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Identifying and supporting children and young people with social, emotional and mental health needs: a rapid evidence review

Research report

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Executive summary

Background

In the SEND Code of Practice (DfE/DoH, 2015), the area of Social, Emotional and Mental Health (SEMH) needs refer to a wide range of emotional, behavioural, and social challenges that can impact learning, engagement and participation, mental health, and wellbeing for children and young people. This rapid evidence assessment (REA) reviews how mainstream education professionals can identify and support SEMH needs in children and young people, with a focus on improving educational outcomes including participation and engagement.

Approach

The evidence was collected by means of a rapid evidence assessment (REA). A search of the literature aimed to retrieve key findings for children and young people with SEMH needs aged 0 to 25. The literature search focused on systematic reviews and meta-analyses evaluating effective tools and strategies for the identification and support for educational outcomes for children and young people with SEMH needs in mainstream classrooms, as well as reviews evaluating collaborative practices between families, schools, and healthcare providers or specialists.

Key findings

Our REA identified 15 studies evaluating methods of identification and assessment, and 33 studies examining interventions and support strategies that mainstream educators can use to address SEMH needs.

Identification

It is important to foster a positive and supportive social and learning environment driven by whole-school initiatives and supported by senior leaders for children and young people with SEMH needs. To this end, key findings from our REA highlight the significant impact of educators' understanding and beliefs surrounding SEMH needs.

Misunderstandings and stigma can negatively impact timely support and outcomes for children with SEMH needs. Thus, comprehensive training and ongoing professional development is important in developing a foundational understanding of mental health and social and emotional needs of children and young people which underpins timely and accurate identification and ongoing monitoring.

Although much of the evidence, particularly in relation to mental health difficulties, focused on tools restricted to clinicians or specialists, our REA also identified several reliable identification and assessment tools that can be used by mainstream educators. Direct observation of behaviours or patterns of behaviours that is structured can be a useful tool for both identification of needs and for progress monitoring. Structured observations can identify areas where support may be needed and help inform intervention plans for students with or at risk of developing SEMH needs.

Similarly, teacher nomination (based on professional judgement) can be a useful screening method to identify children and young people who may demonstrate difficulties in their setting and are in need of further assessment or support. However, our REA found that structured screening tools such as questionnaires and checklists were found to be more accurate than teacher nomination. This may be especially important in the identification of internalising difficulties which are not always visible to teachers. One such tool was the Strengths and Difficulties Questionnaire which was one of the most frequently reviewed screening tools across studies in our REA and was useful in screening for Attention Deficit Hyperactivity Disorder (ADHD), mental health, and as a social-emotional and behavioural screener.

Although many screening tools may be effective and freely available to screen for SEMH needs, these tools should be interpreted with caution by mainstream educators without specialist qualifications. Even interpretation of the Strengths and Difficulties Questionnaire results should be treated with caution. While this could be a useful tool for intervention planning or flagging potential issues, it should not be used for labelling, identifying specific personality traits or diagnosis. Rather these screeners should be used to identify critical areas of need that may impact a student's academic performance. Our REA also highlights that the identification and assessment of SEMH needs is most effective when drawing on data from multiple informants (e.g., parents, teachers, and pupils) and using a range of tools, as different informants notice different aspects and tools vary in accuracy.

Support

In terms of support, at the whole-school level, approaches that reinforce positive behaviours and provide a positive and supportive environment are important for allowing pupils to develop and promote learning outcomes. Examples of effective whole-school approaches were token economies and check-in/check-out systems which were found to be effective, particularly for students with behavioural challenges, but only when supported by strong senior leadership and applied flexibly to individual needs. A positive school climate is crucial to ensure these strategies foster inclusion rather than alienation.

At the classroom level, targeted praise, rewards, choice in instruction, and hands-on activities were associated with improved engagement and academic outcomes.

Instructional methods such as Direct Instruction, explicit teaching, scaffolding, modelling, prompting, mnemonics, and daily report cards were consistently effective, reducing cognitive load, supporting self-regulation, and strengthening home-school communication.

Targeted interventions reinforced these findings, with Self-Regulated Strategy Development showing positive effects on writing and skills such as organisation and monitoring, though some strategies require specialist training. Reading interventions highlighted the consistent effectiveness of Direct Instruction programmes (e.g. Corrective Reading, Reading Mastery, Sound Partners, Stepping Stones to Literacy), particularly for younger pupils. Peer-mediated approaches and small-group delivery also showed promise, though repeated reading produced weaker effects. Evidence for combined reading-behaviour interventions was mixed.

Conclusions

This REA highlighted some key gaps in the evidence base for identification, assessment, and support for children and young people with SEMH. First, many screening tools in the evidence base had a lack of standardisation or required specialist training for use, limiting their practical application in school settings. Further, there was a disproportionate focus on externalising behaviours, particularly those associated with ADHD. This focus limits the extent to which internalising behaviours may be identified and supported for children and young people with SEMH which could lead to poorer academic outcomes, or a lack of participation and engagement. More research is needed here to provide an evidence-base for tools that can be used and feasibly implemented in mainstream education settings.

Further, a substantial proportion of studies relied on single-case designs, which provide useful insights into individual responses but limit generalisability. More robust, teacher-led evaluations in mainstream school contexts are needed to establish effectiveness at scale.

The role of the pupil voice was also underrepresented. Although this REA emphasised the importance of including identification and assessment tools that rely on the pupil as an informant, there was a lack of research on how students may self-identify or have a role in planning their support. Embedding pupil perspectives into the identification and support process could help ensure that assessment is not only systematic and structured but also that support is properly aligned with pupil need and preference.

Introduction

In England, during the 2024/25 academic year, approximately 1.44 million pupils with identified special educational needs (SEN) are educated in mainstream state-funded primary and secondary schools. This includes around 1.17 million pupils receiving SEN support, and a further 271,000 pupils with an Education, Health and Care (EHC) plan.

As of 2025, 23.6% of pupils (279,230 pupils) receiving SEN support have Social, Emotional and Mental Health (SEMH) difficulties identified as their primary need, alongside 16% (71,304 pupils) with an EHC plan (DfE, 2025). SEMH needs refer to a wide range of emotional, behavioural, and social challenges that can impact learning, engagement and participation, mental health, and wellbeing. In recent years, there has been ongoing debate regarding the terminology used to describe children with SEMH difficulties. The term Social, Emotional and Mental Health (SEMH) was introduced in the revised SEND Code of Practice (DfE/DoH, 2015) as a broad, needs-based descriptor for pupils who "experience a wide range of social and emotional difficulties." Prior to this revision, terminology in both policy and research typically emphasised behavioural presentation, with terms such as Emotional and Behavioural Difficulties (EBD) or Social, Emotional and Behavioural Difficulties (SEBD). These earlier terms have been criticised for their ambiguity and for lacking clear diagnostic boundaries, potentially leading to inconsistency in identification and support. To reflect current policy and promote a needs-led perspective, this rapid evidence assessment (REA) adopts the term SEMH in alignment with the SEND Code of Practice (DfE/DoH, 2015).

As defined in the SEND Code of Practice (DfE/DoH, 2015), SEMH needs refer not to a specific diagnosis but to a broad category of need that may be expressed through externalising behaviours (e.g., aggression, oppositionality) or internalising behaviours (e.g., anxiety, withdrawal), often in combination. For example, one pupil may present with persistent defiance and disruption, while another may appear quiet and disengaged, yet both may be struggling with underlying emotional distress. Additionally, SEMH needs frequently co-occur with other learning or developmental needs, including language or communication difficulties, literacy difficulties, and autism, which can lead to a complex profile of strengths and challenges requiring holistic assessment and support. This review adopts a needs-based perspective in line with the SEND Code of Practice (DfE/DoH, 2015), recognising the importance of identifying and responding to individual profiles rather than focusing solely on behaviours or labels. However, it can be useful to conceptualise the distinct characteristics of conditions that fall under the SEMH category such as ADHD, anxiety, or depression, as a way of better understanding how they present in educational settings. These are described briefly in the following paragraphs.

Children with SEMH needs may experience a range of underlying mental health difficulties, the most common being anxiety and depression. Anxiety disorders account for approximately 40% of mental health disorders in children (UNICEF, 2021), with

conditions such as generalised anxiety disorder (GAD), social anxiety disorder (SAD), obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD) often affecting school participation and performance. These disorders manifest through a variety of symptoms, including emotional, behavioural, and physiological changes, and require sensitive recognition and support from educational professionals. Anxiety is particularly prevalent in neurodivergent populations, including autistic children, where comorbid rates are significantly elevated (van Steensel et al., 2011).

Mood disorders such as major depression and bipolar disorder also affect a smaller but significant proportion of school-aged children, with rates increasing through adolescence (WHO, 2024). These conditions may present as persistent low mood, loss of motivation, emotional volatility, or suicidal ideation, and frequently intersect with school disengagement, poor academic outcomes, and social difficulties. Again, prevalence is higher among children with neurodevelopmental conditions, particularly autism.

Attention Deficit Hyperactivity Disorder (ADHD) is characterised by persistent challenges with inattention, hyperactivity, and impulsivity (defined as action taken without foresight) (Lange et al., 2010). These pupils may exhibit externalising behaviours (e.g., hyperactivity, oppositionality) or internalising symptoms (e.g., anxiety, low self-esteem), particularly when ADHD co-occurs with other conditions.

The development and expression of SEMH needs are shaped by a range of interacting factors including biological vulnerability, school experience, trauma exposure, discrimination, and the presence of other special educational needs or disabilities. Without timely identification and support, SEMH needs can escalate and contribute to long-term adverse outcomes, such as academic underachievement, exclusion, and reduced participation in education, employment, or training (Arnold & Baker, 2013; Hurry et al., 2018; Martin-Denham, 2020; Nye et al., 2016). It is therefore important that schools and early years settings adopt a proactive, evidence-informed approach to the early identification and educational support of SEMH, framed by collaboration with families and specialist services.

This review focuses specifically on two of the most commonly presenting needs of SEMH needs within school contexts: externalising and internalising difficulties. These were selected not only due to their prevalence but because of their strong association with reduced educational attainment, school disengagement, and Emotionally Based School Avoidance (EBSA). For example, pupils with ADHD often experience difficulties with attention, impulse control, and behavioural regulation that disrupt classroom routines and social relationships, while those with anxiety may quietly disengage or avoid school altogether. Children who experience externalising and/or internalising difficulties frequently struggle to access and participate fully in learning without timely and appropriate support.

Aims

The goal of this review is to synthesise evidence-based strategies in the identification, support, and collaborative practices available to mainstream teachers in supporting children and young people with SEMH difficulties. Our research questions are as follows.

Identification:

- Which formal and informal methods and measurement tools are available to practitioners to identify SEMH needs within diverse classroom settings?
 - For which ages or age ranges can these tools be used?
 - What are the performance parameters of these measurement tools (e.g., reliability/validity/specificity)?
- How can these tools be used to guide decisions regarding the provision of universal, targeted or specialist support?

Support:

- What are the most effective universal and targeted strategies, approaches, or adaptations for supporting children and young people with SEMH needs to improve educational outcomes?
 - What is the most appropriate level of delivery (universal, targeted or specialist) for each of these interventions?
 - What specific age groups are targeted by these interventions?
- What types of approaches/interventions do children with SEMH needs respond best to?

Working with others:

- What components and characteristics foster effective collaboration between teachers, specialists, and parents/caregivers in the identification and support for children and young people with SEMH. How can clear role boundaries and knowledge-sharing frameworks support this process?
- What examples are there of different models of collaboration between the multidisciplinary team?

