

Able to teach

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

Contents

Introduction	2
Part 1: Definitions and responsibilities	4
1. What is fitness to teach?	4
2. What is disability?	6
3. What are the responsibilities of ITT providers?	8
4. What is discrimination?	9
5. When is less favourable treatment justified?	11
6. What are reasonable adjustments?	15
7. How should a provider assess health and safety risks?	22
8. What if trainees wish their disability to be kept confidential?	23
9. What are the responsibilities of schools?	25
10. Who else has responsibilities under the Disability Discrimination Act?	26
Part 2: Procedures	28
11. Planning ahead	28
12. Encouraging openness	30
13. Advice for applicants	33
14. Avoiding discrimination in selection	34
15. Interviews	35
16. The fitness questionnaire	36
17. Assessing fitness to teach	38
18. Selection step by step	41
19. School placements	42
20. Disability discrimination and fitness during training	43
21. Discrimination by excluding disabled trainees	46
22. Barring procedures	47
23. Assessment for QTS	48
24. Providing services	49
Part 3: Case studies	50
Annex A: Membership of TTA Advisory Group	62
Annex B: Sources of information and advice on disability	63
Annex C: Glossary	77
Annex D: Further reading	78
Index	79

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 should be fair, enabling those who have the potential to be good teachers to progress to Qualified Teacher Status (QTS) and redirecting those who are unsuited to teaching.

The extension of the Disability Discrimination Act (DDA) to education and training means that providers must make sure they are not discriminating against disabled candidates, in either their selection procedures, their requirements for progression and completion of training or their provision of services. They also need to make sure that everyone admitted to ITT has the physical and mental fitness needed to teach, and that any who become unfit leave the programme. Finally, the providers have to judge whether those admitted have the potential to meet the Standards required for QTS and decide, at the end of their training, whether they can be recommended for the award.

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 a disability or a reasonable adjustment? Are providers' procedures fair to disabled people? 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 chronic illnesses are fit to teach; some people who are unfit to teach have no disability or illness;
- changing attitudes to disability, together with technological and medical advances, create opportunities for disabled people to overcome barriers that used to prevent them from achieving their potential;
- a teacher's job is to teach pupils – so disabled people should not be excluded from teacher training 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 must not 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 people who are unsuitable for teaching are 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. In most cases there are several different examples relating to the same disability. The index lists all references to specific disabilities. 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 such cases raise.

The guidance has been written with the help of the Department for Education and Skills (DfES), ITT providers, occupational health experts and bodies representing disabled people. It draws on the Disability Rights Commission's (DRC) *Code of practice for providers of post-16 education and related services*; the DfES Circular 4/99, *Physical and mental fitness to teach of teachers and entrants to initial teacher training*; and 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*. The TTA is very grateful to everyone who took part in this work. A full list of those who have contributed is at 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 accepted 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 *Qualifying to teach*¹ to assess the physical and mental fitness of entrants to teacher training:

*R1.4 All providers must ensure that all entrants have met the Secretary of State's Requirements for physical and mental fitness to teach, as detailed in the relevant circular.*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 17.

Many disabled people or people with chronic illnesses may 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 will consider³ whether candidates:

- have the health and well-being necessary to deal with specific types of teaching and associated duties (adjusted, as appropriate) in which they are engaged;
- 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, in the case of disabled people, be enabled by reasonable adjustment to meet these criteria.

'Teaching' is legally defined⁴ 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 TTA, *Qualifying to teach: Professional Standards for Qualified Teacher Status and Requirements for Initial Teacher Training*, 2003.

² Currently DfES Circular 4/99, *Physical and mental fitness to teach of teachers and entrants to initial teacher training*, May 1999.

³ Taken from DfEE & DoH, *Obtaining occupational health advice on fitness to teach*, The Stationery Office, 2000.

⁴ Statutory Instrument 1663 2003, *The Education (Specified Work and Registration) (England) Regulations*.

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. Providers must also make a judgement (as required by R1.1 of *Qualifying to teach*) about whether a candidate has the potential to meet the QTS Standards.

Once the occupational health adviser (OHA) has made the assessment (see section 17 for more detail on the process through which such assessments are made), he or she will categorise candidates into one of three groups:

- a. **fit to teach:** those who are in good health and free from conditions which might be likely to interfere with efficiency in teaching;
- b. **fit to teach:** those who are in generally 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, though these conditions are not serious enough to make the candidate unfit for the teaching profession. This includes those whose disability could require ITT providers to make a reasonable adjustment to enable them to provide effective and efficient teaching (reasonable adjustments are discussed in section 6); or
- c. **not fit to teach:** those whose condition is such as to make them unfit for the teaching profession. Candidates will not normally be included in this category unless they have a psychiatric or physical disorder likely to interfere seriously with regular and efficient teaching of either general subjects or the subject in which they intend to specialise (for example, 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 14-18) 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 20.

2. What is disability?

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

A **substantial** adverse effect is something more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going 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 life of the person affected.

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.

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

- the impairment remains; and
- at least one recurrence of the substantial effect is likely to take place 12 months or more after the initial occurrence.

This would then be a long-term effect.

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.

The test of whether an impairment affects normal day-to-day activities is whether it affects one or more of the broad categories of capacity listed in Schedule 1 of the Act. They are:

- 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.

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

Diagnosis does not in itself bring someone within the definition of disability within the Act. A candidate/trainee may have a condition that has no substantial adverse effect on his or her ability to carry out normal day-to-day activities. Such individuals are not covered by the Act. 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 understanding the concept of disability and in identifying disabled people.

Some conditions are **specifically excluded from the coverage of the Act**. These include:

- addiction to or dependency on alcohol, nicotine or any other substance (other than as a result of the substance being medically prescribed);
- seasonal allergic rhinitis (for example hay fever) except where it aggravates the effect of another condition;
- tendency to set fires;
- tendency to steal;
- tendency to physical or sexual abuse of other persons;
- exhibitionism;
- voyeurism.

A candidate/trainee with an impairment 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, 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. However, this does not apply if the substantial adverse effects are not likely to recur if the treatment stops, because then, the candidate/trainee would no longer have a disability. The only exception to ignoring the effects of treatment is the wearing of spectacles and contact lenses.

Some candidates/trainees have **conditions that may change and develop over time**, for example cancer, multiple sclerosis, muscular dystrophy or HIV infection. Where a person has a progressive condition, he or she will be covered by the Act from the moment the condition leads to an impairment that has **some** effect on the ability to carry out normal day-to-day activities, even if it is not a **substantial effect**, if that impairment is likely eventually to have a substantial adverse effect on such ability.⁷

Disabled candidates/trainees are under no obligation to disclose their disability at any point in the selection process or during an ITT programme. A disabled person has a right to request that the existence or nature of his or her disability be treated as confidential.⁸ (See section 12 for guidance on how to encourage candidates/trainees to provide information on any disability that might require a reasonable adjustment.)

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

⁷ At the time of writing (March 2004) there is a draft Bill undergoing pre-legislative scrutiny that would, subject to parliamentary approval, amend the DDA so that people with HIV or cancer that is likely to require substantial treatment are considered disabled from the point of diagnosis.

⁸ Learning and Skills Council, *Disclosure, confidentiality and passing on information: guidance for post-16 providers on implementing the DDA Part 4*, 2003.

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);
- required by the Disability Discrimination Act⁹ not to discriminate against disabled people:
 - in the arrangements they make for determining admissions to a programme of initial teacher training or who should be enrolled;
 - in the terms on which they offer to admit or enrol a disabled person;
 - by refusing or deliberately omitting to accept an application for admission or enrolment;
 - by excluding the person temporarily or permanently from an ITT programme;
 - in the services they provide, or offer to provide, wholly or mainly for trainees or persons who are enrolled. This includes everything to do with teaching, learning and assessment, as well as services such as accommodation and welfare (see section 24 on the provision of services).
- required 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 6). In addition, they must not, **without justification**, treat a disabled candidate/trainee less favourably, for a reason relating to his or her disability, than they treat (or would treat) a person to whom that reason does not (or would not) apply (see section 5);
- responsible for ensuring that entrants to ITT meet the entry requirements in *Qualifying to Teach*, including satisfying themselves that all entrants have the capability to meet the required Standards by the end of their training and that they possess appropriate personal and intellectual qualities to be teachers (R1.1).

Under the DDA, higher education institution (HEI) providers must have regard to relevant provisions of the Disability Rights Commission's *Code of Practice for providers of post-16 education and related services*.

School-centred ITT consortia (SCITT) consortia and designated recommending bodies (DRBs) that are not HEIs are not mentioned specifically in Part 4 of the DDA. Work placements as part of a vocational training programme will be covered by the DDA (Part 2) from October 2004. The new provisions of Part 2 prohibit discrimination and harassment, and impose duties to make reasonable adjustments, in relation to work placement providers. The TTA expects all providers to plan ahead for reasonable adjustments and the avoidance of discrimination in all aspects of ITT, so that all trainee teachers are treated in the same way whatever route they are following.

Where trainee teachers are employed by a local education authority (LEA), for example where a trainee is on a Graduate Teacher Programme, and where the designated recommending body providing the training is an LEA, the LEA is required by the DDA Part 2 not to discriminate against him or her and to make reasonable adjustments to enable the trainee to carry out the job. The LEA will normally also be responsible for ensuring that such staff meet the fitness to teach requirements.

⁹ DDA section 28R, schedule 4C.

4. What is discrimination?

A provider discriminates against a disabled person if, for a reason relating to his or her disability, it treats him or her less favourably, in comparison with the way it treats or would treat someone else to whom that reason does not or would not apply, and cannot show that the treatment in question is justified (see section 5). A provider also discriminates against a disabled person if it fails, to his or her detriment and without justification, to comply with a duty to make reasonable adjustments in relation to him or her.

EXAMPLE 4A¹⁰

A dyslexic person applies to enter a programme of initial teacher training. The provider tells her that it does not accept dyslexic trainees on its ITT programme. **In this case, the reason for the treatment the applicant receives clearly relates to her disability and the treatment is also less favourable in comparison with other applicants to whom that reason does not apply** (applicants who are not dyslexic). The provider is likely to be acting unlawfully.

EXAMPLE 4B

A dyslexic person applies to enter a programme of primary initial teacher training. He is turned down because he does not have the required entry qualification equivalent to a grade C in the GCSE examination in science. In this case, **the reason for his rejection is not related to his disability** and so the provider is acting lawfully.

The reason for the less favourable treatment must relate to the disabled person's disability if it is to constitute discrimination.

EXAMPLE 4C

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 reason related to her disability** and is likely to be acting unlawfully.

EXAMPLE 4D

A wheelchair user is repeatedly rude to other trainees and staff, and occasionally has wilfully damaged school property. It is established that this behaviour is not related to his disability. Other trainees behaving in this way would be excluded from the ITT programme. The provider decides to exclude the trainee. The exclusion **is not related to his disability**, and so the provider is likely to be acting lawfully.

¹⁰ The examples given in this section relate only to the specific concept discussed. They are not intended to address all aspects of the case. In most cases there are further examples covering other aspects of various disabilities. The index gives details of all references to dyslexia and other disabilities.

