

Able to teach

Guidance for providers of initial
teacher training on disability
discrimination and fitness to teach

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Providers of initial teacher training (ITT) are responsible for decisions that can make a significant difference to individuals' careers. It is important that these decisions are fair, enabling all those who have the potential to be good teachers to progress to qualified teacher status (QTS).

This guidance has been revised and updated in 2007 to reflect recent significant changes to the Disability Discrimination Act and the introduction of the Disability Equality Duty. It is important that providers are aware of their existing and new duties under the Act with respect to disabled teacher trainees and applicants.

Under the Disability Discrimination Act (DDA), providers must make sure they are not discriminating against disabled candidates - in their selection procedures, their requirements for progression and completion of training, their provision of services, and the award of their qualifications. They must also ensure that they embed disability equality into all of their policies, practices and procedures as part of their Disability Equality Duty (DED). However, they must also ensure that everyone admitted to ITT has the physical and mental fitness needed to teach, and that any people falling below these standards, whether disabled or not, leave the programme. Providers also have to judge whether those admitted have the potential to meet the standards required for qualified teacher status (QTS), and must decide, at the end of their training, to recommend them for this award.

An underpinning principle of the DDA legislation is the social model of disability. This shifts the focus from what is 'wrong' with a disabled person, to what is wrong with attitudes, policies and practices, as it is these that can create disabling barriers and prevent participation by disabled people. The emphasis is therefore taken away from the disabled person and placed on the provider. This principle also underpins the duty to make reasonable adjustments, as described in section 5, and the Disability Equality Duty. By developing an understanding of the holistic nature of their duties, ITT providers can ensure that they eliminate disability discrimination and harassment across the whole institution.

Meeting all these requirements can, in some cases, pose difficult questions for providers and their partner schools. What factors do they need to take into account in reaching decisions? What constitutes an impairment or a reasonable adjustment? Do providers' procedures embed disability equality from the outset, and are they non-discriminatory? What happens when there are differing views about whether a person's condition could affect the safety, education or well-being of pupils?

The aim of this guidance is to show how the concepts of disability, fitness and reasonable adjustment can be used to analyse individual cases and support fair decision-making about individuals. The guidance is based on these premises:

- The teaching force should be representative of society as a whole and will benefit from recruiting a higher proportion of disabled people
- Many disabled people, or people with long-term health conditions, are fit to teach - some people who are unfit to teach have no conditions or illness
- Changing attitudes to disability, together with technological and medical advances, create many more opportunities for disabled people to achieve their full potential
- A teacher's job is to teach pupils – disabled people should not be excluded from teacher training just because they cannot carry out related tasks that could be done by others
- The aim of the fitness requirements is to protect children, but health and safety or child protection requirements cannot be used spuriously to justify discrimination
- Every decision is about an individual, not a condition – each case must be looked at individually, on its merits, and in the light of the particular circumstances
- ITT providers are committed to equal opportunities, and to ensuring that anyone who is unsuitable for teaching is prevented from working with children.

The guidance is in three parts. The first explains key terms such as disability and fitness, and the responsibilities of different bodies. The second offers advice on good practice – when disabled people are admitted to ITT, when their progress is being considered, when they are assessed for QTS, and when they are receiving services. Throughout these two sections, short examples are used to illustrate each specific concept discussed. The index lists all references to specific impairments and conditions.

The third section provides a more detailed discussion of individual case studies to show how providers and their advisers might analyse and resolve the issues and break down the barriers of such cases.

The guidance has been written with the help of the Department for Innovation, Universities and Skills (DIUS), ITT providers, occupational health experts and bodies representing disabled people, and has been updated in 2007 to reflect the changes to the DDA legislation.

It draws on:

- the Disability Rights Commission's (DRC) 'Code of practice for providers of post-16 education and related services', and the DRC's 'Code of practice for the duty to promote disability equality'
- the DfES publication 'Fitness to Teach: Guidance for Employers and Initial Teacher Training Providers'
- the related DfES and Department of Health (DoH) publications 'Fitness to teach: occupational health guidance for the training and employment of teachers' and 'Obtaining occupational health advice on fitness to teach', and
- other good practice documents, such as those on disclosure and risk assessment.

The TDA is very grateful to everyone who took part in this work. A full list of those who contributed to the original publication is in annex A.

Although the guidance focuses on trainee teachers, DfES requirements on fitness also apply to other school staff. Providers offering training for higher-level teaching assistants may therefore find it helpful.

The guidance reflects good practice but is not a definitive guide to the law – that is a matter for the courts.

1 What is fitness to teach?

Teachers, and those training to become teachers, need a high standard of physical and mental fitness to enter or remain in the teaching profession: teaching is a demanding career, and teachers have a duty of care towards the pupils in their charge. The health, education, safety and welfare of pupils must be taken into account in deciding on an individual's fitness to teach.

ITT providers are required by the Secretary of State's 'Requirements for Initial Teacher Training'¹ to assess the physical and mental fitness of entrants to a programme of initial teacher training. Requirement 1.5d states that all providers of ITT must ensure that all entrants 'have met the Secretary of State's requirements for physical and mental fitness to teach'².

Providers' selection and admissions procedures should ensure that all entrants to ITT have the physical and mental fitness to teach their chosen subject(s) and age range, based on the advice of the provider's occupational health adviser. (For more information about assessing fitness to teach as part of the ITT selection process, see section 19.)

Many disabled people, or people with long-term health conditions, will be fit to teach, just as non-disabled candidates or those without medical conditions may be unfit to teach.

In deciding whether a candidate is fit to teach, the provider's occupational health adviser (OHA) will consider³ whether candidates:

- have the health and well-being necessary to deal with specific types of teaching and associated duties (adjusted, as appropriate) they are engaged in
- are able to communicate effectively with children, parents and colleagues
- possess sound judgement and insight
- remain alert at all times
- can respond to pupils' needs rapidly and effectively
- are able to manage classes
- do not constitute any risk to the health, safety or well-being of children in their care
- can, wherever necessary and appropriate, be enabled by reasonable adjustment to meet these criteria.

'Teaching' is legally defined as:

- planning and preparing lessons and courses for children
- delivering lessons to children
- assessing the development, progress and attainment of children, and
- reporting on the development, progress and attainment of children.

This legislation is designed to ensure that teachers are not required to carry out tasks that could be delegated to other members of school staff. It may be helpful to bear this in mind when considering whether a person is fit to teach. It means that, for example, there should be no presumption that a teacher has to be able to lift heavy objects, drive a car, swim, deal with every child's physical needs, or go on physically demanding trips.

1 Requirements for Initial Teacher Training, TDA, 2007: www.tda.gov.uk/qts

2 Fitness to Teach: Guidance for Employers and Initial Teacher Training Providers, DfES, 2007

3 The Education (Specified Work and Registration) (England) Regulations, Statutory Instrument 1663, 2003

Because ITT is substantially school-based, candidates must meet the same fitness requirements as qualified teachers, and providers should look at the evidence available to them on that basis. They should not, however, be influenced by any assumptions about a candidate's job prospects, once qualified, as this may amount to direct discrimination (see section 4). Providers must also make a judgement (as required by R1.5a of the Secretary of State's 'Requirements for Initial Teacher Training'⁴) about whether a candidate has the intellectual and academic potential to meet the QTS standards.

Once the occupational health adviser (OHA) has made the assessment (see section 19 for more detail on the process through which such assessments are made), they will categorise candidates into one of three groups:

- a. Fit to teach: those who are in good health and free from conditions that might be likely to interfere with efficiency in teaching.
- b. Fit to teach with reasonable adjustments: those who are in good health but who have conditions which are likely to interfere to some extent with their efficiency in teaching either all subjects, or certain specified subjects. However, these conditions are not serious enough to make the candidate unfit for the teaching profession. This includes some disabled people who need reasonable adjustments to enable them to provide effective and efficient teaching (reasonable adjustments are discussed in section 5).
- c. Unfit to teach: those whose condition makes them unfit for the teaching profession. Candidates will not normally be included in this category unless they have a psychiatric condition or physical impairment likely to interfere seriously with regular and efficient teaching of either general subjects, or the subject they intend to specialise in (eg. PE or science subjects), or if they have a condition that may carry a risk to the safety or welfare of the pupils.

Most candidates who are unfit to teach will be identified during the selection process (see sections 16–20) and will not, therefore, gain places on ITT programmes. There are, however, circumstances where a provider will need to assess, or reassess, a trainee's fitness to teach during the ITT programme. This is discussed in more detail in section 23.

2 What is disability?

Under the Disability Discrimination Act, a disabled person is defined as someone who has a physical or mental impairment that has a **substantial** and **long-term** adverse effect on their ability to carry out **normal day-to-day activities**⁵.

A **substantial** adverse effect is one which is more than a minor or trivial effect - it is one which goes beyond the normal differences in ability that might exist among people.

A **long-term** effect of an impairment is one:

- that has lasted at least 12 months, or
- where the total period for which it lasts is likely to be at least 12 months, or
- where it is likely to last for the rest of the person's life.

So a long-term effect would not include, for example, loss of mobility due to a broken limb which is likely to heal within 12 months, or the effects of an infection from which a person is likely to recover within 12 months.

⁴ Requirements for Initial Teacher Training, TDA, 2007: www.tda.gov.uk/qts

⁵ Disability Discrimination Act 1995, Section 1 (and the provisions of Schedule 1 supplementing Section 1)

If an impairment has a substantial adverse effect on an individual's normal day-to-day activities, and where that effect sometimes ceases but is likely to recur - for example, where candidates/trainees with rheumatoid arthritis experience periods of remission - then the individual concerned is treated as if the substantial adverse effect were continuous. The DDA continues to apply to that person even during periods of remission.

Normal day-to-day activities are those that are carried out by most people fairly regularly and frequently, rather than actions that would be routine only for a particular person or group of people. This includes:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or the ability to concentrate, learn or understand
- perception of the risk of physical danger.

The definition of a disabled person is broad and covers individuals with a wide variety of different impairments or conditions, including both those with visible and 'unseen' impairments or conditions. This includes mobility or sensory impairments, mental health conditions, conditions such as diabetes, asthma, sickle-cell anaemia or HIV/AIDS, and people with specific or general learning difficulties.

Receiving a diagnosis is not of itself necessarily sufficient to bring someone within the Disability Discrimination Act's definition of disability, unless the candidate has any form of cancer, HIV/AIDS or multiple sclerosis (MS), which are specifically covered from the point of diagnosis. In all other cases, a candidate/trainee may have a condition that has no substantial adverse effect on their ability to carry out normal day-to-day activities.

However, assumptions about the effects of an impairment or condition should not be made. Whether someone falls within the definition is a legal judgement and is not one providers should generally make without reference to appropriate evidence. A publication available from The Stationery Office, 'Guidance on matters to be taken into account in determining questions relating to the definition of disability'⁶, provides additional help in enabling providers to ensure that their procedures are sufficiently inclusive to cover a wide range of disabled people. Guidance from the Learning and Skills Council, 'Disclosure, confidentiality and passing on information'⁷ contains useful information about disclosure of disability and asking for evidence.

Where a person has any progressive condition that may deteriorate over time (with the exception of cancer, HIV/AIDS and MS which are specifically covered from diagnosis), such as muscular dystrophy, they will be covered once the condition leads to an impairment that has **some** effect on normal day-to-day activities, even if it is not substantial, if that impairment is likely eventually to have a **substantial** adverse effect. People who have previously been disabled remain covered by the Act.

A person may be receiving medical or other treatment that alleviates or removes the effect of an impairment, but does not remove the impairment itself - for example, taking medication for clinical depression. In this case the treatment is ignored, and the impairment is taken to have the effect it would have had without such treatment. The only exception is wearing spectacles and/or contact lenses.

6 Guidance on matters to be taken into account in determining questions relating to the definition of disability, The Stationery Office, 1996

7 Disclosure, confidentiality and passing on information: guidance to post-16 providers on implementing the DDA Part 4, Learning and Skills Council, 2003

Some conditions are specifically excluded from the coverage and protection of the Act, including addiction to or dependency on alcohol or drugs (other than as a result of the substance being medically prescribed) and seasonal allergic rhinitis (eg. hay fever), except where it aggravates the effect of another condition. The Code of Practice outlines other conditions that are excluded.

3 What are the responsibilities of ITT providers?

ITT providers are responsible for:

- Assessing the physical and mental fitness of entrants to teacher training (see section 1).
- Making sure that entrants to ITT meet all of the entry requirements in the Secretary of State's 'Requirements for Initial Teacher Training'⁸. This includes satisfying themselves that all entrants have the intellectual and academic capability to meet the standards for the award of qualified teacher status by the end of their training (R1.5a), and that they possess the appropriate qualities, attitudes and values expected of a teacher (R1.5b).

ITT providers are also required by the Disability Discrimination Act Part 4 not to discriminate against disabled people:

- in the arrangements they make for determining admissions to a programme of initial teacher training, including in the terms on which they offer to admit a disabled person, or by refusing or deliberately omitting to accept an application for admission (see sections 16-17)
- by excluding the person temporarily or permanently from an ITT programme on the basis of disability (see section 23)
- in the services they provide, or offer to provide, wholly or mainly for trainees or people who are enrolled on a programme - this includes everything to do with teaching, learning and assessment, as well services such as accommodation and welfare (see section 26)
- in the arrangements which they make for deciding who to award a qualification, the terms on which a qualification is awarded, or by refusing or deliberately omitting to grant an application for a qualification
- by withdrawing or varying the terms on which a disabled person holds a qualification
- by harassing a disabled person
- by failing to make reasonable adjustments where existing arrangements or provision place disabled candidates/trainees at a substantial disadvantage in comparison with non-disabled people (see section 5).

The 'Code of Practice for Providers of Post-16 Education and Related Services'⁹ provides further information. This is a statutory code, and courts will take account of the provisions in the code.

Where trainee teachers are employed by school - for example, where a trainee is on a Graduate Teacher Programme - and where the employment-based initial teacher training provider providing the training is a school, the school is required by the DDA Part 2 (employment) not to discriminate and to make reasonable adjustments to enable the trainee to carry out the job in a similar way that providers are covered by Part 4. The Part 2 duties, which govern all employers, are very similar¹⁰. The local authority will normally also be responsible for ensuring that such staff meet the fitness to teach requirements.

School-centred ITT consortia (SCITT) and any employment-based initial teacher training providers (EBITTs) not yet accredited for employment-based routes, are not mentioned specifically in Part 4 of the DDA. However, the TDA expects all providers to ensure that they do not discriminate against disabled people and to plan ahead for reasonable adjustments so that all trainee teachers are treated in the same way, whatever route they are following.

8 Requirements for Initial Teacher Training, TDA, 2007: www.tda.gov.uk/qts

9 Code of Practice for Providers of Post-16 Education and Related Services, DRC, 2006

10 Code of Practice: Employment and Occupation, DRC, 2004

Work placements as part of a vocational training programme are covered by the DDA Part 2, and these provisions also prohibit discrimination and harassment, and impose duties to make reasonable adjustments, in relation to work placement providers (see section 21).

In addition, all public sector organisations are covered by the Disability Equality Duty, which is a new duty to promote disability equality for all disabled people: staff, students, pupils, service users, etc. All public authorities have to have due regard to the need to:

- promote equality of opportunity for disabled people
- eliminate disability discrimination
- eliminate harassment of disabled people
- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life
- take steps to take account of disabled people, even if this involves treating them more favourably.

The new duty does not give new rights to individuals but provides a framework for all public authorities to carry out their activities in a non-discriminatory way, taking a proactive approach to disability and mainstreaming it into all their activities. Therefore, public authorities must address the ways in which they run or offer services to disabled people to ensure that they are non-discriminatory from the outset. Policies, practices and procedures should have disability and inclusivity built in from the start.

In addition, specific listed public bodies, including ITT providers where they are part of FE or HE educational institutions, all schools, and LAs have a specific duty to produce a three-yearly disability equality scheme (DES) which outlines how they will meet their general and specific duties. All authorities, including all schools apart from primary schools, primary and secondary special schools and pupil referral units, had to publish their first scheme by December 2006. Other schools must publish their first scheme by December 2007. All listed authorities must demonstrate how they have involved disabled people in the development of their DES, and the scheme should also include:

- the authority's priorities, and the methods by which they will carry out impact assessment of all policies and procedures
- the arrangements they will make for gathering and using information and data in relation to employment and education
- an action plan detailing the steps they will take to fulfil their duty within the period of the scheme.