Methods

To address these research questions, a Rapid Evidence Assessment (REA) was conducted following Cochrane rapid review guidance (Garritty et al., 2024). This REA followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement when selecting relevant articles.

We conducted a targeted search in October 2024 of two academic databases (i.e., Scopus: PsychINFO and EBSCO: ERIC) as well as grey literature using specific keywords related to the research questions (see [Appendix A: Search terms](#)). We identified systematic reviews and meta-analyses published in English between 2014 and 2024, focusing on children and young people aged 0-25 with identified SEMH difficulties in mainstream educational settings. Included studies evaluated identification, support, or collaborative practices that are feasible in UK classrooms, excluding medical, home-based, or highly resource-dependent interventions (e.g. beyond what is typically available in a mainstream classroom such as animals, robotics and virtual reality). Identification tools had to be usable by mainstream staff (not clinicians), and SEND status were independently verified through diagnosis, EHC plan, or standardised measures. Studies relying solely on teacher judgement were excluded. Studies reporting measurable educational attainment outcomes (e.g., maths, science, literacy or general attainment) were included (i.e., excluding behavioural, social or emotional outcomes).

Titles and abstracts were initially screened for relevance by trained members of the team, followed by full-text review, resulting in the inclusion of 48 studies in the final review, with 15 studies on identification and assessment, and 33 studies on support and intervention (see Table 1). Given the central role of collaboration across both the identification and intervention processes, this strand is not presented as a standalone section. Instead, within the identification and support sections, we highlight where collaborative practices are necessary and effective. Additionally, as many studies identified for inclusion relate to collaborative practices in general SEND provision or across different areas of need, a breakdown of studies specific to SEMH is not included here, with collaborative practices across the categories of SEND addressed in the [Cross-Cutting Themes Report](#).

Table 1. Number of identified studies informing each strand

Strand	Number of studies included
Identification and assessment	15
Support and intervention	33
Total	48

Data from each study were then extracted by trained members of the team. We extracted descriptive information regarding the characteristics of each study as well as information

about identification tools and support strategies from the included paper(s) where available.

Our search efforts prioritised high-quality and relevant research, ensuring the inclusion of peer-reviewed studies and robust methodologies. All studies identified in the final sample are either systematic reviews or meta-analyses. To evaluate the quality of these studies, we used the Assessing the Methodology Quality of Systematic Reviews tool 2 (AMSTAR2; Shea et al., 2017). Quality assessment suggested that the evidence base is mixed according to this tool. Most studies were rated as high or moderate confidence in the results, with some rated as low due to a 'critical flaw' (detailed in our [Technical Report](#)). The most frequent critical flaw was that many studies did not conduct a formal risk of bias assessment using a recognised tool (e.g., ROBINS-I, Cochrane Risk of Bias).

For a full account of our methodology including search terms, inclusion, and exclusion criteria, PRISMA flow diagram, and extraction variables, and quality appraisal see the [Technical Report](#).

Identification and assessment of need

The aim of this section is to review the studies retrieved by our search that focused on identification and assessment strategies suitable for use by mainstream education professionals in identifying children with SEMH needs. These approaches can help teachers and school staff in recognising students' strengths and challenges, guide decisions about support, or highlight cases where referral for specialist assessment may be warranted.

It is important to emphasise that subject and class teachers are not responsible for the formal identification or assessment of learners' needs. In line with the SEND Code of Practice (DfE, 2015), their role is to support the early recognition of students who may be experiencing difficulties, particularly those affecting educational progress. Therefore, the approaches identified in this REA are not intended to diagnose any conditions, but they can help mainstream educators in recognising children and young people's strengths and challenges to guide decisions about support or to highlight cases where referral for specialist assessment may be warranted. Where concerns are identified, these should be discussed with the school's Special Educational Needs Coordinator (SENCo) and the child's family to determine appropriate next steps, including referral and formal assessment where necessary. These processes are often involved in the graduated approach, outlined in the SEND Code of Practice (2015). The graduated approach is a four-stage process used by schools to identify and respond to SEND. It involves (1) assessing a child's needs, (2) planning appropriate support, (3) delivering that support, and (4) reviewing its effectiveness. The class or subject teacher remains responsible for implementing support, with guidance from the SENCo and, where appropriate, external specialists. It is primarily used for pupils receiving SEN support (those without an Education, Health and Care Plan) and aims to ensure that needs are met in a timely and responsive way.

Further, although many screening and assessment tools may be effective at identification and needs-based assessment, these tools should be interpreted with caution by mainstream educators without specialist qualifications. This is because many screening tools and assessments are founded on psychometric principles (e.g., reliability, validity, and standardisation) which determine how the results should be interpreted and used. Without specific training in these areas, it may be difficult to interpret how scores compare to typically developing populations or whether they represent meaningful results or what it means when scores fall within clinical ranges. In practice, this ambiguity places greater reliance on professional judgement, which can lead to variability in how results are interpreted, particularly among assessors with limited initial training or experience with complex learning profiles or co-occurring difficulties. While educators play a vital role in completing these tools as informants, accurate interpretation should typically be assisted by an individual with specialist training. While the strategies detailed in this REA

can be useful for intervention planning or flagging potential issues, they should not be used for labelling or identifying specific personality traits or diagnosis. Rather these tools should be used to identify critical areas of need that may impact a student's academic performance.

The terms 'identification', 'screening', 'assessment', and 'profiling' are often used inconsistently across research, policy, and practice and can have different meanings in relation to educational versus clinical practice. For example, the term 'screening' in an educational context typically refers to the process by which a tool or a strategy is used to flag potential needs in a population (e.g., whole-school or whole-class) to inform provision of timely support or targeted interventions in educational settings. In contrast, screening for clinical purposes is typically carried out by health or mental health professionals using standardised tools to determine whether a child meets criteria for a specific diagnosis, such as ADHD, with the goal of planning for further assessment or clinical treatment. However, some processes can overlap. For example, a school-based behavioural checklist such as the Strengths and Difficulties Questionnaire (SDQ) might be used to identify early signs of social, emotional, or behavioural difficulties, prompting classroom-level support or pastoral interventions. That same tool could also be used by mental health professionals as part of a broader assessment for SEMH-related diagnoses, such as anxiety disorders or ADHD, or to track response to intervention over time. For clarity throughout this document, we define each term within an educational context. Definitions of terms are provided in Table 2.

Table 2. Definitions of identification terms in the educational and clinical context

Term	Educational use	Clinical use
Needs-based identification	<p>The process of recognising that a child may have additional educational needs (whether they do or do not have a diagnosis), often based on parental or child concern, observations, or professional judgement; however, this process can also include informal assessments.</p> <p>Informal assessments are flexible methods of gathering data to identify areas of need, guide interventions and monitor progress. These tools include checklists, questionnaires, or more structured assessments (e.g., handwriting speed, reading fluency).</p>	<p>Not a formal clinical term; overlaps with early signs that may prompt diagnostic referral but is not sufficient for diagnosis.</p>
Screening	<p>A brief tool or procedure used to flag or identify potential strengths and challenges across a population. In educational contexts, the goal is to flag potential needs early so that timely support or targeted interventions can be put in place within the school setting. Screeners are not diagnostic tools but designed to flag potential risk. However, given that screeners are typically quick to complete and usually measure only a specific area of concern, they should be interpreted with caution.</p>	<p>Tools used to determine whether further diagnostic assessment is warranted, often as a first step in a medical or psychological evaluation pathway. Typically, these tools should meet certain principles and should be administered by a trained specialist (UK Health Security Agency, 2015).</p>

Term	Educational use	Clinical use
Assessment	<p>Refers to a systematic structured process of data gathering from standardised tools to understand individual strengths and needs in order to plan intervention or monitor progress. For educational purposes, these can be informal or formal assessments.</p> <p>Formal assessments are structured, standardised tools used to evaluate a student's performance against national or normative standards. These include GCSEs and A-levels but also standardised assessments of literacy or other types of skills. Formal assessments sometimes require input from specialists to administer and/or interpret results. Formal assessment may result in a diagnosis or eligibility for additional provision such as exam access arrangements.</p>	<p>A systematic and structured process of data collection for diagnostic purposes. Assessment is conducted by specialists (e.g., educational psychologists) and involves standardised diagnostic tools to determine specific conditions or development profiles</p>
Profiling	<p>A holistic summary of a child's functioning, strengths, and areas of difficulty, often used to guide provision. Includes data from multiple informants and through multiple methods.</p>	<p>Less commonly used as a standalone concept; elements of profiling are embedded in comprehensive diagnostic assessments that explore functional impact across domains.</p>

Unlike conditions such as ADHD, depression, or anxiety, SEMH difficulties itself is not a clinical diagnosis. Instead, SEMH difficulties is a descriptor of a range of challenges used within educational contexts such as difficulties with emotion regulation, social interaction, or mental health that impact the ability to engage in learning. In the UK, SEMH needs are identified largely through educational assessment rather than formal medical diagnosis, although clinical diagnoses may sometimes be involved for certain conditions like anxiety, depression, or ADHD.

Identification may begin in school, where teachers or other staff observe behaviours in a child or young person that are influencing their engagement or participation in learning.

These behaviours, such as persistent disruptive behaviour, emotional withdrawal, difficulty forming relationships, or signs of anxiety or low mood may indicate SEMH needs. It is also important to be aware that children sometimes express mental health problems through physical symptoms rather than words. For example, teachers or staff might observe unexplained physical complaints (like headaches or stomach-aches), changes in eating habits or sleep disturbances (Morabito et al., 2021).

Schools follow a graduated approach to assessing and supporting these needs, using the cycle of "Assess, Plan, Do, Review." This involves gathering information through observation, discussion with parents and carers, and use of informal assessment tools. If a pupil's needs are complex or do not respond to school-based interventions, external professionals such as educational psychologists, Child and Adolescent Mental Health Services (CAMHS), or local authority SEMH teams may be involved. These services can offer specialist assessment and input, and in some cases may lead to a formal diagnosis of a mental health condition such as depression, anxiety or ADHD. However, a diagnosis is not required for SEMH support to be put in place. See Table 3 for a list of specialists and healthcare professionals who may be involved in the identification and support processes for children and young people with SEMH.

Table 3. Specialists and healthcare providers who may be involved in collaboration

Specialist	Role
Clinical Psychologist	May be part of CAMHS. Assesses behaviour, cognition, and emotional functioning; may administer diagnostic tools and standard assessments. May also provide treatment or manage mental health conditions.
Educational Psychologist	May be part of CAMHS. Provides insights from school-based assessments; contributes to understanding educational needs.
Emotional Literacy Support Assistant (ELSA)	ELSAs are usually school-based staff who receive specialist training to deliver support focussed on emotional regulation and social relationships.
General Practitioner (GP)	First point of contact for families; makes referrals to specialist services.
Occupational Therapist (OT)	May be part of CAMHS. Evaluates sensory processing, motor coordination, and functional independence.

Specialist	Role
Paediatrician	May be part of CAMHS. Leads or participates in developmental assessments; takes detailed medical/developmental history.
Psychiatrist	May be part of CAMHS. Medical doctors that may diagnose and manage more complex mental health conditions or prescribe medication.
School SENCo or Teacher	Provides observational reports and educational context; may flag concerns to parents/GP.
Social Worker (if involved)	Contributes family background or safeguarding information where relevant.

Where SEMH needs are severe and long-term, schools or families may request an EHC plan. An EHC plan outlines the child's needs, and the support required across education, health, and social care. While some children with SEMH may have diagnosed mental health conditions, others may not have a formal diagnosis but still present significant needs that warrant intervention and support. Thus, educators must be vigilant in recognising SEMH needs, which may be secondary to other types of SEND. However, identification of difficulties associated with SEMH may be difficult, resulting in variation in timely assessment and support.