If the way that a disabled applicant or trainee is treated by the ITT provider is caused by the fact that he or she is disabled, then it can be said to 'relate to' the disability. This is the case even if other non-disabled applicants are also treated unfavourably for a broadly similar reason. Treating a disabled person less favourably cannot be excused on the basis that another applicant who behaved similarly would be treated in the same way.

EXAMPLE 4E

It is a requirement on ITT providers¹¹ 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.¹² A candidate for ITT is turned down because she has a disability that makes it difficult for her to communicate effectively in speech or writing. Other non-disabled candidates, for example foreign nationals, with similar communication skills are also turned down. A decision to reject such a candidate **without considering whether reasonable adjustments could be made** would be likely to be unlawful, because it is caused by the fact that the candidate is disabled.

EXAMPLE 4F

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

¹¹ R1.6 TTA, *Qualifying to teach: Handbook of guidance*, 2003.

¹² DfEE & DoH, *Fitness to teach: occupational health guidance for the training and employment of teachers*, The Stationery Office, 2000.

5. When is less favourable treatment justified?

An ITT provider should not be looking for reasons or excuses to discriminate against disabled applicants. It is in the provider's own interest that provision should be accessible to disabled applicants. However, in limited circumstances, the DDA does permit providers to justify treating a disabled person less favourably than other people. If the provider can show that the treatment in question is justified, then the treatment is not considered discriminatory in law.

If a disabled applicant can show he or she has been treated less favourably than others for a reason relating to his or her disability, it is for the provider to show that the action taken was justified.

Less favourable treatment may be justified only if one of the following conditions is fulfilled:

- a. it is necessary to maintain academic standards;
- b. it is necessary to maintain other prescribed standards, it is of a prescribed kind and/or it occurs in prescribed circumstances;
- c. the reason for it is material to the circumstances of the particular case and substantial (not just minor or trivial).

a. Maintaining academic standards

The DDA does not require an ITT provider to undermine the academic standards of an ITT programme. A provider may be able to justify less favourable treatment if it is necessary to maintain these standards.

EXAMPLE 5A

Providers must ensure that all entrants have achieved a standard equivalent to grade C in the GCSE examination in English and mathematics.¹³ Also, those awarded QTS must demonstrate that they have passed the QTS skills tests in numeracy, literacy and information and communications technology (ICT).¹⁴ A basic level of numeracy is a requirement for teachers of all subjects. It helps to maintain academic standards within the profession and is essential to teachers' professional efficiency.

A trainee with dyscalculia applies to enter a programme of ITT to teach secondary art. He does not have GCSE Grade C in mathematics, or its equivalent. He suggests in his application that competency with numbers is not essential to being an effective art teacher. After discussion with the candidate, it is concluded that even if reasonable steps were taken to remove the disadvantage caused by the disability by, for example, giving the candidate extra time in a GCSE mathematics equivalence test, there would be no prospect of his achieving the required entrance standard in mathematics. Although the candidate's failure to have the required entry requirements is related to his disability, the provider is likely to be justified and acting lawfully in rejecting his application, because he would meet neither the entry requirement nor the QTS Standards. Providers cannot waive entry qualifications to ITT programmes because to do so would undermine the academic standards of the teaching profession.

¹³ R1.2 TTA, *Qualifying to teach: Handbook of guidance*, 2003.

¹⁴ S2.8 TTA, *Qualifying to teach: Handbook of guidance*, 2003.

EXAMPLE 5B

A trainee has suffered a head injury in a car accident. The injury caused word dissociation such 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 prior to the accident and it became clear that, because of her disability, the trainee was now unable to meet the programme's academic standards. The provider asked the trainee to leave the programme. Although this less favourable treatment is related to the trainee's disability, it is likely to be justified on the grounds of academic standards.

A justification on the grounds of academic standards should not be used spuriously. Where elements are not central to a programme, they are unlikely to provide a reason to justify discrimination based on academic standards. Nor can academic standards be used for barring whole groups of disabled applicants from programmes of ITT. Any justification has to be relevant to the academic standards of the programme and to the abilities of an individual applicant.

EXAMPLE 5C

A severely dyslexic candidate applies to enter a programme of primary ITT. After receiving a detailed report from an educational psychologist and discussion with the candidate and student services, it is decided that the candidate does not have the literacy skills necessary to complete the programme, even if reasonable adjustments were made, because of her dyslexia. The provider rejects her application, using the justification of academic standards. This is likely to be lawful. However, if the provider now introduces a policy of rejecting all dyslexic applicants to its primary ITT programme, this policy would not allow selectors to consider different levels of dyslexia, the abilities of individual applicants or the range of possible adjustments, and is likely to be unlawful.

EXAMPLE 5D

An ITT provider welcomes disabled trainees and offers support for those who are dyslexic. The provider arranges for a dyslexic trainee to receive support with his written work through the university's learning support unit. Despite this support the trainee's written work does not reach the required academic standard and he is asked to leave the ITT programme. This is likely to be lawful.

b. Maintaining other prescribed standards, prescribed types of treatment and treatment in prescribed circumstances

The DDA allows for future regulations to prescribe other standards that may justify less favourable treatment, which will also be justified in certain cases that will be set out in the regulations.

c. Material to the circumstances of the particular case and substantial (not just minor or trivial)

Less favourable treatment may also be justified so long as the reason for it is both material to the circumstances of the particular case and substantial.

EXAMPLE 5E

A candidate with a long history of panic attacks brought on by stress applies for a programme of primary ITT. He has previously been on an Access course. His reference from the Access course indicates a history of panic attacks, often brought on by the stress of travelling during busy times, especially if he is delayed and likely to be late. It also states that after a panic attack during a period of work experience in school, brought on by being surrounded by large numbers of noisy pupils in the corridor, the applicant was withdrawn from the placement. Reasonable adjustments on the Access course (a later start time and a smaller school) were not successful and again he was unable to complete the placement.

After following up his reference, the ITT provider decides that it cannot accept him onto the ITT programme, which is highly school-based. The reasons for its decision not to admit him relate to this particular candidate and his particular behaviour patterns. For this reason, the provider is likely to be acting lawfully in rejecting this application.

EXAMPLE 5F

If the candidate in example 5E experienced an isolated panic attack related to a specific trigger – perhaps a very loud bang – during a period of work experience in school, refusing to consider him for entry to ITT on the basis of this alone would be likely to be unlawful.

EXAMPLE 5G

A visually impaired candidate applies to teach art and design. Although she can undertake some parts of the ITT programme, she cannot see well enough to undertake those parts of the teacher's role that involve the visual analysis of pupils' work, such as monitoring and assessment. This is a core part of the teacher's role. The provider is likely to have a substantial reason to justify not accepting her and is therefore likely to be acting lawfully.

EXAMPLE 5H

A deaf candidate applies for a secondary English programme of ITT. He has good spoken and written communication. He can lip-read, but needs an interpreter for all parts of the programme. The provider's disability adviser approaches the interpreting service that provides support for other deaf students but, because demand is high in this particular year, the service is unable to support this additional trainee. The disability adviser makes wider enquiries, but is unable to secure the services of an interpreter or a communicator. Because, despite every effort, it is not possible to make the necessary adjustments for the candidate to gain access to the programme, the provider does not accept his application at this time. This is likely to be a material and substantial reason for less favourable treatment.

What if a provider does not know about a disability?

For a provider to discriminate against a disabled person by treating him or her less favourably, it needs to know about his or her disability. Its taking of a particular step in relation to him or her does not amount to less favourable treatment if it shows that at the time in question it did not know, and could not reasonably have been expected to know, that he or she was disabled (or previously had a disability). However, the provider must have taken reasonable steps to find out about an applicant's disability (see section 12 on encouraging openness).

EXAMPLE 5I

In a selection process where all candidates are required to take a literacy test, a dyslexic candidate fails to meet the required entry standard and his application is turned down. Before the test, the provider wrote to all candidates asking for information about any disabilities they might have and any special arrangements they needed for the test. The candidate did not disclose his disability and did not ask for any special arrangements to be made. As the provider could not reasonably have known about his dyslexia, then it is likely to be acting lawfully by refusing him admission on the grounds of poor standards of literacy. However, if the provider had not taken reasonable steps to find out about candidates' disabilities and any special arrangements that might be required, then its decision to reject him on the grounds of poor standards of literacy would be likely to be unlawful.

EXAMPLE 5J

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 has a disability 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.

6. 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 category b, section 1).

The duty to make reasonable adjustments 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.

Part 2 of the DDA gives examples of what constitutes reasonable adjustment, for example: 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.¹⁵

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 and those who have not had a disability. A proper assessment of what is required to eliminate the disabled person's disadvantage is a necessary part of the duty to make reasonable adjustments, since that duty cannot be complied with unless the provider makes a proper assessment of what needs to be done. The making of that assessment cannot be separated from the duty to make reasonable adjustments, because it is a necessary precondition to the fulfilment of that duty and therefore a part of it.

Providers should consider a wide range of adjustments.

EXAMPLE 6A

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 it 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.

HEI/FEC providers have access to HEFCE mainstream and special initiatives (Widening Participation) and capital funding to support disabled students, allocated to their institutions on the basis of student numbers, including ITT trainee numbers for capital. Non-HEI/FEC providers receive an allocation from the TTA from the Hardship/Access to Learning Fund, which may be used to provide financial help to disabled trainees to support their learning, and an annual capital allocation from the TTA, which may be used for building alterations, equipment, etc to improve access for these trainees.

EXAMPLE 6B

An ITT provider requires all candidates to take a literacy test before they can be considered for a place on the ITT programme. The provider arranges for a disabled candidate, who gets severe back pain when sitting for long periods and needs to get up and move around, to take the test in a separate room so that she can walk around when she needs to. This is likely to be a reasonable adjustment for the provider to make.

¹⁵ Disability Rights Commission, *Code of practice for providers of post-16 education and related services*, 2002.

EXAMPLE 6C

A trainee with a visual impairment, who uses lenses and CCTV to look at pupils' work, prepares and submits all her coursework electronically. So that she can read her tutor's comments, these too are added and returned electronically, rather than in handwriting as is more usually the case. This is likely to be a reasonable adjustment.

EXAMPLE 6D

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 6E

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 6F

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 6G

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 6H

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, for example ensuring 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 interviewers are informed of the candidate's requirements.

The duty to make reasonable adjustments is a continuing and anticipatory duty. Providers should keep the adjustments they make under regular review in the light of their experience with disabled candidates and trainees. For example, they might consider how technological developments could provide new or better solutions to problems of access and inclusion.

EXAMPLE 6I

A trainee who uses a wheelchair, 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 disabilities. Contact details are at Annex B.

Determining what is reasonable

The steps that it is reasonable for a provider to take will depend on the circumstances of the case, taking account of:

- a. the need to maintain academic and other prescribed standards;
- b. the financial resources available to the ITT provider and the cost of making a particular adjustment;
- c. the extent to which it is practicable to make a reasonable adjustment;
- d. 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 another agency;
- e. health and safety requirements;
- f. the relevant interests of other people, including other trainees.

a. The need to maintain academic and other prescribed standards

The DDA does not require a provider to do anything that might mean it cannot maintain academic or other prescribed standards. It would not, therefore, require providers to lower admissions requirements or to lower the QTS Standards for a disabled applicant/trainee.

