Pupil Premium Strategy Statement

2026/27 to 2028/29

Richard Cloudesley School

Our vision and values

Every pupil safe, known, included, challenged and prepared.

Respect • Integrity • Empowerment

This statement explains how the school uses pupil premium funding to improve outcomes for disadvantaged pupils. It aligns directly with the Inclusion Strategy 2026-2029 and is updated annually.

School overview

Detail	Data
School name	Richard Cloudesley School
Number of pupils in school	114 as of 3 September 2026
Proportion of pupil premium eligible pupils	41.6% eligible pupils, up from 35.5% last school year
Academic years covered	2026/27 to 2028/29
Date published	September 2026
Date of next review	September 2027, then annually
Statement authorised by	Full Governing Body, December 2026
Senior leader responsible	Francis Gonzalez, Headteacher
Pupil premium lead	Sophie Weir
Governor Committee	Curriculum & Outcomes Committee

Funding overview

Detail	Amount
Pupil premium allocation for 2026/27	£113,010
Pupil premium carried forward from previous years	£0
Total budget for 2026/27	£201,054

Policy update for 2026/27. From September 2026, free school meal eligibility expands to all pupils from households receiving Universal Credit. Pupils newly eligible solely through this expansion do not attract additional pupil premium funding in 2026/27. The school will therefore continue to identify disadvantage through assessed need, not funding status alone. Pupil premium is not treated as a personal budget and may support evidence-informed whole-school approaches that particularly benefit disadvantaged pupils.

Part A: Pupil premium strategy plan

Statement of intent

At Richard Cloudesley School, the pupil premium strategy is one delivery strand of our Inclusion Strategy 2026-2029. Inclusion is not a separate programme. It is the foundation of our specialist provision and the test of how well leadership, curriculum, safeguarding, personal development, health and therapy partnerships, the environment and preparation for adulthood work together for each pupil.

Our pupils are aged 2 to 19 and have complex learning, communication, physical, sensory, health and care needs. We understand inclusion as meaningful access, belonging, communication, participation, progress, independence and a powerful voice. Socio-economic disadvantage may compound these barriers, but it is rarely the only or most significant influence on a pupil's outcomes.

Our strategy is therefore driven by robust assessment of barriers, strengths and starting points rather than assumptions or labels. Pupil premium funding is used alongside the school's wider resources to secure high-quality responsive teaching, targeted support and wider strategies. Although the primary focus is eligible pupils, whole-school activity may be funded where evidence shows that it will particularly benefit disadvantaged pupils and strengthen inclusive practice.

Our decisions follow a clear line of sight: identified barrier, evidence-informed response, implementation measure, pupil outcome and value-for-money review. We use Personal Learning Goals, EHCP outcomes, curriculum progress, engagement, attendance, wellbeing, accessible pupil voice, family feedback, participation and preparation-for-adulthood evidence to judge impact.

By the end of this three-year plan, we aim to ensure that:

- every pupil has an effective means to communicate and influence decisions;
- disadvantaged pupils make strong progress through an ambitious, personalised curriculum;
- eligible pupils experience belonging, wellbeing and full participation in school and community life;
- attendance and engagement gaps reduce from the 2026/27 baseline, with health-related context evaluated transparently;
- families are confident and effective partners;
- disadvantaged pupils access equitable enrichment and preparation-for-adulthood opportunities; and
- no identified group has a persistent, unexplained gap in engagement, participation or progress.

Strategic alignment

The documents have distinct but connected purposes. The Inclusion Strategy defines the barriers and long-term inclusion outcomes; the SIP identifies annual actions, owners, milestones and reporting points; the SEF evaluates quality and impact; and this pupil premium statement identifies which activity is funded, why it was selected and what changed for disadvantaged pupils.

Pupil premium priority	Inclusion Strategy alignment	SIP 2026/27 alignment	SEF evidence and review
High-quality responsive teaching	Barriers 1-4 and 7; communication entitlement; curriculum access;	1.1-1.3 responsive teaching, purposeful learning and visible Personal Learning Goals; 1.4 and 1.6-1.8	Learning walks, work scrutiny, assessment, Evidence for Learning, Personal

