

Inclusion and Learning Difficulties in Apprenticeships

A practical road map for coaches, tutors, curriculum developers, designers and managers

Towards exceptional provision and Ofsted readiness



KENT BUSINESS COLLEGE

Handbook of teaching quality and delivery

Inclusion and Learning Difficulties in Apprenticeships

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Inclusion and Learning Difficulties in Apprenticeships

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The case studies and learner names are fictional. Detailed routines are proposed KBC practice for local adoption and review.

Educational guidance does not authorise diagnosis or treatment and does not replace current statutory, safeguarding, funding or assessment requirements.

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How to use this book

Start with Chapter 1 to understand the shared framework and responsibilities. Read the relevant barrier chapters together when a learner has overlapping needs. Use Chapter 6 to improve the standard learning offer and Chapter 7 to coordinate individual action. The final tools can be copied into a working document and completed for individual practice.

The case studies and learner names are fictional. The detailed operational routines are proposed KBC practice, rather than a statement that every described procedure is already KBC policy. Current statutory, funding and inspection sources are distinguished from educational recommendations. Local adoption requires actual role owners and alignment with current organisational procedures.

Research findings are described within the population and setting studied. Evidence from schools, higher education, employment or other countries is not presented as proof of an effect in England apprenticeships. Some publisher pages provide only an abstract; the sources section identifies the relevant limits. This is a current practice reference, not an exhaustive systematic review of all published research.

Clinical descriptions help staff understand access needs. They do not authorise staff to diagnose, prescribe treatment or replace safeguarding and emergency procedures. Education decisions should be made with the learner, within staff competence and the applicable assessment rules.

Study and assessment approach

Each chapter ends with forty single best answer questions. Use them initially as an open book development activity, then as a supervised knowledge check if KBC chooses. Allow appropriate access arrangements for staff undertaking the assessment. Complexity comes from weighing context, timing and responsibility; the questions are not an intelligence test.

Suggested local development benchmark: 32 correct answers out of 40, followed by a discussion of every error and a practical demonstration using an anonymised plan or revised learning resource. This benchmark is an educational proposal, not a validated cut score or an external qualification. Any unsafe safeguarding, confidentiality or assessment decision should receive targeted feedback and reassessment, irrespective of the total score.

The answer key is at the back so readers can attempt each chapter before seeing the explanations. Use the rationales to discuss what additional information would change the decision. MCQ results alone do not establish professional competence or an inspection grade.

A note from the publisher

Kent Business College publishes this handbook to support thoughtful, practical improvement in apprenticeship teaching and delivery. It brings together research, official guidance and worked examples to help staff make informed decisions with learners. The routines and tools provide a framework for local adoption and review. Exceptional provision depends on consistent practice, professional judgement and evidence of benefit to learners; it cannot be secured by a handbook or a prescribed set of answers.

Understanding inclusion in apprenticeships

A shared framework for access, belonging and occupational competence.



IN THIS CHAPTER

- Definitions and territorial boundaries
- The person, task and environment
- Roles, responsibilities and evidence

Purpose and learning outcomes

Inclusion means organising an apprenticeship so that each learner can access worthwhile learning, belong to the learning community, develop occupational competence and demonstrate achievement. It includes disability support, but reaches further. An apprentice may face an inaccessible document, an unpredictable shift pattern, racial harassment, anxiety about speaking, or the cost of travelling to a teaching event. A useful response identifies the barrier and changes what the provider or employer can control. Sympathy without implementation leaves the original problem intact.

This book equips Kent Business College coaches, tutors, curriculum developers, learning materials designers and managers to make those changes. It is a practice reference, a staff development course and a set of tools for reviewing support. Its organising question is: what prevents this learner from learning or demonstrating the required competence in this situation, and what proportionate action will remove that obstacle? Staff should be able to explain the learner's goal, the chosen adjustment, the person responsible, how it will operate and how its effectiveness will be checked.

After this chapter, readers should be able to distinguish disability from disadvantage, use a functional description of need, identify the relevant decision maker, recognise the boundary between educational and clinical work, and evaluate whether support has made a meaningful difference. Readers should also be able to explain why an apparently fair rule can exclude some learners and why the same diagnosis can lead to different support plans.

The role instructions, scenarios, examples, diagrams and review routines in this book form a proposed KBC practice model. They are not a claim that KBC already operates every procedure described. Legal duties, government funding conditions and inspection expectations are identified through references. Before adopting local procedures, KBC should assign actual post holders, confirm delegated spending and information access, and connect the procedures to its current safeguarding, complaints and data protection policies.

The apprentice learns across several environments

An apprenticeship combines paid work, planned training and assessment. Its inclusion arrangements must therefore survive movement between environments. A tutor may give clear written instructions in a live class while a workplace supervisor changes tasks verbally. A learning platform may be accessible while the portfolio upload form is not. A learner may manage a familiar workplace well yet find an unfamiliar assessment venue overwhelming. Successful access in one setting does not establish access everywhere.

At KBC, the examples in this book use weekly two hour live sessions, independent LMS activities, coaching conversations and monthly assignments. The twentieth of the month appears in some planning examples because an advance checkpoint can help apprentices

organise submissions. These are illustrative delivery arrangements, not a funding definition of off the job training or a fixed timetable for every KBC programme. A programme lead must map the examples to the actual standard, cohort and training plan.

Start with the complete learning journey: enquiry, recruitment, initial assessment, induction, teaching, workplace practice, progress reviews, English and mathematics where required, apprenticeship assessment, and progression. At each transition, ask whether the learner must disclose again, learn a new system, travel differently, work with a new assessor or obtain fresh permission. Transition failures often occur because one person assumes that another has passed on the arrangements.

Consider a fictional apprentice, Farah, who reads technical reports accurately using magnification. Her tutor sends accessible notes, but a guest lecturer shares screenshots of a spreadsheet without explaining the cells. Farah's difficulty is not evidence of a new knowledge gap. The task has changed from analysing information to first reconstructing inaccessible information. The immediate teaching response is to provide an accessible table and describe the relationships; the design response is to change the guest lecturer briefing; the coach checks whether the learner can now complete the analysis independently.

Language that supports accurate decisions

Disability, impairment, learning difficulty, learning disability, neurodivergence and disadvantage describe different things. They should not become interchangeable boxes on an enrolment form. Disability has a legal definition, while terms used in education, health services and funding may have different purposes. A member of staff should explain which meaning is being used and why it matters to the decision.

Under the Equality Act 2010, the general disability definition concerns a physical or mental impairment with a substantial, long term adverse effect on normal daily activities. Substantial means more than minor or trivial. Long term generally concerns effects that have lasted, or are likely to last, at least twelve months, or the rest of the person's life. Recurring and fluctuating effects require consideration. Cancer, HIV infection and multiple sclerosis are treated as disabilities from diagnosis. Staff should avoid making a quick legal ruling from attendance or appearance.¹

A specific learning difficulty, such as dyslexia, describes a particular pattern of difficulty with learning processes. It does not establish a person's overall intellectual ability. In UK usage, a learning disability usually refers to significant limitations in intellectual functioning and adaptive skills arising during development. The terms can be used differently internationally. Chapter 4 explains how to avoid confusing these meanings and how to support an apprentice without guessing their diagnosis.

Neurodiversity describes variation among human minds. Neurodivergent is an umbrella term used by many people whose cognitive or neurological functioning differs from dominant

expectations; it is not itself a medical diagnosis or a funding category. Some people prefer identity first language, such as autistic person, and others prefer person first language. Ask the individual, use their preference consistently and avoid requiring a public explanation of it.

Social and financial disadvantage can restrict opportunity without being a disability. Being a woman, belonging to a racial or religious group, being a single parent or experiencing poverty must not be recorded as a medical deficit. The barrier might instead be discrimination, a timetable assumption, insecure housing, unaffordable equipment or an employer's failure to protect training time. Chapter 3 treats these as environmental, economic and equality issues, while recognising that they can coexist with disability.

The phrase additional need is useful only if it leads to a precise description. "Needs support" does not tell a tutor what to change. "Needs the task steps in writing before the live exercise, because rapid verbal changes are being missed" does. Similarly, vulnerable should not become a permanent label attached to a learner. Specify the present risk or barrier, the learner's strengths and the support needed. A disabled adult is not automatically an adult who meets statutory safeguarding criteria.

A map of the matters covered

No finite list can cover every health condition, personal circumstance or combination of barriers. The map below covers the major domains staff are likely to encounter and directs them to detailed guidance. It is a route into a conversation, not a diagnostic inventory and not a requirement to ask every learner about every condition.

Domain	Examples covered	First practical question	Main chapter
Physical and mobility	Mobility, dexterity, pain, accessible travel and venues	Which task or environment restricts access or safe participation	2
Sensory and communication	Deafness, hearing loss, sight loss, speech and communication differences	Which information is not reaching the learner in a usable form	2
Long term and fluctuating health	Fatigue, ME or CFS, Long Covid, epilepsy, diabetes and other ongoing conditions	How do symptoms and recovery affect the planned workload	2
Social and economic	Poverty, housing, digital exclusion, transport, caring and family responsibilities	Which resource or timetable assumption is making participation difficult	3

Domain	Examples covered	First practical question	Main chapter
Identity and unequal opportunity	Racism, sexism, religion, LGBT identities, pregnancy and age related barriers	Is a rule, culture or behaviour restricting equitable opportunity	3
Cognitive and neurodevelopmental	ADHD, autism, dyslexia, dyscalculia, dyspraxia, language differences and acquired changes	What happens when this learner organises, interprets or demonstrates learning	4
Psychological and emotional	Anxiety, depression, panic, grief, trauma, evaluation distress and other mental health needs	What is the learning barrier and is there a separate urgent safety concern	5
Curriculum and assessment access	Materials, platforms, live teaching, assignment design and assessment methods	Are we measuring competence or an avoidable access demand	6
Planning and coordination	Co produced plans, implementation, evidence, review and transition	Who will change what by when and how will we know it works	7

An apprentice can appear in several rows. The coach should write one coherent plan with linked actions, rather than separate plans that compete for time. If an apprentice has ADHD, chronic pain and caring responsibilities, three independent recommendations to spend extra time practising may create an impossible workload. The combined plan needs to address workload, sequencing and access together.

Models of disability and their practical implications

A medical perspective can explain a health condition and support access to treatment or specialist advice. It becomes restrictive when the provider assumes that all solutions belong to the learner or clinician. A social perspective directs attention to barriers created by buildings, technologies, expectations and attitudes. It becomes incomplete if staff dismiss pain, exhaustion or distress as merely a problem of attitude or design.

The World Health Organization's International Classification of Functioning, Disability and Health places functioning within context and includes environmental factors. It supports attention to the interaction between the person, activities and surroundings. It is a classification framework, not a coach's diagnostic instrument and not a validated formula for allocating apprenticeship funding.²

The KBC practice model uses this interaction as a starting point. Staff describe the learning demand, the learner's experience, the environment and the resulting barrier. They then identify a change that preserves the meaningful goal. This is an original teaching application: it does not require clinical coding or a numerical disability score. A plan can be rigorous without turning a learner into a set of medical categories.

For example, a learner's slower handwriting matters differently in three tasks. In a discussion about project risk, handwriting speed may be irrelevant and typed notes may be appropriate. In an examination, a computer or additional time may require the awarding body's approval. In a safety critical task requiring timely manual operation, the employer and relevant assessor need to examine the actual occupational requirement and potential adjustments. A single label does not resolve those decisions.

Universal design means anticipating predictable variation in advance. Individual reasonable adjustments respond to the particular learner's disadvantage. Specialist support adds expertise where general teaching changes are insufficient. These layers can operate together. Universal captions do not remove the need to check whether a Deaf learner needs an interpreter, and specialist software does not excuse an inaccessible curriculum.

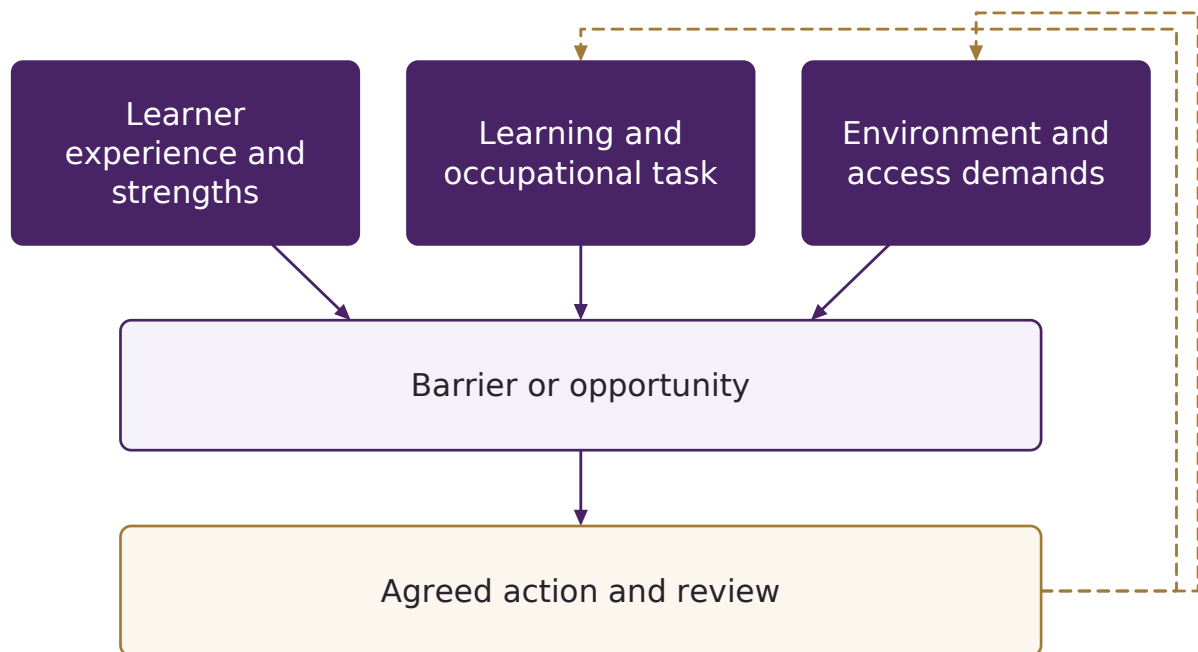


Figure 1.1 The person task and environment model. KBC practice model informed by contextual approaches to disability. Start with the interaction, then change the task conditions or environment and review the result. This is not a diagnostic instrument.

Diagram reading guide. The learner, the task and the environment each contribute to a barrier or opportunity. An agreed action is reviewed and can change task conditions and the environment.

The KBC barrier to participation framework

Use six questions in a support conversation. First, what meaningful learning or occupational outcome is the apprentice trying to achieve? Second, what happens during the task, described without blame? Third, which demands of the task or environment contribute to the problem? Fourth, what strengths, preferences, existing strategies and resources can help? Fifth, what action will change the demand while preserving the outcome? Sixth, what observable evidence and learner feedback will show whether the change works?

Suppose a tutor reports that a learner is disengaged because their camera is off. That is an interpretation, not an observation of learning. The observable facts might be that the camera is off, the learner answers written questions accurately and their microphone is rarely used. The learner may disclose anxiety, low bandwidth, a lack of private space or no difficulty at all. The appropriate conversation establishes the purpose of camera use, checks access and privacy, and obtains evidence of learning through a suitable route. It does not automatically remove an oral competence requirement where one genuinely applies.

The framework avoids two opposite errors. One is attributing every difficulty to the learner's impairment and overlooking poor design. The other is assuming all performance gaps are caused by access barriers and overlooking learning that still needs to be taught. Ask what changes when the barrier is reduced. If the apprentice can access the task but still cannot apply the concept, provide explicit teaching and practice as well as continuing the access adjustment.

A baseline should be modest and useful. It may be two recent work samples, a learner description of the effort required, and a tutor observation. The baseline is not a hurdle that delays an obvious adjustment. Where a PDF cannot be read by the learner's software, provide an accessible version immediately and document the before and after experience as part of implementation.

Equality duties and reasonable adjustment decisions

The Equality Act applies in Great Britain; Northern Ireland has a separate equality framework. England's apprenticeship funding and Ofsted arrangements must not be presented as UK wide rules. For apprentices who live, work or train across borders, the compliance lead should establish the relevant jurisdiction and funding arrangement. This book provides an England practice framework with broader educational applications.³

The adjustment duty includes changing a provision, criterion or practice, addressing physical features and providing auxiliary aids where the relevant legal duty applies. A training provider cannot treat equality as requiring identical arrangements for everyone. Nor should a learner be charged for an adjustment that the provider or employer is legally required to make. The exact application depends on the legal relationship and setting.⁴

Reasonableness is a contextual judgement. Record whether a proposed change would be effective, practical and safe, and consider resources, cost and available assistance. An inexpensive change that does not remove the barrier is not sufficient simply because it is inexpensive. An employer's general preference is not a reasoned assessment of alternatives. EHRC guidance explains that relevant factors need to be considered together.⁵

A competence standard and the method used to assess it are distinct. Providers should scrutinise whether a requirement is a genuine competence standard and whether its assessment method can be adjusted. Describing a preferred format as essential does not make it essential. The EHRC's further and higher education guidance discusses these distinctions and anticipatory duties within its legal scope. Apprenticeship staff must also use the requirements of the relevant assessment body and plan.⁶

KBC should document a disputed adjustment through a practical decision record. State the disadvantage, the proposed change, the required competence, options considered, relevant specialist or assessor input, the decision maker and an accessible review route. Continue feasible interim support while a decision is being resolved. If a proposed adjustment is declined, explain the reason in ordinary language and identify an effective alternative where possible. A coach should not make an unsupported promise about an external assessment decision.

SEND arrangements and the adult learner

England's SEND code of practice covers ages zero to twenty five and sets out responsibilities for bodies within its scope. The DfE further education guide is aimed at specified FE providers, including further education colleges and independent specialist colleges. KBC should establish which statutory and contractual duties apply to its own provision rather than assuming that every school or college procedure applies unchanged to an independent training provider.⁷

An education, health and care plan can provide useful information and may create specific responsibilities. It is not the only route to educational support, and being over twenty five does not end Equality Act protection. Where a young apprentice has a plan, coordinate with relevant agencies and the learner so that arrangements are understood at the point of transition. Do not ask the learner to reconstruct information the organisation can lawfully obtain through an agreed handover.

Adult learners remain central to decisions. A parent, partner or carer may be a valuable supporter, but does not automatically receive the adult learner's records or replace their voice. Ask whether the learner wants someone involved and in what capacity. Disability does not imply lack of decision making capacity. Use accessible information and enough time to understand options; involve the appropriate safeguarding or specialist lead where a specific capacity concern arises.

Who is responsible for what

The coach coordinates the individual support plan, listens to the learner, connects educational and workplace information, monitors delivery and makes sure unresolved actions have an owner. Coordination does not mean providing all the support personally. Coaches need a manageable caseload and a clear escalation route when someone with decision making authority has not acted.

The tutor teaches and assesses learning during the programme. Tutors translate agreed arrangements into the actual session, check understanding, give accessible feedback and report whether a change enabled progress. They should separate what they observed from what they inferred. They should not wait for the next formal coaching review to correct a teaching barrier they can remove today.

Curriculum developers decide the progression of knowledge, skills and behaviours, the balance and timing of tasks, the scaffolding of difficult material and the connection to occupational competence. They should examine whether repeated individual requests reveal a curriculum problem. If many learners cannot interpret an assignment, the first response should include examining the brief, not automatically referring every learner for screening.

Designers and digital teams turn content into usable materials and interfaces. Their responsibility includes document structure, navigation, contrast, alternative text, captions, keyboard access, mobile use and practical testing. A successful automated accessibility check is useful but does not establish that a learner can complete a whole task. Chapter 6 gives production and acceptance criteria.

The employer controls work allocation, supervision, access to workplace systems and many practical conditions of paid learning. A supportive classroom cannot compensate indefinitely for training time repeatedly taken away at work. The employer should identify someone able to agree workplace changes, while the provider retains ownership of its own teaching and support responsibilities.

Role	Owns	Shares only what is needed	Escalates when
Apprentice	Goals preferences and feedback	Experience and support choices	Support is absent ineffective or unacceptable
Coach	Individual coordination and review	Agreed functional actions	Actions are blocked or needs exceed competence
Tutor	Session implementation and learning evidence	Teaching actions and relevant observations	Access or attainment remains restricted

Role	Owns	Shares only what is needed	Escalates when
Curriculum lead	Sequence workload and assessment design	Curriculum decisions	Standards or programme structure need interpretation
Design and digital team	Usability and accessible formats	Technical requirements	A platform or product cannot provide access
Employer representative	Workplace implementation and protected learning arrangements	Necessary workplace actions	Job demands safety or resources require decisions
Inclusion or learning support lead	Specialist educational coordination	Relevant recommendations	Assessment specialist or service input is needed
Compliance and data protection leads	Rule interpretation claims and information governance	Authorised evidence	Eligibility lawful processing or retention is unclear
Designated safeguarding lead	Safeguarding response and referrals	Necessary safety information	Immediate or statutory response is required
Senior leadership and quality	Resources oversight and systemic improvement	Proportionate management information	Persistent barriers or inequitable outcomes remain

Roles can be combined in a small organisation, but responsibilities must remain explicit. A staff member acting as both coach and tutor should still distinguish the two decisions. A senior manager's ownership of resources does not replace the learner's participation in choosing workable support.

Identification without an unnecessary diagnosis gate

Initial assessment should establish starting points, prior learning, programme suitability and potential support needs. It should include an accessible conversation about previous experiences, daily learning tasks and technology. Give learners a private route to disclose later; someone who selects no support at enrolment may develop a condition, encounter a new barrier or only later feel safe to speak.

Use screening carefully. A screening result can indicate the need for a further educational assessment or referral; it does not diagnose ADHD, autism, dyslexia or a mental health condition. Poor results may reflect unfamiliar vocabulary, inaccessible instructions, interrupted sleep, weak prior teaching or inadequate equipment. Staff must not use a single score to allocate a diagnosis or limit ambition.

The assessment needed to justify a funding claim is a separate administrative question from whether a practical teaching adjustment can start. Current government learning support guidance distinguishes initial assessment, detailed assessment and evidence of disability related impact. It also states that detailed assessment is not an eligible learning support cost. Chapter 7 explains how to maintain a support record and a defensible funding evidence trail without confusing them.⁸

A learner who cannot yet obtain a clinical appointment may still benefit immediately from written task steps, accessible materials or agreed reminders. These can be trialled and reviewed without representing them as a diagnosis dependent entitlement or automatically making a funding claim. Conversely, having a diagnosis does not itself establish the particular support needed for a task.

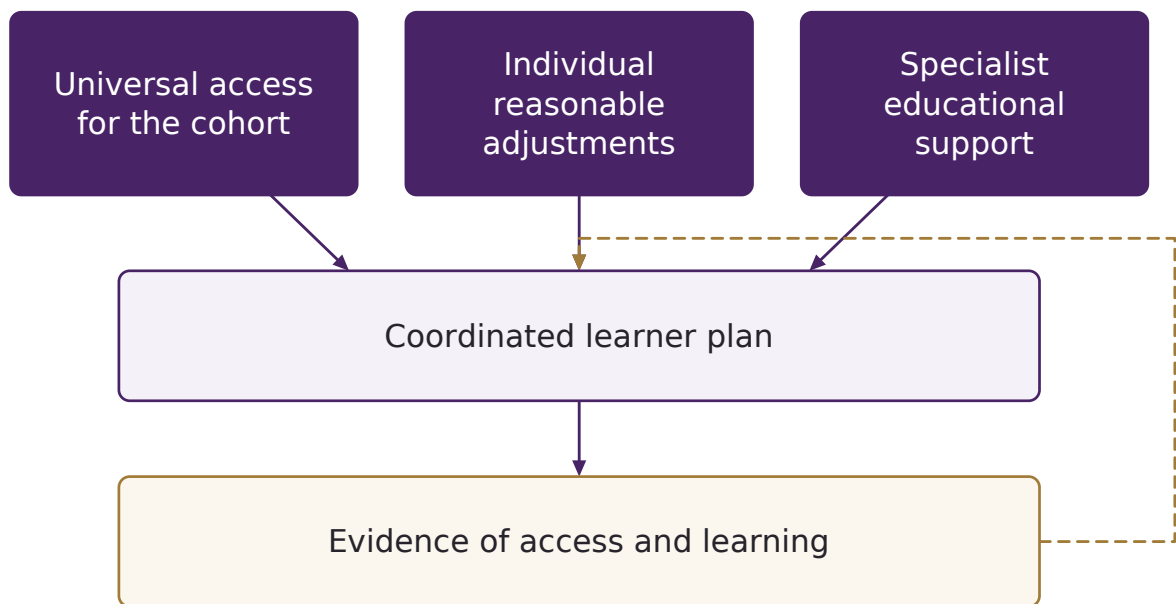


Figure 1.2 Three layers of inclusive provision. KBC proposed framework. Universal design, individual adjustment and specialist support can operate together; none automatically replaces the others.

Diagram reading guide. Three simultaneous support layers feed a coordinated plan. Evidence of access and learning returns to the plan for review.

Ofsted alignment through everyday practice

The current FE and skills inspection toolkit is the September 2026 version. It evaluates inclusion at whole provider level and emphasises identifying needs, a graduated approach to support, and the effect of provision on learners' experiences and opportunities. Its inclusion focus includes disadvantaged learners, learners with SEND or high needs, those known or previously known to social care, and other barriers including lack of level two English or mathematics. The toolkit is an inspection framework, not a prescribed KBC support form.⁹

For KBC, the practical implication is to connect intent, implementation and experience in ordinary records. Can staff explain what was identified? Was the agreed action actually delivered? Did the apprentice experience improved access and learning? What changed after review? An immaculate plan that staff cannot find or do not follow is weak evidence of effective inclusion.

Quality review should follow a small number of cases across systems and settings. Ask the learner to describe what happens when they need help. Compare this with the teaching brief, employer actions and review decisions. Check routine practice as well as a showcase example. A case can show both progress and unresolved difficulty; honest corrective action is more useful than a record edited to appear perfect.

Do not script learners to claim they feel supported, or describe an examination score in this book as proof of an Ofsted grade. Staff can prepare by understanding and improving practice, but inspection judgements depend on the actual provision and evidence. September 2026 changes also draw attention to mental health concerns developing into safeguarding concerns; this makes clear escalation arrangements particularly relevant.¹⁰

Funding and departmental responsibility

Government apprenticeship pages state that responsibility moved from DfE to DWP on 1 April 2026. The current 2026 to 2027 funding publication is version three and applies to starts between 1 August 2026 and 31 July 2027. Earlier starts have their own applicable rules. References to DfE remain relevant to its resources and responsibilities, but the organisation named on a current document should be recorded accurately.¹¹

The coach's task is to describe need and actual delivery, not to maximise claims. The compliance team should confirm the correct rules, qualifying costs, evidence and reporting route. An adjustment that has no additional cost may still be necessary, even though it does not create a claim. Disadvantage that arises from poverty alone is not automatically an eligible disability learning support claim. See Chapter 7 for the operational distinction.

Support must also be considered when assessment arrangements change. England is transitioning apprenticeship assessment approaches; the applicable standard and assessment plan determine whether legacy end point assessment terminology and processes still apply.

Staff should record the version actually used rather than assuming every apprentice is under the newest model. Chapter 6 addresses assessment access and approvals.¹²

Confidentiality and useful reporting

Health information is special category data. Organisations must identify a lawful basis under Article 6 and a separate Article 9 condition, together with any associated UK legal requirements. A signed learning plan is not a complete data protection justification. Agreement to an adjustment, permission to share particular information and the lawful basis for processing are related but different matters. The data protection lead should establish the applicable approach.¹³

A tutor often needs to know the agreed action rather than a diagnostic history. For example: “Provide the task sequence in writing, allow the agreed pause and check privately after the exercise.” The coach may need a fuller functional account to coordinate review. Safeguarding records may require a restricted route separate from routine learning notes. Finance needs enough evidence to establish a valid claim without unnecessary personal detail circulating in general teaching systems.

Write records as if the apprentice will read them. “Learner states that rapid changes are difficult to follow; three missed steps were observed after the instructions changed” is more accurate than “learner is chaotic”. Record the response, who was informed, why and what happens next. Do not include speculation about medication, family motives or a diagnosis the learner has not received.

Safety boundaries and referral

Educational support does not replace healthcare, employment advice or safeguarding action. A coach can agree workload changes, listen without judgement and help someone access services. They should not diagnose a condition, change medication, deliver an unqualified psychological treatment or investigate abuse independently. Chapter 5 provides practical mental health scenarios and Chapter 7 explains escalation within the support plan.

Keeping children safe in education 2026 is now in force for schools and colleges within its scope and concerns those under eighteen. KBC should map statutory, contractual and inspection safeguarding expectations to its own provision and ensure staff use current local procedures. An apprentice being employed or academically advanced does not make an under eighteen learner an adult for safeguarding purposes.¹⁴

Adult safeguarding under the Care Act concerns adults with care and support needs who are experiencing or at risk of abuse or neglect and, because of those needs, are unable to protect themselves. The threshold is not simply having a disability or being upset. Staff should report concerns through their safeguarding lead, who can consider the facts and appropriate route; a coach should not delay reporting while trying to complete a legal assessment alone.¹⁵

If there is an immediate serious threat to life or safety, use emergency services and the organisation's emergency process. A routine support review is not an emergency response. For non emergency concerns, establish who will make contact, when and how the learner will know what is happening. Never promise absolute secrecy; explain that relevant information may need to be shared to protect someone from serious harm.

Reading research critically

Recent research can improve judgement without producing a universal adjustment menu. Karach, Ma and Burke's review of apprenticeships for adults with disabilities included nineteen studies. It found inconsistent descriptions of disability and apprenticeship and gaps in information about support and barriers. The article appeared online in November 2025 and in a 2026 journal issue. It supports further attention to apprenticeship access, while its heterogeneous evidence does not justify predicting a particular KBC learner's outcome from a headline employment figure.¹⁶

A 2024 systematic review by Zhang and colleagues examined implementation problems in Universal Design for Learning research in school settings. Its relevance here is methodological: specifying what staff actually changed and how it was implemented matters when interpreting results. School evidence cannot simply be treated as a demonstrated effect in adult apprenticeship delivery. Chapter 6 uses UDL as a design framework and distinguishes it from proof that every proposed technique works for every apprentice.¹⁷

When reading a paper, identify the participants, context, design, outcomes and limitations before adopting a recommendation. A qualitative interview study can explain experience and help identify mechanisms, but does not establish the prevalence of a barrier. An observational association does not prove causation. A randomised study can offer stronger causal evidence for its intervention and setting, yet still require careful adaptation to apprentices balancing employment and study.

Use research to generate a plausible support option, then test whether it is acceptable and effective for this learner. Record implementation as well as outcomes. If a new written checklist is never delivered, a missed deadline does not show that checklists are ineffective. If submissions improve while distress and unpaid study increase, the apparent improvement may conceal a new burden. The review should look for unintended effects as well as the intended result.

A worked first response

Jordan is a fictional thirty two year old apprentice who has missed two assignments. The employer says Jordan lacks commitment. Jordan explains privately that a recent change in shift pattern removed the agreed study period, the LMS exercise does not work well on a phone and they are waiting for an ADHD assessment. The tutor has noticed that Jordan gives strong answers in class but loses track of multi stage tasks.

The coach first separates three issues: protected time, digital access and task organisation. Jordan's possible diagnosis is not used to explain the employer's timetable or the broken mobile route. The coach agrees what functional information can be shared with the tutor and employer and records that Jordan does not want diagnostic speculation shared. The employer representative confirms a workable study period; the digital team tests the exact exercise; the tutor supplies a written sequence and one interim checkpoint.

The curriculum lead examines whether the exercise sequence assumes information taught only in a later session. If so, it is revised for the whole cohort. The coach records the learner's baseline as two missed submissions and difficulty navigating the phone exercise, while noting Jordan's strong verbal understanding. The agreed outcome is completion of the next task to the normal criteria within the planned study allocation, with the learner reporting that the process is manageable.

At review, the coach checks delivery first. Was the study period protected in practice? Did the exercise work on the device available? Were the task steps provided before the session? If those actions happened but the learning remains incomplete, the tutor identifies the specific concept that needs teaching. If the employer did not release the time, the action returns to the employer and programme lead; Jordan should not receive a new personal resilience target for that failure.

The report is concise: the identified barriers, agreed actions, evidence of delivery, learning outcome, learner view and next decision. A diagnostic label, an automatic extension and a list of messages sent would not provide the same explanation. This example illustrates the book's core principle: effective inclusion combines a precise understanding of the barrier with coordinated action and an honest review of its consequences.

Putting the chapter into practice

Before the next teaching cycle, choose one existing task and inspect the complete learner journey. Ask a colleague from another role to attempt it with the actual materials and systems. Identify an avoidable demand and improve it. Then take one individual support arrangement and check that its owner, timing, evidence and review decision are explicit. These two activities connect anticipatory design with individual responsiveness.

Use the examination that follows to practise judgement rather than label recognition. Several options may contain a useful action; select the one that best responds to the facts, authority, timing and unresolved risk. The answer key explains the preferred reasoning. For staff development, discuss why a different option would become appropriate if the facts changed. Passing the examination should lead into an observed practice task and review of a real, appropriately anonymised plan.

Chapter 1 examination

40 CASE-BASED QUESTIONS / SINGLE BEST ANSWER

Forty case based questions. Select one best answer for each case using only the information given. Record your answers before consulting the explanations at the back of the book.

1.01 A tutor describes an apprentice as disengaged because their camera is always off. Written responses are accurate, microphone contributions are occasional and assignments meet the criteria. No learning outcome requires visual presentation. Which first response best applies the framework?

- A. Offer a recorded presentation as an alternative and require it for every session in which the camera is off.
- B. Ask the employer to verify engagement before changing any participation arrangements in the live session.
- C. Clarify the purpose of camera use and discuss access privately while using existing evidence to assess participation.
- D. Agree a temporary camera exemption and record anxiety as the probable explanation for the behaviour.

1.02 A learner awaiting an ADHD assessment repeatedly loses track of changing verbal instructions. The tutor can provide written steps immediately. The compliance team is still considering whether a learning support claim can be evidenced. What should happen next?

- A. Complete the funding assessment before changing the instructions so the evidence is consistent.
- B. Start and review the teaching adjustment while keeping the claim decision with the compliance team.
- C. Provide a general study skills referral and retain the original instructions for the current module.
- D. Use the written steps informally but omit them from the support record until diagnosis is confirmed.

1.03 A staff form lists women, ethnic minority learners, single parents and dyslexic learners under a heading called disabilities. A manager argues the intention is supportive. Which revision is strongest?

- A. Use an additional needs heading and assign all listed groups the same enhanced support package.
- B. Retain the shared heading but add a note explaining that some listed disabilities are social.
- C. Separate disability from identity and disadvantage, then ask about specific barriers and intersecting needs.
- D. Remove identity and family circumstances from all inclusion conversations to avoid categorisation.

1.04 An apprentice manages ordinary work with accessible software but cannot use a new assessment portal. Their employer says the existing workplace success proves no adjustment is needed. What is the most defensible interpretation?

- A. A medical reassessment should first establish whether the condition has become more severe.
- B. The workplace software should be replaced because support must operate identically in all settings.
- C. Assessment should be postponed until the apprentice can use the unmodified portal independently.
- D. Access is task and setting dependent, so the assessment route needs its own functional review.

1.05 KBC introduces an accessible template for every assignment. One learner still needs a specialist communication arrangement. The curriculum lead says universal design should remove individual adjustments. Which response is best?

- A. Apply the universal template for one full term before considering support beyond the standard offer.
- B. Accept the universal template as sufficient unless the learner can show their assessment grade has fallen.
- C. Keep the improved template and assess the remaining individual barrier and suitable specialist support.
- D. Withdraw the template for this learner so the specialist can design a completely separate programme.

1.06 A learner with recurring substantial symptoms appears well during the enrolment meeting. A coach concludes the disability definition cannot apply because the effects are not continuous. Which action best corrects the decision?

- A. Refer the legal interpretation appropriately and consider the history, likely recurrence and functional impact.
- B. Treat every recurring symptom as automatically satisfying the legal definition without further context.
- C. Use current assignment performance as the deciding measure of whether the condition is long term.
- D. Record no disability today and ask the learner to reapply during a future episode.

1.07 A marketing assessment uses a ten minute presentation to evaluate a proposed strategy. A learner requests a different format. The tutor calls the presentation a competence standard because it appears in the brief. What is the best next step?

- A. Retain the presentation because any requirement in a published brief becomes a competence standard.
- B. Approve a written report immediately because presentation format is always an adjustable method.
- C. Ask the learner to withdraw the request if they can present successfully in an informal conversation.
- D. Identify the actual competence, criteria and assessment method, then check the applicable approval route.

1.08 A learner has ADHD, chronic pain and caring responsibilities. Three specialists separately recommend additional weekly practice. Combined, the advice exceeds the learner's available training time. What should the coach prioritise?

- A. Ask the learner to choose one condition to prioritise and suspend support for the others.
- B. Implement the recommendations in the order received to preserve each specialist's proposed approach.
- C. Add an extension to all deadlines while retaining the full additional practice load.
- D. Coordinate one feasible plan that examines cumulative workload and addresses the interacting barriers.

1.09 A coach records that an apprentice is chaotic and probably noncompliant with medication after observing three missed task steps. The learner has not discussed treatment. Which record is most appropriate?

- A. Record only the eventual submission grade and avoid describing the process of completing the task.
- B. Describe the missed steps, the changed instructions, the learner's account and the agreed teaching response.
- C. Delete the observation entirely because health related information must never appear in a support record.
- D. Retain the judgement but mark it as an informal observation so colleagues understand the concern.

1.10 A thirty year old learner asks for their partner to attend one planning meeting but does not want assessment feedback shared afterwards. What arrangement best respects the learner's role?

- A. Treat attendance as continuing permission to copy the partner into support communications.
- B. Exclude the partner because adult learning decisions must always be made without supporters.
- C. Agree the partner's specific role and information boundaries, and retain the learner as the main decision participant.
- D. Ask the partner to approve the final plan because they have more experience of the learner at home.

1.11 An inclusion report shows every support plan is signed. Learner interviews reveal tutors often cannot locate the agreed actions. What should quality review conclude first?

- A. Signed plans establish compliance, so the interviews should be used only for optional service improvement.
- B. The evidence shows a gap between documentation and implementation that needs operational correction.
- C. The provider should redesign the signature process to obtain more frequent acknowledgement.
- D. The learner feedback is insufficient unless the learners can identify an associated assessment failure.

1.12 A learner completes more assignments after receiving support but reports doing substantial extra unpaid study and needing prolonged recovery afterwards. Which review decision is strongest?

- A. Remove all challenging tasks immediately because effort after adjustment means the curriculum is unsuitable.
- B. Examine learning gains alongside workload, distress and sustainability before calling the plan successful.
- C. Retain the plan unchanged because completion is the most objective outcome available.
- D. Stop collecting learner feedback until a longer series of assessment results is available.

1.13 A tutor provides extra explanation to a whole class because a concept was poorly taught. There is no identified disability related need or additional adjustment cost. A manager wants to claim learning support for everyone. What is the correct response?

- A. Stop the extra teaching until each learner has completed a disability screening questionnaire.
- B. Provide the teaching and refer any claim proposal to compliance against the applicable eligibility and cost rules.
- C. Claim only for learners who did not previously achieve the concept, because their gap proves additional need.
- D. Claim for the whole class because inclusive teaching is intended to benefit every learner.

1.14 Two apprentices started in different funding years but use the same current classroom materials. A coach proposes applying only the newest funding rules to both. Which response best separates teaching from funding administration?

- A. Use whichever rule set provides the larger support claim if the educational adjustment is the same.
- B. Retain all older materials for the earlier starter so their teaching and funding versions remain identical.
- C. Use suitable current materials while compliance verifies each learner's applicable funding rules and assessment plan.
- D. Use the newest rules for both because sharing a class creates a single administrative cohort.

1.15 An employer repeatedly cancels an apprentice's planned training time. The learner also reports anxiety. Which action plan formulation best avoids misattribution?

- A. Allow the learner to replace all cancelled training with evening study while the employer considers options.
- B. Prioritise anxiety management so the learner becomes more able to cope with changing training opportunities.
- C. Address the employer controlled timetable barrier and the learner's separate anxiety related learning needs.
- D. Record the missed time as an individual organisation problem until a clinical opinion is available.

1.16 An accessible PDF is requested before a class tomorrow. The design team can provide an accessible Word version now; the permanent PDF repair will take a week. Which response is most proportionate?

- A. Provide the usable alternative now, check it works for the learner and retain ownership of the permanent repair.
- B. Move the learner to independent study until the permanent PDF repair is finished.
- C. Wait for the final PDF so every learner receives an identical file version.
- D. Ask a peer to read the original aloud and treat that arrangement as the completed solution.

1.17 An initial screening score is low after a learner completes the task on a phone during a noisy commute. Which interpretation should guide the next conversation?

- A. The learner should first complete the same task under greater time pressure to test consistency.
- B. The result requires context and may indicate a need for accessible reassessment or further exploration.
- C. The score should be ignored permanently because the assessment conditions were imperfect.
- D. The score is enough to record a specific learning disability if the learner agrees with the description.

1.18 A provider plans to use this book's MCQ score as evidence that its inclusion practice is exceptional. Which statement is most defensible?

- A. The score can inform staff development but needs observed practice and learner outcome evidence to assess provision.
- B. The score should replace learner interviews because it assesses more detailed knowledge.
- C. The provider can use the score as an inspection grade prediction after one term of operation.
- D. A high score is sufficient if every tutor completes all seven examinations.

1.19 A coach receives a disclosure of possible abuse from a seventeen year old apprentice who is employed full time. The apprentice asks that nothing be shared. What is the best response?

- A. Explain the limits of confidentiality and follow the safeguarding route without waiting for the next support review.
- B. Treat the apprentice as an adult because their employment contract gives them independent responsibilities.
- C. Investigate the allegation with colleagues before deciding whether it deserves safeguarding attention.
- D. Keep the disclosure private until the learner gives written permission for the employer to be told.

1.20 A disabled adult reports being upset after a disagreement at work. There is no current evidence of abuse, neglect or inability to protect themselves. Which interpretation best respects safeguarding thresholds?

- A. Open a statutory adult safeguarding case automatically because the learner has a diagnosed disability.
- B. Exclude safeguarding from consideration because workplace disagreements are always employment issues.
- C. Ask the employer to decide whether the learner is vulnerable before discussing the matter further.
- D. Explore the concern and support needed, escalating relevant facts without assuming disability itself meets the adult safeguarding threshold.

1.21 A manager wants every tutor to receive full diagnostic reports so that no adjustment is missed. Which alternative best supports implementation and privacy?

- A. Provide tutors with necessary functional actions while authorised staff manage fuller evidence under defined access rules.
- B. Remove the learner's name from diagnostic reports and place them in the general teaching folder.
- C. Keep all support information with the coach and expect tutors to identify arrangements independently.
- D. Rely on a single signed plan as permission for all employees to access the supporting reports.

1.22 A proposed support action is inexpensive but the learner's screen reader still cannot complete the task. The manager argues that choosing the cheapest action demonstrates reasonableness. What should be reconsidered?

- A. Whether the learner could purchase a more suitable device while retaining the cheapest provider action.
- B. Whether the learner's dissatisfaction should be deferred until an end of module review.
- C. Whether the action can be described as a universal resource so individual effectiveness need not be checked.
- D. Whether the action actually removes the disadvantage, alongside practical alternatives and relevant resources.

1.23 An apprentice's plan includes an EHC plan from earlier education. A tutor assumes all support ends when the apprentice turns twenty five. Which response is best?

- A. Review the relevant plan and transition arrangements while recognising that equality protection and individual support can continue.
- B. Ask the employer to replace the EHC plan with a medical certificate as the only basis for support.
- C. Treat the EHC plan as automatically continuing without any need to check the applicable arrangements.
- D. Close the support plan at twenty five and offer only universal resources thereafter.

1.24 A tutor says a learner needs more confidence. The learner says the issue is that instructions arrive after the practical activity begins. Which plan statement is most useful?

- A. Provide the activity sequence beforehand and review whether the learner can start and complete the task with appropriate independence.
- B. Require the learner to request instructions each week so independence becomes measurable.
- C. Refer for psychological support before changing the timing of instructional materials.
- D. Build confidence through weekly reassurance and review the learner's general attitude next month.

1.25 A small provider combines coach and tutor duties in one post. Several employer actions remain incomplete because the staff member assumes coordinating a plan means doing everything personally. What should leadership change?

- A. Give the combined post holder authority to make all workplace and assessment decisions alone.
- B. Clarify owners and escalation authority across the provider and employer, even where staff hold multiple roles.
- C. Remove employer actions from the plan so every listed task is within the coach's personal control.
- D. Transfer responsibility for chasing all actions to the learner to reduce the coach's workload.

1.26 A new research paper reports an association between a support service and higher completion. Learners selected whether to use the service. What is the strongest practice conclusion?

- A. The completion difference can be used directly as KBC's expected improvement target.
- B. The evidence has no value because the study was not randomised.
- C. The finding supports a plausible option to examine, but selection effects and context limit causal claims.
- D. The service caused the higher completion and should be made compulsory for comparable learners.

1.27 A school based UDL review identifies difficulties specifying what interventions actually included. How should a KBC curriculum team use it?

- A. Avoid all UDL informed design until an identical KBC trial has been published.
- B. Present the school review as direct evidence that the new apprenticeship curriculum will improve completion.
- C. Specify its own design changes and implementation checks while treating transfer to adult apprenticeships cautiously.
- D. Apply every UDL checkpoint simultaneously because the review establishes the complete package as effective.

1.28 Two learners have the same diagnosis. One benefits from typed notes; the other says extra written material is overwhelming. What should a coach do?

- A. Select the most common adjustment for that diagnosis to maintain consistency.
- B. Explore their different tasks and preferences and agree separate, reviewable arrangements.
- C. Remove individual choice and ask the assessor to define one standard support package.
- D. Ask the second learner to trial the first learner's arrangement for a term before considering differences.

1.29 A learner performs accurately after captions are introduced but still struggles to apply a new financial concept. Which teaching response best separates access from learning?

- A. Continue captions and provide targeted explanation and practice for the concept that remains insecure.
- B. Exempt the learner from the concept because an adjustment has already been attempted.
- C. Treat the remaining gap as evidence that the hearing support arrangement has failed.
- D. Remove captions briefly to determine whether they have created dependency.

1.30 A support plan says an employer will provide quiet space, but the learner reports that the room is used for meetings during the training slot. The action is marked completed because the employer signed it. What should the review do?

- A. Close the workplace action and give the learner another extension on the assignment.
- B. Keep the completed status but add a note that the learner should book earlier.
- C. Record that implementation is not reliable, agree a usable arrangement and identify an accountable workplace owner.
- D. Judge the support ineffective and refer the learner for a different disability assessment.

1.31 A provider has an accessible classroom but recruits through a form that cannot be navigated by keyboard. No current learner has complained. Which action best reflects anticipatory inclusion?

- A. Provide support only after admission because recruitment is separate from learning.
- B. Add an optional disability declaration field to the inaccessible form.
- C. Retain the form until a named applicant can demonstrate disadvantage.
- D. Test and repair the recruitment journey before waiting for an applicant to disclose a barrier.

1.32 A learner requests a workplace change that the coach cannot authorise. The next review is four weeks away. Which response best combines honesty with action?

- A. Ask the learner to negotiate alone because the coach has no workplace authority.
- B. Record the request for discussion at the next routine review without further action.
- C. Promise the change immediately to reassure the learner and resolve permission later.
- D. Identify the authorised employer decision maker, agree feasible interim support and set a decision date.

1.33 A team wants to compare inclusion outcomes. One group contains three learners and a detailed table would make a mental health disclosure identifiable. What is the best approach?

- A. Use proportionate aggregation or restricted case review and explain the limits of small group comparisons.
- B. Publish the detailed table with names removed because that is sufficient anonymisation.
- C. Combine the group with all others and state there are no differences without further review.
- D. Avoid examining the small group's experience at all to remove privacy risk.

1.34 A tutor wants to trial a new instruction checklist. The learner agrees, but the checklist is not supplied for two sessions. The learner then misses a deadline. What is the strongest inference?

- A. The learner lacks motivation because they accepted support but still missed the deadline.
- B. The trial should be treated as successful because agreement itself reduced the need for further assessment.
- C. There is insufficient evidence about effectiveness because the agreed intervention was not implemented reliably.
- D. The checklist is ineffective because the outcome did not improve after it was agreed.

1.35 An apprentice reports that their religious observance conflicts with a recurring teaching arrangement. They have no disability. Which route is most appropriate?

- A. Require the learner to demonstrate a mental health consequence before the timetable is reviewed.
- B. Use disability learning support rules as the only route for considering any change.
- C. Automatically excuse all assessed participation that falls during the relevant period.
- D. Discuss the specific scheduling barrier and equality considerations without treating religion as a disability diagnosis.

1.36 A coach's notes contain a learner's medical history, employer actions, a suspected safeguarding concern and claim costs in one unrestricted shared document. What should be prioritised?

- A. Ask the learner to sign the document again to resolve the information governance problem.
- B. Keep the document intact because a complete picture is always more useful to every member of staff.
- C. Delete all historical records immediately without checking retention or safeguarding requirements.
- D. Separate access and reporting routes by purpose while preserving the necessary links between agreed actions.

1.37 A learner asks for support only after months of successful study. The coach suspects the late disclosure is opportunistic because enrolment recorded no needs. What is the best response?

- A. Explore the current barrier and changed circumstances, recognising that needs and willingness to disclose can change.
- B. Assume the diagnosis is new and notify all staff that the learner's health has deteriorated.
- C. Apply the original no needs declaration until the next programme starts.
- D. Require evidence explaining why disclosure was not made at enrolment before discussing support.

1.38 A programme lead wants a concise case summary that demonstrates effective inclusion. Which combination offers the strongest evidence?

- A. The diagnosis, number of support meetings, staff qualifications and total value of funding claimed.
- B. The barrier, agreed actions, delivery evidence, learner experience, learning progress and review decision.
- C. The number of adjustments offered and confirmation that the learner remained enrolled.
- D. The signed plan, all emails exchanged and the learner's final satisfaction score.

1.39 KBC adopts a procedure from this book. A manager says that because the procedure aligns with guidance, all suggested local review intervals and role names are statutory. What should staff be told?

- A. Let each tutor choose which funding conditions to follow alongside the local recommendations.
- B. Treat all recommendations as statutory to encourage consistent implementation.
- C. Remove the references so staff can follow the procedure without worrying about distinctions.
- D. Distinguish the sourced duties and funding conditions from KBC's chosen operational arrangements and assign actual owners.

1.40 At a review, an apprentice says a proposed adjustment would reveal a disability to colleagues and asks for a less visible option. The alternative appears equally effective. What is the best decision?

- A. Use the original arrangement without telling the learner so colleagues can be briefed in advance.
- B. Explore and agree the effective alternative with the learner, recording the implementation and review arrangements.
- C. Implement the original adjustment because public visibility is irrelevant to educational effectiveness.
- D. Withdraw support until the learner agrees to the original disclosure implications.

Physical, sensory and long-term health barriers

Understand functional impact and coordinate practical, person-centred adjustments.



IN THIS CHAPTER

- Mobility, sensory access and long-term conditions
- Teaching, equipment and accessible materials
- Safety, coordination and review

2.1 Learning purpose and professional boundaries

An apprentice can understand a technical problem perfectly and still be unable to access the lesson, manipulate the equipment, remain seated, hear the discussion, read the screen or demonstrate their understanding through the method selected. This chapter concerns that gap between occupational potential and the conditions under which learning happens. It explains physical, sensory, communication and long term health related barriers in accessible language, then turns each into practical decisions for coaches, tutors, curriculum developers, learning designers and employers.

The chapter deliberately avoids calling every health condition a learning difficulty. A blind apprentice does not necessarily have difficulty learning; an unlabelled spreadsheet may prevent them accessing the information. A learner receiving cancer treatment may need timetable changes without any change to the intellectual level of the programme. A person with a stammer may be a highly effective communicator whose speech contains repetitions or blocks. Equally, physical conditions can interact with concentration, memory, mental health, finances and caring responsibilities. Use the relevant chapters together rather than allocating a person to one category.

After studying the chapter, staff should be able to distinguish a physical access barrier from a competence requirement; ask respectful functional questions; specify adjustments across teaching and work; recognise when specialist advice is needed; manage fluctuating access without penalising disclosure; and test whether the adjustment has worked. The aim is reliable access to demanding learning, not a diagnostic checklist.

England is the apprenticeship funding and inspection context used here. Equality Act guidance discussed in this chapter concerns Great Britain; Northern Ireland has a different legislative framework. Cancer, HIV infection and multiple sclerosis meet the Equality Act disability definition from diagnosis. Other conditions require consideration of the relevant legal test, including rules about recurring or fluctuating effects. Staff should not use a simplified diagnostic list to make definitive legal decisions.¹⁸

The action menus, timeframes, review measures and fictional examples below are proposed KBC practice. They are not treatment protocols, nationally mandated adjustment packages or promises of assessment approval. The apprentice helps select them. Coaches coordinate educational support; qualified clinicians assess health and treatment; employers manage work and workplace safety; authorised assessment bodies approve arrangements within their rules. A suggested adjustment should be reviewed if it fails, causes a new barrier or no longer matches the task.

2.2 Start with participation rather than the diagnosis

An effective first conversation begins with the ordinary learning week. Ask the apprentice to describe travel, workplace duties, live teaching, independent study, submissions and recovery time. Useful questions include: Which task becomes difficult? What changes on a worse day? What already helps? Which tasks remain comfortable? What should a tutor know before a session? Is there anything you prefer to discuss only with the coach or specialist? Avoid demanding an account of every symptom.

The KBC participation map has six connected domains: getting there; perceiving information; operating tools; communicating understanding; sustaining activity; and recovering sufficiently for the next demand. These domains are an author developed educational framework, not a validated clinical scale. Their value is that they expose barriers that attendance figures miss. For example, a learner may complete a London event but be unable to study or work afterwards. Another may attend every online session yet receive only fragments of the discussion because captions omit the technical vocabulary.

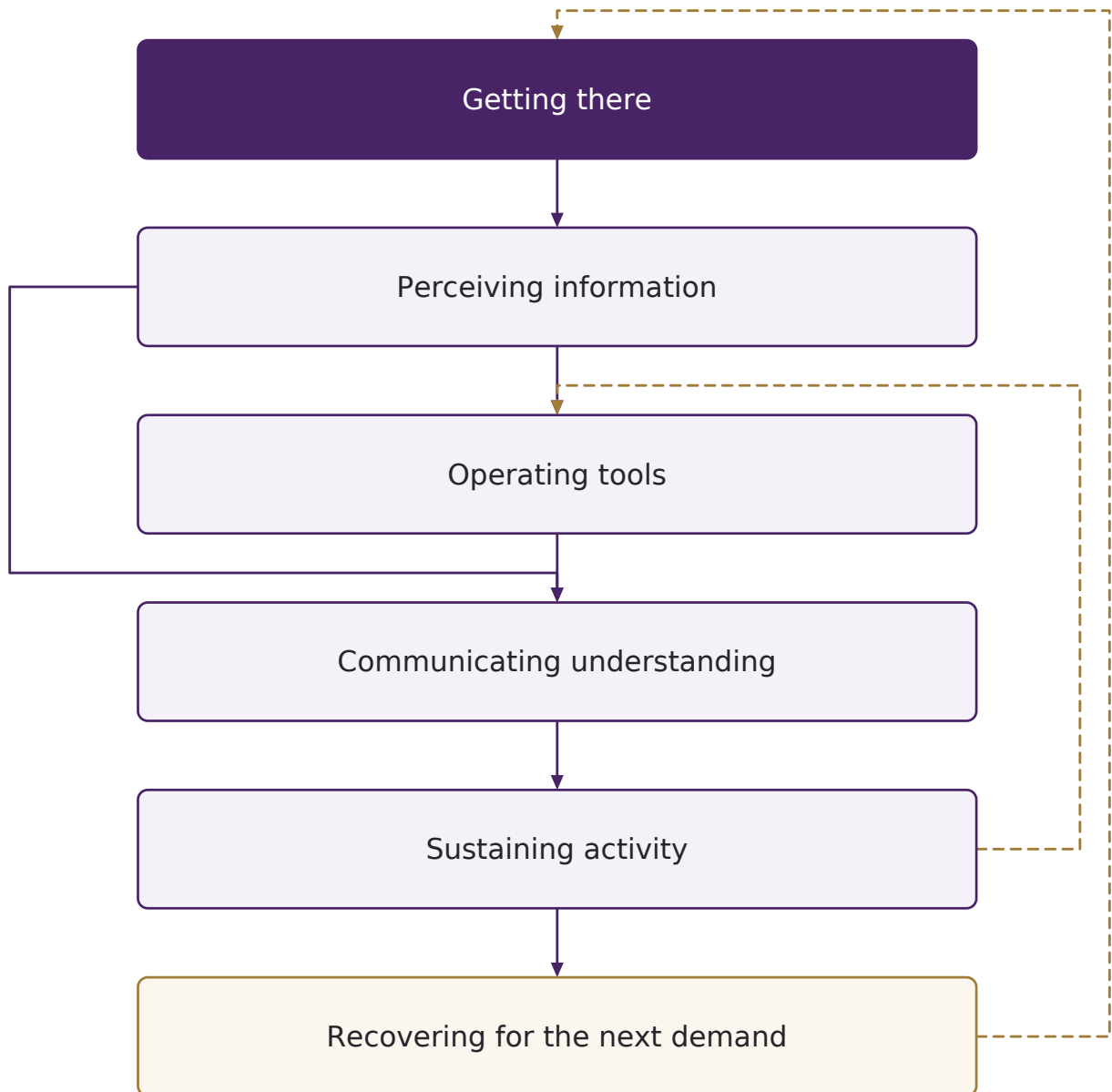


Figure 2.1 The KBC participation map. Author developed KBC framework for asking where learning access breaks down. Domains interact; attendance captures only part of the journey. This is not a clinical scale.

Diagram reading guide. Six linked domains form a cycle from travel and access through perception, tool operation, communication, sustained activity and recovery. Additional links show that receiving information affects contribution and energy affects operating tools.

Record a barrier in observable terms. “Has arthritis” does not explain the support required. “Repeated mouse dragging produces hand pain, and the learner cannot complete the practice

task within the session using the current interface” identifies both the task and the point of exclusion. Add the learner's account without converting it into a clinical conclusion: “Learner reports hand pain after repeated dragging; keyboard trial requested.” The condition can be recorded separately where necessary and lawfully justified.

An adjustment can change the environment, presentation, timing, interaction, equipment or response route. It should connect to a retained learning objective. If the objective is explaining critical path logic, operating a tiny mouse pointer is incidental. If competent use of a particular occupational tool is required, the team must establish how accessible operation can be taught and assessed. Removing the objective because the first interface is inaccessible confuses a delivery problem with the apprentice's capacity.

The information boundary

A coach can ask permission to share a short functional instruction such as “provide an uninterrupted toilet exit route and allow unannounced breaks”. That is different from circulating a gastroenterology letter. The apprentice should understand recipients, purpose and the practical consequences of not sharing information necessary for particular support. Do not promise absolute confidentiality when a serious safeguarding or emergency concern may require proportionate disclosure; Chapter 7 explains lawful handling and escalation.

Research supports taking disclosure seriously as a decision rather than a one off declaration. Woticky and colleagues studied 882 Canadian workers and found disclosure patterns differed between supervisors and colleagues. Gignac and colleagues' 2026 study of 695 workers distinguished choosing not to disclose from actively hiding difficulties. Both were cross sectional surveys, so they do not show that disclosure causes better outcomes. Their relevance to KBC is interpretive: a completed declaration cannot establish that every relevant barrier is known, and non disclosure should not automatically be read as dishonesty.^{19 20}

2.3 Mobility, posture, dexterity and physical access

Mobility concerns movement between and within environments. Dexterity concerns controlled hand or limb movements such as typing, gripping, dragging, writing and manipulating tools. Postural access concerns being able to sit, stand, change position or use supportive equipment. These areas overlap but are not interchangeable. A wheelchair user may have no hand impairment. Someone who walks without an aid may be unable to stand through a workshop. Someone with a temporary fracture may need immediate practical support even when the long term disability definition is not met.

Assessment starts with the actual route and actual task. “The venue has a lift” is not sufficient if the lift is inaccessible outside reception hours, the accessible toilet is used for storage, the door is too heavy, the workshop is on another level or evacuation arrangements are unworkable. Ask

permission before helping, touching an aid or moving a wheelchair. Independence includes deciding how assistance is offered.

The employer must manage relevant work risks. HSE advises reviewing the existing risk assessment when disability becomes relevant; it does not require a separate disability risk assessment in every case. It explicitly discourages blanket exclusions based on diagnoses. The appropriate question is what this person needs to do this activity safely in these circumstances.²¹

Responsibility	Proposed action	Why it matters and how to review it
Coach	Walk through the learning week with the apprentice; agree travel, room, workstation and submission barriers; coordinate an equipment trial with the responsible specialist.	Prevents a chair purchase becoming the whole plan. Review actual access to one live session and one workplace task.
Tutor	Allow agreed position changes and rest breaks; make demonstration objects reachable; provide keyboard alternatives to pointer tasks; avoid compulsory standing to present.	Separates physical endurance from the learning objective. Check whether the apprentice completed and explained the task.
Curriculum developer	Identify any essential physical performance requirement precisely; separate it from customary delivery habits; sequence practical opportunities with accessible arrangements.	Preserves occupational breadth. Review whether the apprentice receives the same range of technical challenges.
Designer	Ensure forms work without dragging; offer editable templates; design controls that can be operated accurately with the learner's input method; test accessible submission.	Reduces unnecessary motor effort. Test the complete journey rather than a sample slide.
Employer and venue lead	Address workstation and route access, equipment, accessible facilities and evacuation arrangements through competent assessment.	A classroom adjustment cannot compensate for an inaccessible workplace. Confirm arrangements before the activity.

Worked decision about software practice

Nadia, a fictional project controls apprentice, has restricted right hand movement. She analyses dependencies accurately but cannot use a drag and drop scheduling exercise quickly enough. The first proposal is to replace the exercise with a written description permanently. The curriculum lead instead separates two objectives: understanding dependencies and operating the scheduling tool. The designer creates a keyboard accessible dependency table for the first; the tutor and IT specialist investigate supported keyboard workflows in the occupational software for the second.

The coach records a two week trial, the software version, the input method, who will install it and one success measure: Nadia can enter and revise five dependencies independently and explain the schedule effect. If the software remains inaccessible, the lead escalates the tool barrier and assessment implications. Nadia is neither penalised for pointer speed nor signed off as competent in a tool she has not yet been able to use.

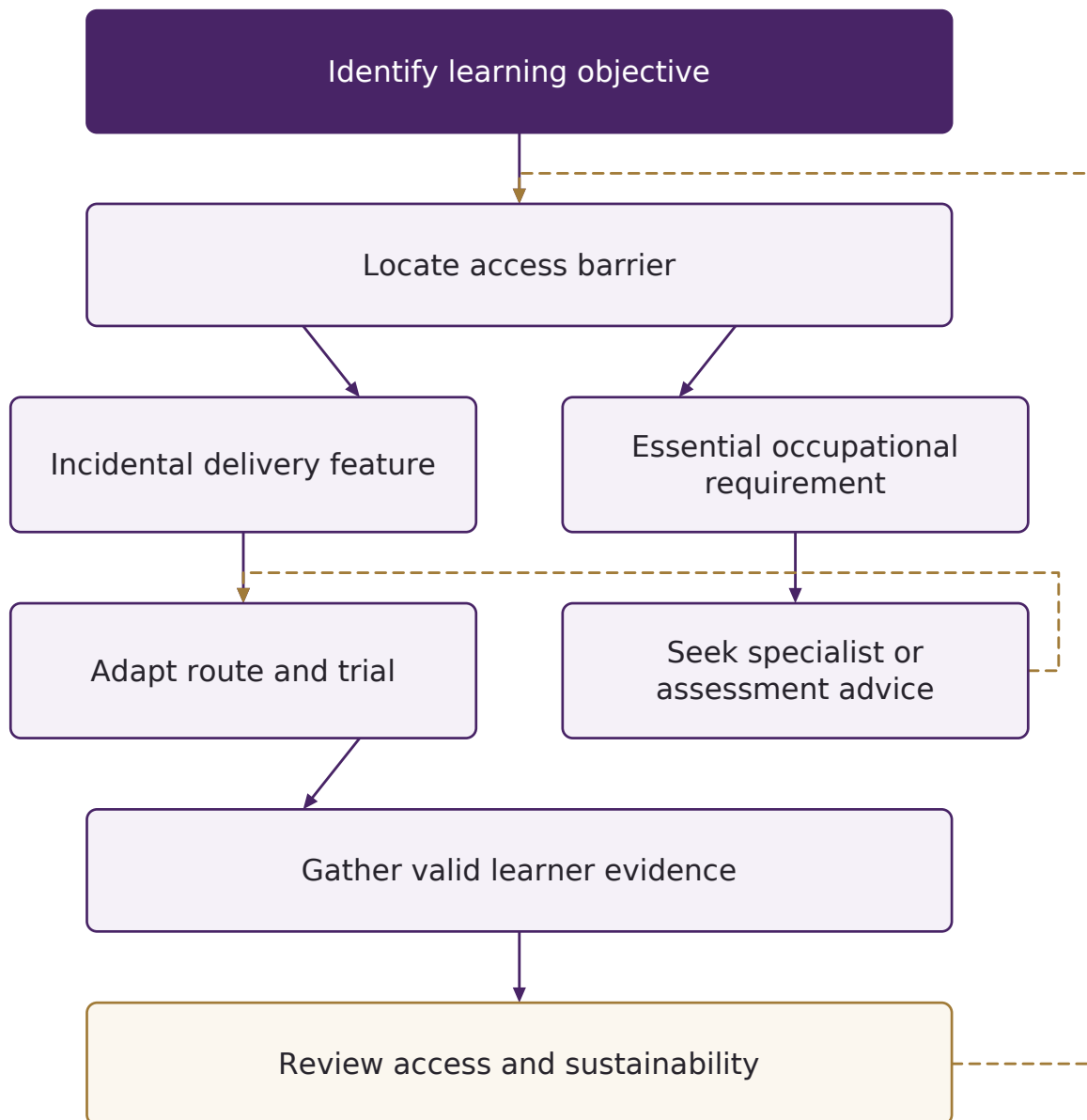


Figure 2.2 Preserving competence while changing access. Changing a response route should preserve the knowledge or skill being assessed. An inaccessible interface should trigger investigation rather than an automatic reduction in ambition.

Diagram reading guide. After identifying the objective and barrier, distinguish incidental delivery from essential requirements. Adapt incidental routes directly; obtain relevant advice for essential requirements or formal assessment. Trial, gather valid evidence and review.

2.4 Persistent pain and fluctuating physical symptoms

Persistent pain is pain lasting more than three months. It can coexist with sleep disruption, fatigue and other symptoms; its intensity and impact need not be visible to an observer. NHS England's decision aid describes chronic primary pain as complex and supports individual discussion of options. That document is for healthcare decisions, not a coaching treatment manual. Staff should avoid proposing medication changes or telling an apprentice that a particular exercise will resolve their difficulty.²²

In teaching, the relevant questions concern tolerable positions, concentration windows, hand use, travel and the cumulative demand of the day. "Extra time" can help someone whose response is slowed, but a longer uninterrupted task may increase the barrier for someone whose pain grows while seated. Rest breaks, shorter components or a different response method may better address the cause. These options can be combined only after the apprentice has explained what each achieves.

The coach should agree a practical flare up route: who the learner contacts; what a brief message needs to say; which pre agreed adjustment can begin immediately; and when further review is necessary. A learner should not have to write a detailed account of pain each time a predictable barrier returns. Equally, the plan must remain specific enough for tutors to act and for missed learning to be identified.

Tutors can release task instructions before the session, permit position changes without comment and offer concise recaps after a break. Curriculum developers should inspect deadline clusters: an accessible weekly lesson may be undermined by three lengthy submissions on the same day. Designers can reduce repeated data entry, supply navigable documents and separate required learning from optional extension work. Employers can coordinate training with workload and seek competent advice about job adaptations. Review the combined timetable; moving every demand into evenings merely relocates the problem.

Measure educational access rather than requiring pain reduction. A suitable outcome is "can complete the analytical commentary in agreed segments and participate in the review without missing the next planned learning activity". An unsuitable outcome is "pain reduced to two out of ten by Friday", which turns the coach into a treatment manager and may be outside the learner's control. A learner may report continuing pain while an adjustment substantially improves participation.

For arthritis, repetitive strain injury or upper limb impairment, first examine input volume and fine movements. For back or joint pain, examine seating, travel and static posture. For migraine or other recurring episodes, discuss the learner's reported triggers, screen use and recovery requirements without assuming that every episode has the same cause. All three may need deadline flexibility, but the mechanism and implementation should differ. Generic "allow flexibility" wording leaves each tutor to guess.

2.5 Fatigue, ME/CFS, Long Covid and variable capacity

Fatigue can mean a substantial limitation in available physical or mental energy, not simply feeling sleepy after a demanding day. ME/CFS and Long Covid should not be treated as interchangeable diagnoses. They can, however, create access difficulties involving concentration, physical exertion, travel and sustained interaction. Coaches should use the learner's reported functional effects and relevant professional advice rather than trying to diagnose an overlap.

NICE's ME/CFS guideline describes energy management as individually led, flexible and supported by appropriate healthcare expertise. It includes cognitive, physical, emotional and social activity and recognises fluctuating limits. It advises against pushing through symptoms and against automatic increases in activity. These principles matter educationally because a timetable can create pressure to exceed a person's limits even when every individual activity appears light. Coaches must not prescribe graded exercise or a fixed weekly increase in study as a treatment.²³

Post exertional malaise refers to worsening symptoms after activity; it may be delayed. For KBC planning, a learner's ability to complete an activity is therefore only one observation. Ask whether the arrangement was sustainable afterwards. The timing and interpretation of symptoms belong with the learner and their healthcare professionals; KBC should not administer a provocative endurance test to establish eligibility for help.

