. They complained about long waiting times and excessive bureaucracy. However, once they understood the practice, the bureaucratic effort seemed manageable to them, as Mia explains.

"So, I just found it super confusing at first, all these forms, what I need now, what has to be signed and filled out by whom, what then has to be sent to whom, where I can find the forms in the first place. [...] [I received] the link to the website, but then somehow the website was still down and [...] it was kind of complicated to understand the organisational details. But once I understood it, it wasn't a problem."
– Mia

Nevertheless, Mia gives us an indication of potential problems by emphasising that she may not have been able to cope with the bureaucracy and correspondence involved in a period of depression.

"Back then, [I used Disadvantage Compensation] because of my [other impairment], not because of the depression. But if I had tried it during the depression and had no idea about it, I would have been so put off because it's very bureaucratic [...], and somehow too demanding and [...] writing emails is quite difficult for me and calling is also difficult for many other people my age. Especially with anxiety disorder, social phobia. And with depression, of course, it's even more of a deterrent to taking advantage of anything." – Mia

In addition, students studying more than one subject had to apply for Disadvantage Compensation at each of the relevant examination offices. For example, someone studying to be a teacher may have had to apply three times, to the department of pedagogy and to the departments of their first and second subjects. On the one hand, this was time-consuming and bureaucratic for the students. On the other hand, some students received varying Disadvantage Compensations from the different examination offices. In these cases, students expressed their lack of understanding for this process, as Jona did.

"As a student teacher, you have three subjects, i.e., pedagogy core studies and the two teaching subjects. And in each of these subjects you need a certificate from the respective examination office, because each of the subjects has its own examination office. So I applied for this directly. That actually went through without any problems. It was just that each examination office issued a different certificate

about the Disadvantage Compensation, even though I sent the same text everywhere with the same evidence.” – Jona

3.7 Consulting the Lecturers

In some faculties, the examination office informed lecturers about students with Disadvantage Compensation in their courses. In others, students had to consult their lecturers before each exam and provide information about their Disadvantage Compensation. In both cases, many students reported that they did not receive appropriate accommodations because lecturers forgot or ignored their emails, as Benno explains.

“I’ve also experienced people who have simply forgotten about it. I wrote them three emails, told them about Disadvantage Compensation and in my email the word “time extension” is printed in large print and the word “single room” is also printed in large print so that you can see it. So you don’t even have to read the email, you just look at it and you can see the content and my lecturers or professors have also had problems with this sometimes because they didn’t read the emails properly. Then I sat together with the others in the exam, anyway; under different conditions, the way it shouldn’t be.” – Benno

Students who received replies to their mails experienced mixed reactions. Some lecturers replied positively and did their best to organise accommodations and support the students. Other lecturers replied more negatively and seemed annoyed. Students linked these reactions to negative attitudes towards, or lack of information about, disabled students and, in particular, students with mental illness. Reflecting on these reactions, students argued that they were creating additional work for lecturers, as Jannis mentions.

“The examination offices, yes, they are relatively objective. If they have something, then they do it, then you get it in black and white and then you can present it anywhere. Sometimes it wasn’t like that with the lecturers. They somehow heard that I had something and that was more work for them. Doing an extra exam and then having time for it. Time-consuming. I really felt that sometimes, which I can understand a bit. Then they have their normal exams, their normal daily routine. And then someone comes along and wants another exam. It can be annoying.” – Jannis

Consulting the lecturers was widely perceived as an unnecessary burden, costing time and energy, and requiring repeated acts of disclosure. Although some students reported very attentive encounters, they emphasised that their ability to study as equals depended on the attitudes and actions of individual people. The repeated acts of disclosure were experienced as major barriers by those students who live with an

invisible impairment. They questioned why their lecturers should know about their individual medical situation. Furthermore, students repeatedly reported that lecturers were uninformed or even unwilling to provide accommodation in accordance to their rights. They felt like supplicants, begging for help when all they were doing is asking for their right to study as equals. Some gave up during this process because they were not able to cope with the negative reactions, especially if they have already experienced being doubted in the past, as Kira did.