As stated in the introduction of this review, children with SEMH needs may exhibit internalising and externalising symptoms which may affect academic outcomes. Internalising and externalising behaviours are two broad categories used to describe how children and young people may express social, emotional, and mental health difficulties and are often part of SEMH identification and assessment. Internalising problems refer to difficulties that are directed inward, such as anxiety, depression, withdrawal, low self-esteem, and excessive worry. These behaviours may not be immediately disruptive in the classroom but can significantly affect a child's well-being and ability to engage in learning. Children with internalising problems might appear quiet, passive, or overly compliant, which can lead to their needs being overlooked.

Externalising behaviours are outwardly directed actions such as aggression, defiance, hyperactivity, and disruptive conduct. These behaviours, including physical, verbal, and gestural aggression, classroom disruption, and off-task activity, are frequently observed in students identified with emotional and behavioural difficulties (Walker et al., 2004). Externalising behaviours may also present differently between girls and boys. For example, girls may be better at masking or developing compensatory strategies to avoid negative social consequences (Hinshaw et al., 2021; Mansfield & Soni, 2024; Quinn & Madhoo, 2014). However, this difference in presentation should not always be assumed. It is important to recognise that both internalising and externalising problems can stem

from underlying emotional distress, and children may move between the two categories over time. Effective support requires a holistic understanding of a child's emotional world, rather than focusing only on the behaviours that are most noticeable.

Identification of SEMH needs in schools should be systematic, structured, and proactive to ensure timely support. Teachers and other school-based educators can play an important role in the identification and assessment of SEMH needs and there are a number of different methods that can be employed. These methods may include teacher nomination, structured direct observations, examining attendance records, academic performance, behavioural logs or universal screening (parent, teacher, or student report). These methods are discussed in the following sections.

Impact of knowledge, beliefs and training on identification of SEMH needs

Before exploring the tools and methods used to identify, screen, and assess children and young people with SEMH needs, it is important to first consider how understandings of mental health and behavioural challenges, as well as the beliefs and stigma surrounding it, can influence early identification and access to support in mainstream educational settings. One major theme that emerged across the studies included in the current REA is that knowledge, beliefs, and understanding of SEMH needs from educational professionals can influence accurate and timely identification as well as professional help-seeking (e.g., for referral or intervention planning) and support options (e.g., Jorm, 2012; Jorm et al., 1997; Martin-Denham, 2021). Misconceptions and stigma surrounding SEMH needs especially around mental health and ADHD are common. Educational professionals may also hold these misunderstandings themselves (e.g., Sciotto, et al., 2000; 2016). This can be problematic as negative beliefs and attitudes towards SEMH can influence support strategies and student performance outcomes (e.g., Sherman et al., 2008). Thus, it is important that educational professionals have a foundational understanding of SEMH needs and how these needs may influence engagement and participation in learning with accurate and up-to-date information to effectively identify and provide support for students with SEMH needs.

Three systematic reviews in our REA specifically investigated the impact of teacher and school staff's knowledge, understanding, and beliefs about SEMH on identification. According to a systematic review by Johnson and colleagues (2023) teachers with greater knowledge of ADHD were more likely to recognise the need for professional assessment and to express an intention to seek help for a child showing signs of the condition. In contrast, educators with less knowledge were more inclined to manage the child's difficulties on their own, without external support. In some cases that were reported, teachers with more negative beliefs about ADHD (e.g., the belief that ADHD students have lower IQ than non-ADHD students) were less likely to use evidence-based

behavioural management strategies. However, findings also indicated that teachers' knowledge and understanding of mental health and ADHD may improve with first-hand experience with children with these difficulties and through specialised training programmes. Johnson et al.'s (2023) review also demonstrated that teacher training could lead to more positive attitudes and beliefs about conditions such as ADHD, which in turn may lead to increased use of evidence-based behavioural management strategies. Another review investigating early identification of eating disorders also found that training led to better identification of eating disorder by school staff (Kalindjian et al., 2022).

A third review (Olssen et al., 2023) found that some of teachers' perceptions of pupils' ADHD-related difficulties may be influenced by gender. For example, teachers tended to rate girls' academic, social, or emotional challenges as more severe than boys', even when impairments were comparable. However, the review also noted that these gendered perceptions did not appear to influence the instructional strategies or interventions teachers selected in response.

While the studies in this REA did not examine specific training programmes, findings suggest that providing teachers and school staff with information on definitions, signs and symptoms, causes, effects, and treatment options can enhance understanding of SEMH needs. For example, training such as Mental Health First Aid has been shown to improve mental health literacy among educators (Morgan et al., 2018). Similarly, a systematic review and meta-analysis by Ward et al. (2022) found that ADHD-specific teacher training programmes significantly improved teachers' knowledge and positive behaviours towards pupils with ADHD-type behaviours. However, there was limited evidence that these interventions led to measurable improvements in pupil outcomes, highlighting the need for training to be embedded within broader systems of support.

Direct observation

Direct observation of different behaviours and patterns can be a useful way of identifying SEMH and related needs. Direct observation offers real-time insight into a child's behaviours at a specific time point (e.g., during classroom transitions) or during a specific task (e.g., a whole-class literacy task). It allows for more objective data collection (versus questionnaire responses which can be more subjective) and can capture non-verbal cues such as body language, facial expressions, or movement which can indicate emotional or sensory needs.

Direct observation may involve coding behaviours by hand. For example, an observer will record what a child is doing every 30 seconds during an activity such as a science lesson. However, this form of direct observation can be very time-consuming and requires the observer to have some training in the use of structured tools (e.g., interval

recording, frequency counts, event sampling) and in using coding systems reliably, ensuring inter-rater consistency if multiple observers are involved. Digital approaches such as Multi-Option Observation System for Experimental Studies (MOOSES; Tapp & Wehby, 1993), Behavioural Observation of Students in Schools© (BOSS; Shapiro 2011), and the Mainstream Code for Instructional Structure and Student Academic Response (MS-CISSAR; Greenwood et al., 2000) can be helpful in minimising the resource burden and in maintaining reliability and consistency of observations.

One review demonstrated that direct observation by hand or via computer-assisted approaches can be helpful in investigating a behaviour of interest in order to track progress over time and guide the choice of interventions (Adamson, 2014). However, screeners may be more useful in providing standardised findings which may be more consistent and reliable.

Screening tools

Screeners for children and young people at risk of developing or experiencing social, emotional, behavioural, or academic difficulties that may affect their learning and wellbeing in school can be useful tools in the identification and assessment process. They may help evaluate an entire classroom or all students in a mainstream setting to flag potential needs for intervention purposes or for referral for formal diagnostic assessment. Research findings across the studies identified in our search indicate that there are a number of different ways that students can be screened by educators in school settings. One method of screening which can also aid in clinical assessment or further educational assessment and support planning is via teacher nomination. Here, teachers indicate the students that they believe may be struggling with internalising or externalising difficulties based on their day-to-day observations and professional judgement. Questionnaires and checklists can be completed by teachers, parents, or students themselves. Tools completed by teachers can provide insight into classroom behaviour and how learning may be affected. Parent-report tools can give important information on behaviour in different setting such as in the home or different community settings. Student-report tools may be useful in giving more direct insight into the internal thoughts and feelings which can be helpful for identifying less visible internalising issues such as low mood or social anxiety. These methods will be discussed in more detail related to their evidence in the subsequent paragraphs.

Becker-Haims et al (2020) reviewed available brief, free, and accessible measures of overall mental health, anxiety, depression, disruptive behaviour, traumatic stress, disordered eating, suicidality, bipolar/mania, psychosis, and substance use that can be used to guide mental health care provision. While most of these tools are intended for clinical screening use and require specialist interpretation, the Strengths and Difficulties Questionnaire (SDQ) stands out as a reliable and accessible mental health screening

tool that can also be used by mainstream educators to identify areas of need in everyday school settings. The SDQ was also found to be a useful social-emotional and behavioural screener in another systematic review (i.e., Jenkins et al, 2014) and as a screener for ADHD in another systematic review in our REA (i.e., Mulraney et al., 2022).

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) is a brief behavioural screening tool designed to identify emotional and behavioural issues in children and young people aged 2 to 17. The questionnaire consists of 25 items divided into five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship difficulties, and prosocial behaviour. The first four subscales combine to form a Total Difficulties Score, while the prosocial scale is reported separately to highlight the child's strengths. There are versions of the SDQ for parents (ages 2-17), teachers (ages 4-17), and self-report by young people (ages 11-17). It typically takes 5 to 10 minutes to complete and can be administered on paper or digitally. Respondents are asked to rate each item in the questionnaire based on their observations of the child. The SDQ is freely available for use [on the official SDQ website](#). According to developers, this tool is not recommended for progress monitoring of interventions.

Allen et al. (2018) reviewed 18 screeners that can be used to assess internalising behavioural risk. These screeners were categorised as either Broadband screening tools or Narrowband screening tools. Broadband screening tools assess a wide range of behavioural, emotional, and social domains to identify general areas of concern (e.g., the Strengths and Difficulties Questionnaire), and are useful for initial screening across multiple conditions. On the other hand, narrowband screening tools target specific disorders or symptom clusters (e.g., the Conners 3 ADHD Index), providing more detailed information about a particular area of concern and supporting diagnostic decisions or intervention planning. Their review analysed a variety of behaviour rating scales, teacher nomination processes, student-completed rating scales, and peer nomination of classroom peers. Findings suggested that these screening methods are generally effective, and research supports the use of both broad and specific screening tools for identifying internalising difficulties in students. These tools can be used either on their own or as part of a wider assessment of students' emotional and behavioural needs. Although most of these screeners should be administered and interpreted by trained clinicians or specialists, there are four tools that can be used by mainstream educators without specialist qualifications:

1. The Social, Academic, Emotional Behavior Risk Screener (SAEBRS; Kilgus & von der Embse, 2014) is a US-based teacher observation rating scale that may be completed using a computer or tablet. Ratings correspond to the frequency of various behaviours in the previous month (Never, Sometimes, Often, Almost Always). Schools can use this screener for school-aged children to identify students who are at risk for social, academic, and emotional behaviours.

2. The Student Internalizing Behavior Screening Scale (SIBS; Cook et al., 2011) is another US-developed student self-report scale that measures internalising behaviours in children and adolescents. This tool can help educators identify risk factors (such as anxiety or depression) that may negatively impact students' academic and personal lives. This scale can be administered up to two times a year to monitor progress.
3. The SIBS can be used in tandem with the Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE; Drummond, 1994; Lane & Menzies, 2009). This tool is a brief, teacher-completed behavioural screening tool used in schools to help identify students who may be at risk for internalising and externalising difficulties. This tool can also be used for monitoring purposes.
4. Finally, the Effective Behavior Support (EBS; Sugai & Horner, 2002) tools were found to be effective. EBS is not a specific tool itself, but a framework (part of the Positive Behavioural Interventions and Supports) and includes tools like checklists and screening protocols that are completed by teachers.

However, the review by Allen et al (2018) found that these screeners were not strong at predicting outcomes like behaviour referrals, suspensions, or academic performance. Hence, if schools want to predict those outcomes, alternative tests may be needed. The research also does not clearly show which informants (e.g., teachers vs. students) or the ages that are best for using these screeners. Some studies suggested teachers are more accurate informants for younger children, while students may be better at reporting their own emotional needs in secondary school. More research is needed to confirm these patterns across different settings and age groups. Therefore, it is recommended that these screeners are used with the help of clinicians or specialists who are trained in their use.