A 2025 UK qualitative study interviewed 20 people with Long Covid and two managers. It found that apparently supportive arrangements, including phased returns, could fail when workload expectations remained unrealistic or advice was not followed. Most participants worked in professional or technical roles and the sample had limited ethnic diversity; this is contextual evidence rather than a representative estimate of apprenticeship outcomes. It supports examining the quality of implementation, not just recording that reduced hours were offered.²⁴

A 2026 intervention development paper by Boutry and colleagues describes a person based vocational rehabilitation approach for Long Covid, including coordination around work participation. It is development research; it does not establish that a particular KBC timetable improves recovery or retention. The appropriate transfer is a design principle: agree realistic arrangements across the organisations involved and specify who coordinates them. Clinical rehabilitation remains the responsibility of qualified practitioners.²⁵

A sustainable learning agreement

The coach and apprentice identify a manageable starting arrangement, based on the apprentice's circumstances and any relevant advice. The plan distinguishes required learning outcomes, available learning windows, optional extension work and tasks currently postponed. The tutor offers brief, clearly signposted learning components with an agreed way to ask questions. The curriculum lead identifies prerequisites so that reduced demand does not become disconnected fragments. The designer supplies low effort navigation and save and resume capability. The employer coordinates job expectations and protected training time.

An important design choice is substitution rather than duplication. If an apprentice uses an accessible alternative to a live seminar, do not automatically require both the alternative task and full replay of the seminar. Decide which components provide new learning and which would repeat the same content. Record genuine learning undertaken; do not convert rest periods, login duration or an assumed catch up allowance into learning hours.

Worked case about the successful session that failed

Owen attends a two hour class from home and completes an excellent exercise. The coach initially interprets this as evidence that the full timetable is manageable. At review, Owen explains that he then missed work and could not concentrate on the next day's reading. His employer also scheduled a demanding meeting immediately before class. The evidence changes the plan: attendance alone has overstated access.

Owen agrees to trial selected live discussion, independently paced preparatory material and a short tutor check of the same analytical objective. The employer moves the preceding meeting and reduces the associated workload rather than simply shortening the diary entry. The designer supplies a single task list to reduce searching between systems. The coach reviews learning demonstrated, use of the agreed learning windows and Owen's account of the effect afterwards. There is no automatic increase after two weeks; any change is negotiated on the evidence.

If the apprentice cannot currently undertake learning, use the appropriate absence or break in learning process with compliance advice. Do not keep a nominal active plan that produces pressure, invented hours or repeated non submission. Conversely, do not impose a break solely because a condition is long term when reasonable adjustments enable meaningful participation.

2.6 Deaf learners, hearing loss and auditory access

Hearing differences vary in type, degree, language and communication preference. Some people identify as Deaf and use British Sign Language, a language with its own grammar; others primarily use spoken language, hearing aids, cochlear implants, lipreading or text. These are not interchangeable access methods. Ask the apprentice which arrangement supports technical learning and which supports informal discussion. A hearing aid does not establish that a noisy room is accessible.

RNID recommends checking communication requirements in advance, arranging support early, testing technology with the user, controlling overlapping speech and ensuring faces are visible for people who lipread. It also warns that automated captions are imperfect. A BSL interpreter, speech to text reporter, notetaker and automatic transcript perform different functions. The presence of one does not prove that the learner has access to all the information.²⁶

Responsibility	Proposed action in technical teaching	Evidence that the action works
Coach	Agree the apprentice's preferred communication routes; book or coordinate required support; check what information may be shared with the employer.	Apprentice confirms they can follow, contribute and ask questions in the actual setting.
Tutor	Use one speaker at a time; repeat audience contributions into the microphone; pause between a visual demonstration and explanation; check terminology.	Apprentice can explain the technical reasoning rather than merely repeat captions.
Curriculum developer	Budget communication access across classes, projects, visits and assessments; plan time for interpretation and technical vocabulary preparation.	Support covers the full programme, including informal and practical learning.
Designer	Supply accurate captions, useful transcripts and visual instructions; keep interpreter visibility and caption placement usable; check formulas and acronyms.	Test a difficult content sample and correct errors that alter meaning.
Employer	Provide accessible team communication and relevant alerts; align workplace support with the apprentice's preference and the actual task.	Workplace meetings and safety information are accessible, not only KBC lessons.

Captions need content checking. A transcript that turns “cost variance is negative” into “cost variance is negligible” is fluent and educationally wrong. Designers should sample terminology, numbers, negations, names and equations. A 2025 randomised crossover study of caption evaluation in an accessibility MOOC found that basic training could support preliminary checks but novice judgements still missed or underrated some problems. It studied caption evaluation, not the effectiveness of automatic captions for every Deaf apprentice. KBC should use trained review and user testing rather than equating a switched on caption button with quality assurance.²⁷

A conflict between two access needs

A learner with hearing loss needs visible speaker faces. Another learner has a health related reason to keep their own camera off. The solution is not a universal camera rule. The tutor can remain visible, regulate turn taking and relay contributions clearly; the second learner can contribute through an agreed text route or another accessible method. If these routes do not provide equivalent access, the coach coordinates a more specific arrangement. Nobody should be required to disclose a diagnosis publicly to resolve the conflict.

RNID distinguishes BSL interpretation, speech to text reporting and other communication support options; choice depends on the individual's communication needs.²⁸ For a BSL using apprentice, KBC should plan interpretation for technical accuracy, turn taking and workload. Supply preparatory materials to the interpreter under appropriate confidentiality arrangements. Speak to the apprentice, not about them to the interpreter. Ask the apprentice to demonstrate understanding through a suitable task; do not ask the interpreter to make the academic judgement. Any formal assessment interpretation must comply with the assessment body's requirements and be agreed sufficiently early.

2.7 Blind learners, low vision and visual access

Sight loss does not imply complete absence of vision or a uniform need for large print. Some learners use magnification; some use screen readers or Braille; others combine methods. The useful question is how the individual accesses a particular document, diagram, application or location. RNIB provides introductory resources that emphasise the varied experience of sight loss and practical support for independent participation. Use these to improve awareness, then ask the individual rather than treating the resource as a prescription.²⁹

A screen reader converts accessible text and interface information into speech or Braille; it cannot reliably recover meaning that has never been encoded. A screenshot of a complex chart is not made educationally accessible by the label “chart”. A meaningful alternative identifies the variables, relationships, important values and what the learner must analyse. Where spatial relationships are central, specialist advice may suggest structured data, tactile representations or another representation developed with the learner.

The coach should arrange a real sample test before the first assessed task: open the file, find the instructions, navigate the evidence, respond, save and submit. Ask which formats work in practice and whether specialist training is needed. The tutor should verbalise references such as “the orange line” by naming the data series and its change. The curriculum developer should retain visual reasoning objectives where relevant while redesigning inaccessible representations. The designer should supply headings, meaningful reading order, labelled controls, text alternatives and navigable tables. The employer must examine occupational systems as well as office documents.

WCAG 2.2 provides testable digital accessibility criteria, including keyboard access and alternatives for non text content. It is a technical standard, not proof that a particular learning activity is pedagogically complete. A document can have alternative text yet omit the relationship the learner needs to reason about. KBC quality checks should therefore combine technical testing with an apprentice's attempt to perform the intended task. Chapter 6 expands the production standards.³⁰

Worked case about an earned value chart

Maya uses a screen reader. The assignment asks her to interpret a chart showing planned value, earned value and actual cost over six months. The supplied PDF is an image. Reading the model interpretation aloud would provide the answer and weaken the assessment. Instead, the designer supplies an accessible table with all three series, the dates, units and relevant contextual notes. The tutor checks that Maya can navigate it and asks the same analytical questions about performance and forecast implications.

If the intended outcome specifically involves designing a visual report for stakeholders, the task needs a further component. Maya could create an accessible data specification and explain her choice of representation, then use an accessible authoring workflow to produce the required output where feasible. The lead must map exactly which skill is being evidenced and seek assessment advice where a formal requirement may be affected. An accessible data table is a means to preserve the original reasoning, not an automatic substitute for every visual skill.

Combined sensory loss

Deafblindness concerns combined hearing and sight impairment that creates difficulties with communication, information and mobility; it does not require total deafness and total blindness. NHS England's Accessible Information Standard includes this distinction. That standard directly governs specified NHS and adult social care services, not all apprenticeship provision; its attention to identifying and recording communication needs is useful comparative practice.³¹

An audio alternative may fail a learner with both hearing and visual access needs, while a text alternative may fail for the same reason. The coach should coordinate specialist communication advice and agree the apprentice's preferred format, pace and human support. The tutor checks

the timing of access: receiving a transcript tomorrow may not enable participation today. The designer should avoid treating one sensory substitution as universally accessible. The employer and venue lead should consider communication and mobility together, including alerts and unfamiliar routes.

2.8 Speech, voice and communication differences

Stammering can involve repetitions, prolonged sounds and blocks. Dysarthria concerns difficulties producing speech clearly; aphasia concerns language difficulties, often following brain injury or stroke. Some people use augmentative and alternative communication, including communication software, symbols, typing or a speech generating device. These descriptions explain different access possibilities; they are not a basis for staff diagnosis or assumptions about understanding. Refer to Chapter 4 where acquired cognitive or language difficulties also affect learning. Sudden new speech difficulty can indicate a stroke, particularly alongside facial drooping or arm weakness; call 999 rather than treating an abrupt change as an ordinary access issue.^{32 33}

STAMMA's employer guidance supports adjustments that enable people who stammer to participate and use their communication skills. It cautions against assumptions based on how speech sounds. For KBC, fluent delivery and the quality of professional communication should be distinguished: content, responsiveness and audience awareness can be strong even where speech takes longer. Any actual fluency or timing criterion should be examined carefully rather than added through an informal marking preference.³⁴

The coach should ask what happens in unfamiliar groups, telephone calls, spontaneous questioning and recorded assessment. Agree how the apprentice wishes tutors to respond during a block or device delay. The tutor should allow the person to finish, maintain respectful attention and avoid completing sentences unless that is explicitly requested. Advance questions can support preparation, but they should not become a permanent restriction on contribution. Curriculum developers should build communication practice through authentic, accessible tasks and check whether assessment criteria inadvertently reward speed unrelated to competence. Designers should allow typed and recorded routes where appropriate, avoid short automatic timeouts and ensure communication devices can be used with the platform. Employers should make the same inquiry about meetings and customer interaction.

A particularly important distinction is between access and avoidance. An apprentice may choose typed contribution because it is their effective communication route; that is not a failure to develop confidence. Another may want supported practice in speaking. The coach should follow the apprentice's goals and appropriate specialist advice, not force exposure or assume that eliminating speech difference is the educational outcome.

Worked case about professional discussion

Daniel uses a speech generating device. During a mock professional discussion, assessors repeatedly interrupt because they assume his pause means he has finished. The coach documents the barrier as interrupted response construction. The proposed arrangement includes a clear “response complete” signal, a familiar device, accessible prompts and appropriately agreed time arrangements. The tutor rehearses these interaction rules with Daniel and the mock assessor.

The learning objective remains demonstrating professional judgement. Providing Daniel with complete prewritten model answers would interfere with the evidence of his own understanding. Allowing his device to express his independently constructed response provides access. The assessment organisation must decide the formal arrangement; the mock provides practical evidence about why the request is needed and how authenticity will be preserved.

2.9 Epilepsy, diabetes and planning for health events

Some conditions require both ordinary access adjustments and a separate response plan for a possible health event. The two documents should connect without becoming identical. Tutors need the agreed actions that are relevant to their role; they do not need an unrestricted medical history. An incident report records what happened and the action taken. A learning plan records how participation will be supported afterwards.

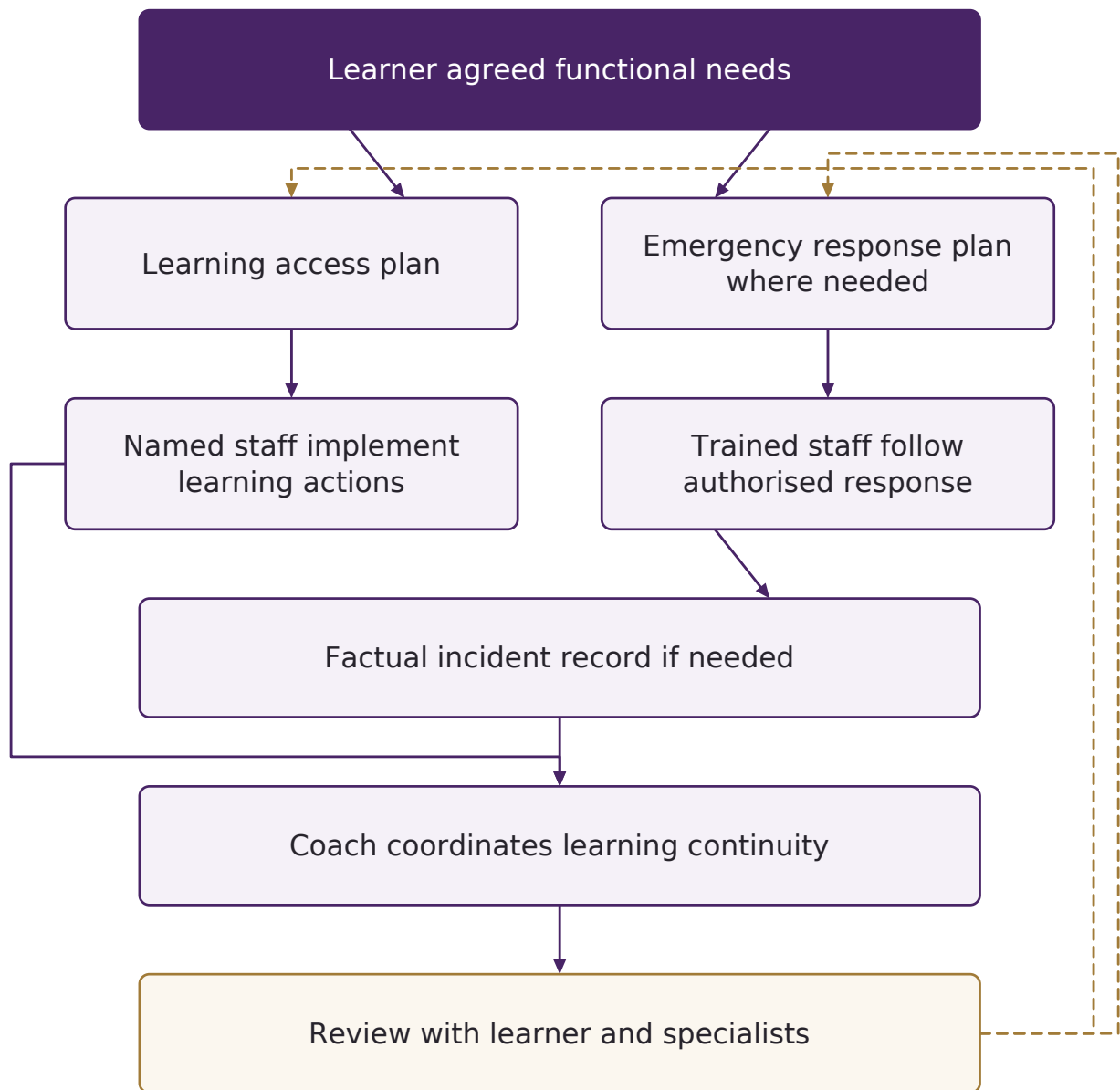


Figure 2.3 Coordinating learning support and health response. Learning and emergency response plans serve different purposes. Share the information each role needs and connect incident learning with educational continuity.

Diagram reading guide. Learner agreed needs inform parallel learning access and emergency plans. Teaching staff implement access; trained responders follow the emergency plan. Incident records and learning observations feed continuity and review.

Epilepsy

Seizures vary and may involve altered awareness rather than obvious convulsions. Do not infer that every person with epilepsy is sensitive to flashing images or unsafe around all equipment. Discuss individual support and seek competent safety advice for relevant occupational tasks. Possible educational arrangements include an agreed recovery route, access to missed instructions and reviewed deadlines following an event. Designers should remove unnecessary flashing content and test digital material against the applicable accessibility criteria.³⁵

For a convulsive seizure, NHS guidance advises protecting the person from injury, timing the event, not putting anything in their mouth, staying with them and following an agreed care plan only where staff know what to do and are trained. Call 999 for a first seizure, one longer than usual, one exceeding five minutes when the usual duration is unknown, repeated seizures without recovery, failure to regain full consciousness, serious injury or breathing difficulty afterwards. This short account supports awareness and does not replace first aid training or an individual protocol.³⁶

The coach confirms who holds the current emergency plan and how relevant staff can access it promptly. The tutor knows the immediate response and how to preserve dignity, including stopping inappropriate filming. The curriculum lead identifies tasks requiring risk review rather than excluding the apprentice from an entire pathway. The designer maintains accessible learning routes after missed instruction. The employer owns workplace controls, suitable first aid arrangements and specialist advice. Review after an incident, changed task or changed advice; do not wait for the next routine progress meeting.

Diabetes

Diabetes can require access to food, drink, monitoring equipment, medication and breaks. Arrangements differ. A continuous glucose monitor may communicate through a phone, so a blanket phone ban can remove access to health information. The tutor should implement the agreed exception discreetly; a learner should not have to explain their readings to the class. The coach coordinates the classroom and assessment arrangements, while clinical management stays with the learner and their healthcare team.

Low blood glucose can cause confusion and, when severe, loss of consciousness. NHS guidance says not to give food or drink to an unconscious person. If suspected severe hypoglycaemia means someone is unconscious or not responding normally, treat it as an emergency and call 999. In particular, NHS emergency triggers include glucagon being unavailable or the helper not knowing how to use it, no recovery within ten minutes after glucagon, or alcohol consumption. Follow emergency instructions and trained first aid practice. Staff must not improvise doses or administer medication outside their training and authorised arrangements.³⁷

Curriculum developers should identify long activities with restricted break opportunities, travel or changing meal patterns. Designers should permit pause and resume where allowed and

avoid treating a necessary health break as an academic error. Employers should review relevant work arrangements and the individual response plan. In a formal timed assessment, food, monitoring, rest breaks and phone based equipment require advance coordination with the assessment body. A classroom agreement alone does not guarantee those arrangements will be available on assessment day.

2.10 Cancer, other long-term conditions and pregnancy-related effects

An apprentice undergoing cancer treatment may need flexible attendance, infection related precautions advised by their clinical team, time for appointments, reduced travel or support with changing energy and concentration. Do not assume that treatment completion means all barriers have ended. Equally, do not assume someone wants reduced challenge or public recognition of their illness. A useful opening question is what they want to continue, what currently gets in the way and what contact feels manageable.

For cancer or another fluctuating long term condition, the coach should maintain a short current plan with a named contact and agreed communication frequency. The tutor should provide continuity when the apprentice changes attendance mode. The curriculum developer should map missed prerequisites and meaningful re entry points. The designer should organise materials so that returning learners can find what they need without searching an entire archive. The employer should coordinate workplace changes and relevant professional advice. The legal status of cancer from diagnosis was set out earlier; support needs still require individual agreement.

The same functional approach applies to inflammatory bowel disease, bladder conditions, respiratory conditions, heart conditions, kidney disease, sickle cell disease and other long term conditions. Do not turn this list into a single package. Ask about urgent toilet access, appointment patterns, stamina, environmental exposure, hydration, food access or equipment only where relevant to the person's account. Separate the task barrier from a clinical assumption. A learner who asks for an exit seat does not owe peers an explanation of bowel symptoms.

Example barrier described by the learner	Proposed coordinated response	Review question
Urgent unpredictable toilet needs interrupt assessed practice.	Coach agrees discreet exit arrangements; tutor supplies restart points; designer enables saved work; curriculum lead plans assessment access; employer checks suitable facilities.	Can the apprentice return and complete the task without avoidable loss of work or public disclosure?

Example barrier described by the learner	Proposed coordinated response	Review question
Treatment appointments repeatedly coincide with the same module.	Coach maps appointments by agreement; tutor provides targeted replacement teaching; curriculum lead checks prerequisite coverage; designer labels missed components; employer protects rearranged training time.	Is the learner receiving new teaching in that topic rather than only independent catch up?
Environmental exposure causes difficulty in a particular work location.	Employer seeks competent advice and reviews the task environment; coach coordinates a viable learning location; tutor, curriculum lead and designer preserve access to the same objective.	Has the exposure barrier been addressed without unnecessarily removing the relevant occupational learning?

Pregnancy is not itself a disability, but pregnancy related physical effects may require specific support and legal protections. HSE requires an individual risk assessment when a worker informs their employer in writing that they are pregnant, have given birth within the preceding six months or are breastfeeding. This is distinct from HSE's advice that disability does not automatically require a separate individual risk assessment. The assessment must respond to changing circumstances and relevant medical advice.³⁸

For KBC, practical questions may concern seating, nausea, travel, fatigue, breaks, feeding or expressing arrangements and attendance at appointments. The coach agrees what information needs sharing. Tutors implement agreed changes without requiring public explanations. Curriculum staff coordinate continuity and any planned absence; designers provide usable alternatives for missed learning. Employers manage the applicable workplace duties. Chapter 3 covers the social and financial dimensions, including childcare and single parenthood, which must not be labelled disabilities.

2.11 Equipment funding and responsibilities

The existence of a funding route does not determine whether a barrier is real or whether action is needed. Government guidance on reasonable adjustments explicitly includes apprentices. The workplace duty belongs to the employer; the provider must address its own educational responsibilities. Staff should not tell the learner to purchase necessary support simply because two organisations disagree about a budget. Escalate ownership internally while putting feasible interim access in place.³⁹

The current detailed Access to Work employer factsheet states that the scheme does not pay for changes the employer is legally required to make as reasonable adjustments. Access to Work can provide eligible additional workplace support; an award is not guaranteed by a coach. Its

Great Britain scheme differs from Northern Ireland's arrangements. Use current scheme guidance when making a referral rather than repeating a simplified statement that every adjustment is grant funded.⁴⁰

Current apprenticeship learning support guidance distinguishes support for training from workplace adjustments and requires the relevant eligibility and cost evidence. Responsibility for that guidance moved to the Department for Work and Pensions on 1 April 2026; older material may still say Department for Education. Rules for apprenticeships and apprenticeship units must not be conflated. The compliance team should check the rules applicable to the learner and claim period before making any claim. This chapter does not assign a fixed funding amount to a diagnosis.⁴¹

An equipment plan should state who owns it, who configures it, who teaches its use, where it can be used, what happens when it fails and when compatibility will be checked. Buying speech recognition software does not resolve inaccessible authentication or a workplace security block. Assistive technology research in higher education highlights the importance of matching technology to students' needs across study environments; it cannot establish that any named product works for every apprentice. KBC should trial complete workflows and include implementation support in procurement.⁴²

2.12 A complete worked plan and review

Samira is a fictional marketing apprentice with fluctuating hand pain and hearing loss. She follows individual explanation well, but rapid group brainstorming and a pointer intensive collaborative board make contributions difficult. Her employer has assumed that her quietness indicates weak confidence. The coach asks Samira to demonstrate the access problem using a low stakes example. Her written campaign analysis is strong; the difficulty lies in receiving overlapping contributions and entering responses quickly enough.

The first plan therefore preserves the intended outcomes: generating campaign ideas, evaluating audience relevance and responding to colleagues. It changes the conditions of participation. Samira agrees to a short advance brief, a keyboard accessible idea form, controlled turn taking and written capture of group decisions. The tutor checks captions against the session's specialist terms. The employer trials the same interaction rules in the next team planning meeting. The designer removes pointer only actions; the curriculum lead checks that Samira still encounters collaborative challenge.

Plan field	Completed example
Learner stated goal	Contribute ideas and challenge assumptions in campaign discussions without losing the thread or aggravating hand difficulty.

Plan field	Completed example
Barrier and baseline	In two observed practice activities, overlapping speech and rapid pointer entry prevented timely contribution; quality of independent analysis was strong.
Adjustment and rationale	Accessible advance brief, keyboard entry, one speaker at a time and written decision capture; these address reception and response barriers while retaining collaboration.
Owner and implementation date	Tutor owns discussion rules; designer owns revised board before the next class; employer owns the workplace trial; coach coordinates.
Information sharing	Share functional instructions with named teaching and workplace staff; retain unnecessary medical detail outside the working plan.
Interim arrangement	Accessible shared document if the revised board is not ready; same analytical prompts and contribution opportunities.
Evidence of effect	Samira contributes and responds to a colleague's reasoning using the agreed route; she confirms access and the arrangement is sustainable.
Review and escalation	Review after the next two relevant activities; escalate immediately if communication support or the accessible response route fails.

At review, Samira reports that turn taking helped, but caption errors still caused confusion about budget figures. The team keeps the effective measures and improves the weak one. The tutor displays and checks key figures in writing; the support lead discusses whether additional communication support is needed. The coach records this as partial effectiveness, not learner non compliance. A successful plan is permitted to evolve.

The most persuasive quality evidence is a connected account: a barrier was identified; an appropriate action was implemented; the apprentice accessed demanding learning; evidence was reviewed; and ineffective provision changed. Ofsted's September 2026 operating guide describes inclusion focused activity examining the experiences and outcomes of apprentices facing barriers. It does not require this particular KBC form or guarantee a grade because a form is complete. Use the plan to improve the apprentice's experience and explain the decisions honestly.⁴³

2.13 Professional judgement before the chapter assessment

Before completing the assessment, work through an apprentice's journey using the participation map. Identify one barrier that could be missed by attendance data, one adjustment that could create a second barrier, one decision requiring an assessment body's agreement and one matter outside a coach's competence. Then write a review question that tests learning access rather than medical improvement.

Strong practice combines ambition with specificity. Keep the occupational objective visible; ask the apprentice what works; allocate responsibility; check the complete route; and revise the plan when the evidence changes. Physical and sensory inclusion is not complete when equipment arrives or a diagnosis is recorded. It becomes credible when the person can learn, contribute and demonstrate professional competence through arrangements that function in the real setting.

Chapter 2 examination

40 CASE-BASED QUESTIONS / SINGLE BEST ANSWER

Forty case based questions. Select one best answer for each case using only the information given. Record your answers before consulting the explanations at the back of the book.

2.01 A wheelchair using apprentice can analyse risk registers independently. The venue has a lift, but the accessible toilet is locked after 17:00 and the evening room has no agreed evacuation arrangement. The apprentice requests the same evening workshop as colleagues. Which response best applies the participation framework?

- A. Confirm the lift provides reasonable access and ask the apprentice to identify any remaining difficulty when they arrive.
- B. Commission a clinical mobility assessment before deciding whether the apprentice can attend an evening class.
- C. Arrange remote attendance for the remainder of the programme because the venue has unresolved physical limitations.
- D. Resolve the whole access route with the venue and apprentice before the workshop, including facilities and evacuation, while arranging a suitable interim route if needed.

2.02 A learner with hand impairment explains schedule dependencies correctly but cannot complete a drag and drop simulation. The programme requires both dependency analysis and use of scheduling software. What is the strongest next step?

- A. Allow a colleague to operate the software under the learner's direction and sign off independent software operation.
- B. Provide an accessible representation for dependency analysis and separately investigate an accessible occupational software workflow, mapping evidence to both objectives.
- C. Replace all software practice with oral questions because the learner already demonstrates the underlying reasoning.
- D. Extend the drag and drop time and retain it as the sole test because software operation is an occupational requirement.

2.03 A tutor gives an apprentice with persistent pain an additional hour in a seated assessment. The apprentice's analytical accuracy declines late in the task and they report that prolonged sitting is the problem. Which revision most directly addresses the evidence?

- A. Explore breaks, changes of position or segmented assessment within the applicable rules, retaining the same analytical demand.
- B. Ask for a lower pain score before using further assessment opportunities.
- C. Increase the additional time again because the decline demonstrates that the initial allowance was insufficient.
- D. Retain the allowance and make the assessment easier so the learner can finish earlier.

2.04 An apprentice with ME/CFS has completed two shortened teaching sessions. A manager proposes increasing study by 15 minutes every week until the original timetable is restored. The apprentice reports variable symptoms and delayed deterioration after some activities. Which judgement is best?

- A. Review sustainable participation with the apprentice and relevant advice, allowing flexible change without an automatic increase.
- B. Keep the shortened timetable permanently because changing activity is never appropriate in ME/CFS.
- C. Let the tutor test the apprentice's maximum study endurance before setting a revised schedule.
- D. Accept the schedule if the weekly increase appears small relative to normal class length.

2.05 An apprentice with Long Covid attends every session and submits good work but says that study leaves them unable to undertake other agreed duties the following day. Which review conclusion is most defensible?

- A. The adjustment is effective because attendance and assessed performance show access has been restored.
- B. The provider should review study only because the employer is responsible for anything that happens on a workday.
- C. The adjustment may provide immediate access but remain unsustainable; review combined demands and the learner's account of effects afterwards.
- D. The apprentice is unsuitable for the programme because maintaining both study and work is essential.

2.06 A learner uses a substitute activity covering the same objective as a live seminar because the full seminar is currently inaccessible. The tutor also requires the whole recording and a second reflection to demonstrate commitment. What should the curriculum lead do?

- A. Keep both requirements because attendance alternatives should provide more evidence than ordinary attendance.
- B. Credit the scheduled seminar hours automatically and keep the substitute as unrecorded support.
- C. Map the required learning across the substitute and recording, retaining only additional components needed for the objective and recording actual learning undertaken.
- D. Remove all independent work while the learner uses an adjustment to prevent cumulative demand.

2.07 A Deaf apprentice primarily uses BSL. The provider offers automated English captions because the captions work well for another apprentice with hearing loss. Which response best reflects individual communication access?

- A. Discuss this apprentice's language and communication requirements and arrange suitable support, testing technical learning and contribution in the actual setting.
- B. Trial captions for a term before considering any support that requires external booking.
- C. Ask the second apprentice to help interpret difficult sections because they already use the caption system.
- D. Use written notes after each lesson as the main route because written information is equivalent for all Deaf learners.

2.08 During a cost analysis lesson, captions repeatedly render 'negative variance' as 'negligible variance'. The apprentice completes the calculation but interprets the result incorrectly. What is the most appropriate quality response?

- A. Accept the answer as correct because the failure originated in the provider's caption system.
- B. Correct the terminology, restore the explanation through an accessible route and reassess understanding before attributing the error to the learner.
- C. Disable captions and advise the apprentice to focus on the tutor's face during technical explanations.
- D. Record the result as a knowledge gap because the numerical calculation was accessible.

2.09 One apprentice needs visible speakers for lipreading; another has an agreed health related reason for keeping their camera off. Their tutor proposes asking the second apprentice to explain the diagnosis to the class so an exception can be accepted. What is the best alternative?

- A. Apply a camera rule to everyone but allow both apprentices to opt out of discussion.
- B. Give the first apprentice a recording later so live camera preferences can be unrestricted.
- C. Keep the tutor visible, manage turn taking and agree accessible contribution and relay routes, reviewing whether both apprentices can participate.
- D. Ask the first apprentice to use captions only because private health needs must always take priority over sensory access.

2.10 An interpreter is booked for a complex planning workshop. The tutor sends no terminology or materials, speaks while rapidly changing diagrams and asks the interpreter afterwards whether the apprentice understood. Which improvement addresses the most important combined weaknesses?

- A. Replace the workshop with a transcript because technical subjects are difficult to interpret accurately.
- B. Give the interpreter the marking rubric and delegate checks of understanding to them.
- C. Increase the interpreter's session time and retain the tutor's existing presentation method.
- D. Prepare technical material in advance, pace the visual and interpreted information and ask the apprentice to demonstrate understanding through an appropriate task.

2.11 A blind apprentice must interpret an earned value chart. The file is an image, and the intended assessment concerns performance analysis rather than chart drawing. Which alternative best preserves validity?

- A. Add the alternative text 'earned value chart' because the assessment must retain its original stimulus.
- B. Provide an accessible table of the same series, dates and units, then ask the original analytical questions.
- C. Remove the chart based component and average the scores from the remaining questions.
- D. Read the model interpretation aloud and ask the apprentice to explain whether they agree.

2.12 A designer says a report is accessible because every image has alternative text and the document passes an automated checker. A screen reader user still cannot work out the relationship needed for the assignment. Which judgement is strongest?

- A. Technical checks are necessary but insufficient; test and repair the representation against the actual reasoning task with the learner.
- B. The learner requires additional screen reader training because the technical check passed.
- C. The assessment should proceed because compliance with a technical standard establishes educational equivalence.
- D. The provider should replace all diagrams with prose, regardless of the task's spatial requirements.

2.13 A learner with combined hearing and visual impairment receives audio files whenever visual material is inaccessible. They report that the audio is also difficult to access. What should the coach prioritise?

- A. Move teaching to one to one telephone support to avoid the complexity of online material.
- B. Coordinate individual communication advice and test the learner's preferred format, timing and human support across both sensory needs.
- C. Ask the learner to identify whether hearing or sight loss is the primary disability before further support is planned.
- D. Increase audio volume and supply a larger printed transcript as standard for all future material.

2.14 A tutor reduces an apprentice's professional discussion score because a stammer makes delivery slower. The rubric assesses the quality of judgement, explanation and response to questions, with no justified fluency criterion. What is the best moderation decision?

- A. Award full communication marks because a speech difference prevents meaningful assessment of communication.
- B. Reconsider the score against the stated criteria and examine access arrangements, avoiding an added penalty for speech fluency unrelated to those criteria.
- C. Retain the score because fluent speech is an implicit requirement in every professional discussion.
- D. Replace all future professional discussions with written assignments without consulting the assessment requirements.

2.15 An apprentice using a speech generating device pauses while composing an answer. The mock assessor repeatedly moves to the next question. What adjustment most directly preserves the evidence of the apprentice's judgement?

- A. Allow the coach to infer the intended answer whenever the apprentice begins typing.
- B. Mark only the answers delivered before interruption because the mock must reproduce current practice.
- C. Agree a response complete signal and suitable timing arrangements, allowing independently constructed answers through the familiar device.
- D. Provide model answers on the device so response time matches the standard discussion format.

2.16 A learner with a stammer prefers typed contributions in seminars and demonstrates strong professional reasoning. The coach believes that every use of typing reinforces avoidance and sets compulsory unprepared speeches as a confidence plan. Which response is best?

- A. Stop all speaking opportunities permanently to avoid any pressure.
- B. Retain the plan but reduce the audience so exposure is gradual.
- C. Ask peers to decide whether the typed contributions demonstrate enough confidence.
- D. Discuss the learner's communication goals and retain effective access, offering agreed practice where wanted without treating removal of the stammer as the learning outcome.

2.17 An employer proposes excluding every apprentice with epilepsy from a technical site visit, even though tasks, seizure histories and controls differ. Which response best follows HSE's approach?

- A. Review the relevant activity risks and individual circumstances with competent advice, identify workable controls and avoid a diagnosis based blanket ban.
- B. Require the apprentice to guarantee they will not have a seizure during the visit.
- C. Accept the exclusion because the same rule for a diagnostic group is administratively consistent.
- D. Ignore the employer's safety concerns because equality duties override all risk considerations.

2.18 A tutor witnesses an apprentice's first known convulsive seizure. A colleague suggests waiting five minutes before seeking help because that is the usual emergency threshold. Which response is most appropriate?

- A. Call 999 because it is a first seizure, protect the person from injury and follow first aid and emergency instructions.
- B. Finish recording the attendance register before deciding whether the event is a seizure.
- C. Ask the nearest learner to search the apprentice's bag for medication and administer anything labelled for epilepsy.
- D. Wait five minutes, because calling earlier might breach the apprentice's privacy.

2.19 An apprentice has a known seizure condition and a current individual response plan. During a usual event, a trained staff member follows the plan; afterwards the apprentice has missed key teaching. Which follow up best distinguishes the relevant records?

- A. Place the entire medical plan and incident narrative in the public class notes so all tutors have context.
- B. Close the matter because the first aid response worked and learning support is a separate service.
- C. Complete the appropriate factual incident record, review the response arrangements if needed and update the learning plan for missed instruction with proportionate information sharing.
- D. Record the episode as misconduct if it interrupted assessed group work.

2.20 An apprentice uses a phone linked to a glucose monitor. A formal assessment venue normally prohibits phones. The apprentice has permission to use the device in class but no assessment arrangement has been confirmed. What should the coach do first?

- A. Coordinate advance approval of monitoring access and any necessary conditions with the assessment body, using the relevant evidence and learner's needs.
- B. Advise the apprentice to switch off the monitor during the assessment and resume it afterwards.
- C. Tell the apprentice to rely on the classroom permission because the venue must honour it automatically.
- D. Ask the apprentice to leave the phone with another candidate who can report any alerts.

2.21 A learner with diabetes is unconscious and severe hypoglycaemia is suspected. No glucagon is available and the tutor is not trained to administer it. Which response is best?

- A. Wait for the learner's manager to authorise emergency contact because a health plan is private.
- B. Call 999, give no food or drink by mouth and follow emergency and trained first aid instructions.
- C. Place a sugary drink in the learner's mouth because a rapid rise in glucose is the immediate aim.
- D. Ask another learner with diabetes to decide what medication should be given.

2.22 A learner has newly diagnosed cancer but expects to continue working. A staff member says adjustments cannot be discussed until the effects have lasted 12 months. Which correction is most accurate?

- A. The definition applies only when treatment begins, but informal help can be offered before then.
- B. Cancer meets the Equality Act disability definition from diagnosis; practical adjustments still need to reflect the individual's actual barriers.
- C. Continuing to work shows that the disability definition does not apply, though the learner may request ordinary flexibility.
- D. All newly diagnosed medical conditions automatically satisfy the definition, so every learner receives the same adjustment package.

2.23 An apprentice finishing cancer treatment asks to keep remote access and flexible deadlines for now. Their tutor proposes ending adjustments because treatment has ended. What is the strongest review basis?

- A. End adjustments unless the learner produces a new medical diagnosis.
- B. Review current functional barriers, learning requirements and the learner's experience, changing arrangements only on that evidence.
- C. Keep every adjustment permanently because cancer automatically meets the disability definition.
- D. Use attendance before the diagnosis as the expected baseline from the next session.

2.24 An apprentice with inflammatory bowel disease requests a seat near the exit and the ability to leave without explanation. The tutor wants the apprentice to tell the class why, to avoid perceptions of unfairness. What should the coach propose?

- A. Advise the learner to attend remotely until they are comfortable discussing the condition publicly.
- B. Obtain the full medical letter and share it so classmates understand the seriousness of the request.
- C. Allow exits but mark all resulting missed questions wrong to maintain equal conditions.
- D. Share only the functional teaching instructions with relevant staff and agree restart arrangements without requiring public disclosure.

2.25 A manager has heard that disability does not automatically require a separate individual risk assessment. A pregnant apprentice then provides written notification of pregnancy. Which response correctly distinguishes the duties described in the chapter?

- A. Wait until the apprentice reports an injury or a diagnosed complication before assessing individual risk.
- B. Transfer all assessment responsibility to KBC because the person is an apprentice.
- C. Complete the pregnancy related individual risk assessment and make necessary changes, while recognising that the disability guidance concerns a different trigger.
- D. Review only the general assessment because pregnancy is not a disability.

2.26 A provider and employer disagree about paying for support. The employer says Access to Work will fund any reasonable adjustment it is legally required to make, so nothing should happen until a grant arrives. What is the most accurate response?

- A. Agree, because referral to Access to Work transfers responsibility for all adjustments to the scheme.
- B. Require the apprentice to buy the support and seek reimbursement if the grant succeeds.
- C. Charge the workplace adjustment to apprenticeship learning support because the person is enrolled.
- D. Clarify the employer's existing duty, distinguish eligible additional Access to Work support and arrange feasible interim access while ownership is resolved.

2.27 KBC buys speech recognition software for an apprentice with hand pain. It works in a demonstration but cannot pass the employer's authentication process or submit work through the required portal. Which conclusion best follows the equipment section?

- A. The adjustment is not yet operational; assign configuration and compatibility owners, test the complete workflow and provide an appropriate interim route.
- B. The learner should use a personal email account to bypass the workplace restriction.
- C. The procurement is complete because the purchased software meets its advertised function.
- D. The coach should sign the adjustment as implemented and leave compatibility to the apprentice.

2.28 A learner's plan says only 'arthritis; allow flexibility'. Three tutors implement different deadlines and one declines breaks because no timing is specified. Which rewrite provides the strongest actionable information?

- A. Arthritis is serious and all staff should be as supportive as possible.
- B. The learner may decide every deadline retrospectively without contacting staff.
- C. A medical professional should write every teaching instruction before tutors change their practice.
- D. Repeated typing and static posture create the reported barrier; identify agreed task segmentation and breaks, each owner's action, the implementation date and the review evidence.

2.29 A coach wants a measurable objective for an apprentice with persistent pain. Which objective is most appropriate for the coach's role?

- A. The apprentice will no longer need prescribed medication before attending class.
- B. Pain will fall below a specified clinical score within four weeks of the teaching adjustment.
- C. Using the agreed segmented response route, the apprentice will explain the required analysis and review whether the arrangement supports sustainable participation.
- D. The apprentice will match peers' uninterrupted sitting time by the end of the month.

2.30 An apprentice reports fluctuating symptoms after previously declaring no disability. A manager interprets the late disclosure as proof that earlier missed work was dishonest. Which response best uses the disclosure research reviewed in the chapter?

- A. Require colleagues to report any health information the learner previously shared with them.
- B. Assume the learner deliberately hid every symptom because nondisclosure and active concealment are the same behaviour.
- C. Guarantee that disclosure will improve achievement because research proves a causal benefit.
- D. Explore current functional barriers and the learner's information sharing concerns; the declaration does not establish that all barriers were known or disclosed at enrolment.

2.31 A UK qualitative Long Covid study describes problems with unrealistic phased returns. A curriculum lead proposes using its findings to predict an exact retention improvement for KBC. What is the strongest evidence appraisal?

- A. The findings prove that remote delivery is the best adjustment for all learners with Long Covid.
- B. Qualitative evidence cannot inform any decision about work and learning arrangements.
- C. The study is UK based, so its effect size transfers directly to English apprenticeships.
- D. Use the findings to identify implementation risks and questions to test locally, while acknowledging the sample and design cannot estimate a KBC retention effect.

2.32 A 2026 paper develops a vocational rehabilitation intervention for Long Covid. A coach proposes implementing the clinical components personally because the intervention is recent and person based. What is the most defensible boundary?

- A. Require the apprentice to participate in the complete intervention as a condition of flexible teaching.
- B. Recent publication makes the clinical components appropriate for any staff member who follows the paper closely.
- C. Adopt relevant coordination principles for educational planning, distinguish development evidence from proven effectiveness and leave clinical rehabilitation to qualified practitioners.
- D. Ignore the paper because any clinical research has no relevance to apprenticeship planning.

2.33 An apprentice with fatigue has access to short lessons, but three major submissions fall on the same day and the employer has moved all training to evenings. Which response best locates responsibility?

- A. The coach should coordinate deadline sequencing with curriculum staff and protected training arrangements with the employer, checking the combined week with the learner.
- B. The tutor's short lessons show that KBC has completed its role, so the learner must manage the remaining schedule.
- C. The employer should ask the apprentice to use annual leave for the largest submission.
- D. The designer should remove half the assessment criteria so deadlines are easier to meet.

2.34 A learner can no longer undertake any meaningful learning despite a reviewed support plan and wants time to recover. Staff propose keeping the learner active and entering planned study hours to avoid an administrative break. Which response is best?

- A. Record the plan's hours because the learner remains enrolled and intends to return.
- B. Withdraw the learner permanently because a long term condition prevents temporary arrangements.
- C. Use the applicable absence or break in learning process with compliance advice, maintain appropriate contact and record only learning actually undertaken.
- D. Insist on minimal daily logins so active learning can be evidenced.

2.35 A learner with a long term condition demonstrates meaningful progress using agreed adjustments. A manager suggests a break because the diagnosis is unlikely to resolve soon. Which judgement is most appropriate?

- A. Long term conditions should be handled only through employer leave, irrespective of learning participation.
- B. A break is required whenever a condition will continue beyond the next review date.
- C. Consider the actual capacity for learning and current arrangements with the learner; the duration of a diagnosis alone does not justify imposing a break.
- D. The learner should stop using adjustments to prove readiness to remain active.

2.36 A deaf apprentice receives strong formal teaching support but misses decisions made in informal workplace discussions. Their employer says the KBC adjustment plan already covers communication. What should the review prioritise?

- A. Remove collaborative workplace evidence because informal communication cannot reasonably be planned.
- B. Identify the workplace communication barrier with the apprentice and employer and agree accessible decision capture and contribution routes there.
- C. Require the apprentice to disclose more medical detail so colleagues appreciate the issue.
- D. Ask KBC to repeat every informal workplace conversation during the next class.

2.37 An apprentice needs a quiet environment for concentration and uses a screen reader through audio. Another participant needs clear spoken contributions with minimal background sound. Both attend a shared practical session. What is the best first design response?

- A. Separate both learners from all group work so the room requires no modification.
- B. Allow whichever learner discloses a diagnosis first to choose the room rules.
- C. Ban assistive audio devices because group communication serves more learners.
- D. Ask each about effective routes, arrange compatible audio and turn taking solutions and test whether both can access and contribute to the shared task.

2.38 A KBC designer proposes a fast flashing transition to make a risk management video more engaging. No learner has declared photosensitive epilepsy. Which production decision is most appropriate?

- A. Remove unnecessary flashing and test against the relevant accessibility criteria rather than relying on disclosure to trigger basic accessible design.
- B. Ask learners with epilepsy to skip the whole topic so the transition can remain.
- C. Assume the video is safe because most people with epilepsy are not photosensitive.
- D. Publish the transition and add an adjustment only if an apprentice reports symptoms.

2.39 A plan for hand pain and hearing loss improves turn taking and keyboard access, but inaccurate captions still cause misunderstanding of budget figures. Which review entry is most useful?

- A. Learner non compliant; further work is needed before the same adjustments can continue.
- B. Partial effectiveness: retain successful interaction and input arrangements, improve access to figures and terminology, assign an owner and review understanding again.
- C. Plan complete; all purchased support has been delivered.
- D. Plan unsuccessful; learner still has additional needs.

2.40 A quality lead wants evidence that inclusion works for an apprentice with sensory barriers. Which evidence set best supports a defensible account for internal review or inspection?

- A. A completed KBC action plan form, treated as proof that the applicable inspection standard has been met.
- B. Attendance percentages and a statement that all tutors were trained in inclusion.
- C. A signed diagnosis declaration, a generic adjustment list and the amount spent on equipment.
- D. A specific barrier account, evidence that agreed actions occurred, the apprentice's experience, demanding learning demonstrated and documented changes where support failed.

Social, economic, cultural and identity-related barriers

Identify the barrier, challenge exclusion and make participation possible.



IN THIS CHAPTER

- Poverty, caring, identity and belonging
- Flexible participation and equitable opportunities
- Action plans that address the actual mechanism

Learning purpose

An apprenticeship combines employment, education and everyday life. A learner may understand a lesson perfectly but be unable to reach the classroom, obtain paid release, use a laptop privately or practise a skill at work. Another may attend every session while being excluded from meaningful projects because of racism or assumptions about parenthood. Inclusion therefore involves changing opportunities and environments as well as supporting individuals.

By the end of this chapter, readers should be able to distinguish disability from social disadvantage, investigate intersecting barriers without stereotyping, distribute actions across the training provider and employer, protect sensitive information, and judge whether support has improved real access to occupational learning. All cases are fictional. The operational arrangements, timescales and example targets are proposed KBC practice for local adoption, not national requirements or claims that KBC already provides a particular service.

3.1 Language that identifies barriers without labelling people

Women, racial and ethnic groups, people living in poverty, carers, refugees and LGBT+ people are not categories of disability. Poverty is an economic circumstance. Racism is discriminatory treatment. Caring is a responsibility and relationship. Being the first person in a family to undertake higher level learning is an educational context. None establishes reduced intelligence, occupational competence or a need for clinical assessment.

A learner can nevertheless experience several of these circumstances alongside a disability. A dyslexic apprentice who is a single parent may face a reading barrier, unpredictable childcare and a manager who withholds development opportunities. Providing text to speech may address reading; it cannot create childcare or correct discrimination. Conversely, being a multilingual learner should not automatically trigger a dyslexia label. The task is to identify what happens, where it happens and what changes would allow participation.

Use person chosen descriptions and concrete language. Replace “disadvantaged woman who lacks confidence” with “apprentice reports being interrupted during technical briefings and has not been allocated a presentation opportunity”. Replace “poor attendance due to chaotic background” with “two missed workshops followed changes to temporary accommodation and transport”. The second versions locate actionable barriers and avoid treating an interpretation as fact.

The Equality Act framework addresses protected characteristics and discrimination; its reasonable adjustment duty concerns disability. Wider inclusive changes may arise from other legal responsibilities, effective teaching or a provider's chosen support offer. They should not all be recorded as disability adjustments. The EHRC technical guidance explains education

responsibilities, while Acas provides distinct employment guidance. Apply the appropriate relationship and obtain specialist advice where legal classification matters. ^{44 45}

3.2 A practical framework for intersecting barriers

Intersectionality asks how social positions and arrangements interact. It is not an exercise in counting identities or assigning a risk score. For example, an unpaid evening networking event might exclude a learner with caring commitments. When desirable projects are subsequently allocated through that event, the exclusion becomes an occupational development barrier. If the same learner has limited money and cannot buy substitute care, the arrangements reinforce one another.

The proposed KBC framework uses five questions. **Resource** asks whether the learner has the time, money, equipment and stable setting needed. **Relationship** asks whether treatment by colleagues and teachers permits safety, respect and belonging. **Rule** asks whether schedules, criteria and procedures create avoidable barriers. **Recognition** asks whether prior knowledge, language and contribution are understood accurately. **Route** asks whether the learner can reach the next learning or career opportunity. These are enquiry prompts, not a validated diagnostic instrument.

For each barrier, write a short causal hypothesis: “The only live tutorial occurs during school collection, so the learner loses worked examples and submits an incomplete task.” A useful intervention changes that chain: an alternative taught slot plus agreed release can restore access. “Be more resilient” leaves the chain intact. After implementation, check whether the hypothesis was correct. If the learner attends the alternative slot but remains confused, investigate teaching and understanding separately.

Avoid assuming that a barrier affects everyone within a group. Ask “Is there anything about timing, cost, treatment or access that makes this activity difficult?” before asking for personal details. Offer examples and a private response route. A learner may decline an identity category while explaining a timetable problem clearly enough to resolve it.

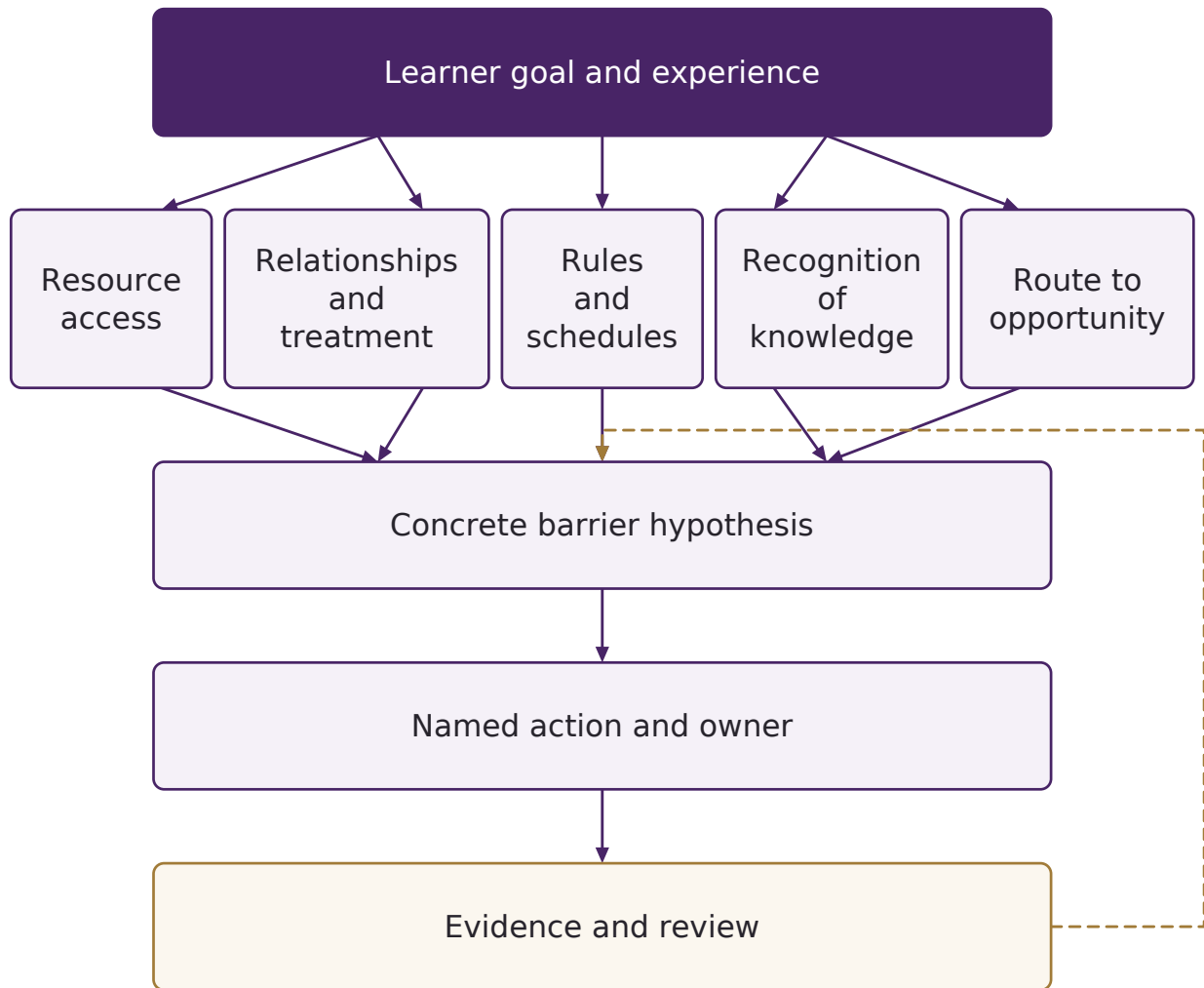


Figure 3.1 Find the mechanism before selecting support. Proposed KBC enquiry framework. The five prompts identify possible mechanisms, not identity based risk scores. Review tests whether the chosen action changed the barrier.

Diagram reading guide. A learner goal leads to five enquiries about resources, relationships, rules, recognition and routes. These inform a concrete barrier hypothesis, an owned action and a review that can revise the hypothesis.

3.3 What recent evidence can and cannot tell us

NatCen's 2025 qualitative study of minority ethnic participation in apprenticeships describes barriers involving information, family expectations, pay, transport, workplace culture and racism. It helps staff generate better questions about opportunity. It does not establish that every minority ethnic apprentice shares these experiences, or provide a prevalence estimate for KBC. A sensible local response is to test recruitment information, affordability and treatment through confidential learner conversations and opportunity audits.⁴⁶

Nayak and Gaunt's July 2026 study used biographical interviews with 34 engineering apprentices in Teesside. It examines family networks, occupational knowledge and household resources in accessing and sustaining apprenticeship. The implication for KBC is a question: what does the programme assume a learner's household can provide? The study is geographically and sectorally specific; it does not justify predicting an individual's prospects from family occupation or social class.⁴⁷

Casey and Mountford Zimdars' 2024 qualitative research compares legal apprentices and traditional law students using a capabilities perspective. This perspective asks about people's real opportunities to pursue valued work and learning, rather than entry to a programme alone. KBC can apply that question when checking whether an apprentice has genuine access to projects and progression. Findings from a small legal education study should not be presented as proof that every apprenticeship removes financial insecurity.⁴⁸

Walton and colleagues' 2023 randomised study involved 26,911 students across 22 United States institutions. A short belonging intervention improved first year progress in contexts where students' groups had opportunities to belong. This is stronger causal evidence than an uncontrolled satisfaction survey, but its setting is higher education, not English apprenticeships. The practical inference is to pair welcome messages and mentoring with actual access, respectful treatment and useful relationships. A reassuring video cannot compensate for an unsafe workplace.⁴⁹

James and colleagues' 2024 study of 33 self identified student carers at Kingston University reports difficulties with deadlines, wellbeing and academic engagement. Its small, self selected, university sample limits generalisation. It nevertheless challenges the assumption that learners will spontaneously disclose caring responsibilities. KBC should ask about responsibilities in ordinary language and evaluate a support offer with its own learners.⁵⁰

Jisc's 2024/25 FE survey gathered 5,881 responses across 16 organisations, predominantly in England. Reported problems included unsuitable devices, connectivity and travel costs. These are respondent findings from participating colleges, not national apprenticeship prevalence estimates. For KBC they support testing the whole digital task on the learner's actual equipment, instead of treating smartphone ownership as evidence of adequate access.⁵¹

The common lesson is methodological. Research can reveal mechanisms, test interventions or describe experiences. Staff must state which kind of evidence they are using. Small qualitative studies can illuminate hidden barriers without estimating frequency; large surveys can describe respondents without proving causation; an intervention trial may be credible yet require cautious transfer to a different setting.

3.4 The conversation that makes support possible

Begin with strengths and the learner's goal. "Which parts of the apprenticeship are going well? Where is access becoming harder?" Explain what will be recorded, who may need an instruction, and the limits of confidentiality before inviting sensitive disclosure. Do not open with a checklist of identities that the learner must justify.

Explore a recent event. Ask when the difficulty occurred, what the task required, what resources were available and what the learner tried. Separate inability to attend from inability to understand; lack of opportunity from lack of competence; personal preference from fear of consequences. Ask about predictable pressures and what happens unexpectedly. A learner who usually has childcare may still need a contingency for nursery closure.

Agree what can change now and what requires another decision maker. "I can arrange a different tutorial. Your employer needs to agree the work release. I will coordinate that with the information you agree we can share." Where there is a safeguarding concern, use the safeguarding route and explain any necessary information sharing. Do not promise that a disclosure will remain only with the coach.

Confirm the learner's understanding by asking them to describe the agreed next step. This is a check on the clarity of the explanation, not a test of compliance. End with a specific contact and review date. If the learner declines support, record the offer and any agreed follow up neutrally; declining today should not close the route permanently.

3.5 Poverty and financial insecurity

Financial insecurity means that available resources are insufficient, uncertain or arrive too late for essential costs. A learner may have a salary yet struggle with rent, travel, debt, food, childcare or supporting relatives. Avoid diagnosing poor budgeting from visible purchases or assuming that employed adults cannot be in hardship. A required train fare paid back a month later remains a barrier when the learner cannot pay it today.

Coach actions. Ask about the cost of the next required activity, whether the learner can meet it in advance, and whether there is an immediate essential need. Offer a warm referral to an appropriate money or welfare adviser with permission. The coach can help the learner prepare questions and access a service, but should not recommend a debt product, instruct them to stop payments or predict benefit eligibility. MoneyHelper provides government backed guidance and access to free debt advice routes.⁵²

Tutor actions. State compulsory and optional costs clearly. Do not require paid printing, personally purchased software or an unannounced site visit as a condition of demonstrating knowledge. Provide a feasible access route for the learning activity and agree how missed instruction will be recovered. Do not give unearned credit because of hardship; change access and support so valid evidence can be produced.

Curriculum actions. Audit the total participation cost across the programme, including repeated travel, exam related arrangements and resources that staff casually describe as inexpensive. Where a physical visit has a defined occupational purpose, plan accessible access and support early. Where the purpose can be met differently, evaluate an equivalent learning route. Keep professional qualification arrangements and apprenticeship assessment requirements clear.

Designer and employer actions. Designers should provide printable low ink resources and formats that work without constant streaming. Employers should confirm paid learning release, required equipment and any approved expense process. A proposed KBC emergency support arrangement needs an owner, clear criteria, a private request route and a decision deadline; staff must not promise a fund that has not been established.

Plan and review. Record “cannot pay the £38 required journey before reimbursement” rather than “financially vulnerable”. An action might be employer booking by an agreed date, with the coach checking the ticket is usable. Review whether the learner actually accessed teaching and avoided new debt. Close the immediate transport action when resolved while checking whether the same cash flow barrier will recur next month.

3.6 Digital exclusion, transport and unstable housing

Digital exclusion has several components: a suitable device, reliable connection, affordable data, accessible software, digital skills and a safe place to work. Giving a laptop solves only one component. A learner using a borrowed phone may read a message but be unable to edit a spreadsheet, upload evidence or participate in a confidential coaching meeting.

Coach. Conduct a practical access check with an ordinary task: open the resource, edit it, save it and submit it. Ask about device sharing, restrictions on workplace software and connection limits without inspecting private accounts. Agree a location and backup route. A camera off should prompt enquiry about access, privacy or preference; it does not establish disengagement.

Tutor. Offer low bandwidth joining instructions and downloadable learning where suitable. Make participation observable through questions, chat, a short task or verbal explanation rather than continuous video. Where identity or a specific assessment method must be verified, use the authorised process and agree privacy arrangements beforehand. Do not convert every teaching session into a room inspection.

Curriculum and designer. Provide essential resources early enough to download while connected, remove avoidable file size and keep a text route to core information. Test forms on a phone but recognise that some occupational software still needs a suitable computer. Do not make a costly immersive resource the only route to a required concept. Provide recoverable progress so an interruption does not erase an entire submission.

Employer. Resolve blocked sites, licences and equipment through IT; provide an appropriate space and protect learning time. A staff laptop reserved for live class but unavailable for independent practice is incomplete support. For transport, check arrival and departure times against actual services. Rural distance and shift patterns may create a barrier even when the learner technically lives within commuting distance.

Housing instability includes sofa surfing, temporary accommodation, unsafe living arrangements and an imminent move, not only sleeping outside. The coach should check immediate safety and agree a safe contact method. Offer help to contact the local council housing service; a referral does not guarantee accommodation. England's official guidance distinguishes homelessness support and eligibility. Do not promise an allocation or make assumptions from nationality.⁵³

A proposed plan might provide a private workplace learning room on Tuesday, an offline task pack, a secure alternative contact route and a review after the accommodation move. The outcome is access to sustained learning, not disclosure of an address history. If the situation changes, revisit the plan promptly rather than waiting for the next routine review.

3.7 Carers, parents and single-parent households

A carer may provide unpaid support to someone who cannot manage without help because of illness, disability, mental health needs or addiction. Parents may also face substantial childcare demands; parenthood and unpaid caring are overlapping but distinct contexts. Single parent families should never be treated as deficient. The practical issue is whether the programme assumes another adult is available whenever teaching or work changes.

Ask “Does anyone rely on you for regular support or care?” rather than relying only on “Are you a carer?” Do not require a dependant's full medical history to organise a tutorial. Some learners consider caring normal family life and may not recognise a service label. Others fear that disclosure will imply reduced commitment.

Coach. Map protected learning time, predictable care tasks and emergency contingencies. Agree how the learner will notify a sudden interruption, who will reply and which task has priority afterwards. Coordinate with the employer instead of expecting the learner to negotiate separately with every tutor. Explore support services without assuming eligibility for a carer's benefit or local service.

Tutor. Publish deadlines and meeting times early, offer a defined catch up route and preserve contact after an interrupted session. Replace compulsory evening group coordination with work that can be arranged within agreed study time. Make group roles explicit so a learner attending an alternative slot is still responsible for substantive contributions.

Curriculum and designer. Sequence tasks in manageable stages and avoid clustered deadlines that create a single point of failure. Design resumable activities and clear stopping points. Distinguish independent learning from tasks that demand simultaneous attendance. An asynchronous activity must still provide feedback and a chance to ask questions, not merely a link to a long recording.

Employer. Agree workable release and discuss the relevant workplace process. Acas guidance explains carer's leave and the right to request flexible working; requesting flexibility does not itself guarantee the arrangement sought. Employment provisions and education support decisions should be coordinated without being conflated. Northern Ireland has different rules.^{54 55}

Worked example. Leah, a marketing apprentice, provides evening support to her father and collects her child at 15.15. The problem is not all teaching: it is a newly moved Wednesday workshop. The coach arranges a Thursday worked example clinic, the tutor provides the same practice and feedback, and the employer confirms paid release. Leah agrees to a short draft checkpoint. After three weeks, the team checks task quality and her total workload. They do not use successful submission to assume her caring situation has ended.

3.8 Care experience, estrangement and limited family support

Care experience can involve time in foster care, residential care or other arrangements. Legal eligibility for a particular care leaver payment is narrower than a general description of experience. Estrangement means lacking a supportive relationship with family and may occur without local authority care. Neither indicates a deficit in motivation or ability.

The difficulty can arise from missing a financial safety net, frequent moves, paperwork, transitions between services or an expectation that a parent will act as guarantor or emergency contact. Staff should not invite a personal history merely to demonstrate empathy. "Which practical arrangements would make this start more secure?" is often more helpful.

Coach. Offer continuity through one named contact, explain unfamiliar procedures and ask which existing professionals the learner wants involved. Check the next transition, including changes in housing or employment. For an adult, do not contact a parent or former carer automatically. **Tutor.** Avoid assignments that require family disclosure or assume available family assistance. **Curriculum.** Include explicit induction to professional networks and progression. **Designer.** Use forms with appropriate contact options and a clear reason for any mandatory field. **Employer.** Provide a named workplace mentor and predictable access to learning opportunities.

England's apprenticeship care leavers' bursary guidance describes eligibility, evidence and payment conditions. For eligible starts from August 2023 it describes a £3,000 bursary, with timing rules and exceptions for some shorter programmes. It is not a universal payment for estranged learners or everyone who uses the term care experienced. Compliance staff should check the applicable cohort rules, evidence, previous receipt and disclosure requirements; the coach should not promise entitlement.⁵⁶

A useful action plan separates the educational need from the funding check. "Provide the induction resource and named contact today" need not wait for a bursary decision. Record the funding enquiry as pending, assign an owner and tell the learner when they will hear back. Audit whether the money reached the intended learner when due, not only whether a claim was entered.

3.9 Race, ethnicity, racism and access to opportunity

Race and ethnicity are not explanations for low attainment. Examine recruitment, allocation of work, feedback and treatment. Racism may be explicit, such as a slur, or embedded in repeated patterns, such as assigning client facing work only to apprentices assumed to look or sound a particular way. A single event and a pattern both deserve a fair response; the coach should not decide legal liability during a support meeting.

Coach. Take the account seriously, clarify immediate safety, preserve the learner's own words where relevant and explain reporting choices. Ask whether the alleged person controls assessment, work allocation or employment. Provide access to the complaints route outside that reporting line. Continue educational support while the authorised process considers the complaint. Do not make support conditional on proving intent or confronting the person complained about.

Tutor. Address discriminatory language promptly and protect classroom participation. Apply the same assessment criteria, challenge biased peer feedback and pronounce names with care. If a learner's accent is criticised, identify the actual occupational communication requirement: understanding and being understood are different from sounding like a preferred social group.

Curriculum. Examine who appears as expert, decision maker, customer and problem solver in cases. Include varied professional lives without presenting a racial group only in a discrimination scenario. Audit whether every apprentice has opportunities to lead, analyse and present. **Designer.** Review imagery, names, voiceovers and automated examples for stereotypes. **Employer.** Ensure work allocation and complaint handling are fair, prevent retaliation and provide an alternative supervisor where an identified risk requires it.

Plan and review. A support plan might arrange a safe tutor contact and restore a missed technical opportunity. The complaint record separately captures allegations and investigation decisions. Monitor work allocation and learner reported safety as well as attendance. A quieter learner is not necessarily a reassured learner; silence may reflect fear of further consequences.

3.10 Sex, sexism and workplace harassment

Sex based assumptions can narrow learning opportunities for women and men. A woman may repeatedly be given administration while others receive analytical work; a man may be discouraged from a caring occupation. The educational question is whether each apprentice can learn and demonstrate the full standard. Do not respond by providing a different, less ambitious curriculum to the excluded learner.

Coach. Compare required learning with actual job tasks. Invite the learner to identify opportunities they want, then agree an allocation change with the employer. If the issue includes harassment, address safety and reporting rather than treating it as assertiveness training. **Tutor.** Rotate substantive roles and assess the work produced, not stereotypes of leadership style. **Curriculum.** Include occupational examples that challenge restrictive role assumptions. **Designer.** Avoid consistently pairing men with authority and women with support roles. **Employer.** Check allocation, supervision and access to progression.

Sexual harassment can occur through speech, messages, images or conduct, including online and through work related events. As at the chapter's September 2026 review date, Acas describes the employer's duty to take reasonable steps to prevent it and flags a change from 30 October 2026. Managers should check the current guidance when using this chapter. Prevention and fair complaint handling matter even where no apprentice has yet made a formal report.⁵⁷

An inclusion plan cannot substitute for a safeguarding or misconduct response. A request to move tutorial groups may be an immediate protective step but must not become the only institutional action when harassment has been disclosed. Avoid automatically making the reporting learner surrender a valuable placement. Seek a safe educational arrangement while the appropriate leaders address the source of risk.

3.11 Religion, belief and cultural practice

Religion, non religious beliefs and cultural practice can affect preferred timing, food, dress, festivals and participation. Do not infer an individual's observance from a name, appearance or nationality. Ask what matters for this activity. Two learners sharing a religion may need different arrangements; a person may also choose not to discuss belief.

Coach. Ask about foreseeable clashes early and record the operational request, such as a short break at a particular time. **Tutor.** Consider timing, breaks and equivalent participation opportunities. Avoid making alcohol centred social activity the only route to professional networking. **Curriculum.** Check whether assessment dates repeatedly clash with major observances and whether a necessary constraint has alternatives. **Designer.** Use varied examples and do not require public disclosure through an attendance label. **Employer.** Consider requests individually alongside relevant work requirements and safety.

Acas explains that employers should try to accommodate religious requests where possible and that unreasonable refusal may be discriminatory; it does not create an unconditional entitlement to every preferred time or facility. The coach should support practical negotiation and refer a disputed legal question appropriately.⁵⁸

Worked example. Yusuf requests a short break during a two hour class. The tutor schedules the existing break to support access and checks it still serves the group. When a separate externally controlled assessment falls at an inconvenient time, the coach asks the assessment coordinator to establish available options. They do not promise to change the assessment method or ask Yusuf to justify his faith to the class.

3.12 LGBT plus learners: privacy and belonging

Sexual orientation and gender related identities are not illnesses. Barriers may arise from harassment, exclusion, fear of disclosure, inaccurate records or assumptions about relationships. Support must not require a learner to explain their identity publicly or speak for a whole community.