"The fact that I've already done that at two schools, that psychologists questioned me for hours, I don't know. I always felt a bit like I was being cross-examined in court. I thought it was kind of weird. I didn't even let it get that far at the university, so when [the person in charge] said no, we can't do [Disadvantage Accommodation]. Then I was like yes, okay, but I'll leave it alone now. Well, I don't know. It always feels like I have to prove to someone that I'm really ill. And I've stopped doing that now; because [...] if someone doesn't want to recognise that I'm ill, then they won't recognise it after I've proved it." – Kira

Others continued to fight for their rights and developed specific communication strategies to reduce the time and energy needed to receive accommodation, as Noah explains.

"Well, then I had these Disadvantage Compensations. But that doesn't mean that you go there and say "Mr. X, I'm writing an exam with you, I need 30 minutes longer and I can possibly write it on my laptop". [...] Before every exam, there was an exchange of 10–15 emails back and forth. [...] Until it was clear how and where I could write my exam and how it would work. With every professor except the ones I actually went to. I then turned the strategy around and wrote to the professors. "Well, I'm writing an exam with you. I've seen that it's in the e-learning centre. There's no problem with the e-learning centre. You can put me in with the supervisor. I already know the supervisor. Contact her, I took the exam with her last year during the semester. She can tell you how it works." Because all the professors first say "Oh, Disadvantage Compensation. Oh, what's happening?". It was a circus every time." – Noah

3.8 Experiencing Assessment Accommodation

If students were successful in their application for Disadvantage Compensation, their lecturers were responsible for arranging assessment accommodation. The students in our sample received assessment accommodation in the form of extra time for writing, the use of assistive technology (laptops, visual aids, etc.), a separate room, or changing assessment form (e.g. from a written to an oral exam or vice versa). Some students experienced this kind of Disadvantage Compensation as an effective meas-

ure for inclusion. In particular, students who experienced their impairment as compensable through the use of technology or assistive devices and who live with a visible impairment, reported that individual accommodation reduced their exclusion from the higher education environment and in many cases enabled them to participate on an equal footing. Others did not experience Disadvantage Compensation as a compensation for their *disadvantages*. Students with mental illness or neurodivergence, or those who experience a variable and/or episodic course of impairment, questioned the effectiveness of Disadvantage Compensation in its current form. For Liam, for example, an extra hour of study time and a separate room did not seem to help as much as he had thought. When asked if his study experience had improved since he was granted Disadvantage Compensation in the second semester, he replied:

“I’m honestly not sure. I don’t think so. Yes, so an extra hour with exams is good and is sometimes very helpful and I often take them, [...] But yes, no. Yes, just no, I think. That’s my answer. [...] The oral exam, that was a good choice. But such a long time with exams... [...] And yes, taking the exams alone in another room is also kind of helpful, but also kind of not. For me, at least, I find that, strangely enough, I find it easier or simpler to study or work in chaos, so to speak. When there’s really a lot going on I find it easier to focus on it and keep working, but yeah.” – Liam

4 Summary

In order to access Disadvantage Compensation, students had to meet four necessary conditions as depicted in Figure 1. They needed to experience *disadvantages*, link their *disadvantages* to an impairment, be informed about Disadvantage Compensation and accept it as a legitimate measure that can provide them with inclusion. All of these requirements can be experienced as barriers to inclusion. While extended social networks and a positive and accepting environment at university supported students on their way to accessing Disadvantage Compensation, experiences of doubt and „medical gaslighting“ had a lasting impact on students’ lives and hindered diagnosis, acceptance and accommodation. If they met the necessary conditions, students had to obtain a medical certificate, apply for Disadvantage Compensation, and some even had to consult their lecturers individually before receiving accommodation. Again, barriers could arise at any point in the process. Thus, accessing individual accommodation in German higher education is a complex process that requires a lot of effort, time and energy – and sometimes even financial resources.