EXAMPLE 6J

A disabled candidate who uses a wheelchair applies to enter a programme of primary initial teacher training. He is turned down because he does not have the required entry qualification of a grade C in the GCSE examination in English or equivalent. In this case, **his rejection is not less favourable compared to other applicants, and is not connected to his disability**, and so the provider is likely to be acting lawfully.

It might, however, be reasonable to allow a trainee to attain the required academic and professional standards by using means different from those used by other applicants/trainees.

EXAMPLE 6K

A provider makes special arrangements for the assessment of disabled trainees with particular requirements. For example, depending on a trainee's needs, it may allow extra time, laptop computers with assistive software or amanuenses in examinations.

There could also be instances in which a reasonable adjustment might mean the trainee receives additional support to enable him or her to demonstrate that he or she has met the required Standards.

EXAMPLE 6L

When assessing whether trainees can take sole charge of a class, a provider allows a trainee with a hearing impairment to be accompanied by a communication support worker.

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

The extent to which it will be reasonable for a provider to make an adjustment will depend on the resources available and other commitments.

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 disability on the individual applicant/trainee.

Depending on these circumstances, cost may make an adjustment unreasonable.

EXAMPLE 6M

A visually impaired candidate applies for a postgraduate ITT programme. He has been working in a school on a voluntary basis and comes highly recommended. However, in order for him to benefit from the ITT programme a number of costly adjustments would be needed both at the HEI and in placement schools. Although the Disabled Students' Allowance (DSA) would cover some of the costs, this would still leave substantial costs to be met by the provider. The provider determines that its total budget cannot support the adjustments and, despite investigating other funding sources, such as trusts, cannot find the required amount. In this case, financial circumstances might be a reason for not providing an adjustment. The provider might consider advising the candidate to train through the Graduate Teacher Programme, where Access to Work (AtW) funding might be available to meet the costs.

c. 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.

EXAMPLE 6N

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.

The TTA 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.

d. 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 another agency

Some disabled trainees may be provided with support from another agency. In these cases, it would not be reasonable to expect the ITT provider to duplicate this support. For example, some disabled trainees can receive Disabled Students' Allowance,¹⁶ the specific purpose of which is to pay for additional aids or services that they require because of a disability. Similarly, trainees on employment-based routes may be eligible for grants from the 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 6O

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.

However, there are instances when disabled trainees might need reasonable adjustments to be provided by the ITT provider in addition to those resourced through the DSA or AtW grants, and providers should anticipate that this might be the case (see section 11).

EXAMPLE 6P

A trainee who has cerebral palsy has received funding through the DSA to buy an adapted keyboard to use with his computer. However, it is too cumbersome for him to transport from his home to the provider HEI or to school placements. It is likely to be reasonable to expect the provider to provide him with a similar adaptation for a computer at the HEI and in placement schools.

¹⁶ Skill (National Bureau for Students with Disabilities), *Applying for Disabled Students' Allowances*, updated 2003.

e. Health and safety requirements

The DDA does not override health and safety legislation. As part of their anticipatory duty (see section 11), providers should anticipate reasonable adjustments in line with health and safety legislation.

There might be instances, however, where although an adjustment could be made, it would not be reasonable, because it would endanger the health and safety of either the disabled person, pupils or others.

EXAMPLE 6Q

A disabled person with uncontrollable dyskinetic movements applies for a place on a secondary science ITT course. A risk assessment identifies that the trainee's dyskinetic movements might pose a significant risk to pupils using flames, equipment and chemicals during practical work. A possible adjustment is for him to keep his distance from pupils while they are doing such activities. The provider decides that this adjustment is not reasonable, because lack of close supervision might also pose a health and safety risk to pupils, and keeping a safe distance from them will mean that the trainee cannot carry out his teaching role and, therefore, cannot meet the QTS Standards.

EXAMPLE 6R

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.

EXAMPLE 6S

A school refuses to provide a temporary ramp into the block containing the art department for a trainee secondary art teacher who uses a wheelchair because they say that wheelchair users pose a health and safety hazard by preventing 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 placed. There is unlikely to be a valid reason for not making a reasonable adjustment.

f. The relevant interests of other people, including other trainees

There might be instances when an adjustment for a disabled trainee results in significant disadvantage for others. In such a case, the ITT provider would not be expected to make the adjustment.

EXAMPLE 6T

A possible adjustment to enable a trainee with chronic fatigue to continue on an ITT programme would be to reduce the number of hours per day on the taught part of the programme held at the HEI. This means that to complete the teaching on this part of the programme, classes would need to be re-timetabled throughout the vacation. The provider decided that the significant disadvantage to HEI staff and other trainees that such an adjustment would cause made this adjustment unreasonable.

There will, however, be other instances where there is a duty to make an adjustment despite some inconvenience to others. In deciding what adjustments are reasonable, it is important to weigh the level of inconvenience to others against the substantial disadvantage to the disabled trainee.

EXAMPLE 6U

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.

7. How should a provider assess health and safety risks?

Where there are concerns that a candidate or trainee (disabled or not), or the adjustments that need to be made for him or her, might pose a health or safety risk to pupils, to the candidate or trainee him/herself, or to others, it is good practice for ITT providers to carry out a risk assessment. (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. 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 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 reasonable adjustments can minimise them. 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 and Safety Executive, in its publication *Five steps to risk assessment*, provides a useful guide. The five steps – adapted to apply to ITT – are these:

- 1 look for any hazards – these may be hazards arising from the disability itself, for example, where a candidate has a history of aggressive or violent behaviour; or hazards that might arise from teaching a particular subject, such as the use of tools in design and technology, or chemicals in science;
- 2 decide who might be harmed by any significant hazards identified – candidate/trainee, the pupils or others;
- 3 evaluate the risks and decide whether any reasonable adjustments can be made to reduce the risk to a level where it is no longer significant;
- 4 record the findings – the significant hazard, any action taken and any conclusions reached;
- 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.

8. What if trainees wish their disability to be kept confidential?

Confidentiality of information disclosed in the fitness questionnaire

As part of the selection process (see section 18), candidates return a completed fitness questionnaire, in confidence, directly to a named occupational health adviser. Disabled candidates whose disability has a bearing on their occupational health, and non-disabled candidates with medical conditions that have a bearing on their occupational health, **are required** to disclose these on the fitness questionnaire. (Disabled candidates do not, however, have to disclose a disability that has no bearing on their occupational fitness, as explained in section 12.)

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's disability 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 he or she considers necessary 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 to whom it relates, at the time the disclosure is to be made.

Confidentiality and discrimination

Sometimes a candidate or a trainee who has not declared a disability to the provider formally might tell a member of the provider partnership (perhaps a pastoral tutor, a school-based tutor or a student counsellor) about a disability informally and in confidence, and for that reason it is not passed on. If a trainee chooses to disclose a disability in confidence in this way, then the provider might argue, if accused of treating that candidate or trainee less favourably for a reason relating to his or her disability, that it did not know about the disability.

As set out in detail in section 5, for a provider to discriminate against someone, by treating him or her less favourably because of a disability, it needs to know about the disability. However, in order to claim that it did not know, the provider must have taken reasonable steps to find out about a candidate's or a trainee's disability (see section 12 on encouraging openness).

Some providers have a 'disclosure policy' in place, which is explained to trainees. It explains that if disabled candidates or trainees do not disclose a disability, then reasonable adjustments cannot be made. It may also discourage staff in the provider partnership from accepting information restricted by being given 'in confidence'.

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

Sometimes, because of concerns about health and safety or child protection, a confidant may feel that he or she needs 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' if there is a significant risk to the candidate/trainee concerned, or to pupils or others.

Counsellors and medical professionals will have a code of conduct that covers issues of confidentiality. DfES guidance on child protection¹⁷ 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.

EXAMPLE 8A

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 increased recently. She asks the tutor not to pass this information on to the school in which she is placed. The tutor explains that because the trainee is due to lead a small group on an outdoor and adventurous activity, the information must be passed on to the relevant staff, as there is a health and safety risk both to the trainee and to the pupils she will supervise.

Confidentiality and reasonable adjustments

Where disabled candidates or trainees request that the existence or nature of their disabilities be treated as confidential, 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 reasonable adjustment can be provided.

EXAMPLE 8B

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.

¹⁷ DoH/DfES, *What to do if you are worried a child is being abused*, 2003. Appendix 3 (pp 43-48) gives details about sharing information, explains the legal framework and explores situations in which it is justifiable to disclose confidential information.

9. 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 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, for example providing equipment to use in teaching, would fall to the school as employer.

Trainee teachers

From October 2004 it will be 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 him or her access to it, by terminating it or by subjecting him or her to any other detriment in relation to it; or
- during the placement.

This includes providing reasonable adjustments, where necessary.

10. 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 TTA);
- barring unsuitable or unfit people from teaching.¹⁸ 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 at section 22.)

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 Teacher Training Agency (TTA)

The TTA:

- advises the Secretary of State on the Standards to be required of those who seek to become qualified teachers or higher level teaching assistants in England, and on the Requirements for all providers of ITT;¹⁹
- provides guidance for ITT providers on the Standards and Requirements;²⁰
- has a statutory duty to have regard to the requirements of disabled people in all aspects of its work.²¹

¹⁸ DfES, *Child Protection: Procedures for Barring or Restricting People Working with Children in Education*, 2003.

¹⁹ TTA, *Qualifying to teach: Professional Standards for Qualified Teacher Status and Requirements for Initial Teacher Training*, 2003.

²⁰ TTA, *Qualifying to teach: Handbook of guidance*, 2003.

²¹ 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 the elimination of discrimination against disabled people;
- promote the equalisation of 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;
- undertake 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.

11. Planning ahead

The provider's responsibility to make reasonable adjustments (see section 6) is an **anticipatory duty**. It is not simply a duty to react to the needs of individual ITT applicants or trainees. Providers should have 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. 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 11A

An ITT provider anticipates the needs of disabled trainees by requiring 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.

EXAMPLE 11B

An ITT provider has modularised its programme and introduced flexible start dates to anticipate the needs of disabled and non-disabled trainees who may require a more flexible ITT programme.

EXAMPLE 11C

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.

EXAMPLE 11D

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.

²² TTA, *Qualifying to teach: Professional Standards for Qualified Teacher Status and Requirements for Initial Teacher Training*, 2003.

It is a Requirement that ITT providers plan their provision in partnership with schools.²² From October 2004 schools will have a responsibility, as providers of training placements, to make reasonable adjustments.²³

EXAMPLE 11E

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.

ITT providers should review all aspects of their policies and procedures to ensure that they meet the requirements of the DDA. For example, they should ensure that selection arrangements do not discriminate against individuals or groups of trainees by requiring them to attend interviews in places that are inaccessible to wheelchair users, or providing information on an internet site that is inaccessible.²⁴

EXAMPLE 11F

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.

²³ Statutory Instrument 2003 No. 1673, The Disability Discrimination Act 1995 (Amendments) Regulations 2003.

²⁴ See Worldwide Web Consortium (W3C) guidelines on how to make websites accessible – www.W3.org.uk

12. Encouraging openness

In order to avoid discriminating against a disabled candidate, by treating him or her less favourably because of a disability, providers will need to know about that candidate's disability. Providers must do everything they can to encourage applicants to disclose disabilities, so that any need for reasonable adjustment can be met.