Coach. Ask privately how the learner wishes to be addressed and which information may be used in which setting. An adult may use one name socially while formal records require verified details. Coordinate any authorised records process discreetly rather than creating conflicting unofficial records. Check whether employer or family contact could disclose information the learner has not chosen to share.

Tutor. Respond to harassment and use respectful language. Do not turn a learner's personal circumstances into an impromptu class debate. **Curriculum.** Include varied households and professional examples without attaching every LGBT+ character to a problem case. **Designer.** Avoid unnecessary relationship, title or identity fields and make relevant help routes easy to find. **Employer.** Provide safe reporting arrangements and manage conduct consistently.

Some requests can intersect with contested legal or facilities questions. Staff should provide respectful treatment and immediate educational access while seeking current, case specific advice from authorised leaders. Do not improvise a legal rule from a slogan or promise that a preference automatically determines a facilities decision. Acas identifies sexual orientation and gender reassignment within its protected characteristic guidance; the legal concepts and an individual's preferred language are not always identical.⁵⁹

The success measure is safe participation and access to the programme, not the number of learners who disclose an identity. Increasing disclosures can indicate greater trust; decreasing disclosures can indicate fear. Interpret trends alongside confidential experience evidence.

3.13 Pregnancy, maternity and menopause

Pregnancy is not a disability. Pregnancy and maternity have specific equality protections, and pregnancy related health needs may require action. An apprentice may need changes for nausea, fatigue, appointments, physical demands, feeding arrangements or a planned period away. Avoid assuming that pregnancy requires withdrawal or that a learner wants to continue unchanged. Acas explains the employment protections and directs workers to advice about leave and pay.⁶⁰

Coach. Arrange a private planning discussion about the learner's wishes, upcoming learning and likely review points. Involve the employer and compliance team in any employment leave or apprenticeship status implications. Do not require training during a formal break in learning or mislabel an absence to maintain funding. **Tutor.** Provide agreed breaks, an appropriate catch up route and flexibility for fluctuating symptoms. **Curriculum.** Map essential practical activities and assessment milestones early, allowing valid resequencing. **Designer.** Make resources resumable and available without a physical attendance dependency where feasible.

Employer. Address workplace safety through the individual risk assessment process. HSE states that employers must undertake an individual assessment when notified in writing and review it as circumstances change, taking account of relevant medical recommendations. The coach may coordinate educational implications but cannot replace the employer's risk assessment or clinical judgement.⁶¹

Menopause and perimenopause can involve fluctuating symptoms affecting sleep, temperature, concentration and wellbeing. Experiences vary, and symptoms can occur earlier than staff expect. Menopause is not itself a separate protected characteristic; Acas explains how disability, age, sex or gender reassignment protections may be relevant. Support should focus on the person's needs rather than delaying practical help while debating a label.⁶²

A proposed plan might offer temperature control, water, short breaks, written task instructions and a revised meeting time. The tutor should preserve challenging work while reducing unnecessary memory demands. The coach should ask whether the changes help and encourage appropriate healthcare contact where wanted, without recommending medication. The employer should consider working conditions and relevant occupational health advice. Keep medical details out of routine attendance comments.

3.14 Migration, ESOL and overseas learning

English for speakers of other languages needs are not evidence of low intelligence or disability. A learner may reason expertly in one language while needing practice with technical vocabulary, local workplace conventions or examination phrasing. A refugee or migrant may have substantial qualifications and experience that are unfamiliar to staff. Immigration status, right to work, eligibility for apprenticeship funding and prior learning are separate questions.

Coach. Establish the learner's experience and communication preferences; involve the appropriate English specialist where needed. Refer eligibility and evidence questions to compliance and employment checks to the employer. Use an appropriately regulated immigration adviser for immigration advice. The Immigration Advice Authority's information explains how to find regulated advisers and the levels of advice they provide.⁶³

Tutor. Preteach necessary technical terms, model a task and check understanding through explanation or demonstration. Give thinking time and written instructions. Assess the intended occupational knowledge while teaching the language genuinely required by the role. Neither accent imitation nor removal of essential professional communication standards is an appropriate goal.

Curriculum. Map authentic communication demands, distinguish unfamiliar terminology from unfamiliar concepts and integrate workplace language practice. Evaluate prior learning against the standard using suitable evidence; an unfamiliar certificate should not be dismissed automatically or accepted without assessment. **Designer.** Avoid idioms and culturally assumed knowledge where they do not serve the objective. Provide a glossary and ensure diagrams carry clear labels. **Employer.** Offer safe opportunities to practise relevant communication and do not allocate only low skill tasks because of accent.

Translation can support learning, but an assessment's permitted language and assistance must be checked. Do not promise that translated materials, a human interpreter or a machine translator will be allowed in a formal assessment. Protect confidential employer and learner information when considering translation tools. If comprehension difficulties persist across languages and contexts, seek appropriate assessment rather than forcing an ESOL or disability explanation prematurely.

3.15 Age, social class, first generation and justice experience

Younger apprentices may need explicit teaching about workplace expectations; older apprentices may need an introduction to unfamiliar digital systems. These are hypotheses to check, not age based facts. An older learner may be highly skilled digitally, while a younger colleague may never have used a spreadsheet. Age related jokes and patronising assumptions can obstruct participation and should be addressed.

First generation learners may encounter an invisible curriculum: how to ask for feedback, challenge a decision, use professional networks or interpret an assessment brief. Teach these processes to everyone. The coach can rehearse a supervision question; the tutor can show what a strong draft looks like; curriculum staff can make progression routes explicit; designers can explain unfamiliar terms at the point of use; employers can introduce mentors through a transparent offer. This builds access to knowledge that some learners otherwise obtain through family connections.

Social class should not be inferred from accent, postcode or clothing. Use aggregate indicators carefully for evaluation while asking individuals about actual barriers. Avoid making professional polish a hidden marking criterion. If a behaviour is essential, define it clearly and teach it: for example, providing a concise evidence based update to a client.

Justice experience can bring interrupted education, restrictions on travel or technology, appointments and concern about disclosure. It does not automatically establish current risk or unfitness for an occupation. The coach should coordinate only necessary learning arrangements with authorised staff and, where appropriate, relevant professionals. Compliance and employers should determine role specific requirements through their formal processes. Designers should avoid collecting criminal history in ordinary support forms. Criminal offence data has separate legal safeguards, so any processing requires specialist governance rather than casual inclusion in a learning note.⁶⁴

3.16 When hardship becomes a safety concern

Not every financial or relationship difficulty is a safeguarding matter. However, control over wages, monitoring messages, threats, preventing study, coercion or exploitation can change the response required. The Home Office recognises controlling money and obstructing education or work among possible signs of domestic abuse. Such signs prompt sensitive enquiry and safeguarding consultation; they do not authorise the coach to investigate a family.⁶⁵

If a learner says their partner reads every message, first establish whether it is safe to continue and how contact can occur safely. Do not email a detailed action plan to the usual shared address or contact the partner to resolve a misunderstanding. Follow the safeguarding procedure; where there is immediate danger, use emergency arrangements. Record the learner's account and actions factually in the restricted safeguarding system.

An educational plan may contain only the instruction needed by staff: "Use the agreed private contact route; refer contact changes to the safeguarding lead." The detailed rationale belongs in the restricted record. Explain to the learner what must be shared and why, unless doing so would create additional risk. A coach supports access and coordination; specialist services and authorised safeguarding leads manage the appropriate protection response.

3.17 A complete worked case across roles

Starting situation. Amira is a fictional project controls apprentice and a single parent. Her laptop is shared with her child. She has missed two evening project meetings and has been described as uncommitted. At work, colleagues invite others to informal drinks where the next month's project roles are discussed. Amira has strong analytical work but no evidence of chairing a project review. She says one colleague has repeatedly mocked her accent.

Formulation. There are at least four distinct barriers: device access, meeting timing, informal allocation of learning opportunities and reported discriminatory conduct. Parenthood, ethnicity

and accent are not impairments. An anxiety referral alone would not address these mechanisms. Ask Amira which issue feels most urgent, what information can be shared and whether she feels safe with the current reporting arrangements.

Proposed action one. The employer supplies an appropriate device and workplace study space by the next teaching day. The coach tests a real submission with Amira. Success means she can independently open, edit and upload the required artefact; receipt of a laptop is only an implementation check.

Proposed action two. The tutor arranges an equivalent taught practice slot during agreed paid release and supplies a concise preparation task. The curriculum lead checks that assessment milestones remain achievable. Success means Amira completes the same analytical objective with feedback and reports a manageable schedule. A recording without a questioning opportunity is insufficient for this case.

Proposed action three. The employer moves project allocation into a transparent work meeting and gives Amira a supported opportunity to chair a real review. The tutor provides a rehearsal and feedback against explicit criteria. Success means a valid observation shows the required skill; simply attending an informal social event is irrelevant.

Proposed action four. The coach explains the complaint route and safeguards against retaliation, records Amira's account appropriately and informs the authorised lead using the agreed or otherwise lawful sharing process. The ordinary support plan does not circulate the allegation to the whole teaching team. Success includes a fair process, safe participation and evidence that work opportunities have not deteriorated after reporting.

Review. At one week, check implementation and safety; at four weeks, review learning evidence, workload and experience. If attendance improves but project access remains unequal, keep the opportunity action open. If Amira declines a formal complaint, explain what the provider may still need to do about risk and conduct, and agree ongoing support. Do not record “resolved” merely because she stops mentioning the issue.

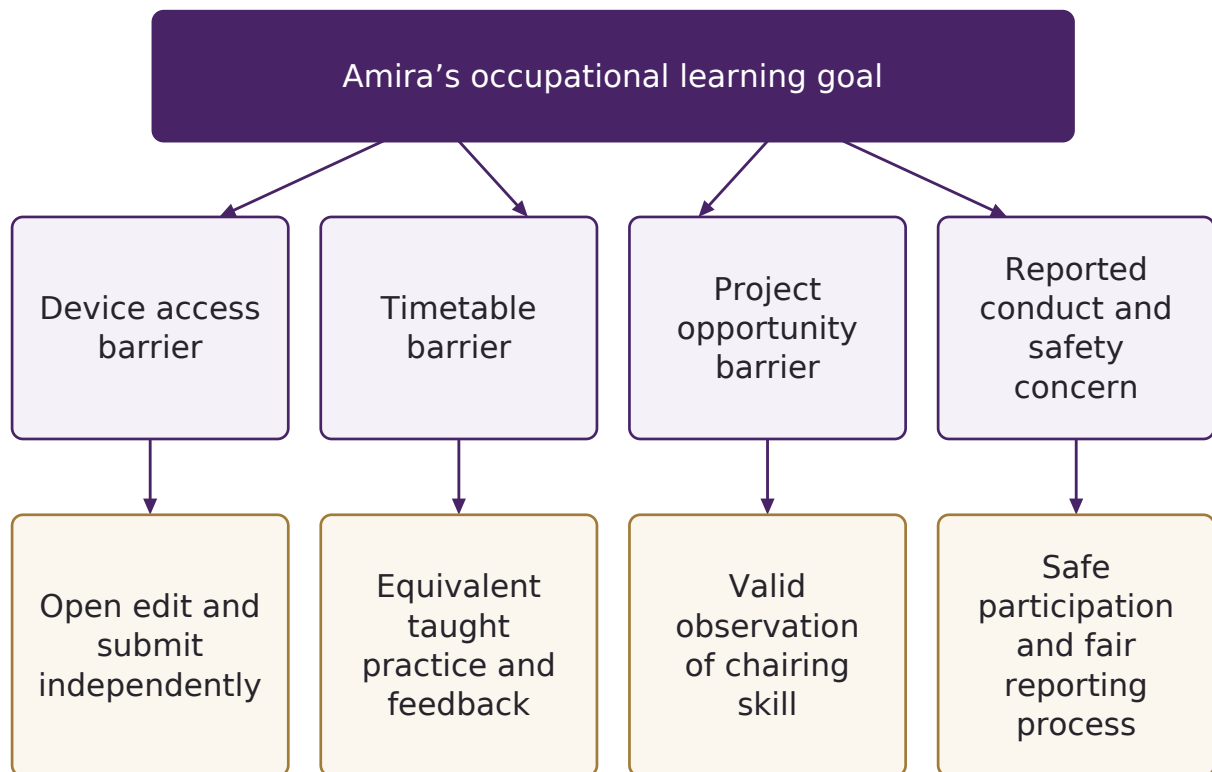


Figure 3.2 Different barriers require different success evidence. Fictional worked case. A laptop receipt cannot demonstrate occupational opportunity, and better attendance cannot by itself demonstrate safety. Each action needs evidence matched to its purpose.

Diagram reading guide. Amira's goal branches into device, timetable, opportunity and safety barriers. Each connects to distinct evidence: functional digital access, taught practice, observed chairing skill and safe participation with fair process.

3.18 Reporting, management and the evidence of inclusion

Use three connected records with controlled access: an educational support plan containing practical instructions, a restricted welfare or safeguarding record where needed, and a funding or compliance record containing the evidence required for a specific process. They may sit in one managed system, but permissions and purposes should differ. Avoid attaching a whole personal history to a routine tutor message.

The ICO identifies information about racial or ethnic origin, religion, health and sexual orientation among special category data. An organisation needs an appropriate lawful basis and, where relevant, an additional condition for this processing. Consent to share one operational instruction is not blanket permission to circulate every disclosure. Staff should

follow KBC's authorised data protection process and consult the responsible lead for uncertain cases.⁶⁶

Write plans around a barrier, an action, an owner, a deadline, a success indicator and a review decision. Add the learner's view and permitted sharing instructions. Separate status labels such as proposed, agreed, implemented and effective. An implemented action can fail. A device can be delivered but unusable; a timetable can change while paid release remains unavailable.

At programme level, compare access to opportunities, response times, progress, withdrawal reasons and learner experience across relevant groups where lawful and meaningful. Examine missing data and small numbers. Do not publish a table that identifies one apprentice or treat a gap as proof that identity caused an outcome. Ask whether support was available, accepted, delivered and effective, and whether employer or programme differences explain the pattern.

Ofsted's England operating guide for use from September 2026 includes case sampling of learners and apprentices who face barriers, including disadvantage and social care experience. It connects records, conversations, observed support and learning evidence. The implication for KBC is to maintain coherent practice and evaluate impact; an elaborate folder or a perfect script cannot establish inclusion on its own.⁶⁷

Funding decisions must use the rules applying to the apprentice's start date and relevant circumstances, including provisions expressly applying to continuing learners. The 2026/27 funding publication explicitly distinguishes cohorts. Wider financial hardship should not be relabelled as disability to obtain learning support funding. If a disability related support need also exists, assess and evidence it through the correct route. Inclusive teaching and safeguarding should not be made contingent on a successful funding claim.⁶⁸

3.19 Team reflection and transfer into practice

Before the chapter examination, choose one real activity from your programme: an induction, workshop, submission, tripartite review or assessment preparation session. Estimate its full demand on time, money, equipment, privacy, language and social connections. Identify which demands are essential to the intended learning and which arise from habit.

Then follow one learner journey without naming a person. Ask how an apprentice with no financial buffer obtains access, how a carer recovers an interrupted session, how a learner reports unfair work allocation and how an ESOL learner discovers the meaning of an unfamiliar term. Check whether the route actually works from a phone and whether a member of staff owns the next step.

Finally, agree one change the team can implement and one outcome it will examine. Good inclusion preserves ambitious occupational goals while making the route to them workable. The detailed method for recording, coordinating and revising the resulting learner action plan appears in Chapter 7.

Chapter 3 examination

40 CASE-BASED QUESTIONS / SINGLE BEST ANSWER

Forty case based questions. Select one best answer for each case using only the information given. Record your answers before consulting the explanations at the back of the book.

3.01 A single parent with dyslexia receives text to speech software, but continues missing a workshop held during school collection. Her coach proposes recording the remaining difficulty as resistant behaviour. What is the strongest interpretation and next action?

- A. The parent needs a broader disability adjustment because caring responsibilities intensify dyslexia.
- B. The software trial has failed, so commission a new dyslexia assessment before changing the timetable.
- C. There are distinct reading and timing barriers; retain useful reading support and negotiate access to the workshop with paid release.
- D. The workshop is unsuitable for the learner, so transfer her to independent study for the rest of the programme.

3.02 An apprentice can afford a required train journey only if the employer books it directly; reimbursement is available four weeks later. Which plan best addresses the barrier while producing meaningful evidence?

- A. Employer books the journey before the travel date; coach confirms usable access and later checks participation and learning.
- B. Coach refers for budgeting guidance and marks the travel action complete when the referral is accepted.
- C. Tutor extends the assignment deadline by four weeks so reimbursement and submission occur together.
- D. Coach supplies the expenses policy and records that financial support is available to all staff.

3.03 A 2026 study of 34 engineering apprentices in Teesside describes family networks and household resources. KBC proposes using it in a cross programme staff manual. Which claim is best justified?

- A. The study establishes that apprenticeship household costs are the same across professional and technical sectors.
- B. Family industrial connections predict each applicant's likelihood of completion, so they should be collected at interview.
- C. The sample is too small to offer any useful insight for a provider outside Teesside.
- D. The study suggests questions about hidden household assumptions and access to networks, with limits on transfer and prevalence claims.

3.04 A learner keeps her camera off but consistently answers questions and submits strong work. She privately says she is living in temporary accommodation. The tutor wants compulsory video to confirm engagement. Which response best preserves the educational purpose?

- A. Grant a temporary exemption but replace live attendance with recordings until the learner can provide a more private setting.
- B. Offer background blur and require video for brief check ins, documenting a privacy concession rather than exploring other participation evidence.
- C. Refer the issue to IT and retain the camera rule pending its advice because inconsistent practice may confuse other learners.
- D. Use task based participation evidence, agree a private contact route and separately follow any authorised identity verification requirements.

3.05 A manager allocates leadership tasks during an optional pub gathering. A carer cannot attend and lacks portfolio evidence of chairing meetings. Her analytical work is strong. Which intervention should lead the plan?

- A. Permit a written essay to replace all occupational evidence of chairing meetings.
- B. Move work allocation into an accessible work process and arrange a supported opportunity to chair a genuine review.
- C. Provide a networking mentor and monitor whether the apprentice attends more optional events.
- D. A confidence workshop followed by advice on negotiating substitute care for future gatherings.

3.06 An apprentice reports racist comments by the person who signs her workplace evidence. She asks for learning support while she considers making a formal complaint. What is the best initial approach?

- A. Invite the supervisor to a joint progress review so changes in work allocation and communication can be agreed quickly.
- B. Arrange wellbeing support first and keep the current supervisor as the sole evidence signatory until the complaint is formally submitted.
- C. Check safety and reporting risks, explain confidential routes outside that reporting line, and continue appropriate educational support.
- D. Offer an alternative portfolio task and defer discussion of reporting routes until the learner decides whether the comments affected her grade.

3.07 A coach reads the large US belonging intervention trial and proposes replacing costly workplace mentoring with a reassuring induction video. Which appraisal is strongest?

- A. Because the setting was American higher education, KBC should remove all belonging content from induction.
- B. The number of participants means the study is applicable regardless of differences between college and employment.
- C. Randomisation proves that the video will work equally well in every English apprenticeship workplace.
- D. The trial supports cautious exploration of belonging interventions alongside genuine opportunities and local evaluation, not substitution for missing relationships.

3.08 A learner's employer loans a laptop for Wednesday class. The learner still cannot complete independent spreadsheet practice because the device must be returned immediately afterwards. What evidence most directly determines whether the support is effective?

- A. The number of Wednesdays on which the laptop was collected.
- B. Whether the learner reports being grateful for the employer's support.
- C. The signed equipment loan form and the device purchase price.
- D. Whether the learner can access and complete the full intended task sequence, including independent practice and submission.

3.09 A learner calls himself care experienced; another is estranged from family but has never been in local authority care. Both need help starting the programme. Which decision is most defensible?

- A. Prioritise completing the bursary eligibility checks before assigning a named induction contact so support records begin with verified status.
- B. Provide appropriate educational support now and assign separate checks of the specific bursary eligibility and evidence requirements.
- C. Route both learners to a general hardship application first and consider the care leavers bursary only if hardship support is refused.
- D. Provide the same immediate induction support, then classify both as bursary eligible because equivalent financial need is the most equitable test.

3.10 An apprentice who cares for her partner asks whether KBC can guarantee a change to her employer's working hours. The coach believes the change would support learning. What should the coach say and do?

- A. Advise her to stop attending the conflicting shift while the employer considers the request.
- B. Decline to discuss the issue because working hours are outside any provider responsibility.
- C. Explain the relevant request route, support a practical proposal and coordinate teaching changes, while distinguishing the employer's decision from KBC's support.
- D. Confirm that all carers have an automatic right to their preferred timetable.

3.11 A learner says her partner reads every email and has threatened to stop her attending class. She asks for a catch up plan. Which response has the correct priority?

- A. Check whether it is safe to continue, agree a safe contact method and use the safeguarding route while arranging appropriate learning support.
- B. Complete a detailed chronology of the partners behaviour before consulting safeguarding so the referral contains the strongest possible evidence.
- C. Ask the learner to approve a standard information sharing form by email before any safeguarding consultation, to preserve her control of the process.
- D. Book a longer confidential appointment and use the current conversation only to revise the submission date, avoiding difficult questions when time is limited.

3.12 A highly experienced overseas project analyst struggles with British idioms in an assessment brief but explains the technical concept accurately using a diagram. Which teaching response is best?

- A. Clarify non essential idioms, teach necessary technical language and evaluate prior learning separately from language familiarity.
- B. Reduce the occupational standard because English is an additional language.
- C. Treat the difficulty as evidence of a cognitive disability and request diagnosis before adapting the brief.
- D. Accept the overseas certificate as full proof that no further initial assessment is needed.

3.13 A tutor's cases show varied ethnicities, but minority ethnic characters appear only as recipients of support while white characters make strategic decisions. Learner feedback reports low identification with professional role models. What is the strongest design change?

- A. Remove every reference to identity so no representation decision is needed.
- B. Redistribute expert and decision making roles across varied characters and review the full pattern of examples with learners.
- C. Increase the number of minority ethnic names in the existing support recipient roles.
- D. Add a separate annual diversity slide while keeping assessed cases unchanged.

3.14 An apprentice requests a prayer break. The tutor can move an existing break without losing teaching time, but a later externally controlled assessment has a fixed schedule. Which response is most appropriate?

- A. Adjust the teaching break where workable and ask the assessment coordinator to establish the permitted options for the formal assessment.
- B. Ask the class to vote on whether the apprentice's observance should be accommodated.
- C. Promise identical flexibility for both events because religious requests always override assessment arrangements.
- D. Reject both requests so treatment remains consistent.

3.15 An older apprentice reports sleep disruption and temperature discomfort associated with menopause. The manager says adjustments must wait until legal disability status is established. What is the strongest support response?

- A. Agree practical need based changes and review their effect, while authorised staff consider any relevant legal and occupational health issues.
- B. Move the learner to a lower level programme to reduce cognitive demands.
- C. Recommend a specific medical treatment and use adherence as the action plan outcome.
- D. Confirm that menopause is always a disability and record that diagnosis for the learner.

3.16 A manager wants to report success because all six agreed inclusion actions have been implemented. Two learners say their barriers persist. What should the quality lead require?

- A. Replace learner feedback with a satisfaction average to avoid contradictory accounts.
- B. Extend every action for another three months without examining the mechanism.
- C. Record the plans as closed because the provider delivered what it originally promised.
- D. Separate implementation from effectiveness and review the learner experience and relevant learning evidence for each action.

3.17 A learner with caring responsibilities has missed three deadlines. The coach proposes a six month blanket extension. The learner says she mainly loses work when online forms time out during interruptions. Which response is best supported by the chapter?

- A. Remove written assessment because carers cannot reliably complete it.
- B. Require uninterrupted evening study to build commitment.
- C. Introduce resumable submission and staged checkpoints, agree a contingency for interruptions and review whether deadline access improves.
- D. Keep the blanket extension because it is the most generous available measure.

3.18 A small programme has one openly LGBT+ apprentice. The quality team proposes publishing completion results by sexual orientation to demonstrate transparency. What is the strongest response?

- A. Publish because voluntarily disclosed identity means the learner has agreed to all uses.
- B. Protect against identification, use appropriate restricted analysis and qualitative evidence, and consult the authorised data governance process.
- C. Combine the learner's name with a positive case study because favourable disclosure cannot cause harm.
- D. Stop evaluating inclusion for this group because the numbers are small.

3.19 A learner reports repeated accent criticism. The manager argues that client communication is an occupational requirement. What should the coach and tutor establish first?

- A. Whether all communication criteria should be waived because the learner reports discrimination.
- B. Whether the learner can imitate the manager's accent before further client opportunities are allocated.
- C. The actual communication criterion, evidence of understanding and being understood, and whether feedback includes discriminatory assumptions.
- D. Whether another learner from the same ethnic group receives similar comments, as an individual account cannot be considered alone.

3.20 KBC is reviewing a hardship case involving a refugee apprentice. Staff are unsure about immigration conditions, apprenticeship funding and housing assistance. Which allocation of responsibility is best?

- A. Begin ordinary teaching support and accept the learners refugee document as sufficient evidence for funding and work checks because identity has been verified.
- B. Coordinate support while compliance checks funding, the employer checks relevant employment requirements and an appropriately regulated adviser handles immigration advice and an appropriate housing service checks accommodation support.
- C. Ask compliance to settle immigration, housing and funding together before opening an educational support plan, reducing the risk of inconsistent information.
- D. Refer all questions to an immigration adviser and ask the learner to return once eligibility and practical arrangements are confirmed.

3.21 An apprentice becomes pregnant during a programme with a planned practical site activity. She wants to continue learning. Which combined plan is most appropriate?

- A. Discuss her wishes, coordinate the employer's individual risk assessment and educational implications, and validly resequence activity if required.
- B. Provide remote theory immediately and postpone planning the practical activity until the learner supplies a medical recommendation for a specific adjustment.
- C. Ask the employer to confirm that its general site risk assessment covers pregnancy and retain the activity timetable unless a concern is raised.
- D. Agree additional rest breaks with the tutor and keep all workplace arrangements unchanged because the learner wishes to continue.

3.22 An apprentice is considering a complaint about sexual messages from a client. The employer says its policy covers employees only. What is the best provider response?

- A. Advise the apprentice to manage the client's expectations more confidently.
- B. Check immediate safety, use appropriate reporting routes and ask authorised employer leaders to address the risk, including relevant current prevention guidance.
- C. Treat the concern as outside workplace prevention because the sender is not employed there.
- D. Transfer the apprentice immediately and regard the underlying issue as resolved.

3.23 A tutor notices a learner repeatedly missing early workshops and attributes this to low aspiration in the learner's neighbourhood. The learner explains that the first bus arrives after the start. Which record is most useful?

- A. Transport challenge; learner advised to improve punctuality.
- B. Low aspiration risk associated with postcode; refer to motivational coaching.
- C. First available bus reaches the venue after the workshop begins; tutor and employer to agree a feasible access arrangement and review learning recovery.
- D. Attendance issue resolved because a reason has now been disclosed.

3.24 A learner declines to declare an ethnicity category but explains that colleagues exclude her from technical discussions. What should the coach do?

- A. Pause support because group membership is needed before an inclusion plan can be written.
- B. Record the issue only as a generic attendance concern to avoid collecting any sensitive information.
- C. Investigate the concrete opportunity barrier and agree support, explaining any relevant recording choices without forcing identity disclosure.
- D. Infer ethnicity from the learner's name so the monitoring dataset is complete.

3.25 A 2024 university survey of 33 self identified carers reports substantial deadline difficulties. A curriculum manager wants to claim that the same percentage of KBC carers will withdraw. What is the most rigorous correction?

- A. Use the percentage but add a footnote that KBC is a smaller organisation.
- B. Increase the projected risk because apprenticeship employment adds further demands.
- C. Use the study to inform questions and support design, and collect local evidence without turning a small self selected sample into a withdrawal prediction.
- D. Discard the study because self reported experiences have no educational value.

3.26 An apprentice has justice experience and asks for a tutorial time that avoids a required appointment. A designer proposes adding criminal history to all support forms. What is the best response?

- A. Collect every learner's history so nobody is singled out.
- B. Ask the tutor to decide whether the apprentice presents a workplace risk before offering the tutorial.
- C. Refuse any scheduling change unless the apprentice discloses the offence to the full teaching team.
- D. Arrange the necessary learning coordination through authorised staff and avoid unnecessary criminal history collection in routine support forms.

3.27 A carer prefers asynchronous learning, but the proposed replacement is a two hour recording with no opportunity to ask questions. Which revision best preserves inclusion and teaching quality?

- A. Waive the module's formative tasks so the learner can watch when convenient.
- B. Accept the recording unchanged because flexibility is the learner's preference.
- C. Insist on the original live slot because recordings can never support learning.
- D. Provide a structured equivalent activity with clear stages, feedback and a workable question route, then review understanding and workload.

3.28 A first generation apprentice produces technically sound analysis but hesitates to request feedback because he assumes only weak staff ask questions. Which intervention best targets the invisible curriculum?

- A. Remove feedback meetings until the apprentice volunteers to attend.
- B. Add parental occupation to his risk profile and increase monitoring frequency.
- C. Explicitly teach how professionals seek feedback, model a supervision question and provide a normal opportunity to practise.
- D. Tell him that professional confidence must develop naturally through experience.

3.29 After a racism complaint, the apprentice attends more reliably but receives fewer challenging tasks. The coach is asked to close the inclusion plan because attendance improved. What is the best decision?

- A. Maintain the plan but measure only whether the apprentice makes another complaint.
- B. Assume retaliation has legally occurred and record the employer as guilty.
- C. Keep the opportunity and safety actions under review, examine task allocation and obtain the learner's experience alongside learning evidence.
- D. Close the plan and address work allocation only if assessment later fails.

3.30 A learner discloses a private identity to the coach and asks to use a different name in tutorials. Formal apprenticeship records currently contain verified details. What is the best coordinated response?

- A. Agree respectful day to day communication, clarify setting specific disclosure preferences and coordinate any formal record change discreetly through the authorised route.
- B. Inform the employer and family first so all parties have consistent information.
- C. Require the learner to explain the situation to the class before tutors use the requested name.
- D. Change every record immediately without checking any authorised process.

3.31 An inclusion dashboard shows a lower completion rate for one ethnic group, concentrated in one employer and a newer cohort. Which analytical response is strongest?

- A. Check cohort maturity, employer opportunity, missing data and learner experience before drawing conclusions or selecting interventions.
- B. Attribute the gap directly to ethnicity because the dashboard already groups by ethnicity.
- C. Delete the group comparison because confounding makes all analysis impossible.
- D. Set lower completion expectations for the group to make targets realistic.

3.32 A learner asks the coach whether to stop paying a debt to afford travel to class. Which response best respects professional boundaries while helping?

- A. Help the learner compare which debt is least urgent using the amounts owed, then refer for specialist confirmation after deciding how to fund travel.
- B. Avoid giving a repayment instruction, support access to appropriate free debt advice and separately resolve the immediate learning travel barrier.
- C. Send a debt advice link and close the support action because repayment decisions belong to an external adviser.
- D. Agree an assignment extension while the learner obtains debt advice, and revisit the required journey at the next monthly review.

3.33 The employer offers a workplace computer for an apprentice with unstable housing. The only available room is shared with colleagues and coaching discussions concern sensitive circumstances. Which revision is most appropriate?

- A. Stop coaching until permanent housing makes private contact possible.
- B. Require the apprentice to disclose circumstances to colleagues so they understand the need for quiet.
- C. Use the room because any access is better than none and headphones make the conversation confidential.
- D. Agree a private space or safe alternative contact method for coaching while retaining suitable shared access for non confidential learning tasks.

3.34 An inclusion plan says 'learner will improve resilience' after repeated sexist exclusion from analytical work. Which rewrite best makes the plan accountable?

- A. Learner will attend a wellbeing webinar and report greater positivity at the next review.
- B. Tutor will give the learner a simpler task so that lack of opportunity does not affect confidence.
- C. Coach will remind the learner that every workplace has challenges.
- D. Employer will allocate and supervise a defined analytical task by an agreed date; tutor will provide preparation; review will examine valid skill evidence and access to further tasks.

3.35 A provider has a polished inclusion policy but learners describe inaccessible resources and unimplemented actions. Preparing for an England Ofsted inspection in September 2026, what should leaders prioritise?

- A. Commission a fresh policy review and postpone individual case analysis until the revised responsibilities have been approved.
- B. Resolve operational barriers and examine whether records, learner accounts, observed support and learning outcomes form a coherent picture.
- C. Run refresher training for all tutors and use completion of that training as the principal evidence that the reported problems are now addressed.
- D. Increase the number of signed review forms so inspectors can see the frequency of support offered, then investigate implementation after inspection.

3.36 An ESOL learner asks to use machine translation during a formal professional examination. It has been useful in teaching. What should the coach do?

- A. Check the examination's permitted language and assistance through the assessment coordinator, while continuing appropriate language support in teaching.
- B. Prohibit it in all teaching immediately to maintain consistency.
- C. Promise a human interpreter instead because that is always an acceptable adjustment.
- D. Approve it because any tool used in teaching must be allowed in assessment.

3.37 A learner reports no support need at enrolment, then six months later begins caring for a relative. Staff say the original form is complete and should not be reopened. What is the best response?

- A. Record the earlier answer as dishonest and increase compliance monitoring.
- B. Revisit current barriers and agree a proportionate plan because responsibilities and access can change during an apprenticeship.
- C. Require the learner to wait for the next programme intake so declarations remain consistent.
- D. Replace all previous learning targets with wellbeing goals.

3.38 A coach has detailed notes about a learner's housing crisis and suspected abuse. Tutors need to know only how to contact the learner safely and which deadline changed. Which sharing approach is best?

- A. Share necessary educational instructions through the authorised route, retain sensitive detail in the appropriate restricted record and explain relevant sharing to the learner.
- B. Attach the complete notes so every tutor has enough context to be empathetic.
- C. Record everything in the standard attendance comment because it is the central system.
- D. Keep all information solely in the coach's personal notebook so no organisation wide process applies.

3.39 An apprentice without a disability cannot afford transport. A colleague proposes recording a learning difficulty to secure learning support funding. What is the strongest response?

- A. Decline all support because the disability funding route is unavailable.
- B. Ask the learner to sign a declaration so the classification becomes valid.
- C. Use the category temporarily because the barrier is real and corrections can follow.
- D. Record the actual hardship, pursue an appropriate access solution and apply funding rules only to properly assessed and evidenced eligibility.

3.40 Amira now has a working laptop and an alternative tutorial, but she has still not chaired a project review and the accent complaint remains open. Which review decision best integrates the chapter?

- A. Mark the plan effective if Amira says she does not want to cause further trouble.
- B. Confirm the effective access actions, keep the occupational opportunity and safety actions open with responsible owners, and evaluate each against its own evidence.
- C. Close the plan because two substantial interventions have succeeded and the remainder is the employer's concern.
- D. Restart every action because partial success cannot be recognised until all concerns resolve.

Cognitive and neurodevelopmental differences

Respond to individual patterns of learning, attention, communication and processing.



IN THIS CHAPTER

- ADHD, autism and specific learning difficulties
- Executive function, communication and processing
- Personalised adjustments and valid competence

4.1 What this chapter enables staff to do

An apprentice may explain a difficult business problem confidently and still struggle to open the correct assignment, sequence its stages or submit it. Another may produce excellent written analysis but need substantial preparation for an unstructured meeting. Neither observation establishes a diagnosis or an absence of competence. This chapter teaches staff to investigate the actual task, the conditions surrounding it and the learner's experience before deciding what support would help.

The chapter covers attention deficit hyperactivity disorder (ADHD), autism, dyslexia, dyscalculia, developmental co-ordination disorder (DCD or dyspraxia), developmental language disorder (DLD), learning disability, acquired cognitive changes and Tourette syndrome. These are overlapping areas of experience rather than mutually exclusive boxes. Some apprentices use the language of disability; others prefer difference or neurodivergence. Ask what language the person wants staff to use. Respect a previous diagnostic description without requiring the apprentice to use an outdated label.

The operational guidance, fictional cases and review measures below are KBC practice proposals, informed by the cited evidence. They are not clinical protocols, diagnostic criteria, validated treatment packages or promises about outcomes. Staff should be able to explain each adjustment in terms of a learning or workplace barrier, implement it reliably and evaluate whether it helps this apprentice.

By the end, the reader should be able to distinguish a specific learning difficulty from a learning disability; recognise interacting communication, attention, sensory and organisational barriers; coordinate five professional roles; preserve occupational competence when changing access arrangements; and produce a concise, learner-owned support record. Chapter 7 turns these decisions into a complete action plan.

4.2 A framework for understanding differences without reducing people to labels

Neurodiversity describes variation across human minds. Neurodivergent is an umbrella descriptor used in several ways; it is not itself a clinical diagnosis. A label can help a person understand a history of difficulty or request specialist support. It does not tell a tutor the correct font, the amount of extra time or whether a learner enjoys group work. Those decisions require individual information.

In UK usage, a learning disability usually concerns broader difficulties with learning and understanding, alongside support needs in everyday functioning. A specific learning difficulty, such as dyslexia, concerns a more particular pattern of difficulty and does not mean that the person has a general learning disability. The NHS stresses the considerable variation in people

with learning disabilities, including their capacity to work and gain qualifications. Do not infer a person's decision-making capacity, ambition or occupational potential from either label.⁶⁹

Use a four-part enquiry: person, task, environment and consequence. The person brings knowledge, preferences, health, communication methods and established strategies. The task requires particular thinking and performance. The environment includes software, noise, social expectations, time and available support. The consequence is what actually happens: missed information, exhaustion, delay, error, withdrawal or successful participation. Change one or more conditions and inspect the consequence again.

A useful first question is, 'Please show me where the activity becomes difficult.' This produces better evidence than asking only, 'What condition do you have?' Ask also where similar work goes well. A workplace comparison may reveal that a clear written brief is already effective, or that the LMS introduces a barrier absent from the apprentice's job. Apparent inconsistency can identify an environmental difference worth copying.

Do not administer an online checklist and record its score as a diagnosis. Screening may identify a reason to offer an appropriate assessment route, provided its purpose and limitations are understood. Low confidence in English, interrupted education, inaccessible materials, sleep loss and a new technical topic can also affect performance. Support the observed difficulty while investigating sensitively. A person awaiting assessment should not have to fail repeatedly before staff provide a clear brief, accessible text or a quieter learning opportunity.

The five roles that must connect

Role	Central responsibility	Evidence that the role has acted
Coach	Elicit the learner's experience, coordinate the plan and review participation and effort	Learner-agreed barrier description, named actions and reviewed outcomes
Tutor	Make explanations, interaction, practice and feedback accessible while teaching the required content	Adapted lesson and examples showing what the learner can explain or do
Curriculum developer	Sequence learning and assessment so access barriers are anticipated across the programme	Curriculum map showing prerequisites, practice opportunities and assessment constraints
Materials designer	Make documents, interfaces, media and navigation usable	Accessible source files and a successful learner usability check
Employer	Provide workable conditions, supervised practice and relevant occupational adjustments	Agreed workplace actions, protected learning arrangements and feedback on transfer

A coach should coordinate rather than become the sole person doing every adjustment. An agenda sent by the coach is ineffective if the tutor changes the task without notice. A well-designed worksheet is inaccessible if a workplace firewall blocks its reading software. Assign an owner to each action and check its use in the setting where it matters.

4.3 Attention deficit hyperactivity disorder

Understanding the difficulty

ADHD can involve persistent difficulties with attention regulation, impulsivity and activity levels. In adults, difficulties may appear as organisation problems, losing track of tasks or acting before considering consequences; conspicuous physical hyperactivity is not necessary. ADHD can coexist with anxiety, depression or a specific learning difficulty. NHS information helps staff understand possible experiences, but staff must not use their classroom observations to make a diagnosis.⁷⁰

NICE identifies environmental modifications as a relevant component of support and gives examples involving distraction, instructions and the organisation of activity. This is clinical guidance, not an apprenticeship lesson specification. It supports attention to the environment; it does not justify a uniform programme of adjustments for everyone with ADHD.⁷¹

Executive functions are processes used to start, organise, monitor and switch between activities. In a learning setting, a problem with initiation can be misread as a lack of motivation. An apprentice may know what the final assignment should contain but be unable to identify a manageable first action. Another may become deeply absorbed in analysis and miss the submission stage. Investigate both learning quality and the practical workflow.

KBC action plan for ADHD-related barriers

The coach should work through one real assignment with the apprentice. Identify the first observable action, such as opening the evidence folder and choosing one work example. Agree a small number of intermediate checkpoints, with the apprentice selecting a usable reminder channel. Avoid adding four apps, several colour systems and daily forms: support that creates more administration may intensify the original difficulty. Record who sends a reminder, when and how the learner can ask for it to change.

The tutor should display a brief session route, make transitions explicit and separate listening from extensive note-taking. Give a task in writing and invite the apprentice to explain their intended first step. Use purposeful breaks and varied practice when these fit the lesson. Movement or a quiet fidget may be acceptable where it does not create a safety or access problem; do not require stillness as proof of attention. Agree a discreet way to signal that the pace has become difficult.

The curriculum developer should map deadline collisions and the hidden organisational demands of portfolio work. A large end-point report can be developed through progressively more independent planning, drafting and checking. Preserve opportunities to learn planning skills where planning is an occupational requirement. Scaffolding should make the skill teachable, with any reduction in prompts based on demonstrated readiness rather than a fixed calendar date.

The materials designer should make the next action evident. Use one canonical assignment page, consistent labels, an editable checklist and visible completion states. Keep optional extension reading separate from essential instructions. A countdown may help one learner and distress another, so let the learner control it where possible. Check whether notifications can be reduced and whether progress is retained after an interrupted session.

The employer should clarify priorities and protect agreed learning time from routine interruptions. A short written confirmation after a changing work request can prevent the apprentice attempting several conflicting priorities. Where interruption is intrinsic to the job, teach an agreed way to capture the interruption, identify urgency and resume the original task. A blanket ban on interruptions may be impractical; an explicit interruption protocol may be useful.

Review using meaningful examples: whether the learner starts the assignment, follows the required sequence, submits usable evidence and expends a sustainable amount of effort. Do not equate a high number of reminders with improvement. At review, ask whether reminders support agency or feel intrusive. Escalate persistent difficulties to the appropriate learning support lead and offer an assessment or health route when wanted; coaches do not recommend medication changes.

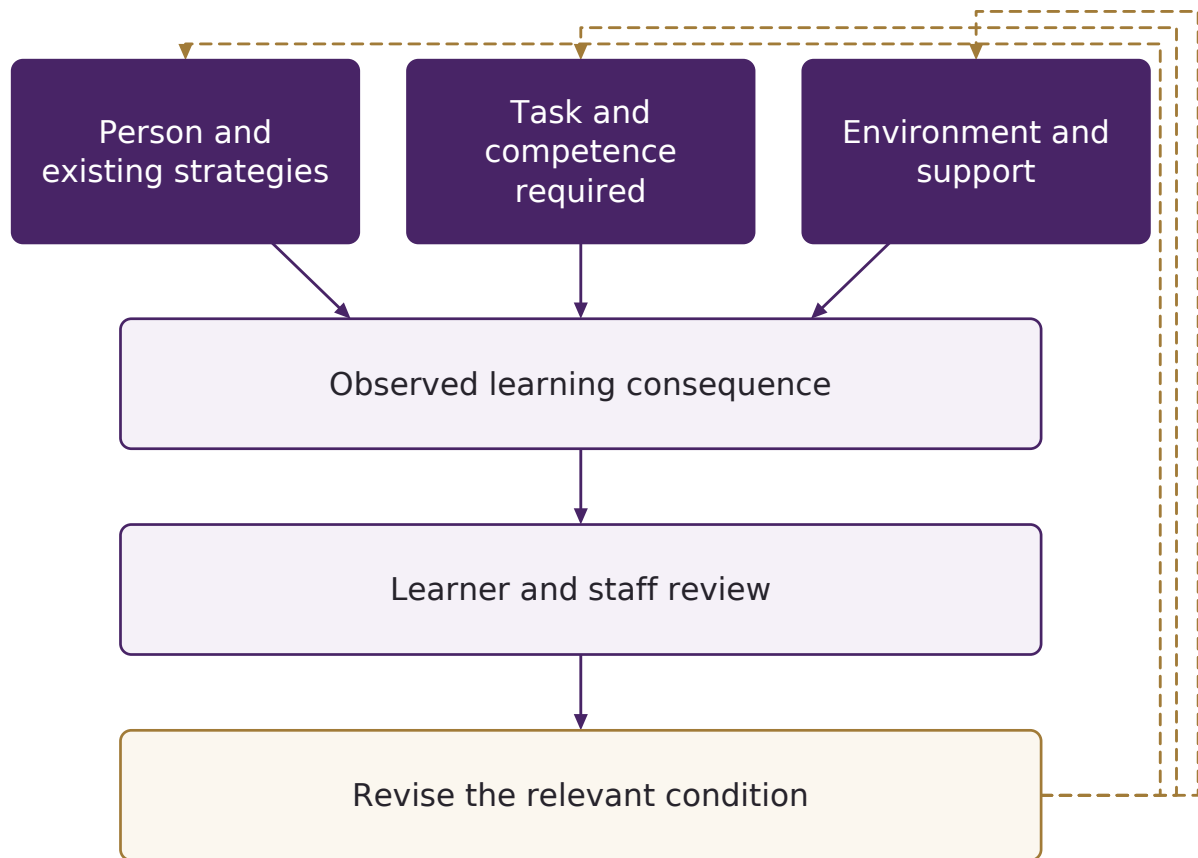


Figure 4.1 Understand the barrier in its setting. KBC practice framework. An observed difficulty is examined through the interaction of person, task and environment; review guides a specific change rather than a label-driven package.

Diagram reading guide. Three inputs—person, task and environment—contribute to the observed learning consequence. Learner and staff review the consequence and revise the relevant input.

4.4 Autism

Understanding communication and environmental fit

Autism is a neurodevelopmental condition involving differences in social communication and interaction, patterns of interest or activity, and frequently sensory experience. Individual profiles vary widely. NICE advises attention to communication, predictability and sensory aspects of the environment in adult services. Its recommendations inform awareness but must be translated carefully to education. Avoid assumptions that all autistic people have exceptional numerical ability, dislike people, lack empathy or require the same support.⁷²

A 2026 systematic review by Blood Checketts examines autism across the employee life cycle and identifies gaps in research beyond narrow accounts of challenges. Its scope concentrates on

employees described in that literature as having Level 1 autism. It is useful for considering recruitment, working relationships and progression, but cannot represent all autistic apprentices or establish which adjustment will work for an individual.⁷³

An ambiguous instruction such as 'take this to the next level' may conceal the tutor's actual expectation. Explain whether the learner should compare alternatives, justify a decision or quantify impact. Conversely, a tutor may misread direct language as discourtesy. Communication is a shared responsibility: both parties should clarify meaning rather than making the apprentice solely responsible for repairing misunderstandings.

KBC action plan for autism-related barriers

The coach should develop a communication and predictability profile with the apprentice. Establish preferred contact methods, processing time, helpful preparation and what should happen if a session becomes overwhelming. Ask which changes are especially difficult and what notice is useful. The plan should contain practical information, such as sending the meeting purpose and decisions required in advance, rather than a lengthy description of personality.

The tutor should explain participation rules explicitly. State how turn-taking works, whether learners can prepare an answer in writing and how to request clarification. Give advance notice of breakout groups and an alternative route to equivalent learning where appropriate. If a spontaneous response is an authentic occupational skill, teach and practise it with manageable progression. Do not introduce surprise questioning simply to test whether the learner can tolerate surprise.

The curriculum developer should identify transitions between modules, tutors, employers and assessment methods. Build preparation for these transitions into the programme. Include explicit teaching of workplace conventions without presenting one communication style as morally superior. Analyse the actual performance requirement: negotiating a decision, for example, does not necessarily require sustained eye contact or informal social conversation.

The designer should provide consistent layouts, meaningful section titles, instructions with examples and controllable media. A stable visual structure is helpful only if the content remains accessible. Ask before introducing animation or decorative sound. Make diagrams interpretable without guessing what a colour or icon means, and make the full text available when information is delivered through a visual.

The employer should agree how changes of task, location or reporting line will be communicated. Offer a named person for clarifying expectations and a workable recovery space or quieter setting when needed. Include the apprentice in the choice. Mandatory isolation may reduce noise but also remove informal learning, visibility and promotion opportunities. Evaluate participation and career development alongside immediate comfort.

The review should ask what the apprentice achieved, what effort it required and what happened afterwards. Excellent performance during a session does not establish that the arrangement is sustainable. Review after a change of tutor, employer, worksite or assessment demand even when previous support was effective.

Masking and exhaustion

Masking or camouflaging can involve suppressing or changing visible behaviour to meet social expectations. The learner may regard some strategies as useful and others as costly. A 2025 systematic review of autistic burnout synthesised 48 studies and highlighted exhaustion, difficulty maintaining everyday functioning and the influence of demands and inadequate support. Much of the evidence involved White, female, late-diagnosed adults with at least average intellectual or verbal ability; causal conclusions and generalisation require caution.⁷⁴

KBC's practical response is to ask about recovery and hidden effort without diagnosing burnout. Do not set 'appears less autistic' as a target. Do not instruct an apprentice to disclose or abandon a coping strategy they judge necessary. Work collaboratively on excessive demands, predictable routines and access to appropriate professional support. New severe exhaustion or deteriorating functioning warrants timely attention rather than being automatically attributed to autism.

4.5 Dyslexia

Understanding literacy barriers

Dyslexia can affect the efficient acquisition and use of reading and spelling skills. It is not a synonym for low intelligence, poor effort or a visual impairment. An adult may read accurately but slowly, need substantial effort to extract meaning from dense text or find proofreading difficult. The NHS describes a range of adult experiences and support routes. Staff should ask about the actual literacy task and avoid assuming every difficulty has the same cause.⁷⁵

The 2025 Delphi study by Carroll and colleagues develops a consensus account of dyslexia, emphasising a dimensional, multifactorial understanding and co-occurrence with other developmental difficulties. A companion paper by Holden and colleagues examines assessment and identification. These are structured expert consensus studies rather than experiments showing that a particular adjustment improves apprenticeship attainment. They support looking beyond a simplistic spelling score or a single rigid diagnostic profile.^{76 77}

KBC action plan for dyslexia-related barriers

The coach should compare reading, understanding, planning and written expression separately. Ask the apprentice to demonstrate a familiar work process and then examine what changes when they must describe it in writing. Co-develop a workflow for collecting evidence, planning a response, drafting and checking. A structured outline may be useful; a coach who dictates the entire response obscures the learner's own understanding.

The tutor should supply essential reading and terminology sufficiently early for preparation, explain specialist vocabulary and allow time to process questions. Teach the structure of a good answer using a new example before asking for independent application. When marking, distinguish content accuracy from spelling and presentation where the criteria allow. Explain why any writing standard is occupationally necessary, and teach the corresponding checking process.

The curriculum developer should map reading load across modules and assessment points. Consider whether each dense reading is essential, a useful extension or a duplication. Offer routes to the same conceptual content, including accessible text and appropriate audio, while retaining any genuine literacy competence being taught or assessed. Do not remove demanding ideas merely because the text must become easier to navigate.

The designer should use real text, proper headings, readable spacing and an orderly reading sequence. Provide editable, accessible formats and ensure assistive reading software can reach tables and labels. Let the learner choose display settings where feasible. No single font, background colour or overlay is a universal dyslexia adjustment. A preferred colour can be accommodated without presenting it as a cure or replacing literacy support.

The employer should identify which writing tasks have a high consequence of error and which approved tools can support checking. Agree access to read-aloud functions, dictation or templates where relevant, subject to confidentiality and assessment requirements. The apprentice should learn to review the tool's output: technical names, dates and numerical values can be transcribed incorrectly.

Review comprehension, quality of occupational reasoning, avoidable errors and the time or fatigue involved. A faster submission with poorer understanding is not a successful adjustment. For an assessed written communication criterion, obtain appropriate advice before replacing writing with an oral response. For a knowledge discussion, an alternative response route may preserve the assessed construct. Do not promise that formative arrangements will automatically be authorised by an external assessor.

4.6 Dyscalculia and persistent numerical difficulty

Investigating the numerical task

Persistent difficulty understanding number or acquiring arithmetic skills can affect time, measurement, cost, percentages and interpretation of numerical information. Dyscalculia should not be inferred from one weak maths result. Check teaching history, anxiety, language, sensory access and the particular operation involved. A learner who understands a budget decision may still confuse magnitude or place value; another may calculate accurately but misunderstand what a percentage represents.

Kißler and Kuhn's 2025 empirical study investigates dyscalculia subtypes in children, reinforcing the importance of heterogeneity in the skills examined. It does not validate an adult workplace screening tool or an apprenticeship intervention. Its cautious educational implication is to examine the component difficulty rather than allocate the same worksheet to everyone who struggles with mathematics.⁷⁸

KBC action plan for numerical barriers

The coach should ask the learner to talk through an authentic example without immediate time pressure. Locate the barrier: interpreting the question, choosing the operation, estimating the answer, performing the calculation or checking its meaning. Agree one priority with a practical baseline. 'Gets better at maths' is not reviewable; 'identifies and explains the percentage change in three familiar cost scenarios using an agreed checking sheet' is.

The tutor should explicitly connect words, quantities, units and symbols. Model a calculation, then ask the apprentice to explain why that operation fits the problem. Use number lines, physical quantities or diagrams if helpful, always with verbal or textual explanation. Practise estimation and plausibility checks alongside calculator use. Separate learning to understand a procedure from a timed test of fluent performance.

The curriculum developer should identify prerequisite number concepts before advanced topics such as earned value, conversion rates or forecasting. Sequence examples from familiar contexts to more complex cases, then test transfer. Build revisiting opportunities into the programme. Do not remove all quantitative tasks from a pathway whose occupational standard requires numerical judgement.

The designer should align numbers clearly, label units, distinguish percentages from decimal values and avoid densely packed data tables. Present a worked example with each step linked to its explanation. Use consistent notation and explicit rounding instructions. An accessible spreadsheet can provide formula visibility and a checking field, while avoiding hidden automation that prevents the learner understanding the result.

The employer should confirm tools permitted in real work and establish appropriate checks for financial or safety-critical outputs. A second check may be good professional practice, but the

plan must make clear what the apprentice independently understands and does. Review error patterns, transfer to a fresh scenario and independent checking, rather than repeatedly administering the same exercise until its answers are memorised.

4.7 Developmental co-ordination disorder and dyspraxia

DCD, often called dyspraxia, can affect movement and co-ordination and may also be associated with difficulties organising aspects of everyday activity. Adults vary in which tasks are difficult. Handwriting, manipulating equipment, moving through a crowded space or learning a new sequence may be demanding. The NHS makes clear that dyspraxia does not affect intelligence. Do not explain every organisational difficulty as a motor issue or assume someone with fluent speech has no access needs.⁷⁹

The coach should map the whole learning journey, including travel, equipment set-up, note-taking and online submission. Identify which steps use disproportionate effort. Agree a rehearsal of an unfamiliar practical or digital sequence and a way to request assistance without public explanation. Ask about a change of room or equipment before interpreting lateness as disregard for the session.

The tutor should demonstrate practical tasks in a clear sequence, pause at important stages and allow the learner to practise with appropriate supervision. Avoid requiring simultaneous observation, copying and rapid execution when these are incidental demands. For note-taking, provide an outline or permit another effective method. Teach safe performance explicitly; a supportive attitude cannot substitute for an appropriate task-specific safety assessment.

The curriculum developer should schedule sufficient practice with the actual tools and procedures used in the occupation. Break down complex routines initially, then build towards integrated performance. If precise manual execution is essential, coordinate specialist advice and suitable equipment rather than exempting the learner automatically. If handwriting is incidental, it should not become an unnecessary barrier to demonstrating expertise.

The designer should provide large, well-spaced interactive targets, keyboard access and alternatives to dragging or timed clicking. Ensure form fields and upload controls have clear labels and tolerate correction. The employer should explore suitable workstations, equipment or revised set-up routines with appropriate specialists where needed. Trial arrangements in realistic conditions before relying on them for a demanding task.

Review the quality and safety of performance, the effort involved and whether strategies transfer to new equipment. Record the relevant functional issue, such as difficulty operating a small on-screen control accurately, rather than a global judgement that the learner is clumsy. Changes in longstanding movement or cognitive functioning should be considered through an appropriate health route.

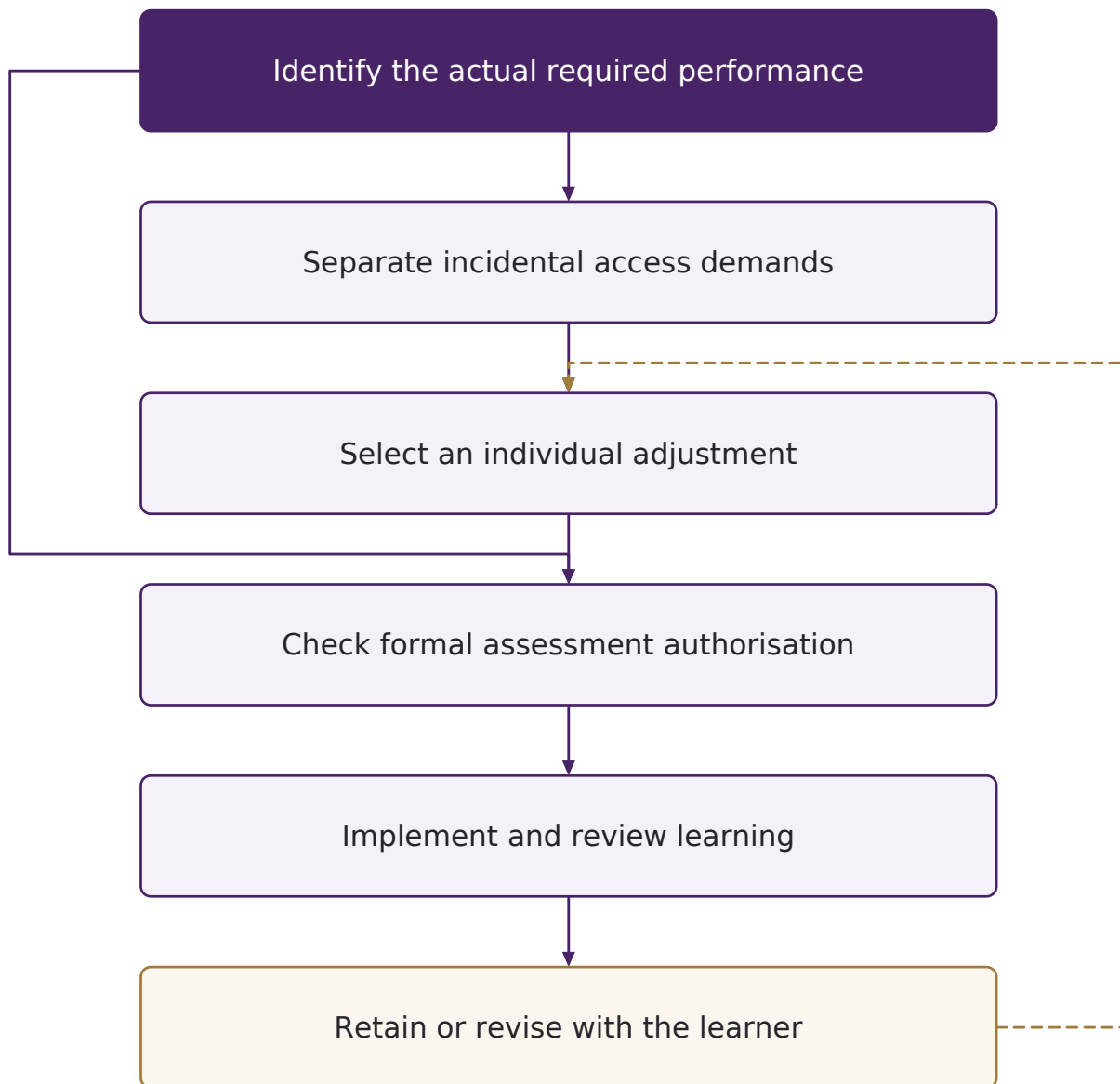


Figure 4.2 Preserve the competence while changing access. KBC decision model. During teaching, consider the performance being developed; for formal assessment, check the applicable rules and authorisation before promising an arrangement.

Diagram reading guide. Required performance informs both identification of incidental demands and formal assessment checks. An individual adjustment is checked, implemented and reviewed, with a feedback loop for revision.

4.8 Developmental language disorder and language-processing barriers

Language difficulty may affect understanding spoken or written language, retrieving words, structuring an explanation or following complex sentences. DLD is a persistent developmental language condition with functional impact; speech can sound fluent while understanding is difficult. Language disorders also occur alongside other conditions. An accent, multilingualism or learning English does not establish DLD. Staff should avoid making a diagnostic distinction themselves and seek appropriate specialist advice when assessment is needed.

Dubois and colleagues' systematic review examined education, employment and independent living in young adults with DLD. It identified considerable variation and gaps in the evidence. Wilmot and colleagues' 2024 qualitative study involved six UK adults with DLD and five Australian speech-language therapists. Participants described misunderstanding, workplace difficulties, masking and emotional costs. This small, selected sample provides valuable lived experience, not a prevalence estimate or proof that a particular adjustment works.^{80 81}

The coach should offer different ways to participate in the support conversation. Send the main questions beforehand, discuss one idea at a time and allow the person to return to an answer. Use a respectful comprehension check: 'To check that I explained this clearly, what will happen next?' Agreement or nodding does not reliably demonstrate understanding, particularly when the learner is anxious to appear competent.

The tutor should use explicit language, explain unfamiliar terms and divide complex instructions into meaningful steps. Replace 'discuss the implications of the aforementioned divergence' with a precise explanation of what must be compared and why. Preserve technical terminology where it is needed, but teach it deliberately. Give processing time after a question without immediately rephrasing it several different ways, which may create additional load.

The curriculum developer should map the language of the occupation as well as its conceptual content. Pre-teach frequently used terms and sentence structures, then provide practice in increasingly authentic contexts. Build in opportunities to explain a concept, hear clarification and try again. Differentiate a communication access arrangement from changing an assessment criterion that specifically requires oral communication.

The designer should pair diagrams with concise explanations and avoid relying on metaphors, unexplained abbreviations or dense blocks of qualifying clauses. Captions and transcripts are useful only when accurate and intelligible. Write action instructions consistently and make the order explicit. The employer should confirm key instructions, allow preparation for meetings and provide a named clarification route, while addressing colleagues' dismissive responses to requests for repetition.

Review the apprentice's understanding of a new instruction, their ability to explain an occupational decision and their confidence in requesting clarification. Record whether the

barrier arises in listening, reading, expression or a combination. With the apprentice's agreement, coordinate relevant specialist communication recommendations. Do not turn every coaching meeting into an unqualified speech and language assessment.

4.9 Learning disability and wider learning support needs

An apprentice with a learning disability may need explicit teaching, additional practice, accessible communication and support to generalise a skill between settings. The correct level and programme depend on the individual's aspirations, prior learning, role and realistic opportunities for developing the required competence. Avoid both automatic exclusion and a reassuring offer that has no credible delivery plan.

The coach should speak directly to the apprentice, use accessible explanations and check what involvement they want from a supporter. Do not assume that a parent, manager or support worker can make all decisions for an adult. Where a decision-specific capacity concern arises, obtain appropriate professional advice under the relevant organisational process. Capacity is not determined by a label or by the convenience of involving another person.

The tutor should model a procedure, guide practice and check independent understanding in a fresh example. Reduce unnecessary language complexity while retaining the occupational meaning. Use feedback that specifies the successful step and the next step. Avoid childlike materials for adults and avoid a permanent cycle of copying without comprehension. A task completed through continuous tutor prompting is not equivalent to demonstrated independent competence.

The curriculum developer should examine where knowledge must transfer. A learner who can complete a customer record in a familiar training example may need planned practice with different customer details, workplace interruptions and an error requiring correction. Identify which supports can reasonably remain in ordinary work, such as a checklist, and which would substitute for the apprentice's assessed judgement.

The designer should offer accessible versions of essential information, with meaningful pictures where helpful and text that explains them. Test with the learner rather than assuming a document labelled easy read is understood. The employer should provide consistent supervision, suitable opportunities and a respectful route for raising confusion. Do not use the apprenticeship title as evidence that every allocated task is appropriate.

Review skill acquisition, retention over time, generalisation and the learner's own account of the support. If the programme remains inaccessible after credible adjustments, undertake an informed review of options with the learner and relevant specialists. A different pathway may be appropriate, but that discussion should be supported by individual evidence and accessible information, not assumptions about the diagnosis.

4.10 Acquired brain injury and changing cognitive function

Cognitive difficulty may develop after injury or neurological illness, or fluctuate with health, fatigue and other circumstances. Previous performance does not prove present capacity. An apprentice may retain extensive professional knowledge while finding memory, pace, planning or communication much more difficult. A coach should document the reported functional change and facilitate appropriate health or specialist input rather than trying to identify its medical cause.

NICE's 2025 guideline on rehabilitation for chronic neurological disorders, including acquired brain injury, places cognitive assessment and rehabilitation planning with appropriately qualified practitioners. It covers coordinated, individualised rehabilitation and the interaction between cognition and communication. These are healthcare recommendations; a tutor must not present memory exercises or a return-to-learning timetable as clinical rehabilitation.⁸²

The coach should agree a manageable contact plan and, with appropriate permission, coordinate relevant recommendations from the learner's rehabilitation or occupational health team. Separate the learner's current learning needs from any formal decision about programme dates or a break in learning, which must follow the applicable process. Record what can be attempted now and what requires specialist advice.

The tutor should reduce unnecessary task switching, provide clear written summaries and check comprehension without shaming the learner for forgotten information. Offer shorter learning periods and pauses where agreed. The curriculum developer should review sequencing, deadlines and opportunities to revisit prerequisites. Progression should follow evidence of readiness and the learner's experience rather than comparison with their previous pace.

The designer should make instructions recoverable after an interruption: visible progress, save-and-return functions, labelled files and a clear summary of completed steps. The employer should coordinate work demands and supervision with appropriate advice, especially for tasks with significant safety consequences. Review fatigue, retention and successful task completion, including delayed effects after activity. Sudden or severe new symptoms require the relevant urgent health response, not a routine educational review.

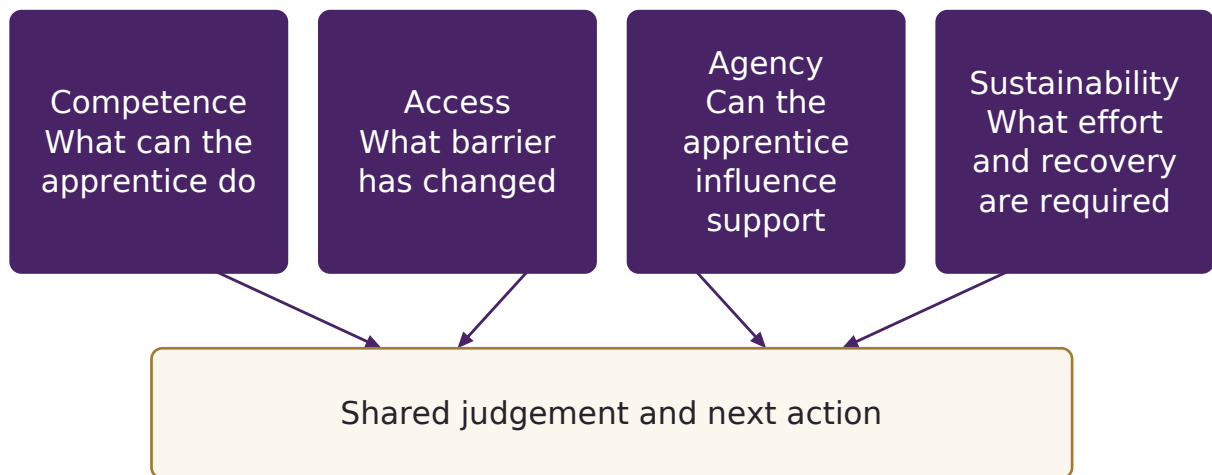


Figure 4.3 Four questions for a mature support review. KBC review synthesis. Improved attendance or submission alone does not settle whether an adjustment is effective. Consider learning, access, learner control and sustainable effort together.

Diagram reading guide. Four review questions about competence, access, agency and sustainability contribute equally to a shared judgement and next action.

4.11 Tourette syndrome and tics

Tics are movements or sounds that occur involuntarily; Tourette syndrome involves a pattern of motor and vocal tics. They can vary over time and be affected by stress or tiredness. Not all tics are Tourette syndrome, and involuntary swearing is not a universal feature. NHS information gives a starting point for understanding the condition, while the apprentice's own description should guide learning arrangements.⁸³

The coach should ask what response is helpful if a tic occurs, whether the learner wants any explanation shared and how they prefer to take a break. The tutor should avoid repeatedly drawing attention to tics, penalising involuntary sounds as disruption or asking for suppression as proof of professionalism. Address bullying promptly. If another learner's access is affected, resolve both needs through planning rather than assigning blame.

The curriculum developer should examine oral assessment, timed activity and participation rules for incidental barriers. The designer should avoid unnecessary voice-activation requirements and provide alternatives to precise timed responses where possible. The employer should explore an appropriate workspace and task-specific arrangements, obtaining specialist input for safety questions. Do not impose a blanket restriction based on the label.

Review whether the apprentice can participate, demonstrate the required skill and use agreed breaks without stigma. Keep the record focused on access and agreed action. A learner need not

explain personal tic content to the class. Tutors should not promise an assessment accommodation without checking the relevant assessment organisation's rules and authorisation process.

4.12 Co-occurrence and sensory needs

Several barriers may coexist and interact. Dictation that assists dyslexia may be unhelpful for someone with expressive language difficulty or vocal tics. A silent room useful for concentration may remove social support that matters to the learner. An extensive planning template may assist organisation but add reading load. The task is to negotiate a workable combination rather than collect one adjustment for each label.

