



# Sunningdale School

## Pupil premium strategy statement

This statement details Sunningdale's use of pupil premium (and recovery premium for the 2021 to 2022 academic year) funding to help improve the attainment of our disadvantaged pupils.

It outlines our pupil premium strategy, how we intend to spend the funding in this academic year and the effect that last year's spending of pupil premium had within our school.

### School overview

Detail	Data
School name	Sunningdale School
Number of pupils in school	109
Proportion (%) of pupil premium eligible pupils	64%
Academic year/years that our current pupil premium strategy plan covers	2021-2024
Date this statement was published	30/09/2021
Date on which it will be reviewed	30/09/2022
Statement authorised by	James Waller
Pupil premium lead	Jonathan Moffatt
Governor / Trustee lead	Viv Ingleton

### Funding overview

Detail	Amount
Pupil premium funding allocation this academic year	£101,150
Recovery premium funding allocation this academic year	£20,300
Pupil premium funding carried forward from previous years (enter £0 if not applicable)	£0
<b>Total budget for this academic year</b>	<b>£121,450</b>

## Part A: Pupil premium strategy plan

### Statement of intent

Our aim is to use pupil premium funding to help us achieve and sustain positive outcomes for our most disadvantaged pupils. Whilst socio-economic disadvantage is not always the primary challenge our pupils face, we do see a variance in outcomes for disadvantaged pupils across the school when compared to their peers (and those who join us at similar starting points), particularly in terms of:

- Academic attainment.
- Development of communication skills.
- Development of interpersonal and self-regulation skills.
- Attendance.

At the heart of our approach is high-quality teaching focussed on areas that disadvantaged pupils require it most, targeted support based on robust diagnostic assessment of need, and helping pupils to access a broad and balanced curriculum.

Although our strategy is focused on the needs of disadvantaged pupils, it will benefit all pupils in our school where funding is spent on whole-school approaches, such as high-quality teaching. Implicit in the intended outcomes detailed below, is the intention that outcomes for non-disadvantaged pupils will be improved alongside progress for their disadvantaged peers.

We will also provide disadvantaged pupils with support to develop independent life and social skills with a focus on preparation for adulthood and their ability to cross-contextualise learning.

Our pupil premium strategy forms part of wider school plans for holistic pupil development and plays a role in ongoing education recovery alongside engagement with the National Tutoring Programme for pupils that have been worst affected, including non-disadvantaged pupils.

Everything we do at Sunningdale School is highly individualised and our approach will be driven by the needs and strengths of each young person, based on formal and informal assessments, not assumptions or labels. This will be driven by our in depth Ipsative Pupil Progress Assessments that consider all areas of the child's development.

This further helps us to ensure that we offer them the relevant skills and experience they require to be prepared for adulthood and future learning.

## Challenges

This details the key challenges to achievement that we have identified among our disadvantaged pupils.

Challenge number	Detail of challenge
1	Ipsative assessments show that without interventions, disadvantaged pupils generally make less progress from their starting points when entering school. Whilst the types of barriers to learning and the difficulties disadvantaged pupils experience vary, without additional support their overall academic progress tends to be lower in most areas compared to non-disadvantaged pupils. This trend is most recognisable in Communication and Interaction and Social, Emotional and Mental Health outcomes.
2	Our assessments, observations and discussions with other professionals show that disadvantaged pupils generally have greater challenges around communicating and expressing their needs than their peers.
3	Our assessments and observations show that disadvantaged pupils are generally more likely to have difficulties in self-regulation compared to non-disadvantaged pupils in our school.
4	Our assessments, observations and discussions with families demonstrate that the education, wellbeing and wider aspects of development of many of our disadvantaged pupils have been impacted by the pandemic to a greater extent than for other pupils. These findings are backed up by several national studies.
5	Our data shows that disadvantaged pupils have lower attendance than the whole school average. Observations and discussions with carers and professionals have demonstrated that absence from school has a particularly high impact for these disadvantaged pupils and their families.



## Intended outcomes

This explains the outcomes we are aiming for **by the end of our current strategy plan**, and how we will measure whether they have been achieved.

Intended outcome	Success criteria
<p>Improved attainment for disadvantaged pupils in all areas of learning relative to their starting points as identified through baseline ipsative assessments.</p>	<p>Through achievement of improved performance, as demonstrated by ipsative assessments and achievement of EHC Plan outcomes at the end of our strategy in 2024/25.</p> <p>Disadvantaged pupils making improved progress in area of learning identified as greatest area of need during baseline ipsative assessment.</p> <p>An increase in the number of disadvantaged pupils making excellent progress in all learning areas.</p>
<p>Improved communication skills for disadvantaged pupils so that they can express their needs effectively in their chosen manner in a variety of contexts.</p>	<p>Through achievement of termly communication and interaction outcomes, broken down from EHC plan.</p>
<p>Pupils to build executive function and be better able to self-regulate –including emotional and sensory regulation.</p>	<p>Disadvantaged pupils demonstrate improved engagement and emotional wellbeing, evidenced by ipsative assessments, engagement profiles and behaviour plans.</p>
<p>Disadvantaged pupils to develop improved emotional wellbeing in order to recover from the lasting effects of the pandemic on their mental health.</p>	<p>An increase in the number of disadvantaged pupils making excellent progress in Social, Emotional and Mental Health.</p> <p>Increased achievement of termly Social, Emotional and Mental Health targets, broken down from EHC Plan outcomes.</p>
<p>Disadvantaged pupils to have improved attendance and to be supported through periods of absence to minimise impact on progress and wellbeing.</p>	<p>An increase in average attendance for disadvantaged pupils.</p> <p>Ipsative assessment shows progress maintained during periods of prolonged absence.</p> <p>Parent surveys report satisfaction with home learning activities and holistic support.</p>