Each screening method discussed offers a distinct perspective, drawing on different sources of information and carrying its own strengths and limitations. However, results from one systematic review indicate that one screening tool completed by a single reporter is not likely to accurately flag every SEMH case in large-scale screening (e.g., Mulraney et al., 2022). Further, evidence suggests that the choice of screening tool (and informant) may influence outcomes. For example, Keating et al. (2022) found that reported rates of sensory modulation difficulties (SMD) in children with ADHD varied depending on the type of assessment used. Caregiver reports and behavioural tools tend to identify more difficulties than physiological measures. This suggests that tool selection should be guided by the specific focus of screening and the goal of the screening process. For example, caregiver report may be most useful for measuring daily behaviours, while psychological tools may be more useful for understanding underlying mechanisms driving those behaviours.

Similarly, Anderson et al. (2019) reviewed studies comparing different methods of identifying anxiety and depression, behavioural and socioemotional difficulties, and risk of suicide. Although these findings do not focus on evaluating specific screening tools, they offer valuable insight into which informants are most effective in completing screening tools for different types of difficulties, and how the use of screeners compares to teacher nomination. The results of Anderson et al.'s (2019) review indicated that when screening for depression, teacher nomination might be more accurate than universal screening tools but may still have high rates of false positives (up to 70% of children flagged for depression did not actually have depression). In terms of social anxiety, screening may be more accurate with only 20% of false positives while teacher nomination often missed identification of students later diagnosed with social anxiety. While some studies in this review did suggest that teachers could correctly accurately identify a higher proportion (41-68%) of students who screen positive for depression or anxiety, these studies lacked follow-up clinical interviews, which makes it difficult to know exactly how reliable these numbers are. It is also important to note that while teachers may notice signs or indicators of mental health difficulties, is it not their responsibility to diagnose these difficulties. Identification of mental health difficulties should be treated with sensitivity, to ensure that results are interpreted carefully and, where necessary, followed up with appropriate professional assessment rather than being used as stand-alone indicators.

In terms of behavioural and social emotional difficulties, structured screening tools such as checklists were generally found to be more accurate than teacher nomination and other methods such as examination of attendance. Suggesting that these tools may be more reliable than teacher observations. Findings suggested that both parents and teachers are typically more accurate at identifying children at risk of externalising than internalising difficulties. Similarly, student-report screeners identified twice as many at-risk students as teacher nomination, especially in terms of internalising difficulties. This result likely occurred because teachers are more likely to notice and nominate students with more obvious or severe difficulties, such as frequent disruptive behaviour. Screeners may also be better than teacher nomination at identifying ADHD needs. This was also supported in the review by Mulraney et al. (2022) who found that parent-report and student self-report were the most accurate when screening for ADHD, however, teacher-report scales can still be effective (Staff et al., 2021). The accuracy of teacher-nomination was also found to be low for students at risk of suicide.

In another systematic review of screening methods, Garcia-Rosales et al. (2024) investigated agreement between parent report and teacher report on screeners for ADHD behaviours. Most studies showed strong agreement between parent and teacher ratings of ADHD symptoms, meaning both groups understood and used the symptom criteria in similar ways. However, there were some differences in how parents versus teachers rated behaviours. Parents tended to rate some behaviours, like carelessness, forgetfulness, and being overly active, more strongly, while teachers rated other

behaviour like difficulty waiting or interrupting more strongly. Parents were also quicker to say a child was not listening or was easily distracted, while teachers were quicker to say a child did not follow instructions. Despite these differences, both groups agreed consistently when rating behaviours like being disorganised, unmotivated, fidgety, talkative, or struggling to stay seated.

Finally, the accuracy of student self-reporting may vary by age. Internalising difficulties such as anxiety and depression tend to increase in prevalence during adolescence, and older students may have greater metacognitive awareness and capacity for self-reflection. This means secondary-aged pupils are generally better able to recognise and report internal states than younger children, who may lack the developmental maturity to accurately articulate their experiences (Villarreal et al., 2022). This developmental difference has important implications for how schools interpret pupil-reported data and choose age-appropriate assessment tools.

Taken together, the findings from these systematic reviews suggest that screening may be the most effective method of school-based identification of mental health risk, however, the rate of false-positive results is still high. Screening from multiple informants may provide more holistic insight. For example, student-report screening may be best to identify internalising difficulties while teacher or parent-report screening might provide insight into externalising difficulties. A combination of teacher nomination and screening may improve accuracy, but further research is needed to confirm this.

Screening for SEMH needs summary

- The Strengths and Difficulties Questionnaire
- The Social, Academic, Emotional Behavior Risk Screener
- The Student Internalizing Behavior Screening Scale
- Student Risk Screening Scale – Internalizing and Externalizing
- The Effective Behavior Support
- Teacher nomination may be useful, but structured screening tools may be more accurate
- The choice of tool and informant should be made carefully, and the use of multiple screeners and informants is recommended to improve accuracy and reliability

Progress monitoring tools

In addition to the initial identification of SEMH needs, it is essential to use progress monitoring tools to assess whether interventions and support strategies are having the desired impact. These tools help practitioners track changes over time, evaluate

effectiveness, and adapt provision in a timely and responsive manner. A wide range of tools are available, many of which are curated and quality assured by the Child Outcomes Research Consortium ([CORC](#)), including validated measures of mental health, wellbeing, and functioning. The deliberate selection of such tools should be guided by the strength of the evidence base, psychometric properties¹, and the practical feasibility within school settings. Moreover, access to support and training on how to administer, interpret, and act upon such measures, such as that provided by CORC, is critical to ensuring data is used meaningfully and ethically in practice.

Dart et al. (2019) reviewed 15 assessment tools used for progress monitoring of internalising symptoms. Progress monitoring was defined as “an assessment that can detect small changes in functioning and that is designed for frequent (i.e., at least weekly) administration to provide information on intervention progress and inform intervention decisions”. Many of the tools reviewed in this paper were originally developed to monitor more complex needs in clinical settings. However, some assessments appear potentially suitable for school settings, particularly those that meet practical criteria set by the researchers such as a short administration time (under 5 minutes) or a brief format of 12 items or fewer.

1. One tool is the Direct Behavior Rating (DBR) is a brief teacher-completed tool designed to monitor students’ emotional and behavioural functioning in real time, particularly focusing on signs of internalising difficulties such as anxiety, sadness, and social withdrawal (Chafouleas, 2011). It is typically used with primary and secondary school-aged students and is well-suited for progress monitoring or screening purposes within a school setting. Teachers rate specific behaviours such as how frequently a student appears anxious, withdrawn, or sad based on direct observations made over a set period, often during a single class or school day. For example, a teacher rates a student’s level of on-task behaviour at the end of each lesson using a quick scale. The behaviours that are rated are typically in line with the goals of a given intervention based on the students’ individual needs. Ratings are usually completed using a simple scale (e.g., 0-10) and take only a 1-2 minutes per student. The specific DBR tool reviewed by Dart et al (2019) was the Social, Academic, and Emotional Behavioural Risk Screener (SAEBRS; Kilgus & von der Embse, 2014).
2. Daily Point Sheets (DPS) can also be used by educators to monitor internalising symptoms. DPS are simple, structured behaviour tracking tools used in school settings to monitor and reinforce student behaviour throughout the day. They typically list specific behaviour goals depending on the students’ individual needs

¹ Psychometric properties refer to the features of an assessment tool that indicates its methodological quality. These typically include reliability (whether the results of the tool are consistent over time) and validity (whether the tool measures what it intends to measure). A tools should be both reliable and valid.

(e.g., “stays on task,” “follows instructions,” “uses kind words”) and break the school day into intervals, such as by lesson or period, where students can earn points or ratings for meeting each goal. These sheets are most commonly used with primary and secondary school students and can be completed by teachers, teaching assistants, or support staff in real time and often shared with students and parents to promote communication and consistency.

3. Brief Behaviour Rating Scales (BBRS) are short, teacher-completed tools used to monitor specific student behaviours over time. While DBRs might be used daily and in-real time, BBRS are typically used on a weekly basis to measure broader behaviours. They are designed to be quick and easy to use, typically taking under two minutes, and focus on a small number of clearly defined behaviours such as attention, task completion, social interactions, or emotion regulation. The specific BBRS reviewed by Dart et al. (2019) was developed and analysed by Gresham et al. (2010). This version is comprised of 12-items: (1) “Responds appropriately when hit/pushed,” (2) “Follows your directions,” (3) “Disturbs ongoing activities,” (4) “Ignores peer distractions,” (5) “Overall classroom behavior,” (6) “Is easily distracted,” (7) “Cooperates with peers,” (8) “Argues with others,” (9) “Gives compliments to peers,” (10) “Joins ongoing activity or group,” (11) “Volunteers to help peers,” and (12) “Accepts peer ideas”.
4. Finally, Systematic Direct Observation (SDO) can also be used for progress monitoring of internalising behaviours. SDO is a formal, structured method where an observer watches and records a student’s behaviour in real time, using a pre-defined coding system (e.g., time sampling or event recording). For example, a SENCo may code the number of times a child stays on task during a lesson or the number of peer interactions during a 30-minute time frame.

Although further assessments were identified by Dart et al. (2019), none of the studies in their review demonstrated the use of these assessments in schools. Thus, further research is needed to determine whether these assessments could also be appropriate for use in schools.

Progress monitoring for SEMH needs summary

- Many tools curated through the Child Outcomes Research Consortium ([CORC](#))
- Direct Behavior Rating
- Daily Points Sheets
- Brief Behaviour Rating Scales (BBRS)
- Systematic direct observation

Identification and assessment summary

Our REA identified 15 studies that evaluated identification and assessment methods that can be used by mainstream educators to identify, screen, or monitor SEMH needs. Overall, findings indicate that effective identification is preceded by sufficient training and ongoing professional development to develop a foundational understanding of mental health and social and emotional needs of children and young people. Such training should include an understanding of how different social, emotional, or mental health needs might present differently across ages, genders, and cultural backgrounds and how they may impact learning. Training should include clear information on any definitions, signs and symptoms (e.g., internalising and externalising difficulties) relevant to identification, as well as potential underlying impact factors and evidence-based support. This can help improve understanding and enable staff to recognise and support students more effectively.

Many different identification and assessment tools were found to have a reliable evidence base in our REA. First, direct observation emerged as a valuable tool for both identifying and monitoring progress in relation to pupil behaviour, including behaviours associated with internalising difficulties.

Second, a number of screening tools and methods were identified across different reviews in our REA. Findings from the suggest that although teacher nomination can be useful, structured screening tools may be more accurate than teacher nomination in identifying and screening for SEMH needs. The Strengths and Difficulties Questionnaire was one of the most frequently reviewed screening tools and was useful in screening for ADHD, mental health, and as a social-emotional and behavioural screener. There are a few other screening tools identified in this REA that are effective at measuring internalising behaviours. This REA highlights that broadband and narrowband internalising screeners are psychometrically robust for assessing emotional difficulties but have limited utility in predicting outcomes like academic performance or disciplinary actions.

Although many screening tools may be effective and freely available to screen for SEMH needs, these tools should be interpreted with caution by mainstream educators without specialist qualifications. Even interpretation of the Strengths and Difficulties Questionnaire results should be treated with caution. While this could be a useful tool for intervention planning or flagging potential issues, it should not be used for labelling, identifying specific personality traits or diagnosis. Rather these screeners should be used to identify critical areas of need that may impact a student's academic performance.

