

Pupil premium strategy statement – The Redway School (Updated Statement)

This statement details our school's use of pupil premium 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 outcomes for disadvantaged pupils last academic year.

School overview

Detail	Data
Number of pupils in school	186
Proportion (%) of pupil premium eligible pupils	31.72% (59 pupils)
Academic year/years that our current pupil premium strategy plan covers (3-year plans are recommended – you must still publish an updated statement each academic year)	25/26/27
Date this statement was published	January 2026
Date on which it will be reviewed	December 2026
Statement authorised by	Simon Hodges
Pupil premium lead	Rob Gibbard
Governor / Trustee lead	Stuart MacDonald

Funding overview

Detail	Amount
Pupil premium funding allocation this academic year	£93640
Pupil premium funding carried forward from previous years (enter £0 if not applicable)	£0
Total budget for this academic year	£93640

Part A: Pupil premium strategy plan

Statement of intent

Our aim at The Redway School is to use pupil premium funding to help us achieve and sustain positive outcomes for our disadvantaged pupils. Whilst socio-economic disadvantage is not always the primary challenge our pupils face at this special school, we acknowledge the risk of variance in outcomes for disadvantaged pupils across schools when compared to their peers, particularly in terms of progression and/or social opportunities.

At the heart of our approach is high-quality teaching focused on areas where pupils require it most, targeted support based on robust and experienced diagnostic assessment of need (and not on assumptions about the impact of 'disadvantage'), and on helping our pupils to access a broad, balanced, engaging and appropriate curriculum.

Although our strategy here is focused on the needs of pupils for whom the school receives Pupil Premium support, it will benefit all pupils in our school where funding is spent on whole-school approaches. It is the intention that outcomes for all pupils will be improved alongside progress for their disadvantaged peers. Our strategy will continue to consider where targeted and specific individual pupil support is required to improve wellbeing and educational outcomes.

Our approach will be driven by the needs and strengths of each young person, ensuring that we offer them the relevant help, skills and experiences they require to meet their fullest potential, whilst intervening quickly and raising expectations of what they can achieve. [Supporting pupils with SEND](#)

Challenges

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

Challenge number	Detail of challenge
1	Promoting Pupil Voice School Vision: An ambitious school community Experience tells us pupils with additional needs may make less progress than their peers. Whilst the types of barriers to learning and the difficulties disadvantaged pupils experience vary, particularly when faced with other barriers to learning, opportunities for Communication and Interaction may be lower in disadvantaged pupils.
2	Promoting Good Mental Health School Vision: An ambitious school community Experience tells us that pupils with additional needs may experience Increased anxiety, decreased mental resilience and poor well-being resulting in dysregulated behaviour or lack of engagement resulting in Social and Emotional

	difficulties. Equally, research tells us that pupils with SEND are more likely to experience poor mental health but that this is not always recognised.
3	Promoting accessibility for pupils with physical and sensory needs Vision: Assistive technology Experience tells us that pupils with additional needs may face barriers to learning because of their Physical and Sensory needs, including complex and enduring health needs that may restrict access to learning opportunities.
4	Behaviour Support through targeted interventions Vision: Centre of knowledge and support, belonging. Experience tells us that pupils with additional needs may have more difficulty in self and supported emotional regulation that may result in dysregulated behaviour that results in a severe barrier to accessing learning activities and engagement with teachers, support staff and peers.
5	Developing Life Skills and Promoting Independence Relates to overall school vision, preparing for next steps Our experience, observations and conversations with pupils and families indicate that disadvantaged pupils often require additional support to develop personal and independence skills.

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
Communication and Interaction Improved communication outcomes for all pupils, which includes the use of a range of communication systems to aid their understanding and to develop receptive and expressive communication skills leading to real development of pupil voice .	▪ Through achievement of EHCP outcomes identified via our EFL platform. ▪ Evidence that pupils are attending targeted Phonics groups and progress is being made in these groups evidenced via our EFL/Insights and phonics data platform. ▪ Targeted Speech and Language Therapy support will provide personalised communication strategies including referrals and identifying specific specialist equipment that is required to overcome barriers. Progress evidenced via the EFL/Insights platform. ▪ Pupil voice is shared with the wider community
Social Emotional Mental health Improved behaviour and wellbeing intervention strategies enable all pupils to be more effectively supported through periods of dysregulation, improving access and removing barriers to learning.	▪ Incidents of dysregulated behaviour which restrict access to learning are reduced, this is evidenced through the MyConcern platform and reported to governors each term.