Sensory experience also crosses diagnostic categories. Investigate the particular stimulus, setting and effect: screen glare during a webinar, unpredictable noise at work or crowded travel before a London event. Weber and colleagues' systematic review of physical workplace adjustments found a small and methodologically limited evidence base, mainly involving autistic workers. It supports careful attention to sound, light and environmental control, but not claims that a standard sensory room or equipment package is proven for every neurodivergent apprentice.⁸⁴

Begin with changes the apprentice considers useful, feasible and safe. Record a specific prediction: reduced background audio should make it easier to follow the tutor's explanation, for example. Observe the same relevant task under comparable conditions, avoiding the deliberate withdrawal of established necessary support. Ask about unintended effects. A headset may reduce distraction yet make the person miss an instruction or alarm; resolve that risk in the actual environment.

The 2026 critical review by Scholz, Kersten and Szulc argues that organisational inclusion should consider relationships, physical conditions, autonomy and psychological experience. It is a conceptual synthesis, not a tested KBC intervention. A practical implication is to ask whether the learner can influence their arrangements and feels safe requesting a change, as well as whether their output has improved.⁸⁵

Avoid assigning learners to fixed visual, auditory or kinaesthetic categories. A 2024 meta-analysis found a small overall matching effect but important quality and practical limitations; the authors favoured multimodal instruction over costly matching programmes. KBC should select representations appropriate to the content and actual access needs, then check learning. A diagram helps because it makes a relationship understandable or accessible, not because a diagnosis establishes a permanent learning style.⁸⁶

4.13 Three worked complex cases

Case: Aisha and conflicting supports

Aisha is a fictional marketing apprentice who reports ADHD and dyslexia. She understands the campaign case but misses submissions. Her coach has introduced a five-page weekly planner, which she finds exhausting. A tutor concludes that support has been refused. During a task walkthrough, Aisha shows that she loses the assignment link and cannot distinguish the required reading from optional material.

The revised plan gives the designer responsibility for one assignment landing page, the tutor responsibility for a concise instruction and the coach responsibility for one agreed mid-month checkpoint. Aisha chooses a two-step reminder and a brief spoken planning conversation, followed by her own written outline. The employer protects the agreed drafting period. The curriculum developer checks whether two major submissions coincide.

The prediction is that clearer navigation and a smaller planning burden will improve initiation without reducing the intellectual challenge. At the first review, staff examine whether Aisha located the task, produced her own outline and submitted evidence showing campaign reasoning. They also ask about effort. A completed planner is no longer the success measure. If initiation improves but writing remains difficult, the next action addresses writing rather than restoring the abandoned planner.

Case: Ben and a presentation requirement

Ben is a fictional autistic project apprentice with anxiety about unpredictable questioning. He can explain his risk analysis in a planned meeting. He requests exemption from all presentations. The tutor suggests that constant camera use will build confidence. Neither response starts with the assessed requirement.

The coach and tutor first map which communication skills must be demonstrated and which session habits are optional. Ben helps design a sequence from a short explanation to one familiar peer, through a small group presentation, to practice answering relevant questions with agreed processing time. This is educational practice, not exposure therapy. The designer supplies a predictable presentation template; the curriculum developer schedules preparation before the assessed event. The employer provides a relevant, supported opportunity to present a real recommendation.

Any formal assessment change is referred early through the applicable process. Ben's plan records meaningful participation rather than camera minutes. Review includes explanation quality, ability to handle a new but relevant question, Ben's experience and recovery afterwards. If the planned practice causes marked deterioration, the team revisits the approach and offers appropriate support instead of escalating pressure automatically.

Case: Chris and an apparent performance decline

Chris is a fictional apprentice returning after a brain injury. Before the injury, Chris independently prepared complex cost reports. On return, a familiar spreadsheet appears correct, but Chris cannot explain recent changes and becomes exhausted after training. A manager proposes rapid catch-up based on previous attainment.

The coach records the present difficulty and coordinates relevant specialist recommendations with Chris's agreement. The tutor uses a fresh, smaller example to establish current understanding without treating the exercise as a medical test. The employer reviews work demands and necessary supervision. The curriculum developer considers an appropriate revised learning sequence, while the designer makes the spreadsheet steps and version history easier to follow.

The plan distinguishes existing professional knowledge, current access needs and any unresolved competence evidence. Review includes retained understanding, safe workplace application and fatigue after activity. Chris's earlier success remains valuable context; it cannot replace evidence of present readiness. Any formal change to programme status is processed separately and accurately through the relevant KBC procedures.

4.14 Reporting and review that improve support

Write what matters to the next professional. 'Learner requires accessible written instructions before multi-step tasks; tutor uploads them before the session; learner confirms they can locate and interpret the task' is actionable. 'Learner is neurodiverse and needs help' is not. Include the learner's account, observed barrier, proposed mechanism, responsible person, implementation date, success evidence and review date. Record disagreement respectfully and identify the next step.

Keep sensitive background details in the appropriate restricted record. Routine teaching instructions should contain the information necessary to implement support. Explain proposed information sharing and follow the applicable data protection and safeguarding processes; do not assume that a diagnosis belongs in a whole-team email. An apprentice may agree to sharing a functional adjustment without wanting diagnostic detail shared.

The current government support guidance for England requires attention to identified need, implemented adjustments and evidence of effectiveness. It specifies a first review one month after implementation and reviews of continued learning support need at least every three months. Funding eligibility and evidence requirements must be checked against the applicable funding rules. Providing a sensible adjustment and making a valid funding claim are separate decisions; no-cost support does not automatically generate a claim.⁸⁷

Use additional reviews when a material change occurs: a new employer, different software, deteriorating health, repeated missed learning, a failed adjustment or an approaching formal

assessment. Ask whether the action was actually implemented before deciding it failed. A quiet room that was never available has not been tested. A tool without user training has not received a fair trial.

A mature plan measures competence, access, agency and sustainability. Strong outcomes include the apprentice explaining a decision accurately, using a tool independently, requesting clarification safely and participating without disproportionate recovery costs. Preserve the learner's voice when recording improvement. When a strategy becomes unnecessary, agree how it will change and how support can be restored if needs recur. Progress does not require the disappearance of disability.

4.15 Chapter examination

Complete the 40 scenario questions before consulting the answer rationales. Select the single best professional response using only the facts provided. These questions assess judgement about access, competence, evidence and coordination; they are not tests of intelligence or clinical diagnostic competence. Where more than one action could eventually be helpful, choose the action that best addresses the stated barrier and decision at that stage.

Chapter 4 examination

40 CASE-BASED QUESTIONS / SINGLE BEST ANSWER

Forty case based questions. Select one best answer for each case using only the information given. Record your answers before consulting the explanations at the back of the book.

4.01 An apprentice awaiting an ADHD assessment misses two portfolio deadlines but describes the technical content accurately. At work, she completes similar tasks when her manager provides a short written brief. What should the coach do first?

- A. Introduce weekly specialist-style coaching for the rest of the programme because the workplace comparison establishes ADHD.
- B. Extend both deadlines and review the final submissions before changing the task instructions.
- C. Retain the current process until the assessment can determine which adjustments will be eligible for formal assessment.
- D. Examine the assignment workflow with her and trial a clear brief and agreed checkpoint while recording the observed barrier.

4.02 A learner with ADHD misses submissions after adopting three planning apps suggested by different staff. Every app is individually accessible, and the learner regularly enters information into each. Which revision most directly addresses the likely support problem?

- A. Remove planning support temporarily to establish the learner's unaided baseline before making a new decision.
- B. Keep all three apps but assign a different member of staff to monitor each and reconcile discrepancies weekly.
- C. Agree one shared task view and a small number of learner-chosen checkpoints, then compare initiation and submission with current practice.
- D. Select the app with the most reminder functions and require daily completion reports through it.

4.03 An apprentice who reports ADHD moves around during online explanations and then contributes accurate analysis. The tutor cannot always see them on camera and wants evidence of attention. This lesson assesses reasoning, not visual performance; other learners report no disruption. Which monitoring approach is most valid?

- A. Agree accessible participation checkpoints that reveal understanding and task progress, while reviewing whether movement creates any actual barrier.
- B. Compare connection duration, camera visibility and submitted notes to build a more complete picture of attention than the answers alone.
- C. Agree a seated-camera period during each explanation and use the quality of later answers to check whether that arrangement is helpful.
- D. Ask the learner to send a short private message whenever they move away so the tutor can distinguish movement from disengagement.

4.04 An autistic apprentice produces strong group presentations but reports needing the following day to recover. The tutor proposes recording the adjustment as successful because assessment scores have improved. What is the best review judgement?

- A. Retain the arrangement until achievement falls, because recovery happens outside the taught session.
- B. Add a resilience target and keep the existing presentation frequency while monitoring attendance.
- C. Assess performance alongside recovery, effort and the apprentice's priorities before deciding whether the arrangement is sustainable.
- D. Move immediately to individual written assignments because the recovery report establishes presentations are unsuitable.

4.05 A workplace offers an autistic apprentice a permanently separate office to reduce sound distraction. The apprentice says it helps concentration but means missing informal project discussions. Which plan best resolves the combined needs?

- A. Return the apprentice to the shared office but schedule additional individual coaching to compensate for distraction.
- B. Ask the apprentice to choose permanently between the two offices so expectations remain predictable.
- C. Retain the separate office because the documented sensory need takes priority over informal opportunities.
- D. Negotiate access to quiet work alongside predictable participation in relevant project discussions, then review concentration and inclusion.

4.06 A learner responds to “develop your discussion” by adding accurate description, while the tutor expected comparison of options. Similar feedback has been given three times. The learner can compare options in a coached conversation but has not done so independently in writing. What should the tutor do next?

- A. Explain the required analytical operation, model it with a different example and check the learner’s interpretation before an independent application.
- B. Arrange additional writing time and retain the feedback wording so the learner has a further opportunity to interpret the academic expectation.
- C. Use another coached discussion to collect the missing comparison and treat that contribution as evidence resolving the written task’s weakness.
- D. Provide a distinction-level answer to the same task and ask the learner to expand their draft until it contains comparable sections.

4.07 A dyslexic apprentice explains procurement decisions well but struggles to draft a report. The coach proposes dictating the sentences for the learner to type. Which alternative best maintains the learner’s authorship?

- A. Help the learner produce their own outline, permit approved assistive tools and review the resulting reasoning against the criteria.
- B. Dictate the opening sentences only and count the remainder as independently produced.
- C. Use a model report with project names removed and let the learner restore details from their workplace.
- D. Record the learner’s explanation and have the coach convert it into a polished report for learner approval.

4.08 A design team proposes one compulsory dyslexia format with a specialist font and coloured background. Trials show different preferences: one apprentice uses a screen reader, another enlarges text, and another prefers the proposed colour. Which specification best supports the whole group while retaining individual adjustments?

- A. Create a separate PDF in each preferred appearance so every apprentice receives a visually personalised version of identical content.
- B. Require accessible structure and readable defaults, permit usable display choices and test essential tasks with the different learners and tools.
- C. Make the proposed format the common standard and produce individual alternatives only when a learner’s diagnostic report specifies them.
- D. Use the most popular visual format for the group and provide an audio recording for learners who cannot use it comfortably.

4.09 An apprentice uses text-to-speech successfully for theory reading. In an external assessment, one criterion concerns independently interpreting written customer instructions. What should the tutor do before promising the same arrangement?

- A. Withdraw the software during all teaching so the learner practises under the strictest possible conditions.
- B. Check the assessed construct and the relevant assessment organisation's adjustment rules and authorisation requirements.
- C. Replace the assessment with an oral discussion because understanding customer needs is more important than the stated method.
- D. Promise it because a successful classroom adjustment must transfer unchanged to formal assessment.

4.10 A learner can apply a spreadsheet formula but believes a forecast of £420,000 is reasonable for a small purchase usually costing £4,200. Which teaching priority most directly addresses the demonstrated gap?

- A. Practise the same formula repeatedly until the learner reproduces the expected value without hesitation.
- B. Lock all spreadsheet formulas so incorrect outputs cannot be generated.
- C. Teach magnitude, estimation and contextual plausibility checks alongside the formula, then use a fresh cost example.
- D. Require faster mental arithmetic so the learner becomes less dependent on spreadsheets.

4.11 Two apprentices score equally poorly on a percentage exercise. One chooses the wrong operation; the other chooses correctly but misreads the table headings. What should the curriculum team infer?

- A. Both learners should receive a dyscalculia screening result before either starts further percentage work.
- B. The shared score conceals different barriers, so teaching and access actions should address each component before progress is compared.
- C. The same percentage intervention is fairest because both apprentices have the same assessed attainment.
- D. The apprentice who chooses correctly has no mathematical support need and should receive ordinary feedback only.

4.12 A tutor cites a 2025 child dyscalculia study to introduce a diagnostic classification for adult apprentices. Which response best reflects responsible use of the evidence?

- A. Adopt the classification provisionally because cognitive subtypes should remain stable across education and employment.
- B. Exclude the study entirely because research in children cannot inform any question about adult learning.
- C. Use the study's group averages as thresholds for apprenticeship support until adult evidence becomes available.
- D. Use the study to question uniform assumptions about numerical difficulty while obtaining appropriate adult assessment expertise when needed.

4.13 An apprentice with DCD correctly explains every decision in a digital process but misses a small drag-and-drop target before its timer expires. Another apprentice using keyboard navigation cannot operate it at all. The assessment concerns sequencing decisions, not motor speed. Which design change best preserves independent evidence?

- A. Increase the target size and double the timer, retaining the original interaction so results remain directly comparable across the cohort.
- B. Provide additional practice with the existing interface and allow one untimed attempt after three timed attempts.
- C. Provide an accessible untimed selection or keyboard route to the same sequencing decisions, then test its usability and the resulting evidence.
- D. Allow the apprentice to direct a support worker's mouse actions while the tutor records the learner's spoken decisions.

4.14 A practical workplace activity requires precise equipment handling. An apprentice with dyspraxia requests more time and adapted equipment. What is the strongest initial plan?

- A. Keep the equipment unchanged and grant extra time, because changing the tool would alter occupational competence.
- B. Permit both adjustments immediately because reasonable support should not depend on safety discussions.
- C. Review the actual task and safety requirements with appropriate specialists, trial suitable equipment and provide supervised practice.
- D. Remove all equipment-handling tasks from the apprenticeship because the condition presents an avoidable risk.

4.15 An apprentice speaks fluently and repeatedly says instructions are clear, yet completes only the first requirement of multi-step tasks. There is no diagnosis. Their tutor is considering a motivation plan, while the apprentice asks for another reminder. Which enquiry gives the most useful evidence before selecting support?

- A. Provide the requested reminders for the next two assignments and compare completion before exploring language or sequencing demands.
- B. Give the original instruction in writing and ask the apprentice to confirm that they have read every requirement before beginning.
- C. Present a clear segmented instruction, allow processing time and ask the apprentice to explain their intended next steps in a comfortable response format.
- D. Ask the employer whether similar omissions occur at work, then decide whether the problem is specific enough to justify teaching changes.

4.16 A multilingual apprentice struggles with specialist English in fast group discussions but explains the same concepts accurately in a supported conversation. What should staff do?

- A. Investigate language demands and access conditions, provide appropriate vocabulary and processing support, and avoid inferring DLD from multilingualism.
- B. Restrict the apprentice to independent reading until their general English is strong enough for group work.
- C. Assess conceptual competence only in group discussion because the workplace requires rapid communication.
- D. Record probable DLD because the difference between group and individual performance shows a processing disorder.

4.17 A tutor responds to a learner's pause by restating the same question three times with different wording. The learner becomes more confused. Which change best follows the chapter's approach?

- A. Call on another learner immediately and return only after the class has supplied an example answer.
- B. Speak more slowly while continuing to offer several equivalent versions of the question.
- C. Convert every question into yes-or-no form to eliminate language formulation demands.
- D. Ask one clear question, provide processing time and check whether a written version or clarification is wanted.

4.18 A manager asks to receive the full diagnostic report of an apprentice who has agreed only to sharing written-instruction and processing-time adjustments. Which coach response is best?

- A. Explain the proposed information need with the apprentice and follow the appropriate sharing process, providing necessary functional instructions where authorised.
- B. Refuse all communication with the manager until the apprentice permits diagnostic disclosure.
- C. Send the report because the manager is responsible for implementing workplace adjustments.
- D. Send only the diagnostic summary page because it contains less personal information than the full report.

4.19 An adult apprentice with a learning disability asks to discuss a revised support plan without a parent present. The parent usually attends and says the learner may overlook important consequences. There is no recorded decision-specific capacity concern. What is the coach's appropriate starting action?

- A. Retain the parent for the first part of the meeting to protect continuity, then invite the apprentice to discuss any remaining questions privately.
- B. Meet accessibly with the apprentice, explain the choices and consequences, establish their wishes and offer any decision support they want.
- C. Ask the employer to attend instead so the discussion has an independent witness who understands workplace consequences.
- D. Pause discussion of the revision until the parent provides examples of decisions the apprentice has previously found difficult.

4.20 A learner completes a training customer record correctly after the tutor prompts every field. The occupational criterion requires using the record appropriately in routine work. What evidence is needed next?

- A. A suitable fresh task showing what the learner can do with permitted ordinary-work supports and without the tutor supplying the decisions.
- B. A second identical worksheet completed with the same prompts to confirm consistent supported success.
- C. A signed learner statement that they understand the record and expect to use it independently.
- D. A higher score on a written knowledge test about the purpose of the record.

4.21 An apprentice learns a procedure reliably in class but cannot apply it when the workplace screen layout changes. Which curriculum action addresses the gap most directly?

- A. Repeat the original classroom example until the learner can complete it more quickly.
- B. Plan supported practice across varied examples and interfaces, teaching how to identify the underlying steps before checking transfer.
- C. Lower the assessment demand to recognising the procedure rather than applying it.
- D. Ask the employer to retain the classroom interface permanently for every related task.

4.22 Following a brain injury, an apprentice submits an accurate report using an old template but cannot explain a recent change in the data. Their manager cites earlier expertise as evidence of current readiness. What should happen?

- A. Set a timed repeat of the original assessment to establish a definitive cognitive baseline.
- B. Restart the whole apprenticeship because earlier learning can no longer be relied upon.
- C. Accept the report because the earlier qualification demonstrates the underlying competence.
- D. Review current understanding and functional needs with the apprentice, coordinate appropriate specialist advice and examine safe application in a fresh task.

4.23 A returning apprentice reports substantial fatigue after short lessons. Their rehabilitation team has not yet advised on learning demands. Which coaching plan is most appropriate?

- A. Prescribe a fixed weekly increase in study time until the previous timetable is restored.
- B. Agree a manageable interim contact and learning approach, facilitate relevant specialist input and keep any formal programme-status decision within its proper process.
- C. Pause all contact until a clinician confirms complete recovery.
- D. Classify all missed sessions retrospectively as a break in learning because the learner has a neurological condition.

4.24 A learner with Tourette syndrome has intermittent vocal tics during a webinar. Another learner says the sounds make speech difficult to follow. What is the best response?

- A. Ask the other learner to accept the sounds because disability-related behaviour cannot create an access issue.
- B. Consult both learners privately and plan compatible access arrangements, such as clear audio, accurate captions and agreed breaks, without blaming either person.
- C. Move the learner with tics to individual teaching immediately to protect the group's concentration.
- D. Mute the learner with tics throughout the session and collect all contributions afterwards.

4.25 A tutor wants a learner's support plan to require suppression of tics during professional presentations. The learner says suppression is exhausting. Which target is appropriate?

- A. Use prerecorded presentations for all activities without checking whether live interaction is an assessed requirement.
- B. Present only after a symptom-free practice session demonstrates readiness.
- C. Deliver the required professional content using agreed access arrangements and review participation, communication quality and effort.
- D. Reduce audible tics during each successive presentation while maintaining the same content quality.

4.26 Dictation helps an apprentice with dyslexia draft more quickly, but vocal tics create frequent transcription errors. What should staff do next?

- A. Retain dictation because it is the recommended accommodation for dyslexia and add extra proofreading time.
- B. Return to unaided handwriting because interacting conditions make assistive technology unsuitable.
- C. Ask the coach to correct all transcription errors before the learner sees the draft.
- D. Review the combined barrier with the learner and trial another workable writing route or checking process before judging dictation successful.

4.27 A noise-reducing headset improves concentration in training but prevents an apprentice hearing a workplace alarm. What is the best interpretation?

- A. The headset should be approved because its educational effectiveness has already been demonstrated.
- B. The learning benefit is relevant, but the workplace arrangement requires task-specific review and a safe alternative or mitigation.
- C. The apprentice should accept sole responsibility for monitoring alarms while wearing the headset.
- D. All sensory adjustments should stop because concentration and safety requirements conflict.

4.28 A provider wants to buy the same sensory equipment package for every neurodivergent apprentice, citing a systematic review of workplace adjustments. Which interpretation of the evidence is strongest?

- A. The limited evidence means sensory adjustments should be restricted to those prescribed by a clinician.
- B. The review supports investigating environmental barriers, but its limited and predominantly autism-focused evidence does not establish a universal package.
- C. A systematic review provides sufficient evidence for standard equipment even when individual studies are weak.
- D. The package is justified if apprentices can decline it after receiving it.

4.29 A highly successful apprentice says they rehearse ordinary conversations for hours and feel unable to request changes. The coach thinks high achievement means no support is necessary. Which enquiry is best?

- A. Ask about hidden effort, recovery, autonomy and the changes the apprentice would value, while avoiding a diagnosis based on the account.
- B. Advise immediate disclosure of their suspected condition to all colleagues so rehearsal becomes unnecessary.
- C. Use achievement data to reassure the apprentice that the current strategies are effective.
- D. Set an action target to stop rehearsing conversations by the next review.

4.30 An action plan states, “Learner is autistic; tutor to be understanding.” Which revision makes the plan most usable?

- A. Add the diagnostic report reference and retain flexible wording so the tutor can use professional judgement.
- B. Add a detailed explanation of autism so every staff member can interpret the learner’s behaviour.
- C. Replace “understanding” with “supportive and inclusive” and ask the learner to sign the statement.
- D. Specify the observed barrier, the learner’s preferred adjustment, the responsible person, implementation timing and evidence to review.

4.31 At review, an apprentice says a quiet-room adjustment has not helped concentration. The booking system shows the room was reserved, but the learner says it was occupied whenever they arrived and they returned to the open office. The employer sees the reservation as proof of delivery. What should the coach establish first?

- A. Whether a different sensory adjustment would be more convenient, because an arrangement that is difficult to access is unlikely to be sustainable.
- B. Whether the learner’s concentration improved on any of the booked dates, using completed work as the primary check of delivery.
- C. Whether the learner actually obtained and could use the agreed space, resolving the implementation discrepancy before judging effectiveness.
- D. Whether the employer will sign a confirmation of the reservations so the recorded provision can remain consistent across systems.

4.32 A learner receiving additional funded support improves after a month. Staff propose keeping the claim unchanged because the condition is lifelong. What is the best response?

- A. Maintain the claim until the end of the academic year because review could destabilise support.
- B. Stop all adjustments immediately because improved performance demonstrates that the original need has ended.
- C. Retain the claim but reduce the documented support so staff time can move to learners with lower attainment.
- D. Review the continuing support need, actual provision and evidence under the applicable rules; a lifelong condition does not establish an unchanged claim.

4.33 A tutor provides a no-cost advance agenda that removes a communication barrier. The team wants to claim learning support funding because the adjustment was effective. Which distinction matters most?

- A. No-cost adjustments should be omitted from the plan because only funded provision requires review.
- B. Every effective adjustment creates a claim because a benefit to the learner has been demonstrated.
- C. The agenda may be claimed if the apprentice confirms that it would have been difficult to learn without it.
- D. An appropriate educational adjustment and an eligible evidenced funding claim are separate decisions governed by the relevant rules.

4.34 A curriculum team labels dyslexic apprentices as visual learners and replaces explanations with diagrams. In a trial, one learner understands a process better, while another cannot interpret the arrows and labels. Both understand a spoken explanation. What is the strongest next design decision?

- A. Clarify the diagrams and provide meaningful accompanying explanations, then check understanding and access without assigning a fixed learning-style category.
- B. Retain diagrams as the core dyslexia adjustment and offer individual oral support to those whose visual skills require development.
- C. Use spoken explanations as the new standard because both learners demonstrated success with that modality in the trial.
- D. Administer a more detailed learning-style inventory so each learner can receive the most appropriate single format.

4.35 An apprentice requests extra time for a calculation assessment, but a tutor assumes that dyscalculia makes all numerical evidence invalid. What is the best next step?

- A. Identify the numerical competence and time requirement being assessed, examine the learner's barrier and seek the relevant adjustment decision.
- B. Replace every calculation with a written description of the method to preserve access.
- C. Approve the requested time without examining the criterion because the learner knows what they need.
- D. Retain standard timing because any extra time changes the meaning of numerical competence.

4.36 An apprentice with ADHD works successfully with a checklist. Planning is a required occupational skill, and a tutor wants to remove the checklist immediately to prove independence. Which approach is best?

- A. Determine what planning competence must be demonstrated, teach it explicitly and distinguish ordinary-work tools from prompts that supply assessed judgement.
- B. Remove all support until the learner completes one whole project without reminders.
- C. Replace the planning criterion with an account of how the learner uses support.
- D. Retain the checklist permanently and treat all successful completion as independent planning.

4.37 A learner with a learning disability has not progressed despite additional worksheets. The team is considering another pathway. Which evidence should lead that discussion?

- A. The diagnosis and the number of worksheets completed, because these indicate likely attainment limits.
- B. A comparison with the cohort average after removing all support for one month.
- C. The employer's preference, because workplace efficiency determines whether the programme remains suitable.
- D. The learner's aspirations, the adequacy and implementation of adjustments, opportunities to practise and evidence of remaining barriers against programme demands.

4.38 An apprentice with language processing difficulty enters a new module with a different tutor. Their previous plan worked well, and no review is due for several weeks. What should happen?

- A. Repeat the full diagnostic assessment because support needs cannot be transferred between tutors.
- B. Check that the new tutor can implement the relevant arrangements and review any new language or participation demands at the transition.
- C. Wait until the scheduled review because changing effective support too frequently can confuse the learner.
- D. Transfer the diagnosis only so the tutor can design an independent approach.

4.39 A team cites a small adult DLD qualitative study as proof that one communication programme will prevent depression in apprentices. Which response is most accurate?

- A. Ignore the accounts because a small sample cannot contribute to professional practice.
- B. Use the programme only for learners matching the study participants' demographic characteristics.
- C. Use the accounts to understand possible experiences and generate support questions, while recognising that the study cannot establish preventive effectiveness.
- D. Accept the claim because first-person accounts provide stronger causal evidence than quantitative measures.

4.40 At a review, submission rates have improved, but the apprentice says reminders feel intrusive, fatigue is increasing and their work contains less independent reasoning. Which decision best reflects the chapter's model?

- A. Stop the reminders and all other adjustments together to restore independence.
- B. Increase contact frequency so staff can improve both compliance and the quality of submitted work.
- C. Revise the plan collaboratively using evidence about learning quality, agency and effort as well as submission, and identify which actions are causing difficulty.
- D. Record success because completion is the most objective outcome and discuss feelings in a separate wellbeing meeting.

Psychological, emotional and mental health barriers

Build safety, choice and appropriate support within educational boundaries.



IN THIS CHAPTER

- Anxiety, depression, stress and participation
- Panic, trauma, safety and escalation
- Choice, boundaries and collaborative support

The purpose of this chapter

A capable apprentice may know how to analyse a risk register yet become unable to speak when asked an unexpected question. Another may submit excellent work while becoming increasingly exhausted, hopeless or frightened. Inclusive practice attends to both learning and the person. A mark, an attendance percentage or a smiling face cannot establish whether someone is coping safely.

This chapter teaches staff to recognise possible barriers, negotiate educational adjustments, involve the right people and respond appropriately to urgent concerns. It does not train staff to diagnose conditions or provide psychological treatment. Its condition descriptions offer orientation, not diagnostic checklists. The learner remains an individual with occupational ambitions, strengths and preferences.

All action examples, role allocations, review intervals, case studies and teaching frameworks in this chapter are proposed KBC practice developed for this handbook. They are original educational recommendations to trial and evaluate; they are not validated clinical interventions or prescribed Ofsted procedures. Cases are fictional. Clinical and research statements carry source identifiers. Read the funding, equality, assessment and information governance requirements in Chapters 1, 6 and 7 alongside this chapter.

By the end, readers should be able to separate educational support from clinical care; distinguish several reasons for apparently similar behaviour; write actions owned by staff as well as learners; preserve occupational competence while adjusting access; and explain when routine review must give way to urgent help. Readers should also be able to challenge an impressive looking plan that records meetings but produces little improvement.

Understanding the vocabulary without labelling the person

Mental health concerns thoughts, emotions and psychological wellbeing. Distress can follow bereavement, discrimination, financial pressure, illness or excessive demands. A mental health condition may involve persistent or recurrent difficulties requiring clinical assessment and treatment. These categories overlap, but ordinary distress is not automatically a disorder. Similarly, a quiet learner is not necessarily anxious, and anxiety does not establish lack of competence.

For Equality Act purposes, the relevant question includes whether a physical or mental impairment has a substantial and long term adverse effect on normal daily activities. A diagnostic name alone does not settle every legal question. Long term generally includes an effect lasting, or likely to last, at least twelve months; the detailed statutory guidance covers additional circumstances. Staff should obtain appropriate advice in uncertain cases while arranging feasible support for identified barriers.⁸⁸

Avoid using the expression mental breakdown as a clinical category. Ask what the learner means: inability to sleep, uncontrollable distress, difficulty managing daily activities, feeling unsafe or something else. Similarly, emotional dysregulation describes difficulty managing emotional responses; it does not explain its cause. Fear of rejection can be experienced with different histories and conditions. Staff should not assign an internet derived diagnosis of rejection sensitive dysphoria from a difficult feedback conversation.

The same behaviour can have different explanations. Leaving a session may reflect panic, caring duties, pain, a hostile home environment or poor connectivity. Repeated editing may reflect unclear criteria, unfamiliar English, perfectionism or compulsive checking. Asking about the task and context prevents a plausible explanation becoming an untested certainty. Neurodivergence, physical illness and mental ill health can coexist; cross reference Chapters 2 and 4 rather than forcing the learner into one category.

A practical model for noticing and responding

The proposed KBC model asks four connected questions: What is happening? What in this setting makes it harder? What change could enable learning? What evidence will show whether the change helps? Add an immediate safety question whenever distress or a disclosure raises concern. This model deliberately places the environment beside the individual.

Record an observation before an interpretation. Write that an apprentice left two group discussions after being called on without notice; do not write that the apprentice refuses teamwork. Ask privately whether they noticed a pattern and what would help. Explain the support role and limits of confidentiality before requesting sensitive information. A learner can describe a barrier without recounting a diagnosis or traumatic event.

The first conversation should produce a manageable next step. For example, agree that the tutor will give notice of a discussion question and the apprentice can contribute by voice or chat during the next two sessions. Confirm whether speaking is itself part of the intended competence, and plan separately for any required oral assessment. Record a review date and an alternative if the first arrangement proves unhelpful.

Do not turn every conversation into a form. A short, accurate record is preferable to a long account the learner cannot review. Ask what the learner wants shared, with whom and for what purpose, following KBC information governance arrangements. Necessary safeguarding sharing follows the safeguarding process; do not promise absolute secrecy. Chapter 7 provides the full action plan structure.

Roles that prevent gaps and duplication

The coach coordinates the educational support plan, checks the learner's priorities, follows up agreed actions and escalates unresolved barriers. The tutor implements session and feedback adjustments and provides evidence of learning. The curriculum lead decides how sequence, workload and assessment preparation can change while keeping the required knowledge, skills and behaviours. The designer changes documents, media and platform interaction. The employer addresses workplace learning conditions and work demands. The designated safeguarding lead coordinates safeguarding concerns; healthcare professionals assess and treat health conditions.

One person should own coordination, but no person should own every action. If a learner needs predictable deadlines, the coach cannot solve the problem by repeatedly reminding the learner while tutors continue changing assignments. If work overload is the main obstacle, an optional wellbeing video does not discharge the employer's responsibilities. If the LMS repeatedly displays alarming overdue notices after an extension, the designer or administrator must fix the system.

Agree a minimal teaching summary such as: provide questions before discussion; accept an initial written contribution; use private feedback; allow the agreed pause signal. Keep detailed health or safeguarding information within the appropriate restricted record. A new tutor needs to know how to teach accessibly, not the complete story behind the arrangement.

Test anxiety and evaluation anxiety

Test anxiety refers to anxiety associated with assessment. It can involve worrying thoughts, physical arousal and interference with concentration or recall. Evaluation anxiety is broader: fear may centre on being judged by a tutor, manager, peer group or assessor. Cassidy and colleagues' 2025 systematic review found considerable inconsistency in how research identifies severity levels of test anxiety. A locally invented cut off should therefore not decide who deserves support.⁸⁹

An apprentice may demonstrate accurate reasoning in ordinary work yet rush, freeze or repeatedly reread questions in a timed mock. This does not prove anxiety caused the performance difference; check understanding, literacy, time demands, access arrangements and the assessment environment. The useful educational question is which element prevents a fair demonstration of competence.

For the coach, map the assessment journey: receiving the brief, preparing, entering the room, encountering the timer, submitting and waiting for results. Agree one or two adjustments at the points the learner identifies. For the tutor, explain criteria with annotated examples, provide ordinary practice using comparable tasks, and give feedback on specific decisions. Avoid predicting failure or using surprise mock tests as motivation.

For curriculum development, distribute preparation across the module and check whether several high stakes submissions cluster in one week. Teach revision and task interpretation explicitly. For design, separate instructions from questions, make navigation predictable and make submission confirmation unmistakable. Where permitted, offer a practice environment resembling the real platform. The employer should protect agreed preparation time and avoid scheduling an avoidable critical work deadline immediately before assessment.

Potential formal arrangements include supervised rest breaks, an appropriate room, adjusted scheduling or additional time where the relevant assessment rules allow and the individual need supports it. Extra time is not an automatic answer; a learner troubled by checking may need another arrangement. Seek the assessment organisation's decision early. Record the barrier, requested arrangement, authorisation, familiarisation and review evidence. Never promise that a classroom adjustment is automatically permitted in an external assessment.

Review both validity and burden. Did the apprentice demonstrate the intended reasoning? Did the arrangements reduce avoidable barriers? Did the learner spend excessive unpaid time preparing? A higher mark is useful evidence but does not by itself prove the plan worked, because content difficulty and practice also change.

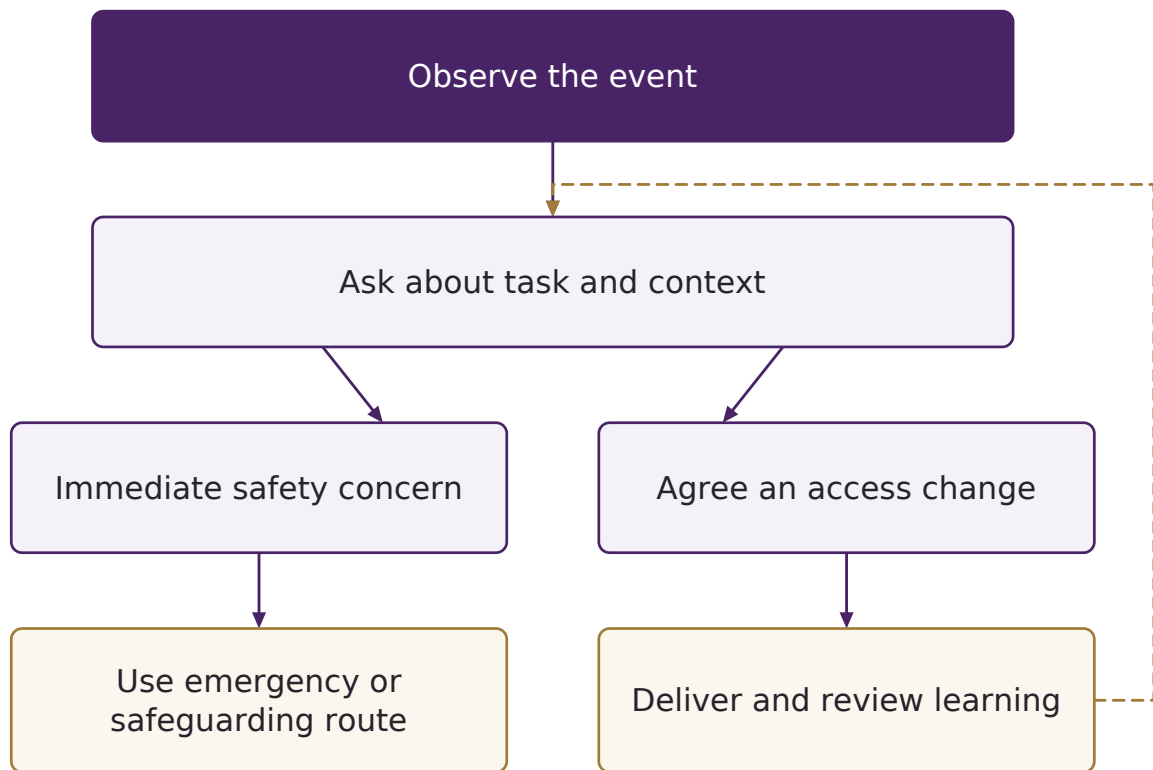


Figure 5.1 From observation to an educational adjustment. Proposed KBC practice model. Check immediate safety when concerns arise; do not wait for an educational review before obtaining urgent help. The lower loop tests an agreed access change without diagnosing the learner.

Diagram reading guide. An observation leads to a private enquiry. A safety concern branches to emergency or safeguarding action. Educational barriers lead to an agreed change, delivery and review, with feedback to enquiry.

Social anxiety, presentations and classroom participation

Social anxiety disorder involves significant fear in social situations where a person may feel scrutinised or negatively judged. NICE places assessment and disorder specific treatment with suitably competent practitioners. Educational staff should recognise that anticipated embarrassment can affect help seeking and attendance without treating every hesitant speaker as having a disorder.⁹⁰

Begin by identifying the precise demand. Speaking with one colleague, contributing to an unfamiliar group, being recorded and answering live questions are different tasks. The apprentice may be comfortable with one and distressed by another. Ask what the occupational standard requires, rather than assuming confident public performance is required throughout the programme.

The coach should agree participation choices and a review that the learner can influence. The tutor can offer thinking time, advance notice, smaller groups, a chosen contribution order and a private route for questions. The curriculum lead should distinguish a learning discussion from assessed oral competence. The designer can provide preparation prompts, clear breakout instructions and an accessible question channel. The employer can provide a supportive rehearsal with a trusted colleague when the learner wants it.

An optional sequence might move from a written idea, to explaining the idea to one trusted person, to contributing to a small group, then to the required professional context. The learner and staff agree the educational steps, pace and alternatives. This is not a prescription for exposure therapy. Do not force progress up a ladder, withhold an existing adjustment as a reward or claim that distress proves the method is working. Clinical treatment goals belong to clinicians.

For an assessed presentation, preserve what must be demonstrated. A written report alone cannot automatically replace required oral communication. Explore authorised arrangements such as audience size, room, scheduling, permitted prompts or breaks. Distinguish exact questions that must remain secure from advance information about process and criteria. The action plan should name who confirms acceptability and by when.

Cameras, online presence and being seen

Camera use can create several barriers: self conscious attention, concern about a home environment, fatigue, surveillance worries, religious or cultural preferences, poor bandwidth, or safety and privacy concerns. Ask privately rather than requiring a public explanation. A blank camera tile is not evidence that an apprentice has failed to learn.

Shockley and colleagues conducted a four week field experiment in workplace virtual meetings. Their findings linked camera use with fatigue and considered consequences for voice and engagement. This supports questioning simplistic assumptions about camera use; it does not establish that every apprentice learns better with cameras off or decide identity requirements for assessment.⁹¹

Proposed KBC practice is to make the pedagogical purpose explicit. If the session is analysing a project schedule, evidence could include a spoken explanation, annotated schedule, poll response with reasoning or contribution to a shared task. Agree a workable route and follow up absence of participation sensitively. Do not replace camera policing with constant intrusive messaging.

The tutor should explain when visual participation has a particular purpose. The designer should enable captions, accessible chat, low bandwidth alternatives and clear joining instructions. The coach should resolve recurring barriers with the learner. The curriculum lead should avoid treating general on camera confidence as an undeclared learning outcome. The employer should offer a suitable private learning space where feasible. Assessment identity and

observation requirements need advance consideration and an authorised arrangement; they cannot simply be ignored.

Generalised anxiety, uncertainty and repeated reassurance

Generalised anxiety disorder involves difficult to control anxiety and worry across different areas of life, often with associated physical or concentration difficulties. Panic disorder is a different presentation and is discussed separately below. NICE recommends clinical assessment and stepped treatment; these are not coach responsibilities.⁹²

In learning, uncertainty may be the immediate obstacle: multiple versions of instructions, an unexplained timetable change or no clear response time for questions. Repeated requests for reassurance may also reflect genuinely contradictory messages. Resolve the information problem before attributing the behaviour to anxiety.

The coach should identify which decisions the learner is repeatedly trying to resolve and agree one reliable contact route. The tutor should give a concise written summary of expectations, clarify what a satisfactory first draft contains and announce changes with reasons. The curriculum lead should standardise deadlines and instructions across modules. The designer should show the authoritative version, distinguish required from optional tasks, and prevent contradictory alerts. The employer should clarify learning time and escalation routes when work priorities conflict.

A plan might state that assignment questions are answered in one shared clarification document, with a predictable response window and an urgent route for genuine access problems. Review whether repeated confusion has reduced and whether the apprentice can start work sooner. Do not promise unlimited immediate reassurance, abruptly cut contact to teach independence or build a therapeutic programme around stopping reassurance. If the learner has a clinical plan, coordinate educational arrangements with consent through appropriate channels.

Panic attacks and sudden acute distress

A panic attack can involve an abrupt surge of fear with distressing bodily sensations. Symptoms such as chest pain or breathing difficulty can also have other medical causes. Staff must not diagnose panic from appearance, particularly when symptoms are new, severe or different from the person's usual experience.⁹³

Before an incident, the coach can ask whether the learner has preferred practical support: a pause signal, access to a quieter space, an agreed contact and what usually helps. The tutor should know the functional arrangement. The designer should ensure that timed online activities have an authorised pause route where needed. The curriculum lead should plan continuity after a missed segment. The employer should identify the workplace first aid and urgent assistance routes.

During distress, speak calmly, use short sentences and ask what would help. Offer space and reduce the audience; do not touch without permission or insist on eye contact. Follow first aid training and seek appropriate medical help. Do not tell the learner to breathe into a paper bag, insist that symptoms are harmless or make completion of the exercise the immediate priority. If a learner chooses a familiar calming strategy, support their choice within your competence rather than coaching an unfamiliar clinical technique.

Afterwards, offer a private review when the learner is ready. Record the observed interruption, support provided, referral or escalation, and the teaching adjustment needed. Do not require the learner to explain the episode to the class. Check whether a trigger was an avoidable teaching practice, such as an unexpected high pressure performance, rather than simply adding responsibility to the learner's plan.

Depression, reduced initiation and fluctuating energy

Depression may affect mood, interest, energy, sleep, thinking and daily functioning. Presentation and severity differ, and treatment decisions require healthcare assessment. NICE's adult depression guidance emphasises the individual's needs and preferences in care decisions. A tutor should not infer severity from smiling, clothing, productivity or social media activity.⁹⁴

The educational barrier may be starting rather than understanding. A large overdue task can become harder to approach after each reminder. The learner may need a specific starting point, accessible teaching and coordinated workload while seeking health support. Avoid interpreting reduced initiation as laziness or promising that study will cure the condition.

The coach can agree a short contact routine and one achievable educational step, such as choosing the workplace example for an assignment. The tutor can provide a clear model, confirm the first decision and deliver feedback in manageable sections. The curriculum lead should distinguish essential learning from optional enrichment and sequence missed work realistically. The designer should support save and return, readable summaries and a visible next action. The employer should review work demands and protect planned learning time.

Measure meaningful progress: whether the learner can begin the agreed task, access teaching and use feedback. Do not define success as looking cheerful or becoming symptom free. Review the support burden too: a daily check in may feel supportive to one apprentice and intrusive to another. If participation is currently unrealistic, discuss available programme options with the learner and relevant colleagues, applying the correct rules. Do not quietly substitute a prolonged absence for a properly managed programme decision.

Stress, exhaustion and occupational burnout

Stress can arise when demands exceed available resources or control. HSE's Management Standards organise work related stress around demands, control, support, relationships, role and change. These categories are useful prompts for a workplace conversation, not a psychiatric diagnostic tool.⁹⁵

WHO classifies burnout as an occupational phenomenon associated with chronic workplace stress that has not been successfully managed, rather than a medical condition. Its occupational definition should not become a casual diagnosis for every form of exhaustion. Persistent fatigue or major deterioration needs appropriate health advice because possible explanations extend beyond work stress.⁹⁶

The coach should map the actual week, including work, travel, caring, taught sessions and assignments. Ask where planned learning time occurs and whether the learner can use it. The tutor should avoid last minute additions and clarify priorities. The curriculum lead should compare deadlines across modules and remove duplicated administration. The designer should simplify repeated data entry and remove needless notifications. The employer should address excessive demands, conflicting priorities and unprotected study time.

A useful action transfers responsibility: the manager will remove a specified competing task from the agreed learning period, beginning on a stated date. The apprentice's action might be to use that period for a defined learning activity and report if it is interrupted. A weak alternative is telling the learner to become more resilient while preserving every demand.

Review actual workload, interruptions and learning achieved. Ask whether an apparent improvement merely shifts work into evenings. Supervisors should also monitor staff caseloads. A coach who becomes the sole emergency contact for several distressed learners cannot provide sustainable support and should have managerial supervision, clear availability and reliable handover arrangements.

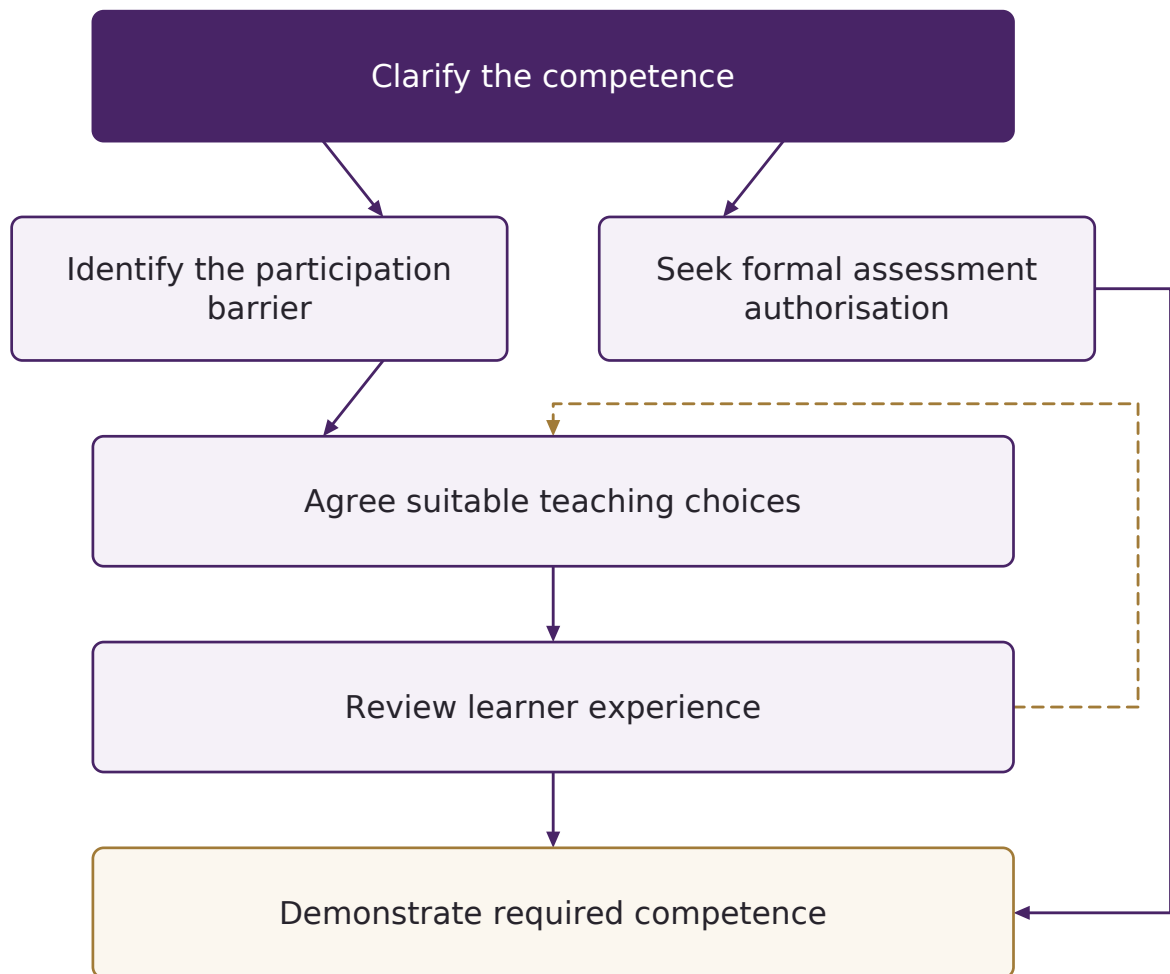


Figure 5.2 Participation choices and required competence. Proposed KBC model. Teaching choices may include advance notice, voice, chat, smaller groups or private practice. Formal assessment permissions are confirmed separately. Progression in practice is agreed rather than coerced.

Diagram reading guide. The required competence informs both a barrier discussion and formal assessment authorisation. Agreed teaching choices are reviewed with the learner. Authorised arrangements support demonstration of competence.

Grief, loss and emotionally difficult life events

Grief may follow a death or another significant loss. People experience it differently, and its course is not a fixed sequence that staff can timetable. NHS guidance recognises varied emotional and physical responses and routes to additional help when coping becomes difficult.⁹⁷

The coach should ask what contact and practical flexibility the learner wants, including whether particular dates or teaching topics need discussion. The tutor should offer a simple route to catch up on essential learning and avoid demanding a personal explanation. The curriculum lead should agree realistic resequencing. The designer should allow easy retrieval of missed resources and avoid public overdue lists. The employer should discuss work arrangements and leave through the appropriate process.

An action could pause nonessential communications for a short agreed period while retaining a named contact and review date. Another could separate one urgent assessment decision from a larger recovery plan. Do not impose a standard grief recovery deadline or assume that attendance means support is no longer needed. Equally, do not remove the learner from ordinary learning they wish to continue. If distress becomes urgent, use the urgent route rather than waiting for the review.

Trauma, PTSD and dissociation

Trauma can have continuing effects after threatening or distressing experiences. PTSD may include reexperiencing, avoidance and a persistent sense of threat; presentations can be complex. NICE guidance does not recommend psychologically focused debriefing for preventing or treating PTSD. Staff should not require detailed retelling of traumatic experiences as a learning support exercise.⁹⁸

Some learners describe dissociation, such as feeling detached or disconnected. Staff should respond to the immediate functional problem and safety concern without attempting to classify the experience. Unresponsiveness, confusion or collapse may need medical attention; do not assume a trauma explanation.

The coach can ask about practical conditions that increase safety and control, without asking for the event history. The tutor can give advance information about sensitive activities, offer a comparable task when appropriate, and make leaving and returning to a session predictable. The curriculum lead should avoid compulsory autobiographical disclosure. The designer should label relevant content clearly, provide playback control and avoid surprise graphic material. The employer should address known workplace triggers and access to support without circulating personal details.

Content information should enable informed choices; it cannot guarantee that distress will not occur. Offer a way to learn the intended occupational content. For example, a risk management exercise can use an infrastructure case rather than requiring every learner to describe a personal crisis. Keep challenge where it serves learning, and remove unnecessary personal exposure.

Evidence needs careful interpretation. Nguyen-Feng and colleagues' 2025 systematic review examined trauma informed approaches in healthcare and social services. Included studies had substantial methodological weaknesses, and evidence was insufficient to establish effects on the

assessed outcomes. This does not prove that respectful practice is ineffective; it limits claims that a branded approach is a proven treatment.⁹⁹

Obsessive-compulsive disorder and checking barriers

OCD involves unwanted intrusive thoughts and compulsions, which can include mental acts as well as visible behaviour. It is not simply tidiness or diligence. The NHS explains that having intrusive thoughts does not mean a person will act on them. Staff must consider actual disclosures and circumstances rather than treating an unwanted thought alone as proof of intent.¹⁰⁰

In apprenticeship work, a learner might repeatedly check a calculation, rewrite a paragraph or seek confirmation. The coach should ask how the task is affected and whether the learner wants existing clinical advice reflected in educational arrangements. The tutor can clarify quality thresholds and distinguish one required check from optional editing. The curriculum lead should review whether repeated resubmission rules create unnecessary barriers. The designer can show save status and submission receipts clearly. The employer should identify actual safety checking requirements separately from avoidable duplicate approvals.

A plan might agree one authoritative checklist and an accessible submission process. It must not require the coach to deliver exposure and response prevention, conduct rituals with the learner or redesign treatment. Do not assume additional time is always helpful; consult the individual and relevant professionals or assessment organisation. Record observable access and task completion, not counts of private intrusive thoughts. Continue safeguarding assessment of any separate information indicating immediate danger.

Bipolar disorder and episodic changes

Bipolar disorder can include episodes of depression and periods of mania or hypomania, with stable periods between episodes. High mood can involve reduced need for sleep, rapid thoughts and impulsive behaviour; specialist assessment distinguishes these experiences from other causes. A person may manage the condition well and require only limited adjustments.¹⁰¹

The coach should agree educational preferences during a stable period if the learner wishes: contact arrangements, scheduling considerations and what support they want if functioning changes. The tutor should maintain predictable expectations and avoid rewarding an unusual burst of work by adding a large new workload. The curriculum lead should allow planned flexibility and continuity after health related interruption. The designer should support asynchronous access without pressuring learners to work at all hours. The employer should consider occupational health advice and suitable work patterns.

Staff should not make medication recommendations or interpret reduced sleep as evidence of superior motivation. If behaviour changes markedly, arrange a sensitive conversation and

appropriate professional help. Do not revoke opportunities solely because of a diagnosis. Any restriction connected with a specific safety concern should be proportionate, explained, reviewed and informed by appropriate expertise.

Psychosis and responding without stigma

Psychosis can involve hallucinations, unusual strongly held beliefs and confused thinking. It can occur in several conditions and circumstances. Early medical assessment matters. A history of psychosis does not establish that a learner is dangerous, incapable or currently unwell.¹⁰²

The coach should listen calmly and seek suitable clinical or urgent support when current symptoms are concerning. A useful response acknowledges distress without confirming a belief: I can hear that this feels frightening; let us find someone who can help. Do not argue, ridicule, stage a public confrontation or endorse an explanation that may be part of the difficulty.

The tutor should use clear, manageable instructions and an agreed contact route. The curriculum lead should plan achievable continuity or return. The designer should reduce confusing messages and unnecessary competing stimuli. The employer should use appropriate occupational health and safety processes for particular duties. Record observations and the learner's words accurately, avoiding speculative labels. An immediate safety problem takes priority over teaching, disciplinary interpretation or completion targets.

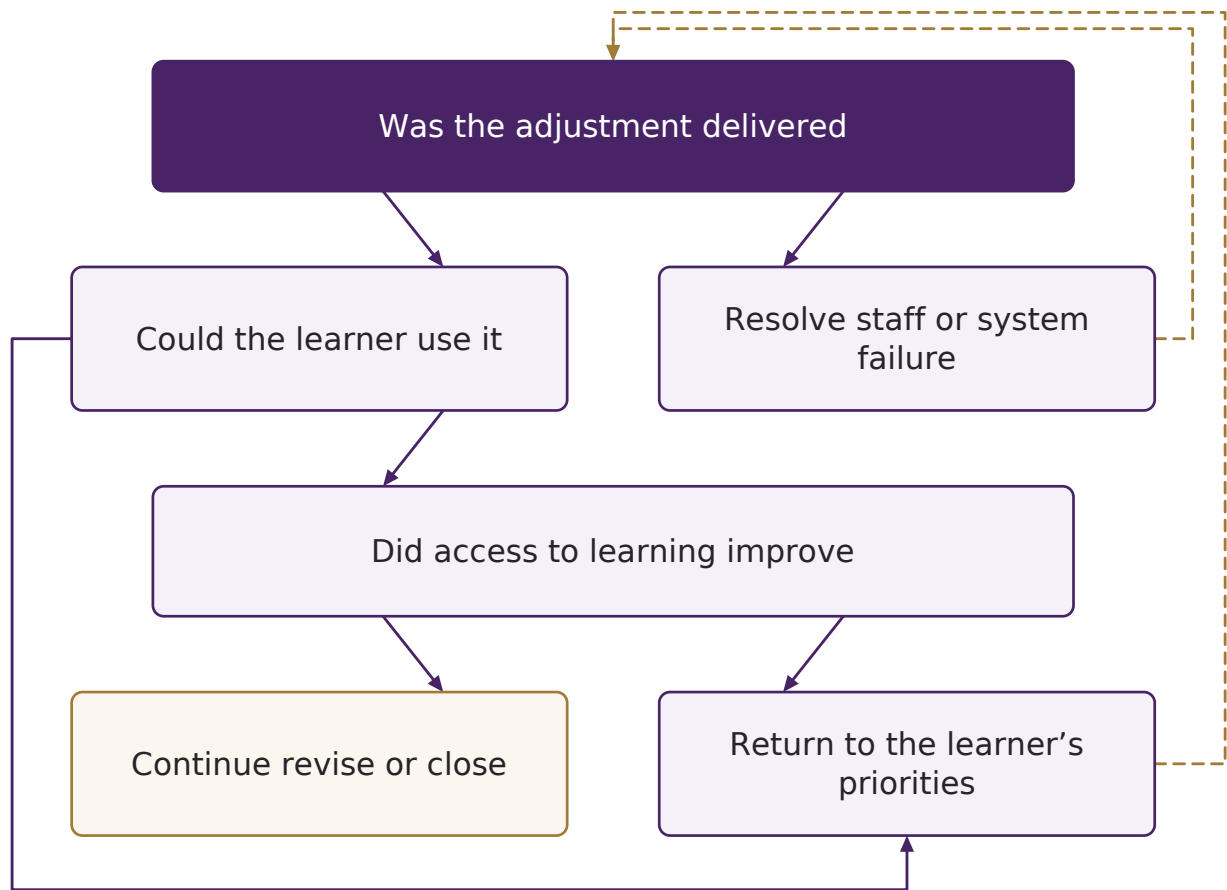


Figure 5.3 Review the support before judging the learner. Proposed KBC review sequence. Implementation failure, poor usability and lack of educational benefit are different findings and require different actions. A symptom score is not a substitute for this review.

Diagram reading guide. Review starts with delivery. A delivery failure returns to staff or system correction. Usability and learning benefit lead either to continuation, revision or closure, or back to the learner's priorities.

Eating disorders, substance-related concerns and other presentations

Eating disorders can affect people of different ages, genders and body sizes. Difficulties may involve restriction, binge eating or other harmful eating patterns, and can have serious physical consequences. Appearance alone cannot establish severity. Encourage appropriate healthcare help rather than offering weight, calorie or meal supervision advice as a coach.¹⁰³

For the coach, ask about practical learning barriers and agree privacy around appointments and breaks. The tutor should avoid public comments about bodies or food and offer an appropriate alternative to unnecessary personal dietary tasks. The curriculum lead should examine whether examples rely on weight loss competitions or appearance stereotypes. The designer should choose inclusive imagery and avoid gratuitous body comparison. The employer should support

necessary appointments and safe work arrangements through appropriate channels. Review access and participation, not weight or eating compliance.

Alcohol and other substance concerns may affect attendance, concentration, relationships or immediate safety. A learner's account may be incomplete because of shame or fear of consequences. Use nonjudgemental language while addressing concrete safety concerns. The NHS identifies alcohol withdrawal as potentially serious; staff should direct dependent learners to medical support rather than prescribe abrupt stopping or supervise withdrawal.¹⁰⁴

The coach should offer an appropriate referral route and coordinate educational continuity. The tutor should respond to observed impairment under safety procedures. The curriculum lead can plan reentry after treatment. The designer should make support information easy to locate privately. The employer must address safety critical duties through its responsible process. Do not allow an unsafe practical activity to continue solely to preserve attendance, or assume every absence is substance related.

Other presentations, including phobias, difficulties associated with personality disorder diagnoses, health anxiety and perinatal mental ill health, may require support. The same functional approach applies: listen, clarify the task barrier, agree proportionate adjustments and involve competent services. Avoid inventing condition specific treatment. When pregnancy or parenting intersects with mental ill health, coordinate Chapters 2 and 3 as well as the health and safeguarding routes.

Urgent concerns and safeguarding

In England, call 999 or go to A&E when someone's life is at risk or you cannot keep yourself or another person safe. For urgent mental health help that is not an emergency, call NHS 111 and select the mental health option, or seek an urgent GP appointment as appropriate. A routine coach appointment is not an urgent care service.¹⁰⁵

If an apprentice says they do not want to live, take the disclosure seriously. Ask directly and calmly whether they are thinking about suicide or harming themselves and whether immediate help is needed. Follow KBC safeguarding arrangements and involve the designated safeguarding lead promptly; do not delay emergency help while seeking internal permission. Record what was said and done. Do not promise secrecy or use an agreement to stay safe as proof that danger has passed.

NICE specifically advises against using scales or global low, medium and high categories to predict future suicide or repeat self harm. Staff should not introduce numerical suicide screening into a learner action plan or treat a reassuring score as clearance. The priority is the person's needs and immediate safety, with assessment by appropriately qualified services.¹⁰⁶

For remote contact, obtain the learner's current location and a callback route when needed to arrange urgent help. Where safe, maintain contact while help is being arranged and follow

emergency service advice. If contact drops during an immediate serious concern, act on available information through the emergency and safeguarding procedures. Do not rely on email being read promptly. Safeguarding records and learning plans have different purposes; share the minimum relevant teaching adjustments through the authorised route.

A worked plan for overlapping presentation barriers

Fictional case Amina is a marketing apprentice with strong written analysis. She reports social anxiety, shares a room with relatives and has begun missing online sessions after a tutor introduced compulsory cameras. An assessed professional presentation is due later in the programme. Her manager says confident communication is essential and requests full camera attendance immediately.

The coach first distinguishes three issues: private learning space, participation during teaching and the required assessment. With Amina, the plan names a learning goal of explaining a justified marketing recommendation. The tutor offers voice or chat in teaching and gives notice before inviting a contribution. The employer investigates access to a private room during paid learning time. The designer ensures the group task can be completed without a continuous video image.

The curriculum lead checks the assessment plan and asks the assessment organisation about permissible presentation arrangements. Amina chooses to practise with a trusted colleague before a small group; the next step is reviewed rather than imposed. The coach records only the functional adjustments in the teaching summary, with Amina's information sharing preferences handled appropriately.

After two sessions, the review examines her contributions, quality of reasoning, use of the private space and experience of the arrangement. Attendance improves, but she still cannot hear colleagues in breakout rooms; the team fixes this access problem rather than concluding the anxiety plan failed. The required oral competence remains in view. Neither permanent exemption nor immediate forced public performance is assumed.

A worked plan for exhaustion and low mood

Fictional case Peter is a project controls apprentice who has missed two deadlines. He reports low mood and four evenings of study each week because his manager repeatedly cancels protected learning time. He wants to continue but feels the programme is impossible. An initial draft action plan tells him to organise his diary and watch resilience videos.

The coach replaces this with an account of the actual barrier and asks about his immediate wellbeing. The employer owns restoration of the agreed learning period and removal of a named competing duty. The curriculum lead identifies the next essential learning outcomes and sequences outstanding work. The tutor provides one annotated example and a short first

milestone. The designer suppresses obsolete reminders once the revised dates are correctly authorised and recorded.

Peter chooses an appropriate route for health support. The plan does not make access to teaching depend on disclosing treatment. A short review checks whether the protected time actually occurred, whether the first milestone was achievable and whether his situation has worsened. If learning cannot currently continue, staff discuss properly managed programme options with him and the relevant teams. Completion pressure must not manufacture engagement evidence.

A worked plan for checking and assessment fairness

Fictional case Leila says that repeated checking makes submission difficult. She has a diagnosis of OCD and an external timed assessment in six weeks. Her coach proposes unlimited additional time; a tutor proposes limiting all checking to thirty seconds. Neither has consulted Leila or the assessment organisation.

The revised plan separates routine learning from formal arrangements. Leila describes which platform uncertainties create additional difficulty. The designer makes submission status clear and provides a permitted familiarisation activity. The tutor identifies the ordinary professional quality check expected for the task. The coach coordinates information about functional need, seeks Leila's preferences and requests the assessment organisation's authorised decision. Appropriate clinical advice is considered through consented channels if available.

A trial of the permitted arrangement checks task completion and whether the process creates new barriers. Staff do not run a treatment experiment or promise a particular amount of extra time. If the arrangement is refused, the coordinator records reasons, explores allowable alternatives and follows the review route in time for a fair decision. Silence from an organisation is not approval.

Evidence-informed choices and their limits

Wadman and colleagues' 2026 methodological account describes working with young people in a paid mental health apprenticeship scheme to coproduce research resources. Choice about involvement, ongoing feedback and flexible working supported the partnership, while time and funding created difficulties. This is a contextual account rather than an adjustment effectiveness trial. A reasonable KBC inference is to invite apprentices to improve support resources and show how their feedback changes practice, without claiming that participation alone improves mental health.¹⁰⁷

Yilmazer, Hamamci and Türk's 2024 meta analysis found an overall reduction in test anxiety associated with mindfulness based interventions, but reported substantial heterogeneity and potential publication bias. Studies differed in context and intervention. This does not justify

compulsory mindfulness, a guaranteed result or replacing accessible assessment with a wellbeing exercise.¹⁰⁸

For KBC, a reasonable educational implication is to offer optional signposting to appropriate resources while directly addressing teaching barriers. Ask whether any suggested activity is welcome and useful. A learner should be able to decline a relaxation exercise and still receive accessible instruction. No intervention should become an additional test of willingness to cooperate.

Current Ofsted FE and skills inspection information places stronger emphasis on inclusion and leadership. The applicable September 2026 materials should be used for current inspection preparation. This chapter's suggested evidence trail is KBC's operational translation, not an Ofsted mandated mental health form or a guarantee of a particular judgement.¹⁰⁹

Funding requirements must be checked against the rules applicable to the apprentice's start date. The government publication for 2026 to 2027 explicitly distinguishes rules for different starts. A diagnosis, a supportive conversation and a funding claim are different matters. Ask compliance colleagues to confirm eligibility and evidence requirements before any claim; do not present all pastoral support as automatically fundable learning support.¹¹⁰

Reviewing whether support is working

A good review answers four questions. Was the agreed adjustment delivered? Could the learner use it? Did it improve access to the intended learning? What needs to change? Ask the learner first, then compare the account with task evidence and staff implementation. An adjustment cannot fairly be judged ineffective if it was never delivered.

Use observable measures sparingly. Examples include starting an assignment during protected learning time, demonstrating the required explanation with an authorised arrangement, or accessing a session without an avoidable barrier. Record an appropriate baseline and a dated review. Symptoms and treatment outcomes are not the coach's performance targets. Avoid wellbeing scores in staff dashboards that could be mistaken for diagnosis or suicide prediction.

Before closing an action, distinguish resolution, ongoing maintenance, unsuccessful trial and transfer to another owner. Record the next contact route if needs recur. If a learner does not want a particular adjustment, explore their reasons and alternative access without labelling them noncompliant. If staff cannot implement an agreed arrangement, the manager must resolve capacity or provision rather than silently leaving the apprentice responsible.

For team development, examine anonymised examples of both improvement and failure. Ask whether patterns point to a shared design problem: overloaded calendars, unclear criteria, public criticism, inaccessible resources or weak employer coordination. Improving the environment may help several learners, but individual review remains necessary. The aim is a reliable opportunity to learn and demonstrate occupational competence with dignity, agency and appropriate support.

Chapter 5 examination

40 CASE-BASED QUESTIONS / SINGLE BEST ANSWER

Forty case based questions. Select one best answer for each case using only the information given. Record your answers before consulting the explanations at the back of the book.

5.01 An apprentice leaves two live sessions immediately after being asked an unexpected question. Written work remains strong. The tutor records persistent social anxiety and poor teamwork. No private conversation has occurred. Which change provides the soundest starting point for support?

- A. Remove group tasks until the apprentice provides evidence that anxiety has improved.
- B. Retain the interpretation but add an offer of counselling before the next discussion.
- C. Record low engagement and compare the apprentice with others before offering adjustments.
- D. Record the observed events and explore the task, context and learner's explanation privately.

5.02 A tutor proposes a numerical test anxiety threshold for all apprentices. Only learners above it would receive assessment familiarisation or a quieter practice space. The proposal cites a recent systematic review describing inconsistent severity classification. What is the strongest response?

- A. Offer accessible preparation and assess individual barriers without treating an invented cut off as entitlement.
- B. Replace the threshold with a requirement for a formal diagnosis before any support.
- C. Use the cohort median as the threshold because it is specific to the provider.
- D. Adopt the threshold temporarily, provided all learners complete the same questionnaire.

5.03 An apprentice wants to practise a presentation with one colleague before addressing a group. An assessment in ten weeks requires oral explanation and responses to questions. The apprentice has demonstrated the knowledge in writing, and no formal adjustment has yet been agreed. Which plan best addresses both the current access need and assessment preparation?

- A. Agree learner-chosen educational practice steps while checking the assessed communication demands and seeking a timely decision on formal arrangements.
- B. Apply first for the smallest possible assessment audience, then agree educational practice once the organisation has confirmed that arrangement.
- C. Use the strong written work to plan presentation content and retain the ordinary group format until a mock provides evidence of an oral performance gap.
- D. Begin the chosen practice sequence and postpone the formal request until the team has evidence that the apprentice can present to a small group.

5.04 A learner keeps the camera off but contributes accurate analysis through voice and a shared schedule. Another learner keeps the camera on and contributes nothing. The session's outcome is to justify a schedule revision. Which evidence best supports the tutor's judgement?

- A. The quality of each learner's reasoning about the revision through agreed participation routes.
- B. The number of minutes each learner remained connected to the meeting.
- C. The proportion of the session in which each learner's face was visible.
- D. The tutor's impression of confidence and eye contact during the closing discussion.

