



Behaviour, Rewards & Restrictive Physical Intervention Policy

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Staff lead:	Tina Blankley
Approved by:	Full Governing Body

BEHAVIOUR POLICY

“Outstanding behaviour management requires outstanding relationships with pupils”

Aims

We aim to create a stimulating and caring environment where all children irrespective of race, gender or disability:

1. Develop their social awareness and intellectual potential.
2. Gradually move to becoming independent and enthusiastic learners.
3. Learn to recognise, respect and value the cultural, racial and sexual differences in our society and feel a valued member of the school community.

We welcome cultural and linguistic diversity, and oppose racism and intolerance.

Chancel Primary School – Behaviour Policy

We wholeheartedly endorse the local authority's policy relating to Education for a Multi-Cultural Society. One of our aims is to promote equality of opportunity, racial justice and good relationships between all groups of children.

How do we deal with racism?

We reject and oppose racist behaviour. Any child found behaving in a racist manner will be severely reprimanded and parents contacted. Time will be given to support the victims who will be treated sensitively. The school keeps a record of all racist incidents. The governing body has asked to be informed of racist incidents.

How do we deal with bullying?

Everyone at the school has agreed that bullying is unacceptable. Bullying is the wilful, conscious desire to hurt, threaten, intimidate or frighten another pupil. Any incidents of bullying will be immediately dealt with. Any pupils found to be bullying can expect to be severely reprimanded and parents contacted. The Headteacher will regularly report on the ethos of the school to the governing body.

The School's Code of Conduct

Our expectations are that adults and children will:

- Listen to each other.
- Care for all people and treat them with respect and politeness.
- Disagree without losing their tempers.
- Care for their surroundings and belongings of all.
- Ensure that other people are not put at risk by their actions.
- Respect other peoples' views.
- Care for other peoples' property.

In the classroom we expect children will:

- Get on with their learning responsibly and complete the work to the best of their ability.
- Share and use materials sensibly returning them to the appropriate place.
- Let others get on with their learning.
- Listen to, and follow instructions.
- Raise hands, as required, to participate at appropriate times.
- Help other children by not distracting them at carpet time.

Around the school we expect children will:

- Walk quietly and sensibly.

In the playground we expect children will:

- Respect the right of other children to play without interference.
- Report incidents/concerns to the appropriate adult on duty.
- Speak to other pupils and adults respectfully.
- Refrain from riding on bicycles or scooters on school premises.
- Resolve differences of opinion without resorting to aggression / physical violence.
- Look after property of the school and other children.
- Look after, play with and include as appropriate, children who are alone.
- Play sensibly and not put others at risk by selfish actions.

At lunchtime we expect children will:

- Line up quickly and quietly when their class is called.
- Think of others and not push to the front of the queue.
- Listen carefully to the lunchtime supervisors.
- Use good manners at all times.

How do we encourage good social behaviour at the school?

Everyone at Chancel Primary School has agreed to:

- Recognise, praise and reward good behaviour as it occurs.
- Ensure that criticism is constructive.
- Explain and demonstrate the behaviour that we wish to see.
- Encourage children to be responsible for their own behaviour.
- ***Encourage children to recognise and discuss good behaviour with their friends and teacher. For example: a child seen looking after another child in the playground.***
- Give pupils the opportunity to understand why their behaviour is unacceptable.