	▪ Outcomes are improved for all pupils, evidenced through the schools EfL and Insights assessment system. ▪ Individual pupil progress is evidenced through curriculum and EHCP outcomes via the EfL/Insights platform
Cognition and Learning Pupils develop independence skills that are meaningful to them and grow in confidence. Their level of engagement are more consistent and preparation for next steps and adulthood is improved.	▪ Pupils who require adapted equipment have a highly personalised approach which is evident through postural management plans leading to improved access to learning, evidenced via EHCP outcomes on EfL/Insights platforms. ▪ Physiotherapists and Physiotherapy Assistants support pupils in class and provide necessary equipment and programmes to meet individual pupil needs. Evidenced through EHCP outcomes and EfL/Insights records ▪ Occupational therapists provide programmes to improve access to independent lives.
Sensory and Physical Pupils with complex and enduring health needs have improved access to learning and personalised interventions that reduce barriers and improve outcomes, allowing all pupils to access learning and providing equality for all.	▪ Through observation and discussion with families and professionals ▪ Through evidence presented via the EfL/Insights platform ▪ Supporting hospital clinics so that doctors can host appointments in school to support pupils, their families, the school and the pupils' current need, evidenced through observation and clinic attendance ▪ Providing outreach support where pupils cannot attend school due to health needs

Activity in this academic year

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

Teaching (for example, CPD, recruitment and retention)

Budgeted cost: £77000

Activity	Evidence that supports this approach	Challenge number(s) addressed
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▪ Training for trainers – ‘Signalong’. ▪ Cascading signalong training to school staff and families	Improved total communication offer supports effective communication for pupils with Profound and Multiple Learning Difficulties	1,5
▪ Training for staff Interoception Curriculum ▪ Training to developing further understanding of sensory approaches to learning and embedding this across the school	There is strong evidence to suggest that Interoception is the very foundation of independent self-regulation. It is vital that we provide pupils with the skills needed to develop independent regulation when facing environmental challenges. Sensory play and learning is an essential approach to learning for pupils with complex needs, including sensory impairment	2,4,5
▪ Additional SaLT time purchased via ‘Magic Words’ to work alongside teachers and support staff. ▪ Additional SaLT time purchased as part of a wider investment into therapeutic learning	Pupils with SEND require specialist approaches to language development and understanding and especially pupils who are pre-verbal Supporting people with profound and multiple learning difficulties	1,2,4,5

Targeted academic support (for example, tutoring, one-to-one support, structured interventions)

Budgeted cost: £ 6000

Activity	Evidence that supports this approach	Challenge number(s) addressed
▪ Intervenor training for pupils with multi-sensory impairment ▪ Intervenor training completed, wider knowledge regarding MSI cascaded to whole school	A significant percentage of the school population has a sensory impairment. For pupils with specific needs, individual intervention is required through the use of specialist intervenors. This work develops independence and improves life chances. Information about Multi-Sensory Impairment	3,5
▪ Additional outreach support for pupils who are experiencing severe long and short term health difficulties ▪ Additional capacity provided by the outreach team which	Experience tells us that in order to promote our core vision of ‘Belonging’ we need to find ways to further improve accessibility and connection to pupils and families. Our outreach team provide vital support in this area, ensuring support for families who are frequently the most isolated. Supporting pupils with medical needs	1,2,3

continues learning support		
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Wider strategies (for example, related to attendance, behaviour, wellbeing)

Budgeted cost: £ 36800

Activity	Evidence that supports this approach	Challenge number(s) addressed
Staff training in youth mental health/impact of domestic violence Planned work with the Local Authority's Principle Educational Psychologist to explore pupil mental health	There is strong evidence to suggest that pupils with additional needs are more likely to experience poor mental health than their mainstream peers. In addition, our experience tells us that pre-verbal children are less likely to receive mental health support than other pupils with additional needs Promoting and Supporting Mental Health . Pupils with PMLD need additional and specialised approaches to supporting their mental health. Supporting people with profound and multiple learning difficulties	2,4
Nursing Assistant to cover all aspects of pupil health and to train staff in a range of essential medical skills which include Tracheostomy, Gastrostomy, Bolus and pump feeding, VNS , Oral Suction , administering of emergency epilepsy medication	In order to maintain our high quality safeguarding culture, essential medical training must take priority for pupils with additional needs. Our ability to provide specialist interventions improves attendance, achievement, independence and life chances.	2,3
Sensory Integration equipment available to all pupils, provided via whole school resources and sensory circuits and individual, targeted equipment such as compression garments or weighted blankets.	Sensory integration is an automatic neurological process that occurs throughout our life. Sensory integration develops naturally during ordinary childhood activities, however, for some people, it does not develop as efficiently as it could and can affect activities of daily living, academic achievement, behaviour or social participation. These challenges are often seen in individuals with sensory processing disorder (SPD) and attention deficit hyperactivity disorder (ADHD). Sensory Integration	5
Medical training for staff to support pupil attendance e.g. staff are able to support pupils in	Good attendance supports learning, therefore improving attendance is a priority for our school. By developing our offer for pupils with complex health	1,2,3

