

# Park View School Pupil premium strategy statement

This statement details Park View schools 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	Park View School
Number of pupils in school	45
Proportion (%) of pupil premium eligible pupils	84%
Academic year/years that our current pupil premium strategy plan covers	2021/22 to 2024/25
Date this statement was published	26 <sup>th</sup> November 2021
Date on which it will be reviewed	July 24
Statement authorised by	D Borrell
Pupil premium lead	A Young
Governor / Trustee lead	N Fraser - Chair

## Funding overview

Detail	Amount
Pupil premium funding allocation this academic year	£34475
Recovery premium funding allocation this academic year	£24840
Pupil premium funding carried forward from previous years (enter £0 if not applicable)	£0
<b>Total budget for this academic year</b> If your school is an academy in a trust that pools this funding, state the amount available to your school this academic year	£59315

# Part A: Pupil premium strategy plan

## Statement of intent

At Park View we recognise that there are numerous barriers to pupils accessing and engaging with education. Many of these barriers are complex and often less visible in pupils affected by Social, Emotional and Mental Health (SEMH) difficulties than other forms of SEND. Many of our pupils (76% of the current cohort) have experienced a traumatic event, that we know of; They can range from the loss of a grandparent, neglect or abuse or removal from the family home resulting in developmental trauma. Our pupils have experienced Adverse Childhood Experiences (ACEs) of varying significance, leading to trauma and subsequent Post-Traumatic Stress Disorder (PTSD).

Minimising the impact these experiences have upon a child and ensuring it does not hinder them accessing education in a positive way is integral to our core values and offer. Given the high level of pupils entitled to the pupil premium grant and the extend of the identified issues we do not automatically allocate personal budgets per student in receipt of the Pupil Premium Grant. Instead we have pooled this resource to allow us to develop an offer that will have a larger impact for a greater number of pupils.

## Challenges

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

Challenge number	Detail of challenge
1	When pupils require support to address the impact of ACEs there is a single point of referral within the borough. Given the nature of their difficulties they usually require tier 3 mental health support through the Children and Young Peoples Service (CYPS). The service is under significant pressure and waiting periods of a year or more for an initial appointment are not uncommon. Once they access the service they are often reliant upon parents/carer who often have difficulties that prevent them from engaging positively with the service and consequently the child is discharged as a result of non-attendance. These difficulties are issues such as substance abuse, mental health difficulties or literacy difficulties. If they do attend successfully they often express reluctance to speak openly about very challenging topics with staff whom are virtual strangers, These topics involve describing complex family history and trauma. The impact of the discharge from the system is a full re-referral into the system which exacerbates the cycle. The delay means that as a school we do not have a clear picture of need and the young person is not getting their needs fully assessed and understood.

2	<p>Sensory and emotional dysregulation is a frequent presentation in young people with SEMH and associated conditions. These with include ASC, ADHD, Attachment difficulties and associated sensory processing conditions. As a school we continually evolving our understanding of the impact of early developmental trauma on the sensory system and the impact this has on young people being able to appropriately navigate their environment. An inability to do this leads to high levels of anxiety and low frustration tolerance to external stimuli. This outcome of this is high levels of challenging responses as they try to regulate their environment.</p> <p>To have a clear understanding of this requires assessment by a specialist occupational therapy service alongside a multidisciplinary response. The local NHS offer is not commissioned to offer this service and companies that are rare and expensive.</p>
3	<p>Attendance for some of our most vulnerable cohort is a challenge we have X who have are currently struggling to access any form of formal education. These pupils have recently transitioned to Park View from mainstream where their attendance was extremely poor and compounded by the pandemic. We are now managing pupils who in some cases have not attended school with any consistency for over two years. These pupils also have a multitude of complex needs and ACEs. Re-engaging them into appropriate learning is paramount but cannot be achieved without a full mental health support offer.</p>
4	<p>Whilst positive academic outcomes are a vital component of Preparation for Adulthood we know our learners require support for their post 16 transtion but also in how to manage their anxieties and regulation to be successful in adulthood. There is no benefit in having a raft of qualifcations if you are facing mental health barriers and have no reliable skill set to manage anxiety and emotions.</p>

## 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>Pupils will have access to a range of mental health interventions that are appropriate to their identified difficulties. These interventions will be delivered by a known, key member of staff within the school who they child already knows and has a relationship with. This service will be available whenever required and there will be no waiting time associated with accessing it.</p>	<p>All pupils in school (100%) will have access to an in-house mental health practitioner whom they will have an opportunity to develop a positive relationship with. Developing this relationship, prior to developing a therapeutic relationship, will facilitate successful engagement with the required mental health support.</p>
<p>Pupils will have access to alternative therapies and regulation programmes.</p>	<p>An established weekly timetable will be in place identifying pupils working with a</p>

<p>These therapies and programmes will support pupil to self-regulate through suitable sensory stimulation.</p>	<p>range of medical and therapeutic professionals in the health hub. The presence of these additional professionals will alleviate the impact covid has upon pupils and will help to reduce anxiety.</p> <p>Nurture groups will use the ZONES of regulation daily.</p> <p>Nurture groups will self-select their own sensory aids and describe their impact.</p>
<p>Y11 pupils will be supported to manage anxiety in their transition to post 16 providers and work placement providers in preparation for adulthood.</p> <p>The mental health lead and Emmett Therapist will work collaboratively with pupils, families and providers to give strategies to manage anxiety, this will include learning about what anxiety is, strategies to manage this and the opportunity to use these strategies in real world scenarios.</p>	<p>Each Y11 pupil will meet with the team to and have a bespoke transition plan that manages their academic and mental health needs in balance.</p>
<p>Pupils and families with the lowest attendance will be supported to build positive relationships with the pastoral outreach team.</p>	<p>Each identified pupil will receive:</p> <ul style="list-style-type: none"> <li>Phonecalls</li> <li>Home visits</li> <li>Bespoke reintegration pathway</li> <li>Family liaison.</li> </ul>

## Activity in this academic year

This details how we intend to spend our pupil premium (and recovery premium funding) **this academic year** to address the challenges listed above.

### Teaching (for example, CPD, recruitment and retention)

Budgeted cost: £39401

Activity	Evidence that supports this approach	Challenge number(s) addressed
Retention of SEMH Lead	SEMH Lead will remain in post and deliver a range of psychological interventions. The use of PP funding, combined with an annual donation from a charitable trust (£10000) means the pupil place funding and top-up funding does not supplement this staff members salary.	1

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

Budgeted cost: £19500

Activity	Evidence that supports this approach	Challenge number(s) addressed
Engage the services of Our Circle – Additional needs massage therapy and Relax Kids coach.	This organisation provides targeted intervention to support the regulation of pupils affected by ADHD, ASD, emotional issues and other SEMH related difficulties. The therapist previously worked 1.5 days per week. With the additional covid recovery funding we have been able to increase this to 2.5 days per week with minimal impact on the school budget. This will provide additional capacity to support pupils affected by issues such as anxiety about the virus or generalised anxiety following extended periods out of school.	2/3

**Total budgeted cost: £ 59315**

## 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.

We continue to retain our SEMH lead. He works closely with families and multi-agency teams to ensure best outcomes for Park View Learners.

We have been able to recruit a full time therapeutic TA – the purpose of this is to enhance our in-house offer of self regulation and sensory diets to best support all learners.

Attendance patterns for our hardest to reach cohort are consistently improving.