



## **ACCESSIBILITY PLAN Bere Clinic School**

Version Number: 1

Date of Issue: **May 2022**

Author: **Lisa Thompson**  
**Deputy Headteacher**

Date of Review: **May 2025**

Ratified by: **Nick Rose**  
**Head of Education**

## Contents

1. Aims .....	2
2. Legislation and guidance .....	3
3. Action plan.....	5-10
4. Monitoring arrangements .....	<b>Error! Bookmark not defined.</b> <u>3</u>
5. Links with other policies .....	<b>Error! Bookmark not defined.</b> <u>4</u>

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### 1. Aims

Schools are required under the Equality Act 2010 to have an accessibility plan. The purpose of the plan is to:

- Increase the extent to which disabled pupils can participate in the curriculum
- Improve the physical environment of the school to enable disabled pupils to take better advantage of education, benefits, facilities and services provided
- Improve the availability of accessible information to disabled pupils

Our school aims to treat all its pupils fairly and with respect. This involves providing access and opportunities for all pupils without discrimination of any kind.

Bere Clinic School strives to create a community setting where all stakeholders are encouraged to follow its core values of kindness, integrity, teamwork and excellence. We strongly believe that everyone deserves to be treated equally regardless of:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief
- Gender
- Sexual Orientation
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Our Equality Scheme brings together the service's approach for promoting equality in our policies and procedures, curriculum and, most importantly in our day-to-day practices and interactions with our stakeholders and communities.

The plan will be made available online on the school website, and paper copies are available upon request.

Our school is also committed to ensuring staff are trained in equality issues with reference to the Equality Act 2010, including understanding disability issues.

Our school's complaints procedure covers the accessibility plan. If you have any concerns relating to accessibility in school, the complaints procedure sets out the process for raising these concerns.

Whilst we will always endeavor to meet the needs of individuals as a school, we are dependent on the hospital admissions policy and will be directed by the criteria that they need to adhere to upon referrals of patients to Bere Clinic.

## 2. Legislation and guidance

This document meets the requirements of schedule 10 of the Equality Act 2010 and the Department for Education (DfE) guidance for schools on the Equality Act 2010.

**“The Equality Act 2010 defines an individual as disabled if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ adverse effect on their ability to undertake normal day to day activities.”**

Under the Special Educational Needs and Disability (SEND) Code of Practice, ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. The definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy and cancer.

**In the SEND Code of Practice 2015 under section ‘Equality and Inclusion’ it states.**

Schools are required to make ‘reasonable adjustments’ for pupils with disabilities under the Equality Act 2010, to alleviate any substantial disadvantage that a disabled pupil faces in comparison with non-disabled pupils. This can include, for example, the provision of an auxiliary aid or adjustments to premises. In the **SEND Code of Practice 2015** under section ‘Equality and Inclusion’ it states.

‘All schools have duties under the Equality Act 2010 towards individual disabled children and young people. They must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at a substantial disadvantage. These duties are anticipatory – they require thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage. Schools also have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations.

By adhering to this code of practice Bere Clinic School believe this will allow all learners to fulfil their potential.

## 4. Monitoring arrangements

This document will be reviewed every **3** years but may be reviewed and updated more frequently if necessary. It will be reviewed by [the headteacher Sarah Taylor].

It will be approved by [Kath Murphy chair of Management Committee].

## **5. Links with other policies**

This accessibility plan is linked to the following policies and documents:

- Admissions Policy
- Behaviour Policy
- Risk assessment policy
- Curriculum Policy
- Health and safety policy
- Equality Policy
- Special educational needs (SEND) policy

### 3. Action plan

This action plan sets out the aims of our accessibility plan in accordance with the Equality Act 2010:

AIM:	TARGETS:	STRATEGIES:	OUTCOMES:	GOALS ACHIEVED:	DATE:
<p><b>SHORT TERM: (ONGOING)</b></p> <p>Improve and maintain access to the physical environment.</p>	<p>The environment is adapted to the needs of pupils as required.</p> <p>This includes: Single floor building and entrances.</p> <p>Access to all rooms and teaching spaces.</p> <p>Disabled toilets and changing facilities.</p>	<p><b>Monitor and maintain the physical environment. Identify any areas that may need attention.</b></p> <p><b>Ensure that every learning space is optimally organised for students with sight, hearing or physical impairment.</b></p>	<p>Regular visual inspections of the clinic, e.g. corridors, doorways, flat surfaces so no need for ramps, classrooms, communal areas, toilets, lighting, heating, floor coverings, etc. Compliance with our Health and safety policy and regulations.</p> <p>As required, teachers implement a variety of resources and strategies to tailor the learning environment to individual pupils' needs.</p>	<p>Health and Safety audit completed monthly to ensure accessibility of school room, toilets and corridors.</p> <p>Layout of classroom and resources adapted to meet the needs of individuals.</p>	<p>Ongoing</p> <p>Ongoing</p>