5.05 An apprentice repeatedly asks whether their assignment is correct. The coach answers immediately, but requests increase. The LMS says the deadline is Friday; the tutor's email says Monday. The learner also reports anxiety about disappointing the tutor. What should the team prioritise at this stage?

- A. Offer a brief extension and ask the learner to submit a draft so feedback can show which uncertainties are affecting the work.
- B. Begin with a private conversation about fear of disappointment and retain both written instructions until the learner explains which they followed.
- C. Agree one scheduled reassurance call each day so the learner receives consistent contact without overwhelming the coach.
- D. Resolve the contradictory deadline and identify one authoritative clarification route, then review whether repeated uncertainty remains.

5.06 During a workshop an apprentice reports chest pain and difficulty breathing. They mention having experienced panic previously but say this episode feels different. Which response is most appropriate?

- A. Ask the class to provide reassurance while the tutor continues the activity.
- B. Require slow breathing before deciding whether medical assistance is necessary.
- C. Use the existing panic plan and wait until the usual duration has passed.
- D. Follow first aid and urgent medical procedures rather than assuming the symptoms are panic.

5.07 A learner with low mood understands the assignment but cannot begin it. Six overdue reminders arrive each week. The coach proposes a daily motivation score. Which revised action is most closely linked to the educational barrier?

- A. Require evidence of improved mood before the learner can obtain further assignment guidance.
- B. Agree one concrete starting decision, coordinate reminders and review whether the learner can initiate the task.
- C. Replace the assignment with attendance until the learner's motivation score reaches the cohort average.
- D. Provide an additional long reading list explaining the importance of professional self management.

5.08 An apprentice reports exhaustion. The employer cancels protected learning time, so assignments are completed late at night. A coach's draft plan contains only diary management and resilience videos. Which amendment addresses the principal identified cause?

- A. Add a weekly wellbeing questionnaire while retaining the employer's existing work schedule.
- B. Allocate the employer a dated action to restore learning time and remove a specified competing demand.
- C. Ask the apprentice to sign that evening study is their preferred arrangement.
- D. Extend every assignment automatically without discussing workload with the employer.

5.09 A learner returns to class shortly after bereavement and asks to continue normally but receive fewer administrative messages for two weeks. Their work is satisfactory. What is the most appropriate arrangement?

- A. Agree the communication preference, retain a contact route and review without assuming attendance ends support needs.
- B. Set a fixed recovery date and require the learner to discuss grief at each coaching meeting.
- C. Close the support record because satisfactory work demonstrates that bereavement has no educational impact.
- D. Insist on a break because grief makes sustained occupational learning unrealistic.

5.10 A risk management exercise asks everyone to describe a personal crisis. A learner privately says this is distressing but wants to learn the method. Which revision best preserves the curriculum intention?

- A. Require disclosure only to the tutor, keeping the autobiographical requirement unchanged.
- B. Remove risk management from the learner's programme until distress no longer occurs.
- C. Offer a comparable professional case through which the same risk analysis can be demonstrated.
- D. Ask peers to reassure the learner that the classroom is a safe place for all experiences.

5.11 A provider advertises its trauma informed teaching model as clinically proven to prevent PTSD. A 2025 systematic review it cites found insufficient evidence for assessed outcomes in healthcare and social services. What is the soundest revision?

- A. Keep the claim because an insufficient evidence finding means the model has not been disproved.
- B. Describe the intended educational practices and evaluate them locally without claiming proven clinical prevention.
- C. Stop all respectful choice based practices because insufficient evidence establishes ineffectiveness.
- D. Apply the review's conclusions directly to apprenticeships as proof of guaranteed improvement in retention.

5.12 An apprentice with OCD requests clearer submission confirmation because uncertainty prompts repeated uploading. A tutor suggests exposure and response prevention exercises during coaching. Which allocation is appropriate?

- A. The designer should clarify submission status while treatment remains with appropriately competent clinicians.
- B. The employer should supervise the exercises because checking affects workplace productivity.
- C. The tutor should refuse design changes until clinical treatment has removed all checking difficulties.
- D. The coach should deliver the exercises if the learner signs a general support consent form.

5.13 A learner with a stable bipolar disorder history suddenly submits extensive work at 3 am for several nights and says sleep is unnecessary. Their manager wants to add an urgent project. What should the coach prioritise?

- A. Suspend the apprentice permanently because the diagnosis prevents reliable professional work.
- B. Explore the marked change sensitively, encourage appropriate professional help and avoid expanding demands reflexively.
- C. Advise a medication change and reduce the learner's grade to discourage overnight submissions.
- D. Record accelerated progress and authorise extra work while the learner feels productive.

5.14 An apprentice tells the coach that hidden observers are controlling the online classroom and appears frightened. Which initial response best acknowledges distress without confirming a belief that may reflect a mental health difficulty?

- A. Explain in detail why the belief is irrational before allowing the learner to leave.
- B. Agree that the observers may be real so that the learner continues to trust the coach.
- C. Ask peers to vote on whether they have noticed the same classroom problem.
- D. Acknowledge that the experience feels frightening and help the learner access appropriate support.

5.15 A learner requests an appointment adjustment related to an eating disorder. A colleague says support is unnecessary because the learner looks healthy. Which response is most appropriate?

- A. Ask the tutor to monitor weight weekly before the appointment adjustment is approved.
- B. Consider the functional request privately and avoid judging need or severity from body size or appearance.
- C. Offer nutrition targets as a substitute for discussing the educational arrangement.
- D. Require a public explanation so peers understand why an appointment creates an exception.

5.16 A learner says they are dependent on alcohol and intend to stop immediately before an assessment. They ask the coach to supervise withdrawal through daily calls. Which response best respects both support and role boundaries?

- A. Direct the learner to medical support and coordinate educational arrangements without prescribing withdrawal.
- B. Treat any request for assessment adjustment as avoidance until the learner stops drinking.
- C. Approve the plan if the employer also agrees to monitor attendance.
- D. Agree daily supervision because close observation will make withdrawal safe.

5.17 During remote coaching an apprentice says they have seriously harmed themselves and cannot stay safe. The designated safeguarding lead is not answering. What is the best immediate action?

- A. Email the safeguarding lead and wait for internal authorisation before contacting emergency services.
- B. Complete a numerical risk questionnaire before deciding whether emergency help is justified.
- C. Arrange emergency help through 999 using the learner's location and follow safeguarding procedures in parallel.
- D. Book an urgent coaching appointment for the following morning and obtain a written safety promise.

5.18 An apprentice in England needs urgent mental health help, reports severe distress, and says there is no immediate threat to life. The coach has no clinical role. Which signposting is most appropriate alongside safeguarding consideration?

- A. Ask the learner to choose between treatment suggestions offered by the coach.
- B. Use the next monthly progress review because urgent services require an established diagnosis.
- C. Use a routine email inbox as the only route because it preserves a written record.
- D. Call NHS 111 and select the mental health option, or seek an urgent GP appointment as appropriate.

5.19 A quality manager wants a dashboard classifying learners as low, medium or high suicide risk from a short score. Coaches would contact only the high group. What is the strongest objection?

- A. The categories are acceptable if the learner confirms them during each monthly review.
- B. The dashboard needs a larger sample before its categories can safely control coach contact.
- C. Such scores and global categories should not predict suicide or determine access to help; use needs and safety responses.
- D. Only the high category should be renamed, because its wording may create anxiety.

5.20 A learner authorises tutors to know that they need advance questions and private feedback, but does not want their trauma history circulated. The coach has a detailed restricted record. What should a new tutor receive?

- A. An anonymous version of the full history copied to all programme staff for consistency.
- B. The full history because any staff member involved in teaching has an automatic need to know.
- C. The necessary functional teaching arrangements through the authorised information sharing route.
- D. No information, because the learner has restricted sharing of some personal details.

5.21 A tutor reports that an advance question adjustment failed because a learner still did not contribute. The coach discovers the questions were released after the session began. What should the review establish first?

- A. Whether other learners contributed without needing advance information.
- B. Whether the learner should lose the adjustment because the outcome was not achieved.
- C. Whether the learner's diagnosis is sufficiently severe to explain nonparticipation.
- D. Whether the agreed adjustment was delivered as intended before judging its effectiveness.

5.22 Following a camera adjustment, an apprentice attends more sessions but still cannot hear colleagues in breakout rooms. The tutor concludes that anxiety remains resistant to support. What is the best next step?

- A. Require a camera again because the first change did not resolve every difficulty.
- B. Remove breakout participation permanently without checking the learning requirement.
- C. Investigate the audio access problem and review it separately from the original participation barrier.
- D. Refer the learner for clinical treatment before making further classroom changes.

5.23 After a mock, an apprentice's mark improves following clearer instructions, a quiet room and additional revision. The learner values the room but says the revision required three late evenings. The next assessment covers different content. Which recorded conclusion is best supported?

- A. The room is probably the main effective adjustment because it is the change the learner identifies; retain it and return the other arrangements to normal.
- B. The combined arrangements coincided with better performance; review their delivery, the learner's account and preparation burden before deciding what to retain.
- C. The higher mark supports retaining the full package for the next assessment, with sustainability reviewed only if the learner's attendance begins to fall.
- D. The effects cannot yet be distinguished; repeat the same mock under the previous conditions before making a decision about continuing the room.

5.24 A designer proposes an optional calming activity before a mock assessment. A learner declines and requests clearer navigation instead. Which response best reflects the chapter's interpretation of mindfulness research?

- A. Withhold navigation support until the learner has tried the calming activity twice.
- B. Respect the choice and address navigation without treating the research as a universal prescription.
- C. Require the activity because a meta analysis found an overall beneficial effect.
- D. Remove all optional wellbeing resources because the study reported heterogeneity.

5.25 A coach records burnout whenever an apprentice reports tiredness, including tiredness caused mainly by caring and illness. Which revision best uses WHO's terminology while preserving support?

- A. Remove support because nonoccupational tiredness cannot affect apprenticeship learning.
- B. Describe reported fatigue and context, recognise burnout's occupational definition and encourage appropriate health advice where needed.
- C. Keep burnout as the diagnosis because all exhaustion has the same educational implications.
- D. Ask the apprentice to choose the most serious sounding label to strengthen the adjustment application.

5.26 A learner who reports fear of rejection becomes distressed after blunt public feedback. The tutor wants to record rejection sensitive dysphoria and lower the assessment criteria. Which action is strongest?

- A. Explore the feedback barrier privately and improve delivery while maintaining the required learning standard.
- B. Use the proposed label provisionally and avoid all corrective feedback for the remaining programme.
- C. Lower the criteria immediately because distress demonstrates that the standard is inaccessible.
- D. Retain public feedback so the learner becomes accustomed to professional criticism.

5.27 An apprentice who repeatedly rereads questions requests extra time for an external assessment in six weeks. Extra time helped finish a classroom mock, but the apprentice also reports spending longer checking every answer. The tutor has not reviewed the external rules. What should the coach do next?

- A. Request the same allowance used in class immediately and use the mock completion as sufficient evidence, revisiting checking only if the request is refused.
- B. Trial a larger classroom allowance first so the formal request can specify the maximum time the apprentice might need.
- C. Clarify the functional effect of time and checking with the learner, examine permitted arrangements and seek the assessment organisation's decision early.
- D. Ask for supervised rest breaks instead because they are less likely to increase checking, then inform the learner once the organisation agrees.

5.28 An adult apprentice declines daily wellbeing calls but welcomes a weekly task planning conversation. There is no current safeguarding concern. A coach calls this noncompliance with support. What is the better interpretation?

- A. The coach should continue daily calls because consistency outweighs adult preference.
- B. The learner is expressing a support preference; agree the workable alternative and a review route.
- C. Refusal of one offer means all adjustments should be closed immediately.
- D. The learner must disclose the diagnosis in more detail to justify reduced contact.

5.29 Several anxious learners report that staff upload new assignment versions without marking which is authoritative. The quality team proposes individual confidence workshops. Which action should receive priority?

- A. Require clinicians to confirm that the uncertainty is severe enough to justify a design change.
- B. Create confidence scores to identify which learners can tolerate the existing process.
- C. Correct version control and authoritative instructions, then review any remaining individual barriers.
- D. Ask each learner to maintain a personal archive of every version and identify changes independently.

5.30 A learner with a psychosis history applies for an ordinary project role. They are currently well and demonstrate the required skills. A manager proposes blanket exclusion to avoid risk. Which approach is best?

- A. Ask classmates to decide whether they feel comfortable working with the learner.
- B. Exclude the learner because diagnosis alone predicts future inability to perform safely.
- C. Consider actual competence and individual circumstances, with proportionate expert advice for specific safety concerns.
- D. Approve every possible task without considering any actual occupational safety requirements.

5.31 A learner becomes detached and unresponsive during a sensitive discussion. The tutor assumes dissociation and continues the class while a peer sits nearby. What should the tutor recognise?

- A. A sensitive topic confirms the cause, so no medical consideration is needed.
- B. A peer's presence transfers responsibility for safety until the learner responds normally.
- C. The learner should recount the event afterwards to establish whether PTSD is present.
- D. Unresponsiveness may have medical causes and requires an appropriate immediate safety and assistance response.

5.32 An apprentice asks to use an agreed pause signal during a mock presentation. The tutor says that using the signal will cancel the adjustment next time because independence is the target. What is the central problem?

- A. An agreed access arrangement is being turned into a reward that is withdrawn when used.
- B. All mock presentations must be cancelled whenever any learner has anxiety.
- C. The signal should be public so that peers can decide whether its use is justified.
- D. The target should be complete absence of anxiety before the learner can attempt a mock.

5.33 A learner's support record contains detailed health disclosures, a claim code and a list of teaching changes in one unrestricted LMS note. Several staff need only the teaching changes. What is the strongest redesign?

- A. Keep the note intact but ask staff informally not to read irrelevant paragraphs.
- B. Delete all information so that no adjustment or funding decision can be reviewed.
- C. Copy the entire note to the employer to create a single source of truth.
- D. Separate restricted health and safeguarding information from necessary teaching actions and properly controlled funding evidence.

5.34 A coach gives six pastoral calls to a distressed apprentice and marks all of them as automatically eligible learning support expenditure. The apprentice started in the previous funding year. What should happen?

- A. Ask compliance to verify the applicable rules, eligibility and evidence before any funding claim.
- B. Relabel each call as occupational learning without changing or checking its content.
- C. Apply the newest rules to every learner regardless of apprenticeship start date.
- D. Claim because any mental health disclosure makes all subsequent contact fundable.

5.35 An apprentice's submissions improve after extensions, but they now study until midnight four evenings a week. Their employer reports that protected learning time is available; the apprentice says it is frequently interrupted. There is no reported immediate safety concern. What should the coach prioritise before closing the plan?

- A. Compare the apprentice's actual use of learning time with the agreed arrangements and review workload, interruptions and recovery alongside the improved submissions.
- B. Close the deadline action as successful and refer the apprentice for wellbeing support while leaving the learning-time arrangement unchanged.
- C. Continue the extensions for another month and review the quality of submitted work before raising the discrepancy with the employer.
- D. Ask the apprentice to plan evening work more efficiently and request an employer statement confirming that the protected time remains available.

5.36 A provider's inclusion evidence consists of signed plans and coach meeting counts. Learners say tutors often miss the agreed adjustments. Which evidence would best strengthen evaluation of provision?

- A. A declaration from each tutor that inclusive practice is a personal priority.
- B. A larger number of signed plans using more detailed condition descriptions.
- C. A scripted learner response explaining that every support meeting was helpful.
- D. Samples linking delivered adjustments, learner experience and demonstrated learning, including actions on failures.

5.37 A new apprentice says feedback makes them fear dismissal because their previous employer used public humiliation. Their current work needs correction. Which feedback approach is strongest?

- A. Require a detailed account of previous incidents before changing the feedback format.
- B. Give specific private feedback, clarify the improvement route and agree a manageable next action.
- C. Use public feedback consistently so the learner cannot interpret individual treatment as favouritism.
- D. Avoid identifying errors until the learner is completely comfortable with criticism.

5.38 A smaller audience has helped an apprentice rehearse the required professional presentation. The assessment is in twelve days, and the organisation has not answered a request submitted four weeks ago. Standard arrangements remain booked. Which coordination decision best protects a fair and properly authorised assessment?

- A. Ask the apprentice to decide whether to accept the standard arrangement now, closing the request if they agree so preparation can become certain.
- B. Arrange another mock using the requested audience and send the improved score as additional evidence before following up the original request.
- C. Continue rehearsing with the smaller audience and retain the standard booking, expecting the assessor to resolve the request during the pre-assessment check.
- D. Escalate the outstanding request through the organisation's published route, confirm decision timescales and discuss permissible contingencies with the learner.

5.39 A coach has become the informal round the clock contact for several distressed apprentices. Learners value the relationship, but the coach is exhausted and has no cover. Which management response is most appropriate?

- A. Encourage the coach to keep the arrangement because ending constant access would always be abandonment.
- B. Replace all coaching with an automated wellbeing survey and retain no named coordinator.
- C. Provide supervision, clear availability, reliable handover and urgent support routes while preserving planned educational contact.
- D. Transfer all mental health responsibilities to the tutor without discussing workload or competence.

5.40 At review, a learner says the written question route remains essential, a temporary deadline change is no longer needed, and an employer action was never delivered. Which closing record is most accurate?

- A. Keep every action open without modification so no support can accidentally disappear.
- B. Mark the learner noncompliant because the employer action did not happen by the deadline.
- C. Record ongoing maintenance, resolved action and undelivered action separately, with owners and next steps.
- D. Close the entire plan because at least one adjustment has resolved its original barrier.

Inclusive curriculum, materials, teaching and assessment

Design inclusive provision from occupational purpose through to valid assessment.



IN THIS CHAPTER

- Universal design and curriculum sequencing
- Accessible materials and teaching routines
- Assessment arrangements and quality improvement

Purpose and scope

A learner can receive a thoughtful support plan and still be excluded by an unreadable assignment, an inaccessible online form or a lesson that demands rapid public answers. Inclusion therefore belongs in the production and delivery of the programme itself. This chapter explains how curriculum leads, designers, tutors and coaches can turn an identified barrier into a change that actually reaches the learner. It connects the individual approaches in Chapters 2 to 5 with the coordinated action planning in Chapter 7.

By the end, staff should be able to distinguish the knowledge or skill being taught from the incidental demands of an activity; produce accessible resources; plan challenging teaching with appropriate support; and establish whether an adjustment has improved access and learning. They should also recognise decisions that belong to an assessment organisation, specialist or designated organisational lead.

All workflows, timings, thresholds and fictional examples below are proposed KBC practice for local approval and adaptation. They are not additional funding rules or promises about inspection outcomes. Examples use a weekly two-hour online class, associated LMS activities and a monthly submission around the 20th. These illustrate the KBC context supplied for this book; each learner's actual programme and agreed training plan govern delivery. The chapter focuses on England. Other UK nations have different apprenticeship and inspection arrangements.

Three questions before changing a task

Begin with purpose, barrier and evidence. Purpose asks what the learner must know or do. Barrier asks which features prevent them from accessing teaching or demonstrating that ability. Evidence asks what would count as learning once the barrier is reduced. These questions prevent a well-intended adjustment from either removing the real challenge or leaving an unnecessary obstacle untouched.

Suppose an apprentice must analyse a project delay. The intended challenge may be selecting relevant evidence, explaining causation and recommending a proportionate response. Reading an image-only PDF, typing quickly and presenting without preparation may be incidental demands. Making the PDF readable and allowing planning time could improve access while preserving the analysis. However, if a later assessed outcome specifically requires responding to stakeholder questions, an entirely scripted written answer may not provide the required evidence.

Do not decide solely from a diagnostic label. Two learners with the same diagnosis may encounter different barriers. One may find a shared whiteboard helpful for planning; another may be unable to navigate it with their assistive technology. Ask the learner to describe or demonstrate the difficulty without making them perform distress publicly. A practical enquiry

might be: which step becomes difficult, what happens then, what already helps, and what would a workable version allow you to do independently?

Keep three levels visible. Programme design removes predictable obstacles for the cohort. Individual adjustments address remaining barriers for a particular learner. Specialist input supports needs beyond staff expertise. A learner may require all three. A generally accessible course does not remove the need to consider individual reasonable adjustments.

A framework for inclusive design

CAST's Universal Design for Learning Guidelines version 3.0 organise design around engagement, representation, and action and expression, with learner agency as their goal. Released in 2024, this version explicitly attends to identities, bias and exclusion as well as access. Use the framework as a set of design questions, not a checklist that automatically proves effectiveness.¹¹¹

For KBC, translate those questions into a short design record. Under engagement, explain why this occupational problem matters and how learners can participate without unnecessary threat. Under representation, identify the explanation, example and accessible information learners need. Under action and expression, specify how they practise and show understanding, and where the required occupational skill constrains the available options. Record the learning evidence that will test the design.

For a marketing campaign exercise, meaningful choice could mean selecting a suitable workplace audience while analysing the same concepts. It should not mean giving one learner a complex evaluation and another only a definition task. A project controls learner might choose a rail or digital service case, but both cases should demand interpretation of uncertainty. Choice is useful when it supports relevance and access without fragmenting the programme into unrelated expectations.

Offer a manageable number of well-supported routes. Twenty optional resources can increase the planning burden for someone already struggling to start. A useful default is one clearly labelled core route, an equivalent accessible alternative where needed, and an optional extension. Explain what each route contains, its purpose and the expected effort. The coach helps the learner choose and review a route without making that choice permanent.

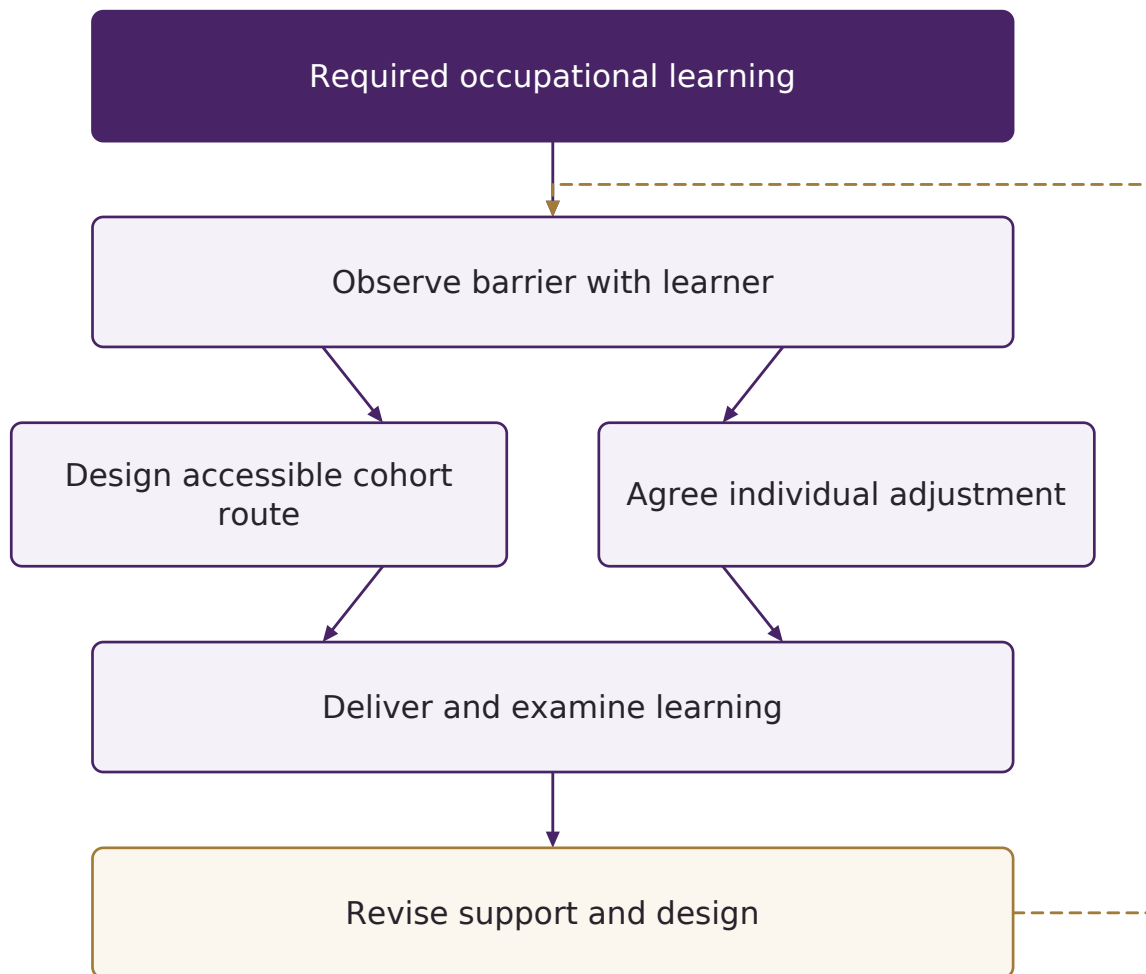


Figure 6.1 From occupational purpose to an inclusive learning route. Proposed KBC design cycle. Begin with the intended learning, combine general design and individual support, then review their effect together. An access change is successful only when it reaches the learning activity.

Diagram reading guide. The required occupational learning leads to a learner-informed examination of barriers. This branches into accessible cohort design and an individual adjustment. Both feed delivery and review of learning, followed by revision and renewed examination of the barrier.

Reading the research with professional judgement

The evidence supports careful design but does not justify universal claims. Zhang and colleagues' 2024 systematic review examined 32 studies in pre-school to secondary settings and identified inconsistent specification and implementation of UDL. The practical lesson is to describe exactly what changed, for whom and with what result. Findings from children cannot establish effectiveness for employed adult apprentices.¹¹²

King-Sears and colleagues' 2023 meta-analysis examined academic achievement under UDL instruction compared with usual provision. Its relevance is that design should be connected to learning outcomes, not simply learner preference or staff enthusiasm. Differences across interventions and populations mean that a reported average effect does not prescribe an individual adjustment or predict KBC outcomes.¹¹³

A more recent qualitative multiple-case study by Kurniawati and colleagues, published in July 2026, followed 14 Indonesian university lecturers after UDL training. It described uneven implementation and institutional barriers. This offers a useful warning about relying on a workshop alone, but its small purposive sample and different national context do not prove a causal effect on English apprenticeship achievement. KBC's proposed response is to combine training with resource review and implementation checks.¹¹⁴

Agarwal, Nunes and Blunt's 2021 systematic review found benefits from retrieval practice across applied school and classroom research. It supports asking learners to recall and use knowledge, with feedback, instead of relying entirely on repeated exposure. Transfer to a particular adult apprenticeship setting still needs evaluation. Retrieval practice is a learning activity; a rapid public quiz is only one possible delivery format.¹¹⁵

Sweller, van Merriënboer and Paas's review of cognitive load theory explains why novices may benefit from carefully structured explanations and worked examples, while excessive guidance can become less useful as expertise grows. Staff should respond to observed knowledge and task demands. This is not a basis for assuming that a diagnosis implies a fixed working-memory capacity.¹¹⁶

Pashler and colleagues' review found insufficient evidence for matching teaching to fixed learning-style categories. Ask about access, experience and useful preferences, but do not label apprentices as visual, auditory or kinaesthetic learners and allocate their teaching accordingly. A learner can prefer audio and still need to learn to interpret a chart; they may require an accessible way to do so.¹¹⁷

The proposed KBC evidence rule is simple: record the source, describe its setting, identify the mechanism that might help, and collect proportionate local evidence. Do not withdraw necessary support to create an experiment. An improvement across three comparable tasks may justify continuing a practical adjustment, while remaining insufficient to claim that a named intervention caused the improvement for everyone.

Curriculum planning from occupational demand to accessible practice

Curriculum development starts with the actual standard and assessment plan applicable to the cohort. Write down the required knowledge, skills and behaviours, the sequence in which they develop, and the workplace opportunities through which apprentices will practise. Then identify avoidable access demands in that sequence. Inclusion cannot be added successfully only during the week before assessment.

The curriculum map should distinguish unfamiliar content from unfamiliar methods. A learner encountering a new risk concept, a new LMS interface and a new group-work format simultaneously may struggle to show what caused the difficulty. Teach the interface before using it for demanding content, and use a familiar case when introducing an unfamiliar method. Later vary contexts deliberately to test transfer.

Proposed KBC curriculum map example

Curriculum point	Occupational learning	Anticipated barrier	Designed teaching response	Evidence and review
Before the module	Navigate resources and recognise a useful evidence source	New platform and limited digital confidence	Guided practice submission using a fictional file; accessible quick guide	Learner uploads and retrieves a file; support follows any failed step
Week 1	Distinguish a risk from an existing issue	Dense terminology and unfamiliar context	Plain-language glossary, tutor model and contrasting workplace examples	Learner classifies examples and explains one borderline case
Week 2	Explain likelihood and consequence	Numbers, colour-dependent matrix and rapid discussion	Labelled numerical table; verbal explanation; prepared pair discussion	Learner justifies a rating and identifies missing evidence
Week 3	Recommend a proportionate response	Planning demands and unclear submission structure	Accessible brief, optional outline and a checkpoint	Draft links evidence, decision and justification before the monthly submission
Week 4	Review the effect of the response	Superficial reflection and workplace opportunity gaps	Tutor models comparison; employer supplies a suitable opportunity	Learner compares expected and observed effects and proposes revision

This example describes a possible teaching sequence, not prescribed occupational content. The curriculum lead must map it to the relevant programme. The coach should check that the employer can provide a genuine opportunity to practise. If a workplace cannot provide one, agree a valid teaching alternative and check separately what the assessment plan accepts. A fictional teaching case does not automatically become permissible assessed workplace evidence.

Check cumulative demand across modules. Three tutors may each set a reasonable task but inadvertently require three presentations in the same week. A shared assessment calendar

should show major preparation, submission and workplace tasks, not merely classroom dates. Publish changes with enough explanation for learners to revise their plans. When an individual deadline changes, check its effect on the next assignment and the employer's release arrangements.

Materials that preserve the intellectual challenge

Inclusive writing is precise writing. Explain the decision a learner must make, identify essential information and define technical terms at first use. Keep disciplinary vocabulary when it is part of occupational competence. Provide a glossary and worked use of that vocabulary rather than removing the concept. Avoid idioms that add decoding effort without contributing meaning.

Before-and-after example

Before: a slide contains a screenshot of a risk register in small print, three red cells, an unexplained abbreviation and the instruction, "Discuss the issues and upload your reflections as usual." The tutor interprets slow responses as lack of preparation. Nothing in the resource distinguishes analysing risk from guessing what to submit.

After: the resource starts with the outcome, "Recommend a response to a delivery risk using evidence from the register." It supplies an editable four-row register with labelled ratings, defines the abbreviation and identifies the evidence source. The task asks learners to select one risk, justify its priority, compare two responses and explain their recommendation. A submission link and a short checklist appear alongside the task. The tutor reads the key comparison aloud and gives thinking time before inviting contributions.

The analytical demand is still substantial: the apprentice must weigh evidence and defend a decision. The revised version makes the route into that demand visible. A learner needing an individual alternative can discuss it with the coach; the general redesign also helps learners who have not disclosed a condition.

The design team should retain a small collection of such before-and-after examples. During review, ask a colleague to attempt the original and revised task using only the information supplied. Where they need an oral rescue explanation, decide whether the brief is incomplete. This is a test of communication, not a test of whether staff can compensate for a poorly specified resource.

Word, PDF and slide production

Microsoft's Word guidance recommends meaningful built-in heading styles, descriptive links, appropriate alternatives for images and straightforward table structure. The Accessibility Checker can identify some problems, but its result is not a complete user test. A document that looks organised can still have no navigable structure.¹¹⁸

Proposed KBC Word production practice is to begin from a controlled template with title, purpose, numbered tasks and a submission section. Keep one authoritative version and an owner. Write short image descriptions during authoring, while the intended meaning is clear. Ask a reviewer to find a named subsection, explain a table and locate the support contact without visual coaching. Record their difficulty as a resource defect.

Microsoft's PDF guidance explains that accessibility depends on the source document and preserving its structure during export. Treat conversion as another production stage that can introduce defects. A readable Word file is not evidence that the exported PDF is accessible.¹¹⁹

For KBC, publish an editable accessible source alongside a PDF where appropriate, test the PDF's reading sequence and searchability, and check the actual downloaded copy. A scanned page may need recognised text, but recognition errors in amounts, signs and technical terms require correction. When remediation will take time, provide a usable equivalent before the learning deadline and assign the permanent repair.

PowerPoint guidance from Microsoft emphasises meaningful slide titles, appropriate object order and accessible use of images and media. Screen-reader order can differ from visual order.¹²⁰ KBC's proposed slide review asks whether a learner can obtain the key argument from the distributed file and whether the live explanation gives meaning to every essential visual. Put supporting detail in an accessible companion resource rather than reducing the slide to tiny text. Staff should rehearse an explanation without saying only "as you can see here".

Fonts, spacing and colour preferences should remain adjustable where practical. Do not advertise a particular font or background as a treatment for dyslexia or another condition. A restrained house style is a starting point; learner testing determines whether individual presentation changes help. Never use a visually attractive template to justify inaccessible delivery.

Charts, diagrams, tables and mathematical content

W3C's complex-image guidance describes using a short identification together with a fuller explanation of essential information. A long description can communicate relationships or data that do not fit into a brief image alternative. Decide what a reader needs to understand from the image in its teaching context.¹²¹

For a KBC project schedule, a description should allow the learner to identify the relevant dependencies and the reason a delay matters. A decorative picture of a construction site needs a different treatment from the schedule itself. Where detailed inspection is required, provide the activity data in a usable table. Avoid giving away an assessed interpretation in one format while leaving other learners to infer it. Equivalent access means equivalent available information, not a hidden model answer.

Use tables for actual relationships and comparisons, with clear headers, units and explanatory notes. If the task concerns variance, a learner needs to know which values are planned, actual and derived. Test whether the data still makes sense when read cell by cell. A complicated table may be better split into several short tables linked by explicit explanations.

Write equations as editable mathematical content where the system supports it, supply the symbols' meanings, and test with the learner's tools. For example, explain that an index divides an earned amount by an actual amount before asking the apprentice to interpret the result. Supply a worked calculation in teaching, then a new calculation for practice. Check whether a calculator, formula sheet or alternative input method is allowed in the particular assessment; classroom use does not settle that decision.

LMS navigation, keyboard access and forms

WCAG 2.2 supplies a technical benchmark for web accessibility across perceivability, operation, understanding and compatibility. Relevant requirements include keyboard operation, visible focus, text alternatives and contrast. At level AA, normal text generally needs contrast of at least 4.5 to 1, with 3 to 1 for large text. WCAG does not cover every individual's need. Its legal application depends on the organisation and service, so adopting it as a KBC design benchmark is not a claim about every legal duty.¹²²

Proposed KBC testing should follow the real learner journey: enter the course, find this week's task, read or play the resource, draft, save, return, submit and confirm receipt. Complete that journey using the keyboard, common assistive technology where available, and the devices learners actually use. Test an authenticated learner account; an administrator preview can conceal restrictions and broken links.

W3C's forms guidance covers explicit labels, useful instructions and understandable feedback. Users need to identify controls and recover from mistakes.¹²³ For KBC, a failed monthly submission should tell the learner which field needs attention without deleting their draft. Saving must be distinguishable from final submission. Give a receipt containing the assignment name, time and status, and provide a practical alternative route when a technical fault blocks access.

Avoid making every optional field compulsory. Do not require repeated disability disclosure as a condition of using an accessible route. If an attachment limit is necessary, display it before upload and explain what to do when evidence exceeds it. Support staff should be able to reproduce a reported problem using a fictional account without entering the learner's password.

Design for interruption. A learner with fatigue, caring responsibilities or unreliable connectivity may need to leave and return. Test whether a draft survives the permitted pause and whether the learner can identify the next unfinished step. Mobile access can help, but do not assume that completing complex occupational work entirely on a phone is reasonable. Discuss equipment and workplace access rather than interpreting every failed upload as a motivation issue.

Video, audio and low-bandwidth alternatives

W3C's media guidance distinguishes captions, transcripts and description of essential visual information. Captions represent relevant speech and sound in synchronisation with video; a transcript supports another way to access content; description communicates meaningful visual information that the soundtrack omits. They solve different access problems.¹²⁴

KBC's proposed production sequence starts with a short script and its learning purpose. Build necessary descriptions into the narration, then record and check the final captions against the audio. Review technical terms, names, numbers, negation and changes of speaker. A caption changing "do not approve" to "approve" can reverse the lesson. A qualified tutor must check meaning; visual polish cannot compensate for a dangerous transcription error.

Provide a labelled transcript next to the video, include references and explain any task associated with it. Where a diagram evolves on screen, the transcript should let the reader follow the relevant change. Give learners workable controls and avoid unnecessary autoplay. Make the main learning available through a practical low-bandwidth route; downloading should not require the learner to ask publicly for special treatment.

Segment teaching at meaningful conceptual boundaries. A short introduction, worked decision and practice prompt may be easier to revisit than one long recording. There is no universally optimal video length for every learner or topic. Check whether the sequence is understandable and whether users can resume at a meaningful point. Playback speed is an option, not a staff instruction to rush learning.

For live sessions, tell learners how to enable available captions and report an access problem. Automatic captions may be inadequate for a particular learner; establish individual communication support in advance where needed. Plan how interpreters or communication professionals receive materials and technical vocabulary securely and early enough to prepare.

Teaching the weekly two-hour session

An inclusive session has a visible purpose, predictable structure and more than one workable opportunity to contribute. A break in the timetable is useful only if learners can actually take it. A tutor who continues explaining essential content during the break defeats that adjustment. Similarly, "ask if you do not understand" is insufficient when the only opportunity is interrupting a fast public discussion.

The following proposed KBC session teaches evaluation of a risk response. Timings are illustrative and should be adjusted through learner feedback. The tutor prepares the core resources in advance and uses the opening to check access, not to request diagnostic disclosure.

Minutes	Teaching and learning	Inclusion design	Evidence obtained
0 to 10	Welcome, purpose and three recall prompts	Agenda visible; private response route; captions checked	Prior knowledge and an initial misconception
10 to 25	Tutor explains a worked workplace example	Key terms supplied; decision steps spoken and shown	Learner predicts the next step with thinking time
25 to 40	Guided comparison of two responses	Accessible case and optional planning outline	Each learner identifies a benefit and a limitation
40 to 50	Tutor checks and reteaches	Anonymous or private response where practical	Reasons behind an incorrect choice
50 to 60	Protected break	No new required teaching; return time displayed	Learner can pause without losing essential content
60 to 80	Apply the method to a new case	Choice of suitable pair work or agreed equivalent; roles explicit	Learner produces a defensible recommendation
80 to 100	Discuss decisions and questions	Advance invitation; contribution by agreed suitable route	Tutor probes reasoning and uncertainty
100 to 110	Revise the response	Specific feedback; quiet working time	Visible improvement linked to feedback
110 to 120	Exit check and next task	Written next steps, submission location and support route	Independent explanation and an achievable next action

The session plan is not a rigid alternation of activity every few minutes. An activity can be productive while learners remain quiet. Watch the quality of the reasoning and the accessibility of the task. Do not interpret every movement, pause, lack of eye contact or camera choice as evidence about attention.

Use a clear group-work contract. State the output, time available, roles, how to request help and what happens if a learner cannot use the room or tool. Avoid allocating the same disabled learner a passive note-taking role every week. Plan occasions when everyone develops the relevant occupational skill, with appropriate adjustments. Review whether group work generated individual understanding rather than only a polished group product.

Cameras, participation and professional communication

Separate live teaching participation from formal assessment requirements. During ordinary teaching, the proposed KBC default is to offer workable participation routes and discuss camera-related barriers privately. An apprentice may have a disability-related concern, limited privacy, bandwidth problems or another reason. Staff should ask what route enables contribution and agree how they will check learning.

A camera-off learner who responds thoughtfully in chat, contributes through audio or submits a considered task can provide stronger learning evidence than a camera-on learner who is silent. Neither arrangement guarantees engagement. The tutor should use purposeful prompts and work samples. Attendance or viewing data can prompt a supportive enquiry but should not be treated as a complete measure of learning.

If visual observation genuinely matters to an assessed skill or an assessment organisation's identity procedure, explain the particular requirement and explore approved adjustments. Do not promise that a camera can always remain off in every assessment. Equally, do not turn a tutor's preferred presentation style into a supposed occupational competence standard.

Develop professional communication gradually where it is a real outcome. Agree a sequence such as planning a point, explaining it to the tutor, responding in a pair, and addressing a small group. This is educational scaffolding, not therapy or forced exposure. Learners experiencing distress may need an individually agreed approach and specialist input. Offer challenge through informed agreement, and review the learning and wellbeing effects.

Scaffolding, retrieval and independent performance

Scaffolding means giving temporary support for a task the learner is not yet ready to perform independently. A prompt sheet might help an apprentice structure an evaluation; a completed model might reveal what a reasoned recommendation contains. The tutor should explain which part of the task the support addresses and what independent performance will eventually look like.

Distinguish a teaching scaffold from an access tool. Fading a worked example can develop independent reasoning. Removing a screen reader, captioning or a necessary communication aid because the learner has improved would misunderstand the purpose of that adjustment. Independence often means using suitable tools effectively, not completing tasks without any tools.

A proposed KBC sequence is model, guided attempt, independent attempt, changed context and reflection. At each point, decide whether difficulty reflects missing knowledge, an inaccessible task or insufficient practice. For a learner who can complete the original example but cannot interpret a new case, repeating the same template indefinitely may conceal the gap. Vary one significant feature and discuss why the decision changes.

Use retrieval as a supportive routine. Ask learners to recall a principle privately, compare it with the explanation and correct their response. Return to it in a later workplace case. Avoid public leaderboards where speed is irrelevant and could discourage participation. Record what the learner can explain and use, not only how quickly they clicked an answer.

Do not infer that an apprentice is ready for assessment because they recognise the tutor's model answer. Ask them to justify a different decision using unfamiliar but appropriate evidence. Check whether the support arrangement itself will be permitted in the assessment. A difference between classroom and assessment arrangements needs early planning, not a surprise withdrawal of support at the final stage.

An accessible assignment brief

An assignment brief is a contract about learning evidence. It should identify purpose, task, criteria, resources, submission arrangements and support. Separate essential requirements from suggested methods. Mark optional resources explicitly so that an anxious learner does not reasonably conclude that every link must be completed before starting.

Proposed KBC brief for a monthly risk response assignment

Purpose: demonstrate that you can evaluate a workplace risk and justify a proportionate response. This is a formative learning task. Your tutor will confirm its mapping to your programme; it is not automatically an assessment-organisation task.

Task: select one suitable workplace risk with your manager's agreement. Describe the context using only information you are permitted to share. Explain the evidence for your priority rating. Compare two possible responses, recommend one and explain what evidence would make you revise it. End with a short reflection on what you have learnt and how you will apply it.

Evidence required: a concise context, an explanation of the risk, a comparison of responses, a justified recommendation and a reflection. The suggested outline is available in an accessible document. You may request another suitable way to demonstrate the same learning; confirm the arrangement before submission so the tutor can assess the evidence fairly.

Quality criteria: the risk is distinguished from an existing issue; relevant evidence supports the judgement; the comparison considers consequences and limitations; and the recommendation is proportionate. Professional terminology should be used accurately. Presentation features that are not part of these criteria will not become hidden marking criteria.

Process: choose the case early in the month, bring a proposed outline to the agreed checkpoint and submit through the named LMS assignment by the date and UK time shown in your course. Where the normal monthly date is the 20th, your brief must still show the actual deadline. The time estimate is guidance for planning, not automatic evidence of learning hours.

Support and integrity: contact your coach privately if a barrier affects the task. Tell the tutor which permitted tools or assistance you used. Remove identifying information about customers and colleagues unless sharing is authorised and necessary. If the submission system fails, use the stated contingency route and retain the confirmation. The feedback date and how to request clarification must be visible in the live brief.

The curriculum lead owns the mapping; the tutor owns clarity and assessment of learning; the designer owns the usable format; the coach helps the learner implement the agreed route. The employer helps select a legitimate work opportunity. No single role can repair all five elements after the deadline.

Feedback that can be understood and used

Wisniewski, Zierer and Hattie's 2020 meta-analysis examined 435 studies and found that feedback effects varied considerably. Useful information about learning matters more than treating all feedback as one uniformly effective intervention. Staff should focus on what the learner can do with the information.¹²⁵

Proposed KBC feedback follows an evidence-action-check pattern. Identify a specific successful feature, name the most consequential gap and give an achievable next action. Then arrange an opportunity to apply it. For example: "Your recommendation uses the delivery data clearly. The comparison does not yet explain the cost of the alternative. Add that comparison and tell me whether it changes your choice."

Offer feedback in an accessible form and check understanding. Audio feedback may help one learner but exclude another without a transcript. Dense annotations spread through a document can overwhelm a learner who needs a short prioritised action list. Agree how the apprentice will find the actions and distinguish mandatory revisions from suggestions for future development.

Use a feedback conversation to investigate, not to defend the mark. If a learner thought the brief required a description while the rubric rewards evaluation, check whether the task was clear. Keep the same academic expectations while correcting the communication failure. Do not compensate by quietly inflating a mark. Record the relevant teaching or material change and apply it consistently to others affected.

Assessment adjustments and the assessed construct

An assessed construct is the actual knowledge or ability the assessment is intended to measure. An adjustment should enable the learner to demonstrate it without an irrelevant disability-related barrier. Ofqual's General Condition G6 requires awarding organisations to have clear reasonable-adjustment arrangements. The organisation's published process and the applicable assessment rules determine who can approve a change and what evidence is required.¹²⁶

Ofqual's 2026 guide distinguishes reasonable adjustments from changing the required attainment and notes relevant competence-standard constraints for certain vocational qualifications. Do not assume a school examination convention applies automatically to apprenticeship assessment. A genuine competence standard and the method used to assess it require careful distinction.¹²⁷

Proposed KBC practice is to write the construct in one sentence, describe the barrier, propose an effective proportionate set of changes and ask the responsible organisation to confirm acceptability. A learner who cannot operate a mouse may need another input method for a planning task. A learner whose assessment measures spontaneous responses may still need an adjusted environment or pauses, but replacing all interaction with a pre-written script could remove part of the construct.

There is no universal extra-time percentage for every disabled apprentice. Consider the particular assessment, functional impact, evidence, normal working arrangements and organisational policy. Rest breaks, format changes, communication support and assistive technology may address different problems. Longer duration can also increase fatigue. Staff should not present one familiar adjustment as the default solution to every barrier.

Keep approval specific. Record the assessment component, arrangement, evidence requested, decision-maker, approval date and conditions. Trial the permitted setup with suitable practice tasks and arrange a contingency for technology failure. If a request is refused, obtain the reason, consider an effective alternative and explain the review or appeal route. Do not quietly abandon support or tell the apprentice that refusal proves they cannot succeed.

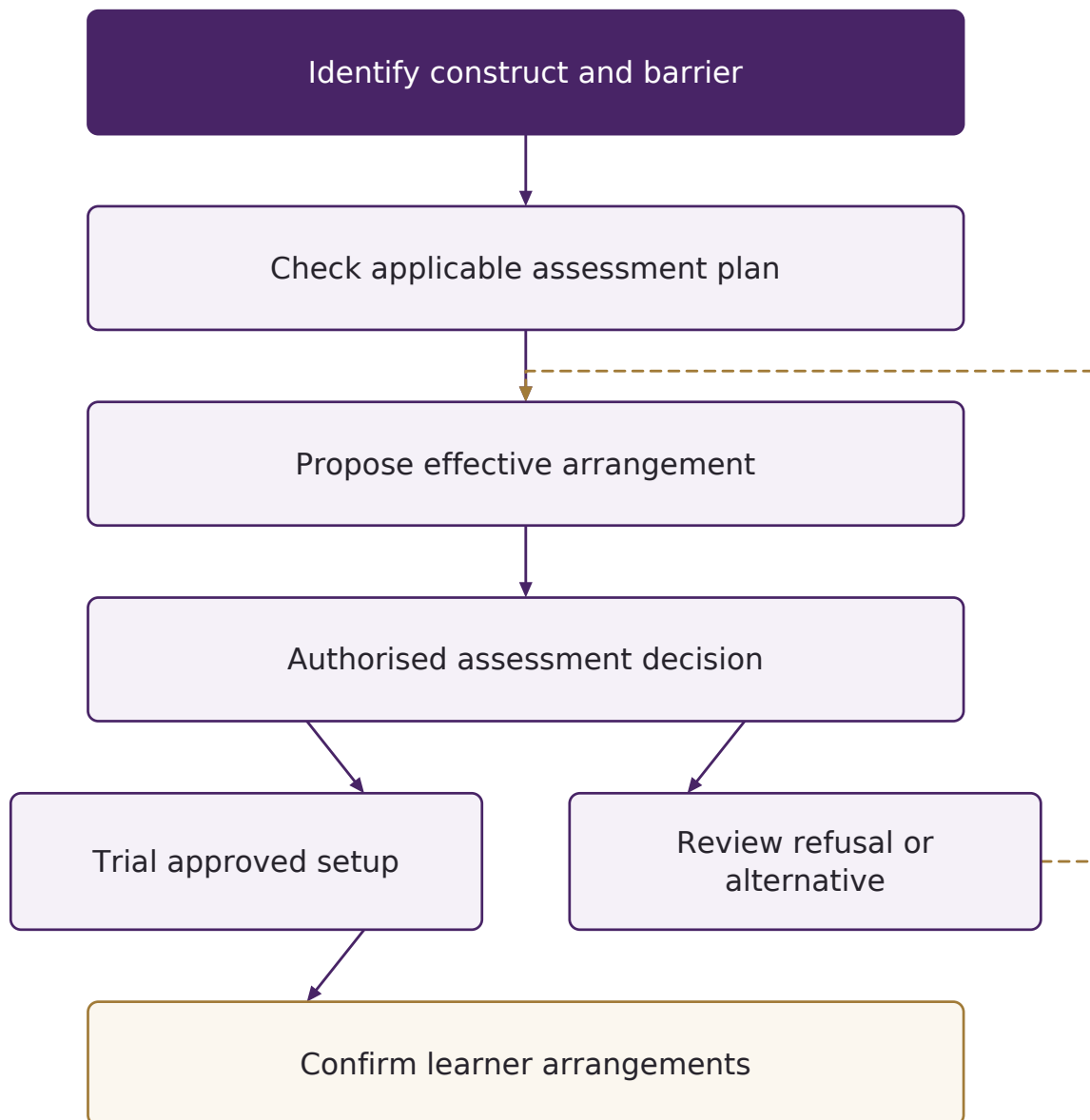


Figure 6.2 The route to a valid assessment adjustment. Proposed KBC assessment coordination workflow. A classroom arrangement supplies useful evidence but does not itself authorise a change to formal assessment. Follow the responsible organisation's decision and review process.

Diagram reading guide. Identify the assessment construct and the learner's barrier, check the applicable plan and propose an effective arrangement. The authorised decision leads either to a trial of the approved setup and confirmed arrangements, or to review of a refusal and another proposal.

Funding and assessment transition controls

The government funding collection identifies the current 2026 to 2027 rules, while earlier rules remain relevant to appropriate cohorts. Version 3 was published in July 2026. Staff must establish the applicable funding rules and any specifically cross-applicable changes rather than select a rule by the date they happen to read this book. Compliance should check funding decisions separately from pedagogical decisions.¹²⁸

The government's assessment reform guidance, updated in August 2026, describes phased changes continuing through 2026 and 2027. Revised arrangements can allow assessment during the apprenticeship and change roles and terminology. DWP now has apprenticeship responsibility; some resources retain DfE publication histories. A learner still following an earlier assessment plan must not be treated as if every reform already applies to them.¹²⁹

Proposed KBC practice is a cohort version register showing the standard, plan version, assessment organisation, delivery responsibilities and transition decision. Check the register before designing high-stakes assessment preparation. Where a transition is considered, establish its permitted process and effects on the learner, employer, support and evidence. An updated website heading alone is not sufficient authority to transfer an individual.

Government learning-support guidance links support funding to assessed learning difficulty or disability and a necessary adjustment, with evidence requirements. General learning gaps are not automatically fundable learning support. Funding eligibility should not be conflated with the separate responsibility to consider reasonable adjustments.¹³⁰

The coach records what support was delivered and its effect. Compliance verifies the applicable claim conditions, supporting records and any review requirements. A tutor should never increase logged support time to match a presumed allowance, and an automated estimate of video viewing should not replace an accurate account of eligible learning. Refer funding uncertainty to the responsible lead without allowing administrative uncertainty to become an excuse for ignoring an immediate access problem.

Responsible use of AI in learning design and feedback

ICO guidance explains that AI processing requires an appropriate lawful basis and that special-category information needs additional conditions. A disability narrative can contain sensitive information even if a learner's name has been removed. The organisation must evaluate the actual processing and its tools rather than assume a generic AI account is an approved destination.¹³¹

For proposed KBC practice, use fictional or properly de-identified examples for routine AI drafting. An AI tool can suggest a clearer instruction, alternate case or first caption draft, but a responsible person must verify technical accuracy, meaning, accessibility and relevance. Do not

ask a tool to infer a diagnosis, emotional state or intelligence from engagement data, facial appearance or writing style.

Human checking needs a defined task. For a generated risk case, compare the facts, calculation and model answer. For a caption draft, listen while reading. For feedback, verify every statement against the submitted evidence and remove unsupported judgements. Keep responsibility with the tutor; a polished output does not establish that the reasoning is sound.

Explain permitted learner use of assistive and generative tools for each task. Speech-to-text access support and generating an entire assessment response are different activities. A learner should know what must be declared and what must remain their own work. Where authorship is uncertain, use a fair evidence-led conversation and appropriate institutional procedures. Difficulty with spelling, an unusually fluent passage or an AI detector score alone should not determine misconduct.

Release testing and defect management

Adopt a short release gate before resources reach learners. A gate is an accountable decision about readiness, not a decorative checklist. The content author first verifies the learning and answer key. The designer then verifies access. A tutor tests the learning journey, and the responsible owner decides whether defects are fixed or a genuinely usable equivalent is in place.

Proposed KBC acceptance criteria

Test	Acceptance evidence	Owner and response to failure
Learning alignment	Brief, task and criteria require the same occupational learning	Curriculum lead corrects conflicting demands before release
Resource meaning	A reviewer can explain the key relationship from each essential resource	Tutor corrects missing explanation or misleading representation
Document navigation	Reviewer locates named sections and interprets the essential table without visual prompting	Designer repairs structure and retests the distributed file
Media accuracy	Technical vocabulary, numerical values and decisive statements match checked captions and transcript	Tutor and designer correct before required use
Submission journey	Test learner saves, resumes, submits and receives an unambiguous receipt	LMS owner fixes the fault or implements a tested equivalent route

Test	Acceptance evidence	Owner and response to failure
Assessment arrangement	Applicable component and permitted adjustment are confirmed by the authorised process	Assessment coordinator resolves uncertainty before the formal event
Learner usefulness	The intended user can undertake the relevant step with the agreed support	Coach records remaining barrier and coordinates revision

Do not close a defect because someone sent an email or changed a setting. Close it when the relevant journey works. If an inaccessible resource already affected a deadline, contact affected learners, provide the repair or equivalent, review the deadline fairly and record what prevented recurrence. Avoid requiring each learner to prove separately that the same confirmed defect exists.

Give defects a proportionate priority. A blocked assessment submission or unreadable compulsory resource needs urgent action. A minor presentational inconsistency can follow the ordinary improvement cycle. The owner should record the affected resource version, impact, temporary arrangement, permanent repair and verification. Personal health information belongs in the appropriate restricted support record, not in a broadly visible technical ticket.

Measuring impact and preparing evidence of inclusion

Ofsted's further education and skills toolkit for use from 1 September 2026 treats inclusion as a whole-provider evaluation area. It considers identification of barriers, effective support, learner involvement and the impact of approaches, alongside curriculum, teaching and training. Staff should consult the current toolkit directly; a collection of accessible templates does not establish an inspection grade.¹³²

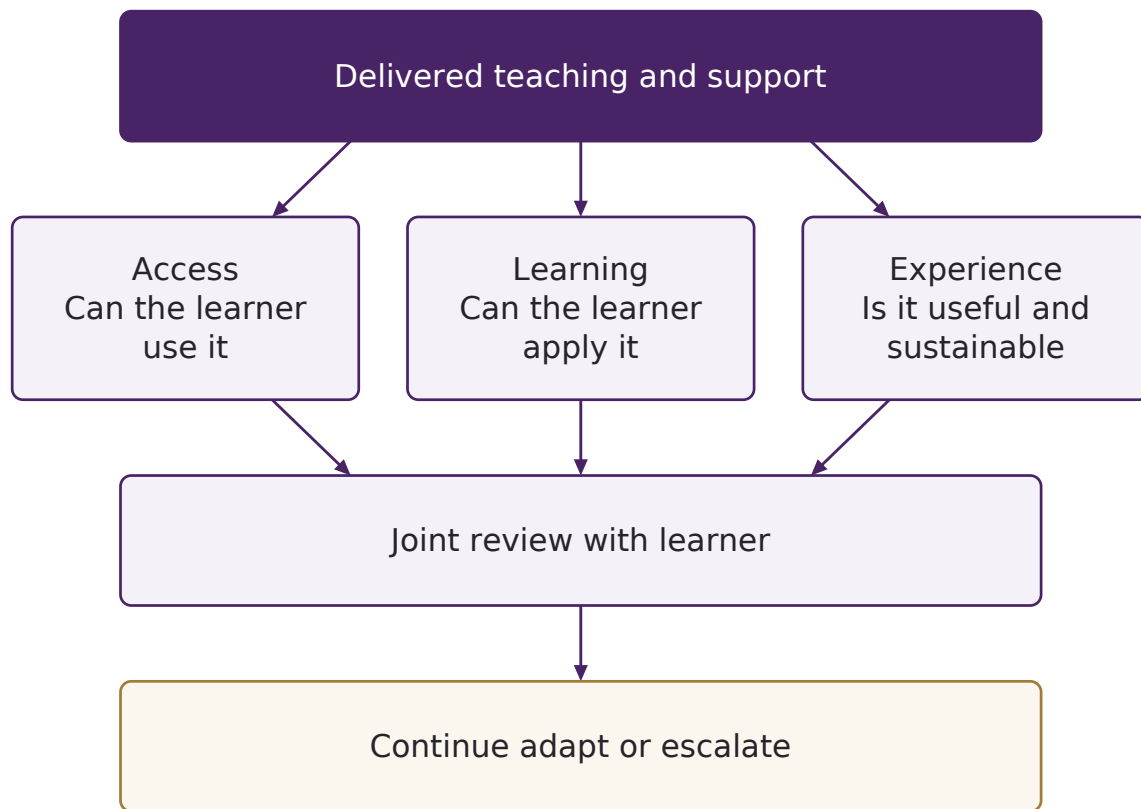


Figure 6.3 Three complementary questions about impact. Proposed KBC impact framework. Improved attainment alone can coexist with inaccessible processes or an unsustainable workload. Review access, learning and experience without collapsing them into one score.

Diagram reading guide. Delivered teaching and support is examined through three questions: whether the learner can use it, whether they can apply the intended learning, and whether it is useful and sustainable. These inform a joint review and a decision to continue, adapt or escalate support.

KBC's proposed monitoring combines access, learning and experience. Access asks whether the learner could use the resource and complete the required process. Learning asks whether they retained and applied the intended knowledge. Experience asks whether support was respectful, useful and sustainable. Completion rates alone can hide exhausted learners or unresolved barriers; satisfaction alone can hide weak learning.

Review a small sample of real journeys rather than only headline averages. Compare an initial work sample, the delivered adjustment, a later comparable task and the learner's account. Check whether an employer provided the agreed practice opportunity. If performance improved, ask whether the apprentice still needs the access adjustment and which teaching

supports can appropriately change. Improvement is not automatic evidence that the original need has disappeared.

For group analysis, consider context and uncertainty. A small gap between two tiny groups may fluctuate markedly. Avoid publishing identifiable subgroup tables. Look for repeated patterns across resources, cohorts and feedback, then investigate with learners. If one module repeatedly generates extension requests, inspect its scheduling and instructions before concluding that the learners are unusually disorganised.

The final handover to Chapter 7 is an actionable design contribution to the learner's plan: the barrier, the agreed change, its owner, the delivery date, what successful access and learning would look like, and the review decision. A strong plan reaches the classroom, workplace and assessment process; this chapter's job is to make those delivery commitments concrete.

Professional application task

Choose one compulsory KBC learning activity and reconstruct its complete learner journey. Identify its occupational purpose, map any unnecessary access demands and obtain a learner-informed account of a barrier. Produce a revised brief and one improved resource, then test them with a colleague using the acceptance criteria. Record both the access result and the learning evidence you will review after use.

Present the work to a curriculum lead and coach. Explain which change belongs in general course design, which needs individual agreement, and which would require external assessment approval if used in a formal component. Include one unresolved issue and a named action to address it. Completing this practical task alongside the chapter examination gives stronger evidence of staff capability than an examination score alone.

Chapter 6 examination

40 CASE-BASED QUESTIONS / SINGLE BEST ANSWER

Forty case based questions. Select one best answer for each case using only the information given. Record your answers before consulting the explanations at the back of the book.

6.01 A tutor replaces a project-delay evaluation with a terminology quiz for an apprentice who cannot read the supplied scanned case. The learner completes the quiz confidently. Which review judgement is best supported?

- A. The completed quiz establishes that the learner now meets the evaluation outcome because the terminology is a necessary foundation.
- B. The quiz can establish the evaluation outcome if the coach records that the learner preferred the revised assessment format.
- C. The original scanned case should be restored until a specialist confirms whether the learner has a recognised diagnosis.
- D. The adjustment improved access to a task but removed the intended evaluation demand; provide an accessible case and reassess that demand.

6.02 Two apprentices with ADHD request different resources. One wants a single page of prompts; the other finds prompts distracting and wants an uncluttered case. Their work is of similar quality. What should the team do?

- A. Ask both learners to complete a learning-style inventory and allocate resources according to the resulting categories.
- B. Select the prompt sheet for both because consistency allows the tutor to compare their performance more reliably.
- C. Agree and test the different routes against the same learning outcome, recording each barrier and the usefulness of the arrangement.
- D. Retain the existing material for both until a larger group of learners with ADHD can evaluate the alternatives.

6.03 A curriculum lead describes a redesigned module as proven effective because it uses all three UDL principles. Attendance has risen, but no learning evidence has been reviewed. Which conclusion is most defensible?

- A. Attendance is the most appropriate outcome because UDL concerns access and engagement rather than occupational learning.
- B. Using all three principles establishes effectiveness, while attendance provides a useful estimate of the size of the improvement.
- C. The module should return to its previous design until a randomised trial can isolate the effect of each principle.
- D. The design is a plausible improvement; examine specified changes, comparable learning evidence and learner experience before claiming effectiveness.

6.04 A tutor cites the 2026 Indonesian multiple-case study of 14 university lecturers to claim that one-off inclusion training never works in English apprenticeships. Which correction best respects the research?

- A. The study raises an implementation concern in its context; use it to inform follow-up support without making a universal causal claim.
- B. The claim is justified because the study was published recently and therefore supersedes older reviews of inclusion practice.
- C. The study establishes the claim only for degree apprenticeships, because universities and degree providers share academic expectations.
- D. The findings are unusable because any research outside England has no relevance to the design of staff development.

6.05 A learner can evaluate risk orally but repeatedly fails an unfamiliar online worksheet. The next lesson introduces both a new evaluation model and another new platform. What is the strongest curriculum response?

- A. Teach the platform separately using familiar content, then introduce the model and check whether remaining difficulty concerns the learning itself.
- B. Simplify the evaluation model so that the learner can devote more effort to mastering the new platform during assessment.
- C. Increase the number of required platform exercises and retain the original lesson sequence to maintain equal treatment.
- D. Ask the coach to complete the online worksheet while the learner explains the answer, making this the permanent course arrangement.

6.06 Three modules schedule substantial presentations in one week. Each tutor considers their own task reasonable. A learner with fatigue requests a series of extensions. What should happen alongside individual support?

- A. Require a separate medical explanation for each extension because the tasks belong to different curriculum owners.
- B. Keep all deadlines but lower the marking expectations on the last presentation to compensate for accumulated fatigue.
- C. Review the combined preparation and submission calendar with tutors and the employer, then adjust avoidable cumulative demand.
- D. Remove presentations from the learner's entire programme because repeated extensions indicate they are an unsuitable teaching method.

6.07 An assignment permits learners to select a workplace case. One route requires evaluating uncertain evidence; another requires listing definitions. The designer argues that choice makes both routes inclusive. What is the central defect?

- A. Learner-selected cases prevent any reliable comparison, so every apprentice must use an identical workplace example.
- B. The routes are appropriate if learners declare their selection before beginning and the coach records their preferred format.
- C. Definitions should replace evaluation across both routes because a common lower demand produces more equitable completion.
- D. The routes require different levels of learning; redesign the choices so they retain comparable intellectual and occupational demands.

6.08 A beautifully formatted Word brief passes the automated checker. A screen-reader user still cannot find the tasks because the apparent headings are manually enlarged body text. What is the best release decision?

- A. Release the PDF instead, as fixed page layouts preserve the visual headings more reliably than editable files.
- B. Ask the learner to use the search function while the designer considers heading changes for the next cohort.
- C. Release the brief because passing the checker provides a consistent organisational measure of document accessibility.
- D. Repair the document structure and retest the actual navigation task before requiring learners to use the brief.

6.09 An accessible Word workbook is exported to PDF. The PDF reads columns in the wrong order, but its pages look identical. A class starts tomorrow. Which response best manages access and repair?

- A. Keep the PDF as the required version and make the Word version available only after learners submit diagnostic evidence.
- B. Distribute the PDF with a note warning learners that automated reading software may misinterpret the layout.
- C. Cancel the learning activity until both formats can be certified as meeting every possible individual access requirement.
- D. Provide the usable Word version immediately, assign PDF remediation and test the exported copy before substituting it.

6.10 A chart question asks apprentices to identify which project is deteriorating fastest. The proposed long description states the correct project and explains why; the visual chart gives only the underlying data. What should the reviewer require?

- A. Keep the explanation because reasonable adjustments justify supplying additional interpretation to balance the reading burden.
- B. Remove the long description because providing text alongside any chart necessarily invalidates a visual interpretation task.
- C. Provide equivalent underlying information without supplying the assessed inference, and check the accessible version against the construct.
- D. Give the explanation to screen-reader users only during practice and assume the same version will be permitted in assessment.

6.11 A designer uses red and green cells to show whether spending exceeds a limit. The figures remain visible, but the task asks learners to locate all exceptions quickly. What is the strongest improvement?

- A. Add clear textual or symbolic status labels with an explanation, retain usable values and test how exceptions can be identified.
- B. Use brighter red and green shades because stronger colour distinction resolves the principal source of ambiguity.
- C. Explain the colour code once in the live lesson and retain the spreadsheet for independent work afterwards.
- D. Remove all status information so that every learner must independently recalculate the status before completing the actual task.

6.12 A learner using a keyboard can enter an LMS form but cannot reach its final submit button. Support suggests that their coach click it remotely. Which permanent action is best?

- A. Repair and retest the keyboard submission journey, while providing a secure usable interim route and confirmation of receipt.
- B. Replace all digital assignments with paper submissions for the learner to avoid further interface complexity.
- C. Record remote clicking as the standard adjustment, since it achieves the same final submission outcome.
- D. Extend every deadline for the learner so that remote support can be scheduled without affecting other learners.

6.13 A monthly form times out after a learner pauses to manage fatigue. Their draft is deleted and the page says only 'Error'. Which change most directly addresses the combined barrier?

- A. Add a prominent warning about the timeout and treat any subsequent lost draft as failure to follow instructions.
- B. Provide a reliable save-and-resume process and specific recovery information, then test an interrupted draft through to submission.
- C. Tell learners to prepare all answers elsewhere and paste them in quickly, making the time limit an expected study skill.
- D. Allow the coach to submit a summary from the last meeting whenever a learner reports losing a draft.

6.14 A prerecorded tutorial has accurate captions but the speaker says only 'move this here' while changing critical schedule dependencies. A blind apprentice cannot follow the method. What is missing?

- A. A faster caption display so that the learner's assistive technology can keep pace with the screen changes.
- B. A verbatim transcript of the existing soundtrack, because transcription alone always communicates the entire tutorial.
- C. A larger video player so that the same dependency changes can be inspected in greater visual detail.
- D. An accessible explanation of the essential visual actions, integrated into narration or another equivalent description.

6.15 Automatic captions convert 'do not approve the change' into 'approve the change'. The video is otherwise accurate and caption confidence is rated highly. Who should resolve the release decision?

- A. The responsible tutor and designer, correcting the meaning and checking the final media before compulsory use.
- B. The coach after release, by asking learners whether the caption created a practical misunderstanding.
- C. The curriculum lead, by removing all captions and requiring learners to rely on the correct soundtrack.
- D. The software supplier, because a high-confidence caption is outside the tutor's responsibility for subject content.

6.16 A learner watches recordings at normal speed and uses transcripts. A tutor instructs them to use double speed to catch up, citing efficient learning. What is the best coaching response?

- A. Require slower playback for every learner because accelerated recordings necessarily prevent meaningful occupational learning.
- B. Count each recording's published duration as completed learning regardless of whether the learner understood or used the content.
- C. Review the catch-up workload and understanding, retain workable playback choices and plan learning using evidence rather than speed assumptions.
- D. Agree, because playback efficiency is more important than learner preference where the programme deadline is close.

6.17 A two-hour session includes a ten-minute break, but the tutor answers new substantive questions throughout it and assesses that content later. Which change best restores the intended inclusion design?

- A. Remove the break and end ten minutes earlier so that every participant hears the same continuous instruction.
- B. Keep the arrangement but tell learners taking the break that they must obtain the answers from classmates.
- C. Protect the break from new required teaching and bring necessary explanations into a shared accessible teaching segment afterwards.
- D. Record the break discussion and regard the recording as a sufficient adjustment for anyone unable to remain online.

6.18 A camera-off learner submits thoughtful task responses and answers through audio. Another learner keeps their camera on but cannot explain the lesson. What is the best tutor judgement?

- A. Use their contributions and understanding to judge learning, investigate any gaps and avoid treating camera status as a reliable proxy.
- B. The first learner is less engaged because visible presence remains the clearest evidence of participation in online teaching.
- C. Require the first learner to switch on the camera before evaluating the quality of their submitted task responses.
- D. Award both learners equal understanding because attendance and completion of the scheduled session are the common measurable facts.