Under the DDA, disabled candidates are under no obligation to disclose a disability at any point in the selection process (see sections 14-18), although they do have a duty to provide information on anything that could affect their occupational health (see section 8). The DDA gives disabled candidates who are eligible for a place on an ITT programme, and who choose to disclose a disability, the right to have reasonable adjustments made to enable them to train to teach. Now they have the protection of the law, and where providers welcome and support them, disabled candidates for ITT programmes are more likely to disclose a disability, which will allow the ITT provider to consider reasonable adjustments where required.

Providers can encourage disabled trainees to disclose a disability by:

a. 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.

EXAMPLE 12A

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.

b. Encouraging prospective trainees to disclose a disability on application and enrolment forms

Many applications to programmes of ITT will come through UCAS (for undergraduate programmes) and GTTR (for postgraduate programmes). The disclosure of disability 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 disabilities on the form, explaining why the information is required, how it will be used and what may be kept confidential. Candidates may need to be reassured that it is to their advantage to disclose a disability, because it 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.

c. Encouraging prospective trainees to disclose a disability in other selection procedures

Because disclosure is optional, it is important that providers encourage candidates to disclose disabilities 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 12B

In the 'invitation to interview' letter one provider asks candidates if they will have any particular needs at interview. It suggests that disabled candidates might wish to supplement declarations of disabilities or medical conditions that they have already made by giving information that might help the provider prepare for their visit. They give examples of adjustments that candidates might wish to request, for example ground floor accommodation or large print literacy test papers.

EXAMPLE 12C

The programme information and prospectuses of one provider give information about the services available to disabled trainees and encourage potential trainees to contact the disability adviser if they have a disability, or feel that they may need adjustments. All applicants are informed, at the application stage, that the information they disclose will be needed so that appropriate adjustments can be made. All trainees receiving correspondence from the provider before they arrive are informed about the services available to disabled trainees and are encouraged to contact the disability adviser. Trainees applying for accommodation are asked whether they need an adapted room or particular access, for example for a wheelchair, to their room. At enrolment trainees are given the opportunity, in confidence, to disclose any disability. Posters and information about services are displayed prominently. At key points throughout the trainee's programme it is made clear what services are available, and trainees are given explicit opportunities to disclose information.

Providers will need to ensure that their internal communication works well and is not overly bureaucratic. If candidates disclose a disability to staff in one area of provision there must be a system for communicating the candidate's needs to relevant ITT staff. 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 may need to train key staff in these processes. More information about action that providers might take to find out about people's disabilities is available in *Finding out about people's disability: a good practice guide for further and higher education institutions*.²⁵

²⁵ DFES, *Finding out about people's disability: a good practice guide for further and higher education institutions*, 2002.

d. Encouraging openness during an ITT programme

If a trainee has not disclosed a disability 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.

As with disclosure information for admissions, providers only need to provide a box for the trainee to tick, accompanied by an explanatory paragraph setting out the reasons for seeking the information, how the information will be used and how far the information will be kept confidential.

Providers might also 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 12C

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

13. Advice for applicants

Providers can use prospectuses and other promotional material to prepare applicants for the demands of teaching and to encourage applications from disabled people.

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

EXAMPLE 13A

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.

Providers also 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 teach²⁶ does not exclude disabled people from pursuing a career in teaching.

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 special support.

EXAMPLE 13B

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 should point out that if a potential applicant has a disability or any other condition that means he or she might not meet the demands of teaching, he or she should talk to the provider about the adjustments that might be made or the support that might be provided.

EXAMPLE 13C

One provider encourages potential applicants to contact the disability adviser if they have a disability or think that they will need adjustments.

²⁶ R1.4 TTA, *Qualifying to teach: Handbook of guidance*, 2003.

14. 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 or who should be enrolled**

EXAMPLE 14A

An ITT provider requires dyslexic applicants 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 14B

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.

- **in the terms on which it offers to admit or enrol a person**

EXAMPLE 14C

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 14D

A trainee with arthritis finds it difficult and tiring to undertake 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.

- **by refusing or deliberately omitting to accept an application for admission or enrolment 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.

15. Interviews

It is a requirement²⁷ that all candidates admitted for training have taken part in a group or individual interview. 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 treat disabled candidates less favourably in interviews or other selection procedures (see sections 14-18).

EXAMPLE 15A

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 15B

Where applicants disclose a disability on their application form, one provider offers two separate interviews. At the first interview the candidate meets the provider and relevant occupational health and student services professionals to discuss reasonable adjustments that might be made and/or the support that might be available. The second interview focuses on academic and professional issues only. The provider is heavily oversubscribed and a large number of applications from eligible candidates are rejected because they do not fall within the band of the strongest applications. By separating the interviews, it is possible to provide feedback on applications from disabled candidates that have been rejected, which shows clearly whether the rejection was because of high levels of competition for placements and an assessment of suitability, or whether it was not possible to make reasonable adjustments.

The invitation to interview or to take a test is another chance for providers to offer candidates a further opportunity to disclose disabilities or special needs (see section 12). Providers should not be embarrassed to offer the opportunity for candidates to disclose a disability at as many points in the selection process as is relevant.

²⁷ R1.8 TTA, *Qualifying to teach: Professional Standards for Qualified Teacher Status and Requirements for Initial Teacher Training*, 2003.

16. 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.²⁸ To establish this, all candidates are required to fill in a fitness questionnaire. Disabled candidates whose disability has a bearing on their occupational health, and non-disabled candidates with medical conditions that have a bearing on their occupational health, **are required** to disclose these on the fitness questionnaire. Where candidates have medical conditions that have a bearing on their occupational health, but are not disabled, the provider must satisfy itself that these candidates are fit to teach, but the DDA does not apply to them. Disabled candidates are not required to disclose disabilities that have no bearing on their fitness to teach in this questionnaire, although they will have been encouraged by other means to disclose any disability that requires reasonable adjustment or other support.

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

EXAMPLE 16A

An applicant identified no specific health problem on her fitness questionnaire. The ITT tutor received a reference that indicated a significant amount of sickness absence within the last 12 months from her previous employer. The tutor contacted the occupational health adviser to see if he was aware of the levels of absence.

The occupational health adviser sought a medical report from the GP, who identified that the applicant had a recently developed history of obsessive-compulsive disorder associated with personal hygiene. The GP identified that, at worst, the applicant was unable to touch anything that was not owned by her without having to wash her hands. This had previously prevented the applicant from getting to work as she had been unable to travel by public transport and she was unable to use office equipment such as telephones or keyboards. The GP revealed that the applicant had received treatment for this, but had difficulty attending the sessions because of travel difficulties. The occupational health adviser felt that because the level of sickness absence was significant and the impact of the illness on her ability to undertake the ITT programme was material, the applicant should be refused entry to the ITT programme. In feedback to the applicant, the provider indicated that she might reapply should her condition become 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 commences. 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. The TTA 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 7).

²⁸ DfES, Circular 4/99, *Physical and mental fitness to teach of teachers and entrants to initial teacher training*, May 1999.

EXAMPLE 16B

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 DfEE and DoH publication *Fitness to teach: occupational health guidance for the training and employment of teachers*.²⁹ 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 Department for Constitutional Affairs' website at www.dca.gov.uk provides up-to-date advice on meeting the requirements of data protection legislation.

²⁹ DfEE & DoH, *Fitness to teach: occupational health guidance for the training and employment of teachers*, The Stationery Office, 2000.

17. Assessing fitness to teach

Detailed guidance on assessing fitness to teach is given in the DfES and DoH publications *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 and should be able to demonstrate competence in occupational medicine, for example, as evidenced by inclusion in the specialist register of the specialist medical council or by holding a recognised postgraduate qualification in relevant occupational medicine; and, because of potential conflicts of interest, 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 17A

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 and the opposite page) would be referred to an occupational health adviser at the local hospital for assessment.

EXAMPLE 17B

One provider used a GP in a local practice to assess all fitness questionnaires. The GP was also providing GP services to one of the applicants. He was aware that the individual had completed the fitness questionnaire fraudulently, but was unable to use the information gained in his role as the candidate's GP to challenge the information provided on the form.

Before purchasing or using occupational health services, providers should ensure that their advisers are familiar with the requirements of DfES circular 4/99, *Physical and mental fitness to teach of teachers and entrants to initial teacher training*. They should not assume that the occupational health service is aware of its existence and familiar with the demands of teaching.

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 17C

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. She asked for:

- 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, if possible of its practical impact on day-to-day function;
- any recommendations about appropriate management, including technological aids and environmental changes;
- any recommendations for monitoring and follow-up.

Once the assessment is complete, the candidate will fall into one of three groups on occupational health grounds:

- fit to teach:** those who are in good health and free from conditions which might be likely to interfere with efficiency in teaching;
- fit to teach:** those who are in generally 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, but not necessarily serious enough to make the candidate unfit for the teaching profession. This includes candidates whose disability could require employers to make a reasonable adjustment to enable them to provide effective and efficient teaching; or
- unfit to teach:** those whose condition is such as to make them unfit for the teaching profession. Candidates should not normally be included in this unless they have a psychiatric or physical disorder likely to interfere seriously with regular and efficient teaching of either general subjects or the subject, such as PE or science subjects, in which they intend to specialise, or if they have an illness 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).

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 if possible with the candidate also (see step 8 on the diagram).

EXAMPLE 17D

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, to which the candidate is invited. 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. In some cases, where responsibility for making an adjustment lies with the candidate, he or she may be asked to adhere to a contract that acknowledges agreement to make the adjustments.