Pupil premium priority	Inclusion Strategy alignment	SIP 2026/27 alignment	SEF evidence and review
	inclusive environments.	pathways and specialist approaches.	Learning Goals and EHCP outcomes.
Attendance, wellbeing and continuity	Barriers 3-5 and 8; belonging, wellbeing and attendance.	2.2 class-team ownership of attendance; 2.3 planned community, hospital and remote provision.	Attendance and persistent absence, SAM records, engagement, safeguarding, family feedback and case studies.
Voice, enrichment and adulthood	Barriers 1, 3, 5 and 6; Cloudesley Promise, community and adulthood.	3.1 pupil voice; 3.2 transition; 3.3 equitable enrichment; 3.4 therapeutic transition; 3.5 Post-16.	Pupil voice, participation records, ASDAN and accreditation, careers encounters, transition and destination evidence.
Family and multi-agency partnership	Barriers 4 and 6-8; accessible communication and co-production.	2.2-2.3 family, NHS and hospital-school partnership; 3.2 and 3.4 transition.	Family feedback, annual review evidence, Teams engagement, MDT records and receiving-provider feedback.
Leadership, staff expertise and governance	Barrier 7; leadership, evaluation and accountability.	4.1 coaching and evidence-informed professional learning; 5.1 strategy review; 6.1-6.2 governance audit and training.	CPD and appraisal evidence, staff confidence, governor minutes, challenge, visits and annual value-for-money evaluation.

Decision-making principles

- Collect and analyse information for groups and individual pupils over time, while avoiding unreliable conclusions from very small cohorts.
- Place high-quality teaching first and use additional intervention when assessment shows that universal provision is not sufficient.
- Identify the barrier before choosing the strategy, and define the intended outcome, success criteria and review point in advance.

- Intervene promptly when progress, engagement or attendance slows, then adapt or stop approaches where impact is limited.
- Engage pupils, parents and carers in identifying need and evaluating whether support has made a meaningful difference.
- Use current research and school evidence, train classroom staff in agreed approaches and secure consistent implementation.
- Ensure governors understand pupil premium, scrutinise impact and value for money, and test whether the strategy remains aligned with school priorities.

Challenges

The barriers below will be checked against autumn 2026 baseline information and reviewed termly. They reflect the school's Inclusion Strategy and should not be read as assumptions about every eligible pupil.

No.	Identified challenge
1	Communication and interaction: many pupils communicate without speech and require consistent access to personalised AAC, aided language, signing, symbols, objects of reference or assistive technology across settings and partners.
2	Complex learning and curriculum access: severe or profound learning needs and variable profiles require highly responsive teaching, assessment, pace, resources and accreditation.
3	Physical, sensory and environmental access: disability, sensory impairment and regulation needs can limit movement, comfort, attention, independence and participation.
4	Health, therapy and personal care: complex or changing health needs, invasive procedures, fatigue, appointments and treatment can affect attendance, continuity and readiness to learn.
5	Wellbeing, safety and belonging: pupils may communicate distress in highly individual ways and need trusted relationships, predictable routines and skilled interpretation.
6	Independence, community participation and adulthood: limited accessible opportunities, transport, staffing and uneven adult provision can restrict independence, work-related learning and transition.
7	Consistency across workforce and partners: a large multidisciplinary workforce and multiple agencies require shared practice, induction, professional learning, information flow and accountability.
8	Family partnership and equitable engagement: families need accessible, timely and culturally responsive communication and genuine influence over priorities, reviews and transition.

Intended outcomes

Intended outcome	Success criteria by July 2029
Every eligible pupil can communicate and exercise voice.	100% have an up-to-date communication approach that is implemented consistently. Annual audit shows improved access across school and community contexts. Accessible pupil voice demonstrates influence on individual and school decisions.
Disadvantaged pupils make strong progress through an ambitious personalised curriculum.	The large majority meet or exceed expected progress towards Personal Learning Goals and EHCP outcomes. Quality assurance shows consistently effective responsive teaching. No persistent unexplained gap exists between eligible pupils and comparable peers.
Attendance, engagement, wellbeing and belonging improve.	Baseline-to-year-end evidence shows reduced attendance and engagement gaps. Health-related absence is evaluated transparently. Pupil and family evidence demonstrates safety, support, value and belonging.
Families are effective partners.	At least 90% positive family feedback is sustained, subject to an agreed response-rate threshold. Targeted families report that support is accessible, coordinated and useful.
Eligible pupils access equitable enrichment and preparation for adulthood.	Participation increases from the 2026/27 baseline. Secondary and sixth-form pupils have appropriately personalised careers, community, independence and transition experiences.
Leadership and governance sustain effective use of funding.	Termly reporting links spend to reach, implementation and pupil impact. Governors can identify what should be sustained, adapted or stopped. Annual evaluation includes value for money and stakeholder experience.

Activity in the 2026/27 academic year

The precise costs and named activities below should be completed once the 2026/27 allocation and operational plan are confirmed. Activities are grouped in the Department for Education template categories and cross-referenced to the school's inclusion barriers.