More information on the Disability Equality Duty can be found in the 'Code of Practice: The Duty to Promote Disability Equality'.¹¹

11 Code of Practice: The Duty to Promote Disability Equality, England and Wales, DRC, 2006

4 What is discrimination?

Under the Disability Discrimination Act Part 4, discrimination takes four forms:

- direct discrimination
- disability-related discrimination
- failure to make a reasonable adjustment
- victimisation.

Direct discrimination

Direct discrimination can be defined as less favourable treatment of a disabled person on the grounds of their impairment or condition, compared with the way that a person without such an impairment or condition would be treated in the same circumstances. Direct discrimination can often occur because of generalised, prejudiced or stereotyped assumptions about an impairment or its effects, or about the perceived limitations of the effects on a disabled person. Such assumptions would not normally be made about non-disabled people. Direct discrimination may be unconscious, so an individual might discriminate against a disabled person while believing that they would never do so. Direct discrimination can never be justified.

Example 4A

An individual with dyslexia applies to enter a programme of initial teacher training. The provider tells her that it does not accept trainees with dyslexia on its ITT programme. In this case, the reason for the treatment the applicant receives clearly relates to the perceived assumption of the provider that people with dyslexia cannot become teachers. Applicants without dyslexia would not be treated this way. This is likely to be direct discrimination; it cannot be justified and the provider is likely to be acting unlawfully.

Example 4B

A deaf woman is turned down for an ITT course because the provider wrongly assumes that deaf people are unable to teach as they cannot hear children in the classroom. The provider makes no attempt to look at her circumstances or abilities, but makes this assumption based on the fact she is deaf. This is likely to be direct discrimination and unlawful.

Example 4C

An ITT provider is showing prospective candidates round a campus on an open day. He makes it clear that teaching is a demanding career, that the physical and mental fitness to teach requirements are stringent, and that the course will require a strong commitment and good attendance. He makes a comment that people with mental health conditions should really consider whether teaching will be for them. A student with a mental health condition subsequently decides not to apply for the course. This is likely to be direct discrimination and unlawful.

Disability-related discrimination

Disability-related discrimination is less favourable treatment of a disabled person for a reason relating to their disability, compared to the way that a person who the disability-related reason does not apply to would be treated. This is distinguished from direct discrimination, which requires a comparison to be made with a person without the disability in question, but whose relevant circumstances are the same. In disability-related discrimination, the correct comparator is someone, disabled or non-disabled, who the disability-related reason does not apply to.

Example 4D

A person with a hearing impairment applies to enter a programme of primary initial teacher training. He is turned down because he has an assistance dog and the tutor is worried that the dog will scare young pupils. The reason for his rejection is related to his impairment, ie. he has a dog, and a person without a dog may be accepted onto the course. Therefore, the provider is likely to be acting unlawfully.

Example 4E

A disabled secondary science trainee's limited mobility means that she needs to be placed in schools that are fully wheelchair accessible. The provider tells her that there is no suitable school among the provider partnership at this time, and if she wishes to join the ITT programme this year she must find a suitable placement school herself. As no other trainees are required to find their own placement, the provider is treating her less favourably for a disability-related reason and is likely to be acting unlawfully.

Disability-related discrimination can be justified only if the reason for the treatment is both material and substantial to the circumstances of the particular case, or if the application of a competence standard is relevant (see section 7). However, before treatment that is material and substantial can be justified, the provider must have considered the duty to make reasonable adjustments, and must have established that reasonable adjustments would not have made a difference to the reason (see section 5).

Example 4F

Providers must ensure that all entrants have achieved a standard equivalent to grade C in GCSE English, mathematics and science. Also, those awarded QTS must demonstrate that they have passed the QTS skills tests in numeracy, literacy and information and communications technology (ICT). A basic level of numeracy is a requirement for teachers of all subjects as it helps to maintain academic standards within the profession and is essential to teachers' professional efficiency.

A trainee has received a head injury in a car accident. The injury caused word dissociation so that the trainee found it difficult to express herself in sentences and to cope with the academic work on the ITT programme. The trainee underwent psychological testing to compare her current cognitive functioning with her capabilities before the accident, and it became clear that, because of her condition, she was now unable to meet the ITT standards. The provider asked the trainee to leave the programme. Although this less favourable treatment is related to the trainee's condition, it is likely to be justified on the grounds of competence standards.

Example 4G

ITT providers have to satisfy themselves that all entrants can read effectively, and are able to communicate clearly and accurately in spoken and written standard English. To be able to undertake teaching duties safely and effectively, it is essential that teachers are able to communicate effectively with children, parents and colleagues. A candidate for ITT is turned down because she has cerebral palsy, and her impairment means she has both a speech impairment and poor dexterity, which makes it difficult for her to communicate effectively in speech or writing. A decision to reject such a candidate without considering whether reasonable adjustments could be made would be likely to be unlawful.

Example 4H

An ITT provider requires all applicants to take a literacy test, including those with dyslexia. It asks all candidates to state if they require any special arrangements for the tests. Adjustments are made to meet the needs of candidates with dyslexia. Candidates, including candidates with dyslexia, who do not meet the required standard in literacy, are not offered a place. This is likely to be lawful.

Example 4I

A candidate has severe mental health problems and has been diagnosed as having schizophrenia. His condition has deteriorated rapidly in recent months, and although there is no reason to believe he is a danger to himself or others, a recent psychotic episode while he was doing an Access Course, resulted in his withdrawal. A subsequent occupational health report on the assessment of his condition indicated that it is unlikely that his condition will stabilise, or that reasonable adjustments will be able to be made. Following the report, the ITT provider decides not to accept him onto the course. This is likely to be lawful.

Example 4J

Another candidate has been diagnosed as having schizophrenia, but her symptoms are normally well controlled. She experienced an isolated episode relating to a specific trigger as she had a sudden change in a drug regime, but the OHA report concluded this was not likely to be repeated. The provider refused entry to ITT course on the basis of this alone. This is likely to be unlawful.

5 What are reasonable adjustments?

In assessing fitness to teach, a provider will encounter some candidates who might be enabled, by reasonable adjustments, to provide effective and efficient teaching (see section 1).

The duty to make reasonable adjustments is fundamental to the Act, and requires providers to take positive steps to make ITT programmes and related services accessible to disabled trainees. This goes beyond simply avoiding treating disabled candidates and trainees less favourably than their non-disabled peers as it means taking additional steps to level the playing field for disabled people to ensure that they can access the same opportunities as non-disabled people.

The Act does not define what is and is not reasonable, as this will depend on the individual circumstances of each person. Examples of what constitutes a reasonable adjustment include: adjustments to premises; altering the hours of training; acquiring or modifying equipment; modifying procedures for testing or

assessment; providing a reader or interpreter; and providing supervision or other support. Further guidance is given in the DRC's Post-16 Code of Practice.

The purpose of making the adjustments is to ensure that disabled candidates or trainees are not placed at a substantial disadvantage compared with non-disabled candidates or trainees. A proper assessment of what is required to eliminate an individual disabled person's disadvantage is a necessary part of the duty to make reasonable adjustments. The duty to make adjustments is owed to individuals, and each person must be assessed on that basis - for example, one visually-impaired person may require information in Braille and another in large print.

Providers should consider a wide range of adjustments.

Example 5A

An ITT provider arranges interviews on the first floor of the building. The only access is up a steep flight of stairs. When inviting candidates for interview the provider does not ask candidates if they have any special access requirements. Consequently, no alternative venue is arranged for a candidate who is a wheelchair user. This is likely to be unlawful.

Example 5B

An ITT provider requires all candidates to take a literacy test before they can be considered for a place on the ITT programme. A candidate discloses that they have a mental health condition which causes severe stress and anxiety about exams, and can be triggered by a lack of information about the exam. The candidate asks to be informed well in advance about the timings and location of the exam so that they could prepare fully. The ITT provider sets up a new system as a result of this request, and provides all candidates with this information a week earlier in the application process than previously. This is of benefit to all candidates, and makes the management of the application process easier.

Example 5C

A trainee with depression finds it difficult to attend an ITT programme in the morning because of the effects of the medication that he takes for his condition. The provider offers a flexible PGCE and is able to plan a part-time programme, over a longer period, for this trainee, so that most of his training takes place later in the day. This is likely to be a reasonable adjustment.

Example 5D

A secondary PE ITT programme includes a requirement that trainees take part in an expedition involving camping overnight. A trainee who needs regular dialysis cannot camp overnight because she cannot set up her dialysis equipment at a campground. A reasonable adjustment would be for the provider to arrange for her to take part in the expedition during the day, but for her to return to a nearby village at night where she can set up her equipment.

Example 5E

A trainee with cerebral palsy needs to attend classes on the second floor of a building with no lift. He is able to use the stairs, but needs handrails on both sides. It is likely to be reasonable to expect a provider to fit these, or to consider moving his classes to the ground floor.

Example 5F

A provider offers literacy test papers in alternative formats for candidates with particular needs. For example, it offers large-print versions for some visually impaired candidates.

Example 5G

A provider ensures that a selection interview is set up so that a candidate with a hearing impairment, who needs to see people's faces when they speak, can participate fully. They ensure that there is good lighting in the room, that chairs are positioned so that the candidate can see all the interviewers' faces clearly, and that they are aware of how to work with a person who is lip-reading.

The duty to make reasonable adjustments is a continuing and anticipatory duty. This means that providers must anticipate general adjustments to facilitate access for all disabled people. Indeed, the more general adjustments that can be made, the less individual adjustments may have to be put in place. General anticipatory adjustments may include altering premises, in advance of applications from people with mobility impairments, providing electronic copies of handouts, lecture notes, and overheads as a matter of course to all students, or installing loop systems in appropriate lecture theatres.

Providers should remember that what constitutes good practice for disabled trainees, such as providing electronic handouts, often constitutes good practice for all students. As the duty is also a continuing duty, providers should keep the adjustments they make under regular review in the light of their experiences with disabled candidates and trainees. For example, they might consider how technological developments could provide new or better solutions to barriers to access and inclusion.

Example 5H

A trainee who is a person of short stature, and finds it difficult to write on a standard whiteboard, uses a laptop connected to a digital projector to project material for the lesson onto the board.

Disability organisations may be able to provide advice on issues of access and inclusion for candidates/trainees with particular impairments or conditions. Contact details are in annex B.

Determining what is reasonable

Whether it is reasonable for a provider to make a particular adjustment will depend on a number of factors, including cost and effectiveness. However, if it is reasonable for a provider to make an adjustment, they must do so. A provider can only justify the failure to make a reasonable adjustment, with the sole exception of where a competence standard applies (see section 7). Therefore, where a disabled person is at a substantial disadvantage, the education provider must consider what reasonable adjustments, if any, can alleviate the disadvantage, and then must make them. The disabled person does not have to suggest what adjustments should be made, but where the person concerned does offer suggestions, the provider should consider whether or not they are reasonable.

Providers should remember that most reasonable adjustments involve little cost or disruption and are therefore more than likely to be reasonable. Even where an adjustment, such as refurbishment of a building, is costly, if there is a long-term benefit to making the adjustment, it should be considered.

Whether an adjustment can be considered will depend on a number of different factors, such as:

- whether making the adjustment would alleviate the substantial disadvantage that the disabled person faces
- the total financial resources available to the ITT provider (not just the resources available for disability-related adjustments), and the cost of making a particular adjustment
- the type of service being provided, and the extent to which it is practicable to make a reasonable adjustment
- grants or loans likely to be available to disabled trainees (eg. Disabled Students' Allowances or Access to Work) and/or the extent to which aids or services will be provided to disabled trainees by other agencies
- health and safety requirements
- the relevant interests of other parties, including other trainees.

The financial resources available to the ITT provider and the cost of making a particular adjustment

Providers based in HEIs have access to designated HEFCE disability and capital funding to support disabled students. Non-HEI/Further Education College providers receive an allocation from the TDA from the Hardship/Access to Learning Fund. This may be used to provide financial help to disabled trainees to support their learning, and an annual capital allocation from the TDA (which may be used for building alterations, equipment, etc) to improve access for these trainees.

The extent to which it will be reasonable for a provider to make an adjustment will depend on the resources that the provider has available. There is no hard and fast rule about how much it is reasonable for an ITT provider to spend on adjustments. This will depend upon:

- the type of service being provided;
- the nature of the provider, its size and the resources it has available;
- the effect of the impairment or condition on the individual applicant/trainee.

The extent to which it is practicable to make a reasonable adjustment

There may be some instances when, although an adjustment would be in an applicant's or a trainee's interest, it will not be practicable for the provider to take such a step at the time in question.

Example 5I

A school has planned to have ramps and a lift installed during the coming summer vacation. It would be impracticable for the school to bring the planned building work forward in order to accommodate a trainee who uses a wheelchair, and whose lessons can only be taught in upstairs workshops or laboratories. In this case, the candidate was asked to postpone her entry until the adjustments were in place. This is likely to be reasonable.

The TDA allows providers to offer multiple start dates so that candidates do not have to wait a whole year for a new start date to become available.

Grants or loans likely to be available to disabled trainees and/or the extent to which aids or services will be provided to disabled trainees by other agencies

Some disabled trainees may be provided with support by another agency. In these cases, the ITT provider would not be expected to duplicate this support, but may have to contribute in addition. For example, some disabled trainees can receive Disabled Students' Allowances (DSAs)¹², the specific purpose of which is to pay for additional study aids or services to overcome barriers to learning created by their impairment or condition. Similarly, trainees on employment-based routes may be eligible for grants from the Access to Work (AtW) fund. It would not be reasonable to expect a provider to fund aids or services if DSA or AtW grants were already being used, or could be used, to provide the same services.

Example 5J

A deaf trainee needs a sign language interpreter. It is unlikely to be reasonable to expect the provider to fund an interpreter if the trainee has the resources for this through her Disabled Students' Allowance, unless there is a shortfall. In this case, the provider may have to assist towards the shortfall costs.

Health and safety requirements

The DDA does not override any other legislation, such as that on health and safety, but instead acts alongside such legislation to ensure that both can be adhered to. There may be rare occasions when health and safety issues will override a provider's duties not to discriminate - for example, where reasonable adjustments cannot be made due to health and safety considerations. However, health and safety should not be used spuriously, and providers should carry out an individual risk assessment with a view to include, rather than exclude, someone on the grounds of health and safety (see section 10). Wherever possible, disabled learners and applicants, and those with a long-term medical condition, should be able to access education and training with the same degree of dignity and choice as other learners.

Example 5K

A trainee with epilepsy applies for a place on a secondary PE ITT programme. Her condition means that she is unable to go swimming. The provider feels that this is not a problem because the trainee does not need to go into the water to teach swimming. However, a risk assessment identifies a potential risk to a pupil who gets into difficulties in the water, if the trainee is unable to enter the pool. A possible adjustment would be for a second person, with a life-saving qualification, to be on hand when the trainee teaches swimming. This was felt to be a reasonable adjustment.

Health and safety issues must not be used spuriously to avoid making a reasonable adjustment (see section 10).

12 Applying for Disabled Students' Allowances, Skill (National Bureau for Students with Disabilities), updated 2003

Example 5L

A school refuses to provide a temporary ramp to allow access to the art department for a trainee secondary art teacher who uses a wheelchair. The school says that wheelchair users may pose a health and safety risk because they can prevent other staff and pupils from reaching the fire exits in an emergency. In fact, the art block has a very wide set of double doors alongside a smaller door where the ramp would be situated. There is unlikely to be a valid reason for not making a reasonable adjustment.

The relevant interests of other people, including other trainees

There may be instances where there is a duty to make an adjustment, even if this results in some inconvenience to others. In deciding what adjustments are reasonable, it is important to weigh the level of inconvenience caused to others against the substantial disadvantage experienced by the disabled trainee.

Example 5M

To accommodate a trainee with mobility difficulties, a provider re-timetables classes into an annex where all classrooms are on the ground level. The annex is off campus and much further from the main block, where the canteen, library and other student facilities are located, than the rooms timetabled originally. Trainees need to spend some time walking between the annex and the main block. The provider considers that the inconvenience to non-disabled trainees caused by the re-timetabling is outweighed by the substantial advantage to the disabled trainee.