PROMOTING GOOD BEHAVIOUR

1. At Chancel Primary School we expect everyone to act with courtesy and consideration to others at all times, treating others as they would like to be treated themselves. We aim for the whole school community to respect all its members, regardless of gender, ability, race, religion, age or disability or status.
2. Good behaviour should be developed through positive attitudes and praise leading to self-discipline and high self-esteem. Praise is most effective when the pupil is fully aware of the reasons behind it.
3. All children and adults in the school should be aware of what constitutes acceptable, desirable, behaviour. It is important for adults to notice good and considerate behaviour. All children should be involved in agreeing what constitutes acceptable behaviour. This will be rewarded by words of praise and encouragement. All adults working in the school (including volunteer helpers) are responsible for school behaviour and should feel free to remind children of appropriate behaviour in a way which is supportive to the class teacher.
4. Children are expected to listen when adults or other children are talking to them, individually or as part of a group. When speaking or listening to children, adults should set a good example acting with respect, consideration and politeness. It is recognised that talking in a calm and quiet manner is often more effective than using a raised voice. We expect the children to speak and listen to others in the same way.
5. We expect movement around the building to be orderly and quiet, to avoid disturbing other people who are working. People should walk in the corridors and speak quietly. They should be courteous to visitors.
6. Children will be helped to behave appropriately according to the activity they are undertaking. E.g. before and after assembly they need to be silent and listen to the music to ensure a calm, reflective atmosphere for the act of worship.
7. We recognise that good staff relationships provide a positive role model for pupils.
8. Expectations in terms of the children's work should be at the correct level. Work that is either too challenging or insufficiently challenging leads to frustration and disaffection.
9. The school encourages children to be responsible for their own possessions and respect the property of others. In the class, they are expected to become increasingly capable of organising themselves and becoming self-sufficient. For example, the organisation of the room should be such that children are able to select appropriate equipment for a task and put it away tidily when they have finished.

10. The children are expected to take an active role in treating with care and respect the whole school environment.
11. A system of buddies helps pupils to take responsibility for promoting positive behaviour in school.
12. Behaviour will be discussed/reviewed regularly during SLT and staff meetings, ensuring support and opportunities for CPD are offered to staff as deemed necessary, to maintain high standards of behaviour.
13. In order that we, as a school, continue to listen and respond to pupils' views, we will invite members of the School Council to contribute towards the review of this policy.
14. Chancel Primary School actively promotes positive behaviour, using praise and good role-models. This is further supported by allocation of team points, dojos, individual class awards, nomination in weekly whole-school celebration assemblies and star of the term.

DEALING WITH UNACCEPTABLE BEHAVIOUR

No school will be without mischievous over-exuberant or disruptive behaviour. Therefore there are a range of strategies for dealing with unacceptable behaviour. Bullying in any form is one of the most unacceptable misdemeanours and will be dealt with promptly and very firmly (this is dealt with in a separate policy). The school has a procedure for recording and monitoring individual children's behaviour which is causing concern. Individual behaviour is monitored through communication between all staff, at least weekly, or as appropriate. Overall behaviour is monitored by SLT.

The aims of the Behaviour Wheel system are:

- To provide clear and consistent systems for tackling poor behaviour across the school.
- To enable management to closely monitor behaviour of classes and individuals.
- To encourage appropriate behaviour (following consultation with Chancel School Council, the behaviour wheel now provides opportunities for pupils to demonstrate they are making the 'right choices'; thereby promoting appropriate behaviour.)

PROCEDURES FOR DEALING WITH VIOLENT BEHAVIOUR

Violent behaviour, either physical or verbal, is considered to be unacceptable and unnecessary. We will work with pupils and parents to help to resolve conflict by peaceful means. A 'physical assault' by a pupil on **any** member of the school community must be reported to the Head Teacher. A written report must be made, and a copy stored in the Head Teacher's office. A meeting should be held as soon as possible after the incident and should include the class teacher, Head Teacher or Deputy Head, the parent/carer and the pupil. The purpose of the meeting is to:

- i) Emphasise the seriousness of the incident
- ii) Look for causes
- iii) Inform all parties of the consequences of a repeated incident.
- iv) Look to support the pupil in avoiding similar behaviour

If pupils are involved in frequent acts of minor verbal or physical aggression, records will be kept by the class teacher. In exceptional cases a pupil may be excluded from school without an initial warning and without a meeting with parents. Staff may use physical intervention in order to avert immediate danger to: a pupil; another young person, other people; property of other people. (For further details see 'Restrictive Physical Intervention' section of this policy. **N.B Staff closely monitor pupils during break-times, reminding children of the importance of playing safely in an attempt to prevent harm to themselves and others. As a general guidance, over-zealous play is not usually classed as violent behaviour.**

