



Pupil Premium

2019 - 2020

Pupil Premium spending at Elm Tree School incorporates the aims and values of our school mission statement. 'Believe to Achieve' is rooted in our belief that every child is unique and that this is reflected in the desire, commitment and aspirations of our school staff to address and overcome all barriers to learning which may hinder pupil progress and attainment, and ultimately affect their life chances. At Elm Tree School we believe in partnerships rather than projects. Individual short-term projects and interventions can have an impact on pupil learning and we have been engaged in some of those, but our main driver is the notion of longer term partnerships, where we work together to design and develop learning opportunities, experiences and individual therapy approaches to remove barriers to learning for all children. When our children join our community they often lack that urgency for learning and inspiration to achieve and so we use the (Pupil Premium) grant to provide a wide range of additional opportunities to increase lifelong aspiration for all. Our extensive programme of residential and enrichment opportunities are examples of sustainable long term developments that increase lifelong aspirations for all.

Aims

To provide all pupils with fair and equal opportunities to achieve and excel in all areas of the curriculum; using and applying the most effective pedagogy, supported by use of additional, delegated funding.

To work in partnership with families and pupils eligible for pupil premium, to plan, monitor and evaluate support and intervention in order to secure individual progress and achievement by removing barriers to learning.

To work with internal and external partners and organisations to provide additional support for the social, emotional, health and wellbeing of all pupils with potential barriers to learning and achievement.

To ensure governors fulfil statutory responsibilities to make effective use of pupil premium funds in order to impact positively on pupils' achievement and attainment.

Funding for 2019/2020

| | | |
|--|-------|---------|
| Total number of children eligible for Pupil Premium funding – Ever 6 | | |
| Total number of children eligible for Pupil Premium plus funding £1,800 This funding is applied for termly and accounted for through the PEP review | | |
| | Total | £85,000 |

Objective - To embed effective multi-disciplinary holistic therapeutic intervention across school to enhance pupil progress.

This objective will be met by:

- Providing multi-disciplinary assessment (SALT, OT, Counsellor) for all children in school, to ensure every child's therapy needs can be identified and met.

School created an assessment process from initial placement request through to transition to establish possible identified need and these were delivered in-house. From September 2019 through to March 2020 children's therapy needs could be delivered but then due to covid -19 and lockdown from March 2020 they were inconsistently delivered due to staff changes and children's attendance.

- Provide THRIVE assessments for each child in order to identify their emotional development and individual needs so that individual support programmes and interventions can be put into place.

The main area of focus for beginning this was initially trialled through the Thrive 1:1 practitioners, using a process of identified needs and behaviour assessments. This was then extended into whole classroom assessments for whole class right time learning but this again was hindered and delayed due to the covid-19 outbreak.

- Implement THRIVE actions to promote SEMH development and impact behaviour across the school. This was achieved for a targeted group of individuals, identified due to dysregulation limited access to academic learning.
- Increasing parental involvement within children's therapy services in school through: providing individual therapy advice and strategies for home as required and increasing parental understanding of child development and mental health and the impact they have on learning and behaviour.

Initially, this was developed by positive engagement in meetings and telephone calls, followed up with leaflets and individual staged diagrams. This was to assist understanding in parents/carers thoughts on their own child's development and mental health. Due to the Covid-19 pandemic, in order to achieve this and or keep children accessing regulation strategies, engagement with parents became remote learning.

- Identify families who need assistance and advice from the school Parental Support worker and provide this support in the form of home visits and parenting programmes in order to improve attendance and behaviour.

This was achieved and was successful. Families engaged, children's attendance improved and challenging behaviour at home decreased by using parental strategies unique and personal to each family.

School also operated a welfare programme of support throughout the lockdown period. This included 1:1 telephone calls to discuss needs and mental health. Food parcels, home/school online/remote learning and crisis management. Child protection, safeguarding and signposting to additional support and relevant professional was paramount.

- Providing additional 1:1/small group therapy for children whose specialist needs cannot be met within Therapy Enrichment alone, including support to build children's confidence and self-esteem, language and communication, motor development and co-ordination and sensory regulation.