6 What is victimisation and harassment?

Victimisation is a special form of discrimination, applying to all people whether they are disabled or not. The section of the Act relating to victimisation has been put in place to protect anybody making a claim under the Act, or anybody helping someone else to make a claim. It is unlawful for a person to be treated less favourably if they have brought, or given evidence in, a claim under the Act, or alleged that someone has contravened the Act.

Example 6A

A student mentions to an ITT lecturer that she thinks she has been discriminated against by the head of department. The lecturer mentions this to the head of department, who denies all knowledge of the incident. That year, the head, who has branded him a 'trouble-maker', denies the lecturer promotion. This is likely to be victimisation.

Harassment occurs where a provider violates an individual's dignity, or creates an intimidating, hostile, degrading or offensive environment for an individual because they are disabled or for a reasons relating to disability. Harassment may or may not be intentional. It can occur even where the provider does not know that a person is disabled.

Example 6B

A student with chronic fatigue syndrome (CFS) is subjected to a lecturer making repeated references to CFS being an excuse for laziness. This is despite the lecturer being informed that the student has the condition. The student makes an informal complaint to the ITT provider, but is informed that the lecturer is only joking, and that this is part of culture. This is likely to be harassment and likely to be unlawful.

Example 6C

A college administrator sees a student in tears one day and goes to console her. She sees another person from the class upset in the same week. She nicknames that class the 'weepy' class, and makes jokes about everyone in that class being miserable. A student with depression finds this quite challenging and mentions it to her tutor. Her tutor lets the administrator know that this is not acceptable, and arranges with the training department for the bullying and harassment training to be re-run.

Example 6D

Students are placed into groups of five by their lecturer for a role-play exercise. One group of students loudly moan that they have the 'disabled student' in their group, and that this is going to make their task far more difficult. They then carry out the task, ignoring the disabled trainee. The lecturer asks to see them after the class and talks to them about the DDA and harassment. He recommends that they attend a disability awareness course, run at the student union.

7 What are competence standards?

The Act defines a competence standard as 'an academic, medical or other standard applied by or on behalf of an education provider for the purposes of determining whether or not a person has a particular level of competence or ability.'

All providers will be working with the ITT standards and will be responsible for implementing these standards in a non-discriminatory way. Providers may also have their own competence standards, for example, in examinations or tests, and these should also be non-discriminatory.

Identifying genuine competence standards is the key to ensuring that there is no discrimination in relation to admissions or awarding qualifications. Standards must genuinely test a person's knowledge, competence, or ability to understand the course. For example, writing an exam paper is not a competence standard, whereas completing an exam paper, whether written or on a computer, will be.

Example 7A

A student who teaches English literature has cerebral palsy and a speech impairment. Although he can generally make himself understood, his speech can deteriorate during long periods of reading aloud. During modules of the course where he is required to do large amounts of reading aloud, he employs a reader using DSA funding. So, though reading aloud may be a competence standard, the length of time that someone can read aloud for is not.

A standard that results in direct discrimination is not a genuine competence standard, and providers who apply such standards will be acting unlawfully.

There is no duty to make reasonable adjustments to genuine competence standards, but a duty does apply in the way that standards are assessed.

Example 7B

A provider organises for a trainee with a visual impairment to carry out her exam on a computer in a room adjacent to the exam hall, as the student is concerned that the speech software may distract others. The provider arranges for the candidate to bring in her own laptop computer, with her speech software on it. The IT technician loads the exam papers, which have been created in a format that is known to work well with the speech software. The candidate is given longer to complete the exam as the speech software is relatively new to her.

It is advisable for all providers to ensure that they have working relationships with the TDA to make sure they discuss any issues over the application of the standards with the TDA in respect of individual disabled applicants or trainees, subject to the disabled person's consent.

Competence standards and assessment

The purpose of assessment is to determine a student's competence in a particular area. Therefore, exams and assessments must be rigorous regarding standards to ensure that all students are compared against the same benchmark. However, all students must be able to demonstrate their competence in this area in the most appropriate way. Therefore, if providers are precisely clear about what is being assessed, reasonable adjustments can be applied to the assessment process without compromising the competence standards.

Reasonable adjustments to assessment processes might include: extra time, separate rooms to avoid disruption, alternative assessments such as vivas or dissertations rather than unseen exams, use of specialist equipment, or support in exams.

Example 7C

A teacher trainee, with a condition similar to epilepsy that is triggered by stress, becomes particularly stressed around exam time, which aggravates the condition. The provider agrees that he can sit his exam in a room on his own, and that he can take rest breaks during the exam to ensure that he can put his coping strategies, such as going for a walk, in place.

8 How does a provider know that a person is disabled?

Under the DDA Part 4, providers are expected to encourage people to disclose their disability. This involves providing appropriate and effective opportunities for disclosure - not just during admissions, but also at regular intervals throughout the course.

Applicants and candidates may decide not to disclose during the admissions process for a variety of reasons. For example, they may feel that their impairment will have no impact on their studies, or they may worry that they will be treated differently to others, particularly if they fear stereotypical reactions. Lack of knowledge on the part of the provider can be a defence, but only if the provider can show that it took 'reasonable steps' to find out about a person's impairment. However, direct discrimination and disability-related discrimination, because they can be based on assumptions and stereotypes or the perceived effects of a condition, can occur even where a provider does not know that a person is disabled.

Example 8A

A trainee with a mental health condition finds it difficult to make her morning classes because her medication makes her drowsy. After several weeks, the provider decides to remove her from the course, without finding out if there is a reason for her non-attendance, as they claim she has missed too much time to make up. Although they did not know she had a condition, this is still likely to be unlawful.

In respect of the failure to make reasonable adjustments, the provider can only discriminate if it knows, or could be reasonably expected to know, that the person is disabled. Providers must take all reasonable steps to find out whether or not someone is disabled. This will include asking on application, enrolment, providing a confidential setting in which to discuss disability issues, asking around exam time, and so on.

Example 8B

In a selection process where all candidates are required to take a literacy test, a provider writes to all candidates before the test to encourage them to disclose, promoting the positive benefits of disclosure, and to find out any if they have any additional support needs for the test. They provide information about the support that may be available for candidates with a range of impairments or conditions, including those with dyslexia. A candidate with dyslexia does not say that they have additional support needs and fails the test as a result. The provider's decision to subsequently reject him on the grounds of poor standards of literacy is likely to be lawful.

Example 8C

A candidate, with a medical condition that causes fatigue and subsequent loss of speech control, is invited to interview for a place on an ITT programme. The letter of invitation to interview does not ask whether she was disabled, nor whether she would have any particular needs when attending interview. At the interview she is very listless, and her speech is slurred because she is tired from her long journey. The selectors turn her down because of this. She mentioned at the interview that she felt tired, but the panel ignored this. Because the provider made no attempt to find out if the candidate had a disability, and as this information might reasonably have been known, the selectors' treatment of the applicant is likely to be unlawful.

Providers are likely to want evidence from a disabled person prior to making adjustments. Asking for evidence is a delicate issue and should be dealt with in a sensitive manner. This will ensure that the disabled person feels comfortable with the reasons for being asked to prove that they are disabled, particularly if this is not immediately obvious.

9 Disclosure and confidentiality issues

The Code of Practice to the DDA Part 4 makes it clear that once one member of staff in a provider institution knows about a person's impairment (providing the candidate is happy for this information to be shared), the whole organisation is then deemed to know. The reasoning behind this is that organisations should pass on appropriate information so that it is not up to the candidate to repeatedly inform staff of their support requirements. Sometimes a candidate or a trainee, who has not declared that they are disabled, might tell a member of staff informally or in passing. It is then up to the member of staff to pass this information on, but only with the disabled person's consent.

Some providers have a 'disclosure policy' in place, which should be fully explained to trainees. These often state that, if disabled candidates or trainees do not disclose, then the most appropriate reasonable adjustments cannot always be made. They also explain the consequences of not giving consent for information to be passed on.

Confidentiality of information disclosed in the fitness questionnaire

As part of the selection process (see section 19), candidates return a completed fitness questionnaire, in confidence, directly to a named occupational health adviser. Candidates who have an impairment or condition that has a bearing on their occupational health, are required to disclose this on the fitness questionnaire. (Candidates do not, however, have to disclose a condition or impairment that has no bearing on their occupational fitness, as explained in section 19.)

The fitness questionnaire is confidential. For some disabled candidates, the occupational health adviser will recommend adjustments to the ITT programme to enable them to provide effective and efficient teaching. The occupational health adviser will not normally disclose the medical background to any adjustments that are being recommended. If the occupational health adviser feels that it is important to share details of an applicant with the provider, he or she will need to gain the applicant's written permission to do so. It is in everyone's interest for the provider to create a supportive atmosphere where candidates feel comfortable to share occupational health information, where required, so that well-informed decisions can be made.

Once a candidate is considered to have the physical and mental fitness to teach, and is accepted for a training place, the occupational health adviser should keep the fitness questionnaire (and any supporting papers) for as long as they consider necessary. This will help to answer potential enquiries from the

occupational health advisers of prospective employers, or of other providers where a trainee moves to a new ITT provider. Information from the fitness questionnaire may only be released to a third party with the written consent of the person it relates to, at the time the disclosure is to be made.

Confidentiality and discrimination

Under the Data Protection Act 1998, information about impairments is considered 'sensitive information', which means that this information cannot be passed onto anyone else without explicit and informed consent. Candidates therefore have the right to ask that such information be treated as confidential. However, if someone does not specifically ask for confidentiality, this does not mean that they have given consent for information to be passed to others. Should a candidate or trainee ask that such information is kept confidential, the provider must ensure that candidates fully understand the consequences of this decision. Therefore, staff need to be trained in the appropriate policies and procedures for such situations.

Example 9A

A secondary PE trainee, who has HIV/AIDS, discloses this to her tutor in the provider HEI, but asks the tutor not to pass this information on to anybody else. The tutor explains the provider's disclosure policy to the student, outlining who they would normally tell and why. He also explains that he must carry out a risk assessment to determine whether or not other people do need to know about the trainee's condition. After this assessment, the tutor is satisfied that he does not need to pass this information on.

Are there circumstances where information given in confidence can be disclosed?

On rare occasions, because of concerns about health and safety or child protection, a confidant may feel that they need to share with others information that has been given in confidence, but may be anxious about legal or ethical restrictions on doing so.

Staff in the provider partnership who are not bound by professional confidentiality should pass on information given 'in confidence' only if there is a significant identified risk to the candidate/trainee concerned, or to pupils or others. This is a complex area, and issues relating to risk are discussed further in section 10.

Counsellors and medical professionals will have a code of conduct that covers issues of confidentiality. DfES guidance on child protection¹³ advises that, while professionals need to be aware of the law and the code of conduct (or other guidance) that apply to their profession, these rarely provide an absolute barrier to disclosure, and judgement should be exercised. A failure to pass on information that might prevent a tragedy could expose professionals to criticism in the same way as unjustified disclosure.

¹³ What to do if you are worried a child is being abused, DoH/DfES, 2003. Appendix 3 gives details about sharing information, explains the legal framework, and explores situations where it is justifiable to disclose confidential information.

Example 9B

A secondary PE trainee who has insulin-dependent diabetes discloses to a tutor in the provider HEI that the number of hyperglycaemic attacks she has experienced have recently increased. She asks the tutor not to pass this information on to the school she is placed in. The tutor explains that they must pass this information on to the school as part of the risk assessment requirement, and that reasonable adjustments will be made, as a temporary measure, to make sure the trainee is able to carry on with her work, while she investigates the cause of the issue with her doctor.

Confidentiality and reasonable adjustments

Where disabled candidates or trainees request confidentiality, the provider, in determining whether it is reasonable to make an adjustment, must consider the extent to which the adjustment is consistent with the disabled person's request for confidentiality. In some instances, this might mean that reasonable adjustments have to be provided in an alternative way to ensure confidentiality.

In some cases, a confidentiality request might mean that a less satisfactory reasonable adjustment is provided, or that no individual reasonable adjustment can be provided. However, candidates or trainees may still be able to benefit from anticipatory adjustments that the provider has put in place, eg. lecture notes placed on the intranet.

Example 9C

A trainee with asthma told the provider HEI that he did not want them to pass on information about his condition, or to give any indication that he might need reasonable adjustments to his placement school. His asthma makes it difficult for him to climb stairs. Because the provider HEI could not discuss reasonable adjustments with the partner school, it was unable to ask the school to timetable the trainee's classes to minimise the number of trips up stairs.

For further information on disclosure and confidentiality issues, refer to 'Guidance on matters to be taken into account in determining questions relating to the definition of disability', and 'Disclosure, confidentiality and passing on information'.

10 How should a provider assess health and safety risks?

Disabled applicants and trainees often face additional barriers where there is a perceived risk to either their own or others' health and safety. Providers have duties to safeguard the health and safety of their staff, students, pupils in placement schools, and others in their organisations. Schools have a duty to ensure that none of their staff or pupils are put at additional risk. Often there is very little risk to either the trainee or to others, but providers are increasingly concerned about the potential impact of making the wrong decision about health and safety.

The DDA acknowledges that there may be occasions where health and safety duties override the duty to make reasonable adjustments, as it might endanger the health and safety of the disabled person or others. Where there are concerns that a candidate or trainee (disabled or not), or the adjustments that need to be made for them, might pose a health or safety risk to pupils, to the candidate, the trainee themselves, or to others, it is good practice for ITT providers to carry out a risk assessment to ensure that the right decision about the disabled candidate or trainee is made. Without this assessment, providers may be liable for direct discrimination, as they will be making assumptions about the perceived risk of a disabled person. It is also good practice to carry out a risk assessment for all trainees going on placement in a school. (See the case studies in Part 3 for examples of how a risk assessment can inform individual decisions about fitness to teach.)

A risk assessment is simply a careful examination of what, on an ITT programme, could cause harm to people, and how this can be minimised or prevented. Through carrying out a risk assessment, providers can decide whether they have taken all the necessary precautions, or whether they should do more to prevent any possible harm. The aim is to make sure that no one gets hurt or becomes ill. Once the provider has identified significant risks, it can address how far these can be minimised. If, after all reasonable adjustments have been made, the risks are still unacceptable, then the candidate/trainee cannot be allowed to enter or continue on an ITT programme.

The Health & Safety Executive, in its publication 'Five steps to risk assessment',¹⁴ provides a useful guide. Providers should actively involve the disabled person in each of the suggested five steps, and it would be helpful to engage the Health & Safety officer and disability officer. The five steps – adapted to apply to ITT – are:

- Step 1: Identify hazards:** these may be hazards arising from an impairment or condition, or hazards that might arise from teaching a particular subject - such as the use of tools in design and technology, or chemicals in science. It is important to concentrate only on hazards which might cause significant harm, and on the barriers that need to be overcome, not the impairment or difficulties themselves.
- Step 2: Decide who might be harmed** by any significant hazards identified – the candidate/trainee, pupils, or others.
- Step 3: Evaluate how likely it is that each hazard identified will cause harm**, and whether the risk is high, medium or low. Identify, with the disabled trainee, whether, and what, reasonable adjustments can be made to reduce the risk, and at what level it will no longer be significant, in discussion with the disabled trainee. Even when all reasonable adjustments have been considered, some risk might remain, so it has to be decided what level of risk is acceptable. Providers should avoid assuming that every risk is 'high' just to be safe, and prioritise the likelihood of the risk actually occurring.
- Step 4: Record the findings** as having appropriate documentation, and evidence is essential in supporting this process. All decisions should be recorded and should identify the significant hazard, any action taken, and any conclusions reached. It is important that this information is also communicated to appropriate people.
- Step 5: Review the assessment regularly**, and revise it if necessary – this might form an important part of the provider's review and staff development arising from its duty to anticipate the needs of disabled candidates and trainees.

Example 10A

A provider invites the Health & Safety Executive and disability officer to an internal training day to provide information to all staff on conducting risk assessments.

For more information, refer to 'I don't want to sue anyone, I just want to get a life: inclusive risk assessment'.¹⁵

14 Five Steps to Risk Assessment, Health & Safety Executive, 2006

15 I don't want to sue anyone, I just want to get a life: inclusive risk assessment, Learning and Skills Network, 2005

11 What are the responsibilities of schools?

Schools have responsibilities under the DDA to disabled staff and to trainee teachers on placement.

Staff

Where a school is employing and training a disabled person on an employment-based route, it has the same responsibilities under the DDA Part 2 as it would for any other disabled employee. The school must not discriminate against disabled employees or job applicants, and it must consider reasonable adjustments where there would otherwise be substantial disadvantage.