RESTRICTIVE PHYSICAL INTERVENTION

1. Application

This guidance applies to all Staffordshire County Council employed staff and managers and Headteachers who may use restrictive physical interventions with children. This document should be read in conjunction with either G15 Restrictive Physical Intervention and Adult Service Users or G16 Restrictive Physical Intervention with Young People and the Management of Violence and Aggression Policy HR118. This document does not consider the issue of deprivation of liberty but focuses on the Behaviour, Rewards & Restrictive Physical Intervention Policy Page 4 of 12

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principles that should be applied to the use of restrictive physical intervention. Within School settings this document does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006. However it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

Poorly, or incorrectly, used restrictive physical interventions are a source of risk to the young person and members of staff. They can escalate negative relationships and create a risk of legal action. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice. Schools and settings should take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each young person/pupil and their environment which identifies potential triggers that need to be avoided at critical periods. This involves:

- Helping young people to avoid possible situations known to provoke challenging behaviour;
- Having education plans/care programmes which are responsive to individual needs;
- Creating opportunities for service users/pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- Developing staff expertise in working with individuals that present challenges; understanding that behaviour is often a method of communication.

2. Guidance on the use of Restrictive Physical Intervention

Situations in which restrictive physical intervention may be appropriate or necessary will fall into three broad categories:

- Planned Interventions
- Unplanned/Emergency Interventions
- As part of a Therapeutic or Education Strategy

Examples of situations in which a restrictive physical intervention may be appropriate are:

- To prevent a young person/pupil from running towards a busy road;
- To prevent a young person/pupil from self-injuring or injuring another person; and
- To prevent a young person/pupil from causing serious damage to property.

School staff may also use reasonable force where a pupil is affecting the maintenance of good order and discipline. Examples of which include:

- Removing a disruptive pupil from the classroom when they have been instructed to leave but have refused.
- Preventing a pupil behaving in a way that disrupts a school event or a school trip/visit.
- Preventing a pupil leaving a classroom or school where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others;

The decision to use reasonable force is a matter for professional judgement; however, staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable attempt to resolve the situation by using other methods. Information about strategies is available in section 3.5 of this policy.

There are occasions when physical contact, other than reasonable force, with a child is proper and necessary. Examples are:

- holding the hand of the child at the front/back of the line when going to assembly or when walking together on an outing
- when comforting a distressed individual
- when congratulating or praising the young person
- to demonstrate how to use equipment or a skill e.g. a musical instrument
- to demonstrate exercises or techniques during PE lessons or sports coaching
- to give first aid

Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for restrictive physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be:

- Agreed in advance by relevant professionals working in consultation with the service user, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.
- Monitored during implementation by an identified member of staff who has relevant training and experience.
- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or individual service user records or pupil behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

It is important to remember that restrictive interventions that result in the holding/restraint of an individual carry medical risk to the service user/pupil as these techniques may impact on the individual's breathing, circulation and place direct pressure on vulnerable areas of the body. Restraints on the floor hold the highest level of risk and must be an absolute last resort. Holds and restraints should only be used for shortest time possible. Staff involved in such techniques must have received suitable training. An incident report must be completed of any/all physical interventions and stored in the HT's office.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties. If a single person restraint need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a service user/pupil behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and service users/pupils are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies, will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency situation the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening a staff member should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff members should never give the impression that they have lost their temper, or are acting out of anger or frustration. The staff member should continue attempting to communicate with the service user/pupil throughout the incident, and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to:

Step Back	Don't rush into an intervention, is it really necessary, do you have suitable justification.
Assess Threat	Assess the person, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	Proactive/Primary – proactive actions to remove the triggers Active/Secondary – interpersonal skills, non-verbal body language e.g. open palms, directing, defusing, calming, switching staff etc. Reactive/Tertiary – avoid assaults - disengagement
Respond	Apply the principles of the least adverse method in responding. Continue to re-evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff member or members concerned should be confident that the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention. The use of time and patience can help many situations.