Given that screeners tend to outperform teacher nomination in accurately identifying behavioural and socioemotional needs, schools may benefit from clearer guidance on when structured screening tools should supplement or replace reliance on teacher

observation. Without such guidance, there is a risk that internalising difficulties, often less visible to staff, may go undetected, or that behavioural difficulties may be misattributed leading to delayed or inadequate support. A balanced, evidence-informed approach is needed to determine when systematic screening is warranted to complement professional judgement.

A recurring theme is the inconsistent use and validation of screening tools across different SEMH areas. For instance, many assessments included in the reviews (e.g., the Childhood Anxiety Sensitivity Index) were not recommended in this current REA due to lack of standardisation or impracticality for school settings. Emerging research supports a multi-informant approach and tailored use of instruments depending on whether behavioural, emotional, or physiological data are being sought. Importantly, this REA calls for more rigorous research into developing tools suitable for educational settings, and clarity on the age range in which tools are most appropriate and accurate, as well as better training for educators and carers in early identification and referral. Despite some encouraging findings, the overall picture suggests a pressing need for more standardised, accessible, and psychometrically robust tools, especially for use in early years settings and educational contexts.

Another limitation of the evidence base is its disproportionate focus on externalising behaviours, particularly associated with ADHD, within the broader category of SEMH needs (Blanco-Bayo et al., 2025). This narrow emphasis risks obscuring the complexity and heterogeneity of SEMH presentations, including internalising difficulties such as anxiety and withdrawal. As a result, identification practices and interventions may overlook pupils whose needs are less visible but equally significant, reinforcing existing inequalities in access to support.

Despite increasing emphasis on early identification of SEMH needs, the role of pupil voice remains underexplored. A systematic review by Hickinbotham and Soni (2021) found that most children and young people identified as having SEMH difficulties were unaware of the label and had little opportunity to contribute to how their needs were described. The authors argue for greater staff awareness of the implications of both formal and informal language used around SEMH needs, as such labelling can shape teacher perceptions and influence the pupil experience. Embedding pupil perspectives into the identification process could help ensure that assessment is not only systematic and structured but also participatory and person-centred.

Support and intervention

The aim of this section is to review the studies from our REA that evaluated support and intervention strategies suitable for use by mainstream education professionals to support children and young people with SEMH needs. Children and young people with SEMH needs often struggle with learning and academic outcomes across different content areas (e.g., reading and maths). In fact, children and young people with SEMH needs often show academic profiles that are comparable to those of peers with general or specific learning difficulties (Reid et al., 2004; Rivera et al., 2006; Vaughn et al., 2002; Wehby et al., 2003).

It is important to note here that some of the studies reviewed in this section use language and diagnostic categories that may now be considered outdated or inconsistent with current definitions of SEMH (as discussed previously in our Introduction section of this review). For example, Emotional and Behavioural Difficulties (EBD) is often a term used across studies, particularly in reviews of US-based studies. The term EBD was previously used to describe children and young people who experience significant challenges in managing their emotions and behaviour in ways that affect their learning and social relationships (Kauffman and Landrum, 2013). In the US, this term may still refer to children who receive special education services under the category of emotional disturbance (U.S. Department of Education, 2020). However, the term has largely been replaced in England by Social, Emotional and Mental Health (SEMh) needs, as defined in the SEND Code of Practice (DfE/DoH, 2015). We have retained original terms where necessary for clarity and where specific profiles or needs were not available or not discussed, but interpret findings through a more contemporary, inclusive lens. Given the diverse pathways leading to SEMH difficulties, ranging from academic challenges to biological or contextual factors, the effectiveness of an intervention may depend on how well it aligns with the specific underlying causes of the SEMH need for a given student.

When reporting on intervention and support strategies in this REA, we refer to effect sizes reported in the included studies. Effect sizes, typically ranging from 0 to 1, indicate the magnitude of an intervention's impact, beyond whether the result is statistically significant. A small effect (around 0.2) suggests modest improvement, a medium effect (around 0.5) indicates moderate progress, and a large effect (0.8 or above) reflects substantial impact on learning or behaviour. However, it is important to interpret these values with caution. In education research, large effect sizes are relatively rare due to the complexity of influencing factors, including context, implementation fidelity, and individual variability. Meta-analyses suggest that average effect sizes for educational interventions typically fall between 0.2 and 0.4 (Lipsey et al., 2012; Kraft, 2020), meaning that even modest effects may reflect meaningful improvements in practice.

Additionally, the strength and generalisability of findings depend on study design. Single-case designs offer insight into individual responsiveness and consistency of effects, while

group designs such as randomised controlled trials provide population-level generalisability but may mask important variability. A robust evidence base ideally triangulates across multiple types of study design.

We also refer to standardised assessments or outcome measures versus researcher-created or bespoke outcome measures. Standardised assessments are norm-referenced tools that have been trialled on large, representative samples to establish reliability (consistency of scores) and validity (that the test really measures what it claims). These allow for comparison of a student's performance to a representative against a representative sample of age-matched peers, allowing for an estimate of whether a student is performing above, at or below expected levels. By contrast, researcher-created or bespoke measures are tailored to the exact targets of an intervention or teaching programme for example, a bespoke word-definition task featuring the precise vocabulary items taught and practised. Although research-created measures tend to be more sensitive to the incremental progress students make over short instructional periods, these measures lack the normative data and the extensive psychometric testing of standardised tools.

High quality teaching and universal support

Children with SEMH needs may experience lower academic achievement compared to their age-matched peers (Campbell et al., 2018; May et al., 2021; van Poortvliet, 2024). They may also display challenging behaviours in the classroom, which can disrupt learning and create difficulties not only for the child, but also for the teacher and their peers (Abikoff et al., 2002; Greene et al., 2002). Research suggests that externalising behaviours, such as aggression, may be more strongly linked to poor academic performance than internalising behaviours, like anxiety (DiLalla et al., 2004; Nelson et al., 2004).

Academic difficulties among children and young people with SEMH needs may stem from underlying challenges with executive functions, including attention, working memory, planning, and organisation, as well as mental health, social-emotional and behavioural factors (e.g., Becker & Luthar, 2002; Darney, et al., 2013). These difficulties can affect their ability to manage tasks, retain information, and engage effectively with learning. These challenges can also indirectly impact learning by reducing classroom engagement and disrupting social relationships, both of which are important for academic success. Based on this, instructional approaches that support executive functioning and behavioural challenges can be effective for these students (for a review of executive functions see our [Cross-Cutting Themes Report](#)).

Support for students with SEND, including SEMH difficulties can be provided at different levels, starting with universal strategies delivered to all students through evidence-based

'quality first' teaching approaches. Universal provision, or 'tier 1' consists of evidence-based pedagogical approaches and may be delivered as whole-class teaching, small groups, or even individual activities. When universal approaches aren't enough to meet the educational needs of students, targeted ('tier 2') support can be offered, tailored to individual needs, and implemented either in small groups or through one-to-one interventions. Finally, if this second 'tier 2' is still not effectively addressing the needs of students, support can be offered at the third 'tier 3' which consists of specialist support which may involve external professionals such as Educational Psychologists or coordinated multi-agency support (e.g., through an Education, Health, and Care Plan). This so-called tiered approach to support children's educational needs is well established in the UK educational context (e.g., see SEND Code of Practice, 2015). Similar models are also used in the US educational context such as response to intervention models (Fuchs & Fuchs, 2006) or multi-tiered systems of support (McIntosh & Goodman, 2016), where children who do not progress with effective universal treatment are offered more individualised and targeted support.

The SEND Code of Practice defines high-quality teaching: high-quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEND. Additional intervention and support cannot compensate for a lack of good quality teaching (DfE, 2015, p. 99). By providing high-quality teaching that is evidence-based and differentiated, schools may reduce the likelihood that students will require additional, more intensive support. Effective quality-first language teaching relies on strong classroom management and instruction, supplemented by targeted or specialist oral-language support when needed (Fuchs & Fuchs, 2006; 2009). A range of inclusive whole-school policies, instructional strategies and classroom design approaches can support children and young people with SEMH at this first tier. The approaches identified in our REA include instructional techniques and adjustments to the physical or social environment.

Whole-school and whole-class strategies

Whole-school strategies

As noted, behavioural and social-emotional development can influence academic outcomes, just as academic challenges can, in turn, affect behaviour and emotional wellbeing. The social context of the classroom, including teacher attitudes and relational dynamics, plays a key role in shaping academic engagement and social inclusion for children and young people with SEMH needs (e.g., Carroll & Hurry, 2018; Sherman et al., 2008; Gwernan-Jones et al., 2015a).

Whole school approaches which support inclusive practice, promote valuing of student diversity and prioritise staff training create a school climate which improves mental health

and wellbeing generally (Wang et al., 2020). Schools that value a positive relationship between staff, families and young people may offer a protective effect on overall SEMH. Before narrowing the focus to behavioural approaches, schools should consider the ways in which they operate to promote flourishing in all pupils. One area of potential impact is that of behavioural policies, whereby inflexible policies may have a negative impact on student wellbeing (Izas et al., 2024). Having a good relationship between school and students improves overall wellbeing (Korpershoek et al., 2020; Yuen & Wu, 2024). There is growing interest in trauma informed approaches, which seem to offer catalytic validity in encouraging compassionate approaches to children and young people (Cafaro et al., 2023). Central to such approaches is the creation of a nurturing and inclusive classroom climate, underpinned by strong, trusting relationships between teachers and pupils and among peers. These relational foundations are critical for fostering belonging, participation, and wellbeing.

Two studies identified in our REA focused on whole-school approaches designed to promote a positive and inclusive learning environment, while six studies examined strategies aimed at enhancing pupil motivation and engagement at the classroom level. Both types of approaches were associated with improvements in academic outcomes, highlighting the value of supportive relational climates and proactive engagement practices.

Fabiano et al. (2015) report on three meta-analyses examining the effects of psychosocial interventions on externalising behaviours and various academic outcomes for children and young people with ADHD. These interventions included a range of approaches designed to support educators, parents, and caregivers in creating structured, consistent, and emotionally supportive environments. This encompassed parent training programmes and classroom-or-school-based strategies.

Parent training was considered alongside school-based support to provide a more comprehensive and coordinated approach. This training typically involves structured sessions in which caregivers are supported to build positive communication, set clear and appropriate expectations, respond constructively to challenging behaviour, and promote emotional regulation and problem-solving skills. Such programmes aim to strengthen the parent–child relationship and equip parents with practical strategies for supporting their child’s development.

The review also included contingency management approaches (e.g., using positive reinforcement such as praise or rewards, or response cost systems like loss of privileges).

Fabiano et al. (2015) found that parent training interventions yielded moderate to large effect sizes, particularly in improving parenting practices and reducing disruptive behaviours in children. However, findings related to contingency management strategies

were mixed, with some studies reporting large effects and others showing no significant impact. These inconsistencies may reflect variation in methodology or implementation, indicating that the evidence for such approaches remains inconclusive.

Other studies found in our REA have indicated that token economies and Check-in/Check-Out systems can also be effective in motivating and teaching self-regulation and goal-setting skills to children and young people with SEMH needs (Therrien et al., 2014). With these approaches, it is important to maintain strong coordination among all educational staff to ensure these approaches are implemented consistently and effectively. Leadership from senior staff plays a critical role in guiding, supporting, and aligning the implementation process across the school.

