

Pupil Premium Statement

Last updated:	December 2025
Date of next review:	December 2026
Member of staff responsible for the policy:	Beth Warren
Dissemination of the policy:	Management Committee, website

Pupil premium strategy statement – GHES

This statement details our school's use of pupil premium funding to help improve the attainment of our disadvantaged students.

It outlines our pupil premium strategy, how we intend to spend the funding in this academic year and the outcomes for disadvantaged students last academic year.

School overview

Detail	Data
Number of pupils in school	This varies weekly. At time of writing this statement on 19/11/25 we have 141 students on roll.
Proportion (%) of pupil premium eligible students	Of the current 141 students on roll today (19/11/25), 49 are eligible for PP but only 18 have been with us longer than 6 months or are transitioning back to their main school (see funding arrangement below)
Academic year/years that our current pupil premium strategy plan covers	2024/2025 to 2026/2027
Date this statement was published	December 2026
Date on which it will be reviewed	December 2026
Statement authorised by	Beth Warren, Headteacher
Pupil Premium lead	Beth Warren, Headteacher
Management Committee lead	Liz McPherson

Funding Overview

Pupil Premium funding arrangement for Gloucestershire Hospital Education Service (GHES): like other medical PRUs and hospital education providers, does not have access to the pupil premium funding which goes into main schools. However, following discussions with Gloucestershire County Council and the Gloucestershire Association of Secondary School Leaders (GASSL) in 2018, it was agreed that GHES will receive 100% of Pupil Premium for pupils who have been on roll with GHES for 6 months or more.

Detail	Data
2022/23 PP funds for 22 pupils during academic year	£17,791.36
2023/24 PP funds for 28 pupils during academic year	£23,533.66
2024/25 PP funds for 34 pupils during academic year	£21,549.53
2025/26 to date of 19/11/25 PP funds for the 18 students on roll at time of writing this statement where the funding agreement applies	£17,181.82

Part A: Pupil premium strategy plan

Statement of intent

Our vision for GHES is to provide an inclusive, nurturing and high-quality education that is flexible and responsive to each student's needs, empowering all to thrive both academically and emotionally.

Our intent for all of our pupils, including those that before they were ill were already disadvantaged is to transform the learning experience for young people with mental and physical health needs whilst they are unable to attend their main school.

We provide education and support, tailored to each student's unique challenges.

We champion resilience, academic success, and overall well-being, ensuring that all students can thrive both academically and personally.

Our Core Values ensure that we remain focused on implementing our intent:

1. Nurture – We see and nurture every child's unique qualities.
2. Confidence – We build confidence and self-esteem so everyone can flourish.
3. Determination – We are determined to remove barriers to enable students to thrive and achieve.
4. Care – We educate with care and empathy.
5. Safe – We provide an environment that allows everyone to feel safe.

Our aim is to use pupil premium funding to help us achieve and sustain positive outcomes for all of our students, who we consider are all disadvantaged due to their illness and not being able to attend their main school due to this.

Challenges

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

Challenge number	Detail of challenge
1	Outcomes and progress can be significantly related to the child's illness, the amount of absence from school, isolation from peers and the outside world, their engagement in learning, self-esteem, their mental health.
2	An increasing number of pupils with SEMH needs and a diagnosis of autism, or neuro-diverse traits: either being referred to GHES by CAMHS with a diagnosis of anxiety around the main school environment, or through school referrals through the S19 LA process.
3	Our primary cohort of students are extremely isolated due to the nature of their illnesses, the geography of Gloucestershire, and the small numbers in each year group.