	<p>Wide corridors and entrances / exits for wheelchair access – all one level – no steps or ramps.</p> <p><b>Raise awareness of all employees to the definitions of disability as defined by DDA with reference to hearing, visual and physical impairment and their rights in terms of DDA.</b></p>	<p>Seek advice from SLT, SENCo and other professional bodies.</p> <p>Consider space around tables and furniture for wheelchair access.</p> <p>Lighting and ventilation in Forest room.</p> <p>Publicise the information to all employees.</p> <p>Staff will be sufficiently trained to support children with specific medical needs.</p> <p>Staff aware of the implications of the Disability Discrimination Act.</p> <p>Staff aware of the national curriculum inclusion statements.</p>	<p>Identify the areas in most need of alteration linked to specific individual needs and prioritise these.</p> <p>Individual healthcare plans created on care notes to be put in place, followed and reviewed by healthcare, MDT and education.</p> <p>Staff training during the induction period and throughout the academic year</p>	<p>Individual risk assessments completed upon admission and ILPs in collaboration with young people. Reviewed regularly and information shared with staff.</p>	
<p><b>MEDIUM TERM:</b></p> <p>Increase access to the curriculum for pupils with a disability.</p>	<p>Curriculum Planning will allow for differentiation for pupils' disabilities</p>	<p><b>To make staff aware of the National Curriculum Inclusion Statements i.e. setting suitable learning challenges: Responding to pupils diverse learning needs.</b></p>	<p>Staff CPD and INSET throughout the academic year.</p> <p>SEND and inclusive teaching</p>	<p>Staff training has been delivered by SLT / SENCO and external providers in some areas:</p> <p>ASC</p>	

	<p>All pupils irrespective of disability are equally able to access the curriculum.</p> <p>Learning is personalised and tailored to home school curriculum and individual needs.</p> <p>Use resources tailored to the needs of pupils who require support to access the curriculum.</p> <p>Curriculum progress is tracked for all pupils, including those with a disability and reasonable adjustments are made to</p>	<p><b>Overcome potential barriers to learning and assessment for individuals and groups.</b></p> <p><b>To ensure all staff adapt these to inform differentiated planning and provision across the school.</b></p> <p>Staff CPD to ensure all staff are aware of specific inclusive strategies to meet individual needs and a range of interventions that may be available to support.</p>	<p>strategies to include:</p> <p>ASC</p> <p>Learning difficulties</p> <p>Physical difficulties</p> <p>Visual Impairment</p> <p>Hearing Impairment</p> <p>Create individual passports and learning plans to be regularly reviewed and amended to reflect areas of strength / difficulty / progress and strategies to support.</p> <p>All pupils will be able to access the curriculum planning, through teacher led adjustments and differentiation in accordance with their needs.</p>	<p>Anorexia Nervosa</p> <p>Dyslexia</p> <p>Attachment trauma</p> <p>This is ongoing with each new admission.</p> <p>Information and strategies to be shared by Occupational Therapists, Psychologists to ensure individual admissions have full access to education during their admission and awareness of</p>	
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	<p>support individual needs.</p> <p>Enrichment sessions &amp; School Trips are accessible to all (with consultation from Medical Team in line with their physical health)</p>	<p><b>Carry out an audit of wider curriculum and enrichment activities / potential visits to ensure that all pupils can participate.</b></p>	<p>Use reasonable adjustments to ensure that enrichment activities are accessible to all.</p> <p>Enrichment sessions are fully inclusive, and welcome participation from all students. All school trips are offered to every pupil, regardless of need or disability. Unless against medical instruction or advice from the hospital</p>	<p>sensory needs or other specific needs are able to be met in the school.</p> <p>(Ongoing)</p>	
<p><b>MEDIUM TO LONG TERM:</b></p> <p>Improve the delivery of information to pupils with a disability.</p>	<p>Our school could use a range of communication methods to ensure information is accessible if and when required.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Internal signage</li> <li>• Large print resources</li> <li>• Braille</li> </ul>	<p>Ensure that we have a variety of methods and trained staff within the setting to deliver communications that are accessible to all.</p>	<p>Audit the skills within the setting and staff trained to use various methods of communication.</p> <p>Resource access to more bespoke types of communication such as braille / Induction Loops through Elysium company if / when required.</p>		

<p>Support all children with medical conditions</p>	<ul style="list-style-type: none"> <li>• Induction loops</li> <li>• Pictorial or symbolic Representations</li> </ul> <p>Pupils medical needs are primarily met through the hospital nursing team. Bere Clinic School works alongside medical colleagues to ensure a child’s medical needs are not a barrier to learning</p>	<p>Admissions Policy &amp; School Ethos.</p> <p>Making reasonable adjustments.</p> <p>All children will have full access to our curriculum and BCS will implement any changes needed, such as from IHCPs, to ensure all pupils have equal opportunities to succeed. The school will attend MDTs, discharge meetings as required and will communicate any adjustments needed to the teaching team.</p> <p>The school will support pupils at discharge and communicate effective adjustments to the child’s home school, to enable</p>	<p>Case by case as necessary. BCS will alongside schools, local authority and other professionals in supporting documents or information for completion of EHCPs and if required IHCPs</p> <p>Consider introducing a reintegration questionnaire that can be completed by schools regularly on discharge.</p>		
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		a successful transition.			