1. A token economy is a behaviour management system in which students earn tokens for displaying desired behaviours. These tokens can later be exchanged for rewards or privileges. These whole school approaches are useful in setting expectations, providing immediate feedback, and encouraging motivation through rewards.
2. The Check-In/Check-Out (CICO) system is a structured school-based intervention designed to support students who are experiencing mild to moderate behavioural or social-emotional difficulties. It provides a consistent daily routine that helps students start the day positively, stay on track during lessons, and reflect on their progress. Each day begins with a morning check-in, where the student meets with a designated adult, such as a teaching assistant or mentor, to review behaviour goals and receive a daily point sheet. Throughout the day, teachers rate the student's behaviour at regular intervals based on specific, agreed-upon targets, such as staying on task or following instructions. At the end of the day, the student checks out with the same adult to review their progress, reflect on successes or challenges, and receive encouragement or rewards based on their performance. The point sheet is often sent home to keep parents informed and engaged. CICO is particularly effective for students who respond well to adult attention and positive reinforcement, as it increases structure, provides immediate feedback, and builds supportive relationships.

It is important to acknowledge that behaviour-focused strategies, when applied without a thorough understanding of a child's underlying needs and experiences, can be problematic. If goals are misaligned with a pupil's developmental stage or capacity, such approaches risk being experienced as punitive or unattainable. This can undermine wellbeing, reinforce disengagement, and erode trust in school relationships. A needs-informed and relational approach is therefore essential to ensure support is both meaningful and constructive.

Whole-school support strategies summary

- Complementary parental training programmes
- Token economies or rewards systems
- Check-in/check-out system

Whole-class strategies

At the classroom level, strategies aimed at increasing academic motivation based on reinforcement have also been shown to benefit children and young people with SEMH needs, especially those exhibiting behavioural challenges. Two systematic reviews in our REA found that positive reinforcement through praise, both from teachers and peers were effective in reducing challenging behaviour and improving academic motivation, on-task behaviour and attending behaviour (e.g., the verbal and non-verbal actions that a listener takes to show they are actively engaged and interested in what a speaker is saying) (Markelz & Taylor, 2016; McKenna et al., 2021). Praising strategies were most effective when they were behaviour-specific (e.g., “I really liked how you raised your hand and waited your turn to speak”). Although praise was effective for children across different age groups, praise might be most effective for younger children compared to older children. It is also important to understand the student’s preference for public versus private praise as this can impact the efficacy of the praise.

Additionally, there is growing evidence that instructional choice can increase motivation for students, especially those who may demonstrate externalising behaviours, and particularly when children and young people have clear preferences, enjoy choosing, and benefit from the outcomes. Instructional choice is a teaching strategy that involves giving students options in how they engage with learning tasks. Here they may be given different options such as choosing between different tasks, materials, or formats. This approach gives students a sense of autonomy and can also enhance motivation and increase their engagement with learning. In a systematic review, Royer et al. (2017) found that instructional choice for children aged 5 to 18 helped reduce problem behaviour, increased reading fluency, sped up task completion, and boosted classroom engagement. Instructional choice can also improve maths and science engagement and performance (Garwood et al., 2014; Tan, 2016; Therrien et al., 2014).

Providing more opportunities for children and young people to actively engage in hands-on activities, whole-class or group-based discussions has also been shown to be effective in improving academic outcomes for children and young people with SEMH needs. For example, offering more opportunities to respond during instruction may decrease disruptions and increase the proportion of correct responses for children with SEMH needs (i.e., diagnosed with EBD) (Tan, 2016). Incorporating group discussions and hands-on activities has also been found to be effective in improving science

knowledge of children and young people with SEMH needs (Therrien et al. 2014). However, these papers did not directly specify the individual profiles of children and young people who may benefit most from these interventions.

A final classroom-level technique that has been found to be effective is progressive muscle relaxation. In a systematic review, McKenna et al. (2021) found that progressive muscle relaxation was effective in reducing aggression in young children with SEMH needs when delivered consistently by trained teachers. While effects weren't fully maintained at follow-up, the intervention reduced behavioural incidents below pre-intervention levels. This suggests that explicit relaxation or emotional regulation training may be a useful classroom-based strategy when delivered regularly. However, the McKenna et al. (2021) review did not detail the type of training that is needed to deliver this intervention and did not detail the specific dosage that may be required.

Another report that was not identified in our REA as it was published after the date of our search, but mainstream educators may find useful is the [Education for Wellbeing: Effectiveness of school mental health and wellbeing promotion](#). This was a large-scale (32,655 participants) research programme using randomised controlled trials to investigate effective interventions for promoting pupil mental health and wellbeing in primary and secondary schools. This study found evidence for three interventions that may show promise in schools in raising mental health and wellbeing outcomes including the Strategies for Safety and Wellbeing in primary and secondary schools, Relaxation techniques (for primary schools only) and Mindfulness-based exercises (for secondary schools only). The Guide and YAM (both in secondary schools) are not recommended due to lack of a clear impact on key outcomes, and because there were indications that they may cause harm to some groups of pupils. The evidence also demonstrates the importance of high-quality implementation of interventions, choosing interventions with evidence of effectiveness and appropriate for the phase of education and embedding programmes within a wider, holistic approach to mental health and wellbeing promotion and support monitoring the implementation of programmes.

Classroom-level support strategies summary

- Use of praise
- Offering instructional choice
- Providing additional opportunities to engage in discussions
- Providing hands-on activities
- Relaxation techniques

Instructional strategies

Academic difficulties among children and young people with SEMH may stem from underlying challenges with motivation, engagement, social relationships, and executive functions, including attention, working memory, planning, and organisation (executive function is covered in more detail within our [Cross-Cutting Themes Report](#)). Instructional approaches refer to the methods, strategies, and techniques that educators use to facilitate learning and help students achieve specific learning goals which often address these underlying needs. These practices include how teachers deliver content, organise learning activities, provide feedback, and adapt instruction to meet diverse student needs.

A range of instructional strategies were investigated across the studies in our REA aimed at improving various academic outcomes for students with SEMH needs. Many of these approaches share common principles: they minimise cognitive load, provide structure, break tasks into manageable steps, use clear prompts/cues, explicit instruction, use motivation techniques, and encourage positive relationships. Five studies in our REA reported on instructional techniques for children and young people with SEMH needs.

Two systematic reviews of single-case study designs (Ralston et al., 2014; Tan, 2016) found different prompting techniques such as constant time delay or discrete cuing when students are off-task can be effective in keeping children and young people (aged 6 to 18) with SEMH needs (i.e., students recorded with- or at-risk for EBD) on task and with completing their work.

1. Constant Time Delay is a systematic instructional strategy used to teach new skills. It involves presenting a prompt after a fixed delay, allowing learners the opportunity to respond independently before receiving assistance, thereby promoting independence and reducing prompt dependency (Wolery et al., 1992). Constant Time Delay can be effectively implemented through teacher-delivered (flashcards, direct instruction) and technology-based (computer-assisted, PowerPoint, SMART boards) methods. Although several different studies were included in each of these reviews, findings are based on only a small number of children. Larger scale studies using group-designs are needed to determine whether findings can be generalised to a wider population of children and young people with SEMH needs.
2. Discrete cuing refers to a teaching or behaviour support strategy in which a clear, specific, and often individualised prompt is given to signal when a student should perform a particular behaviour or task. This cuing is often done discretely or privately to minimise embarrassment or classroom disruption. The cue should be unambiguous and given directly prior to when the desired behaviour is expected.

Additionally, findings from both group-based and single-case studies, reported in two systematic reviews (McKenna et al., 2021a; Tan, 2016), find that schema-based instruction for problem-solving is effective in improving maths skills in children and young people with SEMH needs (i.e., students recorded with- or at-risk for EBD). Its impact is particularly strong when combined with strategies such as teacher modelling, guided practice, corrective feedback, and motivational supports like token systems.

1. Schema-based instruction for problem-solving is a teaching approach that helps students solve word problems in maths by teaching them to recognise underlying problem types (schemas) and apply consistent strategies or templates to solve them. This strategy can be beneficial especially for children who may struggle with understanding the language and complexity of word problems as it helps to build conceptual understanding and consistency in problem-solving.

Task sequencing can also be a useful tool in addressing challenging behaviour and poor academic performance in children and young people with SEMH needs. Knowles et al. (2015) investigated the use of task sequencing as an academic intervention for students with SEMH needs. Their review identified 11 studies investigating different types of task sequencing including high-probability sequencing, and task interspersal procedures. All studies reported improved task compliance (i.e., the time it took to begin a task or comply with a request), activity transitions, and academic output (i.e., the amount of academic work completed: math problems, words read, words written). Task sequencing was found to be effective across a variety of participants who varied by age. It may also be important to incorporate praise and tokens into this strategy for better outcomes.

Task-sequencing refers to the deliberate ordering of learning tasks or activities in a way that supports student understanding and success. Task sequencing helps reduce cognitive overload, supports confidence and motivation, and allows students to build skills progressively. Task-sequencing can be facilitated by classroom teachers or specialist teachers. Different types of task sequencing explored in our REA were high-probability sequencing and task interspersal.

1. A high-probability sequencing which involves giving a child a short series of tasks that they are very likely to comply with (high-probability or "high-p" tasks), followed immediately by a task that they are less likely to comply with (low-probability or "low-p" task). Most of the studies evaluating high-probability sequencing in Knowles et al.'s (2015) review presented the high-probability task before the low-probability task and had on average, a ratio of three high-p requests followed by one low-p request for at least one condition of the intervention.
2. Task interspersal refers to interspersing easy and difficult tasks (e.g., difficult tasks interspersed with easy tasks relative to the presentation of difficult tasks in isolation). Task interspersal was also found to be effective in maths (Tan, 2016).

Instructional strategies, particularly in maths and science, that rely heavily on rote memorisation (learning through repetition and memorisation) or textbook-based, lecture-style teaching without opportunities for students to make connections or engage in critical thinking can be particularly challenging for learners with SEMH. These students may struggle with content knowledge and may find it difficult to link new information to prior learning in meaningful ways (Scruggs & Mastropieri, 2000a). While two reviews in our REA found that various memorisation and recall strategies, such as fixed-delay prompting, and cover, copy, and compare (CCC) procedures, can improve recall of multiplication and division facts (i.e., Ralston et al., 2014; Tan, 2016), more conceptually focused approaches may be particularly effective for children and young people with SEMH, as they support the development of deeper thinking and understanding.

1. The cover, copy, and compare (CCC) procedure involves the following structure: (1) students look at the maths problem and the answer, (2) students cover the problem and answer, (3) students write the problem and answer, and (4) students uncover the problem and answer and check it with what they wrote. The teacher may provide corrective feedback if necessary.

Another three systematic reviews (Ralston et al., 2014; Tan, 2016; Therrien et al., 2014) highlight the effectiveness of conceptually focused strategies that emphasise problem-solving, reasoning, communication, and making conceptual connections in maths and science instruction. These strategies can be largely implemented at the whole-class level or as part of targeted and individualised interventions.

First, these findings suggest inquiry-based techniques that involved either explicit instruction or direct instruction are effective in both maths and science instruction for children with SEMH needs. Techniques like direct or explicit instruction, teacher modelling, guided practice, and graphic organisers provide clear, step-by-step guidance that helps reduce cognitive load. Inquiry-based learning also encourages hands-on exploration and student participation, which helps maintain attention and motivation.

Therrien et al. (2014) found that direct instruction with other instructional components such as graphic organisers, teacher modelling, hands-on activities, and group discussion were more effective than traditional textbook-based instructions in improving science knowledge and outcomes on performance-based and applied assessments in four studies.

Tan (2016) found that effective approaches to teaching word problems included explicit instruction supported by initial scaffolding, which was gradually reduced to encourage student independence. Effective strategies also involved the use of questioning techniques to develop critical thinking skills.

Finally, Ralston et al. (2014) found that effective teacher instructional strategies for improving maths outcomes included adjusting the task difficulty, constant time delay, and direct instruction.

