St Elisabeth's Primary School Inclusion Strategy Statement (2026/27)

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1. Our Vision for Inclusion

At St Elisabeth's Primary School, we believe in a mainstream education system that is inclusive by design. Supported by **Thrive CE Academy Trust** and the national Inclusive Mainstream Fund (IMF), our mission is to proactively remove predictable barriers to learning before statutory thresholds or formal diagnoses are required.

We embed **high-quality, evidence-based approaches** through Trust-wide and school-level training, coaching, and modelling. This includes access to specialist expertise, providing staff with targeted professional learning, clinics, and guidance to strengthen adaptive teaching, trauma-informed practice, and relational behaviour approaches.

Our universal offer is strengthened through **Assess–Plan–Do–Review (APDR)** systems, ensuring early identification, targeted intervention, and continuous review of pupil progress. CPD is used strategically to build staff expertise in SEND, behaviour, assessment, and KS2 trauma-informed practice, ensuring every child experiences a classroom environment designed for inclusion.

2. Our Cohort Profile & Local Barriers to Learning

Currently, 28.9% of our student population is identified as having a Special Educational Need or Disability (SEND), 16.6% speak English as an Additional Language (EAL), and 30.7% are eligible for Pupil Premium.

Our primary local barriers to learning include:

- **Speech, Language, Communication & Interaction Needs (EYFS → KS1)**

Increasing numbers of children enter EYFS and progress into KS1 with delayed speech, language, communication and social communication skills. These needs are developmental and predictable, not dependent on diagnostic systems.

Evidence base:

- Early language delay is one of the strongest predictors of later literacy difficulties (Snowling, 2013).
- Children with SLCN are significantly more likely to experience reading challenges by KS2 (Law et al., 2017).
- Social communication difficulties correlate with reduced peer interaction and increased vulnerability to SEMH needs (Gascoigne, 2018).

Impact if unaddressed:

- Slower phonics progress and reduced vocabulary acquisition
- Lower reading comprehension
- Increased frustration and reduced classroom independence
- Higher likelihood of later SEMH needs

What pupils need: Universal high quality language-rich environments, visual scaffolds, structured social communication opportunities, and

targeted early intervention.

- **SEMH Needs Elevating During Transition (KS1 → KS2)**

We are observing rising anxiety, and lower resilience of pupils transitioning to Key Stage 2.

Evidence base:

- DfE research shows transition points are high-risk periods for dysregulation and attendance decline (DfE, 2020).
- Trauma-informed practice improves emotional regulation and reduces behavioural incidents (Perry, 2016; Bath, 2015).
- Relational approaches increase engagement and reduce exclusion risk (EEF Behaviour Guidance Report, 2021).
- Children with insecure peer relationships are more vulnerable to academic dips during transition (Public Health England, 2019).

Impact if unaddressed:

- Increased absence and lateness
- Reduced engagement with learning
- Higher incidence of dysregulation
- Peer conflict and social withdrawal
- Escalation into more entrenched SEMH needs

What pupils need: Proactive transition planning, graduated independence, emotional regulation support, and consistent relational practice.

- **Executive Functioning & Working Memory Barriers (KS2)**

Across KS2, many pupils present with **gaps in executive functioning**, including working memory, organisation, planning, and sustained attention.

Evidence base:

- Cognitive load theory shows that reducing unnecessary load improves retention and problem-solving (Sweller, 2011).
- Explicit metacognitive instruction has a high impact on pupil progress (EEF Metacognition Report, 2018).
- Executive functioning difficulties correlate with reduced independence and slower task completion (Diamond, 2013).

Impact if unaddressed:

- Difficulty retaining instructions
- Overwhelm during multi-step tasks and reduced productivity in pupils.
- Lower attainment in reasoning and extended writing
- Increased reliance on adult prompting

What pupils need: Consistent high quality teaching, explicit metacognitive instruction, chunked learning, visual frameworks, and assistive technology.

3. Deployment of Funding & Core Activities

To optimise efficiency and secure expert-level provision, St Elisabeth's Primary School pools its IMF allocation with Thrive CE Academy Trust to fund a centralised hub of specialist inclusion resources.

Inclusion Theme / Principle	Trust-Wide Shared Strategy (Core)	Local School Implementation (Personalised)
High-Quality Adaptive Teaching (HQAT)	Training on cognitive load theory, universal design for learning, and assistive tech.	Staff training, modelling and coaching, sharing of good practice, use of adaptive tools, adaptive teaching and learning file
Early Evidence-Based Support	Central SALT and EP team.	APDR cycles, standardised APDR quality, WELCOMM, targeted SALT training, NHS SALT, EP
Safe, Inclusive Environments	Sensory-friendly adaptations and calm spaces.	Quiet areas, zones of regulation, self-esteem Interventions, big environmental workshops, Inclusion team
Partnerships & Families	Standardised reporting and parent forums.	Co-production, APDR meetings, workshops, enrichment events
Professional Learning & CPD	Trust-wide CPD on SEND, behaviour, assessment, trauma, precision teaching.	Ongoing CPD, APDR workshops, high quality teaching, assessment for learning, areas of learning specific assessment
Assessment & Review Systems	Trust APDR templates and tracking tools	APDR embedded, coaching on high-quality teach and learning, quality assurance on APDR, SEND trackers, whole-School tracking system

4. Accountability, Scrutiny, and Impact Tracking

Impact is evaluated termly using Trust-wide metrics, APDR review cycles, and standardised assessment tools. Staff development, deescalation, trauma-informed practice implementation, and adaptive teaching consistency are monitored through CPD records, expert-led clinics, and provision reviews.

Expected impact:

- Improved attendance and reduced emotionally based school avoidance
- Stronger phonics and early reading outcomes
- Reduced behavioural incidents and dysregulation
- Increased independence and task completion in KS2
- Higher parental engagement and confidence
- More accurate and effective early intervention
- Reduced escalation to statutory SEND pathways
- Increased staff confidence and consistency in adaptive practice