**Who are we?**



Portland School

*Blythe Bridge & Trent Vale*

September 2025-6

Portland School

Portland School comprises of two sites (Trent Vale & Blythe Bridge) catering for students with a range of ‘Social, Emotional & Mental Health’ difficulties. We offer education from Key Stage 1 to Key Stage 4 and serve the community of Stoke on Trent and the surrounding areas.

Our school comprises of two sites and we offer a data-informed approach to placing students at each of our provisions (Appendix 1) and offer provision to two distinct groups of students across our settings; *Blythe Bridge* & *Trent Vale*.

What is SEMH?

(‘Social, Emotional and Mental Health’ (SEMH) is a category of Special Education Need that was formally recognised by the Special Educational Need and Disabilities (SEND) Code of Practice in 2014. Students who experience SEMH difficulties may display atypical or adverse behaviour and may do so for a number of reasons.

At Portland, we regard normative and atypical behaviour as a form of communication; quite often our students will struggle to tell us that they have difficulties or are able to say what those difficulties are. With this approach we seek to understand the nature of atypical behaviour, seek to remove barriers for learning and develop an education that meets students at the point of need. This is at the core of everything we do at Portland.

It must also be recognised that the category of SEMH includes ‘Mental Health’. Although the use of this term needs to be carefully managed (not least with the young people themselves) it includes a vast range of conditions and difficulties that students may be experiencing or coming to terms with.

# How is SEMH expressed by our pupils across our provisions?

Our provisions support pupils with Social, Emotional and Mental Health (SEMH) needs, though the nature and presentation of these needs differ significantly between our two sites: Blythe Bridge and Trent Vale.

## Blythe Bridge Site

At Blythe Bridge, pupils typically present with more complex SEMH profiles, often underpinned by early trauma, attachment difficulties, and neurodevelopmental conditions such as ADHD and Autism Spectrum Disorder (ASD). These students frequently exhibit high levels of dysregulation, with behaviours that are overt, reactive, and challenging. This may include:

* *Physical and verbal aggression*
* *Impulsivity and hyperactivity*
* *Oppositional behaviours*
* *Significant difficulties with emotional regulation*

These behaviours are often rooted in unmet relational and comorbid undiagnosed spectrum-related difficulties. Pupils require intensive relational and environmental support to feel safe and emotionally regulated before they can access learning. Curriculum engagement is contingent on emotional readiness, and staff prioritise relational approaches to build trust and reduce barriers to learning to allow students to access the curriculum. Our Blythe Bridge students may have chaotic and challenging experiences outside of school and will bring these difficulties into school. Typically students have had poor experiences in other settings and exhibit negative attitudes to school and themselves as learners (see Appendix 1).

## Trent Vale Site

At Trent Vale, pupils present with more established cognition and learning difficulties, often alongside ASD and SEMH needs. Dysregulation here is typically less overt, with behaviours that may be passive and internalised as well as displaying high levels of challenge. These behaviours include:

* *Withdrawal and social isolation*
* *Anxiety-related avoidance*
* *Low mood and reluctance to engage*
* *Sensory sensitivities and communication barriers*

Students at Trent Vale will require targeted differentiation and curriculum adaptation to address the combined impact of ASD, SEMH, and learning needs. Progress has been frequently limited by these overlapping challenges, and our curriculum will adopt a considerable focus on teaching and reteaching underpinning knowledge. Staff focus on building confidence, reducing anxiety, and supporting communication through structured and predictable environments.

## Common SEMH Presentations Across Both Sites

Nevertheless, across both provisions, pupils may experience difficulties with emotional and social development, including:

* *Immature or underdeveloped social skills*
* *Challenges in forming and sustaining healthy relationships*
* *Fight, flight, or freeze responses to perceived stress or threat*
* *SEMH may manifest through a range of behaviours and conditions, including:*
* *Mood disorders (e.g., anxiety, depression)*
* *Conduct difficulties (e.g., oppositional defiance, aggression)*
* *Self-harm, eating disorders, or medically unexplained physical symptoms*
* *Diagnosed or suspected neurodevelopmental conditions (e.g., ADHD, ASD)*
* *Attachment difficulties and trauma-related behaviours*

We also support pupils with complex profiles who may not thrive in other specialist settings, including those with ASD and significant behavioural challenges.

# Causes of SEMH

The causes of these difficulties are vast and complex. Some mental health difficulties will be experienced over a long period of time, other difficulties will be more transitory in nature. Some students will experience difficulties caused by their biology; others will experience cognitive difficulties. Our students may also have experienced adverse childhood experiences; traumatic events or have experienced neglect. We recognise in line with a biopsychosocial approach, that these experiences and difficulties interact with each other and may contribute to more pronounced difficulties. Biology may predispose individuals to a particular behaviour and affect the way we think. The way we think affects the way we act. These actions, if ingrained in our behaviour will affect the neurological development and functioning of the brain.

Nevertheless, we are particularly sensitive to the most common causes of SEMH are believed to include the following: Attachment history (lack of acceptance /needs being met /emotional warmth / positive feedback / managing emotional response by caregiver); Trauma history (domestic violence, abuse, neglect, bullying, violent crime, social exclusion, hate prejudice, loss); Current family dynamics; Other systems around the child (school, community, society).

# How students deal with difficulties

The behaviour of our students is different from the behaviour you would see in a mainstream environment. Often, behaviour can be challenging. Nevertheless, with our awareness that ‘all behaviour is communication’, we are able to support students in verbalising the difficulties that are causing behaviours and help them to develop the skills of doing so.

All students have personalised ways of dealing with these difficulties. Some students will seek out members of staff for individualised support, some need space to self-regulate and many others need support. Students may need space away from others or outside the building where they will be monitored appropriately.

Where students are not able to independently regulate our ‘Behaviour Team’ assist in supporting students who are dealing with emotional difficulties as well as proactively building resilience and support.

**Appendix 1;**

Summary of our ‘bench-marking’ PASS (Pupil Attitudes to Self & School) Survey that provides an example of the differences in mental health expression between the two sites.

The survey is one indicator that is used to identify where students are best placed and the nature of the provision that would best support the student.

The data presented is a summary of 2025-26 data taken from initial student assessments.

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# Portland Cohort Analysis

## Trent Vale

|  |  |
| --- | --- |
| **Incidences of Difficulty** | **Count of SEN Need Type** |
| Cognition and Learning | 52 |
| Social, Emotional and Mental Health | 87 |
| Specific Learning Difficulty | 5 |
| Speech, Language or Communication Need | 67 |
| Autistic Spectrum Disorder | 23 |
| ASD Assessment Pathway | 7 |
| ADHD | 6 |
| ADHD Assessment Pathway | 5 |
| Dyspraxia | 2 |
| Dyslexia | 4 |
| **Grand Total** | **252** |
| **Average Incidence per student** | **3.01** |

## Blythe Bridge

|  |  |
| --- | --- |
| **Incidences of Difficulty** | **Count of SEN Need Type** |
| Cognition and Learning | 40 |
| Social, Emotional and Mental Health | 66 |
| Specific Learning Difficulty | 3 |
| Speech, Language or Communication Need | 3 |
| Autistic Spectrum Disorder | 3 |
| ASD Assessment Pathway | 4 |
| ADHD | 9 |
| ADHD Assessment Pathway | 4 |
| Dyspraxia | 1 |
| Dyslexia | 3 |
| **Grand Total** | **181** |
| **Average Incidence per student** | **2.87** |