Where an HEI is contributing to employment-based training, the HEI may have responsibilities to ensure that, for example, any course materials it provides are accessible. But in general, responsibility for making reasonable adjustments (eg. providing equipment to use in teaching), would fall to the school as employer.

Trainee teachers

It is also unlawful for any provider of work placements to discriminate against disabled people. This means that schools working in partnership with providers will not be able to discriminate:

- in the arrangements they make for who should be offered a placement
- in the terms on which they afford a disabled trainee access to a placement (or to any facilities concerned with it), by refusing or deliberately omitting to afford them access to it, by terminating it, or by subjecting them to any other detriment in relation to it, or
- during the placement.

This includes providing reasonable adjustments, where necessary.

ITT providers and relationship with schools

It is a requirement that ITT providers plan their provision in partnership with schools. ITT providers have duties under DDA Part 4 to ensure that they provide accessible placements to disabled people, and schools have duties under Part 2 to ensure that their placements are fully accessible. Therefore, providers and schools should work together to ensure that policies and procedures are in place to carry out risk assessments, and to ensure reasonable adjustments are made for disabled trainees on placement. There should be clear lines of communication between ITT providers and schools to ensure that neither discriminate against disabled people. Developing such procedures would ensure the provider meets its Disability Equality Duties and would be a beneficial anticipatory adjustment.

Example 11A

An ITT provider meets regularly with its partner schools to anticipate how the needs of trainees with a range of disabilities might be met across different subjects and age ranges. A database of schools able to support disabled trainees on school placements is set up. The schools' ability to support disabled trainees is reviewed regularly, and the database is updated.

Schools and DED

All schools are covered by the Disability Equality Duty (see section 3) and will have to produce a disability equality scheme, which outlines how they will promote disability equality for all their staff, pupils, placement teachers and trainees, and others.

12 Who else has responsibilities under the DDA?

The Department for Education and Skills (DfES)

The DfES is responsible for:

- legislation on teachers' health standards, work and qualifications
- setting the standards of fitness required for teachers and others who work with school pupils
- setting the professional standards required for teachers and others who work with school pupils (with advice from the TDA)
- barring unsuitable or unfit people from teaching¹⁶.

On this last point, the Secretary of State can issue a direction to bar a person from teaching on a number of grounds, including grounds relating to the person's health. The kinds of medical conditions that might result in a trainee teacher being barred or restricted from working with children are those that, directly or indirectly, raise issues of risk, or potential risk, to the welfare and safety of pupils. (Guidance about when an ITT provider should report a trainee to the DfES is in section 25.)

The General Teaching Council for England (GTCE)

The GTCE:

- confers the award of QTS on people who have met the required standards, and maintains a register of qualified teachers
- has a role in hearing cases that are brought to its attention in relation to the competence and conduct of qualified teachers.

The Training and Development Agency for Schools (TDA)

The TDA:

- advises the Secretary of State on the standards required of people seeking to become qualified teachers, or higher-level teaching assistants, in England, and on the requirements for all providers of ITT¹⁷
- provides guidance for ITT providers on the standards and requirements
- has a statutory duty to take into account the requirements of disabled people in all aspects of its work¹⁸.

16 Child protection: procedures for barring or restricting people working with children in education, DfES, 2003

17 Requirements for Initial Teacher Training, TDA, 2007: www.tda.gov.uk/qts

18 Special Educational Needs and Disability Act (2001), Chapter 3, section 40 (4)

The Disability Rights Commission (DRC)

The DRC is an independent body, established by Act of Parliament. It has general duties and powers, together with specific powers, enabling it to:

- work towards eliminating discrimination against disabled people
- promote equal opportunities for disabled people
- take steps to encourage good practice in the treatment of disabled people
- keep the Disability Discrimination Act 1995 (DDA 1995) under review
- assist disabled people by offering information, advice and support in taking cases forward
- provide information and advice to employers and service providers
- carry out formal investigations
- prepare statutory codes of practice providing practical guidance on how to comply with the law
- arrange independent conciliation between service providers and disabled people in the area of access to goods and services.

All organisations above will be covered by the Disability Equality Duty and have had to produce a disability equality scheme by December 2006, which will outline how they will promote disability equality across their respective organisations.

13 Planning ahead

The Disability Equality Duty and the DDA Part 4 work together to ensure providers plan ahead and have non-discriminatory practices and processes in place - for example, through regular reviews of practice and staff development - to anticipate the requirements of disabled candidates/trainees and the adjustments that should be made. The DED places a responsibility on providers to eliminate disability discrimination across the whole organisation, and to promote positive attitudes to disabled people. This ensures that disability issues are considered across the organisation from the outset, rather than becoming an add-on after a policy or practice has been developed.

Providers, therefore, must make sure that their organisational practices are non-discriminatory, that staff are fully aware of their duties, and that policies and procedures are assessed for their potential impact on disabled people.

In addition, the duty to make reasonable adjustments (see section 5) is an anticipatory duty; it is not simply a duty to react to the needs of individual ITT applicants or trainees. And if a provider fails to make reasonable adjustments when required, lack of notice would not, in itself, provide a defence against a claim that an adjustment should have been made.

Example 13A

An ITT provider requires all tutors to produce all their course materials in electronic form so that they can easily be converted into large print, or other alternative formats, and placed on the intranet. This enables students to request copies in a variety of formats, but also for students to download information in their preferred format.

Example 13B

A school-based ITT provider that is unable to employ a large number of specialist staff negotiates with a local ITT provider institution so that it can call upon its specialist services, for example occupational health advice, student counsellors and student support services. As a part of this process the school-based ITT builds in a requirement that specialist staff have appropriate disability awareness training.

Example 13C

A provider institution ensures that its premises managers are thoroughly briefed on all aspects of physical access. Each time building works are undertaken, an assessment is made of how the building can be made more accessible to disabled students and staff. For example, when an area is being repainted, colour contrasts are introduced to assist some trainees with a visual impairment, or an acoustic audit is carried out to improve audibility for trainees with a hearing impairment.

Example 13D

An ITT provider meets regularly with its partner schools to anticipate how the needs of trainees with a range of impairments might be met across different subjects and age ranges. A database of schools able to support disabled trainees on school placements is set up. The schools' ability to support disabled trainees is reviewed regularly, and the database is updated.

Example 13E

As part of an ongoing process of involving disabled people in the delivery of its disability equality scheme, a HEI surveys all of its disabled students every year to assess how well it is doing in promoting disability equality in the way it delivers its teacher training courses.

Example 13F

Every year, a HEI ITT provider collates evidence, in partnership with its partner schools, on the number of disabled students it provides, and the number of disabled pupils being taught within the partnership. The evidence collected is used by all partners to inform their respective disability equality schemes.

ITT providers should review all aspects of their policies and procedures to ensure that they meet the requirements of the DED and DDA Part 4. For example, they should ensure that selection arrangements do not discriminate against individuals or groups of trainees by training interviewing staff in disability awareness, providing interviews and information that is fully accessible, and ensuring their websites are accessible¹⁹.

Example 13G

A provider encourages tutors, including those based in schools, to put all course materials on the provider's intranet, to which schools have remote access. The provider has introduced procedures to make sure that the site meets guidelines for making websites accessible to disabled trainees - for example, by ensuring that visually-impaired users could enlarge text and adjust font, colour and contrast.

14 Encouraging openness

Under the DDA, providers have to take reasonable steps to encourage disabled people to disclose that they are disabled. Therefore, where providers are open about disability issues, and where they welcome and support disabled people, disabled candidates for ITT programmes are more likely to disclose. This will allow the ITT provider to better consider reasonable adjustments where required, and avoid discrimination.

Providers can encourage disabled trainees to disclose a disability by doing the following.

Creating an open and welcoming culture

Providers should ensure that the atmosphere and culture on the provision (in school and at the HEI or other institutions) is open and welcoming so that, for example, when prospective trainees visit for taster events or for interview, they feel safe to disclose a disability. Marketing materials should have positive images of disabled people, and all staff, including reception and admin staff, should be trained in working with disabled people.

Example 14A

One provider uses disabled trainees as guides on open days. They take potential applicants around the campus, point out the way that accessibility issues are tackled, and answer questions about disability.

¹⁹ Guidelines on how to make websites accessible, Worldwide Web Consortium (W3C): www.W3.org.uk

Example 14B

One school-based provider makes reference to its race and disability equality schemes in its prospectus to illustrate how committed it is to promoting disability equality.

Promoting the positive benefits of disclosure

Many applicants are unaware of the positive benefits of early disclosure. Candidates should be actively encouraged to disclose, and should be reassured that it is to their advantage to disclose. This will enable the provider to make well-informed decisions about their fitness to teach, to consider any reasonable adjustments that may be necessary, and to ensure that all agreed adjustments and support are in place at the beginning of the programme.

Example 14C

The programme information and prospectuses of one provider gives information about the services available to disabled trainees, and encourages potential trainees to contact the disability adviser if they wish to discuss adjustments.

Encouraging prospective trainees to disclose potentially disabling conditions or impairments on application and enrolment forms

Many applications to ITT programmes come through UCAS (for undergraduate programmes) and GTTR (for postgraduate programmes). The disclosure of potentially disabling conditions or impairments is optional on both the UCAS and the GTTR application forms, although applicants are encouraged to complete it.

In the case of employment-based routes and some SCITTs, applicants may apply directly using the provider's own form. Providers should give applicants an opportunity to disclose additional support needs on the form, explaining why the information is required, how it will be used, and what may be kept confidential.

Encouraging prospective trainees to disclose potentially disabling conditions or impairments in other selection procedures

It is important that providers encourage candidates to disclose potentially disabling conditions or impairments by providing as many opportunities as possible during the selection process, for example:

- when inviting candidates for interview
- when making arrangements for candidates to take any entrance tests, such as literacy tests, or to identify any special arrangements they need.

Example 14D

In the 'invitation to interview' letter, one provider asks candidates if they will have any particular needs at interview. They give examples of adjustments that candidates might wish to request - for example, ground floor accommodation or large-print literacy test papers.

Providers will need to ensure that their internal communication works well, and is not overly bureaucratic. There must be a system for communicating the candidate's needs to all relevant ITT staff, and candidates should be aware of what will happen to their information. For example, if a disabled candidate responds positively to a letter from the admissions office asking if he or she has any special requirements when attending for interview, this information must be passed on to those organising and conducting the interview. Providers will need to train key staff in these processes.

More information about action that providers might take to find out about people's impairments or conditions is available in 'Finding out about people's disability: a good practice guide for further and higher education institutions'.

Encouraging openness during an ITT programme

If a trainee has not disclosed before starting an ITT programme, he or she should be able to do so, and ask for support, at any stage. Opportunities to disclose might be provided when:

- trainees register for examinations
- work placements or field trips are being organised
- accommodation is being arranged
- trainees use the careers service
- trainees join the library
- trainees register at the start of a new year or a new section of the programme.

Under the DED, providers should take a more proactive approach by putting in place procedures that allow tutors in HEIs and schools to identify additional learning needs, and follow them up.

Example 14E

One large HEI engages disabled people to carry out a 'mystery recruitment' test on its application process to assess how effective it is at meeting the needs of disabled people.

Example 14F

One provider provides opportunities for dyslexia screening, which is used successfully to identify trainees whose dyslexia had not previously been diagnosed.

15 Advice for applicants

While providers need to explain to potential applicants that teaching is physically and mentally demanding, and that there are fitness requirements set by the DfES, advice to applicants should make it clear that the requirement for all entrants to ITT to be physically and mentally fit to teach does not exclude disabled people from pursuing a career in teaching.

Providers can use prospectuses and other promotional material to encourage applications from disabled people by including positive images of disabled people and providing welcoming and positive statements about disabled teacher trainees.

Pre-programme materials should state the provider's commitment to diversity, that they welcome applications from disabled trainees, and explain what support is available.

Example 15A

An HEI provider publishes a guide for disabled students that outlines application and support procedures. It makes it clear that the university welcomes applications from disabled students, it helps disabled applicants in the process of applying for an ITT programme, and it gives an outline of the support services available to disabled students. It also provides profiles or comments from disabled trainees or NQTs.

Providers usually expect all applicants for ITT to spend some time in a school before their programme, wherever possible. Advice for applicants might suggest that they use this time to assess how well they might cope with the physical and mental demands of teaching, and whether they would be likely to need any additional support.

Example 15B

One provider states in its pre-programme material that classroom experience, as an observer, is essential preparation for an application to an ITT programme. It points out that this experience need not be extensive - perhaps half a day a week over a term, or one full week. The provider also encourages other work with children, such as coaching or mentoring. Pre-course advice informs potential applicants that they can talk to the provider about the adjustments that might be made, or the support that might be provided as a result of this experience.

16 Avoiding discrimination in selection

The Disability Discrimination Act makes it unlawful for a provider to discriminate against a disabled person:

- in the arrangements it makes for determining admissions to a programme of initial teacher training
- in the terms on which it offers to admit a person
- by refusing or deliberately omitting to accept an application for admission from a disabled person.

The arrangements for determining admissions to a programme of ITT

Example 16A

An ITT provider requires applicants with dyslexia to take a literacy test as a condition of entry. No other applicants are required to take the test. This is likely to be unlawful.

Example 16B

An applicant who discloses a history of bi-polar disorder is refused admission to a programme of ITT. The provider refuses to admit him because it feels that, in the future, he may constitute a risk to the health, safety or well-being of pupils in his care. The provider has no evidence to substantiate this fear. This is likely to be unlawful.

The terms on which it offers to admit a person

Example 16C

A provider makes an offer of a place on a programme of initial teacher training programme to a disabled applicant who needs a personal assistant (PA) with her full time. Because of the difficulty of finding two rooms for the trainee and her PA in university accommodation, the offer is conditional on the candidate herself finding living accommodation locally for herself and her PA. No other applicants have this condition placed upon them. This is likely to be unlawful.

Example 16D

A trainee with arthritis finds it difficult and tiring to take long journeys by public transport. She cannot drive. An ITT provider offers her a place on a programme of ITT on condition that she finds her own teaching placements close to where she lives. No other applicants have this condition placed upon them. All other trainees are placed within partnership schools, and indeed the provider will not allow other trainees to select alternative placements because of personal circumstances. This is likely to be unlawful.

Refusing, or deliberately omitting to accept, an application for admission from a disabled person

In most cases, the UCAS and GTTR application systems will mean that providers cannot refuse to consider an application. But providers receiving applications directly should be aware that this part of the legislation means that they need to take particular care to consider all applications fully and fairly.

Providers should assess disabled candidates merits, taking account of the reasonable adjustments that may have to be made. If, after allowing for the adjustments, the candidate will not meet the competence standards for the ITT course, the provider does not have to offer a place to that person. However, unnecessary or marginal additional requirements for entry can lead to discrimination, as can blanket policies that do not take account of individuals.

The interpretation of the fitness to teach standards will require careful application within a provider, as set out in section 7.

17 Interviews

It is a requirement²⁰ that all candidates admitted for training have taken part in an interview designed to assess their suitability to teach. Some providers may require all shortlisted candidates to undertake other selection procedures, such as literacy tests. Providers must take account of the DDA requirement not to discriminate against disabled candidates in interviews or other selection procedures (see sections 16-18). Therefore, all candidates should have the same interview process, and all staff interviewing candidates should be trained in disability awareness to ensure that they do not discriminate through the interview process.

Example 17A

A provider requires a deaf trainee to provide a reference from her school experience describing how well she coped in the classroom before deciding whether or not to invite her to interview. No other candidates are expected to obtain a reference from their pre-programme experience. This is likely to be unlawful.

Example 17B

At the end of the formal interview, one provider asked all interviewees if they would they require any reasonable adjustments should they be offered a place. Interviewees are reassured that this is because the ITT provider is committed to managing disability issues positively, and ensuring that the interview itself focused only on academic and professional requirements.

The invitation to interview, or to take a test, is another chance for providers to offer candidates a further opportunity to disclose disabilities or additional support (see sections 8-9). Providers should offer the opportunity for candidates to disclose a disability at as many points in the selection process as is relevant.