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
1 Pupils' self-confidence, self-esteem and independence increases	<p>Referrals to mentoring show appropriate matching of pupil to mentor. Feedback from mentors shows clear improvement in the aspect they are focusing on e.g. getting out of the house, engaging with others, support towards reintegration, being involved in exercise, to develop self-confidence</p> <p>Referrals to therapeutic play practitioner enable up to 4 students at any one time to access this support.</p> <p>Feedback from practitioner and families.....</p>
2 To develop staff knowledge, understanding and confidence around autism and meeting the needs of autistic learners	<p>Through lesson visits, sessions with link tutors and on support plans we will see evidence of:</p> <ul style="list-style-type: none"> • Increased opportunities for our ASD students to learn/interact with their peers • Methods we use to obtain student voice are ASD friendly • A safe learning approach for ASD students through a focus on consistency and clear systems/ expectations • To develop our systems around sharing best practice for every ASD learner
3 Pupils' engagement in learning, self-confidence, confidence around peer/social interactions increases	<p>Through providing a safe space (Butterfly Bridge) for primary pupils, we hope to see:</p> <ul style="list-style-type: none"> • Pupils able to work with others and independently • Pupils confident to leave their parents • Pupils re-engaging with learning • Pupils transitioning away from the provision back to their main school site or other identified educational setting with confidence

Activity in this academic year

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

Teaching (for example, CPD, recruitment and retention)

Activity	Evidence that supports this approach	Challenge number(s) addressed
Professional Development for staff to further develop skills and	<p>For students with SEND needs based around ASD</p> <p>DfE SEND review green paper: right support, right place, right time</p>	2

strategies to support neuro-diverse learners		
--	--	--

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

Activity	Evidence that supports this approach	Challenge number(s) addressed
Use of Coordinated Support Team	<p>Teams of co-located specialists based onsite within schools, undertaking integrated, child-centred work with pupils, responsively information-sharing, as well as sharing their expertise and embedding their practice within the whole school.</p> <p>Alternative provision specialist taskforces</p>	1
Use of Therapeutic Play practitioner	<p>Therapeutic Play is an effective therapy that helps children modify their behaviours, clarify their self-concept and build healthy relationships. In this, children enter into a dynamic relationship with the therapist that enables them to express, explore and make sense of their difficult and painful experiences. It helps children find healthier ways of communicating, develop fulfilling relationships, increase resiliency and facilitate emotional literacy.</p> <p>Improving Social and Emotional Learning in Primary Schools EEF</p> <p>Play Therapy As Effective Options for School-Age Children With Emotional and Behavioral Problems: A Case Series - PMC</p>	1 and 3
Development of Butterfly Bridge provision	<p>For primary pupils referred to GHES who are too unwell to attend their main school – many are referred with poor mental health associated with learning needs mostly around C&I and SEMH.</p> <p>A Thrive based approach in a calm, safe, nurturing environment provides pupils with an opportunity to re-engage with learning. By starting with a 1:1 approach which can accommodate sensory, learning and health needs, and gradually building up to working with others through a child needs-led approach will we see success: a child engaging with others, engaging with learning, and moving onto an educational setting they can succeed with.</p> <p>Support for mental health and wellbeing in schools The Thrive Approach</p> <p>Autism and sensory processing</p>	3

Part B: Review of the previous academic year

Outcomes for disadvantaged pupils

Year 11 Results

Of the 67 Y11s with us in the summer term, we would wish to draw attention to the following which shows what our students can and do achieve when they are with GHES regarding formal examinations:

- 49 students sat exams in at least one GCSE subject. Of the 18 remaining students, 14 competed Functional Skills exams whilst 4 students were unfortunately too unwell to access formal examinations this year.
- 49 students were entered and awarded GCSEs in the core suite of subjects: English, Maths and Science. 9 of these students achieved grade 4-9 in all 3 subjects.
- 6 students achieved 5 or more GCSE grades 4-9 including English and Mathematics.
- 48 students achieved GCSE Maths, of which 23 were grade 4 and above. 1 student achieved a grade 8. A further 14 Functional Skills Maths qualifications were awarded, including 2 at Level 1 (equivalent to GCSE grade 1-3).
- 45 students achieved GCSE English Language, of which 27 were grade 4 and above, including 4 at grade 7 & 8. In addition, 5 students completed full passes in Functional Skills at either Level 1 or 2 for their reading, writing and speaking. Another 2 students achieved passes in one or 2 of the components. 2 students achieved passes in Level 1 maths.

Therapeutic Play

Student A was referred for individual Therapeutic Play because she was experiencing emotional distress related to her illness and lengthy/frequent hospitalisation and procedures.

