

DISABILITY ACCESS POLICY

Our Mission:

'A learning community, celebrating Christ in all, building a kingdom of love, hope and joy.'

The Purpose and direction of the school's plan:

Vision and Values

St Edmund's Catholic Primary School has high expectations for disabled pupils and a commitment to pupils' full participation in school activities and community. Our policy is driven by the principles of equal opportunities as outlined in the National Curriculum Inclusion statement. In planning and teaching the Foundation Stage Curriculum and the National Curriculum, teachers ensure they have due regard for the setting of suitable and challenging learning objectives, respond to pupils' diverse needs and aim to overcome potential barriers to learning and assessment for all pupils.

Admission

The school admits children between the ages of 3 and 11. Wherever possible, disability will not prevent a child from being accepted at the school. The school will assess any special arrangements necessary for a disabled pupil on a case by case basis and, provided that such arrangements can be made without causing undue disruption to the normal operation of the school or significant additional cost, the disability will not prevent admission.

In determining what is reasonable the school will have regard to:

- The financial resources available to the school;
- The costs of any particular alteration to the premises, staffing arrangements, or special equipment required;
- The practicality of making reasonable adjustments;
- The extent to which aids and services will be provided by provision paid for outside the school's resources;
- Health & Safety requirements;
- The interests of other pupils.

Parents or guardians of children with disabilities or additional needs are expected to notify the school of them at the point of registration. If these are not known at the time, the school should be notified as soon as they are recognised.

Prior to any visit, parents may be asked to provide copies of any professional reports e.g. Educational Psychologist's report or professional reports from other agencies. Early notification is of great value, as it will enable the school to liaise

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with parents and/or existing schools to establish what reasonable adjustments can be made.

As part of the Admissions process, staff will meet with parents to discuss whether or not a prospective pupil will be able to access the curriculum and what reasonable adjustments can be made to facilitate this. In determining this, the school may advise additional assessments for further clarification.

If after consultation, the school decides that it cannot discharge its legal and moral responsibilities to educate the prospective pupil and/or its contractual duties to the parent(s), we will be unable to offer a place.

If the school is satisfied that with reasonable adjustments the prospective pupil can participate in the school, then, subject to availability, a place will be offered.

Reasonable Adjustment

Reasonable adjustments might include a slight modification to curriculum coverage if requested and as appropriate. Where the school agrees to provide additional services or equipment, parents may be charged for this service at a level which reasonably reflects the cost to the school of providing the service.

The school is also required to make reasonable adjustments to enable wider access for disabled people. Physical disability with the requirement for wheel chair use may result in the alteration of door width to accommodate.

It is possible that during their education a pupil may become disabled or his additional needs may first be identified, or become more serious. Continuing communication between parents and staff is vital for ensuring that reasonable adjustments are made to facilitate the pupil's participation in school, such as the temporary relocation of classroom teaching spaces.

Risk Assessments for trips and visits are prepared on a regular basis and would take account of the particular needs of disabled pupils if required. The school will continue to provide equal access to all school activities for disabled pupils, within the constraints of the physical nature of the site, the budgetary costs, the Health & Safety implications and difficulties of supervision. Individual Risk Assessment and management strategies will be provided for disabled pupils engaged in school trips or visits.

Procedures

Most important of all in the School's Disabled Access Policy is the manner with which we receive disabled visitors. People with disabilities are used to the

frustrations of life in an able-bodied person's world. It is expected that all members of the school – staff, pupils and governors, will show them consideration, courtesy and a willingness to assist. Common sense and good manners should be sufficient guidance. However, it is important that all members of the school are aware of the various disabled facilities and can give clear directions.

Disabled visitors must be expected at the school at any time, and more often than not, we will receive no prior warning. On these occasions it is important that we are all in a position to assist as may be required.

At other times the school would expect to be advised that a certain visitor is disabled. Indeed, we will hope to encourage this forewarning. In either case the following procedure is to be adopted:

1. Initial warning of visit by disabled person from whichever source passed to Office staff
2. Office staff to notify all other staff members and ensure that preparation is made.
3. Good liaison between Office staff and the teaching staff is essential in ensuring any disabled visitor to the school is efficiently and confidently handled, making the visit more relaxed and giving the school the opportunity to make a good impression.
4. **Fire Precautions.** Pupils and visitors in wheelchairs will be provided with the school's health and safety leaflet so that they are aware of evacuation procedures. Pupils with temporary disabilities (crutches, temporary wheelchair use) should be allocated a 'buddy' to assist them out of the building in an emergency evacuation. All pupils with physical and learning difficulties will be assigned a buddy.

Information from pupil data and school audit

- The school currently has an average of 15% of pupils on the SEND register with varied needs
- The Special Educational Needs of the pupils include a range of language difficulties including speech and language difficulties, dyslexia, dyspraxia, autism, emotional and behavioural difficulties and medical needs such as severe allergies.
- The school has physical access to the main entrance by ramp and there are disabled toilet facilities available and accessible.