Further, making use of Disadvantage Compensation invoked a variety of negotiation processes. Students asked themselves and discussed with others the extent to which they are *disadvantaged* and the extent to which accommodations are legitimate or fair. Especially in those faculties where they were responsible for consulting their lecturers,

students reported fearing disclosure and negative reactions because they perceived individual accommodation as special treatment (the “Extrawurst”), while emphasising that they did not want to generate additional work. Still, negotiation processes as such were not limited to a specific time or stage of their studies. Rather, students were confronted with these negotiation processes throughout the time they were part of the educational system, often starting in primary school. In this respect, the current organisation of inclusion in Germany, which relies heavily on Disadvantage Compensation, seems deeply problematic.

Further, Disadvantage Compensation required constant and clearly identifiable *disadvantages* that can be compensated for. But many students – particularly those with neurodivergence, mental illness, learning disabilities or variable and/or episodic courses of impairment – did not experience such *disadvantages*. Thus, many students in this group did not experience Disadvantage Compensation in its current form as an effective measure of inclusion. Finally, for those students who were not able to participate in current learning environments, Disadvantage Compensation does not provide inclusion at all.

5 Discussion

Overall, Disadvantage Compensation follows the medical model of disability (Shakespeare, 2013). To receive accommodations, students must provide evidence of being *disadvantaged* due to individual impairments; rather than due to the context of higher education. This focus on the individual can lead to people interpreting themselves as insufficiently capable of studying without support, rather than acknowledging the exclusion provided by the higher education environment. The term Disadvantage Compensation (German: Nachteilsausgleich) underlines this understanding. It assumes that individual students experience *disadvantages* due to individual features. Following a reactive logic, universities offer to compensate for these *disadvantages* by providing individual accommodations – as far as they acknowledge it as necessary in the bureaucratic process. Thus, facilitating inclusion by Disadvantage Compensation reproduces deficient understandings of disabled students, blaming themselves for experiencing *disadvantages* and making them responsible for requesting inclusion by themselves and only for themselves. This individualised approach to inclusion neither recognises the various lived experiences of the highly diverse group of students nor the exclusion higher education provides as an educational context.

Further, even as a measure of inclusion following the medical model of disability, Disadvantage Compensation does not provide inclusion to all students equally. Since it requires disclosure and constant and identifiable *disadvantages*, it tends to better meet the needs of students with sensory, mobility or physical impairments that are

visible to others. However, neurodivergence, learning disabilities, or mental illness – non-visible impairments – are most common among disabled students (Steinkühler et al., 2023). To those, Disadvantage Compensation does not provide sufficient inclusion. Rather, it (re)produces exclusion by creating new barriers. As the students reflected on these experiences and criticised the current organisation of inclusion, they were asked what they would change about the organisation of Disadvantage Compensation and what they would need to participate as equals in university.

“I don’t know if I have a good answer. But I think the, Disadvantage Compensation here [...] are these really the only Disadvantage Compensations that we can come up with? Is there nothing else we can do? I find them somewhat uncreative. But what exactly I want or wanted [...]. It’s just maybe more understanding from the professors, because although the culture is sort of there. So, where everyone says “Yes, I’m such a progressive person, mental health is important to me.” There are also many members of the administration who have, [...] opinions or ideas from the 50s or 60s. And I found it difficult to talk to them about it from time to time, because I had the feeling that they thought “Yeah okay, here’s a student who doesn’t really want to study, he just wants everything, he’s lazy and all that.”” – Liam

Although Liam, like many others, experienced difficulty in identifying a solution, he asserted that the attitudes of lecturers and university staff represent a pivotal issue that necessitates transformation. Mia proposes the necessity for a profound shift in societal attitudes, emphasising the importance of dismantling stigma and the desirability of transcending the boundaries of taboo.