Teaching

Budgeted cost: £30,527

Activity	Evidence and implementation	Challenges
Responsive teaching, assessment and assistive technology coaching	Coaching and joint practice development will strengthen use of assessment, purposeful engagement, assistive technology and links between curriculum, EHCP outcomes and Personal Learning Goals. Implementation will be checked through learning visits, planning scrutiny, staff feedback and pupil work/evidence.	1, 2, 7
Communication entitlement and AAC consistency	Audit each pupil's communication access; agree a clear entitlement; coach class teams in aided language and personalised systems; monitor use across school, home and community contexts.	1, 4, 5, 7
Precision CPD linked to identified cohort needs	Precision CPD will include communication and AAC/PECS practice, Makaton/signing where appropriate, sensory processing, positive behaviour support, early literacy/phonics, numeracy and continuous provision/play-based learning where this matches pupils' developmental profiles. CPD will be linked to assessed cohort barriers, modelled in classrooms and checked through learning visits, planning, pupil evidence, staff confidence and implementation review.	1-7

Targeted academic support

Budgeted cost: £95,264

Activity	Evidence and implementation	Challenges
Diagnostic, time-limited personalised intervention	Additional intervention will be commissioned only where assessment identifies an unmet barrier. Entry criteria, intended outcome, dosage, review point and exit decision will be recorded. Impact will be evaluated against the pupil's baseline rather than participation alone.	1-4, 7
Communication, literacy, numeracy or engagement support	Targeted support may include small-group SALT-linked communication work, AAC/PECS practice, early literacy, writing, numeracy, engagement and structured teaching assistant intervention. Each intervention will identify eligible pupils reached, baseline need, frequency, staffing, intended change and review point, so that impact is judged by progress from individual starting points rather than by access alone.	1, 2, 7

Activity	Evidence and implementation	Challenges
Continuity of learning during medically related absence	Provide planned and monitored learning, maintain connection with the pupil's class and coordinate reintegration with families, clinical practitioners and partner services.	2, 3, 5

Wider strategies

Budgeted cost: £75,263

Activity	Evidence and implementation	Challenges
Attendance, family liaison and reintegration	Class teams and leaders will work with families and clinical partners to address avoidable barriers, sustain learning during absence and support safe return. Monitoring will distinguish health-related absence and evaluate eligible pupils separately.	3, 5, 7
Cloudesley Promise, community access and enrichment	Track eligible pupils' participation and remove financial, transport, communication or staffing barriers. Activities will be purposeful and linked to confidence, communication, independence, belonging and Personal Learning Goals.	4, 6, 7
Preparation for adulthood, careers and transition	Provide personalised encounters, community learning, independent living opportunities and transition support, matched to aspirations, EHCP outcomes and next steps.	1, 2, 6
Wellbeing and belonging support	Targeted wellbeing and belonging support may include ELSA-style emotional literacy work, music therapy, bespoke behaviour and regulation support, small wellbeing groups, therapeutic input, clubs and carefully planned sensory or social communication opportunities. Reviews will consider engagement, regulation, communication of need, participation, family feedback and progress towards Personal Learning Goals.	3, 4, 5
Family communication and home-school consistency	Provide practical support for families around communication systems, Makaton/signing where appropriate, visual supports, social stories, behaviour/regulation approaches and transition. The aim is to increase consistency between home, school and community so that eligible pupils can generalise communication, independence and self-regulation skills.	1, 5, 8

Total budgeted cost: £201,054

Monitoring and governance

- Termly dashboard: reach, implementation, progress, attendance, engagement, participation, wellbeing and family/pupil voice, disaggregated by pupil premium eligibility where cohort size permits meaningful interpretation.
- Case-level review: for targeted support, leaders will record baseline, intended change, implementation, review evidence and next decision.
- Governor assurance: the Curriculum & Outcomes Committee will test whether spending addresses assessed barriers, whether implementation is secure, what changed for pupils and whether activity represents value for money.
- Annual decision: each activity will be sustained, adapted, stopped or replaced on the basis of impact and implementation evidence.

Part B: Review of outcomes in the previous academic year

Impact of pupil premium activity in 2025/26

The school evaluated impact across curriculum progress, Personal Learning Goals, attendance, communication, independence, personal development and wider participation. This reflects the nature of the cohort and the school's Inclusion Strategy. Where evidence is whole-school rather than specific to eligible pupils, this is stated clearly.

