Great Moor Junior School
"Learning Together"
Respect, Kindness, Tolerance, Responsibility, Co-operation

Accessibility Plan 2026-2029

Introduction

Duties under the Equality Act 2010 require the responsible body for the school:

• not to discriminate against, harass or victimise disabled pupils;

• to plan to increase access to education for disabled pupils (an accessibility plan);

• to comply with the Public Sector Equality Duty (PSED); and

• for maintained schools, academies and PRUs, to publish equality information and objectives under the PSED.

This plan sets out the proposals of the responsible body of our school to increase access to education for disabled pupils in the three areas required by the accessibility planning duties:

• increasing the extent to which disabled pupils can participate in the school's curriculum;

• improving the environment of the school to increase the extent to which disabled pupils can take advantage of education and associated services; and

• improving the delivery to disabled pupils of information which is provided in writing for pupils who are not disabled.

It is a requirement that the school recognises the need to resource the plan adequately, implements the plan and reviews and revises it as necessary.

The Accessibility Plan is a whole-school responsibility, led by the Headteacher and SENCO, implemented by all staff, overseen by governors, and informed by pupils, families, and external specialists.

The school ensures that this Accessibility Plan is available and accessible to all stakeholders. It is published on the school website and available in hard copy from the office. We have removed references that might identify individual pupils. Key staff, including teachers, teaching assistants, and the SENCO, have copies to guide implementation, while governors receive it for review. The plan is written in clear, plain language and can be provided in alternative formats on request, including large print, easy-read versions, electronic formats compatible with screen readers, or translations. Key messages are shared with families via newsletters and meetings, and staff are trained to explain relevant sections to pupils and parents as needed. The plan is reviewed annually, with updated versions communicated promptly to ensure all members of the school community can access, understand, and act on it.

Attached is a set of action plans showing how the school will address the objectives identified in the plan.

Vision and Values

Our school is committed to being an inclusive community where every pupil is valued, respected, and enabled to thrive. We believe that all pupils have the right to access high-quality education, participate fully in school life, and achieve their fullest potential. We aim to create an environment where difference is recognised, understood, and celebrated, and where barriers to learning, participation and well-being are identified and removed. We promote a culture of collaboration and co-production with pupils, parents and carers, and specialist professionals, ensuring that our actions are informed, purposeful and pupil-centred.

Information and Data *(including gathering views)*	Objective	Action
• 4% of our cohort have complex medical and physical needs which include - congenital urological needs - down syndrome - epilepsy - cerebral palsy - conditions affecting mobility (e.g DCD) **Taken from individual reports:** Focal seizures characterized by unresponsiveness, mouth/eye twitching, and	**increasing participation in the curriculum** • Ensure all pupils with physical and medical disabilities can participate fully in lessons, learning activities and wider school life	• Review and update individual health care plans, ensuring the co-production process with parents and multi-agency specialists (Physio, OT, CCDL) remains responsive to the pupil's changing needs • Continually audit and refine teaching methods to match individual physical stamina, attention, motor planning and cognitive processing needs. • Systematically evaluate the effectiveness of PE adaptations, ensuring equipment and scaffolding evolve as the pupil's physical skills develop.

"blurry eyes." Fatigue is a primary trigger. Regular medication. Post-surgical congenital condition affecting continence. Requires 3-hourly timed toileting and pad changes. High risk of self-consciousness and stigma. Cerebral Palsy / Right Hemiplegia: Reduced range of movement in right upper limb. Difficulty with bimanual tasks (using two hands), stabilizing paper, and fine motor skills like scissors and buttons. Difficulty following 3-4 key word instructions. Needs support with prepositions (in/on/under) and concept vocabulary (size/color).	**improving the environment** • Provide safe, accessible and dignified facilities for personal care, changing, medical procedures and movement around school **improving the delivery of written information** • Ensure pupils with physical or medical needs and their families are fully informed and supported through clear, timely, and accessible communication about care, medical requirements, and school routines	• Embed and monitor the consistent use of extra processing time for fine-motor and written tasks across all subject areas. • Maintain and regularly assess the suitability of OT-informed classroom adaptations (slanted desks, seating), replacing or upgrading equipment as pupils grow. • Monitor and optimise the deployment of additional adult support to ensure medical safety. • Refresh staff training on seizure management and medical emergency plans to ensure high levels of competency. • Expand on the use of recording methods (typing, voice notes, scribe, diagrams). • Proactively audit the availability and condition of adapted tools (cutlery, scissors, etc.) for pupils with Down syndrome to ensure daily participation. • Review staffing ratios on a termly basis (or as needs change) to guarantee safe and effective support for pupils with complex needs. • Audit and uphold discreet toileting protocols and access routes, gathering pupil feedback to ensure dignity and prevent any emerging stigma. • Maintain and periodically review the accessibility of height-adapted facilities (basins, benches) and alternative changing spaces to ensure they remain fit for purpose. • Review and strengthen individual communication plans with parents, ensuring the flow of medical information remains timely and effective. • Evaluate the impact of visual timetables and accessible formats, ensuring digital and

