



Pupil premium strategy statement

Bournes Green Infant School

This statement details our school's use of pupil premium (and recovery 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	180
Proportion (%) of pupil premium eligible pupils	6%
Academic year/years that our current pupil premium strategy plan covers (3 year plans are recommended)	2021/2022 to 2024/2025
Date this statement was published	December 2023
Date on which it will be reviewed	December 2024
Statement authorised by	Mr David Denchfield Executive Headteacher
Pupil premium lead	Mrs Goy Inclusion Lead/Deputy Headteacher
Academy Committee	Mrs Morgan

Funding overview

Detail	Amount
Pupil premium funding allocation this academic year	£15 625
Pupil premium funding carried forward from previous years (<i>enter £0 if not applicable</i>)	£588
<i>Total</i>	£16 213

Part A: Pupil premium strategy plan

Statement of intent

At Bournes Green Infant School we have high aspirations and ambitions for all our children and firmly believe that a child should not be held back by circumstance. We intend to remove barriers to learning, and for all our pupils to achieve their potential.

Our strategy plan centres on delivering high quality teaching to meet the needs of our disadvantaged children and all children in our school community.

We will also address the gaps that disadvantaged children may have with targeted academic support.

Children need to be ready to learn and our well-being provision for those who need it is an integral part of our plan.

Challenges

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

Challenge number	Detail of challenge
1	Observations and discussions with our children and their families informs us that the emotional well-being of our children is an issue for many of our children from disadvantaged families. This has an impact on their readiness to learn and this affects academic outcomes.
2	Attendance for the group of children in receipt of PP was 91.5% last year compared to that of the whole school of 95.1% (still during covid period) Persistent absence for PP children was 33% compared to non-PP children of 6.5% of non-pp children and 8.3% overall.
3	Attainment data has shown that there is a gap in both Year 1 and 2 for 2022-23 between children who are disadvantaged and the whole cohort. This is shown in reading, writing and maths in Year 2 and writing and maths for year 1. The outgoing year 2 did not have a significant gap.

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
To achieve and sustain improved attendance for our disadvantaged children.	The gap will have been reduced between the attendance of children who are disadvantaged and the whole cohort.
To achieve and sustain improved wellbeing for all pupils in our school, particularly our disadvantaged pupils.	Sustained high levels of wellbeing from 2024/25 demonstrated by: qualitative data from pupil voice, parent surveys and teacher observations.
Improved reading attainment among our disadvantaged pupils.	KS1 outcomes in 2024/25 will show that PP children have at least met or exceeded national outcomes for the same group. Phonics screening assessment will show PP children have at least met or exceeded national outcomes for the same group.
Improved writing attainment among our disadvantaged pupils.	KS1 outcomes in 2024/25 will show PP children have at least met or exceeded national outcomes for the same group.
Improved maths attainment among our disadvantaged pupils.	KS1 outcomes in 2024/25 will show PP children have at least met or exceeded national outcomes for the same group.

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: £ 4330

Activity	Evidence that supports this approach	Challenge number(s) addressed
To identify and fill gaps as they arise. HLTA targeted in class	“Research on TAs delivering targeted intervention in 1:1 or small group settings shows a consistent impact on	3

support. Support will be provided by HLTA or use of HLTA will allow more individualised attention from the teacher.	attainment of approximately 3-4 months progress.” EEF	
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Targeted academic support (for example, tutoring, one-to-one support, structured interventions)

Budgeted cost: £ 1000

Activity	Evidence that supports this approach	Challenge number(s) addressed
<p>One to one or small group tuition offered on-line or within school in addition to teaching hours. (60% cost met by tuition grant, 40% by school)</p> <p>This will be provided to support catch up in identified areas for the needs of individuals.</p>	<p>On average, one to one tuition is very effective at improving pupil outcomes. One to one tuition might be an effective strategy for providing targeted support for pupils that are identified as having low prior attainment or are struggling in particular areas. EEF</p> <p>“Evidence indicates that one to one tuition can be effective, delivering approximately five additional months’ progress on average. 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.” EEF</p>	3
<p>Smaller group teaching to boost identified children at assessment points</p>	<p>Reducing class size has a small positive impacts of +2 month, on average. The majority of studies examine reductions of 10 pupils. Small reductions in class size (for example, from 30 to 25 pupils) are unlikely to be cost-effective relative to other strategies. EEF</p>	

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

Budgeted cost: £ 15800

Activity	Evidence that supports this approach	Challenge number(s) addressed
Inclusion HLTA well-being support and interventions.	“On average, SEL interventions have an identifiable and valuable impact on attitudes to learning and social relationships in school. They also have an average overall impact of four months' additional progress on attainment.” EEF	1
Inclusion team to work with families and refer when necessary to support good attendance.	Absence impacts attainment.	2
Subsidies for families to ensure children can access all school activities as their peers.	Children should not miss out due to financial constraint of their families.	1
Play Therapy	“On average, SEL interventions have an identifiable and valuable impact on attitudes to learning and social relationships in school. They also have an average overall impact of four months' additional progress on attainment.” EEF	

Total budgeted cost: £ 21 130

Part B: Review of the previous academic year

Outcomes for disadvantaged pupils

Outcomes for disadvantaged children at the end of KS1 were lower than that for the whole cohort but numbers were very low, making statistical comparison challenging. Performance was assessed by national test, internal standardised tests and most essentially via teacher assessment.

Phonics was a huge success with all children eligible for pupil premium funding in years 1 and 2 reaching the screening test standard. This was reflective of the lack of gap following reception data the previous year with reading. This has been a success following CPD used to develop and embed the phonics SSP.

In terms of well-being our inclusion team worked with approximately two-thirds of our disadvantaged pupils for a variety of social and family reasons which demonstrated the value of the work that can be done using our inclusion HLTA. The impact of this cannot be shown in data but case studies and feedback from families and teachers demonstrates this.

Last year's plan had been reviewed and modified in light of data to include an outcome for attendance, as there was a gap between advantaged and disadvantaged. There remains a small difference between PP and the whole cohort although this is very specifically to a few families. Work will continue in this area.