18 The fitness questionnaire

Successful candidates will be offered a place on the ITT programme subject to a number of conditions, one of which will be their physical and mental fitness to teach. To establish this, all candidates have to fill in a fitness questionnaire. Candidates who have an impairment or condition that has a bearing on their occupational health, are required to disclose these on the fitness questionnaire. Disabled candidates are not required to disclose impairments or conditions that have no bearing on their fitness to teach in this questionnaire, although they will have been encouraged by other means to disclose if they need reasonable adjustments or other support.

Example 18A

A provider produces specific guidance to help disabled applicants understand and decide whether they are required to disclose impairment on the fitness questionnaire, and where they could receive confidential advice about this.

If a trainee is found to have failed to disclose information that would otherwise have made them ineligible, or given false information, a provider can consider removing the trainee from training.

²⁰ R1.4, Requirements for Initial Teacher Training, TDA, 2007: www.tda.gov.uk/qts

Example 18B

An applicant identified no specific health problem on her fitness questionnaire. However, during the interview with the occupational health adviser she admitted that she had developed history of obsessive-compulsive disorder associated with personal hygiene. The OHA asked her permission to seek further information from her GP, which identified that she was having difficulty managing her condition. The provider decided to refuse her entry to the ITT programme, but indicated that she could reapply if her condition became manageable.

If candidates (whether deemed fit to teach or not) do not immediately enter ITT, they will need to complete a new and satisfactory fitness questionnaire before they can be admitted to an ITT programme.

Trainees should not start an ITT programme if they have not completed a fitness questionnaire. In some cases, for example where someone applies late for a programme, the occupational health adviser's decision may not be known when the programme starts. In these cases, it will be for the provider to decide whether to allow the candidate to start the programme (without registering), or whether to require entry to be postponed until the next possible start date. The TDA allows providers to offer multiple start dates, so that candidates do not have to wait a whole year for a new start date to become available. Where providers allow a candidate who has not yet been declared fit to teach to start the programme, they will need to assess the risks (see section 10).

Example 18C

Where appropriate, some providers allow trainees to attend the taught parts of a course before the fitness checks have been completed, but do not allow these trainees to register or to undertake school placements until such clearance has been received.

An example of a fitness questionnaire can be found in the DfES and DoH publication 'Fitness to teach: occupational health guidance for the training and employment of teachers'²¹. Providers are not obliged to use this form and may, if they wish, adapt it to meet their own circumstances.

Some candidates may be reluctant to disclose information relating to their occupational health. To encourage candidates to complete it, the form should:

- be written in a friendly and encouraging tone
- request only information that is relevant to a candidate's fitness to teach
- explain that the information is required because it will help the provider to make well-informed decisions about the candidate's fitness to teach, to consider any reasonable adjustments that may be necessary, and to put agreed adjustments in place
- explain how far the information will be kept confidential
- explain the consequences of failing to disclose or giving false information.

Providers and occupational health advisers should be alert to any changes to data protection requirements that place conditions on the kinds of information that can be requested. The Information Commissioner's Office website, at www.ico.gov.uk, provides up-to-date advice on meeting the requirements of data protection legislation.

19 Assessing fitness to teach

Detailed guidance on assessing fitness to teach is given in 'Fitness to teach: occupational health guidance for the training and employment of teachers' and 'Obtaining occupational health advice on fitness to teach'.

The fitness questionnaire is assessed by the ITT provider's occupational health adviser. An occupational health adviser to an ITT provider must be a qualified medical practitioner. They should also be able to demonstrate competence in occupational medicine - for example, as evidenced by inclusion in the specialist register of the Medical Council, or by holding a recognised postgraduate qualification in relevant occupational medicine. And, because of potential conflicts of interest, they should be independent from applicants. The OHA should not be their GP. The ITT provider's occupational health adviser should have some experience of working with teachers.

Example 19A

One provider had, in the past, used doctors at the University Medical Centre to assess all fitness questionnaires. However, one doctor was concerned about a tension between her role as an NHS doctor and an advocate for her patients, and being asked to make decisions that might limit a patient's life chances and career opportunities. It was decided, therefore, that although she would continue to screen the fitness questionnaires, the few most difficult cases (for example, those that might fall into Category C – see section 1) would be referred to an occupational health adviser at the local hospital for assessment.

Example 19B

One provider used a GP in a local practice to assess all fitness questionnaires. One fitness questionnaire came from one of his own patients, and he immediately informed the provider that he was unable to assess the questionnaire as he had a 'conflict of interest'. The provider had a reciprocal arrangement with another provider who also used a different GP service, and had the questionnaire assessed by the other GP service.

Before purchasing or using occupational health services, providers should ensure that their advisers are familiar with the requirements of the DfES publication, 'Fitness to Teach: Guidance for Employers and Initial Teacher Training Providers', and that they are also fully updated on working with people with a wide variety of impairments and conditions. Under both the DDA and Disability Equality Duty, providers have a duty to ensure that any services that they procure adhere to similar disability equality principles. They should not assume that the occupational health service is aware of its existence and familiar with the demands of teaching, or that OHAs necessarily understand the impact that different impairments may have. It may be helpful for providers to ensure that there are appropriate agreements in place with OH services that will ensure disability equality.

Determining whether candidates are fit to teach

Candidates return the completed fitness questionnaire, in confidence, directly to a named occupational health adviser. The occupational health adviser will check the health declaration forms.

In some cases, the occupational health adviser may decide that more detailed medical reports are necessary before a decision about fitness to teach can be made, or he or she may decide that the applicant needs a medical examination. If further information is necessary, the occupational health adviser should write, with the candidate's consent, to the GP or a specialist, copying the letter to the candidate. Alternatively, the occupational health adviser may arrange a medical examination.

Example 19C

When a candidate disclosed a particular visual impairment, the occupational health adviser obtained the candidate's written consent to contact a specialist who had seen him recently, and who had knowledge of the requirements of individuals with visual impairments, and of the technological and other support available.

Once the assessment is complete, the candidate will fall into one of three groups:

- a. Fit to teach: those who are in good health and free from conditions that might be likely to interfere with efficiency in teaching.
- b. Fit to teach (with reasonable adjustments): those who are in good health, but who have conditions which are likely to interfere to some extent with their efficiency in teaching either all subjects, or certain specified subjects. However, these conditions are not serious enough to make the candidate unfit for the teaching profession. This includes some disabled people who need reasonable adjustments to enable them to provide effective and efficient teaching.
- c. Unfit to teach: those whose condition makes them unfit for the teaching profession. Candidates will not normally be included in this category unless they have a psychiatric condition or physical impairment likely to interfere seriously with regular and efficient teaching of either general subjects, or the subject they intend to specialise in (eg. PE or science subjects), or if they have a condition that may carry a risk to the safety or welfare of the pupils.

Category A: Fit to teach

If the occupational health adviser considers that a candidate falls into this category, he or she will inform the provider that the candidate is fit to teach. The provider is then free to make or confirm an offer of a place (see step 6 on the diagram in section 20).

Category B: Fit to teach (with reasonable adjustments)

If, having received all the necessary medical information, the occupational health adviser considers that a candidate falls into this category, he or she will tell the provider what adjustments might be required. Because the occupational health adviser will not necessarily have detailed knowledge about the ITT programme, or whether the suggested adjustments will be reasonable, it can be helpful at this stage to discuss the adjustments with the provider, and with the candidate also (see step 8 on the diagram in section 20).

Example 19D

Where there are concerns about fitness to teach and/or where reasonable adjustments are being decided, one provider convenes a meeting, attended by the occupational health adviser and the admissions tutor, which the candidate is invited to. Where necessary, the provider's occupational health adviser gains the applicant's written consent to release information from the fitness questionnaire for the purposes of the meeting. Following discussion at the meeting, a decision on the candidate's fitness to teach is made, and any reasonable adjustments to be made are decided. A written assessment documenting the decision is sent to the candidate.

The case studies (see Part 3) illustrate further how these discussions can help to inform decisions about fitness to teach.

Category C: Unfit to teach

If the occupational health adviser considers that a candidate falls into this category, he or she will advise the provider that factors in the physical or mental health of the candidate make them unfit for teaching. Normally, the provider should follow that advice and not admit the candidate. Since the fitness questionnaire is confidential, the occupational health adviser will not normally disclose the medical background to the decision (see section 9 on confidentiality).

However, the final decision about whether to accept such a candidate lies with the ITT provider. If the provider does not accept the professional advice, it needs to be sure that it has a firm basis for the judgement it is making, as it may need to defend it later. If the provider is uncomfortable with the occupational health adviser's decision, it would be good practice for the provider and the occupational health adviser to discuss the reasons for the decision, rather than the provider simply overruling it. If, following such discussions, a provider still has any concerns about accepting the professional advice offered in any individual case, it may wish to seek a second opinion.

Where a provider or occupational health adviser considers that a candidate is unsuitable to work with children because of a condition that raises a significant possibility of risk to the safety or welfare of children, they are required to inform the Secretary of State (see section 25 on barring procedures).

20 Selection step by step

This flow chart shows the steps in the selection process and how they can be used to find out about candidates' needs.

1. Pre-programme publicity, information, activities and events make it clear that providers welcome disabled people and provide support.
2. Application form provides the opportunity to disclose information on relevant conditions or impairments and fitness.
3. Provider receives application and passes on information about specified needs to student services for advice on what support can be provided.
4. Provider decides whether to reject application at this stage, taking account of the need to ensure that rejection is not related to disability, and that reasonable adjustments have been considered.
5. Candidate invited for interview, literacy test etc. Letter invites disclosure of any additional support arrangements needed at interview or otherwise.
6. Provider either rejects application or makes offer subject to satisfactory fitness check and sends out fitness questionnaire.
7. Completed fitness questionnaire is sent to OHA, who may either advise on fitness immediately or seek further information from candidate and specialists.
8. Further information received. OHA either decides on fitness or asks candidate's permission to share information with provider so that they can discuss reasonable adjustments.
9. Reasonable adjustments are agreed and put in place. The course starts.

21 School placements

ITT providers have to make sure that training programmes are designed to provide trainees with sufficient time being trained in schools and/or other settings to enable them to demonstrate that they have met the QTS standards. Requirement 2.8 of the Secretary of State's 'Requirements for Initial Teacher Training' sets out the normal expectation of time that would be spent training in schools²².

Providers of vocational training must not discriminate against disabled trainees (see section 11 on the responsibilities of schools involved in ITT). Schools have responsibilities, under the DDA Parts 2 (staff) and 4 (pupils), to make reasonable adjustments to include disabled staff and pupils, and they will be able to build on this in the reasonable adjustments they make for disabled trainee teachers.

Partnership schools providing work placements must not discriminate against disabled trainees, including in the arrangements they make for determining who should be offered a work placement, and by refusing or deliberately omitting to afford disabled trainees access to any work placement.

Example 21A

A partner school refuses to offer a work placement to a primary trainee with a slight speech impairment because it fears that young pupils may find it difficult to understand him. This is likely to be unlawful.

Example 21B

A partner school refuses to take a trainee secondary English teacher because English is normally taught on the top floor where there is, as yet, no wheelchair access. Secondary English can be taught in any classroom. The partner school tells the provider institution that although it would be theoretically possible to rearrange the room timetable to accommodate the trainee in ground floor classrooms, it is not prepared to do so because of the disruption that relocation might cause. Since no attempt has been made to accommodate the trainee by trying to make a reasonable adjustment, this is likely to be unlawful.

22 Disability discrimination and fitness during training

Any trainee on an ITT programme might fail to make satisfactory progress towards the QTS standards. When providers look into the reasons for unsatisfactory progress, they should consider whether it might be disability-related, and whether any reasonable adjustments might be made to enable the trainee to remain on the programme. In some circumstances, it may be necessary to reassess a trainee's fitness to teach and their ability to remain on the programme. In extreme circumstances there may be issues of barring to be considered.

Trainees who become unfit to teach during training

Most candidates who are unfit to teach will have been identified during selection and not admitted, but some may be found unfit during the course. This could happen where a candidate:

- does not disclose a condition or impairment to the OHA during the selection process, and this condition or impairment has a bearing on their fitness to teach
- develops a new condition or impairment, or a known disability or medical condition deteriorates during the programme, and this has a bearing on their fitness to teach
- where the provider did not take reasonable steps to find out about disability earlier, and this has a bearing on the person's fitness to teach.

Example 22A

As the result of an illness, a primary trainee develops a severe hearing loss while on a SCITT programme. The provider arranges for the trainee to see its occupational health adviser who suggests reasonable adjustments that would enable her to continue on the programme. The school has a number of deaf pupils and feels well equipped to support the trainee. However, the candidate decides to withdraw from the programme to give herself time to cope with the emotional and psychological impact of her sudden condition and to learn new communication skills. The school supports her in this and tells her that it will be pleased to see her on its ITT programme in the future.

Considering reasonable adjustments

Once a previously unknown condition or impairment has been disclosed or identified, and where there are no concerns about the trainee's fitness to teach, the provider should discuss reasonable adjustments or support that might enable the disabled trainee to meet the QTS standards.

Example 22B

To enable a trainee with lupus and arthritis to complete an ITT programme, a provider arranged for her to train part time over a longer period.

Example 22C

To enable a trainee whose deteriorating condition made it difficult for him to use public transport to travel to his school placement, the provider helped him apply for a travel grant from the Disabled Students' Allowance to put towards his travel costs - for example, the cost of using taxis.

Example 22D

To enable a primary trainee with arthritis in the shoulder to write on the board, the school arranged for her to have an overhead projector in her classroom so that she could prepare transparencies and project the information directly onto the board.

Where there are concerns about a disabled trainee's fitness to teach, 'Fitness to Teach'²³ states that the trainee should consult the provider's occupational health adviser about any implications for continuing training. Individuals should not judge their own fitness to teach.

Example 22E

A trainee secondary PE teacher develops epilepsy during the ITT programme. He receives effective treatment, but may still be subject to occasional unexpected seizures. It is known that, in his case, if he has a seizure, an ambulance must be called immediately. Because of the potential danger to himself and pupils, there are concerns about his fitness to teach, and the provider arranges for the trainee to consult the provider's independent occupational health adviser about the implications for his continuing on the ITT programme.

The occupational health adviser, with the provider and the trainee, should consider whether reasonable adjustments might enable the trainee to meet the fitness requirements and continue on the ITT programme. Where trainees have deteriorating medical conditions, it may be necessary for the provider to keep their fitness to teach under regular review.

23 Fitness to Teach: Guidance for Employers and Initial Teacher Training Providers, DfES, 2007

Example 22F

A trainee stated on the disability section of her fitness questionnaire that she had multiple sclerosis. On entry to the primary ITT programme the trainee's condition was in remission, and she was declared to be fit to teach. During the programme, however, she had a relapse and told her tutor that she was finding it difficult to keep up with the physical demands of the programme. Following discussions between the provider, the occupational health adviser and the trainee, it was decided to transfer her to a part-time programme and to keep her fitness to teach under review.

Example 22G

A trainee had a history of self-harm in her early teens, but because she had not harmed herself for years, she did not disclose this on her fitness questionnaire. When she discussed this with her tutor, her tutor was concerned that it might affect her fitness to teach, because she might pose a threat to herself or others. The occupational health adviser concluded that the trainee did not present a threat to herself, and that as she kept her arms covered while teaching, pupils would not be aware of her condition. He concluded that she was fit to teach and should continue on the course. He suggested that she might want to contact the HEI's Psychological and Counselling Service for support.

23 Discrimination by excluding disabled trainees

It is unlawful for a provider to discriminate against a disabled person by excluding the person temporarily or permanently from an institution because they are disabled, or for a reason relating to this. It is important, therefore, that providers are aware of any disabled candidates before their exclusion to ensure they do not discriminate.

When developing disciplinary procedures, it is important that the providers ensure these are non-discriminatory and that disabled candidates are given opportunities to disclose, if they have not previously done so, as part of this process.

Providers also have duties not to discriminate against trainees who have left, and this includes those who have been excluded. This is particularly important in the provision of references for trainees who have left, or graduated from, the ITT programme.

Example 23A

A trainee with cerebral palsy is asked to leave an ITT programme because he is persistently late for school and arrives unprepared for the day ahead. The provider took steps to establish the causes of this behaviour and was satisfied that it did not result from the trainee's condition. This is likely to be lawful.

Example 23B

A disabled trainee has a degenerative condition, and although declared fit to teach at the beginning of the ITT programme, is now finding it extremely difficult to carry out teaching duties and is failing to make satisfactory progress towards meeting the QTS standards. The provider asks the trainee to leave the programme without considering whether reasonable adjustments might enable the trainee to remain on the programme. This is likely to be unlawful.