## Activity in this academic year

Budgeted cost: **£56,650**

Activity	Evidence that supports this approach	Challenge number(s) ) addressed
<p>Employment of 2 Speech and Language Therapists (1FTE) to develop and improve communication throughout the school.</p>	<p>White and Spencer (2018), investigated the experiences of schools who had commissioned input from the local SLT service, in terms of describing how this was utilized and exploring perceptions of its value. SENCOs reported many positive aspects of the commissioned model, including better communication with Speech and Language Therapists and improved outcomes for children.</p> <p>White, S., &amp; Spencer, S. (2018). A school-commissioned model of speech and language therapy. <i>Child Language Teaching and Therapy</i>, 34(2), 141–153.</p>	<p>1, 2</p>
<p>CPD for teaching staff on communication strategies delivered by SaLT Team alongside classroom based modelling and consultation. Resources required to implement strategies.</p>	<p>Mroz (2006) studied the training needs in speech and language of teachers and other early years educators in education settings, demonstrating that practitioners benefitted from SaLT led training and opportunities to work more closely with speech and language therapists.</p> <p>Mecrow et al (2010) show that trained teaching assistants can provide effective speech and language therapy in consultation with SaLTs</p> <p>Mroz, M. (2006). Providing training in speech and language for education professionals: Challenges, support and the view from the ground. <i>Child Language Teaching and Therapy</i>, 22(2), 155–176.</p> <p>Mecrow, C., Beckwith, J., &amp; Klee, T. (2010). An exploratory trial of the effectiveness of an enhanced consultative approach to delivering speech and language intervention in schools. <i>International Journal of Language &amp; Communication Disorders / Royal College of Speech &amp; Language Therapists</i>, 45(3), 354–367.</p>	<p>2</p>

<p>Employment of Occupational Therapy Team.</p> <p>CPD for teaching staff on self-regulation allowing strategies to be embedded within curriculum. Resources required to implement strategies.</p>	<p>Occupational therapy in school based practice (WFOT, 2010) outlines the significant contribution occupational therapists have to enable, support and promote full participation in children with a wide range of barriers to learning.</p> <p>The development of self-regulation and executive function is consistently linked with successful learning, including pre-reading skills, early mathematics and problem solving. Strategies that seek to improve learning by increasing self-regulation have an average impact of five additional months' progress. (EEF, 2021)</p> <p>Curriculum-based interventions can be delivered in schools by training of teachers without a need for considerable additional resource in terms of time and staff. In addition, children spend a considerable part of their time at school and thus are easily accessible for interventions. Considering these factors, curriculum-based interventions can be preferred over other types of interventions. (Pandey et al, 2018)</p> <p>Pandey A, Hale D, Das S, Goddings A, Blakemore S, Viner RM. Effectiveness of Universal Self-regulation-Based Interventions in Children and Adolescents: A Systematic Review and Meta-analysis. JAMA Pediatr. 2018;172(6):566–575</p>	<p>1, 3</p>
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## Targeted academic support (for example, tutoring, one-to-one support structured interventions)

Budgeted cost: **£42,995**

Activity	Evidence that supports this approach	Challenge number(s) addressed
Occupational Therapy assessments to inform self-regulation strategies for individual pupils	<p>School-based self-regulation interventions can improve child academic, health and behavioural outcomes.</p> <p>Interventions improve self-regulation in children and young people, which helps children to manage their behaviour and emotions. School curriculum-based interventions show the most consistently positive results. Interventions also improve longer-term academic, health and social outcomes. (NIHR, 2018)</p>	3, 4
30 minute SaLT intervention sessions for disadvantaged pupils identified as high priority by SaLT team.	<p>There is evidence that intervention carried out on a one to one basis with a qualified SaLT is effective in raising pupil outcomes (Ebbels, 2014)</p> <p>Studies have shown the benefits of targeted SaLT interventions for pupils with Downs Syndrome (Buckley &amp; Prevost, 2002), AAC users (Clarke, McConachie, Price &amp; Wood, 2001).</p> <p>Buckley, S., &amp; Le Prévost, P. (2002). Speech and language therapy for children with Down syndrome. <i>Down Syndrome News and Update</i>, 2(2), 70-76.</p> <p>Clarke, M., McConachie, H., Price, K., &amp; Wood, P. (2001). Speech and language therapy provision for children using augmentative and alternative communication systems. <i>European journal of special needs education</i>, 16(1), 41-54.</p>	2