At the time of referral, she was beginning her re-integration back into mainstream primary school

Hopes and expectations from the Therapeutic Play sessions included:

GHES link tutor and parents:

- For Student A to return to her former personality (strong, positive) and to integrate calmly back into mainstream school.
- For Student A to have the opportunity to express feelings outside the family home and to overcome the trauma of her illness and treatment.

Parents:

- For Student A to be able to open up more about her feelings
- For Student A to develop her independence at home, e.g. re. sleeping alone.

Impact

Student A made a successful transition back into her school environment. The Headteacher at A's primary school reported that A has calmly re-integrated into mainstream school and has coped very well with the challenges this has posed. She gave the example of some unkind comments that two children made about her hair (these children are not in AM's friendship group) and reported that A 'managed this very well' and 'continued to engage' with these children when working in a group.

Parents reported that Student A did 'amazingly well' in her KS2 performance in which they had a main part. He said that her tearfulness has dissipated and that she doesn't seem worried about the things he might expect her to worry about, e.g. her hair, starting DRHS.

Dad also noticed a vast improvement in A's concentration and attention span, stating that she sees tasks through and does not constantly look for distraction, instead seeming calmer and more settled.

Coordinated Support Team (CST) – from Alternative Provision Specialist Taskforce SEND & AP change programme

The CST aims to draw on learning from previous and current Alternative Provision Specialist Task force (APST) models, scope out and pilot an APST to support and work with pupils on roll at alternative provision schools in Gloucestershire. 2024/25 saw the creation of this group of professionals who started to work directly with CYP from GHES from April 2025 onwards. During this pilot they have been working with children from KS2 and KS3, who are not supported through an EHCP or through Social Care.

The Coordinated Support Team seeks to build successful relationships with the children, young people and families to:

- Identify and support unmet need earlier.
- Improve engagement with education.
- Reduce the time away from mainstream school and support transitions.
- Empower children and families to sustain changes.

GHES Impact Snapshots

Student A

Despite health improving, a deterioration in engagement, reintegration and behaviour was observed. After four weeks of intensive mentor input, Student A was attending GHES lessons, going into school, volunteering at a local charity and communicating with professionals independently.

Student B

Referred for pain, it became clear Student B's barrier to education was not medical. Student B needs strategies to manage their sensory needs and for the family to be supported with their past and current traumas. CST are currently supporting with both. Eight weeks ago, the legal attendance route was nearly triggered, as it was with two older siblings leading to the siblings being withdrawn from school, away from support. Due to CST involvement, this family is now receiving the accessible support they have desperately needed for many years.

Student C

Referred for an eating disorder, it soon became clear Student C's barrier to education was not medical, it was feeling responsible for their Mum. A male FSW for Mum meant Student C felt Mum was safe and supported and so Student C was enabled to return to school.

Students transitioning away from GHES – Impact of staff professional development on students: with engagement with learning, development of self-confidence, and increase of social/peer interactions for students

During 2024/25 academic year we worked with 267 students. Within that time our maximum number at one single point was 198 students. During the year we saw 134 students transition away from GHES, within this number 57 reintegrated back to a school setting, or early college placement, 4 became EHE, and 41 Year11s went on to Post-16 education or employment.

From the numerous case studies of our students we have looked at, the CPD teaching and learning strategies for supporting all our SEND students, and specifically strategies to support those with ASD are making an impact – which is reflected in the high rate of transition away from GHES.

Consistent strategies include:

- **Routine and structure:** Consistent lesson formats, visual timetables, Now/Next boards.
- **Relationship building:** Trust, communication with parents, empathetic support.
- **Personalisation:** Adapting tasks to interests (e.g., marine biology, creative writing).
- **Sensory support:** Fidget toys, calm environments, sensory breaks.
- **Scaffolding & modelling:** Breaking tasks into steps, modelling processes.
- **Exam preparation:** Past papers, revision techniques, functional skills.
- **Technology use:** Adobe Connect, Showbie, polls, quizzes.
- **Positive reinforcement:** Praise, reassurance, reducing pressure.
- **Emotional regulation and anxiety management** appear in nearly every case - a central theme
- **Personalization and flexibility** is the most frequently cited academic strategies.
- **Collaboration (family + multi-agency)** is critical for success in complex cases.
- **Technology** is increasingly important for accessibility, enjoyment and socially isolated students.