1. Direct Instruction (DI), developed by Engelmann and colleagues (2002), refers to a structured teaching method, where instruction is delivered explicitly and concisely where teachers strategically sequence the lesson, and script everything included in a lesson. The teacher begins by presenting, demonstrating, and/or modelling specific skills, concepts, and behaviours then they supervise students while they practice the ideas or skills presented and provide continuous feedback and encouragement. This approach is often paired with visual materials such as graphic organisers and includes hands-on activities.
2. Explicit teaching on the other hand is a broader pedagogical approach where learning goals and strategies are made visible to students. It includes clear modelling, guided practice, and independent application, but it is not necessarily scripted (Archer & Hughes, 2011).

Additionally, mnemonics was found to be an effective modification of memorisation strategies in teaching science-based vocabulary and maths problems across all three of these systematic reviews. In the studies reviewed by Therrien et al. (2014), keyword mnemonic strategies were compared to traditional vocabulary memorisation with flashcards. Students who studied vocabulary using keyword mnemonics performed better on daily and cumulative vocabulary tests.

1. Keyword mnemonics are strategies where keyword and illustration combinations are taught and in turn used by students as a prompt to remember the definition of the targeted vocabulary word (Atkinson, 1975).

Lastly, multiple studies in our review found benefits in academic outcomes for children and young people with SEMH (reported as EBD in the original study) using peer-mediated strategies. Bowman-Perrott et al. (2023) and Dunn et al. (2017) found that class-wide peer tutoring and reciprocal peer tutoring (where students take turns being the tutor and learner) resulted in improved social (e.g., peer interactions, active responding, and cooperative behaviours) and academic (e.g., reading, spelling, maths) outcomes for children and young people with SEMH of all ages.

Therrien et al. (2014) also found that peer-mediated techniques were effective in improving engagement and science achievement in two studies. One technique in their review involved students taking turns as tutor and tutee during 30-minute sessions over four weeks, focusing on vocabulary and comprehension. A behaviour monitoring system was also in place in the form of a classroom token economy. One out of two classrooms showed a slight improvement in science scores, but both saw increased on-task

behaviour. Another study in their review compared traditional lecture-based instruction with a peer-assisted approach where differentiated, partner-based activities replaced worksheet time. Over a 12-week period, the peer-assisted group outperformed the traditional group on science content exams and state high-stakes assessments (e.g., GCSEs).

Instructional support strategies summary

- Prompting
- Schema-based instruction
- Modelling
- Task sequencing
- Daily report cards
- Direct instruction
- Explicit instruction
- Scaffolding
- Mnemonics
- Cover, copy, compare
- Peer-mediated strategies

Targeted intervention and support

Pupils who do not make expected progress despite high-quality teaching and universal support should receive timely, evidence-informed targeted support, with their development regularly reviewed, and such interventions must adhere to principles shown to be effective (Law et al., 2012a). In this section we review several findings that address targeted support techniques for children and young people with SEMH needs. Although many of these approaches will be targeted to the individual needs of the students, many can also be implemented in wider classroom settings. Interventions may sometimes require mental health professionals with specialist training, such as clinical psychologists, counsellors, or psychiatrists. In these cases, we highlight when interventions have been carried out by mental health professionals.

Classroom behaviour and general attainment

Moore et al. (2018) reviewed 28 randomised controlled trials evaluating 8 different types of intervention approaches for children and young people (aged 4 to 18) with ADHD to improve either academic outcomes, externalising behaviours, or classroom engagement

and participation. Combined intervention approaches (i.e., interventions with multiple different main components) and daily report cards showed the most promise, with small to large positive effects on academic and behavioural outcomes, such as reading, writing, homework completion, and classroom behaviour, particularly when parents were involved in delivering rewards. Other approaches, including cognitive training, relaxation techniques, task modification, self-monitoring, and study skills (delivered in isolation), had limited or inconsistent evidence of effectiveness. However, most studies in this review were of low quality, and few tested whether improvements lasted over time or worked for secondary-aged students. Thus, these findings don't necessarily indicate that these approaches don't work, but that more high-quality evidence is needed to determine their effectiveness.

1. Combined interventions refer to approaches that include multiple components, often incorporating study and organisational skills training alongside other strategies such as social skills development, behaviour modification techniques, parent involvement, self-monitoring, and the use of daily report cards. Half of the combined interventions were versions of the Challenging Horizons Programme. The Challenging Horizons Program is a school-based intervention designed to support adolescents with ADHD and related executive function difficulties. It focuses on improving academic performance, organisation, time management, social skills, and emotional regulation. Results demonstrated small but positive effects of these types of interventions on various academic outcomes such as reading, writing, improved marks. Large effects were also seen for combined ADHD symptoms (i.e., inattention and hyperactivity), though findings for inattention and hyperactivity/impulsivity are less certain as the evidence was mixed.
2. When delivered in isolation, some specific study and organisational skills training such as the Homework, Organisation, and Planning Skills (HOPS; Langberg et al., 2011; 2012) intervention may demonstrate improvements in parent-rated homework problems and organisational skills and teacher-rated materials management. However, other studies with general planning and organisation management training demonstrated little evidence of effectiveness when delivered in isolation, suggesting that they should not be the sole focus of an intervention. However, it is unclear what these strategies should be combined with to be effective. Additionally, HOPS was delivered by a school-based mental health practitioner. Therefore, further research is needed to determine whether this intervention can be delivered by teachers.
3. Daily report card interventions are tools used in schools to monitor and reinforce target behaviours or academic goals throughout the day. Teachers rate the child's performance on specific goals (e.g., staying on task, completing work), and the

report is sent home daily, often linked to rewards provided by parents or caregivers. Moore et al.'s (2018) review showed medium to large beneficial effects across behavioural and academic outcomes, particularly when parents were involved in delivering rewards based on the daily report card. However, the limited number of studies, wide confidence intervals, and high heterogeneity in findings highlight the need for more robust evidence to confirm their effectiveness and generalisability.

Overall, based on Moore et al.'s (2018) findings, mainstream educators may find value in implementing structured, multi-component interventions (like the Challenging Horizons Programme) and using daily report cards, especially when coordinated with parents. However, isolated strategies like study skills training or cognitive tasks should not be relied on alone. Given some interventions such as Homework, Organisation, and Planning Skills (HOPS; Langberg et al., 2011; 2012) were delivered by trained specialists, more research is needed to assess which approaches are feasible and effective when led by teachers, especially in secondary settings.

Targeted approaches for classroom behaviour and general attainment summary

- Multi-component interventions including study and organisation skills with social or behavioural support such as self-monitoring or social skills training
- Daily report cards

Exam support for children and young people with ADHD

Students with SEMH needs may be eligible to receive exam access arrangements (JCQ, 2024). Common exam access arrangements for students with different types of SEND are 25%-50% extra time to complete an exam, a reader (human or pen reader), prompts, or small-group/individual invigilation. Although the assessment and application process for access arrangements is typically managed by the SENCo or an access arrangements coordinator, teachers play a crucial role in identifying students who may require support and in implementing access arrangements as part of everyday classroom practice (e.g., Antalek et al., 2025). Thus, it can be useful to understand which access arrangements work for different types of needs, and how they might be best implemented. One systematic review (Lovett & Nelson, 2021) examined the available evidence on the effectiveness of commonly used accommodations for children and young people with ADHD.

Overall, findings demonstrate that there is not one single universal accommodation that works for all children and young people with ADHD, and an accommodation does not guarantee a better exam outcome. In their review, Lovett and Nelson (2021) found that extra time accommodations may have weak evidence of effectiveness, because it does not consistently improve performance for students with ADHD more than for their peers

without ADHD. However, having a human reader for the test or exam questions has shown evidence of effectiveness for children and young people with ADHD. This accommodation may be beneficial due to reading challenges commonly associated with ADHD needs and the implicit redirection provided through reading exam questions. Although it has been theorised that completing exams in smaller groups or one-to-one may decrease distractions (e.g., Lovett & Lewandowski, 2015), evidence from Lovett and Nelson's (2021) systematic review demonstrate that this accommodation may not necessarily improve testing performance. However, the authors cite that evidence on the efficacy on access arrangements for children with ADHD is still lacking and more large scale studies need to be conducted, especially with more common arrangements such as prompts or extra time.

In terms of improving the effectiveness of access arrangements, Lovett and Nelson (2021) also reviewed six documents focused on improving current practices for supporting students with ADHD. This resulted in a few key important findings. First, in-service training can increase teachers' willingness and reported use of accommodations, though effectiveness of the accommodation was not evaluated. Second, functional assessment offers a promising method for tailoring accommodations to individual needs. Finally, training secondary school students with ADHD in self-advocacy can enhance their ability to request appropriate support.

Targeted exam support for children and young people with ADHD summary

- Exam access arrangement as human readers
- Teacher training on exam access arrangements
- Training on using access arrangements for children and young people

Self-regulation and organisation skills

Many children with different types of SEND, including those with SEMH needs, often experience difficulties with self-regulation, self-monitoring, and organisational skills. These challenges are associated with poorer academic outcomes, while improvements in these areas have been linked to better educational performance (e.g., Barkley, 2011; Forbes & Dahl 2005; Woodward et al., 2017). Self-regulation strategies are effective because they provide the structured, scaffolded approaches needed to support attention and executive function difficulties as well as motivation to promote independence. For example, one systematic review of single-case studies (Alsalamah, 2017) found that children with ADHD who were taught various self-monitoring strategies such as using cards or checklists demonstrated improvements in classroom engagement, preparedness, and on-task behaviour. The use of reinforcements (e.g., stickers, or favourite activities) often further improved this behaviour.

A second systematic review of single-case study designs found that self-regulation interventions (e.g., self-monitoring strategies, strategy instruction, and self-regulated strategy development) had a moderate positive impact on different academic outcomes for children and young people with EBD² aged 5 to 18 (Popham et al., 2018). The strongest gains were seen in reading, followed by writing and maths, as well as evidence that these benefits were maintained over time and transferred across tasks. Although some of these interventions were delivered by researchers, the following interventions were also delivered by teachers in classroom settings making them feasible for use in mainstream settings.

1. Self-monitoring interventions, which included strategies such as self-assessment and self-recording, monitoring attention and performance, and the WATCH strategy. WATCH is an acronym that stands for the steps in the procedure: W - Write down an assignment when it is given and write the due date; A - Ask for clarification or help on the assignment if needed; T - Task-analyse the assignment and schedule the tasks over the days available to complete the assignment; and CH- Check all work for completeness, accuracy, and neatness. These approaches encouraged pupils to observe and evaluate their own behaviours or work, often improving task focus, homework completion, and academic performance through increased awareness and accountability.
2. Strategy instruction approaches involve teaching pupils specific, step-by-step techniques to support learning. Examples include self-talk and self-verbalisation (to guide thinking during tasks), Touch Math (to support numeracy), and Cover, Copy, and Compare (to improve accuracy and fluency in basic skills).
3. Self-Regulated Strategy Development (SRSD) programmes were the most comprehensive, combining explicit strategy instruction with self-regulation techniques. These strategies break writing tasks into manageable, explicit steps, reducing cognitive load and helping students maintain focus. Common frameworks included POW (Pick my idea, Organise my notes, Write and say more) with TREE (Topic sentence, Reasons (3 or more), Explain each reason, Ending) for persuasive writing, POW with WWW (Who, When, Where) for narrative writing, and TWA (Think before reading, Think while reading, Think after reading) with PLANS (Pick goals, List ways to meet goals, And make notes, Number your ideas, Sequence your ideas) for reading comprehension. Other variants like STOP (Suspend judgment, take a side, Organise ideas, Plan more as you write) with DARE (Develop your topic sentence, Add supporting ideas, Reject the other side, End with a conclusion) and with AIMS (Audience, Intent, Message, Style) provided

² While the original study refers to Emotional and Behavioural Difficulties (EBD), this term is no longer officially recognised within the English education system. Current terminology has shifted towards “Social, Emotional and Mental Health” (SEMH) needs, reflecting a more holistic and nuanced understanding of children’s wellbeing and support requirements.

structured supports for planning, drafting, and revising written work. These programmes were often adapted to include motivational supports such as rewards, reinforcing both skill use and self-regulatory behaviours.