Sometimes, for personal safety reasons, a staff member should not intervene in an unplanned situation without help. Some situations when this might occur are:

- If dealing with a physically large individual or more than one service user/pupil;
- Where an intervention technique cannot be applied safely by one person; or
- If the staff member believes he or she may be put at risk of serious injury.

In these circumstances the staff member should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives the staff member should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and investigated. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

Restrictive Physical Intervention as part of a Therapeutic or Educational Strategy.

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of the adult/child

to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

For example, a way of helping a child to tolerate other children without becoming aggressive might be for an adult to shadow the child and to adjust the level of physical intervention employed according to the child's behaviour. Similarly it might be agreed for staff to use a restrictive physical intervention as part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places. In both examples the restrictive physical intervention is part of a broader therapeutic or educational strategy. As with all restrictive physical intervention, interventions for this purpose must never be painful or likely to cause injury.

Where this approach is employed it is important to establish in writing a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a multidisciplinary team which includes, wherever possible, family members and or independent advocates, and in the case of a child, the person with parental responsibility.

Restrictive Physical Intervention Strategies

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving proactive (primary) and active (secondary) control strategies as well as reactive (tertiary) controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

a. Proactive/Primary Control refers to actions taken to prevent situations arising which may require the use of any intervention or to reduce their likely frequency. At an organisational level this includes establishing policies, safe systems of work, carrying out risk assessments and providing staff with training. At an individual level this involves understanding the risks, complying with safe practice guidelines and putting training into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

b. Active/Secondary Control refers to actions taken to prevent situations escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.

c. Reactive/Tertiary Control refers to action taken when situations escalate or violence occurs, or after it has occurred to prevent or reduce the potential for physical or psychological harm. Typically this may involve disengagement or other physical intervention tactics (such as applying holds) and emergency procedures. Reactive/tertiary controls will include providing post incident support and managing the situation through to recovery.

For each individual who presents challenges there need to be individualised strategies for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the individual. This must be documented in a care plan/ on the individual's records.

Appropriate training of staff in primary and secondary control strategies will have a major impact in the reduction of the need to use of tertiary controls such as restrictive physical interventions.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

Risk assessment

When it is foreseeable that an individual might require a restrictive physical intervention then a risk assessment must be completed. The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention.

When undertaking the risk assessment it should be ensured that there is involvement of relevant individuals and where suitable key professionals and the outcome of the risk assessment is communicated to all relevant staff and parents. Other issues that should be considered are included in section 5.1.3 of Restrictive Physical Intervention Policy HR119.

Among the main risks to service users/pupils are that restrictive physical intervention will:

- Cause pain, distress or psychological trauma;
- Cause injury;
- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase risk of abuse;
- Undermine dignity or otherwise humiliate or degrade those involved; and
- Create distrust and undermine personal relationships between staff and service users/pupils.

The main risks to staff that result from applying restrictive physical interventions are:

- They suffer injury;
- They experience distress or psychological trauma;
- The legal justification for using the restrictive physical intervention is challenged in court; or
- Disciplinary action is taken for inappropriate/unjustified use of restrictive physical interventions.

The main risks that may be associated with not intervening include:

- Staff may be in breach of duty of care responsibilities;
- The service user/pupil may injure themselves, other service users/pupils, staff or members of the public;
- Serious damage to property or valuable resources may occur; or
- The possibility of litigation in respect of these matters.

Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child or adult will require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individuals plan/records. (See Standard Document HSF57 Restrictive Intervention Protocol form upon which intervention strategies can be documented.)

If a School/Service/establishment chooses to develop their own documentation process it must, as a minimum, include the following:

- A description of the behaviour sequence and settings which may require intervention response;
- The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc);
- A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening;
- A record of the views of those with parental responsibility in the case of children and family members or independent advocates in the case of adults;

- A system of recording behaviours and the use of restrictive physical interventions;
- Previous methods which have been tried without success;
- A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed;
- The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.

