



Covid-19 Catch up Strategy Statement 2020 - 2021

School overview

Metric	Data
School name	Mill Water School
Pupils in school	118
Proportion of disadvantaged pupils	36%
Covid-19 Catch up premium allocation this academic year	£16,100
Academic year or years covered by statement	2020 - 2021
Publish date	September 2021
Review date	September 2022
Statement authorised by	Sarah Pickering
Pupil premium lead	Lynne Hasell
Governor lead	Julie Cornwell

Disadvantaged pupil barriers to success

All Mill Water pupils have Education Health Care Plans which identify their complex needs and difficulties, particularly in relation to communication and interaction, emotional literacy and resilience, cognition and learning, social/emotional and mental health.

Strategy aims for disadvantaged pupils - academic achievement

Aim	Evidence of impact	Target date
To provide multisensory structured phonics interventions to pupils who benefit from this approach to teaching reading – ie pupils on the independent learning pathway.	Taking a multisensory, structured approach to delivering phonics teaching results in literacy gains for children who struggle to acquire literacy due to phonological or memory deficits. Progress data shows gains in this area. There is extensive evidence supporting the impact of high quality one to one and small group tuition as a catch-up strategy. Programmes are likely to have the greatest impact where there are regular sessions maintained over a sustained period and are carefully timetabled to enable consistent delivery.	July 2021 and beyond

Teaching priorities for current academic year

Measure	Activity
Priority 1	Use Covid Catch up funding to part fund a literacy tutor to deliver one to one and small group multi-sensory structured phonics sessions to identified children. Deliver a structured, multisensory, phonics programme based on the principles of Orton and Gillingham.
Barriers to learning these priorities address	Acquiring new skills, particularly in literacy; retaining and applying learning; phonological and short term memory; specific skills such as sequencing, ordering, word finding; fine motor skills; inability to use knowledge and skills functionally; difficulty understanding the rules of social interaction; difficulties with receptive and expressive vocabulary; speaking and understanding at a single word or phrase level; difficulty in formulating an oral sentence; difficulty understanding words, sentences and instructions.
Projected Spending	£16,100

Evidence Base for Selection of Intervention

British Journal of Educational Psychology (2011), 81, 1–23 © 2010 The British Psychological Society

Evidence-based interventions for reading and language difficulties: Creating a virtuous circle Margaret J. Snowling and Charles Hulme Department of Psychology, University of York, UK

What is well-founded intervention? To be considered 'well-founded', an intervention must be based on a sound theory of how a skill develops and how to promote that skill in children who are struggling to master it. In other words, it is crucial to have a clear idea about the nature and origins of a given child's difficulties in order to plan a suitable educational intervention. For example, if children's letter-sound knowledge and phonemic awareness skills are two critical foundations for learning to decode print, then for children who are struggling to master decoding skills an intervention should be chosen that will promote these two critical skills.

Effective interventions to promote decoding skills in poor readers

The issue of how to provide remediation for children with identified reading disorders has a long history dating back to the clinic of Samuel Orton, one of the pioneers of dyslexia (Orton, 1937). This approach was subsequently revised and implemented as the 'Orton—Gillingham—Stillman approach' which, together with the work of Fernald (1943), advocated the use of a multi-sensory approach as the foundation of 'good practice' in the field of dyslexia worldwide. However, although some small-scale studies provide evidence suggesting that multi-sensory teaching improves learning (Hulme, 1981) we do not have large-scale trials showing how effective such teaching methods are in practice. In contrast, starting from the premise that poor decoders have phonological difficulties, there is now considerable evidence pointing to the importance of explicit training in the alphabetic principle (understanding how letters in printed words map onto the phonemes in spoken words they represent) as a key component of a successful intervention for children who have decoding difficulties or dyslexia. According to a meta review of evidence by the National Reading Panel (2000), interventions that incorporate training in phoneme awareness are most effective when the training also includes work on letters and when the intervention is for no more than 20 h in duration. A great deal of evidence regarding interventions for poor readers emanates from the work of Lovett and colleagues who were among the first to evaluate different methods of teaching for clinically 'diagnosed' children with dyslexia who had severe reading impairments (below the 5th centile). Lovett et al. (1994) evaluated two different interventions that focused on promoting procedures for identifying unknown words and dealt with print at sub-word as well as word levels, one emphasized phonological analysis and blending of printed words, and direct instruction in letter-sound correspondences, the other training in word identification strategies focusing on large orthographic units and matching words children were trying to decode to their spoken vocabulary. Children in a treatment-control group received instruction in a variety of study skills. While children in both treated groups made gains relative to the control group, the two interventions had specific effects: the first group that had received the phonological intervention did better than those trained in strategies for word identification in non-word reading; conversely the word identification group did better when tested for their ability to read exception words. More recently, Lovett, Steinbach, and Frijters (2000) went on to implement a combined programme, comparing it in a RCT with either intervention alone or an active treatment control. Importantly, the combined treatment was more effective than either of the treatments alone.