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

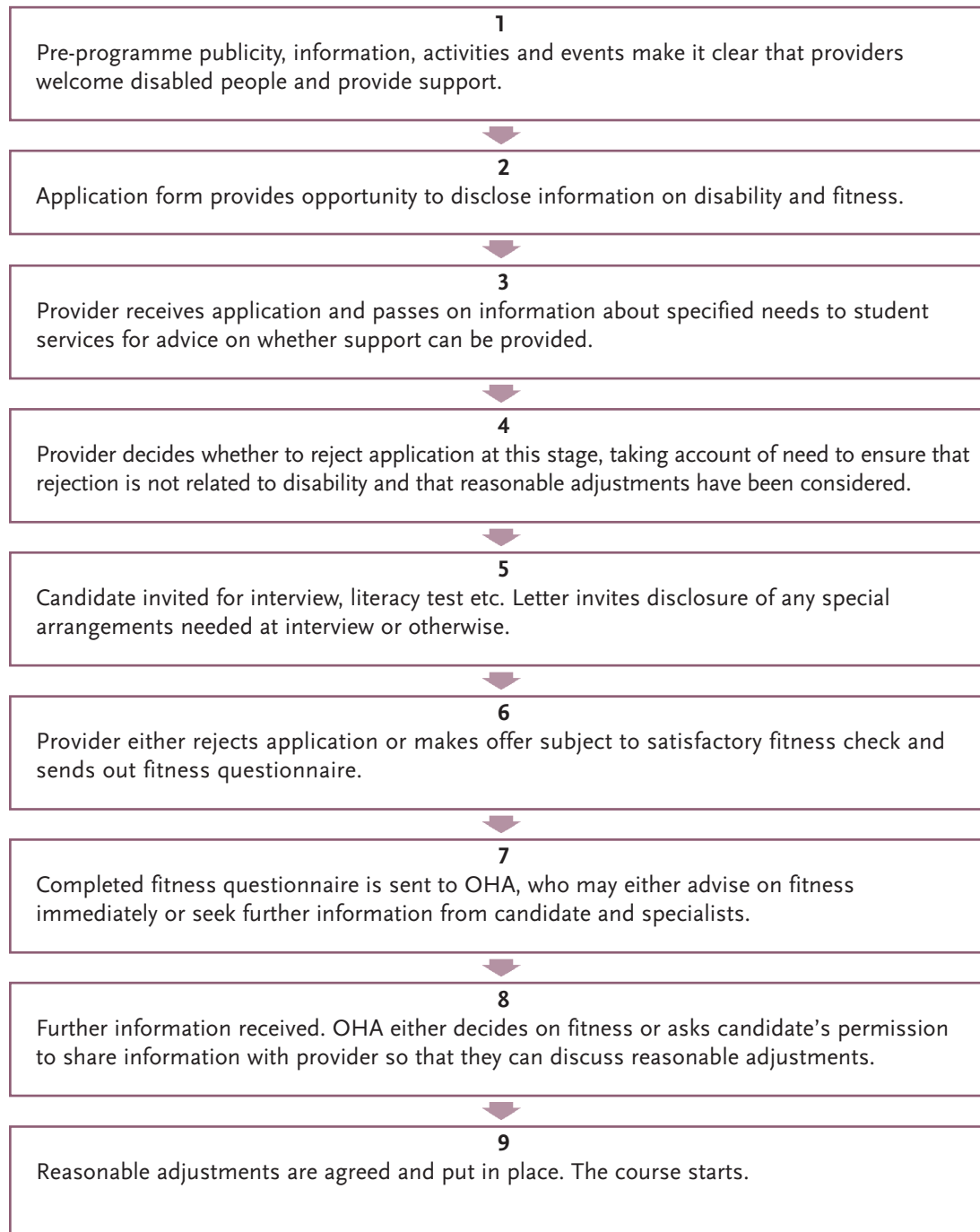
Category C – unfit to teach

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 him or her 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 8 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 medical condition that raises a possibility of risk to the safety or welfare of children, they are required to inform the Secretary of State (see section 22 on barring procedures).

18. 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.



19. School placements

ITT providers are required to ensure that trainee teachers spend a minimum amount of time being trained in school.³⁰

The DDA requires³¹ that providers of vocational training do not discriminate against disabled trainees on the grounds of their disability (see section 9 on the responsibilities of schools involved in ITT). Schools have responsibilities under of 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 19A

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 19B

A partner school refuses to take a trainee secondary science teacher because the science laboratories are on the top floor where there is, as yet, no wheelchair access. Secondary science cannot be taught outside the laboratory. The partner school tells the provider institution that it will be able to accept trainee science teachers who use wheelchairs in the next academic year, once it has met the disabled access requirements for the top floor laboratories. In the meantime, it tells the provider institution that will rearrange its timetable to accommodate trainee teachers in other subjects who use wheelchairs so that they can teach on the ground floor. This is likely to be lawful.

EXAMPLE 19C

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 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.

³⁰ R2.5 TTA, *Qualifying to teach: Professional Standards for Qualified Teacher Status and Requirements for Initial Teacher Training*, 2003.

³¹ Work placements as part of a vocational training programme will be covered by Part 2 from October 2004.

20. 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 caused by a disability 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 his or her 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 medical condition or disability during selection process;**
- **discloses a disability in confidence to a member of staff** (see section 8 for more information about issues of confidentiality);
- **develops a new disability or medical condition, or a known disability or medical condition deteriorates during the programme; or**
- **where the provider did not take reasonable steps to find out about a disability earlier.**

EXAMPLE 20A

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 disability 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 disability 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 20B

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 20C

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 20D

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, Circular 4/99³² 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 20E

A trainee secondary PE teacher develops epilepsy during the ITT programme. He receives effective treatment but may still be subject to occasional unexpected fits. 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.

³² DfES, Circular 4/99, *Physical and mental fitness to teach of teachers and entrants to initial teacher training*, May 1999.

EXAMPLE 20F

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. She was admitted to the programme on condition that her health was monitored regularly. During the programme, however, she suffered 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. As the programme progressed, the trainee's sickness absence levels indicated that her condition was deteriorating, and she was reviewed by the occupational health adviser who, with the trainee, concluded that despite the adaptations required to assist her, she was no longer meeting the requirements of the programme. As a result, she was asked to leave the programme. The provider offered to reassess her fitness to teach in the future should she go back into remission.

EXAMPLE 20G

A trainee has a history of self-harm dating from 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 contact the HEI's Psychological and Counselling Service for support and that her condition should be kept under review.

21. Discrimination by excluding disabled trainees

The Disability Discrimination Act makes it unlawful for a provider to discriminate against a disabled person by excluding the person temporarily or permanently from an institution.

EXAMPLE 21A

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 disability. The provider's requirement for the trainee to leave the programme is likely to be lawful.

EXAMPLE 21B

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 21C

A trainee's degenerative condition is monitored regularly by the occupational health adviser to assess his fitness to teach. After a further deterioration in the trainee's condition, the occupational health adviser considers that there are no further reasonable or practicable adaptations that can be made and informs the provider that the trainee is now unfit to teach. The provider accepts the decision and requires the trainee to leave the programme. This is likely to be lawful.

EXAMPLE 21D

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.

An ITT provider should not be looking for excuses to exclude disabled applicants, but there are circumstances in which a provider might justify treating a disabled trainee less favourably than other trainees (see section 5).

22. 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.

23. Assessment for QTS

As part of the services they offer to trainees (see section 24) providers should not discriminate against disabled trainees in their procedures for testing or assessment. Where trainees have a disability, providers should consider reasonable adjustments to testing and assessment that will enable such trainees to demonstrate the required Standard, for example, allowing dyslexic trainees extra time to complete tasks involving reading and/or writing.

EXAMPLE 23A

The TTA makes adjustments for disabled trainees when they take the skills tests. For example, eligible trainees may register for and book adapted tests using the online booking system. Typically, these include tests with additional time as well as adaptations for candidates with hearing and visual impairments. On receipt of supporting evidence, the TTA will also consider what further special arrangements might be made to support candidates with additional needs.

The Standards for Qualified Teacher Status require all trainees to demonstrate³³ that they can take responsibility for teaching a class or classes for a sustained and substantial period of time. A reasonable adjustment for some disabled trainees may be to work with another adult in the classroom, for example, a hearing-impaired trainee may work with an interpreter. In assessing such trainees against this Standard, providers will need to be sure that it is the trainee who is meeting the Standard, not the supporting adult. In the case of a trainee with a hearing impairment working with an interpreter, the interpreter should be the channel for communication between the trainee and pupils, but should not be augmenting or reinterpreting the content in any way. A trainee with a hearing impairment should be able to demonstrate the Standard working with any suitably qualified and experienced interpreter. Where a provider is unsure if it is the candidate or the interpreter that is demonstrating the Standard, it could ask the trainee to repeat the assessment working with a different interpreter.

Providers should guard against over-interpreting the QTS Standards. They should be certain that they are not assessing knowledge, understanding or skills that are not required by the Standards.

EXAMPLE 23B

A provider fails a primary trainee with arthritis on aspects of Standard S2.1.b because she is unable to demonstrate some physical skills that pupils would be expected to learn in KS1 and KS2. This is likely to be unlawful because Standard S2.1b only requires trainees to 'have sufficient understanding of a range of work across [a number of subjects, including PE] to be able to teach them in the age range for which they are trained, with advice from an experienced colleague, if necessary.' The decision to fail the trainee did not take account of other ways in which the trainee might teach the required skills, for example, through pupil demonstration or by using video clips.

³³ S3.3.11 TTA, *Qualifying to teach: Professional Standards for Qualified Teacher Status and Requirements for Initial Teacher Training*, 2003.

24. Providing services

It is unlawful for providers to treat disabled trainees less favourably, for a reason related to their disability, in the 'student services' they provide, or offer to provide, in relation to which providers must make reasonable adjustments to ensure that disabled trainees are not placed at a substantial disadvantage in comparison with trainees who are not disabled and those who have not had a disability. 'Student services' are any services that an ITT provider provides or offers to provide wholly or mainly for trainees undertaking 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 3.14.³⁴

School placements and assessment for QTS are explored in more detail in sections 19 and 23 respectively.

Careers advice

EXAMPLE 24A

A careers adviser interviews a trainee who is successfully completing his PGCE in secondary design and technology. During the ITT programme reasonable adjustments were made when the trainee developed a repetitive strain condition. This included the provision of voice-activated software so that the trainee could complete written tasks without typing. In the reference the tutor makes comments about the trainee's condition, saying that this is likely to impair his capacity to undertake work requiring physical effort. This is likely to be unlawful.

Providing references for employment as a teacher

EXAMPLE 24B

An ITT tutor writes an employment reference for a deaf former trainee who has just qualified to teach secondary design and technology. In his reference the tutor sets out the former trainee's skills and qualities as a teacher and described the reasonable adjustments that were made, which enabled him to demonstrate his full potential. This is likely to be lawful.

³⁴ Disability Rights Commission, *Code of practice post-16: Disability Discrimination Act 1995: part 4 – code of practice for providers of post -16 education and related services*, 2002.

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/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 a 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;

and 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 programme of ITT

In this case study issues arising from aspects of Standards 1.2, 1.3, 1.4, 3.3.1 and 3.3.11 were considered.

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

- 1.2 treat pupils consistently, with respect and consideration, and are concerned for their development as learners;
- 1.3 demonstrate and promote the positive values, attitudes and behaviour that they expect from their pupils;
- 1.4 can communicate sensitively and effectively with parents and carers, recognising their roles in pupils' learning, and their rights, responsibilities and interests in this;
- 3.3.1 have high expectations of pupils and build successful relationships, centred on teaching and learning. They establish a purposeful learning environment where diversity is valued and where pupils feel secure and confident;
- 3.3.11 can take responsibility for teaching a class or classes for a sustained and substantial period of time. They are able to teach 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 programme of ITT

In this case study issues arising from aspects of Standards 3.21, 3.2.2, 3.3.3, 3.3.8, 3.3.9 and 3.3.11 were considered.

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

- 3.2.1 make appropriate use of a range of monitoring and assessment strategies to evaluate pupils' progress towards planned learning objectives, and use this information to improve their own planning and teaching;
- 3.2.2 monitor and assess as they teach, giving immediate and constructive feedback to support pupils as they learn. They involve pupils in reflecting on, evaluating and improving their own performance;
- 3.3.3 teach clearly structured lessons or sequences of work which interest and motivate pupils and which: make learning objectives clear to pupils; employ interactive teaching methods and collaborative group work; promote active and independent learning that enables pupils to think for themselves, and to plan and manage their own learning;
- 3.3.8 organise and manage the physical teaching space, tools, materials, texts and other resources safely and effectively with the help of support staff where appropriate;
- 3.3.9 set high expectations for pupils' behaviour and establish a clear framework for classroom discipline to anticipate and manage pupils' behaviour constructively, and promote self-control and independence;
- 3.3.11 can take responsibility for teaching a class or classes over a sustained and substantial period of time. They are able to teach across the age and ability range for which they are trained.