6.19 A learner has an agreed camera-off route in ordinary classes. Their assessment organisation proposes a visual identity check. The coach promised the camera would never be needed. What is the best corrective action?

- A. Withdraw the learner's classroom adjustment immediately so that they become accustomed to the assessment requirement.
- B. Ask another person to complete the identity check while the learner remains off camera, preserving the existing support commitment.
- C. Explain the distinct requirement, correct the earlier promise and seek a suitable approved identity arrangement through the organisation's process.
- D. Tell the organisation that all classroom adjustments automatically bind the assessor because they are the learner's normal practice.

6.20 A tutor always assigns a disabled apprentice the note-taking role because group presentations cause anxiety. The programme requires stakeholder communication and the apprentice wants to improve. What is the best plan?

- A. Continue the protected role throughout the programme because changing it would conflict with the learner's established support arrangement.
- B. Require an unannounced group presentation to distinguish an access barrier from a lack of willingness to participate.
- C. Exclude stakeholder communication from the learner's development targets while retaining the programme's other requirements.
- D. Agree a supported progression towards the relevant communication skill, review its effects and obtain specialist input where needed.

6.21 An apprentice now evaluates unfamiliar cases independently while using a screen reader and an optional planning outline. The tutor wants to fade all support. Which distinction should guide the review?

- A. Neither tool should ever change because every arrangement first recorded in an action plan becomes permanently necessary.
- B. The outline may be a teaching scaffold to review; the screen reader remains an access tool whose removal is not implied by improved learning.
- C. The screen reader should be removed first because it supplies information, while the outline merely structures the learner's own thinking.
- D. Both tools should be removed together because independent competence means completing the task without external support.

6.22 A learner reproduces a worked recommendation accurately but gives the same recommendation when a crucial fact changes. What is the most useful next teaching step?

- A. Provide a longer model answer to memorise so the learner has enough detail to address a broader range of questions.
- B. Move to formal assessment because accurate reproduction demonstrates secure understanding of the model taught.
- C. Use a carefully varied case, probe why the decision should change and reteach the underlying relationship where needed.
- D. Reduce the curriculum outcome to recognising a correct recommendation because transfer is too demanding at this stage.

6.23 A tutor introduces public timed leaderboards to implement retrieval practice. Learners with processing difficulties stop answering, although they perform well when given thinking time. Which revision best preserves the learning mechanism?

- A. Use supported private recall with thinking time and corrective feedback, returning to the knowledge in subsequent applied tasks.
- B. Keep the leaderboard but award participation points for attempting, since public competition is necessary for retrieval benefits.
- C. Publish the questions with correct answers before asking them so that every learner can respond at the same speed.
- D. Abandon recall questions and use repeated rereading because retrieval cannot be made accessible to this group.

6.24 An assignment says 'reflect as usual' and links to six resources. The rubric later rewards comparison and evaluation. Several learners provide descriptions. Which response is fairest and most educationally useful?

- A. Ask coaches to explain expectations individually but retain the same brief for future cohorts to maintain comparability.
- B. Review and clarify the brief, give a proportionate opportunity to address the communication failure and retain the intended learning criteria.
- C. Raise the marks for all descriptive answers so that the unclear brief cannot disadvantage the cohort.
- D. Apply the rubric without change because learners should infer assessment demands from the programme level.

6.25 The monthly brief lists a suggested six-hour effort estimate. A learner completes useful work in four hours; another spends nine. What should the coach record about learning time?

- A. Use the uploaded file's length to calculate hours automatically and apply the same conversion across all programme tasks.
- B. Use an accurate account of the relevant activity and applicable rules; the brief's estimate does not itself establish completed learning hours.
- C. Record nine hours for both because the higher value demonstrates that the task can reasonably require that amount of study.
- D. Record six hours for each because a published estimate creates the fairest consistent basis for the monthly report.

6.26 A learner receives 25 marginal comments and a two-minute audio message without a transcript. They agree politely but cannot identify the required revision. What should the tutor do next?

- A. Agree an accessible prioritised action list, check the learner's understanding and provide an opportunity to apply the feedback.
- B. Repeat the audio message more slowly and ask the learner to listen until they can identify the priorities independently.
- C. Reduce the assessment criteria to the first two comments so that the learner has a realistic chance of completing the task.
- D. Ask the coach to rewrite the assignment using the comments, then use the revised work as evidence of the learner's progress.

6.27 A formal assessment measures responses to stakeholder questions. A learner requests replacing the entire interaction with a previously written script. What should the provider establish first?

- A. Whether the coach has already used scripts in teaching, since classroom use determines formal assessment permission.
- B. Whether other disabled learners receive the same script option, as consistent allocation is the main validity requirement.
- C. The precise assessed construct and barrier, then seek an effective arrangement that the responsible organisation can approve.
- D. Whether the script reaches the required word count, because equivalent effort establishes an appropriate adjustment.

6.28 A coach routinely recommends 25 percent extra time for every disabled apprentice. A learner with fatigue says longer assessments make performance worse. What is the best response?

- A. Retain the percentage because a standard allowance is easier for assessors to apply consistently across disabilities.
- B. Offer 50 percent extra time so that the learner can work more slowly and offset the additional fatigue.
- C. Remove all timing adjustments because the learner's experience shows that extra time is unsuitable for disabled candidates.
- D. Investigate the specific timing barrier and consider alternatives such as permitted breaks through the assessment organisation's evidence and approval process.

6.29 An assessor refuses an adjustment request with a brief email. The learner has used the arrangement successfully in class. Which provider response best combines support and accountability?

- A. Use the classroom arrangement during the formal assessment without disclosure because it is already documented in the action plan.
- B. Seek the reasons and relevant policy, explore an effective permitted alternative and explain the review or appeal route to the learner.
- C. Accept the refusal as final and remove the arrangement from teaching so that expectations remain consistent.
- D. Tell the learner that the refusal establishes they cannot complete the occupational standard with reasonable support.

6.30 A provider sees a new government page describing assessment during apprenticeships and plans to apply it immediately to every current learner. What control is missing?

- A. A tutor preference survey establishing whether continuous assessment would reduce marking pressure across the organisation.
- B. An employer declaration that the new approach is more efficient, which automatically authorises movement between plan versions.
- C. A learner-specific check of standard and assessment-plan version, transition permissions and the responsible assessment organisation's arrangements.
- D. A retrospective revision of all learning records so the existing programme appears to have followed the new arrangements from the start.

6.31 A tutor identifies an immediate access problem. Compliance has not yet established whether the additional support meets funding conditions. Which decision best separates the responsibilities?

- A. Address the access need appropriately while compliance separately checks the applicable claim conditions and evidence requirements.
- B. Delay all support until funding is confirmed because an unfunded adjustment cannot form part of apprenticeship delivery.
- C. Ask the learner to pay initially and treat reimbursement as dependent on whether the adjustment improves their final grade.
- D. Record all planned support as fundable now and ask compliance to correct any unsupported claims at year end.

6.32 A designer removes names from a learner's detailed disability history and pastes it into an unapproved AI service to generate a support brief. Why is the action still problematic?

- A. Anonymisation is automatically complete once direct names are removed, but generated support plans still require a tutor signature.
- B. The narrative may remain identifiable and sensitive; tool approval and lawful processing require assessment beyond deleting names.
- C. The only concern is that generated wording may use American English rather than the organisation's preferred British English.
- D. Removing names prevents any useful analysis, so the tool should receive the full record to produce accurate advice.

6.33 An AI-generated feedback draft says a learner's numerical analysis is strong. The tutor has not checked the calculation, and the displayed total seems inconsistent. What is the correct next step?

- A. Send the feedback with an AI-use declaration because transparency transfers the accuracy decision to the learner.
- B. Verify the statement and calculation against the actual work, correct the feedback and retain human responsibility for the judgement.
- C. Use the generated judgement if its tone is supportive, then investigate accuracy only if the learner disputes the mark.
- D. Ask the AI to confirm its confidence and accept the statement if the tool reports a high probability of correctness.

6.34 An apprentice using speech-to-text produces more fluent work than previously. An AI detector flags the assignment. Which response best protects integrity and inclusion?

- A. Ignore the concern entirely because any learner with an access arrangement is exempt from the programme's integrity requirements.
- B. Use a fair evidence-led enquiry, clarify permitted tools and authorship, and avoid determining misconduct from the detector score alone.
- C. Treat the detector as conclusive because assistive software explains fluency but cannot explain an automated authorship warning.
- D. Remove speech-to-text from future tasks until the learner can reproduce the same fluent writing without assistive technology.

6.35 A release checklist is complete, but the test learner account cannot access the compulsory resource. The administrator account works. How should the defect be treated?

- A. Treat the learner journey as blocked, repair the permissions or supply a tested equivalent, then verify from the appropriate account.
- B. Close it because administrator access proves that the file itself is available and the learner can request it if needed.
- C. Publish the administrator credentials temporarily so learners can access the resource while permissions are investigated.
- D. Remove the resource from the learner account and assume the tutor's live explanation will meet the original preparation requirement.

6.36 A designer changes a setting after an inaccessible upload button is reported and closes the ticket. The learner still cannot submit. What is the strongest quality improvement?

- A. Record the setting change as a reasonable adjustment and retain the original submission deadline to preserve equal expectations.
- B. Define closure by a successful tested submission journey, with an interim route and a fair response to any affected deadline.
- C. Measure the team's response time only, since resolution depends partly on the learner's equipment and cannot be verified.
- D. Ask the learner to reopen the same ticket after each failed attempt so the design team's completed work remains accurately counted.

6.37 A manager presents 100 completed support plans as evidence that inclusion must meet Ofsted's highest standard. Learners report that several agreed adjustments never reached teaching. Which response is most appropriate?

- A. Count the plans as sufficient evidence because inspectors judge documented intentions separately from classroom delivery.
- B. Rewrite the plans in the inspection toolkit's terminology so that the existing evidence aligns more closely with the grading language.
- C. Remove plans with unsuccessful adjustments from the inspection sample because the remaining examples better represent the provider's intentions.
- D. Review implementation and impact across real learner journeys; completed paperwork alone cannot establish effective inclusion or an inspection grade.

6.38 A learner's results improve after an accessible resource is introduced, but they report spending unsustainable extra hours compensating for a broken submission system. What does the review need?

- A. A decision to withdraw the resource adjustment, because improved outcomes show that the learner no longer requires accessible material.
- B. A satisfaction score averaged with attainment, so that a single composite number can determine whether support should continue.
- C. Only attainment evidence, because improved results demonstrate that all important inclusion barriers have been addressed.
- D. Access, learning and experience evidence together, including the unresolved system barrier and the sustainability of the workload.

6.39 One programme reports lower completion for three learners in a small disability subgroup than for the rest of the cohort. The manager wants to publish the subgroup table and name the weakest coach. What is the best analytical response?

- A. Discard the finding because a subgroup of three is too small to justify any investigation of learner experience.
- B. Publish the comparison because small groups reveal individual accountability more clearly than aggregate data.
- C. Protect confidentiality, recognise uncertainty and examine individual journeys and repeated patterns before drawing a causal conclusion.
- D. Treat the difference as proof that the programme is inaccessible and remove the coach from all supported learners immediately.

6.40 After redesign, a learner navigates resources successfully but still cannot evaluate evidence. The coach proposes repeating the original accessibility repair as the entire next action plan. What is the strongest revision?

- A. Replace the evaluation outcome with navigation competence because the redesign has already demonstrated meaningful progress.
- B. Retain effective access, investigate the conceptual or practice gap and assign targeted teaching with a clear learning review point.
- C. Record the learner as disengaged because the access problem has been solved and no further barrier should remain.
- D. Withdraw the accessible resources so the tutor can determine whether the learner's content difficulty is truly independent of support.

The art and science of individual inclusion action plans

Translate understanding into clear actions, accountable delivery and useful review.



IN THIS CHAPTER

- Co-produced outcomes and practical action
- Ownership, recording and information boundaries
- Implementation, impact, escalation and closure

What this chapter enables you to do

An inclusion action plan translates a learner's experience into changes that people actually deliver. Its quality is demonstrated when an apprentice can access learning, develop occupational competence and exercise greater control over their participation. A completed form is evidence that planning occurred; it is not evidence that the barrier disappeared.

By the end of this chapter, staff should be able to conduct a sensitive planning conversation, describe functional barriers without diagnosing, allocate responsibilities across the apprenticeship partnership, select proportionate adjustments, evaluate implementation and outcomes, and manage transitions. They should also distinguish educational support, workplace adjustments, safeguarding, assessment approval and funding evidence. These overlap, but none substitutes for the others.

All workflows, service targets, templates and scenarios in this chapter are original proposals for KBC adoption and adaptation. They are not descriptions of an already approved KBC policy. All learners, employers, numbers and review results in the worked cases are fictional. The legal and inspection foundations are covered in Chapter 1; this chapter applies them to everyday practice. The operational apprenticeship funding guidance is for England. Other UK nations have different funding, inspection and some legislative arrangements.

The plan is a shared practical agreement

The coach coordinates the plan; the learner is its co-author. Neither should carry responsibility for everybody else's implementation. An apprentice cannot personally repair an inaccessible learning platform, guarantee paid training time or authorise an assessment adjustment. A plan that gives the learner ten actions and the organisation none usually describes compliance expectations rather than inclusion.

Start with two questions: what is the learner trying to achieve, and what prevents meaningful access to that opportunity? Replace statements such as "poor motivation" with observations: the apprentice produces accurate analyses in conversation but has not submitted two written reports after receiving lengthy, changing instructions. Several explanations remain possible: unfamiliar vocabulary, inaccessible documents, caring interruptions, distress, executive function demands, insufficient teaching or unclear assessment criteria. The coach investigates with the learner instead of choosing a diagnosis from behaviour.

Reasonable adjustments address disability-related disadvantage. Wider inclusion support also addresses poverty, racism, caring responsibilities, digital exclusion and other barriers. These circumstances are not themselves all disabilities. A single coordinated plan can cover both types of support, while clearly identifying the relevant responsibilities and funding route. Do not make a learner adopt a medical label to receive ordinary educational help.

The Equality Act adjustment duty includes different kinds of barriers, including practices, physical features and auxiliary aids, where the relevant provisions apply. Costs of adjustments required by the duty must not be passed to the disabled person. The exact duty depends on the organisation and activity concerned. Use Chapter 1 and the applicable legal provisions for borderline decisions.¹³³

A six-stage planning cycle

KBC can use six stages: listen, formulate, agree, deliver, evaluate and transfer. They form a cycle rather than a one-off enrolment event. A newly introduced assessment platform, a change of manager or a fluctuating condition can require a return to formulation. A safety concern can require immediate action at any stage.

Listening identifies the apprentice's priorities, strengths, preferences and experience of barriers. Formulation describes how a particular environment or task interacts with a particular need. Agreement selects outcomes, responsibilities and review arrangements. Delivery makes the changes operational and checks that they arrived. Evaluation distinguishes failed implementation from an ineffective adjustment. Transfer maintains useful support when people, modules, employers or assessment arrangements change.

The approach is deliberately small enough to remember. It is not a validated clinical model and should not be presented as one. Its scientific element is the disciplined use of observable information, plausible mechanisms, alternative explanations and review. Its artistic element is judgement about timing, language, trust and the learner's circumstances. Neither permits a coach to practise therapy or make medical decisions.

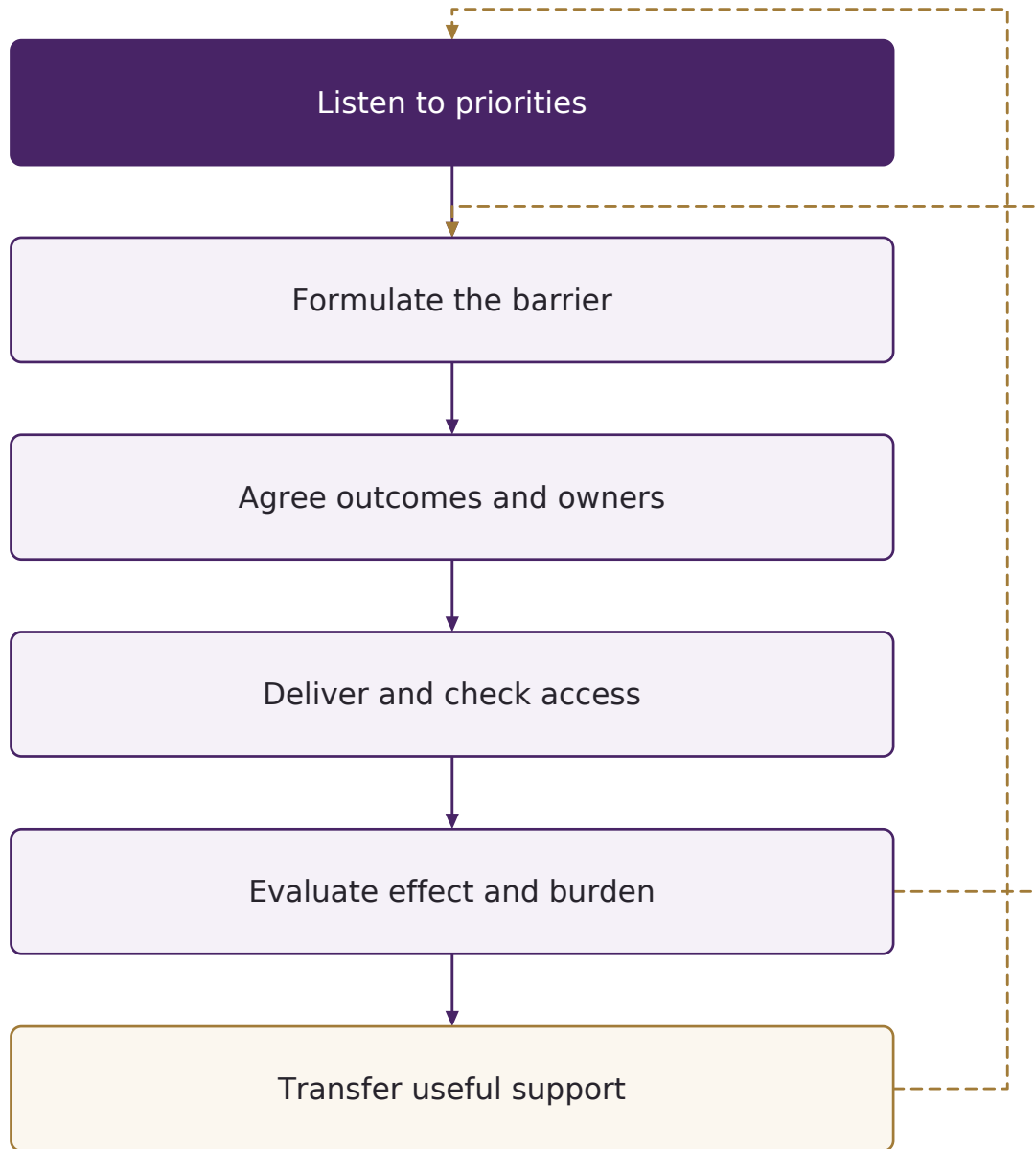


Figure 7.1 The KBC inclusion planning cycle. Original proposed KBC synthesis. Review can return directly to formulation when an adjustment fails or circumstances change. Urgent safety action can interrupt any stage.

Diagram reading guide. Six stages progress from listening through barrier formulation, agreement, delivery, evaluation and transfer. Evaluation loops back to formulation; transfer initiates renewed listening.

Plan readiness before the conversation

Read existing authorised information once and identify what remains unknown. Invite the apprentice to bring an existing support passport or explain previous adjustments, without making historical documents a condition of discussion. Ask how they prefer to meet and receive the agenda. Offer a private setting, breaks, written responses, accessible documents and a trusted supporter if desired. Check that a supporter is there by the learner's choice and does not answer over them.

Send a short agenda explaining the purpose, anticipated length and broad information-sharing approach. Do not put a diagnosis in the calendar subject. If the employer will attend, first offer the apprentice a private conversation. An employer may be essential to implementing paid training time or changing work tasks, but their presence can prevent disclosure of harassment, financial pressure or health concerns.

Prepare examples of the actual learning tasks: a brief, platform screen, timetable or assessment rubric. Abstract questions such as "Do you need support?" are difficult to answer. Asking someone to show where the upload process becomes confusing often produces useful information quickly. Arrange temporary access measures while a more detailed assessment is being organised.

An accessible meeting script

Open with: "We are planning how your learning and work can be accessible. You do not have to tell me your full medical or personal history. What would you most like to become easier?" Explain the coach's role, the limits of confidentiality and the process for urgent safety concerns in plain language.

Explore strengths next: "When has this task gone well? What helped? What do you already do that you want us to preserve?" Then examine one recent episode: "What were you asked to do? What information did you receive? Where did it become difficult? What happened afterwards?" Separate the apprentice's account, available records and the coach's hypothesis.

Ask permission before discussing sensitive territory: "Would it be useful to talk about whether timing, costs or caring responsibilities affect this? You can answer only what is relevant." Avoid questions about trauma details, medication compliance or family diagnoses unless a qualified service has established a specific necessity outside ordinary coaching.

Offer a small number of realistic options and invite alternatives. Ask: "Which option feels workable? Could it create another difficulty? Who needs to know what to make it happen?" Finish with teach-back framed as a check on communication: "To check I have explained this clearly, what happens next, and what will you do if it has not happened?" Read back the record, correct misunderstandings and provide an accessible copy.

Formulating barriers without reducing the person to a label

A useful formulation has five elements: the learning or work demand, the current barrier, its functional effect, the learner's strengths and a testable explanation of how an adjustment might help. For example: "During multi-step practical demonstrations, spoken instructions disappear before Priya can consult them. She accurately performs individual steps when given a numbered checklist. Providing the checklist before practice should reduce the need to remember the whole sequence while operating the software."

This formulation avoids assuming that every difficulty comes from a disclosed condition. It also avoids pretending that a checklist cures that condition. The intended effect is narrower and observable. If the checklist fails, the team can investigate its length, language, timing or compatibility with the task before deciding that support is unnecessary.

Record uncertainty explicitly. "Learner reports difficulty sustaining concentration during afternoon sessions; causes not established" is preferable to "ADHD causes poor attendance" where no assessment supports that conclusion. Immediate educational adjustments need not wait for a medical diagnosis. Formal assessment and funding claims nevertheless require the evidence specified by their own rules.

The current government learning-support guidance allows evidence-based assessment of previously unidentified or self-declared needs. It requires more than an automated assessment alone and connects support to ability to complete the apprenticeship. Written learner agreement, delivery evidence and review are required for funded support. The guidance specifies an initial review one month after implementation and review of continuing need at least every three months.¹³⁴

Establishing a fair baseline

A baseline is the starting position against which change will be considered. Use information already available where possible: two comparable work samples, the learner's account, records of whether materials arrived accessibly or the number of planned learning opportunities actually available. Avoid withholding adjustments merely to collect a cleaner baseline.

Record the conditions under which performance occurred. A report completed at midnight without paid training time is not equivalent to the same task completed in a quiet, protected learning slot. A score without context can misrepresent competence. Prefer "two of four planned workplace observations occurred because the supervisor cancelled two" to "learner engagement 50 per cent".

Use manageable measures. One access measure, one learning measure and one learner-experience question are often enough for a short trial. For example: accessible brief available two working days beforehand; correct interpretation of three required concepts;

learner judgement of whether the preparation demand is manageable. A personal rating is optional, has no diagnostic status and should never be used alone to judge progress.

Do not turn distress reduction into a performance obligation. An apprentice may become more confident but still require captions, rest breaks or predictable instructions. Independence means exercising agency and demonstrating competence with appropriate tools; it does not mean doing everything without support.

Outcomes that are specific and humane

SMART outcomes are specific, measurable, achievable, relevant and time-bound. Their usefulness depends on choosing the right object of measurement. "Become confident within four weeks" is neither well specified nor fully under the learner's control. "By the fourth supported practice, explain two project risks and respond to one clarification question using an agreed prompt card" defines a meaningful educational outcome.

Separate the outcome from the action. "Tutor sends notes" is an action. "Apprentice can locate the three required assessment criteria without additional help" is an access outcome. "Apprentice independently justifies the selected option against those criteria" is a competence outcome. A plan can include all three, but should not report the first as proof of the last.

Agree a review period that offers enough relevant learning opportunities. A two-week review may be suitable for a broken captioning arrangement but insufficient to assess progress in a monthly workplace presentation. Set a delivery check earlier than the outcome review. Specify what happens if too few opportunities occur: revise the evidence window and address the missing opportunities, rather than calling the learner unsuccessful.

Keep ambition. Adjusting access does not mean removing demanding analysis, professional judgement or essential occupational performance. EHRC guidance distinguishes competence standards from the processes used to assess them; assessment processes may need adjustment even where a genuine competence standard remains. The relevant assessment organisation must confirm regulated arrangements. A tutor should not promise that a classroom practice method will automatically be permitted in final assessment.¹³⁵

Writing the adjustment and its rationale

Describe who changes what, in which setting, by when, for how long and with what contingency. "Extra support as required" leaves everybody guessing. "Tutor publishes the numbered brief and worked example in the agreed accessible format two working days before each of the next four seminars; if the platform is unavailable, the tutor sends the same files through the approved alternative channel" is deliverable.

Add a short mechanism statement: "This makes instructions available for rereading and separates understanding the task from remembering spoken directions." Explain why the learner prefers it and any relevant evidence. Avoid presenting a diagnosis-specific menu as a

prescription. Two apprentices with the same diagnosis may need different arrangements, while learners with different diagnoses may benefit from the same change.

Consider burden and unintended effects. A daily progress email may create more administration than the original task. Recording every session may raise privacy concerns or produce hours of inaccessible material. A separate room may help concentration but increase stigma or isolation. Ask whether the adjustment creates new costs, dependence, fatigue or exclusion, and agree how to monitor those effects.

Research on educational feedback reports considerable variation in effectiveness, with information content influencing outcomes. This supports choosing feedback that explains the task and next step rather than assuming that more praise or more comments always helps. It does not validate a particular KBC support plan or guarantee an individual outcome.¹³⁶

Accountability across the apprenticeship partnership

The following allocation is a proposed KBC responsibility model. R means responsible for doing the work; A means accountable for ensuring the decision or activity is completed; C means consulted; I means informed to the minimum necessary extent. The learner remains a co-author, not an employee responsible for organisational compliance. Each activity needs one clearly identified accountable role, even if several people contribute.

Activity	Accountable role	Responsible role	Consulted roles	Completion evidence
Coordinate individual plan	Inclusion lead or designated manager	Coach	Learner and relevant specialists	Agreed plan and delivery schedule
Adapt teaching and feedback	Programme lead	Tutor	Learner and coach	Accessible resources and practice evidence
Redesign recurring curriculum barrier	Curriculum lead	Curriculum team	Tutors designers and learner representatives	Revised sequence and evaluation
Repair resource or platform access	Design or digital lead	Designer or authorised IT staff	Learner and accessibility specialist	Tested resource or resolved issue
Provide workplace adjustments	Employer decision maker	Line manager and relevant services	Apprentice coach and occupational health if needed	Implemented workplace arrangement

Activity	Accountable role	Responsible role	Consulted roles	Completion evidence
Decide external assessment arrangements	Assessment organisation authorised role	Assessment coordinator submitting request	Learner coach and programme lead	Written approval and tested arrangements
Validate learning support claim	Compliance lead	Funding administrator with support evidence	Coach and finance	Eligibility and delivery evidence
Respond to safeguarding concern	Designated safeguarding lead	Person receiving concern and allocated responders	Relevant services as necessary	Restricted safeguarding record

The coach should obtain acceptance from each action owner. Merely naming IT, HR or an employer does not allocate capacity. If an owner cannot deliver, the accountable manager identifies another route and records the interim arrangement. Escalating organisational failure is part of competent coaching.

Teacher and curriculum responsibilities differ. A teacher can improve tomorrow's explanation; the curriculum team can remove a repeated overload caused by several assignments converging on one date. A designer can fix a document structure; the programme lead must ensure that future documents use that structure. The individual plan should therefore generate a separate improvement action when several learners encounter the same avoidable barrier.

Recent workplace research reinforces the importance of managerial and organisational conditions. Koldas and colleagues' 2025 review included substantial UK evidence but found no experimental intervention studies among its included papers and did not assess study quality. Its findings support paying attention to systems and relationships, while limiting causal claims about particular adjustments.¹³⁷

Managing the information properly

Collect enough information to implement support and meet legitimate evidence requirements. Do not collect a medical autobiography. An operational support passport might say "provide written questions and allow reading time" while a restricted record explains the assessed need. The existence of an adjustment can itself reveal health information, so removing a diagnosis does not automatically make the record non-sensitive.

There are three separate questions. Has the learner agreed to the support arrangement? What information-sharing preferences have been discussed? What legal authority permits the

organisation to process and share the data? A signature answering the first question does not automatically answer the others.

For special-category information, such as health data, the organisation must identify an Article 6 lawful basis and an Article 9 condition, plus any required Data Protection Act Schedule 1 condition and safeguards. An appropriate policy document is required for some conditions. The data protection lead should determine and document these arrangements for each purpose; an ordinary coach should not choose "consent" merely because a form contains a tick box.¹³⁸

Consent must be meaningful where it is relied on. Employment and educational power relationships can affect whether it is freely given. Explain what can still be provided if the learner declines a proposed disclosure. Discuss a narrower alternative, such as sharing the timing adjustment without a diagnosis. Do not promise absolute secrecy where necessary lawful safeguarding disclosure may be required. ICO guidance recognises that appropriate health-information sharing can occur, including in urgent safeguarding situations, but necessity and safeguards remain relevant.¹³⁹

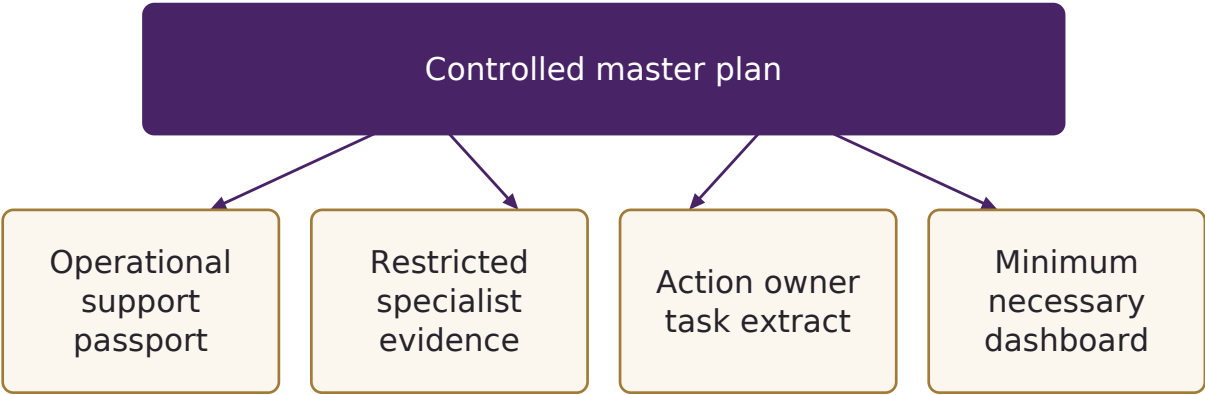


Figure 7.2 Separate the information by purpose. Original proposed KBC information architecture. Each record needs lawful processing, appropriate access controls and a justified retention arrangement. A diagnosis-free extract may still reveal sensitive information.

Diagram reading guide. A controlled master inclusion plan supplies a short support passport, restricted specialist evidence, relevant action extracts and a minimal management dashboard, with access tailored to each purpose.

Access, retention and reporting

Maintain one controlled master plan with a version number, named coordinator, agreement date and next review date. Share task-specific extracts with action owners. Store specialist evidence and safeguarding material under appropriate restrictions. Ensure approved systems use access controls, and remove access when staff change roles. Avoid downloading entire case records into personal folders or putting diagnoses in email subjects.

Record the applicable retention schedule and the reason for it. Funding evidence may require retention for specified periods under the relevant agreement, while other information may no longer be necessary. Do not invent a universal period or promise immediate deletion of every record. The data protection and compliance leads should reconcile contractual retention, legal requirements, security and data minimisation. Explain how the learner can request correction or exercise other data rights.

Write records as if the learner will read them. Distinguish fact, reported experience, professional judgement and decision. "Learner reports three race-related remarks by a colleague; not yet investigated" preserves the concern without making an unsupported finding. "Learner is oversensitive" is neither evidence nor a respectful formulation.

A brief reporting example is: "Plan version 3 reviewed with learner on 14 October. Tutor delivered accessible briefs for all four scheduled sessions. Learner completed three of four target analyses; fourth session cancelled by employer. Learner reports reduced preparation burden. Continue briefs; employer to protect replacement learning opportunity by 21 October. Next outcome review 11 November." Diagnostic details add nothing to this operational report.

Funding is a separate decision from the need for support

Record the apprentice's start date, programme and applicable funding rules before considering a claim. The 2026 to 2027 rules apply to starts from 1 August 2026 to 31 July 2027; earlier starts follow their applicable rules. The current rules are published by DWP, and the publication page explicitly directs providers to the rules for each apprentice's start date.¹⁴⁰

For the plan, classify each action by purpose: accessible core teaching, disability-related learning support, workplace adjustment, wider practical inclusion support or external assessment arrangement. This classification assists the responsible teams but must not delay urgent reasonable steps. The same learner may require all five. Poverty-related travel support must not be relabelled as disability-related learning support merely to obtain funding.

The current learning-support guidance distinguishes support for learning from workplace adjustments and excludes claims where no additional cost is incurred. It also distinguishes apprenticeship funding from apprenticeship-unit arrangements. Use the current guidance and evidence requirements before claiming; an active plan or diagnosis alone does not establish entitlement.¹⁴¹

Employer responsibility for reasonable adjustments is not transferred to KBC by writing it in a plan. Access to Work may provide eligible workplace support, but does not fund adjustments the employer is legally required to make. A pending application is therefore not a general reason to postpone the employer's own duty. Confirm eligibility and arrangements through the current service.¹⁴²

The evidence handed to compliance

Before any disability learning support claim is submitted, the coach should hand over an organised evidence set: the assessed need; the likely impact on apprenticeship completion without the adjustment; the written plan agreed with the learner; what support was actually delivered in each claimed month; relevant cost evidence; and the dated review record. The compliance team validates the claim against the applicable rules and reporting requirements. Where support is no longer needed or delivered, the claim must cease and the ILR must be updated as required.¹⁴³

KBC should maintain a short delivery log linked to the plan rather than repeatedly copying sensitive background information. Each entry should identify the date, action, staff member or resource, the actual support provided, the evidence location and any implementation problem. The coach confirms the educational facts; the funding administrator confirms the eligibility and reporting decision. A flexible window for evaluating an educational outcome must never postpone a mandatory funded support review date.

Three complete worked plans

Case A: ADHD, anxiety and caring responsibilities

Fictional apprentice Leila is studying a Level 4 project programme while caring for her father. She reports ADHD and anxiety, has strong verbal analysis skills and uses a personal calendar effectively when dates remain stable. In the previous four weeks she submitted one of three planned written tasks. Two briefing documents changed after release, and two protected training periods were interrupted by work requests. She reports that unexpected requests to speak on camera increase her preparation time and worry. The plan does not assume that ADHD explains every missed task.

Leila's priority is to complete useful learning within agreed paid time and explain project decisions without being surprised publicly. She agrees that her tutor can know the functional adjustments. She wishes the employer to receive the protected-time and scheduling arrangements without diagnostic information. The coach explains that practical delivery may require limited further discussion and records the agreed information boundaries.

Outcome one is that, by the end of six weeks, Leila completes three comparable project analyses to the existing rubric using an agreed outline, with no requirement for routine evening catch-up. The baseline is one completed analysis from three opportunities, with the noted delivery problems. Outcome two is participation in four scheduled discussions through a preselected route, including at least one agreed spoken explanation. Camera use is not itself the outcome.

The tutor will release a stable numbered brief and rubric two working days before teaching, beginning next week. Changes will be highlighted once in the same location. This reduces task uncertainty and the effort of comparing documents. The curriculum lead will check assignment

sequencing within five working days so that missed work is prioritised rather than simply added to the next deadline. The designer will provide an accessible outline with headings and a short completion checklist before the next assignment opens.

The coach will run two short task-start sessions during the first fortnight, using one real assignment to practise identifying the first action and scheduling two manageable work blocks. Leila will choose whether to continue them. The rationale is practical task organisation, not treatment of ADHD. The employer will confirm protected learning periods and a named cover arrangement within three working days. Caring-related flexibility will be discussed separately from assumptions about disability, with a clear route for unavoidable changes.

For participation, the tutor and Leila will agree a question or role before each session. Initial contribution may use audio or chat; spoken professional explanation will be developed through planned low-stakes practice. The tutor will verify which assessment performances are essential and the assessment coordinator will seek any formal approval early. Nobody promises permanent exemption from an essential occupational communication requirement.

Delivery is checked after one week. Evidence comprises document publication times, a brief record of protected slots actually available, three work samples and Leila's optional comment about burden. Funding eligibility is considered separately by compliance. At the one-month review, the fictional evidence shows that materials arrived on time but only half the protected slots occurred. Two analyses meet the rubric. The correct decision is to address employer implementation and retain the useful materials, not intensify reminders to Leila.

By week six, three analyses meet the rubric and Leila has completed two planned spoken contributions. She finds daily reminders intrusive; those are removed. The brief format remains. If caring demands change substantially, the coach promptly revisits scheduling and programme implications with Leila and the employer. If anxiety becomes severe or health support is requested, the coach offers appropriate referral routes without becoming her therapist. The next review is set for the new module, because predictability may change with a new tutor.

Case B: Physical and sensory access during technical work

Fictional apprentice Tom has reduced hearing and a long-term upper-limb condition that causes variable pain. He works in project controls and must inspect progress information, discuss discrepancies and update schedules. He can analyse variance accurately. During two observed site briefings he missed verbal changes delivered while people faced away in a noisy area. He also reports difficulty using a small laptop during long data-entry periods. A manager proposes removing all site exposure permanently.

Tom wants safe access to site information and to retain progression opportunities. The plan distinguishes the underlying competence from incidental access conditions. The employer, appropriate safety personnel and occupational health or relevant specialist advice examine the actual tasks and environment with him. HSE guidance connects disability adjustments with

practical arrangements such as equipment and workplace layout; adjustments should be considered alongside competent, individual risk management. ¹⁴⁴

The first outcome is accurate confirmation of critical briefing changes in three observed briefings using the agreed accessible communication system. The baseline is two occasions with missed changes; this is a process-access problem, not proof that Tom lacks technical understanding. The second outcome is completing two schedule updates to the ordinary quality standard using an assessed workstation arrangement, with Tom reporting that the work pattern is tolerable. Pain elimination is not promised or required.

Within two working days the employer will provide an interim quiet location for briefings, written change summaries and a confirmation process that does not depend on lip-reading. The safety lead will review site warning and evacuation arrangements before the next relevant visit. A colleague repeating instructions casually is not a substitute for a reliable agreed system. If safe access is not established, affected activity is paused while the employer arranges an appropriate alternative and completes the assessment.

Within ten working days, subject to specialist availability, the employer will assess workstation access and appropriate equipment. Interim tasks will use available suitable equipment and agreed breaks. The employer owns workplace provision; the coach checks whether teaching also needs adaptation. The tutor will provide captions and written technical terminology, checking accuracy where automatic captions misrecognise project terms. The designer will make diagrams legible when enlarged and provide explanatory text that preserves the technical relationships.

The curriculum lead will map the sequence of evidence opportunities so that an access delay does not quietly remove Tom from more demanding work. The assessment coordinator will confirm any required arrangements for formal assessment, including compatibility of assistive tools. Tom will test the system in an authentic practice task before relying on it in assessment.

At the one-week delivery check, the written summaries are available, but the emergency communication review is incomplete. The plan records that unresolved safety action and escalates it to the employer decision maker. Tom is not marked as refusing site work. At the one-month review, three briefing checks show accurate understanding and both schedule updates meet the rubric. Tom reports that one peripheral causes additional discomfort. The team stops using that device and seeks an alternative while retaining the effective communication arrangements.

The decision is not "all adjustments successful". It is "written briefings effective; workstation arrangement partly effective; safety arrangements confirmed by responsible employer personnel; equipment change still required". Ongoing review is triggered by new sites, software, tasks or changing symptoms. The support passport records functional arrangements

and escalation contacts; specialist reports remain appropriately restricted. Withdrawal of support is not justified merely because Tom's output now equals that of colleagues.

Case C: Poverty, workplace discrimination and unequal opportunity

Fictional apprentice Aisha is a marketing apprentice. She has no disclosed disability. A recent rent increase means she cannot reliably pay travel costs upfront. She shares a device at home and has missed two remote sessions. She also reports that a colleague mocks her accent and that client-facing work is repeatedly assigned to others. A manager describes her as "not confident enough" and recommends a resilience course.

The coach first offers a private meeting and asks what Aisha wants addressed. Her priorities are reliable access to learning, fair opportunities to demonstrate marketing skills and an appropriate response to the reported behaviour. Race, poverty and accent must not be treated as diagnostic categories. The coach records the allegations accurately, explains reporting options and considers immediate safety and retaliation concerns with the appropriate lead.

Outcome one is access to all four planned learning sessions during the next month through an agreed device and connectivity arrangement. The baseline identifies two sessions missed through access difficulties, not a general engagement score. Outcome two is two genuine opportunities to contribute to client work against transparent criteria during the next six weeks. Aisha may decline a particular meeting without forfeiting access to future opportunities. The plan does not make complaint resolution conditional on educational performance.

Student support will establish a suitable device-loan and connection arrangement within three working days and check that Aisha can use it privately enough for learning. Finance or the relevant support role will investigate available travel assistance and upfront payment options within five working days, without promising an unverified entitlement. The tutor will provide downloadable low-bandwidth materials and an equivalent way to complete the missed learning. The designer will test the required resources on the loan device.

The curriculum lead will check that participation and presentation criteria assess the intended competence rather than a preferred accent or style. The tutor will teach the professional communication requirements explicitly, with feedback on clarity and audience needs. This is normal development, not an instruction for Aisha to conceal her identity. The coach will ask the employer to explain and review the allocation of learning opportunities using objective criteria.

The appropriate employer or provider complaint lead will address the reported conduct through the relevant process. Aisha is told who will contact her, what information may be needed and when she will receive an update. The coach remains a support contact rather than simultaneously acting as investigator and decision maker. Acas guidance distinguishes harassment under discrimination law and provides routes for handling workplace concerns. Use current specialist advice for legal questions and time limits.¹⁴⁵

At week one, device access is resolved but travel assistance remains undecided. The accountable support manager arranges an interim accessible attendance option rather than leaving Aisha to fund travel she cannot afford. At week four, all planned sessions were accessible. There has been one client opportunity, and another was cancelled for business reasons. The review keeps the opportunity outcome open and requires a replacement date. Complaint information is not circulated in the routine teaching dashboard.

By week six, the two observed work opportunities demonstrate the target marketing skills. The complaint process continues under its own timetable, with explicit attention to retaliation. Aisha values the practical support but does not want weekly discussion of her finances. The coach reduces the monitoring burden and agrees a discreet route to request help. This is an inclusion plan supported through appropriate practical resources; it is not automatically eligible for disability-related learning support funding.

Review that leads to a decision

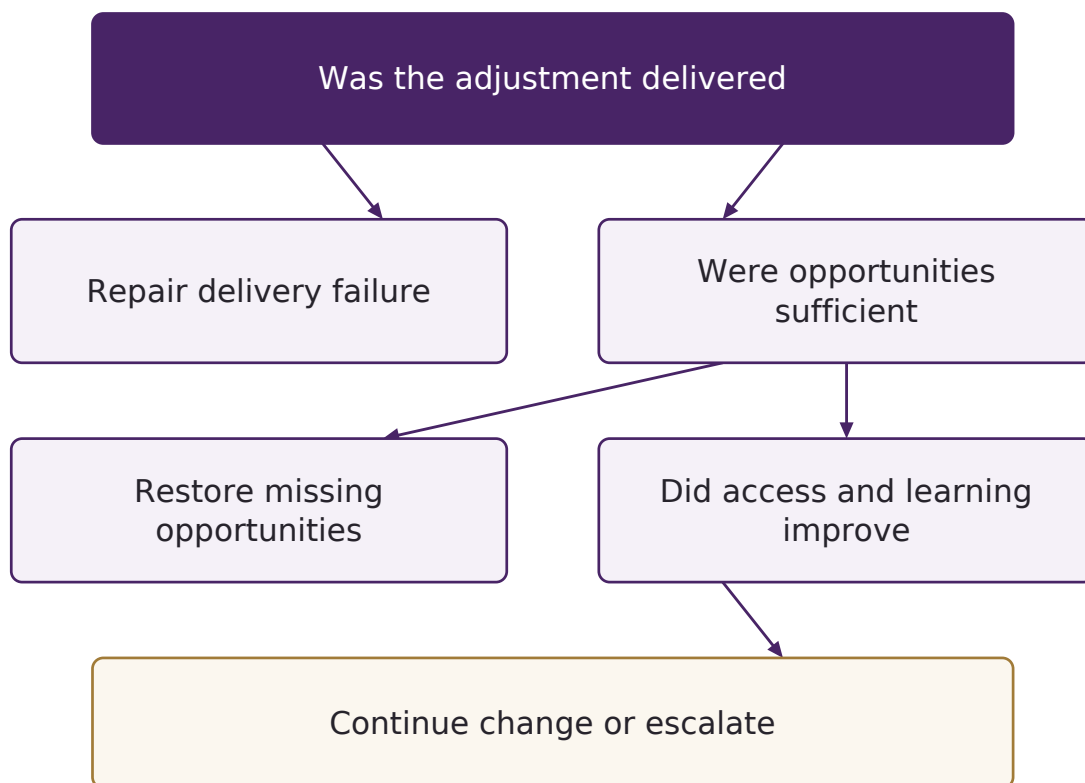


Figure 7.3 Four questions before changing a plan. Original proposed KBC review logic. A delivery or opportunity failure must be addressed before concluding that the adjustment is ineffective. Assess learner burden alongside progress.

Diagram reading guide. A review first checks delivery and repairs any failure. It then checks sufficient opportunities and restores missing ones. Only then does it consider access and learning outcomes and decide whether to continue, change or escalate.

At review, ask four questions in order. Was the adjustment delivered as agreed? Did the learner have sufficient opportunities to use it? What changed in access, learning and experience? What should continue, change, stop or escalate? This order prevents organisational failures from being mislabelled as learner resistance.

Agree evidence with the apprentice and retain their disagreement where it exists. A tutor may see stronger performance while the learner describes excessive fatigue. Both observations matter. Success that depends on unsustainable effort can conceal a remaining barrier. A review should therefore assess opportunity and burden as well as achievement.

Use natural variation carefully. Comparing different tasks or different assessors may not reveal the effect of an adjustment. Consider whether teaching quality, work opportunity or illness changed simultaneously. An individual plan is a practical improvement process, not a controlled experiment. Never remove an effective essential adjustment merely to establish causation.

Research on social belonging illustrates this contextual caution. A large US college experiment found that effects depended on whether the institution afforded meaningful opportunities to belong. Transfer to English apprenticeships is an inference, not a tested equivalence. For KBC, the practical lesson is to combine supportive conversations with changes to actual opportunities and conditions.¹⁴⁶

Escalation, complaints and urgent concerns

Escalate immediately when a delay creates an immediate safety risk, serious safeguarding concern or loss of essential access. Use the relevant emergency or safeguarding route rather than waiting for the next plan review. For urgent mental health needs in England, NHS guidance directs people to NHS 111 and the mental health option; call 999 or attend A&E if someone is in danger or cannot stay safe.¹⁴⁷

For non-emergency implementation failures, proposed KBC practice is to contact the action owner as soon as the missed deadline is identified, agree an interim arrangement and escalate repeated or consequential failures to the accountable manager. Record the effect on learning. Do not repeatedly rewrite the learner's target to conceal an unresolved organisational barrier.

If a proposed adjustment is refused, record the decision maker, reasons, evidence considered, alternatives and route for review. The learner should receive an accessible explanation and know how to complain or seek independent advice. Acas recommends constructive discussion of adjustment requests and consideration of alternatives; complex refusals require appropriate expertise.¹⁴⁸

Where the employer and provider disagree, identify who controls each activity. KBC cannot simply direct an external employer's employment decisions, but can challenge barriers, document concerns, escalate through appropriate partnership routes and support the apprentice to obtain advice. Do not promise an outcome that another organisation must authorise.

Templates staff can use immediately

Editable individual inclusion action plan

Copy this schema into the approved system and expand only the fields needed for the case. Use accessible headings and short rows. Avoid forcing the learner to complete a long form before a conversation.

Field	Entry to complete
Identity and control	Learner reference programme coach plan version agreement date review date
Learner priority	What the learner wants to access or achieve in their own words
Strengths and existing strategies	What already works and must be preserved
Relevant task and context	Specific learning work or assessment demand
Barrier and functional effect	Observable difficulty circumstances frequency and impact
Evidence and uncertainty	Learner account work samples relevant assessment and unresolved questions
Baseline	Starting position and conditions under which it was observed
Intended outcome	Access or competence outcome and realistic review period
Action	Exact adjustment setting frequency start date and end or review date
Rationale	Why this action should address this barrier and why it is acceptable
Delivery ownership	Named responsible person accountable manager and accepted deadline
Resources	Equipment staff time practical support and separate funding decision
Information handling	Minimum shared information recipients purpose and restricted records
Agreement	Learner agreement accessible copy and any disagreement or declined element

Field	Entry to complete
Monitoring	Delivery evidence learning evidence learner experience and burden
Contingency	Interim arrangement escalation trigger contact and response route
Review decision	Continue change stop or escalate with reasons and next review
Transition	Next module employer or assessment handover and receiving owner

Support passport

The passport is a short operational extract, not the complete evidence file. Include the learner's preferred name and communication route; what helps in teaching and work; what to do when arrangements fail; any agreed safety instructions; essential assessment coordination; who may receive it; and the review date. Ask the learner to check it before circulation. Avoid including clinical history merely because the master record contains it.

A sample passport entry is: "Send the numbered brief before the session. Allow the learner to read a question before responding. Offer the agreed audio or written contribution route during practice. Keep the professional explanation learning outcome. If the brief changes, highlight the change in the same location. Contact the coach privately if arrangements cannot be provided." This gives staff something to do without requiring them to interpret a diagnosis.

Weak wording rewritten

Weak record	Stronger operational record
Learner must improve attendance	Employer will release learner for the four scheduled sessions and name cover by Friday coach will check which opportunities occurred
ADHD learner needs extra time	Learner loses task sequence during timed drafting tutor will trial an agreed outline and separately assess whether time adjustment is needed
Anxiety is now resolved	Learner completed the agreed practice explanations and reports manageable preparation burden continue current access arrangements
Support provided	Tutor supplied captioned recording and accessible transcript on the agreed date learner confirmed both opened and used the transcript for the task
Refused help	Learner declined daily reminders because they increase pressure agreed to trial one weekly planning contact instead

Weak record	Stronger operational record
Employer informed	Learner agreed sharing of protected-time arrangements named manager received the operational extract on the recorded date

Leadership oversight without intrusive surveillance

A monthly dashboard should answer whether support is reaching learners and improving access. Proposed indicators include plans awaiting implementation, overdue actions by responsible team, first reviews due, missing protected learning opportunities, unresolved resource defects, assessment approvals awaiting a decision and learner-reported burden. Report denominators: seven overdue actions from forty is more interpretable than seven alone.

Separate process measures from outcomes. A high proportion of signed plans can coexist with inaccessible teaching. Sample actual resources, learner accounts and review decisions. Where lawful and proportionate, examine patterns across groups and programmes, suppressing small cells and avoiding disclosure through combinations of characteristics. A lower completion rate is a prompt for investigation, not evidence that a group is less capable.

The September 2026 Ofsted FE and skills toolkit gives inclusion explicit attention. KBC should use the current framework to evaluate whether leaders know barriers and act effectively, while maintaining authentic evidence of learner experience and progress. No action-plan template, dashboard or rehearsed answer guarantees an inspection grade.¹⁴⁹

Quality assurance can inspect a small purposive sample: a newly identified need, a complex employer case, a refused adjustment, a learner whose support was reduced and a transition to assessment. Review whether the learner had influence, actions were delivered, decisions matched evidence and unnecessary information was avoided. Invite critical feedback privately so that apprentices do not feel obliged to praise staff who control their progression.

Closure, transfer and professional judgement

Close individual actions when they are complete, but do not confuse completion with removal of ongoing access arrangements. A permanently accessible resource can become routine provision. A rest-break arrangement may remain necessary even when performance is strong. If the learner wishes to reduce support, agree a proportionate trial and an easy route to reinstate it.

Before a new module, manager, employer or assessment stage, confirm the receiving contact, current adjustments, approval requirements and first delivery check. Ask the learner what information should transfer and apply the organisation's lawful information-sharing arrangements. A passport is useful only if somebody receives, understands and implements it.

A final plan review should record achieved outcomes, continuing needs, unresolved issues, destinations or transitions and any support the learner chooses to carry forward. Do not close a complaint merely because the apprenticeship has ended. Do not record "independent" as shorthand for "no longer entitled to adjustments".

The central professional test is practical: can the apprentice explain what is changing, why it should help, who will do it, when it will happen and what they can do if it does not? Can staff demonstrate that the change occurred and assess its effect honestly? If both answers are yes, the plan is functioning as a shared instrument of inclusion.

Chapter 7 examination

40 CASE-BASED QUESTIONS / SINGLE BEST ANSWER

Forty case based questions. Select one best answer for each case using only the information given. Record your answers before consulting the explanations at the back of the book.

7.01 An apprentice submits accurate work after a checklist is introduced. The employer also restores two cancelled learning periods. The coach wants to report that the checklist caused the improvement. Which conclusion is most defensible?

- A. The employer change explains the improvement because time always outweighs document structure.
- B. Neither change should continue until a controlled comparison is completed.
- C. The checklist caused the improvement because it was the only adjustment to the learning material.
- D. The improvement is encouraging but the contributions of the checklist and restored opportunities cannot yet be separated.

7.02 An apprentice without a diagnosis describes difficulty following a changing online brief. An automated screener suggests ADHD. A tutor can provide a stable numbered brief immediately, while a specialist appointment is several weeks away. Which sequence best distinguishes access from assessment and funding?

- A. Agree the interim brief, investigate functional impact using several evidence sources and let compliance assess claim eligibility separately.
- B. Book the specialist appointment and use ordinary deadline extensions until diagnostic information identifies the correct document adjustment.
- C. Agree the interim brief and treat the positive screener plus learner agreement as sufficient evidence to begin a claim pending specialist review.
- D. Replace all online briefs with individual coaching sessions immediately, then assess whether that standard support package is needed after the specialist appointment.

7.03 A plan names the designer as responsible for accessible diagrams before next Tuesday. The designer was not consulted and says urgent platform work leaves no capacity. An accessible text-and-data equivalent could be produced today. Which response best combines immediate access and durable accountability?

- A. Arrange the equivalent now, obtain an accountable manager decision on design capacity and secure the accepted owner and deadline for repair.
- B. Move the learner submission date and design deadline by the same period, then review whether a permanent resource change remains necessary.
- C. Retain the original named owner and deadline, ask the learner to report any access failure and escalate only if Tuesday teaching is affected.
- D. Ask the tutor to provide the equivalent indefinitely and close the design action, since this achieves the immediate educational outcome.

7.04 A tutor proposes the outcome "The learner will feel confident by next month" for presentation anxiety. The occupational programme requires explaining decisions. Which replacement best preserves ambition and measurability?

- A. By next month, attend every session with the camera on for the full duration.
- B. Within four weeks, report no anxiety during any work or learning activity.
- C. By the fourth planned practice, explain two decisions and answer one clarification using an agreed prompt card.
- D. By the review date, receive four sets of tutor comments on presentation technique.

7.05 An apprentice signs their inclusion plan. The team assumes this authorises sharing their full diagnostic report with the employer. Which interpretation is strongest?

- A. A signed apprenticeship support plan automatically authorises all employer disclosure needed by any staff member.
- B. The report can be shared if the email subject omits the diagnosis.
- C. No health information may ever be shared with an employer even if the apprentice requests it.
- D. Agreement to support is distinct from information-sharing arrangements and the lawful authority for processing sensitive data.

7.06 A learner meets all quality criteria after receiving captioned teaching. A manager recommends ending captions because the learner now performs as well as peers. What is the best review decision?

- A. Suspend captions for a month to test whether the learner can maintain performance.
- B. Check continuing need and retain effective access where it remains necessary despite equal performance.
- C. Replace captions with additional assignments to encourage independent listening.
- D. End captions because equal outcomes establish that no substantial disadvantage remains without them.

7.07 Three monthly workplace observations were planned, but the supervisor cancelled two. The apprentice completed the remaining one successfully. How should the baseline and review be recorded?

- A. No usable evidence because fewer than three observations took place.
- B. One successful observation from one available opportunity, with two planned opportunities cancelled by the supervisor.
- C. Full achievement because the apprentice succeeded in every opportunity that occurred.
- D. Achievement at one-third of the target, indicating insufficient learner engagement.

7.08 A coach introduces daily reminder emails to help task initiation. The apprentice reports that the messages increase anxiety, but submissions improve. What is the best next step?

- A. Remove all support immediately because the learner has rejected reminders.
- B. Continue unchanged because objective submission data outweigh reported discomfort.
- C. Ask the apprentice to acknowledge each message so that anxiety can be monitored more precisely.
- D. Review burden and trial a less intrusive contact arrangement while preserving the helpful task structure.

7.09 A Level 4 learner uses written responses during classroom practice. A tutor promises that all final professional discussion can therefore become a written examination. What is the main defect?

- A. The coach rather than the tutor should promise the replacement assessment.
- B. Written responses are always prohibited wherever occupational communication is assessed.
- C. The tutor has not verified the assessment requirements or obtained a decision from the authorised assessment organisation.
- D. A classroom adjustment automatically changes the competence standard but only after six months.

7.10 An apprentice has travel poverty and no identified disability. A manager proposes recording a learning difficulty so that learning-support funding can cover travel. Which response is most appropriate?

- A. Provide practical inclusion support through a suitable route and assess funding eligibility honestly without inventing a disability.
- B. Ask the learner to sign a disability declaration so the proposed claim becomes valid.
- C. Use the learning-difficulty code because poverty affects the ability to learn.
- D. Decline all support because apprenticeship inclusion applies only to disabled learners.

7.11 An employer assessment identifies a necessary workplace access change. An Access to Work application for additional specialist support is pending. The manager links both actions to grant approval, although a safe interim arrangement is available. Which plan best distinguishes the responsibilities?

- A. Ask the employer to implement the necessary interim arrangement and address its own duties while the additional support application proceeds.
- B. Make the interim arrangement conditional on the apprentice accepting a temporary reduction in training opportunities until the grant decision.
- C. Use remote learning until Access to Work decides the package, postponing the employer decision so that equipment purchases remain coordinated.
- D. Ask KBC to cover both workplace changes from its learning-support budget now, then reconcile the funding classification after the grant outcome.

7.12 A coach writes "learner is resistant to support" after the learner declines a separate room because it increases isolation. Which record is strongest?

- A. Learner prefers social contact to achieving the assessment outcome.
- B. Learner declined the separate room because of isolation concerns and agreed to explore a quieter shared location.
- C. Learner has demonstrated that their condition does not require environmental changes.
- D. Learner refused reasonable adjustments despite being advised of the consequences.

7.13 A support passport excludes the diagnosis but lists a medication-related break schedule. Staff suggest placing it in a general class folder because it contains no clinical label. What is the best response?

- A. Treat the passport as potentially revealing health information and restrict access according to purpose.
- B. Remove the learner name but retain the unique class and break details in the public folder.
- C. Publish it because a record without a diagnosis cannot contain special-category data.
- D. Delete the passport and tell every tutor the details verbally instead.

7.14 An apprentice disagrees with a review that describes all adjustments as successful. Work quality improved, but preparation takes twice as long and causes exhaustion. Which decision best reflects sound review?

- A. Record both perspectives and reassess sustainability rather than declaring complete success from quality alone.
- B. Accept the learner judgement alone and disregard all work evidence.
- C. Keep the success judgement because only occupational output is relevant to inclusion.
- D. Delay any decision until a clinician measures fatigue objectively.

7.15 A manager wants one retention period for all medical evidence, operational passports and funding records. Which response best supports a defensible system?

- A. Delete all records immediately when the learner completes the apprenticeship.
- B. Ask data protection and compliance leads to align purpose-specific retention with contractual and legal requirements.
- C. Retain everything indefinitely so any future complaint can be answered.
- D. Keep every document for the same period stated on the learner consent form.

7.16 An apprentice reports race-related remarks and exclusion from client work. They also want help explaining marketing recommendations and fear retaliation if they complain. There is no immediate safety emergency. Which initial plan most appropriately coordinates the competing needs?

- A. Ask the employer for an immediate joint meeting with the colleague so that the allegation, work allocation and support needs can be resolved together.
- B. Offer private discussion of reporting choices and retaliation concerns, address fair work opportunities and agree any communication development the apprentice wants.
- C. Begin communication coaching and review whether stronger presentations resolve the exclusion before opening a discussion of reporting options.
- D. Separate the concerns completely by referring the complaint elsewhere and suspending discussion of work opportunities until the investigation reaches a finding.

7.17 An apprentice with reduced hearing misses two verbal changes in noisy site briefings but accurately analyses the written project data. Site work develops an important programme skill. The employer proposes remote work for the rest of the year. What is the strongest next planning decision?

- A. Arrange one successful quiet-office briefing as evidence that the apprentice can safely return to the unchanged site communication system.
- B. Accept remote work for the year as the safest adjustment and use written project data to assume the site-related learning requirement is met.
- C. Introduce a colleague briefing buddy immediately and treat the two missed messages as resolved once both colleagues sign the support passport.
- D. Review the specific tasks and safety needs with the apprentice and competent employer personnel, trial reliable accessible communication and preserve suitable site opportunities.

7.18 At Tom's one-week check, written briefing summaries work but emergency communication arrangements remain unresolved. What is the strongest status report?

- A. The safety matter can wait until the scheduled one-month outcome review.
- B. Teaching communication improved; unresolved safety action escalated to the employer decision maker before affected activity proceeds.
- C. Tom remains non-compliant until he attends the next site briefing.
- D. The plan is successful because the learning-access adjustment has been delivered.

7.19 Two tutors send accessible briefs promptly, while the curriculum schedules five major tasks in the same week. Learners continue to struggle. Who should own the principal additional action?

- A. The designer should make every brief shorter without consulting the curriculum team.
- B. The coach should ask each learner to create a more detailed personal calendar.
- C. Learners should be assigned separate deadlines only after formal diagnostic assessment.
- D. The curriculum lead should review sequencing while tutors retain their accessible briefing responsibilities.

7.20 A new inclusion lead wants proof that a support strategy works before authorising any accessible materials. Which evaluation approach is most appropriate?

- A. Provide necessary access, document a contextual baseline and use delivery and outcome reviews to refine the strategy.
- B. Require a statistically significant improvement from each learner before continuing support.
- C. Withhold access from half the eligible learners to create a comparison group.
- D. Accept any published average effect as proof that the strategy will work for every apprentice.

7.21 A funded support arrangement begins on 3 October. A coach proposes the first review in January because continuing reviews are required at least every three months. What correction follows the current guidance cited in this chapter?

- A. Use apprenticeship-unit review arrangements because they always apply to individual support.
- B. Review only after the first assessment failure because successful learners need no monitoring.
- C. January is sufficient because there is no separate expectation for a first review.
- D. Plan the first review one month after implementation and continue reviews at least every three months with earlier checks when needed.

7.22 A provider applies the 2026 to 2027 funding rules automatically to every learner reviewed in September 2026. Some started in May 2025. What is the best correction?

- A. Use the year of the latest review because it supersedes the apprenticeship start date.
- B. Identify the applicable rules for each apprentice start date and verify the relevant current documents.
- C. Use the newest rules only when the learner has a disability.
- D. Apply whichever year gives the greatest support claim because support needs are current.

7.23 A tutor gives an assignment extension at no additional cost and compliance proposes a learning-support claim because the adjustment is written into the plan. Which conclusion is strongest?

- A. The extension may remain appropriate, but a plan alone and an adjustment without additional cost do not justify the proposed claim.
- B. Every reasonable adjustment generates a monthly claim once the learner signs.
- C. The tutor should add an administrative charge so the claim becomes eligible.
- D. An extension cannot be a reasonable adjustment unless funding can be claimed.

7.24 An inclusion dashboard shows 98 per cent of plans signed but repeated late delivery of accessible material. Leadership calls the service effective. Which additional evidence would most improve the judgement?

- A. Learner accounts and samples linking actual delivery to access, progress and review decisions.
- B. The proportion of staff who received the template by email.
- C. The average number of pages in each signed support plan.
- D. The number of diagnoses recorded at enrolment.

7.25 A monthly dashboard combines employer, programme, ethnicity and disability for groups of two or three apprentices. Senior leaders want to investigate unequal opportunity, while tutors need practical actions. Which information design best supports both purposes?

- A. Publish only provider-wide averages to all staff and defer investigation until each subgroup has enough learners for a stable comparison.
- B. Use aggregated or suppressed management reporting and restricted case review, sharing with tutors only the operational actions they need.
- C. Remove names and give tutors the full combined table, retaining the small groups because diagnosis and employer detail explain the differences.
- D. Send the combined table only to senior leaders and regard restricted circulation as sufficient reason to retain every characteristic indefinitely.

7.26 A coach learns that a learner cannot keep themselves safe during a mental health crisis. Their action-plan review is booked for tomorrow. Which action is best?

- A. Send the learner a wellbeing worksheet and wait for their reply before escalating.
- B. Bring the review forward by one hour and use its routine attendance procedure.
- C. Promise absolute confidentiality and ask the learner to update the plan tomorrow.
- D. Use the immediate emergency and safeguarding route now, including 999 or A&E where the person is in danger or cannot stay safe.

7.27 An apprentice wants help with preparation but declines sharing diagnostic information with the employer. Protected learning time is also being cancelled. What should the coach explore?

- A. Share the diagnosis without discussion because the employer pays the apprentice.
- B. A limited operational discussion about protected time and practical adjustments, with lawful sharing arrangements and clear confidentiality limits.
- C. Stop all support because employer access to the diagnosis is essential in every case.
- D. Require the apprentice to solve employer scheduling privately while the provider deals only with study skills.

7.28 A learner brings a supporter to the planning meeting. The supporter answers every question and insists on a plan the apprentice appears uncomfortable with. What is the best response?

- A. Ask the employer to choose which account is more credible.
- B. Exclude all supporters from future meetings so the issue cannot recur.
- C. Re-establish the apprentice's voice and choice, offering a private conversation and accessible ways to express preferences.
- D. Accept the supporter plan because choosing a supporter delegates decision authority.

7.29 A coach uses the statement "ADHD causes poor attendance" although the learner has no confirmed diagnosis and work rosters frequently conflict with teaching. Which formulation is strongest?

- A. Learner reports concentration difficulty; roster conflicts have removed learning opportunities; causes of other missed participation remain to be explored.
- B. The coach should omit all uncertainty to avoid confusing the action owner.
- C. Learner probably has ADHD and should receive the standard ADHD action plan.
- D. Attendance problems are entirely the employer fault and require no learner discussion.

7.30 A recent review of neurodivergent employment experiences recommends organisational changes but contains no experimental intervention studies. How should KBC use it?

- A. Ignore all findings because only randomised studies can inform inclusion practice.
- B. Use its findings as proof that individual apprentices must disclose diagnoses to benefit.
- C. Use it to identify plausible barriers and priorities while avoiding claims that a specific adjustment has a proven causal effect.
- D. Treat every recommendation as a validated intervention because the publication is a systematic review.

7.31 A US belonging intervention worked where institutions offered genuine opportunities to belong. KBC considers using reassuring messages for apprentices reporting exclusion. Which implementation best reflects the evidence limitation?

- A. Avoid discussing belonging because US research cannot inform any UK judgement.
- B. Guarantee the same outcome because all post-compulsory learners share the same context.
- C. Combine supportive communication with actual opportunity and environment changes, and evaluate transfer to the apprenticeship context.
- D. Use the messages alone because a large trial makes institutional changes unnecessary.

7.32 A feedback plan requires the tutor to write two pages of comments after each task. The learner finds the main action difficult to identify. What is the strongest revision?

- A. Increase the comments to three pages so every possible misunderstanding is covered.
- B. Reduce marking frequency without discussing the learner need or the task sequence.
- C. Prioritise a small number of clear task and next-step comments and check the learner can use them.
- D. Replace all comments with praise because confidence drives every learning outcome.

7.33 A coach records the learner's own distress rating alongside work samples. A manager wants to use the rating as the only criterion for support withdrawal. What is the best response?

- A. Reject all self-report because only assessed work can be trusted.
- B. Require the learner to complete a clinical symptom inventory at every coaching meeting.
- C. Use the optional rating as one contextual perspective alongside access, performance and continuing need.
- D. Withdraw support when the rating falls because it is equivalent to clinical recovery.

7.34 A learner moves to a new employer. Their passport is available in the provider system, so the coach closes the transition action. Which further step is essential?

- A. Transfer every historical clinical and complaint record to avoid missing context.
- B. Require the learner to restart the support process with no reference to existing arrangements.
- C. Confirm the receiving owner understands the necessary arrangements, lawful sharing and first delivery check.
- D. Assume the new employer will locate and interpret the provider record independently.

7.35 A learner wants to reduce scheduled coaching because a planning strategy now works. The tutor worries that support reduction could remove legal rights. Which response is best?

- A. Close the entire inclusion plan and record the learner as no longer disabled.
- B. Require a medical certificate confirming that coaching is no longer needed.
- C. Agree a proportionate reduction of that component with an easy reinstatement route while retaining necessary access arrangements.
- D. Refuse any reduction because all support must remain unchanged until completion.

7.36 A manager refuses an adjustment, stating only that it is impractical. What should a defensible plan record next?

- A. The learner acceptance of the refusal before providing any other support.
- B. The word refused, because including reasons risks disagreement.
- C. An automatic replacement of the required competence with an easier outcome.
- D. The decision maker reasons and evidence, alternatives, interim access and the learner route to review or complain.