		physical tools are consistently updated as the curriculum progresses.
	improving the environment • Ensure high-quality, respectful medical and personal care that meets legal, safeguarding and equality duties	• Ensure staff receive timely and accessible updates on medical or care needs, including any temporary adjustments or new equipment. • Maintain confidentiality and discretion while ensuring necessary staff have information to safely support the pupil. • Begin to encourage pupil involvement in reviewing routines, enabling voice over how care and medical arrangements are managed. • Develop and maintain intimate care plans, epilepsy care plans, moving and handling plans and medical emergency plans. • Allow pupils who need regular toileting or medical breaks to leave lessons discreetly without penalty. • Store medical equipment discreetly and ensure quick access in an emergency. • Monitor the application of behaviour policies to ensure they are consistently adjusted for physical disability.
• 23% of pupils have a formal diagnosis or are on the pathway for assessment in the following areas: • Autism • ADHD • SpLD • Sensory Processing • Developmental Delay • SALT • Numbers are expected to increase rapidly as they have done in recent years.	**increasing participation in the curriculum** • Adapt learning and teaching approaches to ensure meaningful engagement in all aspects of the curriculum.	• Design and implement a live, interactive identification portal that provides immediate access to assessment resources. It will bridge the gap between initial classroom observation, the formal identification of SEND needs, and the specific provision necessary to support the child, ensuring all staff are empowered and accountable for navigating the journey from first observation to meaningful support. • Deepen the integration of multi-sensory teaching approaches across all subjects

• Internal monitoring and parent concerns suggests a larger group have tendencies relating to the disabilities above • Profile of need is increasing due to greater awareness, language delays and more diverse cohorts • Rising levels of dysregulation, difficulty sustaining attention and task initiation difficulties in lessons • The pace of diagnostic pathways means many children remain unassessed for long periods The school's assessment data, drawn from a range of external paediatricians, educational psychologists, and therapists, reveals a cohort with significant needs in executive functioning, sensory processing, and motor coordination. Reports for pupils with Autism and ADHD highlight a recurring clinical need to reduce working memory load and manage hyperactivity through frequent movement breaks and highly structured, predictable routines. Furthermore, the data indicates that neuro-fatigue and anxiety are significant barriers to attendance and engagement; show that "significant movement-based difficulties" and clinical-range anxiety can lead to "demand avoidance" if the environment is not carefully managed. Collectively, this evidence shifts the school's focus toward an approach where sensory regulation tools, visual scaffolding, and flexible recording methods are not just individual interventions, but are embedded into the standard classroom environment to reduce cognitive load and promote independence for all.	**improving the environment** • Ensure the school environment supports sensory regulation, safe movement, and reduced anxiety	(visual, auditory, tactile) to accommodate different learning preferences. • Continue to break tasks into manageable steps with clear success criteria for each stage. • Audit and refresh the use of attention and memory scaffolds (checklists, timers) to ensure they remain age-appropriate as pupils move through the juniors. • Embed a systematic approach to pre-teaching vocabulary, ensuring it is a proactive strategy. • Broaden the range of evidence accepted for learning: oral responses, presentations, digital projects. • Maintain and tighten lesson predictability across the school to minimise transition-related anxiety, especially during changes in the normal school timetable. • Refine the delivery of movement breaks, ensuring they are used proactively based on sensory cues rather than reactively once a pupil is already overwhelmed. • Monitor the condition and effectiveness of sensory tools (weighted blankets, noise-cancelling headphones), replacing and updating stock as necessary. • Continue to use positive reinforcement and feedback tailored to each pupil's motivators. • Refine staff ability to monitor pupil-engagement and adapt teaching strategies based on observed needs. • Audit and enhance existing breakout spaces to ensure they remain high-quality, clutter-free environments that effectively facilitate self-regulation.

• The audits completed by SALT and the Inclusion service highlighted that while staff give clear verbal instructions, there is a lack of consistent dual coding for resources. It was also noted that shared spaces and classroom fronts often contain high-arousal distractions that can overwhelm neurodivergent pupils.	**improving the delivery of written information** • Ensure that materials provided to pupils reduce cognitive load, support memory, and promote independence in learning. **increasing participation in the curriculum** Ensure pupils with SEND have equitable access to leadership, representative, and responsibility roles within the school community.	• Evaluate and update the provision of movement-based seating (wobble cushions, resistance bands), ensuring tools are replaced as they wear and matched to the pupil's current sensory profile. • Maintain and broaden the inventory of sensory supports (headphones, blankets, timers), ensuring they are readily available and that pupils are increasingly confident in selecting them independently. • Ensure predictable routines and transition supports between classrooms, breaks, and assemblies. • Continuously update accessibility risk assessments, ensuring they are working documents that reflect the pupil's needs. • Standardise the quality of written instructions across all classes, moving toward a design that is consistently simplified and organised for cognitive ease. • Deepen the use of visual scaffolding (flowcharts, icons, color-coding), ensuring these are integrated rather than added as an afterthought. • Guarantee the availability of digital-ready materials, ensuring all worksheets are formatted for immediate use with text-to-speech technology. • Promote and track pupil self-monitoring (checklists), shifting the responsibility from the adult to the pupil to foster long-term independence. • Conduct an annual review of all student leadership roles (School Council, etc.) to identify and dismantle any emerging barriers to participation for SEND pupils.

	improving the environment Ensure pupils with SEND can access and participate fully in extra-curricular activities, clubs, and school trips. **increasing participation in the curriculum** Support consistent attendance for pupils with SEND, recognising medical, sensory, or social barriers.	• Move from "inviting" to "empowering" SEND pupils in school roles by providing mentoring and adapted application processes. • Systematically audit the after school club timetable each term to ensure reasonable adjustments and adapted equipment are in place before a pupil signs up. • Maintain a proactive dialogue with parents regarding attendance and club participation, ensuring barriers are identified and solved collaboratively. • Refine the coordination with external agencies (OT, School Nurse) to ensure medical or therapeutic needs are supported in a way that maximizes school attendance.