Children engaged in 1:1 Thrive sessions, 1:1 Occupational Therapy sessions, group Occupational Therapy sessions, 1:1 and small group Speech and Language sessions. This became an integral part of EYFS and embedded within the departmental area daily in routines and activities. It has begun to extend within the greater school community but this has not been solid in its foundation at this stage.

- Provide training from therapy staff to enable high quality TA interactions and allow classroom staff to provide 1:1 and small group interventions on a more regular basis.

This has been achieved by occupational therapy within EYFS. They have received training and modelling for quality delivery on a more regular basis throughout the school week. Training has been delivered whole school but the appropriate 1:1 and small group interventions have not yet been established due to Covid-19.

- Provide training from therapy staff to enable high quality TA interactions for them to fully understand individual children's needs and be able to implement individual programmes outside of 1:1 therapy sessions.

Whole school training delivered on Attachment, ASD, ADHD, Sensory Processing and Dyslexia, in order to identify possible barriers to learning and for TA's to understand the need for positive and personal interactions. Online CPD accredited training courses have also been delivered via Educare, on children's needs and the barriers that can affect children accessing a positive learning experience. Implementation of individual programmes and 1:1 sessions will not commence until 2020-2021 due to social distancing restrictions.

- Providing 1:1 therapeutic counselling sessions to promote emotional resilience, safety and self-regulation for identified children within school, including those in crisis.

This was achieved and received positive engagement until lockdown due to covid-19. The focus then became whole school family well-being and therapeutic engagement with parents/carers on a weekly basis. This was to ensure emotional regulation and opportunities to stay connected with families and children who could not attend school, even after limited re-opening.

- Development of play based learning classes for children who cannot access more formal classrooms, allowing for more specialised curriculums.

This has been achieved throughout EYFS but with limited access throughout Covid-19 due to accessing school and personal circumstances. Children have been identified as this being a need further through school but has not yet been extended across the whole school setting. This was identified due to children having limited play based opportunities and the lacking of social and communication engagement with others.

- Converting an area into a soft play area in consultation with our OT in order to support sensory needs and ensure progression in gross motor skills.

This has been achieved and is accessed frequently for self-regulation and gross motor movement. Due to its high success and usage, further areas within school will be identified, so that more children can use this as a form of building emotional resilience and self-regulation.

- Delivering staff training/CPD (e.g. through teacher meetings/twilights) to ensure that staff are confident to support all children's emotional, sensory and developmental needs across the day.

Due to Covid-19, access to training/CPD has been delivered remotely. This has been well received and formed the basis for further training.

- Close links between the therapy team and EYFS department to ensure early intervention to improve outcomes for children moving forward in school.

This has been received well and ensures that children are accessing specialist interventions on a more regular basis. It has also highlighted that a 3 tiered approach would benefit the whole school accessing interventions on a more regular basis.

- Providing specialised classes for children who have needs that cannot be met within a formal classroom.

This wasn't achievable due to Covid-19 but the need has been identified and the beginning of the rationale and space within the school environment has been allocated.

Rational based on evidence from EEF and DfE

Research has shown that children with special educational needs and disabilities (SEND) can face significantly greater challenges than their peers, which in turn leads to large attainment gaps between them. The impact of SEND on academic attainment is closely related to the EEF's focus on economic disadvantage: 27% of pupils with special educational needs are eligible for free school meals compared to 12% of pupils without special educational needs. Current statistics mainly reflect the primary type of need for an individual, however it has been found that many are likely to have multiple needs. Based on assessment data from the last academic year it was found that 61% of children who attended Elm Tree had Speech and Language difficulties and needed targeted support in this area.

Speech and language difficulties are a key issue across the education sector with evidence showing that these difficulties are more common in children who have behavioural difficulties (Norbury et al., 2015) and those from lower socio-economic backgrounds (Meschi et al., 2012). Research has shown that difficulties with emotions and behaviour is inextricably linked to language difficulties, possibly due to problems understanding instructions and communicating views. This leads to children communicating in other ways which may be presented as difficult behaviours. Children who receive specialist treatment from a Speech and Language Therapist (SaLT) has been shown to be highly effective with children under this care showing better literacy skills (Kirk & Gillon, 2007). It has also been found that classroom support can also benefit children and that trained teaching assistants who provide therapy in consultation with SaLTs are able to have an impact on a child's progress, improving oral language skills of those children at risk. These key findings show the importance of high quality training for support staff from a qualified professional who understands the ethos of the school and the reasons for this approach.