school with procedures that could previously only be completed at home. Working Together to Improve school Attendance	needs we are able to support attendance. One example of this is additional training in the use of PEP masks which enabled improved attendance. Working with families via the schools outreach team helps to alleviate anxieties around school attendance.	
Advanced PBS training for targeted staff PBS strategies supported in school	PBS is a human rights-based framework containing many elements of evidence-based good practice: developing capable environments relational working, trauma informed approaches, inclusive communication, building rapport, sensory issues, behavioural science and more. It helps us understand how to best support someone, meet their needs and improve their quality of their life. Positive Behaviour Support	1,2,4
Team-Teach tutor training for targeted staff Team-Teach training for all school staff	Team-Teach provides a positive toolkit and gives a practical approach to de-escalation and intervention strategies that minimises risk and promotes conflict resolution in a safe and respectful way. Experience tells us that this training and support promotes confidence amongst staff in their ability to support dysregulation and builds strong positive relationships. Team Teach	1,2,4

Total budgeted cost: £ 119800

Part B: Review of the previous academic year

Outcomes for disadvantaged pupils

Occupational Therapy staff have been directly involved in interventions for 100 children across school. Outcomes for pupils have seen improved wellbeing, independence, comfort, behaviour, concentration and self-regulation. More tailored and responsive speech and language interventions, with support from the school's signalong team, has boosted communication help for pupils – universal, supported and targeted – leading to increased personal skills. It is acknowledged by therapists that widening of their work has allowed improved access to education for many pupils, thus overcoming specific disadvantage and creating a more 'level playing field' for all children and young people. This has been achieved by targeted and whole school interventions.

Risk assessment and speedy resolution of equipment problems has also improved, and there has been focus on training all staff in postural management and sensory integration. Development of the Occupational Therapy offer supported around 25 clinics for wheelchair services and service providers. It also saw developments in our sourcing of external financial support for resources; one pupil, for example, now has access to specialist equipment that combines wheelchair and standing frame hardware that allows the child to enjoy the freedom of positional change more frequently thus improving comfort and access to learning. In addition, further orthopaedic, dietician and eating and drinking (dysphagia) clinics are provided within school. This reduces anxiety for both pupils and their families, ensuring those who need the greatest support are reached.

Wellbeing has been maintained and improved among several pupils which has supported greater engagement, self-regulation and self-esteem. Weekly wellbeing groups have been set up, including for those children with life-limiting conditions, and School Council meetings and activities allow strong and additional outlets for pupil 'voice.' Vital support has been given to pupil cohorts at risk of emotional impact by the death of peers, through bereavement intervention lessons and activities. Staff have also received [bereavement management training](#) and signposting to other wellbeing professional development.

Specific, individual resource for pupils receiving Pupil Premium funding paid for a range of equipment to support intervention allowing pupils to overcome individual and specific obstacles to education. This included, for example, sensory equipment (e.g. projector, optic lights, bubble wall), self-regulation aids (e.g. rocking chair, spinning seat, weighted blanket), engagement apparatus (e.g. mirrors and mirror den, cause and effect toys, switches, interactive sound and light panel) and postural/physical support (e.g. bean bags, egg swing, massage roller).

During 2025/26, the nursing assistant led several training sessions for staff [supporting pupils with medical needs](#) impacting on educational outcomes. Session topics included gastrostomy, oral suction, VNS and SATS, epilepsy, Epi pens, oxygen, paraldehyde application and stoma management. A total of 169 delegates were involved in all sessions.

The nursing assistant has been involved in training and signing off bolus, pump and tube feeding, liaison with the dietician, organisation and distribution of feeding

equipment, emergency medication, continence support, medical issues, and helping the nursing team.

In addition staff have received essential training regarding dysphagia management allowing greater accessibility for pupils within daily routines. [IDDSI Guidelines](#)

Increased training of and support for staff has directly improved outcomes for all pupils with particular medical and care needs, including improved wellbeing, safety, and confidence. In addition, further training regarding sensory learning and sensory approaches has led to stronger understanding and subsequently improved support for learning.

Strong enrichment activities – including our Forest School offer, life skills focus, and wide range of outdoor activities and external visits - have supported social, moral, cultural, and physical growth, and developed specific interests and personal skills including resilience, adaptability, and emotional intelligence for later life. Parents/carers are very supportive and appreciative of this drive within our learning and teaching, aimed at growing personal abilities as well as academic; as one parent wrote:

“Considering (*Pupil A*) started in (*Date Given*), I'm absolutely ecstatic how she has progressed emotionally and academically!”

Externally provided programmes

Please include the names of any non-DfE programmes that you used your pupil premium to fund in the previous academic year.

Programme	Provider
NA	NA