Area / intervention	Intended contribution	Evidence of impact and evaluation
High-quality personalised teaching and targeted support	Prevent disadvantage from creating an additional gap in curriculum access or progress.	Analysis reported in the 2026 self-evaluation indicates that pupils eligible for pupil premium achieved well and developed knowledge and skills across the curriculum in line with their peers. In a cohort with complex SEND, this indicates that socio-economic disadvantage did not create an identifiable additional progress gap. The evidence supports continuation of personalised teaching and rapid response to emerging need. However, future reporting will disaggregate Personal Learning Goal and EHCP outcomes more consistently.
Curriculum development and strengthened teaching practice	Improve coherence, ambition and access to learning.	The 2026 self-evaluation found that the curriculum had become increasingly coherent, ambitious and aligned to pupils' complex needs, with development work strengthening teaching practice and improving access

Area / intervention	Intended contribution	Evidence of impact and evaluation
		to learning. This is secure whole-school evidence of improved provision from which eligible pupils benefited. It does not, on its own, quantify additional impact for the eligible cohort.
Personal development, communication and independence	Increase pupils' capacity to communicate, participate, self-advocate and become more independent.	Across the whole school, 87% of pupils achieved at least 90% progress towards personal development goals. This is relevant evidence of the effectiveness of the personalised provision accessed by disadvantaged pupils, but it is not a pupil-premium-only measure. For 2026/27, the school will report this outcome separately for eligible pupils and comparable peers.
Attendance, remote learning and reintegration	Reduce the educational impact of illness, surgery and medical instability.	By Summer 2026, attendance and behaviour actions were having a clearer and more measurable impact across the school. Staff used Positive Behaviour Support, Team Teach and whole-school routines with greater consistency and confidence, helping pupils to feel calmer, safer and better able to regulate during the school day. As a result, behaviour remained orderly and respectful across lessons, transitions and breaktimes, with no suspensions or exclusions. Attendance remained strong in the context of the cohort's very high medical need, with whole-school attendance moving from 79.7% in 2022/23 to 84.0% in 2023/24, 85.8% in 2024/25 and 81.5% in 2025/26, with the current 2026/27 figure at 84.4%. Weekly SAM meetings, home visits, remote learning and links with hospital schools helped pupils who could not attend full time to stay connected to learning and to the school community. This work had measurable impact on persistent absence, which reduced from 66.1% in 2022/23 to 59.6% in 2023/24, 56.0% in 2024/25 and 52.8% in 2025/26.

Area / intervention	Intended contribution	Evidence of impact and evaluation
		Taken together, these actions strengthened pupils' participation, emotional security and readiness to learn, while reducing barriers to attendance for those facing the greatest challenges.
Enrichment, community participation and preparation for adulthood	Reduce unequal access to wider experiences and strengthen confidence, communication, independence and next-step readiness.	The school developed the Cloudesley Promise, inclusive physical opportunities, community access and careers experiences. The available evidence confirms implementation and increased curriculum breadth. It does not yet quantify participation or outcome differences for eligible pupils. A participation baseline and pupil-level entitlement tracker will be established in 2026/27.
Family partnership and coordinated support	Help families sustain attendance, communication, learning, wellbeing and successful transitions.	Close work with families and clinical practitioners, particularly around attendance and reintegration. Our evidence supports the value of coordinated partnership, but does not provide a pupil-premium-specific reach or outcome measure. Future evaluation will include eligible-family reach, feedback and a defined response-rate threshold.

Overall evaluation

Pupil premium spending contributed effectively to removing additional barriers for disadvantaged pupils in a highly complex specialist context. The most important impact is that eligible pupils achieved in line with comparable peers, demonstrating that socio-economic disadvantage did not translate into a persistent additional gap in curriculum access, progress or personal development. This is a strong outcome given the interaction between disadvantage, complex SEND, medical needs, communication barriers and attendance pressures. Whole-school evidence also shows strengthened curriculum coherence, improved access to personalised teaching and strong personal development outcomes, with 83.78% of tracked pupils on track in skills for learning, 82.43% in communication and 86.49% in health in 2025/26. The SEF reports no consistent differences between pupil groups, which supports the judgement that the school's inclusive approach is having a protective effect for disadvantaged pupils.

Evaluation also shows that the strongest impact came where funding was used to improve the quality and consistency of provision rather than to add stand-alone interventions. Investment in personalised teaching, communication approaches, therapy-informed practice, wellbeing support and family partnership helped eligible pupils access learning, communicate needs, participate more fully and remain connected to school during periods of health-related disruption. Attendance evidence shows a strengthening whole-school trend in the context of very high medical need, with attendance moving from 79.7% in 2022/23 to 84.0% in 2023/24, 85.8% in 2024/25, 81.5% in 2025/26 and 84.4% in 2026/27. Persistent absence has also reduced over time, from 66.1% in 2022/23 to 59.6% in 2023/24, 56.0% in 2024/25 and 52.8% in 2025/26. This represents positive progress; however, persistent absence remains a significant priority. Leaders will continue to interrogate the data carefully so that medical complexity, treatment, fatigue and transport factors are understood in context, while any avoidable barriers to attendance, engagement or continuity of learning are identified and addressed promptly.