<p>Targeted Music Therapy interventions</p>	<p>Studies such as Groß, Linden &amp; Ostermann (2010) have found Music Therapy can have a clinically significant and positive impact on children’s communication development as well as their ability to form positive inter-personal relationships.</p> <p>Groß, W., Linden, U. &amp; Ostermann T. Effects of music therapy in the treatment of children with delayed speech development – results of a pilot study. BMC Complement Altern Med 10, 39 (2010).</p>	<p>2, 4</p>
<p>Home Learning support provided for pupils during periods of prolonged absence.</p> <p>Weekly visits from Home Learning HLTA to support home learning and wellbeing.</p> <p>Weekly calls from Family Partnership Advisor to support pupils and families during periods of prolonged absence.</p>	<p>Ofsted’s report into supporting home learning for pupils with SEND identified the importance of robust support mechanisms for pupils with special needs.</p> <p>“Effective communication with families and carers is crucial. Strengthening relationships with parents and carers and giving them the knowledge and practical help, they need to support their child’s learning has had a positive impact and may have longer-term benefits” – How remote education is working for children and young people with SEND, Ofsted (2021)</p>	<p>4, 5</p>

## Wider strategies (for example, related to attendance, behaviour, wellbeing)

Budgeted cost: **£15,490**

Activity	Evidence that supports this approach	Challenge number(s) addressed
<p>Thrive Approach delivered to pupils within school by licenced Thrive Practitioners</p> <p>Thrive training delivered to staff, as well as to parents and arers to develop effective home learning environments.</p>	<p>In a recent project evaluation, the Thrive approach was shown to close the gap for vulnerable children (McGuire Snieckus et al, 2015), reporting the following outcomes:</p> <ul style="list-style-type: none"> <li>• Significant improvement in strengths and difficulties questionnaire assessment: emotional symptoms, peer relationships, conduct, attention and pro-social behaviour</li> <li>• Significant improvements in behaviour indices: attendance, managing feelings, listening and attentions, managing relationships, understanding and self-confidence</li> <li>• Academic attainment scores significantly improved post-training, closing the attainment gap for this vulnerable group.</li> </ul> <p>Rose, J., Gilbert, L., &amp; McGuire-Snieckus, R. (2015) Emotion Coaching – a strategy for promoting behavioural self-regulation in children/young people in schools: A pilot study. The European Journal of Social &amp; Behavioural Sciences, 13, 1766-1790.</p>	<p>1, 3, 4</p>
<p>Mental Health Lead Training (JW)</p>	<p>Research indicates that taking a coordinated and evidence-informed approach to mental health and wellbeing leads to improved emotional health and wellbeing in children and young people, and greater readiness to learn. Schools and colleges which have taken this approach often report improved attendance, attention, behaviour and attainment. (DfE 2021)</p>	<p>1, 4</p>

Attendance 100 interventions	<p>Poor school attendance is a significant problem in the UK and many other countries across the world.</p> <p>In 2019/20, it was reported as 4.9% overall, with special schools showing a higher rate equal to 10.5% and persistent absence at 13.1% in England (gov.uk 2020).</p> <p>Research has found that poor attendance is linked to poor academic attainment across all stages (Balfanz &amp; Byrnes, 2012; London et al., 2016) as well as anti-social characteristics and negative behavioural outcomes (Gottfried, 2014; Baker, Sigmon, &amp; Nugent, 2001).</p> <p>However, evidence suggests that small improvements in attendance can lead to meaningful impacts for these outcomes. (EEF, 2021)</p>	5

**Total budgeted cost: £121,450**

## Part B: Review of outcomes in the previous academic year

### Pupil premium strategy outcomes

This details the impact that our pupil premium activity had on pupils in the 2020 to 2021 academic year.

Children in receipt of Pupil Premium had individual areas of need identified at the start of the academic year and the Premium was utilised to specifically target each individual's identified area of need through specific identified intervention or resources.

Their progress was assessed on an ipsative basis using multiple evidence sources to determine how effective the progress each child made was.

- 37% of the pupils that received pupil premium had their area identified within Communication and Interaction.
- 32% of the pupils that received pupil premium had their area identified within Cognition and Learning.
- 16% of the pupils that received pupil premium had their area identified within Social, Emotional and Mental Health Needs.
- 15% of the pupils that received pupil premium had their area identified within Physical and Sensory Needs.

100% of pupils that received pupil premium made progress in their targeted area in 2020-21.

- 98% of children receiving Pupil Premium made excellent progress in Cognition and Learning, with 2% making good progress.
- 97% of children receiving Pupil Premium made excellent progress in Physical and Sensory, with 3% making good progress.
- 86% of children receiving Pupil Premium made excellent progress in Communication and Interaction, with 14% making good progress.
- 84% of children receiving Pupil Premium made excellent progress in Social, Emotional and Mental Health, with 16% making good progress.

86% of the children that received pupil premium funding made Excellent progress in their targeted area.

14% of the children that received pupil premium funding made Good progress in their targeted area.