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;

and 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 programme of ITT

In this case study issues arising from aspects of Standards 1.4, 3.1.4, 3.2.2, 3.3.11 and 3.3.13 were considered.

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

- 1.4 can communicate sensitively and effectively with parents and carers, recognising their roles in pupils' learning, and their rights, responsibilities and interests in this;
- 3.1.4 take part in, and contribute to, teaching teams, as appropriate to the school. Where applicable, they plan for the deployment of additional adults who support pupils' learning;
- 3.2.2 monitor and assess as they teach, giving immediate and constructive feedback to support pupils as they learn;
- 3.3.11 can take responsibility for teaching a class or classes over a sustained and substantial period of time. They are able to teach across the age and ability range for which they are trained;
- 3.3.13 work collaboratively with specialist teachers and other colleagues and, with the help of an experienced teacher as appropriate, manage the work of teaching assistants or other adults to enhance pupils' learning.

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:

- the provision of 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 and 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. The possibility of the candidate gaining extra funding from the DSA was discussed. 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, 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.

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, Higher Education, Skill
Steve Ferguson	Teacher Training Agency, Recruitment Adviser for the North West
R.A Ford	Deputy Principal, Froebel College, University of Surrey, Roehampton
Kate Goddard	Policy Officer, Skill
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
Annie Grant	Consultant
Monica Farthing	Teacher Training Agency
Gemma Benson	Teacher Training Agency

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
E-mail: skill@skill.org.uk
Website: www.skill.org.uk
Tel: 020 7450 0620 Fax: 020 7450 0650
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)

DRC Helpline, FREEPOST MID 02164, Stratford-upon-Avon, Warwickshire CV37 9BR
Tel: 08457 622 633 Fax: 08457 778 878
Textphone: 08457 622 644
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 Fax: 01332 295 580
Textphone: 01332 295 581
E-mail: info@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 Textphone: 020 7250 4119

(open Monday 10am to 4pm)

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 Fax: 020 7380 6505

Helpline: 0808 808 2000

E-mail: thesource@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 Fax: 020 7833 9666

Information line: 020 7903 3599

Open 10am to 2pm

E-mail: nas@nas.org.uk

Website: www.nas.org.uk

Provides information, advice and support to people with autism and 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.afbp.org

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

Association of Blind and Partially Sighted Teachers and Students (ABAPSTAS)

Nick Clarke, Membership Officer
2 Damhead, Holmbridge, Holmfirth HD9 2PB
Tel: 01484 690 542
E-mail: nick@abapstas.org.uk
Website: www.abapstas.org.uk

Membership organisation for blind and partially sighted teachers and students.

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 Fax: 020 7388 2034
Helpline: 08457 66 9999
E-mail: helpline@rnib.org.uk
Website: www.rnib.org.uk/student

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

Cancer

CancerBACUP

3 Bath Place, Rivington Street, London EC2A 3JR
Tel/textphone: 020 7696 9003 Fax: 020 7696 9002
Freephone: 0808 800 1234
E-mail: cancerinfo@cancerbacup.org
Website: www.cancerbacup.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

Offers 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 Fax: 020 8313 0472
General helpline: 0845 859 1000
E-mail: enquiries@cftrust.org.uk
Website: www.cftrust.org.uk

Information and advice for people with cystic fibrosis.

Deaf/hearing-impaired

British Deaf Association (BDA)

1-3 Worship Street, London EC2A 2AB
Tel: 020 7588 3520 Fax: 020 7588 3527
Textphone: 020 7588 3529
Voice helpline: 0870 770330
Text helpline: 0800 6522 965
Videophone: 020 7496 9539
E-mail: helpline@bda.org.uk
Website: www.bda.org.uk

National organisation run for and by deaf people. Provides information and advice.

Royal National Institute for Deaf People (RNID)

19-23 Featherstone Street, London EC1Y 8SL
Tel: 020 7296 8000 Fax: 020 7296 8199
Textphone: 020 7296 8001
Information line: 0808 808 0123
E-mail: informationline@rnid.org.uk
Website: www.rnid.org.uk

Provides 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
Helpline: 0800 132 320
Tel/textphone: 01733 358 100 Fax: 01733 358 356
Textphone: 01733 358 858
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: 020 7272 7774 Fax: 020 7272 6012
Textphone: 020 7272 9648
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

336 Brixton Road, London SW9 7AA
Tel: 020 7737 7646 Fax: 020 7207 7796
Advice line: 020 7924 9559
(open Tuesday, Wednesday and Thursday 10.30am to 4.30pm)
E-mail: dyslexia.hq@dial.pipex.com
Website: www.futurenet.co.uk/charity/ado/index.html

British Dyslexia Association (BDA)

98 London Road, Reading RG1 5AU
Tel: 01189 662 677 Fax: 01189 351 927
Helpline: 01189 668 271
E-mail: info@dyslexiahelp-bda.demon.co.uk
Website: www.bda-dyslexia.org.uk/

Information and advice about dyslexia, including information about where to get assessments done.

Dyslexia Institute

133 Gresham Road, Staines, Middlesex TW18 2AJ
Tel: 01784 463 851
Enquiries about assessments or teaching: 01784 417 300
Fax: 01784 460 747
E-mail: info@dyslexia-inst.org.uk
Website: www.dyslexia-inst.org.uk

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

The Dyscalculia Site

www.dyscalculia.org.uk

Website giving information about dyscalculia.

Dyspraxia Foundation

8 West Alley, Hitchin, Hertfordshire SG5 1EG

Tel: 01462 455 016 Fax: 01462 455 052

Helpline: 01462 454 986

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 Fax: 0113 391 0300

Helpline: 0808 800 5050

E-mail: epilepsy@epilepsy.org.uk

Website: www.epilepsy.org.uk

Learning difficulties

MENCAP (for people with learning disabilities)

123 Golden Lane, London EC1Y 0RT

Learning disability helpline: 0808 808 1111

Textphone: 0808 808 8181

Open Monday to Friday, 9am to 5pm

Tel: 020 7454 0454 Fax: 020 7608 3254

E-mail: info@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

PO Box 1302, Wells, Somerset BA5 1YE

Tel: 01749 670 799 Fax: 01749 672 561

Telephone line offering general advice: 0117 904 6641

(open Monday to Friday, 11am to 1pm)

E-mail: admin@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: 08707 44 30 11 Fax: 01280 82 16 02
E-mail: enquiries@meassociation.org.uk
Website: www.meassociation.org.uk

Mental health

MIND National Association for Mental Health

Granta House, 15-19 Broadway, London E15 4BQ
Tel: 020 8519 2122 Fax: 020 8522 1725
Information line: 08457 660 163
Textphone: 0845 330 1585
E-mail: info@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 Fax: 020 7375 2162
Helpline: 0845 767 8000 (open 12 midday to 2am)
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 Fax: 020 8438 0701
Helpline: 0808 800 8000
Scotland: 0131 472 4106
Northern Ireland: 028 90 802 802
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

Repetitive strain injury

The Repetitive Strain Injury (RSI) Association

380-384 Harrow Road, London W9 2HU
Tel: 020 7266 2000 Fax: 020 7266 4114
Helpline: 0800 018 5012
E-mail: rsia@rsi.org.uk
Website: www.rsi.org.uk

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

British Stammering Association

15 Old Ford Road, London E2 9PJ
Tel: 020 8983 1003 Fax: 020 8983 3591
Helpline: 0845 603 2001
E-mail: mail@stammering.org
Website: www.stammering.org

Speakability

1 Royal Street, London SE1 7LL
Tel: 020 7261 9572 Fax: 020 7928 9542
Helpline: 0808 808 9572 (open Monday to Friday, 10am to 4pm)
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: postmaster@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)

76 St James's Lane, London N10 3DF
Tel: 020 8444 2121 Fax: 020 8444 3761
Helpline: 0800 980 0501
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 Fax: 020 7490 2686
Helpline: 0845 30 33 100
Website: www.stroke.org.uk

Information and support for people affected by stroke.

Accessibility

Centre for Accessible Environments

Nutmeg House, 60 Gainsford Street, London SE1 2NY
Tel/textphone: 020 7357 8182 Fax: 020 7357 8183
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, 8.30am to 1pm)
Textphone: 0800 243 355
Tel (Northern Ireland): 0800 220 674

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 the following website: www.citizensadvice.org.uk

Disability Alliance

Universal House, 88-94 Wentworth Street, London E1 7SA
Tel/textphone: 020 7247 8763
(open Monday and Wednesday, 2pm to 4pm)
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 Paddy Turner, Access and Guidance,
Sheffield Hallam University, Howard Street, Sheffield S1 1WB
Tel/textphone: 0114 225 4778 Fax: 0114 225 216
E-mail: p.turner@shu.ac.uk

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

General Teaching Council for England (GTCE)

Birmingham Office

Third Floor, Cannon House, 24 The Priory Queensway, Birmingham B4 6BS

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 in relation to the competence and conduct of qualified teachers.

Graduate Teacher Training Registry

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

Tel: 0870 112 2205

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 Fax: 024 76 49 3600

General enquiries: 0870 900 6800

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, PO Box 28, 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

123 Minorities, London EC3N 1NT
Tel/textphone: 020 7481 2727 Fax: 020 7481 9797
E-mail: eopps.ho@care4free.net
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

Equipment

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 Fax: 020 7266 2922
Helpline: 0845 130 9177
Textphone: 020 7432 8009
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)
250 Kennington Lane, London SE11 5RD
Tel: 020 7587 1663 Fax: 020 7582 2469
Textphone: 020 7587 1177
E-mail: ncil@ncil.org.uk
Website: www.ncil.org.uk

Provides information about personal assistance schemes.

Legal advice

Community Legal Service
Tel: 0845 608 1122
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 Fax: 020 7790 9802
Textphone: 020 7791 9801
E-mail: advice@dls.org.uk

Legal advice for disabled people.

Education Law Association

37D Grimston Avenue, Folkstone CT20 2QD
Tel/fax: 01303 211 570

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.

Transport

TRIPSCOPE

The Vassall Centre, Gill Avenue, Bristol BS16 2QQ
Helpline (national): 08457 585641
Tel: 0117 939 7783 Fax: 0117 939 7736
E-mail: enquiries@tripscope.org.uk
Website: www.tripscope.org.uk

Information and advice about travel and transport for disabled people.

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.

designated recommending bodies (DRBs) – are providers of employment-based ITT, given an annual allocation of Graduate Training Programme (GTP) places by the TTA. The DRB takes responsibility for designing and delivering the training programme. Most DRBs are partnerships of bodies such as schools, LEAs and accredited initial teacher training (ITT) providers. There are about 100 DRBs in England.

DDA – Disability Discrimination Act (see bibliography).

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. However, the Act states that it does not include any impairment resulting from or consisting of a mental illness, unless that illness is a clinically well-recognised illness that is one recognised by a respected body of medical opinion, for example bipolar disorder or clinical depression.

impairment – for the purposes of the DDA, this covers physical and mental impairments and includes sensory impairments, such as those affecting sight and hearing.