Example 23C

A trainee on a secondary PE ITT programme tells the tutor that she has had a recent diagnosis of epilepsy. Without seeking any further medical advice, her tutor advises her that it would be inappropriate for her to continue on the programme, as she might be a danger to herself and to pupils, and would be unlikely to get a job. She strongly advises the trainee to withdraw from the programme. This advice is likely to be unlawful.

24 Barring procedures

Sometimes a trainee's behaviour will mean that he or she should be barred or restricted from working with children. Section 142 of the Education Act 2002 gives the Secretary of State the power to make directions that prohibit or restrict a person from undertaking certain kinds of work with children, including teaching.

A trainee would normally come to the attention of the Secretary of State through a report from the ITT provider. A provider is required to provide this information where it has required a trainee to leave an ITT programme because the trainee is considered unsuitable to work with children, or as a result of misconduct, or because of a medical condition that raises a possibility of risk to the safety or welfare of children. It must also inform the Secretary of State if it would have required the trainee to leave the ITT programme had the trainee not withdrawn from the programme voluntarily.

The information that an ITT provider must supply, and the steps that the DfES will take, are detailed in 'Child protection: procedures for barring or restricting people working with children in education', annex C, part 2.

25 Assessment for QTS

As part of the services they offer to trainees (see section 26) providers should not discriminate against disabled trainees in their procedures for testing or assessment (also see section 7 on competence standards). Where trainees have a relevant condition or impairment, providers must consider reasonable adjustments to testing and assessment that will enable such trainees to demonstrate the required standard - for example, allowing trainees with dyslexia extra time to complete tasks involving reading and/or writing.

26 Providing services

It is unlawful for providers to discriminate against disabled trainees in the 'student services' they provide, or offer to provide. Providers must also make reasonable adjustments to ensure that disabled trainees are not placed at a substantial disadvantage in comparison with trainees who are not disabled. 'Student services' are any services that an ITT provider provides or offers to provide wholly or mainly for trainees doing an ITT programme.

Services may include, for example:

- teaching, including classes, lectures, seminars and practical sessions
- curriculum design
- examinations and assessments
- arranging work placements
- distance learning and independent learning opportunities, such as e-learning
- learning facilities, such as classrooms, lecture theatres, laboratories, studios, etc
- learning equipment and materials
- libraries and learning centres
- ICT
- careers advice
- job references.

A fuller, but not exhaustive, list is given in the DRC 'Post-16 Code of Practice' at 3.14.

Providing references for employment as a teacher

ITT providers also have responsibilities and duties towards former students, even after the direct relationship has ended. This includes providing services, such as alumni events, graduate job shops, graduate careers advice and references. In particular, with respect to references, ITT providers may discriminate against a disabled person if the information that they provide is inaccurate or is prejudicial because of the person's condition or impairment, or for a reason relating to this. ITT providers providing references are advised not to disclose that someone is disabled without their prior permission to make reference to this.

Example 26A

An ITT tutor writes an employment reference for a deaf former trainee who has just qualified to teach secondary design and technology. The tutor is still in contact with the student and asks the student if he can disclose the reasonable adjustments that were made to enable him to teach effectively. This is likely to be lawful.

This section contains a number of case studies. Although the cases are fictitious, they are based on real examples collected from a number of ITT providers. They are intended to help providers think through the issues that some complex cases might raise. Providers need to consider each case individually, on its merits, without making assumptions about what a person is able to do.

Each case study in this section shows how the provider arrives at a decision about a candidate/trainee's fitness to teach by:

- seeking advice from an occupational health adviser
- applying the fitness to teach criteria (see section 17)
- considering the candidate's/trainee's ability to meet the QTS standards
- carrying out risk assessments
- considering what adjustments might be made and whether these would be reasonable, and
- maintaining good communication with the candidate/trainee, the occupational health adviser and other professionals, where necessary.

In the case studies, the provider lists those standards that the applicant might not be able to meet. This analysis of the standards provides a useful framework for discussions about fitness to teach with the applicant/trainee and with other professionals. In many cases, concerns about the identified standards prove to be unfounded, or can be addressed by making reasonable adjustments. In some cases they provide the starting point for a risk assessment. In all cases they are listed as a tool for enabling eligible disabled trainees to qualify to teach.

The decisions that providers make about fitness to teach will depend on the circumstances of each particular case. Some case studies, therefore, have more than one outcome to illustrate this.

Because the process that providers go through in making their decisions is sound, the outcome of each of the case studies is likely to be lawful under the DDA.

Case study A

A candidate applied for a place on a primary ITT programme. She informed the tutor at interview that she had had a short period of depression relating to a relationship breakdown. On her fitness questionnaire she disclosed a history of clinical depression.

The provider's occupational health adviser sought further information from the candidate's GP about the candidate's condition. For example, she asked whether the condition was temporary or likely to persist, how far the candidate's condition was treatable, whether any treatment had been prescribed, and if so, how far it had been successful in regulating the symptoms that were giving concern. The GP's report, which included relevant medical evidence, including consultants' reports, showed that the candidate had had an 18-month history of bi-polar affective disorder, with a significant number of episodes of excessive mood swings.

Applying the fitness criteria

The occupational health adviser considered particularly how far the candidate's bi-polar affective disorder and its effects might:

- affect the quality of her insights and her ability to make sound judgements
- affect her ability to communicate effectively with children, parents and colleagues
- pose a potential risk to the health, safety or well-being of children in her care.

The OHA also considered how far the candidate could be enabled, by reasonable adjustment, to meet the fitness criteria.

Considering the candidate's ability to meet the QTS standards by the end of the ITT programme

In this case study issues arising from aspects of standards Q1, Q2, Q4 and Q14²⁴ were considered.

To qualify as a teacher, trainees must demonstrate that they:

- Q1 have high expectations of children and young people including a commitment to ensuring that they can achieve their full educational potential and to establishing fair, respectful, trusting, supportive and constructive relationships with them;
- Q2 demonstrate the positive values, attitudes and behaviour they expect from children and young people;
- Q4 communicate effectively with children, young people, colleagues, parents and carers;
- Q14 have a secure knowledge and understanding of their subjects/curriculum areas and related pedagogy to enable them to teach effectively across the age and ability range for which they are trained.

Risk assessment

Because of concerns about the potential risk to pupils, and the possible effects of the candidate's behaviour on her peers, colleagues, other professionals and parents, the occupational health adviser carried out a risk assessment.

Outcome 1: Fit to teach

The GP reported that the candidate had been undergoing a variety of treatments to help her manage her condition for over a year and that this had been successful in regulating her mood swings. The occupational health adviser therefore concluded that her behaviour would be unlikely to pose a potential risk to pupils, and that the candidate had every chance of meeting the QTS standards by the end of the programme. She therefore declared the candidate fit to teach and informed the provider of this decision. In her report to the provider, without disclosing the candidate's medical history, the occupational health adviser suggested that the provider should write to the candidate to inform her about the counselling and support services available to trainees.

Outcome 2: Unfit to teach

The GP reported that the candidate had been offered a variety of treatments for bi-polar affective disorder, but had refused to accept them, and in his opinion, without such intervention, the candidate would continue to experience excessive mood swings.

The occupational health adviser therefore concluded that the candidate's behaviour would be likely to pose a potential risk to the well-being of young pupils. She considered what adjustments the provider might make to minimise the potential risk, for example, ensuring that the trainee was supervised at all times.

The occupational health adviser decided to talk to the candidate about ways of reducing the risk, for example, through medication or counselling. The candidate was adamant that she did not need treatment and would be all right once she was on the programme.

The occupational health adviser decided that the candidate was unfit to teach because, without treatment, her condition was likely to affect the well-being of young pupils. She made it clear to the candidate that were she to consider treatment she would be pleased to look at a new fitness questionnaire as part of a future application.

Outcome 3: Unfit to teach

The GP's response to the request for further information was that the candidate had just started a course of treatment that was likely to help her to regulate her behaviours, but it was too early to judge the success of this.

The occupational health adviser considered that the potential risk to the well-being of pupils was too great at this time. She declared the candidate as unfit to teach and recommended that the candidate defer her application for a year.

Case study B

A candidate applies for a place on a secondary mathematics ITT programme. He has a good honours degree in mathematics. He states on his fitness questionnaire that he has a visual impairment. He is severely short-sighted and his peripheral vision is very limited.

The occupational health adviser sought advice from a specialist who had seen the candidate recently. The specialist provided:

- details of the diagnosis and whether the condition was stable or likely to progress, and whether or not there were any associated medical conditions or disabilities;
- the degree of impairment, with an indication of its practical impact on day-to-day function;
- recommendations about appropriate management, including technological aids and environmental changes;
- recommendations for monitoring and follow-up.

The occupational health adviser judged that the candidate's visual impairment was likely to interfere to some extent with his efficiency in teaching secondary mathematics, but that, with reasonable adjustments, he should be able to provide effective and efficient teaching. The occupational health adviser asked the candidate's written consent to share the medical information with the provider.

Applying the fitness criteria

The admissions tutor and the occupational health adviser considered particularly how far the candidate would:

- be able to deal with mathematics teaching and other associated duties;
- be able to manage classes;
- constitute a risk to the health, safety or well-being of children in his care;
- and how far he could be enabled, by reasonable adjustment, to meet these criteria.

Considering the candidate's ability to meet the QTS standards by the end of the ITT programme

In this case study issues arising from aspects of standards Q26, Q27, Q25, Q30 and Q1²⁵ were considered.

To qualify as a teacher, trainees must demonstrate that they:

- Q26 make **appropriate** use of a range of assessment, monitoring and recording strategies;
- Q27 provide timely, accurate and constructive feedback on learners' attainment, progress and areas for development;
- Q25 teach lessons and sequences of lessons across the age and ability range for which they are trained...
- Q30 establish a purposeful and safe learning environment conducive to learning and identify opportunities for learners to learn in out-of-school contexts;
- Q1 have high expectations of children and young people including a commitment to ensuring that they can achieve their full educational potential and to establishing fair, respectful, trusting, supporting and constructive relationships with them.

Risk assessment

The admissions tutor considered what difficulties the candidate might face on the programme and whether anyone might be put at risk. She considered:

- the safety of pupils in the classroom, for example in terms of equipment used, pupil behaviour, and safe evacuation of pupils in the event of an emergency;
- the safety of the candidate in the classroom, for example collision with people or objects.

She also considered:

- 'risks' to pupils' learning, for example, arising from the candidate being unable to scan the whole of the class or see the whole of the whiteboard;
- 'risks' to the candidate's learning in terms of, for example, access to books.

Follow-up

The admissions tutor and the occupational health adviser then met the candidate to discuss the adjustments. The specialist suggested:

- access to enlarged print handouts, examination papers and other documents;
- access to a computer with word-processing software for coursework. The candidate had ICT facilities at home funded by the DSA. As the provider already had good ICT facilities, the only adaptation that the candidate required was to raise the keyboard to eye level.

All these adjustments seemed reasonable. They then discussed concerns about adaptations that the trainee might have to make to carry out those aspects of the teaching role which it might be assumed needed good eyesight, for example managing a class, monitoring and assessing pupils' work and aspects of health and safety.

The candidate had clearly thought this through and although he realised that his capability would need to be assessed, he felt that in the classroom, as in life, most problems that might occur could be overcome:

- Although he could only read from the board when up close to it, he had a good memory and could usually remember what he had written, rather than having continually to walk back to the board. Alternatively, he thought a solution could be to use OHTs, or a laptop with an interactive whiteboard, so that he could be close to the text while being at a distance from the board if necessary.
- He thought that his difficulty in reading pupils' work might actually be an advantage in monitoring and assessment, because he would have to ask pupils about their work and listen to their replies. This would give him much more insight into pupils' difficulties, errors and misconceptions.
- He felt that he would have few problems with class management, because in his experience it took practice for pupils to creep up on someone's blind side and startle them – clothing or coins in pockets rattle, and if they mean mischief they cannot resist giggling or whispering. The amount of dangerous equipment used by pupils in mathematics is minimal and secondary-aged pupils would use compasses and scissors in classes with fully sighted teachers with minimal supervision.
- He had no difficulties in navigating a classroom and would expect to group pupils around the board, when he needed to teach the whole class.

Outcome: fit to teach

The admissions tutor and the occupational health adviser concluded that the adjustments required were reasonable to make, and the candidate's positive, well-thought-out approach to ways in which he would carry out his professional role gave them confidence that he had the potential to meet all the QTS standards. They were satisfied that the fitness to teach criteria were met, and concluded therefore that the candidate was **fit to teach** mathematics to secondary-aged pupils.

Case study C

A candidate applied for a place on a secondary design and technology ITT programme. He had been employed for some time as a professional craftsman, working in wood. He stated on his fitness questionnaire that he had a visual impairment. He is severely short-sighted and his peripheral vision is very limited but his sight is sufficient to work safely and competently on his own with tools.

Considerations

The occupational health adviser and the provider's concerns were the same as in Case Study B. However, the admissions tutor's risk assessment revealed more significant risks, associated with the nature of the subject, particularly those associated with pupils using hand and power tools without close visual supervision.

The admissions tutor and the occupational health adviser met the candidate to discuss possible adjustments. Although most of the admissions tutor's concerns could be addressed through reasonable adjustments, two areas of concern remained:

- the candidate felt that he would be unable to supervise pupils using tools adequately without a technician present at all times; and
- although some assessment would be possible through discussion with pupils and assessment of enlarged copies of their written work/drawings, the candidate had no suggestions for strategies for assessing the fine detail of pupils' practical work and helping them to improve.

Outcome: unfit to teach

The admissions tutor and the occupational health adviser concluded that the adjustment of providing technically qualified adult support for the trainee during all practical work to address health and safety concerns was impractical and incompatible with the QTS standards, and there were no reasonable adjustments that could address the issues of assessing pupils' work. They concluded, therefore, that he was unfit to teach secondary design and technology.

Case study D

A mature applicant, with a good honours degree in computer science and several years' experience of working in computing, applies to an ITT provider to teach secondary ICT and mathematics. Her fitness questionnaire says that that she is deaf, but has good spoken language. She needs to see speakers' faces in one-to-one communication and to work with a sign language interpreter when in groups. She can communicate clearly in written standard English.

The occupational health adviser judged that her hearing impairment was likely to interfere to some extent with her ability to communicate with pupils, parents and colleagues. However, he considered that the candidate's condition was not serious enough to make her unfit for the teaching profession and that, with reasonable adjustments, she should be able to provide effective and efficient teaching. The occupational health adviser asked for the candidate's written consent to share the medical information with the provider, and asked if she would be willing to meet with him and the admissions tutor to discuss what adjustments might be made to help her meet the fitness requirements.

Applying the fitness criteria

In considering whether this candidate was fit to teach, the admissions tutor and the occupational health adviser considered particularly how far she would:

- be able to communicate effectively with children, parents and colleagues
- be able to manage classes
- constitute a risk to the health, safety or well-being of children in her care.

They also considered how far she could be enabled, by reasonable adjustment, to meet these criteria.

Considering the candidate's ability to meet the QTS standards by the end of the ITT programme

In this case study issues arising from aspects of standards Q5, Q32, Q27 and Q14²⁶ were considered.

To qualify as a teacher, trainees must demonstrate that they:

- Q5: recognise and respect the contribution that colleagues, parents and carers can make to the development and well-being of children and young people, and to raising their levels of attainment
- Q32: work as a team member and identify opportunities for working with colleagues, sharing the development of effective practice with them
- Q27: provide timely, accurate and constructive feedback on learners' attainment, progress and areas for development
- Q14: have a secure knowledge and understanding of their subjects/curriculum areas and related pedagogy to enable them to teach effectively across the age and ability range for which they are trained.

Risk assessment

The admissions tutor considered the safety of pupils in the classroom, especially their safe evacuation in the event of a fire or other emergency.

Follow-up

The admissions tutor, occupational health adviser and candidate identified several possible adjustments:

- providing a vibrating fire alarm pager
- providing specialist ICT
- providing a sign language interpreter to accompany the candidate throughout the programme, including on the school-based parts.

The candidate explained why she felt that working with a skilled interpreter would not have a significant impact on the pace or quality of lectures or lessons. In her degree course and her pre-application course experience, the candidate had found that tutors, teachers and pupils quickly adjusted to her having an interpreter with her. They accepted the interpreter as an 'extension of her', talking to her through the interpreter in a relaxed and natural fashion. She also explained that the interpreter would not be adding to the exchanges, but simply acting as a channel of communication.