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- Pathways of travel around the school site are safe and parking arrangements are designated
- All play areas are fenced off from the car park by a locked gate or are sited to the side and rear of the building away from the car park.
- Emergency and evacuation procedures are accessible to all at present. Alarms are auditory and the assembly point is on the Infant playground. We will review the provision of a visual alarm should the need arise.
- There is a dedicated SEN room for study and group work and it is available for use throughout the day.
- Furniture and equipment are selected as standard, age-related as appropriate.
- All pupils are encouraged to take part in the full curriculum.
- Pupils with disabilities are encouraged to participate and are included in all aspects of school life such as: dramatic productions, music, PE and class sharing assemblies.
- School visits, including residential visits, are made accessible to all children irrespective of attainment or impairment.
- Teachers and teaching assistants attend SEND courses as appropriate to support specific needs. Teachers work closely with TAs to address pupils' IEP targets and liaise with specialist and support services.
- Lessons provide opportunities for all to succeed through inclusive, differentiated plans and the adoption of a variety of teaching styles and strategies.
- Access to information within the classroom is enabled through the use of visual timetables and visual labelling of equipment and resources. Children with visual and specific reading difficulties who have trouble reading or copying from the board are given printed copies of texts, or information is written down for them.
- We have a clear policy on the administration of medicines, with staff trained to administer epi-pens to specific children. There is a register of children with medical needs.
- Photographs of children with specific medical needs or allergies are displayed in the staff room. Information relating to these children is also passed on to lunch-time supervisors and included in registers in order to inform visiting teachers.
- Epi-pens and inhalers are always taken on visits / trips out of school. Staff trained in first aid and the use of epi-pens always accompany trips.
- Parents, pupils, school staff and governors have been consulted in order to write this plan. Comments and recommendations have been taken into account wherever possible and included in our action plan. Through feedback received at parent consultations and IEP reviews we are confident that the school adopts a curriculum to meet the needs of disabled pupils.

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Ongoing monitoring enables us to identify where changes might be needed and adapt accordingly. The review process takes account of the view of the child when planning for their support.

NB For fear of stating the obvious it is worth reminding everyone that when assisting a disabled person, it is important to address your remarks directly to that person and not to defer automatically to any helper.

Making the plan available

- Hard copies of the school's Access Plan will be available via the school office
- According to the recommendation of Disability Rights Commission font size should be no less than 14 point.

Policy reviewed **October 2020**

Next review **October 2023**

Appendix One

THE DEFINITIONS OF DISABILITY

This appendix is included to aid understanding about who is covered by the Act.

When is a person disabled?

A person has a disability if he or she has a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

What about people who have recovered from a disability?

People who have had a disability within the definition are protected from discrimination even if they have since recovered.

What does ‘impairment’ cover?

It covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing.

Are all mental impairments covered?

The term ‘mental impairment’ is intended to cover a wide range of impairments relating to mental functioning, including what is often known as learning disabilities.

What is a ‘substantial’ adverse effect?

A substantial adverse effect is something, which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability, which might exist among people.

What is a ‘long-term’ effect?

A long-term effect of an impairment is one:

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

Effects, which are not long-term, would therefore include loss of mobility due to a broken limb, which is likely to heal within 12 months and the effects of temporary infections, from which a person would be likely to recover within 12 months.

What if the effects come and go over a period of time?

If impairment has had a substantial adverse effect on normal day-to-day activities but that effect ceases, the substantial effect is treated as continuing if it

is likely to recur; that is if it is more probable than not that the effect will recur.

What are ‘normal day-to-day activities’?

They are activities, which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument, or a sport, to a professional standard or performing a skilled or specialised task at work. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition. The test of whether an impairment affects normal day-to-day activities is whether it affects one of the broad categories of capacity listed in Schedule 1 to the DDA95. They are:

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

What about treatment?

Someone with an impairment may be receiving medical or other treatment that alleviates or removes the effects (though not the impairment). In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if substantial adverse effects are not likely to recur even if the treatment stops (i.e. the impairment has been cured).

Does this include people who wear spectacles?

No. The sole exception to the rule about ignoring the effects of treatment is the wearing of spectacles or contact lenses. In this case, the effect while the person is wearing spectacles or contact lenses should be considered.

Are people who have disfigurements covered?

People with severe disfigurements are covered by the Act. They do not need to demonstrate that the impairment has a substantial adverse effect on their ability to carry out normal day-to-day activities.

Are there any other people who are automatically treated as disabled under the Act?

Anyone who has HIV infection, cancer or multiple sclerosis is automatically treated as disabled under the Act. In addition, people who are registered as blind

or partially sighted, or who are certified as being blind or partially sighted by a consultant ophthalmologist are automatically treated under the Act as being disabled. People who are not registered or certified as blind or partially sighted will be covered by the Act if they can establish that they meet the Act's definition of disability.

What about people who know their condition is going to get worse over time?

Progressive conditions are conditions which are likely to change and develop over time. Where a person has a progressive condition he will be covered by the Act from the moment the condition leads to an impairment which has some effect on the ability to carry out normal day-to-day activities, even though not a substantial effect, if that impairment is likely eventually to have a substantial adverse effect on such ability.

Are people with genetic conditions covered?

If a genetic condition has no effect on the ability to carry out normal day-to-day activities, the person is not covered. Diagnosis does not in itself bring someone within the definition. If the condition is progressive, then the rule about progressive conditions applies.

Are any conditions specifically excluded from the coverage of the Act?

Yes. Certain conditions are to be regarded as not amounting to impairments for the purposes of the Act. These are:

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

Also, disfigurements which consist of a tattoo (which has not been removed), non-medical body piercing, or something attached through such piercing, are to be treated as not having a substantial adverse effect on the person's ability to carry out normal day-to-day activities.