Communication

Information relating to intervention strategies should be discussed with the service user/pupil and their families/parents/carers prior to the implementation. All parties should be in agreement with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individual's care plan/records.

Action to be taken following an incident of Restrictive Physical Intervention.

Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned, unplanned, or emergency interventions must always be recorded using the Restrictive Physical Intervention Record of Incident form HSF56.

The written record of the use of a restrictive physical intervention must indicate:-

- The names of the staff and service users/pupils and any other parties involved;
- The reason for using the restrictive physical intervention employed;
- The type and duration of the restrictive physical intervention;
- Whether the service user/pupil or anyone else experienced injury or distress and, if they did, the action that was taken.

If the incident is also an act of violence or aggression then HSF9 Violence and Aggression Report Form must also be completed, this form or HSF40 Accident Investigation Report Form must be completed to record any injuries that result from the use of a restrictive physical intervention.

In some circumstances, interventions will need to be reported immediately to line management and where this is the case, managers must ensure all staff are aware of when and how to do so.

The contents of the Restrictive Physical Intervention Record Forms should be reviewed on a monthly basis as a minimum by Managers and where trends identified appropriate action taken.

Managers need to ensure that the individual service user/pupils individual plan/records are reviewed in light of incidents and amendments made if required to reduce those risks identified.

Debriefing

After the use of interventions it must be ensured that staff and service users/pupils receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place.

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and managers should recognise that staff and service users/pupils may need some form of reassurance. Those involved, both staff and service users/pupils should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned.

Debriefing those involved ensures that lessons can be learned and staff service users/pupils have the opportunity to discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and sufficient time should be allowed for all involved to reach a calmer state. Staff should be informed of the availability of the confidential Staff Care Counselling Service.

When an injury has occurred as a result of Restrictive Physical Intervention

If there is any reason to suspect that a service user/pupil, member of staff or other person has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required. Managers must ensure that the injury is reported to the Strategic Health and Safety Service as detailed above.

Complaints and concerns regarding Restrictive Physical Intervention

Managers must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance with local and County Council complaints procedures. Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as Safeguarding protocols.

Information, Instruction and Training

The level of information, instruction and training required by staff regarding physical interventions must be identified by managers and Head teachers. Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used they are soon lost. Staff involved in the use of planned interventions must have suitable training.

In emergency situations staff have the right to use reasonable force to protect themselves and others. It is recommended that where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive a basic level of training.

Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies (see section 3.5) as well as the physical techniques and should be suitable for the environment and service users/pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context. Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually.

Restrictive Physical Intervention - Record of Incident

1. Names of those involved	Staff:	Service User/Pupil: Others:
2. Date of incident:	Time of incident:	Location of incident:
3. Events leading up to Restrictive Physical Intervention (including alternative strategies used):		
4. Account of actual incident (including details of actions, method of intervention, words used, witnesses etc.):		
5. Outcome or resolution of incident:		
6. Follow up actions (advice to family/parents/carers, support to staff and pupils involved):		
7. Names of witnesses and attached witness statements:		
7. Names of witnesses and attached witness statements:		
8. Risk Assessment and Restrictive Physical Intervention Protocol reviewed: Yes/No Outcomes:		
9. Record of any injury or property damage:		
10. Has an Accident Investigation Report Form or Report of Violence and Aggression Form been completed and submitted to the Health, Safety and Wellbeing Service?		
Print Name:	Signature	Job Title
Date:		

RELATED POLICIES

Anti-Bullying Policy
 Equality Objectives Policy
 Special Education Needs Policy

Equality Information

This policy is underpinned by the Equality Objectives Policy for Chancel, which is available on request.

As a dyslexia friendly school we take into account the needs of children with specific learning difficulties.

This policy applies to the whole of Chancel Primary School, including the Early Years Foundation Stage.

This policy will be disseminated widely to all staff members, governors and parents, and will be reviewed every three years.

Approved by Governing Body (sign): _____

Dated: _____