Occupational therapy is a health profession in which therapists and therapy assistants help individuals to do and engage in the specific activities that make up daily life. For children and youth in schools, occupational therapy works to ensure that a student can participate in the full breadth of school activities—from paying attention in class; concentrating on the task at hand; holding a pencil, musical instrument, or book in the easiest way; or just behaving appropriately in class. Within a school environment OT practitioners do not

simply focus on a specific issue that may be presented but instead look at the whole child and provide interventions which focus on individual tasks in order to help a child to find ways to do the things that they need/want to do.

In the SEND Code of Practice sensory and/or physical needs are categorised as one of the four broad areas of need and support. Although there have been few studies into the correlation between SEMH and motor impairment, the studies that have taken place have suggested that there is an increased prevalence in motor difficulties amongst children and young people with SEMH difficulties (E. Hill et al., 2017). This, in turn, has an effect on the ability of children to successfully take part in classroom activities. Over the last academic year at Elm Tree all new children have been assessed by our Occupational Therapist, with a significant focus on our play based classes, which provide an EYFS curriculum for those children whose needs require this and our specialist classes, including a predominantly ASD class. A high level of need was found in these classes; 85% of children were identified as having significant need and of these 75% were in the 0.5 centile and 50% in the 0.1 centile. These needs included difficulties with sensory processing, cognitive development, skill development and engagement in the activities that are typical for children of that age, such as self-care and play. The impact of sensory processing, coordination, sensorimotor difficulties or impairment of the senses not only hinders learning and cognition but can have a pervasive and serious effect on the emotional wellbeing of children and young people, and further impacts life chances in adulthood (Gagnon-Roy 2016).

Many children who need interventions in this area need input from professionals who can help a child to achieve a purposeful activity or functional outcome. In the previous academic year our school OT has provided specific interventions for a total of 28 pupils and worked collaboratively with teachers and parents to offer interventions based on assessment. Studies have shown that the teaching principles associated with physical and occupational therapy underpin motor skill acquisition, such as being able to give clues to adjusting body position in order to perform a task or sharing knowledge about executing movement in a certain way. Moving forward our OT will provide even more high quality training for teaching assistants and teachers in order to help to implement interventions within classroom environments and ensure that staff are able to help children with atypical development to participate in educational activities.

Difficulties with sensory processing has a huge impact on daily life skills and is common in a number of conditions, including ASC, ADHD, developmental coordination disorder and sensory processing disorder. These issues can be difficult to identify, requiring a professional to determine. Our OT has assessed children within the setting and has made adaptations to the environments in order to reduce sensory reactivity, e.g. ear defenders, chew buddies, textured materials etc.

Due to the nature of these difficulties, a child's sensory profile is specific to the individual and therefore it is not possible to provide a 'one size fits all' model. Recognising how specific aspects of a child's sensory reactivity impacts on their education, social awareness and daily life can channel precise support where it is necessary. Through discussions with professionals and assessments our OT is able to focus on individual profiles and work with class teams to help integrate these children into classroom life and alleviate the many demands on the child as they sit in a lesson, even before they begin to learn.

Social, Emotional and Mental Health difficulties is an overarching term for children and young people who demonstrate difficulties with emotional regulation and/or social interaction and/or are experiencing mental health problems. Children and young people who have difficulties with their emotional and social development may have immature social skills and find it difficult to make and sustain healthy relationships. These difficulties may be displayed through the child or young person becoming withdrawn or isolated, as well as through challenging behaviour. Many more students are likely to have social, emotional and mental health needs that are secondary to other types of SEND, and educators should be alert to these needs in students with all types of SEND. At Elm Tree we as a whole school initiative: THRIVE; to allow us to assess

each child's developmental stages in social and emotional development. These assessments lead to action plans for each child to ensure that their SEMH needs are being met within class and that they are able to make progress in these areas. Children who require individual support are also identified from this assessment.