7.37 A small provider appoints an apprentice trusted coach to investigate a contested discrimination complaint and make the final decision while continuing to support the apprentice. The apprentice values the coach relationship. Which allocation best protects support and procedural fairness?

- A. Let the coach investigate and decide, but ask a manager to approve the wording of the outcome letter without reviewing evidence or process.
- B. Retain an agreed support role for the coach and allocate investigation and decision responsibilities through an appropriately independent process.
- C. Keep all three roles with the coach because the apprentice trust provides stronger procedural legitimacy than role separation.
- D. Require the apprentice to choose between retaining the coach relationship and progressing the complaint, so that any conflict is explicitly accepted.

7.38 A technically successful speech-to-text adjustment produces inaccurate confidential client names in an external tool. What should the next review prioritise?

- A. Ask the learner to accept personal responsibility for any disclosure in the plan.
- B. Prohibit all assistive technology because one tool created a concern.
- C. Continue unchanged because the accessibility benefit automatically overrides data protection.
- D. Review the accuracy and information-handling risks and agree an approved alternative or controls before continued reliance.

7.39 An apprentice completes the programme while a workplace discrimination complaint is still open. The administration team proposes closing every associated record and action. What is the most appropriate response?

- A. Require the apprentice to enrol again to retain access to complaint updates.
- B. Keep every educational action active indefinitely until the complaint is decided.
- C. Complete the learning-plan transition review while maintaining the complaint process and applicable record requirements separately.
- D. Close the complaint automatically because provider support ends at apprenticeship completion.

7.40 A new plan contains sound adjustments and the learner has signed it. The next class is in five days. Leaders can fund one brief readiness check before implementation. Which check most directly tests whether the plan will function?

- A. Ask the coach to summarise the diagnosis and chosen adjustments for leadership, using the detail of the explanation as evidence of implementation readiness.
- B. Ask the learner whether the plan feels supportive and use a positive response to release the actions without further checks on owner acceptance.
- C. Ask compliance to verify all required fields and signatures and treat a complete record as confirmation that delivery responsibilities are understood.
- D. Ask the learner and action owners separately to explain their next steps, accepted timings, expected evidence and contingency, then resolve any mismatch.

Reusable practice tools

Copy the following forms into a learner record and complete them in plain language. Preserve the learner's voice and use role based access. These forms support the proposed KBC model; they are not a substitute for required statutory, funding or assessment body records.

Individual inclusion action plan

Plan control

Learner reference · Programme and standard version · Coach · Plan version · Agreement date · Review date

Entry: _____

Learner priorities

What does the learner want to be able to access or do · What strengths and existing strategies matter

Entry: _____

Barrier and baseline

Describe the task context functional impact and starting evidence · Record uncertainty without guessing a diagnosis

Entry: _____

Outcome

What change in access learning or independence is intended · How will it be observed and by when

Entry: _____

Information agreement

Which operational information is shared with whom and why · Where is restricted evidence held

Entry: _____

Adjustment delivery record

Use one record for each significant action. Repeat this page if needed. Keep funding authorisation separate from the educational decision.

Action and rationale

Exact adjustment · Setting frequency and start date · Why it addresses this barrier · Learner preference

Entry: _____

Responsibility

Named delivery owner · Accountable manager · Accepted deadline · Who confirms completion

Entry: _____

Resources and access

Equipment staff time accessible materials or workplace changes · Interim route while awaiting a decision

Entry: _____

Checks

What confirms actual delivery · What demonstrates learning · What feedback captures effort acceptability and unintended effects

Entry: _____

Contingency

What triggers escalation · Named contact and response route · Alternative if the arrangement is unavailable

Entry: _____

Review and transition record

Delivery evidence

What was implemented when and in which settings · What was missed and who will repair it

Entry: _____

Effect

Compare with the baseline · Include the learner's account learning evidence and burden · State what remains uncertain

Entry: _____

Decision

Continue change stop or escalate each action · Give reasons · Name the owner and next review date

Entry: _____

Transition

Next module employer platform assessor or programme · What must transfer · Who receives and tests the arrangements

Entry: _____

Agreement and communication

Learner comments including disagreements · Accessible copy provided · Operational extracts sent to authorised recipients

Entry: _____

Support passport and meeting record

A concise operational passport should be understandable without reading diagnostic reports. Keep restricted clinical and safeguarding information in the authorised system.

My learning goals and strengths

What helps me learn and demonstrate competence

What makes participation difficult

Agreed actions for teaching and work

How I prefer to ask for help and receive feedback

What may be shared and with whom

Review date and named coordinator

Meeting close

Confirm what will happen next, who has accepted each action, how the learner receives a copy and what to do if the arrangement fails. Record unresolved decisions rather than implying agreement.

Answers and explanations

Each answer identifies the best response to the stated facts. Other actions may become appropriate after further assessment or a change in circumstances. Use these explanations to discuss professional reasoning, not to replace the full chapter guidance.

Chapter 1 answers

1.01 C Clarify the purpose of camera use and discuss access privately while using existing evidence to assess participation.

The evidence does not establish disengagement or anxiety. A private functional conversation avoids an unnecessary new assessment burden; employer verification or a routine recording requirement is not justified by these facts.

1.02 B Start and review the teaching adjustment while keeping the claim decision with the compliance team.

Practical educational support and claim eligibility are separate. Recording the trial supports review without implying diagnosis; a referral alone leaves an avoidable current barrier.

1.03 C Separate disability from identity and disadvantage, then ask about specific barriers and intersecting needs.

The original heading inaccurately medicalises identity and disadvantage. A broader heading alone is insufficient if it produces stereotyped packages; relevant barrier conversations should remain possible.

1.04 D Access is task and setting dependent, so the assessment route needs its own functional review.

The environment has changed; successful access elsewhere does not resolve the new barrier. Neither a new diagnosis nor identical software is the necessary starting point.

1.05 C Keep the improved template and assess the remaining individual barrier and suitable specialist support.

Universal design, individual adjustments and specialist support can coexist. Waiting for a grade decline is unnecessary; a separate curriculum is not automatically required.

1.06 A Refer the legal interpretation appropriately and consider the history, likely recurrence and functional impact.

Fluctuation does not automatically exclude disability, but recurrence alone does not resolve every legal element. Current appearance and grades are inadequate substitutes for relevant facts.

1.07 D Identify the actual competence, criteria and assessment method, then check the applicable approval route.

The brief alone does not establish the legal or occupational nature of the requirement. A written alternative may or may not preserve what is assessed and may require external approval.

1.08 D Coordinate one feasible plan that examines cumulative workload and addresses the interacting barriers.

A coherent plan must address combined demands. Sequential overload and blanket extensions do not resolve feasibility, and support should not require choosing a single identity or condition.

1.09 B Describe the missed steps, the changed instructions, the learner's account and the agreed teaching response.

Factual, relevant recording enables action without unsupported medical speculation. Removing all process evidence would make it harder to understand the barrier and review support.

1.10 C Agree the partner's specific role and information boundaries, and retain the learner as the main decision participant.

Supporter involvement can be valuable and limited. Attendance is not blanket permission, and disability does not remove the adult learner's decision making role.

1.11 B The evidence shows a gap between documentation and implementation that needs operational correction.

Signatures do not demonstrate delivery. The immediate problem is access to and implementation of actions, not the frequency of signing or proof of a failed examination.

1.12 B Examine learning gains alongside workload, distress and sustainability before calling the plan successful.

A useful outcome includes access and sustainable learning. Additional burden can undermine apparent success; it does not automatically mean all challenge should be removed.

1.13 B Provide the teaching and refer any claim proposal to compliance against the applicable eligibility and cost rules.

Ordinary teaching gaps are not automatically disability learning support claims. Teaching should proceed; a screening exercise cannot manufacture eligibility.

1.14 C Use suitable current materials while compliance verifies each learner's applicable funding rules and assessment plan.

Teaching resources can improve while cohort specific rules remain applicable. Shared teaching does not establish identical funding conditions, and claim size is not a choice of legal basis.

1.15 C Address the employer controlled timetable barrier and the learner's separate anxiety related learning needs.

A psychological need does not explain away an employer controlled barrier. The plan should distinguish responsibilities and avoid shifting the whole cost of access onto the learner.

1.16 A Provide the usable alternative now, check it works for the learner and retain ownership of the permanent repair.

A verified interim route prevents avoidable exclusion while maintaining accountability for the underlying defect. Identical format is not the goal and a peer workaround may be inappropriate.

1.17 B The result requires context and may indicate a need for accessible reassessment or further exploration.

Screening is not diagnosis and conditions can affect performance. Contextual reassessment retains useful evidence without overinterpreting or discarding the result.

1.18 A The score can inform staff development but needs observed practice and learner outcome evidence to assess provision.

Knowledge assessment is only one component of capability. Inspection evaluates actual provision, and neither participation nor test scores establish an inspection grade.

1.19 A Explain the limits of confidentiality and follow the safeguarding route without waiting for the next support review.

Employment does not change the under eighteen safeguarding position. Staff should report through the appropriate route, avoid promises of secrecy and not conduct their own investigation.

1.20 D Explore the concern and support needed, escalating relevant facts without assuming disability itself meets the adult safeguarding threshold.

Disability does not automatically meet the Care Act threshold. The facts may develop, so neither automatic statutory labelling nor categorical exclusion is appropriate.

1.21 A Provide tutors with necessary functional actions while authorised staff manage fuller evidence under defined access rules.

Role relevant sharing can support effective delivery without unnecessary diagnostic disclosure. A signature does not establish every data protection requirement, and pseudonymisation alone may not prevent identification.

1.22 D Whether the action actually removes the disadvantage, alongside practical alternatives and relevant resources.

Effectiveness is central to an adjustment decision. Low cost alone does not establish an adequate response, and reframing or delaying does not resolve access.

1.23 A Review the relevant plan and transition arrangements while recognising that equality protection and individual support can continue.

SEND age scope does not end Equality Act protection. The correct approach checks applicable arrangements without assuming either automatic continuation of every instrument or automatic loss of support.

1.24 A Provide the activity sequence beforehand and review whether the learner can start and complete the task with appropriate independence.

The learner has identified a concrete instructional barrier. A specific delivery change is more testable than a vague personal trait target, while repeated requests create an avoidable burden.

1.25 B Clarify owners and escalation authority across the provider and employer, even where staff hold multiple roles.

Combined roles do not erase boundaries or distribute resources automatically. Explicit ownership and escalation prevent coordination becoming impossible personal responsibility.

1.26 C The finding supports a plausible option to examine, but selection effects and context limit causal claims.

Observational research can inform questions and mechanisms without establishing causation. Neither compulsory adoption nor dismissal follows; a numerical target would require additional justification.

1.27 C Specify its own design changes and implementation checks while treating transfer to adult apprenticeships cautiously.

The transferable lesson concerns clarity and implementation, not a guaranteed local outcome. Evidence limitations can guide careful application rather than force universal adoption or paralysis.

1.28 B Explore their different tasks and preferences and agree separate, reviewable arrangements.

Diagnosis does not determine functional needs. Consistency should concern a fair decision process, while the actual adjustment remains individual and testable.

1.29 A Continue captions and provide targeted explanation and practice for the concept that remains insecure.

The access arrangement may be working while new learning is still required. Removing support or lowering the intended outcome would confuse separate issues.

1.30 C Record that implementation is not reliable, agree a usable arrangement and identify an accountable workplace owner.

A signed intention is not consistent delivery. Review should correct the implementation barrier before concluding that the adjustment itself is ineffective.

1.31 D Test and repair the recruitment journey before waiting for an applicant to disclose a barrier.

Inclusion starts before admission. The form can prevent people from becoming visible in the provider's data, so a lack of complaints does not establish accessibility.

1.32 D Identify the authorised employer decision maker, agree feasible interim support and set a decision date.

The coach can coordinate and escalate without overpromising. A decision owner and interim arrangements address the delay while respecting authority.

1.33 A Use proportionate aggregation or restricted case review and explain the limits of small group comparisons.

Small groups can be identifiable even without names. Responsible analysis preserves learning through restricted or aggregated approaches and avoids unsupported claims that differences do not exist.

1.34 C There is insufficient evidence about effectiveness because the agreed intervention was not implemented reliably.

A trial needs evidence of delivery. The outcome cannot reasonably be attributed to a support action that was absent; agreement alone is not an effect.

1.35 D Discuss the specific scheduling barrier and equality considerations without treating religion as a disability diagnosis.

The barrier deserves consideration in its own right. It should not be medicalised, while any adjustment still needs to preserve the relevant learning and assessment requirements.

1.36 D Separate access and reporting routes by purpose while preserving the necessary links between agreed actions.

Different purposes and sensitivity levels require controlled access. Another signature does not fix the design; deletion must follow applicable retention and safeguarding requirements.

1.37 A Explore the current barrier and changed circumstances, recognising that needs and willingness to disclose can change.

Late disclosure does not establish opportunism or a new diagnosis. The task is to understand current needs and respond proportionately, with appropriate sharing boundaries.

1.38 B The barrier, agreed actions, delivery evidence, learner experience, learning progress and review decision.

The strongest summary connects need to implementation and consequences. Activity counts, funding and signatures may be relevant administratively but do not establish effectiveness by themselves.

1.39 D Distinguish the sourced duties and funding conditions from KBC's chosen operational arrangements and assign actual owners.

An evidence informed local model is not legislation. Clear labelling preserves both mandatory requirements and practical organisational accountability.

1.40 B Explore and agree the effective alternative with the learner, recording the implementation and review arrangements.

Acceptability and privacy matter alongside effectiveness. An equally effective alternative can reduce disclosure burden; neither coercion nor concealed implementation respects co production.

Chapter 2 answers

2.01 D Resolve the whole access route with the venue and apprentice before the workshop, including facilities and evacuation, while arranging a suitable interim route if needed.

Access must work across the complete visit, not just the entrance. Remote access may be an agreed interim option, but permanent separation and an unnecessary clinical gate would not resolve the identified venue barriers.

2.02 B Provide an accessible representation for dependency analysis and separately investigate an accessible occupational software workflow, mapping evidence to both objectives.

The response distinguishes an incidental interface barrier from two genuine learning objectives. The alternatives either remove required evidence, retain an avoidable barrier or mistake supported operation for evidence of independent operation.

2.03 A Explore breaks, changes of position or segmented assessment within the applicable rules, retaining the same analytical demand.

The barrier is sustained posture, so simply extending exposure may worsen it. Changing intellectual demand or requiring medical improvement would not establish equitable access to the original objective.

2.04 A Review sustainable participation with the apprentice and relevant advice, allowing flexible change without an automatic increase.

NICE describes flexible individual energy management rather than automatic progression, and staff must not impose an endurance test. Permanent restriction is also unsupported: change can be considered individually with appropriate advice.

2.05 C The adjustment may provide immediate access but remain unsustainable; review combined demands and the learner's account of effects afterwards.

Participation includes sustainability across the actual learning and work week. Immediate performance alone does not settle effectiveness, and split responsibilities still require coordination.

2.06 C Map the required learning across the substitute and recording, retaining only additional components needed for the objective and recording actual learning undertaken.

Substitution should preserve necessary learning without unnecessary duplication. Neither automatic hours nor blanket removal of independent learning gives an accurate account of what the apprentice learns.

2.07 A Discuss this apprentice's language and communication requirements and arrange suitable support, testing technical learning and contribution in the actual setting.

A communication method effective for one person does not establish access for another, particularly across different languages. Peer help or retrospective notes cannot be assumed to replace timely professional communication access.

2.08 B Correct the terminology, restore the explanation through an accessible route and reassess understanding before attributing the error to the learner.

A meaning changing access error must be corrected before judging understanding. Disabling support creates another barrier, while awarding competence without valid evidence obscures the learning need.

2.09 C Keep the tutor visible, manage turn taking and agree accessible contribution and relay routes, reviewing whether both apprentices can participate.

The team should coordinate both access needs without public disclosure or abandoning participation. The other options defer, subordinate or remove access rather than testing a workable combined arrangement.

2.10 D Prepare technical material in advance, pace the visual and interpreted information and ask the apprentice to demonstrate understanding through an appropriate task.

Interpretation requires preparation and usable pacing, while academic judgement remains with the educator. More time alone, delegated marking or blanket replacement does not resolve those distinct responsibilities.

2.11 B Provide an accessible table of the same series, dates and units, then ask the original analytical questions.

The accessible table preserves the evidence needed for the same analysis without supplying the answer. A label does not encode the data, and removing the component or reading the solution weakens validity.

2.12 A Technical checks are necessary but insufficient; test and repair the representation against the actual reasoning task with the learner.

Technical accessibility and educational completeness are related but distinct. Training or prose substitution may sometimes help, but neither should be presumed before investigating the missing task information.

2.13 B Coordinate individual communication advice and test the learner's preferred format, timing and human support across both sensory needs.

Combined sensory access cannot be solved by automatically substituting one impaired channel for the other. The relevant issue is effective communication in the actual task, not selecting a primary label.

2.14 B Reconsider the score against the stated criteria and examine access arrangements, avoiding an added penalty for speech fluency unrelated to those criteria.

Moderation must address the actual construct and criteria. Neither an unstated fluency expectation nor automatic full marks or wholesale replacement establishes valid assessment.

2.15 C Agree a response complete signal and suitable timing arrangements, allowing independently constructed answers through the familiar device.

The adjustment prevents interruptions from being mistaken for a lack of knowledge while preserving authorship. Model answers, inferred answers and retaining the barrier each compromise the evidence in a different way.

2.16 D Discuss the learner's communication goals and retain effective access, offering agreed practice where wanted without treating removal of the stammer as the learning outcome.

Effective communication access must not be automatically interpreted as avoidance. Neither forced exposure nor blanket exclusion from speaking respects the learner's goals and the limits of the coach's role.

2.17 A Review the relevant activity risks and individual circumstances with competent advice, identify workable controls and avoid a diagnosis based blanket ban.

HSE supports proportionate, activity specific risk management and discourages blanket assumptions. Equality and safety must be considered together; a guarantee of no health event is neither realistic nor a risk control.

2.18 A Call 999 because it is a first seizure, protect the person from injury and follow first aid and emergency instructions.

A first seizure is itself an NHS emergency trigger; the five minute rule is not a mandatory waiting period. Staff should not delay or administer unfamiliar medication outside training and an authorised plan.

2.19 C Complete the appropriate factual incident record, review the response arrangements if needed and update the learning plan for missed instruction with proportionate information sharing.

Emergency response, incident reporting and educational continuity are connected but distinct. Effective first aid does not automatically restore missed learning, and broad circulation of medical detail is unnecessary.

2.20 A Coordinate advance approval of monitoring access and any necessary conditions with the assessment body, using the relevant evidence and learner's needs.

The monitoring need should be addressed before assessment within the authorised arrangements. Classroom permission is not confirmation, and removing or informally delegating access creates avoidable uncertainty and risk.

2.21 B Call 999, give no food or drink by mouth and follow emergency and trained first aid instructions.

NHS guidance treats this situation as requiring emergency help and warns against food or drink for an unconscious person. Permission delays or peer medication decisions do not provide safe care.

2.22 B Cancer meets the Equality Act disability definition from diagnosis; practical adjustments still need to reflect the individual's actual barriers.

The legal status of cancer does not require waiting 12 months, but it also does not prescribe uniform needs. Ability to remain at work does not remove that status.

2.23 B Review current functional barriers, learning requirements and the learner's experience, changing arrangements only on that evidence.

Treatment milestones and legal status do not alone establish present access needs. Review should neither end support automatically nor preserve ineffective or unnecessary arrangements without discussion.

2.24 D Share only the functional teaching instructions with relevant staff and agree restart arrangements without requiring public disclosure.

The adjustment can be implemented through concise functional information and continuity planning. Public disclosure, separation or unexamined penalties would add barriers rather than make the original arrangement effective.

2.25 C Complete the pregnancy related individual risk assessment and make necessary changes, while recognising that the disability guidance concerns a different trigger.

HSE distinguishes the pregnancy notification requirement from its general disability advice. Pregnancy's legal protections do not depend on its being a disability, and employment duties remain with the employer.

2.26 D Clarify the employer's existing duty, distinguish eligible additional Access to Work support and arrange feasible interim access while ownership is resolved.

The current detailed factsheet excludes changes employers must legally make from Access to Work funding. Funding coordination must not replace duty, and provider learning support is not a general workplace adjustment budget.

2.27 A The adjustment is not yet operational; assign configuration and compatibility owners, test the complete workflow and provide an appropriate interim route.

Operational access includes authentication, creation, saving and submission. A successful demonstration is insufficient, and bypassing organisational controls is not an appropriate accessibility solution.

2.28 D Repeated typing and static posture create the reported barrier; identify agreed task segmentation and breaks, each owner's action, the implementation date and the review evidence.

An effective plan translates functional barriers into specific coordinated action and review. Vague empathy, unbounded retrospective changes or outsourcing educational planning entirely to clinicians cannot provide that clarity.

2.29 C Using the agreed segmented response route, the apprentice will explain the required analysis and review whether the arrangement supports sustainable participation.

The coach manages access to learning and evidence of competence, not symptom control, medication or endurance normalisation. The chosen objective is assessable without demanding medical improvement.

2.30 D Explore current functional barriers and the learner's information sharing concerns; the declaration does not establish that all barriers were known or disclosed at enrolment.

The studies distinguish complex disclosure decisions and do not justify a dishonesty inference or causal guarantee. Seeking colleagues' private disclosures would not be a proportionate way to plan current support.

2.31 D Use the findings to identify implementation risks and questions to test locally, while acknowledging the sample and design cannot estimate a KBC retention effect.

Qualitative evidence can illuminate mechanisms and lived experience without yielding a transferable causal effect size. Neither dismissing it nor claiming universal or quantitative results matches the design.

2.32 C Adopt relevant coordination principles for educational planning, distinguish development evidence from proven effectiveness and leave clinical rehabilitation to qualified practitioners.

The paper can inform coordination while its design and professional scope limit what can be claimed or delivered. Neither recency nor a supportive intention creates clinical competence or consent.

2.33 A The coach should coordinate deadline sequencing with curriculum staff and protected training arrangements with the employer, checking the combined week with the learner.

Access depends on cumulative demand and coordination, not the duration of individual lessons alone. Removing criteria or moving demands into leave does not resolve the programme design and work scheduling issues.

2.34 C Use the applicable absence or break in learning process with compliance advice, maintain appropriate contact and record only learning actually undertaken.

Administrative status should reflect the actual situation and applicable rules; planned hours and logins are not substitutes for learning. A temporary inability to learn does not by itself require permanent withdrawal.

2.35 C Consider the actual capacity for learning and current arrangements with the learner; the duration of a diagnosis alone does not justify imposing a break.

The relevant decision is whether meaningful learning can continue under appropriate arrangements. Neither diagnosis duration nor the use of adjustments proves that a break is needed.

2.36 B Identify the workplace communication barrier with the apprentice and employer and agree accessible decision capture and contribution routes there.

Formal classroom support does not establish access to workplace participation. The response addresses the point of exclusion while retaining collaboration and avoiding unnecessary disclosure.

2.37 D Ask each about effective routes, arrange compatible audio and turn taking solutions and test whether both can access and contribute to the shared task.

Competing access needs require coordinated testing of the environment and interaction, not a hierarchy of diagnoses or automatic exclusion. The precise solution should follow each person's actual requirements.

2.38 A Remove unnecessary flashing and test against the relevant accessibility criteria rather than relying on disclosure to trigger basic accessible design.

Basic accessible production should not depend on receiving a diagnostic declaration. Individual variation does not justify avoidable flashing or loss of curriculum access.

2.39 B Partial effectiveness: retain successful interaction and input arrangements, improve access to figures and terminology, assign an owner and review understanding again.

Review should distinguish which mechanisms work and which remain weak. A continuing barrier is not proof of learner non compliance, and delivery of support is not the same as effectiveness.

2.40 D A specific barrier account, evidence that agreed actions occurred, the apprentice's experience, demanding learning demonstrated and documented changes where support failed.

The strongest account connects identification, implementation, experience and educational outcomes. Forms, expenditure and attendance can contribute context but cannot alone establish effective inclusion or guarantee an inspection judgement.

Chapter 3 answers

3.01 C There are distinct reading and timing barriers; retain useful reading support and negotiate access to the workshop with paid release.

The correct response identifies separate reading and timetable mechanisms and assigns action to the unresolved barrier. Reassessing dyslexia delays a timetable solution for an unrelated reason. Treating caring responsibilities as disability risks an inaccurate record. Transferring to independent study may remove needed teaching and feedback without testing an equivalent taught route. Successful reading support should remain available while the team evaluates the separate access problem.

3.02 A Employer books the journey before the travel date; coach confirms usable access and later checks participation and learning.

Direct booking removes the immediate cash flow barrier and distinguishes implementation from educational impact. Supplying the expenses policy describes a process the learner cannot currently use. Extending the deadline does not enable travel or teaching. Debt guidance may be useful, but accepting a referral does not finance this journey or justify closure. Support must be evaluated against the actual obstacle.

3.03 D The study suggests questions about hidden household assumptions and access to networks, with limits on transfer and prevalence claims.

The correct interpretation uses qualitative evidence to understand mechanisms while respecting its context. Collecting family connections as a predictor turns an exploratory account into an individual prediction tool. Claiming equal household costs across sectors generalises without evidence. Dismissing the study confuses inability to estimate national prevalence with lack of explanatory value. The practical response is local enquiry and evaluation, not demographic scoring.

3.04 D Use task based participation evidence, agree a private contact route and separately follow any authorised identity verification requirements.

Task based participation evidence matches the decision to the available learning evidence and treats legitimate verification separately. Background blur reduces visibility but may not resolve privacy or establish why video is needed. Replacing live attendance with recordings preserves content access while unnecessarily removing teaching interaction. An IT referral may assist, but retaining the camera rule pending its advice delays an educational decision that already has relevant evidence.

3.05 B Move work allocation into an accessible work process and arrange a supported opportunity to chair a genuine review.

Changing work allocation removes the mechanism excluding the learner from occupational opportunities. Confidence coaching and networking mentoring mainly adapt the learner to an inaccessible allocation process. A written essay may compromise the required evidence and assumes substitution is permitted. Mentoring can complement the plan, but access to substantive work must be restored and evaluated directly.

3.06 C Check safety and reporting risks, explain confidential routes outside that reporting line, and continue appropriate educational support.

The correct response addresses the power imbalance before selecting practical arrangements and does not require a formal complaint or grade decline for support. Wellbeing support alone leaves the signatory risk unexamined. A joint review might help later, but an immediate meeting with the reported supervisor may expose the learner to pressure. An alternative portfolio task addresses evidence while overlooking safety and informed reporting choices.

3.07 D The trial supports cautious exploration of belonging interventions alongside genuine opportunities and local evaluation, not substitution for missing relationships.

Cautious local exploration respects both the experimental design and the importance of context. Sample size and randomisation do not guarantee transfer across education and workplace settings. Removing all belonging content discards a potentially useful insight because direct applicability is limited. The chapter recommends combining supportive messages with actual access and relationships, then evaluating the local effect.

3.08 D Whether the learner can access and complete the full intended task sequence, including independent practice and submission.

Completing the full task sequence evaluates functional access across the whole learning activity. A signed loan form and collection counts confirm partial implementation but not usefulness. Gratitude measures appreciation, which may coexist with an unresolved barrier. The plan needs suitable equipment at the times the curriculum requires it, with software, connection and a workable setting.

3.09 B Provide appropriate educational support now and assign separate checks of the specific bursary eligibility and evidence requirements.

Providing support while checking eligibility separates immediate access from a defined funding entitlement. Requiring a hardship application first may delay a relevant bursary check and assumes an unsupported application sequence. Delaying a named contact makes ordinary induction support depend unnecessarily on legal status. Equivalent financial need can justify support, but cannot substitute for the specific eligibility conditions of a bursary.

3.10 C Explain the relevant request route, support a practical proposal and coordinate teaching changes, while distinguishing the employer's decision from KBC's support.

Supporting a practical request and coordinating teaching helps the learner without promising an employment outcome. A right to request is not a guarantee of the preferred arrangement. Declining all discussion abandons necessary coordination between work and learning. Advising the learner to stop attending shifts gives risky employment advice and may undermine their position. The provider can still examine its own timetable and teaching responsibilities.

3.11 A Check whether it is safe to continue, agree a safe contact method and use the safeguarding route while arranging appropriate learning support.

Checking communication safety first allows use of the appropriate safeguarding route without unnecessary delay or investigation. Booking a later appointment leaves immediate contact risk unchecked. Emailing a sharing form uses a possibly monitored channel and treats paperwork as a prerequisite. Completing a detailed chronology exceeds initial information gathering and can delay protective action. Learning support and safety coordination should proceed together.

3.12 A Clarify non essential idioms, teach necessary technical language and evaluate prior learning separately from language familiarity.

Clarifying unnecessary idioms distinguishes language, concepts and prior learning while preserving the occupational objective. Referring immediately for cognitive diagnosis medicalises a language barrier. Reducing the standard removes essential expectations instead of teaching necessary language. Accepting the certificate without assessment bypasses checks of existing knowledge and remaining learning. A clear diagram can reveal understanding without settling all formal assessment requirements.

3.13 B Redistribute expert and decision making roles across varied characters and review the full pattern of examples with learners.

Redistributing expert and decision making roles addresses agency and expertise, not just visible diversity. Adding more names within the same restricted roles increases representation without changing the pattern. Removing identity references can hide rather than resolve a narrow default. An annual diversity slide isolates inclusion from the assessed curriculum. Review should examine who acts, leads, solves problems and is heard across the programme.

3.14 A Adjust the teaching break where workable and ask the assessment coordinator to establish the permitted options for the formal assessment.

Adjusting the teaching break and checking formal assessment options distinguishes local authority from an externally controlled arrangement. Promising identical flexibility claims authority the tutor may not have. Refusing both requests confuses consistency with identical treatment. Asking the class to vote exposes private belief to a popularity decision. The operational request can often be considered without requiring public justification.

3.15 A Agree practical need based changes and review their effect, while authorised staff consider any relevant legal and occupational health issues.

Practical need based changes provide timely support without diagnosing or overstating legal status. Declaring menopause always a disability is over broad. Moving to a lower level reduces ambition without assessing actual need. Recommending medication exceeds the coach's role and replaces an educational support decision with treatment advice. Fluctuating symptoms call for reviewable arrangements and appropriate healthcare contact where wanted.

3.16 D Separate implementation from effectiveness and review the learner experience and relevant learning evidence for each action.

Separating implementation from effectiveness tests whether actions removed barriers and supports adaptation. Closing plans because actions were delivered confuses delivery with impact. A satisfaction average can hide unresolved individual needs. Extending every action without examining its mechanism delays learning from an ineffective intervention. An action can be faithfully implemented yet inadequate or based on an incorrect hypothesis.

3.17 C Introduce resumable submission and staged checkpoints, agree a contingency for interruptions and review whether deadline access improves.

Resumable submission and staged checkpoints respond to the identified technical mechanism and add proportionate support. A blanket extension may leave that problem intact and postpone progress unnecessarily. Requiring uninterrupted evening study ignores the caring context and agreed paid learning arrangements. Removing written assessment stereotypes carers and abandons a valid evidence route. A deadline change may still help if a separate need remains.

3.18 B Protect against identification, use appropriate restricted analysis and qualitative evidence, and consult the authorised data governance process.

Restricted analysis and appropriate qualitative evidence balance evaluation with privacy and small number risks. Voluntary disclosure does not authorise every subsequent use. Stopping evaluation entirely abandons an important quality question. Publishing a named positive case assumes favourable information is harmless and ignores control over disclosure. Evaluating programme quality does not require publicly identifying an individual by a sensitive characteristic.

3.19 C The actual communication criterion, evidence of understanding and being understood, and whether feedback includes discriminatory assumptions.

Identifying the communication criterion and examining actual evidence preserves legitimate standards while investigating biased treatment. Accent imitation substitutes conformity for competence. Waiving every communication requirement may remove essential occupational expectations without justification. Requiring another learner's similar experience can overlook a serious individual concern. Evidence should distinguish clarity of communication from preferred social style.

3.20 B Coordinate support while compliance checks funding, the employer checks relevant employment requirements and an appropriately regulated adviser handles immigration advice and an appropriate housing service checks accommodation support.

The coordinated approach assigns distinct decisions to competent roles while maintaining practical support. Asking compliance to decide every issue delays educational assistance and extends its role into unrelated specialist decisions. Referring everything to immigration advice transfers the whole coordination burden to the learner. Accepting one refugee document as sufficient mistakes identity verification for all eligibility checks. Housing assistance also requires its own appropriate service.

3.21 A Discuss her wishes, coordinate the employer's individual risk assessment and educational implications, and validly resequence activity if required.

The correct plan combines learner wishes, an individual workplace assessment and curriculum planning. Remote theory may help, but postponing practical planning until a specific medical request delays necessary coordination. A general site assessment does not replace the relevant individual process after notification. Rest breaks address one possible symptom without establishing whether wider arrangements are appropriate. Continuing study does not require every original demand to remain unchanged.

3.22 B Check immediate safety, use appropriate reporting routes and ask authorised employer leaders to address the risk, including relevant current prevention guidance.

The correct response recognises that a third party can create workplace harassment risk and that current prevention guidance matters. Excluding clients from consideration narrows the issue incorrectly. Advising confidence places responsibility on the recipient. Transfer may protect access in some circumstances but does not itself resolve prevention or fair handling. The educational plan and the misconduct response must be coordinated.

3.23 C First available bus reaches the venue after the workshop begins; tutor and employer to agree a feasible access arrangement and review learning recovery.

The concrete transport record identifies an observable mechanism and actionable responsibility. A postcode based aspiration judgement stereotypes from an aggregate characteristic. Advising punctuality names transport but still places the solution entirely on the learner. Calling the issue resolved after disclosure confuses explanation with resolution. Review should establish access to future teaching and recovery of missed learning.

3.24 C Investigate the concrete opportunity barrier and agree support, explaining any relevant recording choices without forcing identity disclosure.

Investigating the opportunity barrier allows action while respecting disclosure choices. Pausing support makes assistance unnecessarily dependent on identity data. Inferring ethnicity from a name creates an unreliable and intrusive record. Reducing the concern to attendance misrepresents it. Monitoring and individual support can have different information requirements and should follow authorised data processes.

3.25 C Use the study to inform questions and support design, and collect local evidence without turning a small self selected sample into a withdrawal prediction.

Using the study to inform questions preserves its descriptive value while rejecting unsupported prediction. A footnote about provider size does not repair differences in sample, setting or outcome. Increasing projected risk adds another unevidenced assumption. Dismissing self reported experiences discards useful descriptive evidence. The chapter distinguishes a research prompt from a validated local forecasting model.

3.26 D Arrange the necessary learning coordination through authorised staff and avoid unnecessary criminal history collection in routine support forms.

Necessary coordination through authorised staff focuses on learning arrangements and proper governance. Collecting every learner's criminal history does not make unnecessary collection proportionate. An informal tutor risk judgement gives the decision to the wrong role. Full team disclosure exposes more information than the teaching action needs. Criminal offence data has specific safeguards, and role requirements should follow formal processes.

3.27 D Provide a structured equivalent activity with clear stages, feedback and a workable question route, then review understanding and workload.

Structured stages, feedback and a workable question route make the alternative educationally usable rather than merely available. Accepting the recording unchanged confuses access to content with access to teaching. Insisting on the original slot rejects alternatives without considering the purpose. Waiving formative tasks removes useful practice and evidence of understanding. The alternative should preserve the learning objective and an effective feedback relationship.

3.28 C Explicitly teach how professionals seek feedback, model a supervision question and provide a normal opportunity to practise.

Explicit teaching and rehearsal make an implicit professional process visible and learnable. Expecting confidence to develop naturally leaves the assumption unchallenged. Collecting parental occupation adds a proxy without addressing the mechanism. Removing feedback meetings reinforces avoidance and reduces development opportunities. This teaching can be offered universally rather than labelling first generation learners as deficient.

3.29 C Keep the opportunity and safety actions under review, examine task allocation and obtain the learner's experience alongside learning evidence.

Keeping opportunity and safety actions open recognises that attendance alone cannot establish fair treatment. Closing the plan delays action on an emerging barrier. Monitoring only further complaints treats silence as sufficient evidence and may miss fear of consequences. Recording legal retaliation as established pre judges a finding. The authorised process should investigate fairly while educational access is protected.

3.30 A Agree respectful day to day communication, clarify setting specific disclosure preferences and coordinate any formal record change discreetly through the authorised route.

The coordinated response separates respectful communication, disclosure preferences and formal verification. Changing every record immediately can create inconsistency or invalid records. Informing family and the employer first may disclose information without a justified basis. Requiring a class explanation makes publicity a condition of support. Only those who need a practical instruction should receive it through the appropriate process.

3.31 A Check cohort maturity, employer opportunity, missing data and learner experience before drawing conclusions or selecting interventions.

Examining cohort maturity, employer opportunities and learner experience treats the gap as a starting point for investigation. Attributing it directly to ethnicity ignores confounding and risks stereotyping. Deleting the comparison abandons useful quality evaluation. Lowering completion expectations institutionalises a reduced ambition. Disaggregation can reveal questions, but causal interpretation requires context and appropriate evidence.

3.32 B Avoid giving a repayment instruction, support access to appropriate free debt advice and separately resolve the immediate learning travel barrier.

The correct response combines a competent advice route with an immediate participation solution. Sending a link provides a useful contact but does not establish resolution. Extending the assignment can reduce deadline pressure while leaving time sensitive travel unaddressed. Comparing which debt to stop begins a consequential prioritisation exercise beyond the coach's role. The coach can help prepare questions without recommending repayment decisions.

3.33 D Agree a private space or safe alternative contact method for coaching while retaining suitable shared access for non confidential learning tasks.

A private coaching space or safe alternative route distinguishes task requirements and preserves learning and privacy. Headphones do not prevent colleagues hearing the learner or seeing sensitive material. Explaining circumstances to colleagues makes disclosure a condition of support. Stopping coaching removes contact when coordination may be particularly valuable. Equipment and room arrangements must be tested against the purpose of each activity.

3.34 D Employer will allocate and supervise a defined analytical task by an agreed date; tutor will provide preparation; review will examine valid skill evidence and access to further tasks.

Allocating a defined analytical opportunity places responsibility on the actual barrier and specifies implementation and learning outcomes. A wellbeing webinar might help but does not change exclusion. Reminding the learner that workplaces are challenging normalises the problem without action. A simpler task reduces challenge and can compound unequal opportunity. The plan should not require greater tolerance of discriminatory arrangements.

3.35 B Resolve operational barriers and examine whether records, learner accounts, observed support and learning outcomes form a coherent picture.

Resolving barriers and comparing evidence directly tests the provision learners experience. A policy review may improve governance but should not delay action on known problems. More signatures demonstrate activity rather than implementation. Refresher training builds knowledge but cannot alone show that resources or practice changed. Policy, training and records support improvement; they do not substitute for verifying actual access and learning.

3.36 A Check the examination's permitted language and assistance through the assessment coordinator, while continuing appropriate language support in teaching.

Checking the formal assessment requirements distinguishes teaching support from assessment permissions. Automatic approval of machine translation or a human interpreter promises arrangements that may not be permitted. Removing translation from all teaching withdraws a potentially useful support without reason. Staff must understand the occupational and assessment requirements and protect confidential information when considering tools.

3.37 B Revisit current barriers and agree a proportionate plan because responsibilities and access can change during an apprenticeship.

Revisiting current barriers treats inclusion as an ongoing process and recognises changed circumstances. Waiting for another intake delays support for an administrative preference. Recording dishonesty assumes the earlier answer was false. Replacing all learning targets with wellbeing goals abandons occupational development instead of integrating support. Review should establish what changed and which actions now help.

3.38 A Share necessary educational instructions through the authorised route, retain sensitive detail in the appropriate restricted record and explain relevant sharing to the learner.

Sharing necessary instructions through an authorised route applies purpose and access controls while enabling staff to act. Full notes in routine messages or attendance comments disclose more than tutors need. Keeping everything in a personal notebook creates an unmanaged record and can obstruct safeguarding coordination. Connected records can coexist within a governed system, but their purposes, contents and permissions should differ.

3.39 D Record the actual hardship, pursue an appropriate access solution and apply funding rules only to properly assessed and evidenced eligibility.

Recording actual hardship and using appropriate eligibility checks preserves accurate records while continuing legitimate support. A temporary disability classification or a signed declaration cannot make an inaccurate category correct. Refusing all support confuses one funding route with the whole support responsibility. If a separate disability related need exists, it should be assessed and evidenced on its own merits.

3.40 B Confirm the effective access actions, keep the occupational opportunity and safety actions open with responsible owners, and evaluate each against its own evidence.

The correct review recognises progress while retaining unresolved barriers and accountability. Closing the whole plan fragments provider and employer responsibilities and leaves essential access unaddressed. Restarting every action discards useful evidence and repeats completed work. Reluctance to cause trouble may reflect fear rather than safety or success. Different actions can have different statuses within one coordinated plan.

Chapter 4 answers

4.01 D Examine the assignment workflow with her and trial a clear brief and agreed checkpoint while recording the observed barrier.

The comparison identifies a potentially useful environmental condition without establishing a diagnosis. Immediate proportionate support should target the actual barrier, with effectiveness reviewed rather than inferred from the label.

4.02 C Agree one shared task view and a small number of learner-chosen checkpoints, then compare initiation and submission with current practice.

The support system itself may create task-switching and administrative demands. Consolidation addresses that plausible mechanism while preserving necessary support and generating evidence about real task completion.

4.03 A Agree accessible participation checkpoints that reveal understanding and task progress, while reviewing whether movement creates any actual barrier.

The proposed checkpoints measure the lesson's intended learning and allow proportionate monitoring. The other options add surveillance or an incidental physical requirement without evidence that movement obstructs learning or participation.

4.04 C Assess performance alongside recovery, effort and the apprentice's priorities before deciding whether the arrangement is sustainable.

Achievement does not establish sustainable access. The learner's report warrants investigation of demands and alternatives without an automatic exemption or an unsupported diagnosis.

4.05 D Negotiate access to quiet work alongside predictable participation in relevant project discussions, then review concentration and inclusion.

An effective adjustment can create a second barrier. Combining environmental control with planned access to workplace learning avoids treating concentration and participation as mutually exclusive.

4.06 A Explain the required analytical operation, model it with a different example and check the learner's interpretation before an independent application.

The recurring problem includes an unclear instruction and an untested transfer from supported discussion to independent work. Explicit teaching followed by a new application addresses both without supplying the assessed comparison or assuming additional time resolves the gap.

4.07 A Help the learner produce their own outline, permit approved assistive tools and review the resulting reasoning against the criteria.

Support should make expression accessible without supplying the learner's analysis. Planning assistance and permitted tools can preserve ownership when the apprentice develops, checks and explains their own work.

4.08 B Require accessible structure and readable defaults, permit usable display choices and test essential tasks with the different learners and tools.

Accessible structure and controllable presentation address the demonstrated range of needs. Diagnostic gatekeeping, visually tailored PDFs without structural checks, or substituting audio do not ensure equivalent navigation and independent use.

4.09 B Check the assessed construct and the relevant assessment organisation's adjustment rules and authorisation requirements.

Formative access and formal assessment approval are connected but distinct. Staff must establish whether the proposed tool preserves the specific assessed competence and obtain the required decision early.

4.10 C Teach magnitude, estimation and contextual plausibility checks alongside the formula, then use a fresh cost example.

The observed gap concerns the meaning and plausibility of the result, not necessarily the mechanics of the calculation. Transfer to a new example tests understanding beyond memorising a familiar answer.

4.11 B The shared score conceals different barriers, so teaching and access actions should address each component before progress is compared.

Equivalent outcomes can arise through different processes. A barrier analysis distinguishes mathematical understanding from access to the information and supports an appropriate immediate response.

4.12 D Use the study to question uniform assumptions about numerical difficulty while obtaining appropriate adult assessment expertise when needed.

The study can inform cautious questions about heterogeneity, but it does not validate an adult diagnostic or support allocation tool. Transferability is a limit to interpretation rather than a reason to ignore all potentially useful insight.

4.13 C Provide an accessible untimed selection or keyboard route to the same sequencing decisions, then test its usability and the resulting evidence.

A redesigned route removes incidental motor and keyboard barriers while retaining the decision sequence. More time alone does not resolve keyboard access, another person operating the interface reduces independence unnecessarily, and repeated inaccessible attempts add burden without teaching the assessed skill.

4.14 C Review the actual task and safety requirements with appropriate specialists, trial suitable equipment and provide supervised practice.

The plan must consider the real risk and essential performance requirement rather than the diagnosis alone. Specialist input, suitable tools and supervised practice can clarify a safe and valid route.

4.15 C Present a clear segmented instruction, allow processing time and ask the apprentice to explain their intended next steps in a comfortable response format.

The enquiry directly checks how the apprentice understands and sequences the task without making a diagnostic or motivational inference. Reading confirmation, employer comparison and reminder trials may add information but do not establish whether the current instruction has been understood.

4.16 A Investigate language demands and access conditions, provide appropriate vocabulary and processing support, and avoid inferring DLD from multilingualism.

The evidence indicates a setting-dependent language barrier and does not establish a developmental disorder. Staff should support the actual demand and seek specialist assessment only where appropriate.

4.17 D Ask one clear question, provide processing time and check whether a written version or clarification is wanted.

Repeated rephrasing can add processing demands before the first question has been understood. A clear question and time preserve the opportunity to demonstrate understanding without prematurely supplying the answer.

4.18 A Explain the proposed information need with the apprentice and follow the appropriate sharing process, providing necessary functional instructions where authorised.

Functional support can often be communicated without full diagnostic detail. The coach should respect the agreed boundaries and organisational information-sharing requirements while enabling necessary action.

4.19 B Meet accessibly with the apprentice, explain the choices and consequences, establish their wishes and offer any decision support they want.

The adult's request should be addressed directly with accessible support, rather than treating the diagnosis or parental concern as established incapacity. Further professional advice may be appropriate if a genuine concern emerges, but substituting attendees or delaying the conversation is not the starting presumption.

4.20 A A suitable fresh task showing what the learner can do with permitted ordinary-work supports and without the tutor supplying the decisions.

Continuous prompting can conceal whether the learner makes the required decisions. A fresh task with explicitly identified permissible supports tests competence and generalisation more directly.

4.21 B Plan supported practice across varied examples and interfaces, teaching how to identify the underlying steps before checking transfer.

The gap concerns generalisation. Carefully varied practice helps connect the learned procedure to its essential features while preserving the required level of application.

4.22 D Review current understanding and functional needs with the apprentice, coordinate appropriate specialist advice and examine safe application in a fresh task.

Prior knowledge remains relevant, but it does not resolve an observed present difficulty. Educational evidence and appropriate specialist input should inform current support and readiness without unqualified cognitive testing.

4.23 B Agree a manageable interim contact and learning approach, facilitate relevant specialist input and keep any formal programme-status decision within its proper process.

The coach can coordinate proportionate educational support but should not prescribe rehabilitation or bypass formal programme procedures. The plan must respond to the learner's current experience and relevant advice.

4.24 B Consult both learners privately and plan compatible access arrangements, such as clear audio, accurate captions and agreed breaks, without blaming either person.

Both access needs deserve attention. A negotiated arrangement can maintain participation and intelligibility while avoiding automatic exclusion or pressure to suppress tics.

4.25 C Deliver the required professional content using agreed access arrangements and review participation, communication quality and effort.

The target should concern the occupational communication requirement rather than concealment of involuntary behaviour. Any change to assessment method must also preserve the relevant construct and follow authorisation rules.

4.26 D Review the combined barrier with the learner and trial another workable writing route or checking process before judging dictation successful.

An adjustment selected for one difficulty may interact poorly with another. The response should preserve learner ownership and test a workable combination rather than treat a condition-specific suggestion as compulsory.

4.27 B The learning benefit is relevant, but the workplace arrangement requires task-specific review and a safe alternative or mitigation.

Effectiveness is context-dependent. A benefit in one setting does not settle safety in another; the employer must assess and resolve the actual workplace risk with appropriate input.

4.28 B The review supports investigating environmental barriers, but its limited and predominantly autism-focused evidence does not establish a universal package.

Review quality depends on the underlying studies and their relevance. Individual needs and trials remain necessary, while limited research does not justify withholding sensible support.

4.29 A Ask about hidden effort, recovery, autonomy and the changes the apprentice would value, while avoiding a diagnosis based on the account.

Visible success can coexist with disproportionate effort and limited agency. The apprentice should influence any change to coping strategies; disclosure and unmasking are not targets for staff to impose.

4.30 D Specify the observed barrier, the learner's preferred adjustment, the responsible person, implementation timing and evidence to review.

The original wording does not tell staff what to do or how to know whether it helped. Operational detail should concern the relevant barrier and action, not merely expand the diagnostic description.

4.31 C Whether the learner actually obtained and could use the agreed space, resolving the implementation discrepancy before judging effectiveness.

A reservation records an intention, not successful access. Actual delivery must be established before interpreting concentration outcomes; changing support or reconciling paperwork alone leaves the discrepancy unresolved.

4.32 D Review the continuing support need, actual provision and evidence under the applicable rules; a lifelong condition does not establish an unchanged claim.

Funding depends on the relevant requirements and actual continuing support, not diagnosis alone. Review should preserve necessary adjustments while ensuring records and any claim reflect the current position.

4.33 D An appropriate educational adjustment and an eligible evidenced funding claim are separate decisions governed by the relevant rules.

Effectiveness does not by itself establish claim eligibility or cost. The adjustment should still be recorded and reviewed where relevant, while funding evidence is assessed separately.

4.34 A Clarify the diagrams and provide meaningful accompanying explanations, then check understanding and access without assigning a fixed learning-style category.

The trial indicates that clarity and complementary explanation matter; it does not establish permanent learner types or one universally superior modality. Design should reflect the content and demonstrated access needs, with learning checked in a suitable task.

4.35 A Identify the numerical competence and time requirement being assessed, examine the learner's barrier and seek the relevant adjustment decision.

The request requires individual consideration against the actual construct and assessment rules. Neither automatic refusal nor automatic approval establishes whether the proposed arrangement is appropriate.

4.36 A Determine what planning competence must be demonstrated, teach it explicitly and distinguish ordinary-work tools from prompts that supply assessed judgement.

Independence is not synonymous with working without tools. Staff must establish whether the checklist supports authentic planning or supplies decisions the apprentice is expected to make, then gather suitable evidence.

4.37 D The learner's aspirations, the adequacy and implementation of adjustments, opportunities to practise and evidence of remaining barriers against programme demands.

A pathway review should be individual, accessible and evidence-based. Lack of progress is difficult to interpret unless the quality of teaching, adjustments and learning opportunities has also been examined.

4.38 B Check that the new tutor can implement the relevant arrangements and review any new language or participation demands at the transition.

A transition can change the task and environment even when the condition is unchanged. Confirming implementation and new demands prevents a gap without requiring unnecessary reassessment.

4.39 C Use the accounts to understand possible experiences and generate support questions, while recognising that the study cannot establish preventive effectiveness.

Qualitative evidence can illuminate experience and unmet needs without demonstrating causation or intervention effectiveness. The correct response preserves its contribution while respecting its methodological limits.

4.40 C Revise the plan collaboratively using evidence about learning quality, agency and effort as well as submission, and identify which actions are causing difficulty.

A mature evaluation considers competence, access, agency and sustainability together. Improved administration alone cannot establish success when the learning process or learner's experience is deteriorating.

Chapter 5 answers

5.01 D Record the observed events and explore the task, context and learner's explanation privately.

Observation followed by a private enquiry avoids treating one explanation as established fact. Counselling signposting does not correct an unsupported label. Removing group tasks may unnecessarily reduce learning opportunities. Peer comparison and an engagement label do not reveal whether the actual barrier concerns anxiety, access, caring, pain or another circumstance.

5.02 A Offer accessible preparation and assess individual barriers without treating an invented cut off as entitlement.

The review's inconsistency weakens, rather than supports, an invented gatekeeping rule. A cohort median ranks learners but does not establish need. A diagnosis requirement can delay ordinary support. Accessible preparation can be offered broadly while individual arrangements and formal assessment permissions are considered on appropriate evidence.

5.03 A Agree learner-chosen educational practice steps while checking the assessed communication demands and seeking a timely decision on formal arrangements.

Teaching access and formal assessment planning can proceed together. Waiting for group performance, waiting for authorisation before accessible practice, or requiring failure in the ordinary format delays a necessary part of the response.

5.04 A The quality of each learner's reasoning about the revision through agreed participation routes.

Reasoning is aligned with the stated outcome. Camera visibility, connection time and eye contact may describe presence or presentation but cannot establish this learning. The tutor should still follow up missing participation sensitively and consider any separate observation or identity requirements where they genuinely apply.

5.05 D Resolve the contradictory deadline and identify one authoritative clarification route, then review whether repeated uncertainty remains.

There is a confirmed information failure that staff can correct immediately. Contact routines, emotional support and formative feedback may be useful, but none first resolves the contradictory instruction that could be driving repeated requests.

5.06 D Follow first aid and urgent medical procedures rather than assuming the symptoms are panic.

New or different symptoms need appropriate medical consideration. A previous panic history does not establish the cause now. Waiting for a typical duration, public reassurance or making breathing an assessment gate can delay help. The learner's immediate health takes priority over workshop continuity.

5.07 B Agree one concrete starting decision, coordinate reminders and review whether the learner can initiate the task.

A concrete starting point addresses initiation and excessive reminders directly. Improved mood is not a condition for accessible teaching. Additional reading may increase the burden. Attendance is not equivalent to the intended assignment evidence, and a motivation threshold does not establish competence or the effectiveness of support.

5.08 B Allocate the employer a dated action to restore learning time and remove a specified competing demand.

The cause identified is a work design problem, requiring an employer owned action. A questionnaire may describe distress but does not restore time. A signature does not make imposed evening work a free preference. Extensions may help temporarily but leave the continuing cause unresolved.

5.09 A Agree the communication preference, retain a contact route and review without assuming attendance ends support needs.

The learner's preference supports continued access with a proportionate review. A compulsory break removes agency. Satisfactory work does not establish the absence of need. A fixed grief timetable and required personal discussions impose assumptions that the learner has not endorsed.

5.10 C Offer a comparable professional case through which the same risk analysis can be demonstrated.

The occupational method can be learned through a professional case without unnecessary personal exposure. Private compulsory disclosure remains compulsory disclosure. Removing the subject sacrifices learning without necessity. Reassurance alone does not change the demand that created the barrier.

5.11 B Describe the intended educational practices and evaluate them locally without claiming proven clinical prevention.

Educational intentions and local evaluation can be stated honestly without a clinical prevention claim. Insufficient evidence supports neither proof nor disproof. The review's settings also differ from apprenticeships. Respectful practices can remain reasonable while the team acknowledges uncertainty about specific measured effects.

5.12 A The designer should clarify submission status while treatment remains with appropriately competent clinicians.

Clear submission information is an educational design action. Exposure and response prevention is a clinical intervention requiring appropriate competence; consent alone does not create competence. The employer does not inherit that role. Accessible design need not wait for a particular treatment outcome.

5.13 B Explore the marked change sensitively, encourage appropriate professional help and avoid expanding demands reflexively.

A marked change warrants a sensitive enquiry and appropriate professional support without staff diagnosis. Productivity should not automatically trigger more demands. A diagnosis alone does not justify exclusion. Medication advice is outside the coach's role, and punitive grading does not address access or health.

5.14 D Acknowledge that the experience feels frightening and help the learner access appropriate support.

Acknowledging distress does not require confirming the belief. Calm support and appropriate help preserve dignity and safety. Argument, endorsement and public voting can each worsen the situation or compromise privacy. Staff should assess any immediate safety concern through established procedures.

5.15 B Consider the functional request privately and avoid judging need or severity from body size or appearance.

Appearance cannot establish severity or invalidate an access request. The educational task is to arrange appropriate access and privacy. Weight monitoring and nutrition targets are not routine coaching responsibilities. Public explanation exposes sensitive information unnecessarily and makes support conditional on disclosure to peers.

5.16 A Direct the learner to medical support and coordinate educational arrangements without prescribing withdrawal.

Alcohol withdrawal can require medical management, so staff should not prescribe abrupt stopping or supervise it as coaches. Attendance monitoring and employer agreement do not provide clinical competence. Educational support can be considered without treating disclosure as avoidance or imposing abstinence as a condition of being heard.

5.17 C Arrange emergency help through 999 using the learner's location and follow safeguarding procedures in parallel.

Immediate serious danger requires emergency help without waiting for internal permission. Location and contact details help arrange assistance remotely. An email, later appointment or safety promise is insufficient. Numerical screening must not delay help or be used as clearance in a situation with an immediate serious concern.

5.18 D Call NHS 111 and select the mental health option, or seek an urgent GP appointment as appropriate.

NHS 111's mental health option and appropriate urgent GP access are current England routes. Urgent help does not require a coach to diagnose. A monthly meeting or email only response may delay assessment. Immediate danger would change the response to emergency help rather than routine signposting.

5.19 C Such scores and global categories should not predict suicide or determine access to help; use needs and safety responses.

The problem is the proposed predictive and gatekeeping use itself, consistent with NICE's warning against such scales and global stratification. A larger sample, learner confirmation or renamed category does not establish safe prediction. Coaches should respond to needs and concerns and involve appropriate services.

5.20 C The necessary functional teaching arrangements through the authorised information sharing route.

The tutor needs actionable teaching information, not the full history. Restricting sensitive details need not prevent agreed arrangements being shared. Broadly circulating an anonymised narrative can still create identification and privacy risks. Safeguarding sharing, where necessary, follows its own authorised process.

5.21 D Whether the agreed adjustment was delivered as intended before judging its effectiveness.

Implementation must be checked before outcome attribution. The agreed advance information was not actually provided. Removing support, questioning diagnostic severity or comparing peers would not resolve that failure. The review can then consider usability and other barriers once the arrangement has been genuinely trialled.

5.22 C Investigate the audio access problem and review it separately from the original participation barrier.

A new or unresolved access problem requires its own investigation. Improved attendance does not guarantee all barriers are solved. Reinstating camera requirements, delaying design changes for treatment or automatically removing group learning would each make an unsupported link between distinct problems.

5.23 B The combined arrangements coincided with better performance; review their delivery, the learner's account and preparation burden before deciding what to retain.

The evidence is encouraging but cannot isolate an individual cause, and it already identifies a possible burden. A practical review should integrate these facts without requiring withdrawal of needed support or waiting for deterioration.

5.24 B Respect the choice and address navigation without treating the research as a universal prescription.

An average research effect does not make an activity suitable or necessary for everyone. Heterogeneity and possible publication bias reinforce cautious interpretation. Access to clear navigation should not depend on willingness to complete wellbeing exercises. Optional resources can remain available without exaggerated claims.

5.25 B Describe reported fatigue and context, recognise burnout's occupational definition and encourage appropriate health advice where needed.

WHO's burnout definition concerns an occupational phenomenon, while fatigue can have several causes. Accurate functional recording supports appropriate action without staff diagnosis.

Nonoccupational causes can still create important barriers. Selecting a stronger label for an application undermines evidence quality and individual understanding.

5.26 A Explore the feedback barrier privately and improve delivery while maintaining the required learning standard.

The tutor can change feedback conditions without assigning an unsupported diagnosis or lowering competence requirements. Private, specific and manageable feedback can retain challenge. Avoiding all correction limits learning; public repetition may compound the barrier. Distress alone does not establish that the occupational standard must change.

5.27 C Clarify the functional effect of time and checking with the learner, examine permitted arrangements and seek the assessment organisation's decision early.

The classroom result contains both a benefit and a possible unintended effect. The request should be individual and timely, rather than assume the same allowance is sufficient, increase it without analysis or select an alternative without the learner's involvement.

5.28 B The learner is expressing a support preference; agree the workable alternative and a review route.

Declining an intrusive or unhelpful arrangement does not equal refusal of all support. A weekly conversation may be more usable and sustainable. Continuing unwanted calls disregards agency, while requiring more health detail creates an unnecessary disclosure burden. New safety concerns would require separate consideration.

5.29 C Correct version control and authoritative instructions, then review any remaining individual barriers.

A shared environmental problem warrants a shared process correction. Personal archives, clinical verification and confidence scores shift responsibility away from the source of confusion. Individual support may still be useful after the authoritative instructions are made clear, but it should not substitute for that change.

5.30 C Consider actual competence and individual circumstances, with proportionate expert advice for specific safety concerns.

A history does not establish current danger or incapacity. Decisions should address actual duties and individual circumstances rather than stigma. Ignoring genuine safety requirements is also inappropriate. Peer comfort voting is not a fair or competent basis for occupational access decisions.

5.31 D Unresponsiveness may have medical causes and requires an appropriate immediate safety and assistance response.

Staff must not infer a diagnosis from the teaching topic. Unresponsiveness or confusion can need medical assistance. Requiring a trauma account afterwards exceeds the educational purpose and cannot establish diagnosis. A peer may offer support but does not remove the tutor's responsibility to follow procedures.

5.32 A An agreed access arrangement is being turned into a reward that is withdrawn when used.

The arrangement is intended to support access, so penalising its agreed use undermines the plan and agency. Public justification compromises privacy. Cancelling all practice or requiring absence of symptoms are unnecessary extremes. Review whether the arrangement enables appropriate learning and remains useful.

5.33 D Separate restricted health and safeguarding information from necessary teaching actions and properly controlled funding evidence.

Different records have different purposes and access needs. Functional teaching information can be available without unrestricted health details. Informal restraint is not an adequate access design. Deletion prevents accountable support, while broad employer copying creates unnecessary disclosure rather than useful coordination.

5.34 A Ask compliance to verify the applicable rules, eligibility and evidence before any funding claim.

Pastoral support, occupational learning and a learning support funding claim are distinct. The applicable rules and evidence must be checked; different starts may have different rules. Diagnosis does not automatically authorise expenditure, and relabelling contact would undermine accurate records rather than establish eligibility.

5.35 A Compare the apprentice's actual use of learning time with the agreed arrangements and review workload, interruptions and recovery alongside the improved submissions.

The discrepancy concerns whether a central arrangement is implemented in practice. Extending deadlines, referring for wellbeing support or obtaining a general statement may miss the continuing workload problem and prematurely attribute success to the plan.

5.36 D Samples linking delivered adjustments, learner experience and demonstrated learning, including actions on failures.

Implementation, experience and learning evidence show whether provision works, including where corrective action is needed. More paperwork or declarations do not establish delivery. Scripted responses weaken authentic evaluation. The handbook's evidence approach is proposed practice, not an Ofsted requirement for a particular form.

5.37 B Give specific private feedback, clarify the improvement route and agree a manageable next action.

Specific, private feedback preserves learning expectations while reducing an unnecessary barrier. Avoiding errors prevents development, while public consistency does not guarantee fairness. A detailed history is not required to trial an appropriate feedback format. Staff can understand functional need without investigating the learner's past.

5.38 D Escalate the outstanding request through the organisation's published route, confirm decision timescales and discuss permissible contingencies with the learner.

The unresolved authorisation is now the immediate coordination problem. Further rehearsal, premature acceptance of standard conditions or reliance on an assessor's last-minute decision can all delay the explicit, timely decision and contingency planning needed.

5.39 C Provide supervision, clear availability, reliable handover and urgent support routes while preserving planned educational contact.

Sustainable support requires boundaries, cover and appropriate urgent routes. Constant individual availability is unreliable and can harm staff capacity. Simply transferring the burden recreates the problem. Automation alone does not replace relational coordination, safeguarding judgement or accessible educational support.

5.40 C Record ongoing maintenance, resolved action and undelivered action separately, with owners and next steps.

Actions can have different statuses within one plan. Recording maintenance, resolution and implementation failure separately supports accountability and continuity. Closing everything removes useful support, while leaving everything unchanged obscures progress. The learner should not be blamed for another party's undelivered commitment.

Chapter 6 answers

6.01 D The adjustment improved access to a task but removed the intended evaluation demand; provide an accessible case and reassess that demand.

Success on a different construct does not demonstrate the original outcome. Making the case accessible addresses the stated barrier while retaining evaluation; a diagnostic delay does not repair the resource.

6.02 C Agree and test the different routes against the same learning outcome, recording each barrier and the usefulness of the arrangement.

An identical diagnosis does not imply an identical functional need. Consistency belongs in learning expectations and fair assessment, while the access route can legitimately differ.

6.03 D The design is a plausible improvement; examine specified changes, comparable learning evidence and learner experience before claiming effectiveness.

A framework label and attendance do not establish learning impact. A proportionate review can investigate outcomes without withdrawing potentially useful or necessary support.

6.04 A The study raises an implementation concern in its context; use it to inform follow-up support without making a universal causal claim.

A small qualitative study can illuminate mechanisms and implementation problems. It cannot establish that a training approach always fails across countries, populations and delivery models.

6.05 A Teach the platform separately using familiar content, then introduce the model and check whether remaining difficulty concerns the learning itself.

Separating unfamiliar content from unfamiliar process makes the barrier more diagnosable and reduces unnecessary simultaneous demands. It retains the intended learning and promotes independent tool use.

6.06 C Review the combined preparation and submission calendar with tutors and the employer, then adjust avoidable cumulative demand.

A cross-module scheduling barrier requires curriculum coordination. Individual extensions alone may displace rather than reduce overload, while removing relevant outcomes or changing marks undermines expectations.

6.07 D The routes require different levels of learning; redesign the choices so they retain comparable intellectual and occupational demands.

Choice can vary context and access while retaining the intended outcome. Advance declaration cannot make two substantively different learning demands equivalent.

6.08 D Repair the document structure and retest the actual navigation task before requiring learners to use the brief.

An automated result cannot override demonstrated failure in the required user journey. Semantic structure, not merely visual appearance, supports navigation.

6.09 D Provide the usable Word version immediately, assign PDF remediation and test the exported copy before substituting it.

A workable equivalent can protect immediate access while the production defect is repaired. Exported accessibility must be checked separately, and a known general defect does not require individual diagnostic proof.

6.10 C Provide equivalent underlying information without supplying the assessed inference, and check the accessible version against the construct.

Accessible information must not inadvertently contain the answer to the skill being assessed. The appropriate representation depends on the construct and should preserve equivalent opportunity to interpret.

6.11 A Add clear textual or symbolic status labels with an explanation, retain usable values and test how exceptions can be identified.

Supplementing colour conveys the same status information through another usable channel. Removing information or relying on a one-off oral explanation creates new demands.

6.12 A Repair and retest the keyboard submission journey, while providing a secure usable interim route and confirmation of receipt.

The defect blocks independent access to a core process. A temporary alternative protects submission, but closing the issue requires the actual keyboard journey to work.

6.13 B Provide a reliable save-and-resume process and specific recovery information, then test an interrupted draft through to submission.

The problem combines interruption, data loss and unclear recovery. Testing the whole resumed journey is stronger than warning users about an avoidable defect or substituting different evidence.

6.14 D An accessible explanation of the essential visual actions, integrated into narration or another equivalent description.

Captions and a verbatim transcript represent audio that lacks the required visual information. The essential actions and relationships need meaningful description.

6.15 A The responsible tutor and designer, correcting the meaning and checking the final media before compulsory use.

A transcription error reverses the instructional meaning. Human content checking remains necessary; removing the accessibility feature creates exclusion rather than solving accuracy.

6.16 C Review the catch-up workload and understanding, retain workable playback choices and plan learning using evidence rather than speed assumptions.

There is no universal playback instruction that resolves an individual backlog. Planning should address actual workload, access and understanding rather than impose speed or presume completed learning.

6.17 C Protect the break from new required teaching and bring necessary explanations into a shared accessible teaching segment afterwards.

A nominal break does not provide rest if essential learning continues. Required content should be accessible without making learners choose between the break and participation.

6.18 A Use their contributions and understanding to judge learning, investigate any gaps and avoid treating camera status as a reliable proxy.

Camera status alone does not establish attention or learning. Purposeful responses and work samples provide more direct evidence while individual barriers should be discussed appropriately.

6.19 C Explain the distinct requirement, correct the earlier promise and seek a suitable approved identity arrangement through the organisation's process.

Classroom participation and formal identity procedures are separate. The coach must explore approved access arrangements rather than promise universal exemption or remove unrelated support.

6.20 D Agree a supported progression towards the relevant communication skill, review its effects and obtain specialist input where needed.

Permanent passive allocation can restrict opportunity. Educational progression should be agreed, supported and reviewed; forced exposure and removing a required skill are inappropriate responses.

6.21 B The outline may be a teaching scaffold to review; the screen reader remains an access tool whose removal is not implied by improved learning.

Teaching scaffolds and access adjustments have different purposes. Independence can include effective use of necessary technology, while temporary guidance can be reviewed as expertise develops.

6.22 C Use a carefully varied case, probe why the decision should change and reteach the underlying relationship where needed.

The new case reveals a possible transfer or conceptual gap. Targeted variation and explanation investigate that gap without mistaking recognition for independent application.

6.23 A Use supported private recall with thinking time and corrective feedback, returning to the knowledge in subsequent applied tasks.

Retrieval does not require public speed competition. A different response format can retain recall, feedback and later application while removing an irrelevant participation barrier.

6.24 B Review and clarify the brief, give a proportionate opportunity to address the communication failure and retain the intended learning criteria.

The task and criteria should align transparently. Correcting unclear communication need not lower standards or inflate marks; affected learners need a fair route to demonstrate the intended learning.

6.25 B Use an accurate account of the relevant activity and applicable rules; the brief's estimate does not itself establish completed learning hours.

A planning estimate is not evidence that a particular apprentice undertook eligible learning for that duration. Activity and applicable funding requirements need an accurate evidence-based record.

6.26 A Agree an accessible prioritised action list, check the learner's understanding and provide an opportunity to apply the feedback.

The issue is whether feedback can be understood and used. Accessible priorities and a revision opportunity support learning while preserving authorship and the assessment criteria.

6.27 C The precise assessed construct and barrier, then seek an effective arrangement that the responsible organisation can approve.

The proposed change may remove the ability being assessed. Clarifying the construct and functional barrier enables an alternative that preserves valid assessment and follows the correct approval route.

6.28 D Investigate the specific timing barrier and consider alternatives such as permitted breaks through the assessment organisation's evidence and approval process.

There is no universal percentage suitable for every barrier. Fatigue can make duration itself problematic; adjustment design should be specific and approved for the relevant assessment.