“I don’t think it’s something that the university can really influence right now. But I think it’s super helpful that it’s generally becoming less taboo, that the lecturers and professors are somehow dealing with the topic. I was really lucky, the three lecturers I had were all [...] super understanding.” – Mia

Like Liam and Mia, those who do not have precise answers about how to compensate for their *disadvantages* often refer to issues of inclusion at a societal level, ableist culture, universal design and inclusive learning environments. Having experienced a different learning environment in times of Covid, Ella emphasises that digital teaching would be helpful for her. An experience shared by other students in their interviews.

“This option for more online. I think that would be something that has compensated for a lot of disadvantages in my case and where I know from others that it was like that and what has been seen very little so far until Covid, that this can compensate for a lot if you can stay at home and do it. [...] And I can also see that it was stupid for others. But it was so good for me and I think that’s something that’s hardly there now.” – Ella

Ella's explanation shows that the exclusionary experiences of disabled students are not limited to assessments. In order to experience inclusion in higher education, Ella needs an accessible learning environment, such as was provided during COVID when digital teaching was introduced.

6 Conclusion

In conclusion, three demands for the future of inclusion in higher education emerge. First, the findings underline the words of DeKorver et al. (2024, S.19) who state that „[w]henver possible, disability resource offices [who are responsible for organising individual accommodations in the USA] should communicate the accommodations to the instructor and follow up on the implementation“. To improve the effectiveness of Disadvantage Compensation as a measure of inclusion, universities need to implement a centralised organisation. The students echoed this request, hoping this would minimise the likelihood of negative interactions with uninformed and unwilling lecturers while reducing bureaucracy for both, students and lecturers.

“So we need a central administration for this whole thing. [...] that you at least say here once that a severe disability has been recognised and then we pass this on internally to everyone and they know about it. And that should go so far that the professor gets a message saying that [name] is in the lecture with you, he has the following Disadvantage Compensation, pay attention to it. And not that I have to run there with a note in my hand saying “Prof., I have a Disadvantage Compensation, how do we do that?”” – Noah

Second, universities need to ensure that their staff are adequately trained to deal with their responsibilities for conducting Disadvantage Compensation and providing an inclusive higher education experience. While students in our interviews repeatedly mentioned a lack of inclusive culture at a societal and university level, they also mentioned lecturers' lack of knowledge about the processes and their responsibilities. We suggest that some – if not even most – of the negative reactions experienced by students may be due to lecturers' lack of knowledge and being overwhelmed by the situation. The results of a recent study by Ristad et al. (2024) support this thesis.

Third, the analysis clearly shows that there is a whole group of students who do not experience Disadvantage Compensation as an instrument of inclusion at all. In its current form, Disadvantage Compensation is mostly granted as assessment accommodation. However, learning environments do also provide barriers, preventing students' participation in courses (Ball & Tuckwiller, 2024; Bartz, 2020; Kendall, 2016). To ensure proper inclusion and comply with the Convention on the Rights of Persons with Disabilities, it is necessary to introduce measures of inclusion that are neither limited to assessment accommodation nor follow the reactive medical model of dis-

ability. Rather than accommodating conditions for some students, universities must identify and recognise how they perpetuate exclusion and change themselves and the educational context.

To do so, universities should rely on a proactive approach to inclusion, i. e., following the logic of universal design, as it was proposed in the concepts of universal design for learning (Moriña, 2017; Edwards et al., 2022) or assessment for inclusion (Nieminen, 2022; Hövelmann, 2023). These approaches shift responsibility for facilitating inclusion from individuals to universities, calling for systemic changes that could drive effective, sustainable transformation towards inclusive higher education, while reducing the need for individual accommodations to a minimum (DeKorver et al., 2024; Gattermann-Kasper & Schütt, 2022; Edwards et al., 2022).

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