They then discussed the cost of the adjustments that would need to be made, and the possibility of the candidate gaining extra funding from the DSA. The candidate explained that she thought that the cost of the ICT equipment she needed could be met from the DSA Specialist Equipment Allowance, and the cost of a sign language interpreter and note taker could be met from the DSA Non-medical Helpers Allowance. The admissions tutor confirmed that, if this were the case, the provider would undertake to fund small adaptations such as the fire alarm pager.

Outcome 1: fit to teach

Following the meeting with the candidate, the provider and the provider's occupational health adviser considered whether the candidate was fit to teach. They took account of the DfES/DoH publication 'Fitness to teach: occupational health guidance for the training and employment of teachers' (2000), section 16.8: 'Sensory impairment', and considered:

- the way the potential of the candidate could be optimised through support measures
- the need to ensure consistently high standards of education for all pupils
- the extent to which the candidate would be able to complete all aspects of training satisfactorily
- whether the candidate would be able to supervise pupils safely, and whether any reasonable adjustments – including the provision of support staff – could be made to ensure this.

They considered the full range of duties that the candidate would be required to undertake to complete training requirements satisfactorily. They received confirmation that the costs of the necessary ICT equipment, and an interpreter for the required number of hours, could be met.

They concluded that the adjustments required were reasonable to make, and the candidate's evidence of successfully using a combination of lip-reading and working with an interpreter in other situations gave the provider confidence that she had the potential to meet all the QTS standards. They were satisfied that the fitness to teach criteria were met, and therefore concluded that the candidate was fit to teach mathematics and computing to secondary-aged pupils.

Note

In this case study, there is no difficulty in covering the cost of reasonable adjustments. But see section 6, where it is reasonable not to admit a candidate because the adjustments cannot be met for cost reasons.

Case study E

A candidate who suffers from chronic fatigue syndrome (CFS) applied for a place on an ITT secondary geography programme. During her undergraduate course she had to take two years out because of extreme fatigue, tiredness and muscle weakness. She recovered sufficiently to return to university and completed her degree in geography. During her final year she had one or two flare-ups of her condition but, with support, completed the course.

On her fitness questionnaire she disclosed her medical history and confirmed she had recovered well and, most of the time, had no symptoms and no residual disability. She confirmed that she had learnt to 'pace herself' and planned her life to avoid becoming overtired or overstressed, both of which could cause her symptoms to flare up.

The provider's occupational health adviser obtained medical reports from the candidate's GP, which confirmed the history of CFS. The condition had been precipitated by an acute viral illness and had led to severe limitations on physical and mental activities for 18 months. The candidate had attended a three-month rehabilitation programme for CFS organised by her local NHS Trust, and had made a good recovery. She had had one or two relapses of fatigue, usually precipitated by an infection, and took about two months to recover from each relapse. The GP felt that, at present, she was well with no symptoms, and that she 'knew her boundaries' and how to prevent a recurrence.

The occupational health adviser decided that the candidate did have a disability but that, at that time, no adjustments would be necessary on the ITT course. He felt, however, that the admissions tutor should be alerted to the possible need for adjustments should the candidate have a flare-up while on the course. With the candidate's permission he discussed the candidate's health problem with the tutor. The provider accepted the candidate onto the ITT programme. It was agreed that a risk assessment should be undertaken at the start of the ITT programme and regularly thereafter.

To anticipate the possible need for adjustments later in the ITT programme, the tutor undertook to identify school placements where appropriate adjustments could be implemented if required.

These would be a school:

- as close as possible to the trainee's home to avoid too much travelling to and from work
- with a compact site without large distances between classrooms
- with sufficient space to provide a private rest area for the student during the working day, if needed.

Five weeks into the first term, following an acute flu-like illness, the trainee became very unwell again with CFS. She had profound physical weakness making it difficult to walk more than a quarter of a mile without profound exhaustion. She was extremely tired and had to lie down in the middle of the day for at least an hour. She had some difficulties with sustained concentration. The concentration difficulties and fatigue became worse if she was under pressure or stress.

The trainee was keen to try and complete her training, and after discussion with the occupational health adviser, a group discussion was arranged. This was attended by the trainee, the occupational health adviser, the course tutor, and the deputy headteacher of the placement school.

Having established what the trainee's problems were, the following reasonable adjustments were agreed:

- a placement school would be found nearer to the trainee's home to reduce her journey time further
- a private facility would be found both in college and at the placement school for the trainee to have a 90-minute rest at lunchtime

- the trainee's lecture programme and teaching schedule would be planned to avoid too much walking between rooms on site
- the timescales for submission of her completed assignments would be extended on a temporary basis.

It was agreed that there would be a regular two-weekly review meeting with the occupational health adviser, and a further meeting of the group to review the adjustments and the trainee's progress in one month.

Outcome 1: Fit to teach

The adjustments described above were put into place, and the trainee coped with her training and teaching within the requirements of her training schedule. She recovered within two months and each week was able to undertake more physical and mental activity. Within six weeks she was submitting her work assignments on time and without difficulty. By eight weeks, all adjustments except for the opportunity to rest at lunchtime were discontinued. The candidate completed her training to teach secondary geography and gained QTS.

Outcome 2: Unfit to teach

Despite every effort, the provider was unable to find a placement school close to the trainee's home which could also provide the rest area that she needed. Transport options were explored, but suitable provision could not be identified.

The existing placement school had some problems adjusting the teaching timetable around the trainee's midday rest period, and felt that it was not reasonable or practicable to reorganise the whole school's geography programme, with the knock-on effects to other subjects, around the trainee's disability.

The trainee's condition was varied in severity and this variation was unpredictable. Two or three times a week she was so exhausted that she was unable to get up in time for school or college. Unfortunately, she often had to inform the school of her non-attendance at very short notice, and this caused them considerable difficulty. The trainee did not meet the revised deadlines for assignments, and often was too unwell to produce adequate lesson plans, so that the standard of her teaching was sometimes unacceptable.

The review group met every three weeks, but despite several additional adjustments the trainee was unable to provide sufficient, regular attendance or work to satisfy the training needs of the course. The group decided that she was now unfit to teach and required her to withdraw from the course.

Annex A: Membership of original TTA Advisory Group

Gemma Benson	Teacher Training Agency (now TDA)
Lisa Binks	Department for Education and Skills
Lisa Boardman, Policy Analyst	Disability Rights Commission
Shiraz Chakera	General Teaching Council for England
Sophie Corlett, Policy Director	MIND
Mabel G Davis, Headteacher	Heathlands School
Amanda Dowson, Occupational Health Services Manager	Bradford College
Jennifer Dyer, Policy Director, HE	Skill
Monica Farthing	Teacher Training Agency (now TDA)
Steve Ferguson, Recruitment Adviser for the North West	Training and Development Agency
R A Ford, Deputy Principal	Froebel College, University of Surrey, Roehampton
Kate Goddard, Policy Officer	Skill
Annie Grant, Consultant	Teacher Training Agency (now TDA)
Professor Nigel Hastings, Dean	Faculty of Education, Nottingham Trent University
Jeffrey Rogerson	Department for Education and Skills
Dr John Sorrell	Association of Local Authority Medical Advisers
Stuart Spavin, Principal Lecturer	Nottingham Trent University
Dr Rosemary Waddy, Consultant Occupational Health Physician	AXA-PPP Healthcare

Annex B: Sources of information and advice on disability

Details of a number of organisations that can offer information and advice on disability are listed below. A more comprehensive list can be found in the Skill document 'Organisations offering advice to disabled students' (2003), which is at: www.skill.org.uk/info/infosheets/orgs.doc

General disability organisations

Skill: National Bureau for Students with Disabilities

Chief Executive: Barbara Waters

Chapter House, 18-20 Crucifix Lane, London SE1 3JW

Tel: 020 7450 0620 Fax: 020 7450 0650

E-mail: skill@skill.org.uk

Website: www.skill.org.uk

Information service: Monday to Thursday, 1.30pm to 4.30pm

Tel: 0800 328 5050

Textphone: 0800 068 2422

E-mail: info@skill.org.uk

Disability Rights Commission (DRC)

FREEPOST MID 02164, Stratford-upon-Avon, Warwickshire CV37 9BR

DRC Helpline, Tel: 08457 622 633

Textphone: 08457 622 644

Fax: 08457 778 878

E-mail: enquiry@drc-gb.org

Website: www.drc-gb.org

Independent body which works to promote equal opportunities for disabled people. Provides information and legal advice on the Disability Discrimination Act 1995.

British Council of Organisations of Disabled People (BCODP)

Litchurch Plaza, Litchurch Lane, Derby DE24 8AA

Tel: 01332 295 551

Textphone: 01332 295 581

Fax: 01332 295 580

E-mail: bcodp@bcodp.org.uk

Website: www.bcodp.org.uk

Acts as a co-ordinating forum for organisations of disabled people. Can put you in touch with local groups.

DIAL UK (National Association of Disablement Information and Advice Lines)

St Catherine's, Tickhill Road, Doncaster DN4 8QN

Tel/textphone: 01302 310 123

Fax: 01302 310 404

E-mail: enquiries@dialuk.org.uk

Website: www.dialuk.org.uk

Network of disability information and advice lines. The national office can give details of the nearest local service. They can give advice on issues such as welfare benefits, community care, equipment, independent living and transport.

Royal Association for Disability and Rehabilitation (RADAR)

12 City Forum, 250 City Road, London EC1V 8AF

Tel: 020 7250 3222 (open Monday-Friday 10am to 5pm)

Textphone: 020 7250 4119

Fax: 020 7250 0212

E-mail: radar@radar.org.uk

Website: www.radar.org.uk

Offers an information and advice service. Involved with access, education, employment, holidays, housing, mobility and social services.

Specific disability organisations

Arthritis

Arthritis Care

18 Stephenson Way, London NW1 2DH

Tel: 020 7380 6500

Helpline: 0808 800 4050

Fax: 020 7380 6505

E-mail: helplines@arthritiscare.org.uk

Website: www.arthritiscare.org.uk

Provides a range of services for people with arthritis.

Autism/Asperger's syndrome

National Autistic Society

393 City Road, London EC1V 1NG

Tel: 020 7833 2299

Autism Helpline: 0845 070 4004 (open 10am to 4pm)

Fax: 020 7833 9666

E-mail: nas@nas.org.uk

Website: www.autism.org.uk

Information, advice and support to people with autism or Asperger's syndrome.

Blind/partially sighted

Action for Blind People

14-16 Verney Road, London SE16 3DZ

Tel: 020 7635 4800

Fax: 020 7635 4900

E-mail: info@afbp.org

Website: www.actionforblindpeople.org.uk

Provides a range of services for blind and visually-impaired people.

National Federation of the Blind (NFB)

Sir John Wilson House, 215 Kirkgate, Wakefield WF1 1JG

Tel: 01924 291 313

Fax: 01924 200 244

E-mail: info@nfbuk.org

Website: www.nfbuk.org

Campaigning organisation for blind and visually-impaired people.

RNIB (Royal National Institute for the Blind)

105 Judd Street, London WC1H 9NE

Tel: 020 7388 1266

Helpline: 08457 66 9999

Fax: 020 7388 2034

E-mail: helpline@rnib.org.uk

Website: www.rnib.org.uk/student

Information, advice and support for blind and visually-impaired people.

Cancer

Cancer Backup

3 Bath Place, Rivington Street, London EC2A 3JR

Tel/textphone: 020 7696 9003

Freephone: 0808 800 1234

Fax: 020 7696 9002

E-mail: info@cancerbackup.org.uk

Website: www.cancerbackup.org.uk

Cerebral palsy

Scope

PO Box 833, Milton Keynes MK12 5NY

Cerebral palsy helpline: 0808 800 3333

Fax: 01908 321 051

E-mail: cphelpline@scope.org.uk

Website: www.scope.org.uk

Information, advice and a range of services for people with cerebral palsy.

Cystic fibrosis

Cystic Fibrosis Research Trust

11 London Road, Bromley BR1 1BY

Tel: 020 8464 7211

General helpline: 0845 859 1000

Fax: 020 8313 0472

E-mail: enquiries@cftrust.org.uk

Website: www.cftrust.org.uk

Information and advice for people with cystic fibrosis.

Deaf/hearing-impaired

Sign Community

British Deaf Association (BDA), London and South East

69 Wilson Street, London EC2A 2BB

Tel: 020 7588 3520

Voice helpline: 0870 770330

Textphone: 020 7588 3529

Text helpline: 0800 6522 965

Videophone: IP.81.138.165.105

Fax: 020 7588 3527

E-mail: london@signcommunity.org.uk

Website: www.signcommunity.org.uk

National organisation run for and by deaf people. Information and advice.

Royal National Institute for Deaf People (RNID)

19-23 Featherstone Street, London EC1Y 8SL

Tel: 0808 808 0123

Textphone: 0808 80 8900

Fax: 020 7296 8001

E-mail: informationline@rnid.org.uk

Website: www.rnid.org.uk

A wide range of services to people who are deaf or hard of hearing.

Deafblind

Deafblind UK

Head office: National Centre for Deafblindness, John and Lucille van Geest Place,
Cygnet Road, Hampton, Peterborough PE7 8FD

Tel: 01733 358 100

Helpline: 0800 132 320

Textphone: 01733 358 858

Fax: 01733 358 356

E-mail: info@deafblind.org.uk

Website: www.deafblind.org.uk

Sense – The National Deafblind and Rubella Association

11-13 Clifton Terrace, London N4 3SR

Tel: 0845 127 0600

Textphone: 0845 127 0602

Fax: 0845 127 0601

E-mail: enquiries@sense.org.uk

Website: www.sense.org.uk

Provides a range of services to deafblind people.

Diabetes

Diabetes UK

10 Parkway, London NW1 7AA

Tel: 020 7424 1000

Fax: 020 7424 1001

E-mail: info@diabetes.org.uk

Website: www.diabetes.org.uk

Provides a range of services to people with diabetes.

Dyslexia and dyspraxia

Adult Dyslexia Organisation

Ground Floor, Secker House, Minet Rd, Loughborough Estate, London SW9 7TP

Tel 020 7207 3911

Advice line: 020 7924 9559 (open Tuesday, Wednesday and Thursday 10.30am to 4.30pm)

Fax 020 7207 7796

E-mail: ado.dns@dial.pipex.com

Website: www.adultdyslexia.org

British Dyslexia Association (BDA)

98 London Road, Reading RG1 5AU

Tel: 01189 662 677

Helpline: 01189 668 271

Fax: 01189 351 927

E-mail: helpline@bdadyslexia.co.uk

Website: www.bdadyslexia.org.uk

Information and advice about dyslexia, including about where to get assessed.

Dyslexia Action

Park House, Wick Road, Egham, Surrey TW20 0HH

Tel 01784 222 300

Enquiries about assessments or teaching: 01784 417 300

Fax: 01784 222 333

E-mail: info@dyslexiaaction.org.uk

Website: www.dyslexiaaction.org.uk

Psychological assessments and tuition support for people with specific learning difficulties in schools, colleges and other institutes around the country.

The Dyscalculia Site

Website giving information about dyscalculia: www.dyscalculia.org.uk

Dyspraxia Foundation

8 West Alley, Hitchin, Hertfordshire SG5 1EG

Tel: 01462 455 016

Helpline: 01462 454 986

Fax: 01462 455 052

E-mail: dyspraxia@dyspraxiafoundation.org.uk

Website: www.dyspraxiafoundation.org.uk

Epilepsy

British Epilepsy Association

New Anstey House, Gateway Drive, Yeadon, Leeds LS19 7XY

Tel: 0113 210 8800

Helpline: 0808 800 5050

Fax: 0113 242 8804

E-mail: helpline@epilepsy.org.uk

Website: www.epilepsy.org.uk

Learning difficulties

MENCAP (for people with learning disabilities)

123 Golden Lane, London EC1Y 0RT

Tel: 020 7454 0454

Learning disability helpline: 0808 808 1111 (open Monday to Friday, 9am to 5pm)

Textphone: 0808 808 8181

Fax: 020 7608 3254

E-mail: information@mencap.org.uk

Website: www.mencap.org.uk

Offers support for people with a learning disability and their families through local networks.