6.29 B Seek the reasons and relevant policy, explore an effective permitted alternative and explain the review or appeal route to the learner.

A refusal needs an intelligible basis and appropriate follow-up. Classroom success is relevant evidence but not unilateral permission; the learner should retain support and access to review processes.

6.30 C A learner-specific check of standard and assessment-plan version, transition permissions and the responsible assessment organisation's arrangements.

Assessment reform is phased. Current and legacy arrangements can coexist, so applicable versions and permitted transitions must be established before changing a learner's assessment route.

6.31 A Address the access need appropriately while compliance separately checks the applicable claim conditions and evidence requirements.

Funding eligibility and the duty to consider adjustments are separate questions. Accurate claims require verification, but administrative uncertainty should not be used to ignore an access problem.

6.32 B The narrative may remain identifiable and sensitive; tool approval and lawful processing require assessment beyond deleting names.

A rich narrative can identify a person indirectly and include special-category data. The organisation must evaluate actual processing and approved use rather than assume name removal resolves privacy.

6.33 B Verify the statement and calculation against the actual work, correct the feedback and retain human responsibility for the judgement.

Human review must verify content, not merely tone or disclosure. Confidence expressed by a tool is not independent evidence that a calculation or assessment judgement is correct.

6.34 B Use a fair evidence-led enquiry, clarify permitted tools and authorship, and avoid determining misconduct from the detector score alone.

Assistive use and misconduct are distinct issues. A detector score or changed writing style alone cannot fairly establish authorship; appropriate enquiry should preserve legitimate access.

6.35 A Treat the learner journey as blocked, repair the permissions or supply a tested equivalent, then verify from the appropriate account.

Readiness depends on the authorised learner journey. Administrative visibility is not a valid access test, and sharing elevated credentials would create a separate problem.

6.36 B Define closure by a successful tested submission journey, with an interim route and a fair response to any affected deadline.

A mutation is not evidence of resolution. The practical success criterion is that the required task works; delays caused by a confirmed defect require a proportionate learner response.

6.37 D Review implementation and impact across real learner journeys; completed paperwork alone cannot establish effective inclusion or an inspection grade.

The current toolkit attends to support and its effects. Missing implementation is a substantive gap; improved terminology or selective reporting cannot substitute for delivered, effective support.

6.38 D Access, learning and experience evidence together, including the unresolved system barrier and the sustainability of the workload.

Attainment can improve while barriers and hidden costs remain. Reviewing access, learning and experience separately exposes the unresolved problem and avoids withdrawing useful support prematurely.

6.39 C Protect confidentiality, recognise uncertainty and examine individual journeys and repeated patterns before drawing a causal conclusion.

Small numbers can be unstable and identifiable, yet still warrant sensitive investigation. Contextual evidence is needed before attributing causation or responsibility.

6.40 B Retain effective access, investigate the conceptual or practice gap and assign targeted teaching with a clear learning review point.

Removing an access barrier does not guarantee mastery of the subject. The next plan should preserve usable access while addressing the newly visible learning need with specific teaching and review.

Chapter 7 answers

7.01 D The improvement is encouraging but the contributions of the checklist and restored opportunities cannot yet be separated.

Several conditions changed together, so causal attribution is limited. Continue helpful access while reviewing comparable opportunities and the learner account. Selecting one cause ignores confounding; withdrawing support to create an experiment is disproportionate.

7.02 A Agree the interim brief, investigate functional impact using several evidence sources and let compliance assess claim eligibility separately.

Immediate access can proceed alongside a proportionate evidence-based assessment. A positive automated screener and signature do not alone settle funding evidence. Waiting for diagnosis delays a readily available change; replacing all briefs prematurely selects a more burdensome package before investigating need.

7.03 A Arrange the equivalent now, obtain an accountable manager decision on design capacity and secure the accepted owner and deadline for repair.

An effective equivalent protects current access while accepted ownership addresses the unresolved production defect. The tutor alternative may become a sustainable solution, but that requires an explicit ownership and quality decision. Waiting for learner failure or merely moving dates leaves the core dependency unresolved.

7.04 C By the fourth planned practice, explain two decisions and answer one clarification using an agreed prompt card.

The best outcome specifies relevant performance under agreed access conditions. Camera exposure is not equivalent to competence; absence of anxiety is an inappropriate obligation; receiving comments measures delivery rather than learning.

7.05 D Agreement to support is distinct from information-sharing arrangements and the lawful authority for processing sensitive data.

Support agreement, sharing preferences and data-processing authority are separate questions. Necessary sharing may be lawful, but a signature is not blanket permission. Removing a diagnosis from the email subject does not control the content or purpose.

7.06 B Check continuing need and retain effective access where it remains necessary despite equal performance.

Equal performance may demonstrate that the adjustment works, not that the underlying barrier has disappeared. Deliberately removing essential access is not necessary evidence gathering. Additional work does not replace an accessible communication route.

7.07 B One successful observation from one available opportunity, with two planned opportunities cancelled by the supervisor.

The record should preserve both demonstrated competence and the missing opportunities. The target is not fully evidenced, but poor engagement cannot be inferred. The available observation remains useful evidence rather than being discarded.

7.08 D Review burden and trial a less intrusive contact arrangement while preserving the helpful task structure.

A useful plan weighs learning outcomes and burden together. The learner has identified a problem with one component, not rejected all help. Requiring more acknowledgement increases the very administrative and emotional demand under review.

7.09 C The tutor has not verified the assessment requirements or obtained a decision from the authorised assessment organisation.

Practice access and formal assessment approval are different decisions. The method may or may not be adjustable under the relevant arrangements, but neither tutor nor coach can guarantee an unauthorised change. Blanket prohibition is also unjustified.

7.10 A Provide practical inclusion support through a suitable route and assess funding eligibility honestly without inventing a disability.

Wider disadvantage deserves action but must not be medicalised or misrepresented for funding. A signed declaration cannot create evidence of a qualifying need. Funding routes and support duties require separate decisions.

7.11 A Ask the employer to implement the necessary interim arrangement and address its own duties while the additional support application proceeds.

Grant coordination can be useful, but it does not suspend the employer's own responsibilities or justify unnecessary loss of opportunity. Workplace costs should not automatically be moved to apprenticeship learning-support funding. Remote learning might be appropriate if individually justified, but not merely to defer an available workplace solution.

7.12 B Learner declined the separate room because of isolation concerns and agreed to explore a quieter shared location.

The improved record distinguishes the option declined, the reason and an agreed alternative. Declining one adjustment does not prove no need, and imputing motives or resistance obscures the practical decision.

7.13 A Treat the passport as potentially revealing health information and restrict access according to purpose.

Functional information can still reveal sensitive health data. Indirect identification may remain possible after removing a name. Appropriate controlled sharing is preferable to public storage or unrecorded verbal circulation.

7.14 A Record both perspectives and reassess sustainability rather than declaring complete success from quality alone.

The review should integrate evidence of learning and burden. Neither perspective alone captures the complete effect. The team can adjust educational demands and access without waiting for clinical measurement.

7.15 B Ask data protection and compliance leads to align purpose-specific retention with contractual and legal requirements.

Different records serve different purposes and obligations. Retention must be justified rather than unlimited or automatically terminated at completion. A consent form does not override applicable contractual, legal or data-protection requirements.

7.16 B Offer private discussion of reporting choices and retaliation concerns, address fair work opportunities and agree any communication development the apprentice wants.

Parallel support preserves learner agency and tackles practical exclusion without prejudging the complaint. Coaching alone may individualise a workplace problem; an immediate joint meeting can expose the learner before risks and preferences are explored. Educational opportunity need not wait for a final complaint finding.

7.17 D Review the specific tasks and safety needs with the apprentice and competent employer personnel, trial reliable accessible communication and preserve suitable site opportunities.

A task-specific assessment and tested communication arrangement address the barrier without assuming all site work is unsuitable. Written analysis may not evidence every site-related outcome. A quiet-office success does not validate a noisy setting, and buddy agreement alone does not establish a reliable safety system.

7.18 B Teaching communication improved; unresolved safety action escalated to the employer decision maker before affected activity proceeds.

Separate components need separate decisions. A useful teaching adjustment does not settle a safety dependency. The apprentice should not bear a non-compliance label for an unresolved organisational action, and safety concerns should not await routine review.

7.19 D The curriculum lead should review sequencing while tutors retain their accessible briefing responsibilities.

The repeated barrier arises in programme sequencing, beyond individual tutor resources. Learner planning may help but cannot alone resolve an overloaded curriculum. Changes should preserve learning requirements and need not depend on diagnosis.

7.20 A Provide necessary access, document a contextual baseline and use delivery and outcome reviews to refine the strategy.

Reasonable educational provision should not be withheld for an informal experiment. Contextual evidence can guide improvement without individual statistical tests. Average research findings inform judgement but do not guarantee individual outcomes.

7.21 D Plan the first review one month after implementation and continue reviews at least every three months with earlier checks when needed.

The cited guidance specifies a first review one month after implementation and continuing review at least every three months for apprenticeships. Apprenticeship-unit arrangements differ. Reviews should also respond to changing need and delivery problems.

7.22 B Identify the applicable rules for each apprentice start date and verify the relevant current documents.

The funding publication directs providers to the rules applicable to each apprentice start date. A new review or disability does not automatically transfer cohorts. Claim value is not a valid basis for selecting the rules.

7.23 A The extension may remain appropriate, but a plan alone and an adjustment without additional cost do not justify the proposed claim.

Support and claim eligibility are separate. The cited guidance excludes claims where adjustments do not cost money. Manufacturing a charge is not legitimate evidence, and lack of claimability does not make an adjustment inappropriate.

7.24 A Learner accounts and samples linking actual delivery to access, progress and review decisions.

Signed plans demonstrate administration rather than effect. Actual access and learner outcomes must be examined. Document length, email distribution and diagnostic counts do not establish whether support reaches apprentices.

7.25 B Use aggregated or suppressed management reporting and restricted case review, sharing with tutors only the operational actions they need.

Re-identification can arise from combinations even without names. Proportionate aggregation can coexist with controlled investigation of small groups and task-specific teacher information. Restriction alone does not establish necessity or indefinite retention; withholding all subgroup investigation may conceal genuine barriers.

7.26 D Use the immediate emergency and safeguarding route now, including 999 or A&E where the person is in danger or cannot stay safe.

Immediate danger requires urgent action rather than ordinary plan administration. The chapter NHS guidance distinguishes emergency help from routine support. Confidentiality cannot be promised absolutely, and a worksheet is not an emergency response.

7.27 B A limited operational discussion about protected time and practical adjustments, with lawful sharing arrangements and clear confidentiality limits.

A narrower functional extract may enable action without unnecessary diagnosis disclosure. The coach should explore workable arrangements and lawful processing rather than assume full disclosure or abandon the workplace barrier.

7.28 C Re-establish the apprentice's voice and choice, offering a private conversation and accessible ways to express preferences.

A supporter should assist rather than displace the learner agency. Choice of support does not automatically transfer authority. Private and accessible discussion is more proportionate than a universal ban or employer adjudication of personal preferences.

7.29 A Learner reports concentration difficulty; roster conflicts have removed learning opportunities; causes of other missed participation remain to be explored.

The strongest formulation separates reported experience, observed context and uncertainty. It avoids both premature diagnosis and a single unsupported cause. Uncertainty guides further assessment rather than weakening a record.

7.30 C Use it to identify plausible barriers and priorities while avoiding claims that a specific adjustment has a proven causal effect.

Different research designs support different conclusions. Experiential research can reveal important barriers without establishing causal effects. Neither automatic validation nor complete dismissal is justified, and the disclosure claim does not follow.

7.31 C Combine supportive communication with actual opportunity and environment changes, and evaluate transfer to the apprenticeship context.

Transfer is a reasoned inference requiring local evaluation. The contextual finding argues against messaging without opportunity. Study size does not erase setting differences, but those differences do not make the research irrelevant.

7.32 C Prioritise a small number of clear task and next-step comments and check the learner can use them.

Information that the learner can act on matters more than volume alone. Extensive comments may increase processing burden; praise alone does not explain improvement. Frequency changes should follow purpose and evidence rather than convenience.

7.33 C Use the optional rating as one contextual perspective alongside access, performance and continuing need.

An optional personal rating has no diagnostic status and cannot determine entitlement alone. Learner experience remains relevant, but routine clinical measurement is outside ordinary coaching and may add unnecessary sensitive data.

7.34 C Confirm the receiving owner understands the necessary arrangements, lawful sharing and first delivery check.

Transition depends on receipt and implementation, not storage alone. Sharing should be purpose-limited, and useful existing information should prevent unnecessary repetition. The new context still requires checking rather than automatic copying.

7.35 C Agree a proportionate reduction of that component with an easy reinstatement route while retaining necessary access arrangements.

Learner choice and review can support reducing a particular component without extinguishing rights or other adjustments. A useful strategy does not remove disability, and a medical certificate is not automatically necessary for this operational decision.

7.36 D The decision maker reasons and evidence, alternatives, interim access and the learner route to review or complain.

A refusal needs a reasoned, reviewable decision and consideration of alternatives. Recording only a label prevents scrutiny. Support should not be conditional on accepting a refusal, and lowering competence is not the default solution.

7.37 B Retain an agreed support role for the coach and allocate investigation and decision responsibilities through an appropriately independent process.

Trust is valuable for support but does not remove conflicts between advocacy, investigation and decision making. Independent handling can preserve that relationship. A wording check is not meaningful procedural separation, and the apprentice should not have to surrender either support or the complaint route.

7.38 D Review the accuracy and information-handling risks and agree an approved alternative or controls before continued reliance.

Adjustments must work in the actual context, including confidentiality and accuracy. The answer is a proportionate approved arrangement, not ignoring risk or banning an entire class of support. Organisational duties cannot simply be shifted to the learner.

7.39 C Complete the learning-plan transition review while maintaining the complaint process and applicable record requirements separately.

Educational completion and complaint closure are separate decisions. Records and outstanding responsibilities follow their own purposes and requirements. Neither indefinite educational actions nor reenrolment is a necessary condition for proper complaint handling.

7.40 D Ask the learner and action owners separately to explain their next steps, accepted timings, expected evidence and contingency, then resolve any mismatch.

The strongest check triangulates the shared operational understanding and detects unaccepted actions before the class. Documentation, coach knowledge and learner experience each matter, but none alone establishes that the people controlling delivery know and can perform their responsibilities.

Source notes

Superscript numbers in the chapters refer to these notes. “Source” numbers identify entries in the final source catalogue, where the evidence scope and limitations are recorded.

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- 106. Source 98.** National Institute for Health and Care Excellence (7 September 2022 current guidance checked 9 September 2026). Self harm assessment management and preventing recurrence NG225 Recommendations.
- 107. Source 101.** Wadman R, Taylor O, Parekh C, Churchill R (11 January 2026). Working with a youth mental health apprenticeship scheme to coproduce evidence synthesis The youth mental health evidence synthesis hub.
- 108. Source 99.** Yilmazer E, Hamamci Z, Türk F (24 June 2024). Effects of mindfulness on test anxiety A meta analysis.
- 109. Source 100.** Ofsted (September 2026 version accessed 9 September 2026). Inspection information for further education and skills providers for use from September 2026.
- 110. Source 11.** Department for Work and Pensions (Version 3 updated 3 August 2026). Apprenticeship funding rules 2026 to 2027.
- 111. Source 102.** CAST (2024-07-30). CAST Universal Design for Learning Guidelines version 3.0.
- 112. Source 103.** Zhang, L.; Carter, R. A. Jr; Greene, J. A.; Bernacki, M. L. (2024-03-12). Unraveling Challenges with the Implementation of Universal Design for Learning: A Systematic Literature Review.
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- 115. Source 106.** Agarwal, P. K.; Nunes, L. D.; Blunt, J. R. (2021). Retrieval Practice Consistently Benefits Student Learning: a Systematic Review of Applied Research in Schools and Classrooms.
- 116. Source 107.** Sweller, J.; van Merriënboer, J. J. G.; Paas, F. (2019). Cognitive Architecture and Instructional Design: 20 Years Later.
- 117. Source 108.** Pashler, H.; McDaniel, M.; Rohrer, D.; Bjork, R. (2008). Learning Styles: Concepts and Evidence.

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119. Source 110. Microsoft (2026). Word PDF Accessibility.
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122. Source 29. World Wide Web Consortium (W3C Recommendation 12 December 2024). Web Content Accessibility Guidelines WCAG 2.2.
123. Source 113. World Wide Web Consortium Web Accessibility Initiative (Undated current tutorial). Forms Tutorial.
124. Source 114. World Wide Web Consortium Web Accessibility Initiative (Undated current guidance). Making Audio and Video Media Accessible.
125. Source 115. Wisniewski, B.; Zierer, K.; Hattie, J. (2020-01-22). The Power of Feedback Revisited: A Meta-Analysis of Educational Feedback Research.
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129. Source 12. Department for Work and Pensions (Updated 3 August 2026). Changes to apprenticeship assessment 2025 to 2026.
130. Source 8. Department for Work and Pensions (Updated 31 July 2026). Support for learners with learning difficulties and disabilities.
131. Source 119. Information Commissioner's Office (Current guidance verified 2026-09-09). How do we ensure lawfulness in AI.
132. Source 9. Ofsted (September 2026 version 2). Further education and skills inspection toolkit.
133. Source 4. UK Parliament (2010). Equality Act 2010 section 20 and explanatory notes.
134. Source 8. Department for Work and Pensions (Updated 31 July 2026). Support for learners with learning difficulties and disabilities.
135. Source 6. Equality and Human Rights Commission (2014 technical guidance revised 2015). Technical guidance on further and higher education.
136. Source 115. Wisniewski, B.; Zierer, K.; Hattie, J. (2020-01-22). The Power of Feedback Revisited: A Meta-Analysis of Educational Feedback Research.
137. Source 120. Koldas M Dounavi K MacCarthaigh M and Dillenburger K (6 December 2025). Facilitators and Barriers to Employment of Neurodivergent Individuals A Systematic Literature Review of Employee and Employer Experiences.

138. [Source 121](#). Information Commissioners Office (Current guidance accessed 9 September 2026). What are the rules on special category data.
139. [Source 122](#). Information Commissioners Office (Current guidance accessed 9 September 2026). When can we share workers health information.
140. [Source 11](#). Department for Work and Pensions (Version 3 updated 3 August 2026). Apprenticeship funding rules 2026 to 2027.
141. [Source 8](#). Department for Work and Pensions (Updated 31 July 2026). Support for learners with learning difficulties and disabilities.
142. [Source 123](#). Department for Work and Pensions (Current guidance accessed 9 September 2026). Access to Work get support if you have a disability or health condition.
143. [Source 8](#). Department for Work and Pensions (Updated 31 July 2026). Support for learners with learning difficulties and disabilities.
144. [Source 124](#). Health and Safety Executive (Current guidance accessed 9 September 2026). Employers duties in protecting disabled people at work Making reasonable adjustments.
145. [Source 125](#). Acas (Current guidance accessed 9 September 2026). Harassment Discrimination at work.
146. [Source 48](#). Walton, G. M. and colleagues (5 May 2023). Where and with whom does a brief social belonging intervention promote progress in college.
147. [Source 97](#). NHS (Current webpage accessed 9 September 2026). Where to get urgent help for mental health.
148. [Source 126](#). Acas (Current guidance accessed 9 September 2026). Making and handling requests Reasonable adjustments at work.
149. [Source 9](#). Ofsted (September 2026 version 2). Further education and skills inspection toolkit.

Glossary

Access arrangement. A change in the conditions of learning or assessment that enables participation; formal assessment arrangements may need specific authorisation.

Accessible design. Design that allows people with differing access needs to perceive understand navigate and complete the intended task.

Additional learning support. Educational support addressing an individual need. This broad phrase does not by itself establish funding eligibility.

Adjustment. A change to remove or reduce a barrier. The legal reasonable adjustment duty applies according to the person setting and relevant law.

Agency. The learner's ability to influence decisions about their learning and support.

Baseline. A description of the starting position against which later change can be considered.

Co production. Planning and reviewing support with the learner rather than simply deciding for them.

Competence standard. A relevant standard of competence or ability. Distinguish the standard from the method used to assess it and seek the appropriate interpretation.

Curriculum. The planned sequence and connection of knowledge skills behaviours practice and assessment.

DPO. Data protection officer or the person performing the relevant information governance function.

DSL. Designated safeguarding lead.

EHC plan. Education health and care plan within England's SEND arrangements.

EPA. End point assessment under an applicable apprenticeship assessment plan; terminology and models are changing during assessment reform.

ESOL. English for speakers of other languages. Language development needs should not automatically be treated as disability.

Executive functions. Processes used to organise initiate sustain and monitor goal directed activity; their educational effects vary by person and context.

Functional impact. What happens when a person undertakes a particular activity in a particular environment.

Graduated approach. An iterative approach to assessing needs planning delivering support and reviewing what changes.

Implementation fidelity. Whether the agreed action actually occurred in the way intended.

Intersectionality. Attention to how overlapping identities circumstances and systems of power shape a person's experience.

KSBs. Knowledge skills and behaviours in the applicable apprenticeship standard.

Learning disability. In UK usage a developmental condition affecting intellectual functioning and adaptive skills; distinct from a specific learning difficulty.

Learning difficulty. A term whose meaning varies by educational clinical and funding context. Identify the specific meaning relevant to a decision.

LMS. Learning management system.

Neurodiversity. Variation among human minds; not a diagnosis.

OTJ. Off the job training. Eligibility and volume must follow the learner's applicable apprenticeship rules and plan.

PEEP. Personal emergency evacuation plan where appropriate to the person premises and assessed needs.

RACI. A role allocation method distinguishing responsible accountable consulted and informed roles.

SEND. Special educational needs and disabilities. England statutory arrangements have defined scope and age limits.

Special category data. Personal data requiring additional protection under UK GDPR including health information.

UDL. Universal Design for Learning; a framework for anticipating learner variability in design.

WCAG. Web Content Accessibility Guidelines; a technical accessibility standard that still requires practical user testing.

Sources and further reading

Sources were checked to 9 September 2026. Original publication dates are distinguished from later updates where available. Government rules and assessment plans must be checked again for the relevant cohort and decision date. References are deduplicated by source URL; footnotes identify the matching catalogue number.

The scope and evidence notes identify when a source is clinical guidance, a technical standard, an official rule, a primary study or a review, and flag important limits. KBC's detailed procedures and fictional cases are original practice applications rather than verbatim extracts from these sources.

1. Government Equalities Office (2011 updated official guidance). Disability Equality Act 2010 guidance on the definition of disability.

Scope: Great Britain legal definition. Sections A B and C; recurring effects and deemed disabilities. Guidance consulted 9 September 2026.

<https://www.gov.uk/government/publications/equality-act-guidance/disability-equality-act-2010-guidance-on-matters-to-be-taken-into-account-in-determining-questions-relating-to-the-definition-of-disability-html>

2. World Health Organization (2001 framework current resource). International Classification of Functioning Disability and Health.

Scope: International conceptual framework. Environmental context; no claim of a validated educational intervention.

<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

3. Government Equalities Office (Current resource). Equality Act 2010 guidance.

Scope: England Scotland and Wales. Territorial scope; Northern Ireland separate arrangements.

<https://www.gov.uk/guidance/equality-act-2010-guidance>

4. UK Parliament (2010). Equality Act 2010 section 20 and explanatory notes.

Scope: Great Britain subject to applicable schedules. Requirements and costs; official indexed text and explanatory notes checked; direct HTML retrieval limited.

<https://www.legislation.gov.uk/ukpga/2010/15/section/20>

5. Equality and Human Rights Commission (Current guidance). What do we mean by reasonable.

Scope: Great Britain employment. Official indexed guidance; direct page retrieval limited. Contextual reasonableness.

<https://www.equalityhumanrights.com/guidance/business/employing-people-workplace-adjustments/what-do-we-mean-reasonable>

6. Equality and Human Rights Commission (2014 technical guidance revised 2015). Technical guidance on further and higher education.

Scope: Great Britain FE and HE within legal scope. Competence and assessment distinction; official indexed guidance. Direct full PDF retrieval limited; use alongside current legislation and applicable assessment rules.

<https://www.equalityhumanrights.com/guidance/home/technical-guidance-further-and-higher-education>

7. Department for Education (1 September 2014). SEND guide for further education providers.

Scope: England specified FE bodies ages 0 to 25. Read alongside SEND code; do not assume all duties apply identically to ITPs.

<https://www.gov.uk/government/publications/send-guide-for-further-education-providers>

8. Department for Work and Pensions (Updated 31 July 2026). Support for learners with learning difficulties and disabilities.

Scope: England apprenticeships and units with different claim rules. Initial and further assessment; funding evidence; not a diagnosis requirement for sensible teaching support.

<https://www.gov.uk/government/publications/support-for-learners-undertaking-an-apprenticeship-or-an-apprenticeship-unit-with-learning-difficulties-and-disabilities/support-for-apprentices-with-learning-difficulties-and-disabilities>

9. Ofsted (September 2026 version 2). Further education and skills inspection toolkit.

Scope: England FE and skills inspection. Inclusion printed pages 10 to 16; requirements should be read in full in the applicable official toolkit.

https://assets.publishing.service.gov.uk/media/6a917f155a0c25165ae46694/Further_education_and_skills_inspection_toolkit.pdf

10. Ofsted (June and August 2026). Further education and skills inspection materials summary of changes.

Scope: England inspections from September 2026. Mental health safeguarding and inclusion updates.

<https://www.gov.uk/government/publications/further-education-and-skills-inspection-toolkit-operating-guide-and-information/summary-of-changes>

11. Department for Work and Pensions (Version 3 updated 3 August 2026). Apprenticeship funding rules 2026 to 2027.

Scope: England starts 1 August 2026 to 31 July 2027. Cohort applicability; departmental transfer also confirmed on 2025 to 2026 rules publication.

<https://www.gov.uk/government/publications/apprenticeship-funding-rules-and-assessment-plan-guidance-2026-to-2027>

12. Department for Work and Pensions (Updated 3 August 2026). Changes to apprenticeship assessment 2025 to 2026.

Scope: England apprenticeship assessment reform. Transition and applicable assessment plans; not all apprentices change simultaneously.

<https://www.gov.uk/government/publications/apprenticeship-funding-rules-2025-to-2026/changes-to-apprenticeship-assessment-2025-to-2026>

13. Information Commissioner's Office (Current guidance). What are the conditions for processing special category data.

Scope: UK data protection. Article 9 conditions and associated domestic law. Read with Article 6 guidance.

<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/special-category-data/what-are-the-conditions-for-processing/>

14. Department for Education (2026 effective 1 September 2026). Keeping children safe in education.

Scope: England schools and colleges within scope under 18. Current statutory edition; map provider applicability and contract obligations.

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

15. Department of Health and Social Care (Current official guidance consulted September 2026). Care and support statutory guidance chapter 14.

Scope: England adult safeguarding. Section 42 threshold; page flags some wider guidance under review so use current legislation and local procedures.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

16. Karach A D Ma J and Burke M M (Online 7 November 2025 journal issue 2026). Exploring Apprenticeships for Adults with Disabilities A Systematic Review.

Scope: International adult apprenticeship evidence. 19 studies; heterogeneous definitions and no randomised trials; full article accessible.

<https://journals.sagepub.com/doi/10.1177/10522263251394314>

17. Zhang L Carter R A Jr Greene J A and Bernacki M L (2024). Unraveling Challenges with the Implementation of Universal Design for Learning A Systematic Literature Review.

Scope: PreK to 12 school studies. Educational Psychology Review 36 article35; abstract and publisher information accessible; methodological transfer only.

<https://link.springer.com/article/10.1007/s10648-024-09860-7>

18. UK Government (n.d.; accessed 9 September 2026). Definition of disability under the Equality Act 2010.

Scope: Official Great Britain legal overview; Northern Ireland distinction and cancer HIV multiple sclerosis status. Full page verified. Overview does not replace statutory detail.

<https://www.gov.uk/definition-of-disability-under-equality-act-2010>

19. Woticky, G., Jetha, A., Tompa, E. and Gignac, M. A. M. (2025; online 13 September 2024). Disclosure Decisions of Workers Living with a Chronic Health Condition Causing Disability at Work: Are Decisions to Disclose to Co-workers and Supervisors Different?

Scope: Journal of Occupational Rehabilitation 35, 675–687. Cross sectional Canadian survey of 882 workers; indirect apprenticeship evidence. Full publisher page verified; associations are not causal.

<https://doi.org/10.1007/s10926-024-10235-6>

20. Gignac, M. A. M., Pienkowski, M. and Bowring, J. (24 April 2026). Working with a Chronic Health Condition: Is Choosing Not to Disclose the Same as Hiding Information?

Scope: Journal of Occupational Rehabilitation. Cross sectional Canadian worker survey, 695 complete cases. Full publisher page verified. Nondisclosure and active hiding distinguished; no causal claims.

<https://doi.org/10.1007/s10926-026-10387-7>

21. Health and Safety Executive (Current page accessed 9 September 2026). Employers duties in protecting disabled workers: Reviewing your risk assessment.

Scope: Official Great Britain workplace risk guidance. Full page verified. No automatic separate disability risk assessment; avoid blanket exclusions.

<https://www.hse.gov.uk/disability/employers-duties/risk-assessment.htm>

22. NHS England (2024). Making decisions to help you live well with chronic primary pain.

Scope: Official patient decision aid, not an educational protocol. Official indexed PDF verified for definition and complexity; no treatment instructions reproduced.

<https://www.england.nhs.uk/wp-content/uploads/2024/09/PRN00675-ii-making-decisions-to-help-you-live-well-with-chronic-primary-pain.pdf>

23. National Institute for Health and Care Excellence (29 October 2021; accessed 9 September 2026). Myalgic encephalomyelitis or encephalopathy chronic fatigue syndrome: Diagnosis and management, NG206 Recommendations.

Scope: Clinical recommendations, especially sections 1.3 and 1.11 on individual energy management. Official recommendations verified. KBC examples are educational applications, not medical prescriptions.

<https://www.nice.org.uk/guidance/ng206/chapter/recommendations>

24. Wei, H., Daniels, S., Wiggins, R., Coleman, A., Bramwell, D., McElvenny, D., Forde, D. and van Tongeren, M. (5 December 2025). Long COVID and work in the UK: challenges, support and perspectives.

Scope: Archives of Public Health 83, article 297; interviews with 20 people with Long Covid and two managers. Full publisher page verified. Limited diversity and qualitative design acknowledged.

<https://doi.org/10.1186/s13690-025-01777-z>

25. Boutry, C., Phillips, J., Knight, C., Holmes, J., Patel, P., Morriss, R., das Nair, R., Douglas, E., Bolton, C. E., Guo, B. and Radford, K. (15 May 2026). Developing a job retention vocational rehabilitation intervention for people with long covid: a person-based approach.

Scope: BMJ Open 16(5), e109740. Intervention development; not effectiveness evidence for KBC. Metadata verified via PubMed PMID 42152450 and Nottingham repository. Publisher indexed text verified for coordination and employer liaison; direct full fetch blocked. Limited abstract-level claims only.

<https://doi.org/10.1136/bmjopen-2025-109740>

26. Royal National Institute for Deaf People (Updated 2 July 2026). Make your meetings deaf aware.

Scope: Primary specialist guidance for online and in person meetings. Full page verified. KBC teaching scenarios are original applications.

<https://rnid.org.uk/employers-and-professionals/accessible-meetings/>

27. Pérez-Arteaga, J., Letón, E., Pérez-Martín, J., Molanes-López, E. M. and Rodríguez-Ascaso, A. (2025; repository 8 August; issue December). Assessment of captions' quality by students of a MOOC on accessibility of digital materials.

Scope: Computers and Education Open 9, 100279. Randomised crossover caption evaluation study. Publisher indexed abstract and UNED repository metadata verified. Direct opens blocked. Chapter confines discussion to abstract findings; no unverified sample or learner-effect claims.

<https://doi.org/10.1016/j.caeo.2025.100279>

28. Royal National Institute of Blind People (n.d.; accessed 9 September 2026). Understanding Sight Loss: Flexible learning for staff and volunteers.

Scope: Specialist introductory awareness workbook. Official indexed PDF verified; task-specific teaching examples are original.

https://www.rnib.org.uk/documents/223/Understanding_Sight_Loss_Workbook.pdf

29. World Wide Web Consortium (W3C Recommendation 12 December 2024). Web Content Accessibility Guidelines WCAG 2.2.

Scope: International technical standard: keyboard access, text alternatives and flashes. Official standard verified. Technical compliance is distinguished from educational equivalence.

<https://www.w3.org/TR/WCAG22/>

30. NHS England (2025; current version accessed 9 September 2026). Accessible Information Standard: Requirements DAPB1605.

Scope: Official NHS and adult social care standard, including combined sensory loss. Official indexed text and publication metadata verified. Direct applicability to health and social care distinguished from comparative apprenticeship practice.

<https://www.england.nhs.uk/long-read/accessible-information-standard-requirements-dapb1605/>

31. STAMMA British Stammering Association (n.d.; accessed 9 September 2026). Supporting Employees Who Stammer.

Scope: Primary specialist employer guidance. Full page verified. Formal assessment arrangements still need relevant approval.

<https://stamma.org/get-help/employers-recruiters/guide-stammering-employers>

32. NHS (Current page accessed 9 September 2026). Epilepsy.

Scope: Official awareness resource about varied seizures. Full page verified; no diagnostic or blanket exclusion recommendations.

<https://www.nhs.uk/conditions/epilepsy/>

33. NHS (Current page accessed 9 September 2026). What to do if someone has a seizure.

Scope: Official first aid awareness and emergency thresholds. Full page verified. Trained response and individual care plans stressed; no dosing advice.

<https://www.nhs.uk/symptoms/what-to-do-if-someone-has-a-seizure-fit/>

34. NHS (Reviewed 3 August 2023; accessed 9 September 2026). Low blood sugar: Hypoglycaemia.

Scope: Official awareness and emergency guidance. Full page verified. Page displays review due 3 August 2026 but remains current NHS page. Chapter reproduces essential safe boundary only, not treatment doses.

<https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/>

35. Health and Safety Executive (Current page accessed 9 September 2026). Protecting pregnant workers and new mothers: Risk assessment.

Scope: Official Great Britain employer guidance on individual risk assessment. Full page verified. Pregnancy written-notification trigger distinguished from disability guidance.

<https://www.hse.gov.uk/mothers/employer/risk-assessment.htm>

36. UK Government (Current page accessed 9 September 2026). Reasonable adjustments for workers with disabilities or health conditions.

Scope: Official workplace guidance explicitly including apprentices. Authoritative search verification; not a substitute for case-specific legal advice.

<https://www.gov.uk/reasonable-adjustments-for-disabled-workers>

37. Department for Work and Pensions (7 October 2025; accessed 9 September 2026). Access to Work: Factsheet for employers.

Scope: Detailed official scheme guidance. Full page verified. Explicit exclusion of adjustments employers are legally required to make takes precedence over simplified generic apprenticeship advice.

<https://www.gov.uk/government/publications/access-to-work-guide-for-employers/access-to-work-factsheet-for-employers>

38. Papadopoulos, K., Koustriava, E., Isaraj, L., Chronopoulou, E., Manganello, F. and Molina-Carmona, R. (23 May 2024). Assistive Technology for Higher Education Students with Disabilities: A Qualitative Research.

Scope: Digital 4(2), 501–511. Qualitative higher education research, indirect apprenticeship evidence. Publisher indexed text, research project listing and University of Alicante metadata verified. Full publisher open rate limited. Limited needs-and-context claims only.

<https://doi.org/10.3390/digital4020025>

39. Ofsted (September 2026 version published 28 August 2026). Further education and skills operating guide for inspectors: For use from September 2026.

Scope: Official England inspection operating guidance. Full page verified. KBC form is original proposed practice, not mandated evidence or a grade guarantee.

<https://www.gov.uk/government/publications/further-education-and-skills-inspection-toolkit-operating-guide-and-information/further-education-and-skills-operating-guide-for-inspectors-for-use-from-september-2026>

40. NHS (Current page accessed 9 September 2026). Dysarthria: Difficulty speaking.

Scope: Official description and sudden stroke warning signs. Full page verified. Sudden changes distinguished from established access needs.

<https://www.nhs.uk/conditions/dysarthria/>

41. NHS (Current page accessed 9 September 2026). Aphasia.

Scope: Official description of language difficulty after brain damage. Full page verified. Brief explanatory use only.

<https://www.nhs.uk/conditions/aphasia/>

42. Royal National Institute for Deaf People (Current page accessed 9 September 2026). Communication support options if you are deaf or have hearing loss.

Scope: Primary specialist description of communication support options. Full page verified. Formal assessment use depends on authorised arrangements.

<https://rnid.org.uk/information-and-support/deaf-awareness/communication-support/>

43. Equality and Human Rights Commission (2015). Equality Act 2010 Technical Guidance on Further and Higher Education.

Scope: Great Britain; further and higher education equality guidance; separate education and employment relationships must be distinguished. Official technical guidance, verified in search. Used for concise distinction between equality duties and disability reasonable adjustments, not as a complete statement of every current legal issue. Accessed 9 September 2026.

<https://www.equalityhumanrights.com/sites/default/files/equalityact2010-technicalguidance-feandhe-2015.pdf>

44. Acas (Undated live guidance; accessed 9 September 2026). Protected characteristics.

Scope: Great Britain employment equality guidance; Northern Ireland has a different legislative framework. Official guidance collection verified in search. Supports employment protected characteristic terminology, while chapter emphasises respectful person chosen language and referral for disputed legal questions.

<https://www.acas.org.uk/protected-characteristics>

45. Takala, H., Bhatti, S., Hudson, N., Chakraborty, T., Chalker, C., Nashef, C. and Cohen, E.; National Centre for Social Research (8 April 2025). Participation of young people from minority ethnic backgrounds in apprenticeships.

Scope: England apprenticeship participation; qualitative primary research commissioned by Youth Futures Foundation. Publisher research summary read. Reports information, pay, transport, family network and racism mechanisms. No national or KBC prevalence claim. Accessed 9 September 2026.

<https://natcen.ac.uk/publications/participation-young-people-minority-ethnic-backgrounds-apprenticeships>

46. Nayak, A. and Gaunt, G. (21 July 2026). Engineering Apprenticeships Youth Transitions Industrial Capital and the Role of Working Class Households.

Scope: The British Journal of Sociology; biographical study of 34 engineering apprentices in Teesside, Northeast England. Primary article opened and methods verified. DOI 10.1111/1468-4446.70155. Chapter uses household resources and networks finding, explicitly limits sector and geographical transfer. Accessed 9 September 2026.

<https://onlinelibrary.wiley.com/doi/10.1111/1468-4446.70155>

47. Casey, C. and Mountford Zimdars, A. (2024). Legal apprenticeships Enhancing capabilities wellbeing and diversity in the profession.

Scope: British Educational Research Journal; qualitative comparison of legal apprentices and traditional law students in the UK. University author repository and publisher search excerpts verified. DOI 10.1002/berj.4003. Publisher full text open returned 403, so no claim of full paper appraisal. Capabilities framing and qualitative design are supported by accessible author summary. Accessed 9 September 2026.

<https://eprints.whiterose.ac.uk/id/eprint/212166/>

48. Walton, G. M. and colleagues (5 May 2023). Where and with whom does a brief social belonging intervention promote progress in college.

Scope: Science; randomised experiment with 26,911 students at 22 United States higher education institutions. Primary research abstract opened. DOI 10.1126/science.ade4420. The effect depended on opportunities to belong; transfer to English apprenticeships is explicitly an inference requiring evaluation. Accessed 9 September 2026.

<https://pubmed.ncbi.nlm.nih.gov/37141344/>

49. James, J., Bellaouane, L., Ottley, C., Shearman, G., Whiting, K., Elbediwy, A. and Johnson, D. (14 October 2024). The Identification of Student Carers and the Burden of their Caring Responsibilities on Academic engagement and Student Life.

Scope: New Directions in the Teaching of Natural Sciences; questionnaire study of 33 self identified carers studying biosciences at Kingston University. Primary article abstract and authors read. DOI 10.29311/ndtns.vi19.4693. Small self selected university sample; not used to estimate apprenticeship prevalence or predict individual withdrawal. Accessed 9 September 2026.

<https://journals.le.ac.uk/index.php/new-directions/article/view/4693>

50. Jisc (2025 report; survey October 2024 to April 2025). 2024 25 UK further education learners digital experience insights survey findings.

Scope: 5,881 FE respondents at 16 organisations, 15 in England and one in Scotland; not a representative UK apprenticeship sample. Primary survey summary opened and sample verified. Chapter deliberately avoids transplanting percentages to KBC. Accessed 9 September 2026.

<https://digitalinsights.jisc.ac.uk/reports-and-briefings/our-reports/2024-25-uk-further-education-learners-digital-experience-insights-survey-findings/>

51. Money and Pensions Service (Undated live service; accessed 9 September 2026). MoneyHelper.

Scope: United Kingdom; government backed money guidance and debt advice signposting. Official service information verified in search. Used to identify a referral route, not to provide benefit eligibility or regulated debt advice.

<https://maps.org.uk/en/about-us/moneyhelper>

52. GOV.UK (Undated live guidance; accessed 9 September 2026). Help from your council if you are homeless or at risk of homelessness.

Scope: England housing support route; eligibility and accommodation outcomes require council assessment; other UK nations differ. Official public guidance verified in search. Chapter does not promise housing or imply automatic entitlement from identity.

<https://www.gov.uk/homelessness-help-from-council>

53. Acas (5 April 2024; live guidance accessed 9 September 2026). Carers leave.

Scope: Great Britain employment guidance on statutory carers leave. Official guidance verified in search. Chapter signposts the process without promising pay, benefit eligibility or a preferred ongoing work pattern.

<https://www.acas.org.uk/carers-leave>

54. Acas (14 January 2026). The right to request Statutory flexible working requests.

Scope: Great Britain statutory flexible working requests; Northern Ireland rules differ. Official current guidance verified in search. Used to distinguish request entitlement from guaranteed approval. Accessed 9 September 2026.

<https://www.acas.org.uk/statutory-flexible-working-requests/the-right-to-request>

55. GOV.UK apprenticeship policy guidance (Live guidance accessed 9 September 2026). Apprenticeships care leavers bursary guidance.

Scope: England apprenticeships; cohort and legal care leaver eligibility conditions apply. Full guidance opened. Confirms £3,000 for eligible starts from 1 August 2023, instalments and some shorter apprenticeship exceptions. Chapter requires applicable rules, prior receipt and evidence checks, and distinguishes estrangement.

<https://www.gov.uk/government/publications/apprenticeships-bursary-for-care-leavers/apprenticeships-care-leavers-bursary-policy-summary>

56. Acas (25 March 2026; accessed 9 September 2026). Preventing sexual harassment.

Scope: Great Britain employment guidance; distinguishes current reasonable steps duty and flagged change from 30 October 2026. Full official guidance opened. Contains third party risk and prevention duties. Chapter clearly separates current date from forthcoming change and instructs current guidance check.

<https://www.acas.org.uk/sexual-harassment/steps-for-employers-to-prevent-sexual-harassment>

57. Acas (29 October 2024; accessed 9 September 2026). Preventing religion or belief discrimination.

Scope: Great Britain employment guidance; individual accommodation and discrimination issues. Official guidance verified in search. No unconditional entitlement to a preferred facility or timetable is asserted.

<https://www.acas.org.uk/religion-or-belief-discrimination/preventing-religion-or-belief-discrimination>

58. Acas (10 June 2026). What the law says Pregnancy and maternity discrimination.

Scope: Great Britain employment protections; distinct from disability adjustments. Full official guidance opened. Used for concise pregnancy and maternity protection statement; chapter does not calculate leave, pay or redundancy entitlement. Accessed 9 September 2026.

<https://www.acas.org.uk/pregnancy-and-maternity-discrimination>

59. Acas (7 April 2026). Menopause and discrimination.

Scope: Great Britain employment guidance; menopause is not itself a separate protected characteristic. Full official guidance opened. Supports practical need focused assistance and possible links to existing protected characteristics. No diagnosis or treatment recommendation. Accessed 9 September 2026.

<https://www.acas.org.uk/menopause-at-work/menopause-and-the-law>

60. Immigration Advice Authority (Live guidance accessed 9 September 2026). Information for advice seekers.

Scope: United Kingdom; finding appropriately regulated immigration advice. Official guidance verified in search. Chapter separates immigration advice, employment checks, funding eligibility and prior learning assessment.

<https://www.gov.uk/guidance/information-for-advice-seekers>

61. Information Commissioners Office (Undated live guidance; accessed 9 September 2026). Data type Data security incident trends glossary.

Scope: United Kingdom data protection; criminal convictions and offences data includes Article 10 safeguards. Official ICO description verified in search. Chapter uses only the need for separate governance and avoids making a legal determination for a particular record.

<https://ico.org.uk/action-weve-taken/complaints-and-concerns-data-sets/data-security-incident-trends/glossary-of-terms/data-type/>

62. Home Office (26 June 2020). Domestic abuse Recognise the signs.

Scope: UK government public recognition guidance; local safeguarding and referral arrangements must be followed. Full official guidance opened. Includes money control, monitored communication and obstruction of work or education. Used to identify possible concerns rather than diagnose abuse. Accessed 9 September 2026.

<https://www.gov.uk/government/publications/domestic-abuse-recognise-the-signs/domestic-abuse-recognise-the-signs>

63. Information Commissioners Office (Live guidance accessed 9 September 2026). What is special category data.

Scope: United Kingdom data protection; special category personal data. Official guidance verified in search with ICO conditions for processing guidance. Supports restricted purposeful handling; chapter sends lawful basis and condition decisions to authorised governance.

<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/special-category-data/what-is-special-category-data/>

64. NHS (2025-09-24). Learning disabilities.

Scope: Official public health explanation. UK terminology and heterogeneity; no implication that a label determines decision-specific capacity. Page review date verified.

<https://www.nhs.uk/conditions/learning-disabilities/>

65. NHS (Current page accessed 2026-09-09). ADHD in adults.

Scope: Official public health explanation. Adult experiences and co-occurring conditions; used for orientation, not diagnosis or treatment.

<https://www.nhs.uk/conditions/adhd-adults/>

66. National Institute for Health and Care Excellence (2018; current online guidance accessed 2026-09-09). Attention deficit hyperactivity disorder diagnosis and management NG87.

Scope: Clinical guideline. Environmental modifications verified through official search result; recommendations page fetch blocked. KBC applications are educational synthesis, not verbatim guideline instructions.

<https://www.nice.org.uk/guidance/ng87/chapter/recommendations>

67. National Institute for Health and Care Excellence (2012; current online guidance accessed 2026-09-09). Autism spectrum disorder in adults diagnosis and management CG142.

Scope: Clinical guideline. Official search results verified communication and sensory/environment awareness. Recommendations page fetch blocked. Not an apprenticeship intervention trial.

<https://www.nice.org.uk/guidance/cg142/chapter/Recommendations>

68. Blood Checketts, M. (2026-06-30). A systematic review of autism in the workplace Taking a holistic perspective on the Autistic employee life cycle.

Scope: Systematic review in Applied Psychology. Publisher full text verified. Focus on Level 1 autism as defined in this literature; limits representativeness. No prevalence figures or stereotype claims adopted.

<https://doi.org/10.1111/apps.70116>

69. Ali, D., Bougoure, M., Cooper, B., Quinton, A. M. G., Tan, D., Brett, J., Mandy, W., Maybery, M., Magiati, I. and Happé, F. (2025; online 4 November). Burnout as experienced by autistic people A systematic review.

Scope: Systematic review in Clinical Psychology Review. 48 studies; predominantly White female late-diagnosed adults with at least average intellectual/verbal abilities. Abstract and bibliographic details verified via PubMed <https://pubmed.ncbi.nlm.nih.gov/41207162/>; no causal certainty or treatment prescription.

<https://doi.org/10.1016/j.cpr.2025.102669>

70. NHS (2026-03-26). Dyslexia in adults.

Scope: Official public health explanation. Current page and review date verified; condition description kept short and distinct from KBC operational suggestions.

<https://www.nhs.uk/conditions/dyslexia-in-adults/>

71. Carroll, J. M., Holden, C., Kirby, P., Thompson, P. A., Snowling, M. J. and the Dyslexia Delphi Panel (2025). Toward a consensus on dyslexia findings from a Delphi study.

Scope: Original expert consensus study in Journal of Child Psychology and Psychiatry. Consensus definition study, not an adjustment-effectiveness trial. Open text <https://pmc.ncbi.nlm.nih.gov/articles/PMC12198935/> verified in search.

<https://doi.org/10.1111/jcpp.14123>

72. Holden, C., Kirby, P., Snowling, M. J., Thompson, P. A. and Carroll, J. M. (2025-02-25). Towards a Consensus for Dyslexia Practice Findings of a Delphi Study on Assessment and Identification.

Scope: Original expert consensus study in Dyslexia. Assessment and identification consensus. Open text <https://pmc.ncbi.nlm.nih.gov/articles/PMC11852196/> verified in search; not evidence of a universal intervention.

<https://doi.org/10.1002/dys.1800>

73. Kißler, C. and Kuhn, J.-T. (2025-09-23). Identifying and subtyping dyscalculia in a sample of children with and without dyscalculia a data-driven approach.

Scope: Original empirical study in Frontiers in Psychology. Publisher full text verified. Child sample; transfer to adult apprenticeships explicitly limited. No adult diagnostic validity inferred.

<https://doi.org/10.3389/fpsyg.2025.1590581>

74. NHS (2026-03-30). Dyspraxia in adults developmental co-ordination disorder.

Scope: Official public health explanation. Current page and review date verified; does not affect intelligence. Practical learning adjustments are KBC synthesis.

<https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia-in-adults/>

75. Dubois, P., St-Pierre, M.-C., Desmarais, C. and Guay, F. (2020-11-13). Young Adults With Developmental Language Disorder A Systematic Review of Education Employment and Independent Living Outcomes.

Scope: Systematic review in Journal of Speech Language and Hearing Research. Adult transition evidence; 15 papers represented four independent samples. Publisher and PubMed records verified; not an apprenticeship intervention trial.

https://doi.org/10.1044/2020_JSLHR-20-00127

76. Wilmot, A., Boyes, M., Sievers, R., Leitão, S. and Norbury, C. (2024-10-22). Impact of developmental language disorders on mental health and well-being across the lifespan a qualitative study including the perspectives of UK adults with DLD and Australian speech-language therapists.

Scope: Original qualitative study in BMJ Open. Full open text <https://pmc.ncbi.nlm.nih.gov/articles/PMC11499835/> verified. Six UK adults with DLD and five Australian speech-language therapists; small selected sample limits generalisation and causal claims.

<https://doi.org/10.1136/bmjopen-2024-087532>

77. National Institute for Health and Care Excellence (2025-10-15). Rehabilitation for chronic neurological disorders including acquired brain injury NG252.

Scope: Clinical guideline. Official recommendations and publication date verified. Cognitive assessment/rehabilitation belongs to appropriately qualified practitioners; KBC advice concerns educational coordination.

<https://www.nice.org.uk/guidance/ng252>

78. NHS (2025-05-20). Tourette syndrome.

Scope: Official public health explanation. Current page and review date verified. Brief condition orientation; no diagnostic criteria or treatment instructions reproduced.

<https://www.nhs.uk/conditions/tourette-syndrome/>

79. Weber, C., Krieger, B., Häne, E., Yarker, J. and McDowall, A. (2024 issue; first online 2022-09-06). Physical workplace adjustments to support neurodivergent workers A systematic review.

Scope: Systematic review in Applied Psychology. 20 studies, predominantly autism, office or mixed work settings; studies through September 2021. Full publisher text verified. Methodological limitations explicit; not evidence for universal equipment packages.

<https://doi.org/10.1111/apps.12431>

80. Scholz, F., Kersten, A. and Szulc, J. M. (2026-02-22). From inclusion to neurodivergent safe space in organizations.

Scope: Critical review and conceptual framework in International Journal of Management Reviews. 31 empirical and conceptual articles; descriptive/conceptual synthesis, not experimental validation. Full publisher text verified.

<https://doi.org/10.1111/ijmr.70019>

81. Clinton-Lisell, V. and Litzinger, C. (2024-07-10). Is it really a neuromyth A meta-analysis of the learning styles matching hypothesis.

Scope: Meta-analysis in Frontiers in Psychology. 21 studies and methodological limitations. Small aggregate matching effect acknowledged; not presented as a zero-effect finding. Open full text

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11270031/>.

<https://doi.org/10.3389/fpsyg.2024.1428732>

82. Cassidy JC, Tan SH, Robiullah A, Badzovski I, Janiuk J (7 March 2025). Methods Employed in Studies Identifying Levels of Test Anxiety in University Students A Systematic Review.

Scope: Systematic review in university students published in Behavioral Sciences 15(3) 331. Verified through PubMed PMID 40150226 and publisher search. Inconsistent classification methods do not validate local diagnostic thresholds; transfer to apprenticeships requires caution.

<https://doi.org/10.3390/bs15030331>

83. National Institute for Health and Care Excellence (22 May 2013 current guidance checked 9 September 2026). Social anxiety disorder recognition assessment and treatment CG159.

Scope: Clinical guideline including adults and children. Used for condition orientation and clinical role boundaries, not as a protocol for coach delivered therapy.

<https://www.nice.org.uk/guidance/cg159/chapter/recommendations>

84. Shockley KM, Gabriel AS, Robertson D and colleagues (2021). The fatiguing effects of camera use in virtual meetings A within person field experiment.

Scope: Journal of Applied Psychology 106(8) 1137–1155 workplace field experiment. Primary study verified via PubMed PMID 34423999 and University of Arizona publication record. Workplace meeting findings do not determine all classroom or assessment camera arrangements.

<https://doi.org/10.1037/apl0000948>

85. National Institute for Health and Care Excellence (2011 updated 2020 current recommendations checked 9 September 2026). Generalised anxiety disorder and panic disorder in adults management CG113.

Scope: Adult clinical guidance on anxiety and panic. Definitions and clinical boundaries only; no coach diagnosis or treatment programme is derived from it.

<https://www.nice.org.uk/guidance/cg113/chapter/Recommendations>

86. National Institute for Health and Care Excellence (29 June 2022 current recommendations checked 9 September 2026). Depression in adults treatment and management NG222.

Scope: Adult depression clinical care. Verified through official search and NCBI guideline listing; direct NICE fetch intermittently blocked. Educational recommendations are original KBC proposals rather than treatments.

<https://www.nice.org.uk/guidance/ng222/chapter/recommendations>

87. Health and Safety Executive (Undated current guidance accessed 9 September 2026). What are the Management Standards.

Scope: Great Britain work related stress management. Six work design areas used as a short orientation; action plan examples are KBC proposals.

<https://www.hse.gov.uk/stress/standards/overview.htm>

88. World Health Organization (28 May 2019 current clarification checked 9 September 2026). Burn out an occupational phenomenon International Classification of Diseases.

Scope: ICD 11 occupational classification clarification. Clarifies burnout as occupational phenomenon and not a general diagnostic label for exhaustion.

<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

89. NHS (Current webpage accessed 9 September 2026). Grief after bereavement or loss.

Scope: Public health information on grief and routes to help. Used briefly to explain variation, not to prescribe a recovery timetable.

<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/grief-bereavement-loss/>

90. National Institute for Health and Care Excellence (5 December 2018 current guidance checked 9 September 2026). Post traumatic stress disorder NG116 Recommendations.

Scope: Clinical PTSD guideline including psychologically focused debriefing recommendation. Verified through official search where direct fetch blocked. Educational staff should not conduct therapeutic debriefing or require trauma retelling.

<https://www.nice.org.uk/guidance/ng116/chapter/Recommendations>

91. Nguyen-Feng VN, Ramirez M, Behrens KL, Usset T, Claussen AM, Parikh RR, Lee EK, Mendenhall T, Wilt TJ, Butler M (January 2025). Trauma Informed Care A Systematic Review.

Scope: AHRQ systematic review Report 25 EHC007 DOI 10.23970/AHRQEPCSRTRAUMA. Healthcare and social service settings; all included studies assessed high risk of bias and evidence insufficient for assessed outcomes. This is not an apprenticeship intervention trial.

<https://www.ncbi.nlm.nih.gov/books/NBK614496/>

92. NHS (Current webpage accessed 9 September 2026). Symptoms Obsessive compulsive disorder OCD.

Scope: Public clinical orientation to obsessions and compulsions. Unwanted intrusive thoughts must not automatically be treated as intention; separate actual safety concerns still require assessment.

<https://www.nhs.uk/mental-health/conditions/obsessive-compulsive-disorder-ocd/symptoms/>

93. NHS (Reviewed 28 October 2024 accessed 9 September 2026). Bipolar disorder.

Scope: Public clinical orientation. No medication advice is provided in this chapter. Educational actions depend on individual functioning and preferences.

<https://www.nhs.uk/mental-health/conditions/bipolar-disorder/>

94. NHS (Current webpage accessed 9 September 2026). Overview Psychosis.

Scope: Public clinical orientation and importance of help. Staff do not diagnose psychosis from learner behaviour; a history does not establish current danger or incapacity.

<https://www.nhs.uk/mental-health/conditions/psychosis/overview/>

95. NHS (Current webpage accessed 9 September 2026). Overview Eating disorders.

Scope: Public clinical orientation and routes to healthcare. Current URL differs from older conditions path; appearance should not be used as the basis for educational support decisions.

<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>

96. NHS (Current webpage accessed 9 September 2026). Alcohol use disorder.

Scope: Public health information including dependence and withdrawal. Used to support medical referral rather than coach supervised withdrawal or advice to stop abruptly.

<https://www.nhs.uk/conditions/alcohol-use-disorder/>

97. NHS (Current webpage accessed 9 September 2026). Where to get urgent help for mental health.

Scope: England urgent and emergency mental health routes. 999 or A&E for life at risk or inability to keep safe; NHS111 mental health option or urgent GP for urgent nonemergency help. Recheck contact routes before future editions.

<https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>

98. National Institute for Health and Care Excellence (7 September 2022 current guidance checked 9 September 2026). Self harm assessment management and preventing recurrence NG225 Recommendations.

Scope: Clinical guidance particularly recommendations 1.6.1 to 1.6.6. Do not use scales or global risk categories to predict suicide or repeat self harm. The chapter does not turn clinical guidance into a coach screening tool.

<https://www.nice.org.uk/guidance/ng225/chapter/Recommendations>

99. Yilmazer E, Hamamci Z, Türk F (24 June 2024). Effects of mindfulness on test anxiety A meta analysis.

Scope: Frontiers in Psychology 15 1401467 meta analysis. Eighteen primary studies with diverse contexts; significant heterogeneity and potential publication bias. No compulsory mindfulness or guaranteed apprenticeship benefit follows.

<https://doi.org/10.3389/fpsyg.2024.1401467>

100. Ofsted (September 2026 version accessed 9 September 2026). Inspection information for further education and skills providers for use from September 2026.

Scope: Current England FE and skills inspection information. Current version verified in official government search. The chapter's action plan and evidence examples are not mandated Ofsted forms or guarantees of a judgement.

<https://www.gov.uk/government/publications/further-education-and-skills-inspection-toolkit-operating-guide-and-information/inspection-information-for-further-education-and-skills-providers-for-use-from-september-2026>

101. Wadman R, Taylor O, Parekh C, Churchill R (11 January 2026). Working with a youth mental health apprenticeship scheme to coproduce evidence synthesis The youth mental health evidence synthesis hub.

Scope: JCPP Advances e70094 methodological account of Bradford Healthy Minds Apprentices aged 16 to 24. Primary authors' account verified through publisher, PubMed PMID42416665 and University of York repository. Supports contextual reflection on coproduction; not causal evidence of mental health improvement.

<https://doi.org/10.1002/jcv2.70094>

102. CAST (2024-07-30). CAST Universal Design for Learning Guidelines version 3.0.

Scope: Official design framework; engagement, representation, action and expression, agency and attention to exclusion. Official current framework verified 9 September 2026. Framework guidance, not a causal efficacy trial. Chapter summary kept brief; KBC application is original proposed practice.

<https://udlguidelines.cast.org/>

103. Zhang, L.; Carter, R. A. Jr; Greene, J. A.; Bernacki, M. L. (2024-03-12). Unraveling Challenges with the Implementation of Universal Design for Learning: A Systematic Literature Review.

Scope: Educational Psychology Review 36, article 35; review of 32 preK to 12 studies and implementation limitations. Publisher abstract and bibliographic record consulted; full text subscription restricted. Findings limited to abstract-supported scope. Not direct evidence for employed adult apprentices.

<https://doi.org/10.1007/s10648-024-09860-7>

104. King-Sears, M. E.; Stefanidis, A.; Evmenova, A. S.; Rao, K.; Mergen, R. L.; Owen, L. S.; Strimel, M. M. (2023). Achievement of learners receiving UDL instruction: A meta-analysis.

Scope: Teaching and Teacher Education 122, article 103956; achievement under UDL compared with usual provision. Publisher search abstract and bibliographic citation verified. No effect size is claimed, and contextual transfer limitations are explicit.

<https://doi.org/10.1016/j.tate.2022.103956>

105. Kurniawati, F.; Ananda, M.; Hutagalung, F. D.; Rahayu, W. F.; Abdillah, A. A. (2026-07-21). From training to classroom practice: a multiple-case study of universal design for learning implementation in Indonesian universities.

Scope: Frontiers in Education 11, article 1878996; qualitative multiple-case study of 14 lecturers following UDL training. Full publisher page consulted. Context-specific implementation evidence. Chapter deliberately does not adopt the article's stronger causal language or unsupported generalisation to England.

<https://doi.org/10.3389/feduc.2026.1878996>

106. Agarwal, P. K.; Nunes, L. D.; Blunt, J. R. (2021). Retrieval Practice Consistently Benefits Student Learning: a Systematic Review of Applied Research in Schools and Classrooms.

Scope: Educational Psychology Review 33, 1409 to 1453; applied classroom retrieval research. Publisher abstract and author institutional record verified. The chapter separates learning through retrieval from speeded public testing and notes transfer limitations.

<https://doi.org/10.1007/s10648-021-09595-9>

107. Sweller, J.; van Merriënboer, J. J. G.; Paas, F. (2019). Cognitive Architecture and Instructional Design: 20 Years Later.

Scope: Educational Psychology Review 31, 261 to 292; cognitive load and instructional design review. Publisher record and article consulted. Foundational theory, not a diagnostic method or disorder-specific adjustment prescription.

<https://doi.org/10.1007/s10648-019-09465-5>

108. Pashler, H.; McDaniel, M.; Rohrer, D.; Bjork, R. (2008). Learning Styles: Concepts and Evidence.

Scope: Psychological Science in the Public Interest 9, 105 to 119; review of evidence for learning-style matching. Journal volume dated 2008; DOI contains 2009. Publisher and authors' institutional records verify citation. Distinguishes preferences and accessibility from fixed style-based allocation.

<https://doi.org/10.1111/j.1539-6053.2009.01038.x>

109. Microsoft (Undated current guidance). Make your Word documents accessible to people with disabilities.

Scope: Official Word authoring and accessibility guidance. Verified 9 September 2026. Brief source summary; proposed KBC navigation and ownership tests are contextual workflow recommendations.

<https://support.microsoft.com/en-us/accessibility/word/make-your-word-documents-accessible-to-people-with-disabilities>

110. Microsoft (2026). Word PDF Accessibility.

Scope: Official guidance on source document and exported PDF accessibility. Verified 9 September 2026; current page surfaced as published approximately four months earlier. Exact revision day not asserted.

<https://learn.microsoft.com/en-us/office/pdf/word/wordpdfaccessibility>

111. Microsoft (Undated current guidance). Make your PowerPoint presentations accessible to people with disabilities.

Scope: Official PowerPoint guidance on titles, reading order, images and media. Verified 9 September 2026. Accessible authoring guidance, not a guarantee that a particular slide deck works for every user.

<https://support.microsoft.com/en-us/accessibility/powerpoint/make-your-powerpoint-presentations-accessible-to-people-with-disabilities>

112. World Wide Web Consortium Web Accessibility Initiative (Undated current tutorial). Complex Images.

Scope: Short and extended descriptions for graphs, diagrams and other complex images. Official tutorial opened 9 September 2026. KBC assessment-equivalence examples are original applications, not quoted requirements.

<https://www.w3.org/WAI/tutorials/images/complex/>

113. World Wide Web Consortium Web Accessibility Initiative (Undated current tutorial). Forms Tutorial.

Scope: Labels, instructions and feedback for accessible forms. Official tutorial opened 9 September 2026. Save-and-resume and monthly submission scenarios are proposed KBC implementation examples.

<https://www.w3.org/WAI/tutorials/forms/>

114. World Wide Web Consortium Web Accessibility Initiative (Undated current guidance). Making Audio and Video Media Accessible.

Scope: Distinguishes captions, transcripts and description of visual information. Verified 9 September 2026 with linked caption, transcript and description guidance. KBC production workflow is proposed practice.

<https://www.w3.org/WAI/media/av/>

115. Wisniewski, B.; Zierer, K.; Hattie, J. (2020-01-22). The Power of Feedback Revisited: A Meta-Analysis of Educational Feedback Research.

Scope: Frontiers in Psychology 10, article 3087; 435-study meta-analysis showing variation in feedback effects. Publisher and PubMed full-text record verified. DOI includes 2019 while publication is 2020. No universal effect on apprentices is inferred.

<https://doi.org/10.3389/fpsyg.2019.03087>

116. Ofqual (Current guidance verified 2026-09-09). Ofqual Handbook General Conditions of Recognition Section G Setting and delivering the assessment.

Scope: General Condition G6 reasonable adjustment arrangements for awarding organisations. Official current page opened. The specific qualification or apprenticeship assessment process still controls approval and conditions.

<https://www.gov.uk/guidance/ofqual-handbook/section-g-setting-and-delivering-the-assessment>

117. Ofqual (2026). Ofqual guide for schools and colleges 2026.

Scope: Reasonable adjustments and competence-standard constraints in applicable qualifications. Official guide verified. Chapter explicitly warns against automatically importing school examination or JCQ conventions into apprenticeship assessment.

<https://www.gov.uk/government/publications/ofqual-guide-for-schools-and-colleges-2026/ofqual-guide-for-schools-and-colleges-2026>

118. Department for Work and Pensions (2026-07). Apprenticeship funding rules 2026 to 2027 Version 3.

Scope: Current England apprenticeship funding rules and version control. Official publication landing page confirms version 3 replacement on 29 July 2026; collection verified 9 September 2026. Apply relevant cohort rules and cross-applicable changes; chapter does not reproduce detailed funding entitlements.

https://assets.publishing.service.gov.uk/media/6a68cabe229c578debc1a78c/Funding_Rules_2627_Version_3_Final.pdf

119. Information Commissioner's Office (Current guidance verified 2026-09-09). How do we ensure lawfulness in AI.

Scope: Lawful processing and additional conditions for special-category information in AI. Official guidance verified. Organisational data protection review should apply the current law and actual processing; generic consent or name removal does not automatically resolve it.

<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/artificial-intelligence/guidance-on-ai-and-data-protection/how-do-we-ensure-lawfulness-in-ai/>

120. Koldas M Dounavi K MacCarthaigh M and Dillenburger K (6 December 2025). Facilitators and Barriers to Employment of Neurodivergent Individuals A Systematic Literature Review of Employee and Employer Experiences.

Scope: Neurodivergent employment experiences systematic review. 56 studies; predominantly qualitative and mixed designs; none experimental intervention studies and study quality not assessed. Use to inform organisational attention without causal guarantees.

<https://doi.org/10.1007/s10803-025-07139-6>

121. Information Commissioners Office (Current guidance accessed 9 September 2026). What are the rules on special category data.

Scope: UK data protection. Article 6 plus Article 9 and applicable Schedule 1 conditions; some conditions require appropriate policy document. Data lead determines purpose-specific lawful arrangements.

<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/special-category-data/what-are-the-rules-on-special-category-data/>

122. Information Commissioners Office (Current guidance accessed 9 September 2026). When can we share workers health information.

Scope: Workplace health information sharing. Minimum necessary sharing, emergency contexts and caution about consent in employment. Provider processing purposes also require separate analysis.

<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/employment/information-about-workers-health/when-can-we-share-workers-health-information/>

123. Department for Work and Pensions (Current guidance accessed 9 September 2026). Access to Work get support if you have a disability or health condition.

Scope: Great Britain workplace support service. Check eligibility and current scheme terms; does not replace adjustments the employer is legally required to make.

<https://www.gov.uk/access-to-work>

124. Health and Safety Executive (Current guidance accessed 9 September 2026). Employers duties in protecting disabled people at work Making reasonable adjustments.

Scope: Great Britain workplace adjustments and safety. Practical changes to equipment and environment; fictional case extends this through original task-specific planning.

<https://www.hse.gov.uk/disability/employers-duties/adjustments.htm>

125. Acas (Current guidance accessed 9 September 2026). Harassment Discrimination at work.

Scope: Great Britain workplace discrimination guidance. Use proper reporting routes and current advice; fictional allegation is not presented as an adjudicated finding.

<https://www.acas.org.uk/discrimination-and-the-law/harassment>

126. Acas (Current guidance accessed 9 September 2026). Making and handling requests Reasonable adjustments at work.

Scope: Great Britain workplace adjustment discussion. Consider requests constructively and alternatives; obtain appropriate expertise for complex refusals.

<https://www.acas.org.uk/reasonable-adjustments/asking-for-reasonable-adjustments>

From understanding barriers to improving practice

Inclusive apprenticeships are built through everyday decisions: how learning is designed, how staff respond to difficulty, and whether agreed support makes a difference.

This Kent Business College handbook turns research, statutory guidance and inspection expectations into practical choices across teaching, coaching, curriculum development and learning design. Seven substantial chapters examine physical and sensory barriers; social, financial and cultural disadvantage; cognitive and neurodevelopmental differences; psychological and emotional needs; and the systems that connect effective support across education and work.

At its centre is a clear approach to individual action planning: understand the barrier, agree a meaningful outcome, assign responsibility, implement the adjustment and review its effect. Worked examples show how to coordinate support while respecting learner agency, protecting confidentiality and preserving occupational standards.

Original diagrams, reusable tools and 280 challenging case-based questions with explained answers support professional study, team discussion and reflective practice.

For coaches, tutors, curriculum developers, designers and managers, this is a reference to return to: when a learner needs a different route, when an established approach excludes, and when evidence is needed to show that inclusion is improving the learning experience.



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