SEND Code of Practice (2015) highlights the vital role that parents play in supporting children and young people with SEND. Parents of students with SEND may require additional support from educational settings in order for them to feel comfortable to be open and honest about their child's needs. Parents are often required to take on an 'advocate' role for their child and this can be a time consuming and emotionally laden responsibility. They may also have different concerns to other parents, for example, they may be more worried about whether their child is safe in school or college, whether they are making friends or what other parents may think of their child, rather than focusing on academic performance. At Elm Tree we have employed the services of an Outreach Parental Support Worker, with the aim of providing support for parents who may be finding it difficult to deal with a child's behaviour, to engage parents and encourage them to become partners in their child's education.

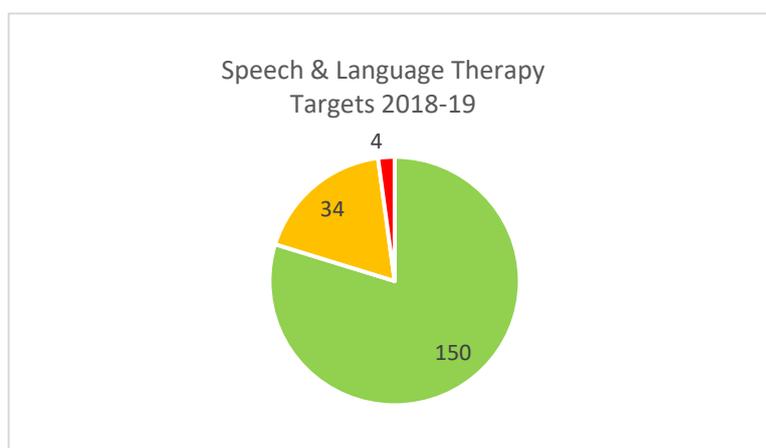
How effective is it?

In our SALT department:

Of the 188 targets set for the year for 41 children:

150 targets were achieved

34 were partially achieved



Our OT had individual sessions with 28 children, all of whom made significant progress to their EHCP targets. Evidence indicates that one to one intervention can be effective, on average accelerating learning by approximately five additional months' progress.

Short, regular weekly sessions over a set period of time (6-12 weeks) appear to result in optimum impact. Evidence also suggests tuition should be additional to, but explicitly linked with, normal teaching, and that teachers should monitor progress to ensure the tutoring is beneficial.

Costing

| Staff Member | FTE | Cost |
|------------------------|-----|---------|
| SALT | 0.6 | £22,800 |
| Occupational Therapist | 0.6 | £29,520 |
| School Counsellor | 0.6 | £16,236 |
| SALT Assistant | 0.6 | £16,068 |
| | | £84,624 |

How will impacted be measured? Or expected impact?

Impact will be measured through:

- Review of children’s therapy targets throughout the year to ensure targets are met.
- Re-assessment of children’s developmental needs as appropriate.
- Monitoring of children’s social and emotional development using the Thrive Assessment.
- Improvements in the school environment evident within a sensory and communication friendly environmental audit.
- Staff report increased knowledge, understanding and confidence in supporting children’s developmental needs.

Summary and evaluation of objectives:

The Pupil Premium 2019/2020 have set objectives identified in order to embed a multi-disciplinary therapeutic intervention across school to enhance pupil progress. These objectives had a variety of professionals in and out of school, each with their own specialist knowledge and understanding, who all would contribute towards a successful outcome at varying stages along the process.

Each target has been evaluated and very few have been successfully achieved in their entirety. The reasons for this has been the impact the Covid-19 has had on individuals, their families, children in school, staffing and the whole school setting.

Some of the targets have been partially met as in the formulation of planning, systems and assessments being implemented, areas of structure becoming established, record keeping and analysis of data being identified and initially implemented. Progress has been made on all targets but due to the restrictions of the appropriate and necessary staff member being available, access to school being limited and the priority of

need being safeguarding, wellbeing and children, families and staff mental health during this pandemic, focus became more on meeting needs on a daily basis.

Some children accessed the school provision whilst families and those unable to attend were supported via various other means, including remote learning, welfare calls, home learning packs and on-line meeting platforms. The priority at Elm Tree Primary School became safety, wellbeing, emotional regulation and any access to academic learning would be individual and unique depending on family circumstances.

This being the case most of the targets which have been identified as a need for meeting children's individual needs to removing any barriers to learning will be a continuation that will extend to the 2020/2021 Pupil Premium Plan.