ME (myalgic encephalomyelitis)

Action for ME

Third Floor, Cuningford House, 38 Victoria Street, Bristol BS1 6BY

Helpline: 0845 123 2389 (open Monday to Friday, 10am to 2pm)

Fax 01908 274 136

E-mail: info@afme.org.uk

Website: www.afme.org.uk

Organisation run for and by people with ME.

The ME Association

4 Top Angel, Buckingham Industrial Park, Buckingham MK18 1TH

Tel: 01280 818 968

Information line: 0870 444 1836

Fax: 01280 821 602

E-mail: meconnect@meassociation.org.uk

Website: www.meassociation.org.uk

Mental health

MIND National Association for Mental Health

Mindinfo, PO Box 277, Manchester M60 3XN

Information line: 08457 660 163

Textphone: 0845 330 1585

E-mail: contact@mind.org.uk

Website: www.mind.org.uk

Sane (The Mental Health Charity)

1st Floor, Cityside House, 40 Adler Street, London E1 1EE

Tel: 020 7375 1002

Helpline: 0845 767 8000 (open 1pm to 11pm)

Fax: 020 7375 2162

E-mail: info@sane.org.uk

Website: www.sane.org.uk

Offers information on mental health issues. Initiates and funds research into mental illness.

Multiple sclerosis

Multiple Sclerosis Society of Great Britain and Northern Ireland

372 Edgware Road, London NW2 6ND

Tel: 020 8438 0700: Scotland: 0131 472 4106: Northern Ireland: 028 90 802 802

Helpline: 0808 800 8000

Fax: 020 8438 0701

E-mail: info@mssociety.org.uk

Website: www.mssociety.org.uk

Muscular dystrophy/atrophy

Jennifer Trust

Elta House, Birmingham Road, Stratford-upon-Avon Warwickshire CV37 0AQ

Tel: 0870 774 3651

Fax: 0870 774 3652

E-mail: jennifer@jtsma.org.uk

Website: www.jtsma.org.uk

Information and support for people with spinal muscular atrophy.

Muscular Dystrophy Campaign

7-11 Prescott Place, London SW4 6BS

Tel: 020 7720 8055

Fax: 020 7498 0670

E-mail: info@muscular-dystrophy.org

Website: www.muscular-dystrophy.org

Speech and language difficulties

Afasic

2nd Floor, 50-52 Great Sutton Street, London EC1V 0DJ

Tel: 0845 355 5577

Fax: 020 7251 2834

E-mail: info@afasic.org.uk

Website: www.afasic.org.uk

British Stammering Association

15 Old Ford Road, London E2 9PJ

Tel: 020 8983 1003

Helpline: 0845 603 2001

Fax: 020 8983 3591

E-mail: info@stammering.org

Website: www.stammering.org

Speakability

1 Royal Street, London SE1 7LL

Tel: 020 7261 9572

Helpline: 0808 808 9572 (open Monday to Friday, 10am to 4pm)

Fax: 020 7928 9542

E-mail: speakability@speakability.org.uk

Website: www.speakability.org.uk

Information and support for people with aphasia.

Spinal injuries

Association for Spina Bifida and Hydrocephalus (ASBAH)

ASBAH House, 42 Park Road, Peterborough PE1 2UQ

Tel: 01733 555 988

Fax: 01733 555 985

E-mail: helpline@asbah.org

Website: www.asbah.org

Provides information and advice for people with spina bifida, and/or hydrocephalus, and their families and carers.

Spinal Injuries Association (SIA)

SIA House, 2 Trueman Place, Oldbrook, Milton Keynes, Buckinghamshire MK6 2HH

Tel: 0845 678 6633

Helpline: 0800 980 0501

Fax: 0845 070 6911

E-mail: sia@spinal.co.uk

Website: www.spinal.co.uk

Stroke

Stroke Association

Stroke House, 240 City Road, London EC1V 2PR

Tel: 020 7566 0300

Helpline: 0845 30 33 100

Fax: 020 7490 2686

E-mail: info@stroke.org.uk

Website: www.stroke.org.uk

Information and support for people affected by stroke.

Accessibility

Centre for Accessible Environments

70 South Lambeth Road, London SW8 1RL

Tel: 020 7840 0125

E-mail: info@cae.org.uk

Website: www.cae.org.uk

Benefits and other money issues

Access to Work

Access to Work (AtW) can provide support for trainees on employment-based routes into teaching. It provides advice and practical support to disabled people and their employers to help them overcome work-related obstacles resulting from a disability. AtW also pays a grant through Jobcentre Plus towards any extra employment costs that result from a disability. It can be used to cover:

- communicator support at interview
- a support worker
- special aids and equipment
- adaptations to premises
- help with the additional costs of travel to work.

To make an application, individuals should contact their nearest AtW Business Centre. Details about AtW Business Centres are available on the Jobcentre Plus website (www.jobcentreplus.gov.uk). Disability Employment Advisers in local Jobcentre Plus offices can also offer advice on applying for AtW funding.

Benefits Enquiry Line

Tel (England, Scotland, Wales): 0800 882 200 (open Monday to Friday, 8.30am to 6.30pm; Saturday, 9am to 1pm)

Tel (Northern Ireland): 0800 220 674

Textphone: 0800 243 355

Provides benefits advice.

Citizens Advice Bureau

Citizens Advice Bureau gives free, confidential, impartial and independent advice on a range of subjects, including debt, benefits, housing, legal matters, employment, immigration and consumer issues. You should be able to find details of your nearest service in a local telephone directory, or by visiting: www.citizensadvice.org.uk

Disability Alliance

Universal House, 88-94 Wentworth Street, London E1 7SA

Tel/textphone: 020 7247 8776

Fax: 020 7247 8765

E-mail: office.da@dial.pipex.com

Website: www.disabilityalliance.org

Provides information on benefits. Produces Disability Rights Handbook.

Disabled Students' Allowance

Disabled people, or those with a specific learning difficulty, who are in higher education, can apply to the local education authority to get extra funding from the Disabled Students' Allowance (DSA). These allowances are intended to cover any extra costs or expenses incurred during study that arise from a disability. There are four allowances to cover different areas of need:

- specialist equipment allowance
- non-medical helpers' allowance
- general/other expenditure allowance, and
- travel costs.

Contact your local education authority for details on making an application.

Education**British Educational Communications and Technology Agency (BECTA)**

Millburn Hill Road, Science Park, Coventry CV4 7JJ

Tel: 024 7641 6994

Fax: 024 7641 1418

E-mail: becta@becta.org.uk

Website: www.becta.org.uk

Promotes the use of IT in education and learning and evaluates the potential of new and emerging technology.

Consortium of Higher Education Support Services for Deaf Students (CHESS)

c/o Sheenagh Hull, The Equality Service, Ground Floor, Social Sciences Building,
University of Leeds, Leeds LS2 9JT

Tel: 0113 343 2616

Fax: 0113 343 3944

E-mail: s.hull@adm.leeds.ac.uk

A support network of people in higher education supporting deaf students.

General Teaching Council for England (GTCE)

Birmingham Office: Victoria Square House, Victoria Square, Birmingham B2 4AJ

London Office: 344-54 Gray's Inn Road, London WC1X 8BP

Tel: 0870 001 0308

E-mail: info@gtce.org.uk

Website: www.gtce.org.uk

Confers the award of QTS and has a role in hearing cases that are brought to its attention about the competence and conduct of qualified teachers.

Graduate Teacher Training Registry

Rosehill, New Barn Lane, Cheltenham, Gloucestershire GL52 3LZ

Tel: 0870 112 2205

Website: www.gttr.ac.uk

Processes applications for entry to postgraduate certificate in education (PGCE) courses.

Higher Education Funding Council for England (HEFCE)

Northavon House, Coldharbour Lane, Bristol BS16 1QD

Tel: 0117 931 7317

Fax: 0117 931 7203

E-mail: hefce@hefce.ac.uk

Website: www.hefce.ac.uk

Funds higher education institutions in England.

LearnDirect

Tel/textphone: 0800 100 900

Website: www.learndirect.co.uk

Information and advice about learning and careers. Holds a database of courses run in the UK.

Learning and Skills Council (LSC)

Cheylesmore House, Quinton Road, Coventry CV1 2WT

Tel: 0845 019 4170

General enquiries: 0870 900 6800

Fax: 024 76 49 3600

E-mail: info@lsc.gov.uk

Website: www.lsc.gov.uk

Funding body for further education colleges in England. Find details of your local LSC by contacting the general enquiries number, or by visiting the website.

UCAS Enquiries

UCAS, Rosehill, New Barn Lane, Cheltenham, Gloucestershire GL52 3LZ

Tel: 0870 112 2211

E-mail: enquiries@ucas.ac.uk

Processes applications for full-time undergraduate courses, including those of initial teacher training.

Employment**Employment Opportunities for people with disabilities**

53 New Broad Street, London, EC2M 1SL

Tel/textphone: 020 7448 5420

Fax: 020 7374 4913

E-mail: info@eopps.org

Website: www.opportunities.org.uk

Has 16 regional centres around the country offering advice to disabled people on job seeking. Also offers a service for disabled graduates.

Jobcentre Plus

Provides help for jobseekers. Your local phonebook should have details of your nearest Jobcentre Plus office. Alternatively, visit the website at www.jobcentreplus.gov.uk

Assistive Technology**AbilityNet**

PO Box 94, Warwick CV34 5WS

Freephone: 0800 269545

Fax: 01926 407 425

E-mail: enquiries@abilitynet.co.uk

Website: www.abilitynet.co.uk

Disabled Living Foundation

380-384 Harrow Road, London W9 2HU

Tel: 020 7289 6111

Helpline: 0845 130 9177

Textphone: 020 7432 8009

Fax: 020 7266 2922

E-mail: dlfinfo@dlf.org.uk

Website: www.dlf.org.uk

Provides specialist information and advice about equipment for disabled people. Can refer to local disabled living centres. Visits for product demonstrations are possible when arranged in advance.

TechDis

www.techdis.ac.uk

Information for further and higher education institutions about specialist equipment, including a database of suppliers.

For more information about organisations that can offer advice and assessments for equipment, see Skill's information booklet 'Specialist equipment: sources of help and information'.

Human support

CSV (Community Service Volunteers)

237 Pentonville Road, London N1 9NJ

Tel: 020 7278 6601

Fax: 020 7833 0149

E-mail: information@csv.org.uk

Website: www.csv.org.uk

Places young people as volunteers to work as personal assistants. Also has offices in Scotland and Wales, and regional offices around England.

National Centre for Independent Living (NCIL)

Fourth Floor, Hampton House, Albert Embankment, London SE1 7TJ

Tel: 020 7587 1663

Textphone: 020 7587 1177

Fax: 020 7582 2469

E-mail: info@ncil.org.uk

Website: www.ncil.org.uk

Provides information about personal assistance schemes.

Legal advice Community Legal Service

Tel: 0845 345 4345

Website: www.justask.org.uk

Provides legal help (covers education, benefits, etc). Has a list of specialist solicitors who are able to undertake legally-aided work.

Department for Constitutional Affairs

Shelbourne House, 54-60 Victoria Street, London SW1E 6QW

Tel: 020 7210 8614

E-mail: general.queries@dca.gsi.gov.uk

Disability Law Service

Ground Floor, 39-45 Cavell Street, London E1 2BP

Tel: 020 7791 9800

Textphone: 020 7791 9801

Fax: 020 7790 9802

E-mail: advice@dls.org.uk

Website: www.dls.org.uk

Legal advice for disabled people.

Education Law Association

33 College Road, Reading, RG6 1QE

Tel/fax: 0118 966 9866

Holds a list of specialist education solicitors who can provide legally-aided or privately-funded services.

Disability Rights Commission

See section entitled 'General disability organisations'.

Annex C: Glossary

Bi-polar disorder: also known as 'manic-depressive illness', is a brain disorder that causes unusual shifts in a person's mood, energy and ability to function.

British Sign Language: the language used by the deaf community in the UK.

Chronic fatigue syndrome (CFS): severe fatigue that has lasted at least six months. A person with CFS is unusually tired, even after minor activities that he or she had been able to do in the past without fatigue.

Communication support worker: provides support for individuals who use British Sign Language or signed communication to support spoken language.

Employment-based initial teacher training providers (EBITTs): are providers of employment-based ITT, given an annual allocation of graduate training programme (GTP) places by the TDA. The EBITT takes responsibility for designing and delivering the training programme. All EBITTs providing training in the 2007/08 academic year have been accredited previously, or will achieve accredited status by the end of August 2007. There are about 100 EBITTs in England.

DDA: Disability Discrimination Act

Dyscalculia: A deficiency in learning mathematics that is not due to general cognitive deficiencies, emotional problems, or poor teaching.

Extent of a risk: this covers the number of people who might be exposed to the risk, and the consequences for them.

Hazard: something with the potential to cause harm (this can include substances or machines, methods of work, and other aspects of work organisation).

Higher-level teaching assistants (HLTAs): support staff working under the direction and supervision of a qualified teacher to support the teaching and learning activities in the classroom.

Mental impairment: for the purposes of the DDA, this covers a wide range of impairments related to mental functioning, including learning difficulties.

Impairment: for the purposes of the DDA, this covers physical and mental impairments and conditions, and includes sensory impairments, such as those affecting sight and hearing, as well as health conditions.

Pre-lingual deafness: deafness that occurs before learning the spoken language.

Risk: the likelihood that the harm from a particular hazard will be released.

Risk assessment: a careful examination of anything on an ITT programme that could cause harm to people, followed by an assessment of the significance of those risks, and how they might be minimised.

SCITT: (school-centred initial teacher training provider). Initial teacher training provided by a consortium of schools, or a similar body.

Annex D: Further reading

DfES, Child protection: procedures for barring or restricting people working with children in education, 2003. Available at www.teachernet.gov.uk/barringprocedures

DfES publication, Fitness to Teach: Guidance for Employers and Initial Teacher Training Providers

DfES, Finding out about people's disability: a good practice guide for further and higher education institutions, 2002 (DfES/0024/2002)

DfES, What to do if you are worried a child is being abused: can be downloaded online at www.doh.gov.uk, or ordered by e-mail from doh@prolog.uk.com

DfES and DoH, Fitness to teach: occupational health guidance for the training and employment of teachers, The Stationery Office, 2000

DfES and DoH, Obtaining occupational health advice on fitness to teach, The Stationery Office, 2000

The Disability Discrimination Act, 1995

Disability Rights Commission (DRC), Code of Practice: Employment and Occupation, 2004

Disability Rights Commission, The Duty to Promote Disability Equality: Statutory Code of Practice, England and Wales, 2006

Disability Rights Commission, Code of practice for providers of post-16 education and related services, 2006

You can get the DRC publications by calling the DRC Helpline 08457 622633 or 08457 622644 (textphone), or from the DRC website: www.drc-gb.org

Guidance on matters to be taken into account in determining questions relating to the definition of disability, The Stationery Office, 1996. Available from www.clicktso.com or www.drc.org.uk

Health & Safety Executive, Five steps to risk assessment. Available at www.hse.gov.uk

Learning and Skills Council, Disclosure, confidentiality and passing on information: guidance for post-16 providers on implementing the DDA part 4. Available at www.lsc.gov.uk in the documents section under Improving quality/guidance and good practice

Learning and Skills Network, I don't want to sue anyone, I just want to get a life: inclusive risk assessment. Guidance for colleges and other post-16 providers on implementing the DDA, Learning and Skills Network, 2005. Available at www.lsneducation.org.uk

Skill (National Bureau for Students with Disabilities), Applying for disabled students' allowances, 2002. Available from Skill by calling 020 7450 0620 or 020 7450 0650 (voice/text), or from www.skill.org.uk

The Special Needs and Disability Act, 2001

Statutory Instrument: The Education (Health Standards) (England) Regulations, 2003

Special Educational Needs and Disability Act (2001)

Statutory Instrument (2003) No. 1673 The Disability Discrimination Act 1995 (Amendments) Regulations, 2003

Training and Development Agency for Schools: Professional Standards for Teachers in England, 2007

The TDA is committed to providing accessible information. To request this item in another language or format, contact **TDA corporate communications** at the address below or e-mail: corporatecomms@tda.gov.uk Please tell us what you require and we will consider with you how to meet your needs.

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151 Buckingham Palace Road, London, SW1W 9SZ
TDA switchboard: **t** 0870 4960 123

Publications: **t** 0845 6060 323 **e** publications@tda.gov.uk

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