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). Initial teacher training provided by a consortium of schools or a similar body.

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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 can be ordered by e-mail from doh@prolog.uk.com

The Disability Discrimination Act, 1995

Disability Rights Commission, *Code of practice post-16: Disability Discrimination Act 1995: part 4 – code of practice for providers of post-16 education and related services*, 2002. Available from 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 and Safety Executive, *5 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

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The Special Needs and Disability Act, 2001

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

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

Teacher Training Agency, *Qualifying to teach: Professional Standards for Qualified Teacher Status and Requirements for Initial Teacher Training* (TPU 1065), 2003

Special Educational Needs and Disability Act (2001)

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

Teacher Training Agency, *Qualifying to teach: Handbook of guidance* (TPU 1064), 2003. There is also an updated 2004 version of this document, available from the TTA website at www.tta.gov.uk

- ABAPSTAS (Association of Blind and Partially Sighted Teachers and Students) 65
- AbilityNet 74
- abuse 7
- academic standards
 - maintenance of 11–12, 17–18
 - and reasonable adjustments 17–18
- Access to Work (AtW) 18, 19, 71
- accessibility 17, 30
 - Centre for Accessible Environments 71
 - interviews 29, 31
 - physical access 15, 16, 28
 - for wheelchair users 9, 15, 20, 29, 31, 42
- accommodation 31, 32, 34
- Action for Blind People 64
- Action for ME 68
- addiction 7
- admissions procedures 4, 8, 32
- admissions tutors 40, 55, 56, 57, 58, 60
- Adult Dyslexia Organisation 67
- Afasic 70
- alcohol dependence 7
- allergic disorders, *see* asthma; hay fever; seasonal allergic rhinitis
- amanuenses 18
- anticipatory duties 17, 20, 28–29, 32
- aphasia 70
 - Afasic 70
 - Speakability 70
- applications 31, 34, 41
 - advice for applicants 33
 - and disclosure 30
- arson 7
- art 11, 20
- art and design 13
- arthritis 6, 34
 - and QTS Standards 48
 - reasonable adjustments for 43, 44
- Arthritis Care 64
- Asperger's syndrome 64
- Association for Spina Bifida and Hydrocephalus (ASBAH) 70
- Association of Blind and Partially Sighted Teachers and Students (ABAPSTAS) 65
- asthma 24
- AtW (Access to Work) 18, 19, 71
- autism 64

- back pain 15
- barring conditions 26
- barring procedures 47
- BCODP (British Council of Organisations of Disabled People) 63
- BDA (British Deaf Association) 66
- BDA (British Dyslexic Association) 67
- BECTA (British Educational Communications and Technology Agency) 72
- Benefits Enquiry Line 71
- benefits organisations 71–72
 - Access to Work 18, 19, 71
 - Benefits Enquiry Line 71
 - Citizens Advice Bureaux 72
 - Disability Alliance 72
 - Disabled Students' Allowance 44, 72
- bi-polar disorder 34, 51, 52, 77
 - and fitness criteria 52
- blindness, *see* visual impairment
- British Council of Organisations of Disabled People (BCODP) 63
- British Deaf Association (BDA) 66
- British Dyslexia Association (BDA) 67
- British Educational Communications and Technology Agency (BECTA) 72
- British Epilepsy Association 68
- British Sign Language 77
- British Stammering Association 70

- cancer 7
- CancerBACUP 65
- careers advice 32, 49
- Centre for Accessible Environments 71
- cerebral palsy 46
 - reasonable adjustments for 16, 19
 - Scope 65
- CFS, *see* chronic fatigue syndrome
- CHESS (Consortium of Higher Education Support Services for Deaf Students) 72
- child protection 2, 23, 24, 40, 47
- Child protection: procedures for barring or restricting people working with children in education* (DfES) 47
- chronic fatigue syndrome (CFS) 21, 60–61, 77
 - Action for ME 68
 - The ME Association 69
- Citizens Advice Bureau 72
- clinical depression 7, 77
- Code of practice for providers of post-16 education and related services* (DRC) 3, 8, 15, 49
- cognitive functioning 12

- communication problems
 - aphasia 70
 - dyslexia 9, 10, 12, 14, 32, 34, 67
- communication skills 10, 14, 43
- communication support workers 18, 77
- Community Legal Service 75
- Community Service Volunteers (CSV) 75
- confidentiality 7, 23–24
 - disclosure policies 23–24
 - and discrimination 23
 - and health and safety requirements 24
 - OHAs and 23
 - and reasonable adjustments 23, 24
- Consortium of Higher Education Support Services for Deaf Students (CHESS) 72
- CSV (Community Service Volunteers) 75
- curriculum design 49
- Cystic Fibrosis Research Trust 66

- data protection legislation 37
- DDA (Disability Discrimination Act) 2
 - categories of capacity 6
 - DfES responsibilities 26
 - disclosure obligations 30
 - DRC responsibilities 27
 - exclusions 7
 - GTCE responsibilities 26
 - HEI providers' requirements and responsibilities 8
 - ITT providers' requirements and responsibilities 8
 - less favourable treatment, justification of 11–14
 - reasonable adjustments 15
 - TTA responsibilities 26
 - work placements, responsibilities for reasonable adjustments 42
- deafblindness
 - Deafblind UK 66
 - Sense – The National Deafblind and Rubella Association 67
- deafness, *see* hearing impairment
- degenerative conditions 44, 46
 - see also* arthritis; cancer; HIV infection; multiple sclerosis; muscular dystrophy
- Department for Constitutional Affairs 37, 75
- Department for Education and Skills, *see* DfES
- Department of Health, *see* DoH
- depression 7, 16, 51
- design and technology 22, 49, 56

- designated recommending bodies (DRBs) 8, 77
- DfEE/DoH
 - Fitness to teach: occupational health guidance for the training and employment of teachers* 3, 37, 38, 58
 - Obtaining occupational health advice on fitness to teach* 3, 38
- DfES (Department for Education and Skills) 3, 33, 38, 47
 - Child protection: procedures for barring or restricting people working with children in education* (DfES) 47
 - child protection guidance 24, 47
 - Finding out about people's disability: a good practice guide for further and higher education institutions* 31
 - Physical and mental fitness to teach of teachers and entrants to initial teacher training* 3
 - responsibilities under DDA 26
- diabetes 24
- Diabetes UK 67
- DIAL UK (National Association of Disablement Information and Advice Lines) 63
- dialysis 16
- disability
 - definition 6–7
 - disclosure of 7, 14, 22, 30–32, 35, 36
 - non-disclosure of 14, 23, 36, 43
- disability advisers 14, 33
- Disability Alliance 72
- Disability Discrimination Act, *see* DDA
- Disability Employment Advisers 71
- Disability Law Service 75
- Disability Rights Commission, *see* DRC
- Disability Rights Handbook 72
- Disabled Living Foundation 74
- Disabled Students' Allowance, *see* DSA
- disclosure
 - encouragement of 14, 30–32, 35
 - obligations 7, 22, 30, 36
 - policies 23–24
- discrimination 8
 - and confidentiality 23
 - definition of 9–10
 - by exclusion 46
- distance learning 49
- DoH (Department of Health), *see* DfEE/DoH
- DRBs (designated recommending bodies) 8, 77

- DRC (Disability Rights Commission) 3, 63
 - Code of practice for providers of post-16 education and related services* 3, 8, 15, 49
 - post-16 Code of Practice 8, 15, 49
 - responsibilities under DDA 27
- DSA (Disabled Students' Allowance) 18, 19
 - Non-medical Helpers Allowance 58
 - Specialist Equipment Allowance 58
- dyscalculia 11, 77
 - The Dyscalculia Site 68
- dyskinesia/dyskinetic movements 20
- dyslexia 9, 12, 48
 - Adult Dyslexia Organisation 67
 - British Dyslexia Association (BDA) 67
 - Dyslexia Institute 67
 - and literacy tests 10, 14, 34
 - screening for 32
- Dyslexia Institute 67
- Dyspraxia Foundation 68

- Education Act (2002) 47
- Education Law Association 76
- education organisations
 - BECTA (British Educational Communications and Technology Agency) 72
 - CHES (Consortium of Higher Education Support Services for Deaf Students) 72
 - GTCE (General Teaching Council for England) 26, 73
 - GTR (Graduate Teacher Training Registry) 73
 - HEFCE (Higher Education Funding Council for England) 73
 - LearnDirect 73
 - LSC (Learning and Skills Council) 73
 - UCAS Enquiries 73
- educational psychologists 12
- employment-based teacher training 19, 25
 - disability disclosure on application forms 30
- employment organisations
 - Employment Opportunities for people with disabilities 74
 - Jobcentre Plus 74
- employment references 49
- English, spoken and written *see*
 - communication skills
- English teaching 42
- epilepsy 20, 44, 46
 - British Epilepsy Association 68
- equipment 49
- equipment organisations
 - AbilityNet 74
 - Disabled Living Foundation 74
 - TechDis 74
- examinations 32, 49
- exhibitionism 7

- fatigue 14: *see also* chronic fatigue syndrome
- field trips 16, 32
- Finding out about people's disability: a good practice guide for further and higher education institutions* (DfES) 31
- financial resources 18
- fitness questionnaires 36–37, 38
 - confidentiality 23, 40
 - failure to disclose information 36
 - work placements 37
- fitness to teach 4–5, 38–40
 - assessment of 44, 45, 51, 53, 57, 50
 - fit to teach 5, 39
 - fit to teach with reasonable adjustments 5, 39–40
 - mental 33
 - physical 33
 - reassessment 5
 - trainees who become unfit to teach 43, 46
 - unfit to teach 5, 39, 40
- Fitness to teach: occupational health guidance for the training and employment of teachers* (DfEE/DoH) 3, 37, 38, 58
- flexibility
 - start dates 28
 - of training 13, 15, 16, 21, 43
- funding 15, 17, 18, 19: *see also* AtW; DSA; LSC

- GCSE qualifications 9, 11, 17
- General Teaching Council for England (GTCE) 73
 - responsibilities under DDA 26
- geography 60–61
- GPs (general practitioners) 36
 - assessment of fitness questionnaires 38
 - information for occupational health advisers 36, 51, 52, 60
- Graduate Teacher Programme, *see* GTP
- Graduate Teacher Training Registry, *see* GTR
- GTCE (General Teaching Council for England)
 - responsibilities under DDA 26

- GTP (Graduate Teacher Programme) 8, 77
 - AtW (Access to Work) funding 18
 - see also* employment-based teacher training
- GTTR (Graduate Teacher Training Registry) 30, 34, 73
- harassment 8
- Hardship/Access to Learning Fund 15
- hay fever 7
- hazards 22, 77
- head injuries 12
- health and safety 2
 - and confidentiality 23, 24
 - and epilepsy 20
 - reasonable adjustments and 20
 - risk assessments 22, 52, 54, 56, 58, 60
- Health and Safety Executive: *Five steps to risk assessment* 22
- hearing impairment 35, 57–59
 - British Deaf Association (BDA) 66
 - buildings, physical access to 28
 - communication support workers, provision of 18
 - Consortium of Higher Education Support Services for Deaf Students (CHESS) 72
 - employment references 49
 - fitness to teach and 57
 - interviews 16
 - less favourable treatment, justification of 14 and QTS Standards 48, 57
 - reasonable adjustments for 16
 - risk assessments 58
 - Royal National Institute for Deaf People (RNID) 66
 - severe hearing loss 43
 - sign language interpreters 14, 19, 57, 58
- HEFCE (Higher Education Funding Council for England) 15, 73
- HEI (higher education institution) providers
 - Psychological and Counselling Service 45
 - requirements and responsibilities 8
- HEI/FEC providers
 - funding for reasonable adjustments 15
 - Widening Participation initiative 15
- Higher Education Funding Council for England (HEFCE) 15, 73
- higher level teaching assistants (HLTAs) 3, 77
- HIV infection 7
- human support organisations
 - CSV (Community Service Volunteers) 75
 - National Centre for Independent Living (NCIL) 75
- ICT (information and communications technology) 57–59
 - reasonable adjustments 54
 - as student service 49
 - tests 11
- impairment 77
 - long-term effects 6
 - substantial adverse effects 6
- infections 6
- initial teacher training providers, *see* ITT
- interpreters 14, 57, 58
 - and QTS Standards 48
- interviews 35
 - accessibility 29
 - disability-specific 35
 - invitation letters 14, 31, 35
 - reasonable adjustments for 15, 16
- ITT (initial teacher training) providers 2, 77
 - academic standards, maintenance of 11–12
 - admissions procedures 4
 - other standards 13
 - requirements 4, 5, 8, 10, 29
 - responsibilities 8
- Jennifer Trust 69
- Jobcentre Plus 71, 74
- LearnDirect 73
- Learning and Skills Council (LSC) 7 n. 8, 73
- learning disabilities 68
- learning facilities 49
- learning support units 12
- LEAs (local education authorities) 8, 77
- legal advice organisations
 - Community Legal Service 75
 - Department for Constitutional Affairs 75
 - Disability Law Service 75
 - Disability Rights Commission 63
 - Education Law Association 76
- less favourable treatment 8, 9, 10
 - justification for 11–14
- libraries 32, 49
- literacy skills 12
- literacy tests 11, 15, 16, 31
 - and dyslexia 10, 14, 34
- LSC (Learning and Skills Council) 7 n. 8, 73
- lupus 43

- manic depressive illness, *see* bi-polar disorder
- mathematics 53–55, 57–59
- ME (myalgic encephalomyelitis), *see* chronic fatigue syndrome
- MENCAP (for people with learning disabilities) 68
- mental health organisations
- MIND National Association for Mental Health 69
 - Sane (The Mental Health Charity) 69
- mental impairments 77: *see also* Asperger's syndrome; autism; bi-polar disorder; clinical depression; obsessive-compulsive disorder; self-harm
- MIND National Association for Mental Health 69
- misconduct 47
- mobility problems 6, 9, 21: *see also* wheelchair users
- mood swings 51, 52
- multiple sclerosis 7, 45
- Multiple Sclerosis Society of Great Britain and Northern Ireland 69
- multiple start dates 19, 36
- muscle weakness, *see* chronic fatigue syndrome
- muscular dystrophy 7
- Jennifer Trust 69
 - Muscular Dystrophy Campaign 70
- National Association of Disablement Information and Advice Lines (DIAL UK) 63
- National Autistic Society 64
- National Centre for Independent Living (NCIL) 75
- National Federation of the Blind (NFB) 65
- nicotine dependence 7
- Non-medical Helpers Allowance 58
- normal day-to-day activities 6–7
- definition 6
- numeracy tests 11
- obsessive-compulsive disorder 36
- Obtaining occupational health advice on fitness to teach* (DfEE/DoH) 3, 38
- OHAs (occupational health advisers) 28, 35, 36
- candidates, assessment of 4, 5
 - and confidentiality 23
 - and data protection legislation 37
 - fitness to teach, assessment of 38–40, 43–45, 46, 52, 56, 57, 60
 - GPs, information from 51, 52
- organisations
- accessibility 71
 - benefits 71–2
 - education 72–3
 - employment 74
 - equipment 74
 - general disability 63–4
 - human support 75
 - legal advice 75–6
 - specific disability 64–71
 - transport 76
- outdoor activities 16, 24, 32
- Organisations offering advice to disabled students* (2003) 63
- panic attacks 13
- partial sight, *see* visual impairment
- PAs (personal assistants) 34
- PE 5, 16, 20, 24, 39, 44, 46
- in primary education 48
- peripheral vision limitations 53, 56
- physical abuse 7
- Physical and mental fitness to teach of teachers and entrants to initial teacher training* (DfES) 3, 4
- pre-lingual deafness 77
- primary teaching 17, 42, 43, 44, 45, 48, 51–52
- professional confidentiality 23–24
- progressive conditions, *see* arthritis; cancer; HIV infection; multiple sclerosis; muscular dystrophy
- Psychological and Counselling Service (HEI) 45
- Qualifying to teach* (TTA) 4, 8
- QTS (Qualified Teacher Status) 2, 26
- assessment for 48
 - skills tests 11
- QTS Standards 4, 11, 48
- and arthritis 48
 - and bi-polar affective disorder 51, 52
 - and hearing impairment 48, 57
 - maintenance of 17, 20
 - progress of trainees 43
 - and visual impairment 53–54
- RADAR (Royal Association for Disability and Rehabilitation) 64

- reasonable adjustments 5, 8, 9, 10, 15–21
 - and academic standards 17–21
 - amanuenses 18
 - for arthritis 43, 44
 - for asthma 24
 - for back pain 15
 - for cerebral palsy 16, 19
 - chronic fatigue syndrome 60–61
 - confidentiality and 23, 24
 - determining reasonableness 17–21
 - and disclosure policies 23
 - extra time 18, 48
 - and fitness to teach 39–40
 - funding for 15, 17, 18
 - health and safety requirements 20
 - at interviews 15, 16, 31
 - planning for 28–29
 - practicability of 19
 - for stress 13
 - technology, adaptations of 16, 17, 18, 19, 28, 44, 49
 - for trainees who become unfit to teach 43–45
 - TTA skills tests 48
- repetitive strain conditions
 - reasonable adjustments for 49
 - The Repetitive Strain Injury (RSI) Association 70
- rheumatoid arthritis 6
- risk assessments 20, 77
 - and bi-polar affective disorder 52
 - and chronic fatigue syndrome 60
 - health and safety requirements 22
 - and hearing impairment 58
 - and visual impairment 54, 56
- RNIB (Royal National Institute for the Blind) 65
- Royal Association for Disability and Rehabilitation (RADAR) 64
- Royal National Institute for Deaf People (RNID) 66
- Sane (The Mental Health Charity) 69
- school placements, *see* work placements
- schools 77
 - classroom experience, pre-programme 33
 - and DDA 25
 - and reasonable adjustments 25, 42
 - responsibilities 25
 - see also* work placements
- science subjects 5, 9, 20, 22, 39, 42
- SCITTs (school-centred ITT consortia) 8, 77
 - disability disclosure on application forms 30
- Scope 65
- seasonal allergic rhinitis 7
- secondary teaching
 - art 11, 20
 - art and design 13
 - design and technology 22, 49, 56
 - English 42
 - geography 60–61
 - ICT 57–59
 - mathematics 53–55, 57–59
 - PE 5, 16, 20, 24, 39, 44, 46
 - science subjects 5, 9, 20, 22, 39, 42
- Secretary of State
 - and barring procedures 26, 47
 - requirements to inform 40, 47
 - TTA and 26
- selection procedures
 - discrimination, avoidance of 29, 34
 - flow-chart 41
 - see also* interviews; literacy tests; numeracy tests
- self-harm 45
- Sense – The National Deafblind and Rubella Association 67
- sensory impairment, *see* deafblindness; hearing impairment; visual impairment
- sexual abuse 7
- short-sightedness 53, 56
- SIA (Spinal Injuries Association) 71
- sign language interpreters 14, 19, 48, 57, 58
- Skill: National Bureau for Students with Disabilities 63
- Speakability 70
- Specialist Equipment Allowance 58
- specialist services
 - student counsellors 28
 - student support services 28
 - see also* OHAs
- specific learning difficulties, *see* dyscalculia; dyslexia; dyspraxia
- speech impairment 42
 - British Stammering Association 70
- spinal injuries
 - Association for Spina Bifida and Hydrocephalus (ASBAH) 70
 - Spinal Injuries Association (SIA) 71
- spinal muscular atrophy 69

- start dates
 - flexible 28
 - multiple 19, 36
- Stationery Office: *Guidance on matters to be taken into account in determining questions relating to the definition of disability* 7
- stealing 7
- stress 13
- Stroke Association 71
- student counsellors 28
- student services 12, 35, 49
- student support services 28
- substance abuse 7

- Teacher Training Agency, *see* TTA
- teaching
 - definition of 4
 - student services 49
- TechDis 74
- technology
 - adaptations of 16, 17, 18, 19, 28, 44, 49
- tiredness, *see* chronic fatigue syndrome
- training placements, *see* work placements
- transport difficulties 13, 34, 36, 44
 - TRISCOPE 76
- TTA (Teacher Training Agency) 3
 - funding for reasonable adjustments 15
 - Hardship/Access to Learning Fund 15
 - multiple start dates 19, 36
 - Qualifying to teach* 4, 8
 - responsibilities under DDA 26

- UCAS 30, 34
- UCAS Enquiries 73
- unfit to teach 2, 39, 40

- visual impairment
 - Action for Blind People 64
 - Association of Blind and Partially Sighted Teachers and Students (ABAPSTAS) 65
 - buildings, physical access to 28
 - fitness to teach and 39, 53
 - less favourable treatment, justification of 13
 - literacy tests 16
 - National Federation of the Blind (NFB) 65
 - peripheral vision limitations 53, 56
 - and QTS Standards 53–54
 - reasonable adjustments for 16, 18, 29, 48
 - risk assessments 54, 56
 - RNIB (Royal National Institute for the Blind) 65
 - short-sightedness 53, 56
 - see also* deafblindness
 - vocational training programmes 8
 - voyeurism 7

 - wheelchair users 9, 31
 - and academic standards 17
 - classrooms, accessibility of 42
 - health and safety requirements and 20
 - interviews, access for 15, 19
 - reasonable adjustments for 15, 17, 19
 - Widening Participation initiative 15
 - word dissociation 12
 - work placements 8, 25, 32, 37, 49
 - and fitness questionnaires 37
 - reasonable adjustment responsibilities under DDA 42

The extension of the Disability Discrimination Act to education and training means that providers of initial teacher training (ITT) must make sure they are not discriminating against disabled candidates, in either their selection procedures, their requirements for progression and completion of training or their provision of services. They also need to make sure that everyone admitted to ITT has the physical and mental fitness needed to teach, and that any who become unfit leave the programme. Providers also have to judge whether those admitted have the potential to meet the Standards required for qualified teacher status and decide, at the end of their training, whether they can be recommended for the award.

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 a disability or a reasonable adjustment? Are providers' procedures fair to disabled people? 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 has been written with the help of the Department for Education and Skills (DfES), ITT providers, occupational health experts and bodies representing disabled people.

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 also find it helpful.

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