Self-monitoring and self-regulation strategies may also improve outcomes in maths and numeracy. Self-management of attention and self-management of performance on mathematics calculations were found to be effective for children with SEMH needs (reported as EBD in the original study) in improving on-task behaviour and completion of maths problems in one systematic review (Tan, 2016). Different approaches involved asking students to indicate whether or not they were on-task at different time intervals (e.g., with the sound of a bell), or counting the number of maths problems completed. Self-instruction, and multi-component approaches that combined elements from different methods have also been effective in improving maths outcomes especially when teachers provided explicit instruction to ensure students mastered the strategies before applying them independently (Ralston et al., 2014).

In addition to self-regulation and self-monitoring, children with ADHD often have challenges with organisation. Poor organisation skills may affect children's ability to plan, prioritise, and organise academic tasks and as task demands increase, organisation skills may suffer further. Challenges with these skills may result from underlying difficulties with executive functioning. Organisational skills training was found to be an effective strategy to improve attention and academic performance in children and young people with ADHD across different age groups (aged 5 to 18) (Bikic et al., 2017). These organisational skills included organisation of materials (e.g., school materials that need to be brought back home), time (e.g., planning and scheduling of assignments due by the end of the week), and tasks (e.g., items needed for today's homework project). However, in the review by Bikic et al. (2017), all interventions were delivered by specialists, such as counsellors or therapists, through family therapy sessions or structured afterschool programmes. As such, these interventions are likely best suited for specialist 'tier 3' provision, where intensive, individualised support is required.

Mindfulness training has been shown to improve mental health outcomes, such as stress, depression, and anxiety in children and young people (Kallapiran et al., 2015). While it may also help with attention and on-task behaviour, the evidence for these effects is weaker. Another rapid evidence assessment (Carroll et al., 2017) found that mindfulness training may lead to small benefits for attention and on-task behaviour but there was no evidence of impact on academic performance or behaviour. Additionally, the number of sessions needed varied. However, caution should be taken when using this tool as studies have found that mindfulness training can sometimes lead to worse outcomes in hyperactivity/inattention and emotional problems (e.g., Kuyken et al., 2022). For example, it is possible that mindfulness could lead children and young people to be more aware of their negative thoughts and feelings. However, the specific factors that may impact this

are not currently well-known. More research is needed to determine whether mindfulness could be a scalable tool to improve academic related outcomes.

Targeted self-regulation and organisational interventions summary

- Self-monitoring strategies
- Setting and monitoring goals
- Self-Regulated Strategy Development (SRSD) programmes
- Organisation skills training
- Mindfulness techniques should be used with caution

Reading interventions

Students with SEMH needs often experience poor reading outcomes compared to their peers and may be poor responders when participating in reading interventions (e.g., Boon et al., 2020; Garwood et al., 2014; Jacobson et al., 2013; Lane, 2007). It has also been suggested that students with SEMH needs may experience poorer quality reading instruction due to the use of independent seatwork (e.g., tasks to be completed in the absence of teacher and/or peer support) and the loss of instructional time in those studies that included students with SEMH as study participants (e.g., Vaughn et al., 2002). Here we investigate the evidence-base for literacy interventions for students with SEMH needs as well as consider studies that have incorporated behavioural supports in addition to reading instruction. This synthesis of ten studies from our REA highlights several key findings on effective reading interventions for children and young people with SEMH.

Reading instruction approaches

McKenna et al. (2021b) reviewed studies that investigated reading instruction techniques for children and young people with SEMH (reported as EBD in the original study) and reading difficulties. Findings suggest that teachers supporting students with EBD in reading require enabling conditions to be effective (Bettini et al., 2020). This includes access to professional development in evidence-based reading instruction, time for collaboration with literacy and behaviour specialists, and structured support systems. These conditions can increase the use of effective methods such as explicit code-based instruction, vocabulary teaching, differentiated instruction, and peer-mediated approaches, thereby improving student engagement. Second, the use of independent silent reading should be carefully evaluated for this group. Overreliance on this strategy may reduce opportunities for explicit, teacher-led instruction and may inadvertently reinforce avoidance behaviours, particularly if used in response to challenging behaviour. More effective approaches involve differentiated, structured reading instruction tailored to

the learner's current level, integrated with skill-building in connected texts, and supported by positive behaviour strategies.

Direct Instruction in reading was also found to be an effective strategy in supporting a range of reading outcomes (e.g., reading fluency and phonological skills) for children and young people with EBD³ (Burke et al., 2015; 2023; Chitiyo et al., 2023; Garwood et al., 2014) and with ADHD (Stewart & Austin, 2019). Studies in the reviews used the 'Corrective Reading Thinking Basics: Comprehension Level A' program, which included scripted lessons, choral responses, teacher signals, corrective feedback, explicit modelling, guided practice, and independent work. The intervention showed strong effects.

Reading and behavioural interventions

Roberts et al. (2020) investigated group design reading or behaviour interventions for Kindergarten-grade 12 students (age 5 to 18) with co-occurring reading difficulties and behaviour difficulties (e.g., externalising behaviours, internalising behaviours, ADHD). They found that small-group reading interventions for students aged 5 to 16 with significant reading difficulties and SEMH needs or ADHD had a large positive effect on reading outcomes. Specifically, for younger students (aged 5 to 11), the reading interventions targeted alphabetic principles, phonological awareness, or phonics. Only one study investigated reading interventions in older learners (age 12 to 16) and focused on reading comprehension.

The specific programmes evaluated in the review were as follows:

1. The Phonological Awareness Training for Reading (PATR; Torgesen & Bryant, 1994a) is a supplemental early reading curriculum designed to promote awareness of words' sound structure by helping students learn how spoken language is represented by letters. There are four different activities involved in PATR: (a) rhyming, (b) blending, (c) segmenting, and (d) reading and spelling.
2. Stepping Stones to Literacy is an early literacy intervention designed to improve foundational skills in phonemic awareness, vocabulary, and early decoding, typically targeting children at risk for reading difficulties in kindergarten or early Year 1. It consists of structured, short daily lessons (usually around 25 minutes) delivered over several weeks, often in small groups, and includes activities such as sound sorting, rhyming, and initial sound matching, aiming to build pre-reading skills essential for later literacy development (Schuele et al., 2008). In the studies included in Robert et al.'s (2020) review, the lessons were delivered in a one-to-

³ While the original study refers to Emotional and Behavioural Difficulties (EBD), this term is no longer officially recognised within the English education system. Current terminology has shifted towards "Social, Emotional and Mental Health" (SEMH) needs, reflecting a more holistic and nuanced understanding of children's wellbeing and support requirements.

one format by trained paraprofessional-level tutors (project staff) during the school day. The tutor training included information on theory and rationale. Instructional activities were modelled to the tutors and tutors then had opportunities to practice with corrective feedback. Then tutors were observed delivering three complete lessons selected randomly. The tutors were required to implement at least 90% of the Stepping Stones lesson components (i.e., $n = 15$) as prescribed prior to tutoring children. Finally, after training had completed, tutors were observed and provided with corrective feedback, if necessary, while tutoring children during the first five lessons.

3. The Phonological Analysis and Blending (PHAB) and the Word Identification and Strategy Training (WIST) were developed and validated by Lovett and colleagues for use with children with reading difficulties (Lovett et al., 1994; Lovett, et al., 2000). Both programmes provide intensive instruction in word decoding and text reading. PHAB, delivered using a Direct Instruction approach, incorporates lessons from the Reading Mastery I/II Fast Cycle and Corrective Reading programmes (Engelmann & Bruner, 1988; Engelmann, Carnine, & Johnson, 1988; Engelmann, Johnson, et al., 1988), focusing on phonological analysis, phonological blending, and letter-sound associations within the context of word recognition and decoding. In contrast, WIST teaches children to apply and monitor four metacognitive decoding strategies: identifying words by analogy, recognising familiar word parts, using flexible vowel pronunciations, and removing prefixes and suffixes. These strategies are based on the Benchmark School Word Identification/Vocabulary Development Program (Gaskins, Downer, & Gaskins, 1986).
4. Reading Mastery I is a Direct Instruction program which provides students with daily structured phonics instruction. This programme is aimed kindergarten to early Year 1 (ages 5–7) and can also be effective for children without SEND (Adams & Engelmann, 1996). Reading Mastery I is composed of several key features (e.g., signals, repetition) used to teach the basic reading skills (i.e., sounds; pronunciation; sequencing; blends; sounding out skills; regular, rhyming, and irregular words) (Engelmann & Bruner, 1988). Like other Direct Instruction programmes, Reading Mastery I includes daily scripted lessons beginning with basic decoding and reading comprehension skills and works towards reading fluency. Reading Mastery I is also sequenced to avoid confusion between letters (e.g., b, d) and is designed to build upon the prior day's material with similar sounds, words, and activities.
5. The Great Leaps program (Mercer & Campbell, 1998) is a phonics programme composed of three parts (i.e., phonics, sight phrases, oral reading selections) designed to increase reading fluency and comprehension for beginning readers

and students at risk for developing reading difficulties. Only the phonics section, including sound awareness and letter recognition probes, were used in Roberts et al. (2021) review as a supplement to Reading Mastery I. Researchers were trained and supervised to implement the Reading Mastery I and Great Leaps curricula. Their training included a two-day workshop covering instructional techniques such as signalling, pacing, error correction, and daily lesson delivery. They were shown program models by trainers experienced in using the programmes, practised implementation, and received feedback during follow-up sessions. Once the study began, biweekly observations were conducted over seven months by a trained researcher, using a Direct Instruction Observation Form to monitor key teaching elements and provide ongoing written and verbal feedback.

6. The Sound Partners programmes (Vadasy & Sanders, 2007; Vadasy et al., 2005) are early reading interventions designed for use with beginning readers who are at risk of reading difficulties. These programs focus on phonics-based instruction including phonemic awareness, letter-sound correspondence, decoding, and fluency and are typically delivered in one-to-one settings.

Interestingly, interventions in Roberts et al.'s (2020) review without a behaviour support component were associated with better reading outcomes than those that combined reading and behaviour support. In other words, there was no evidence of collateral impacts (i.e., reading interventions improving behaviour and behaviour interventions improving reading). The authors highlight the need for more intervention research to fully understand how reading and behaviour difficulties interact and how best to design effective programs for these students.

Behaviour interventions, particularly self-monitoring and function-based approaches have also showed positive effects on student engagement and reductions in disruptive behaviour, but no studies examined their impact on reading outcomes. Function-based interventions are behaviour support strategies designed to address the specific reason (function) why a student is engaging in a challenging or disruptive behaviour. Instead of applying a generic consequence or rule, function-based interventions first identify the purpose that the behaviour serves for the student, such as getting attention, escaping a task, accessing something tangible, or gaining sensory stimulation, and then design supports that meet the student's needs in a more appropriate way.

Roberts et al. (2023) conducted a further systematic review which investigated behavioural interventions and reading interventions in children and young people specifically with inattentive ADHD and co-occurring reading difficulties (Roberts et al., 2023). This synthesis of 14 single-case design studies found that reading interventions can improve word reading and reading comprehension for students with reading difficulties and inattention, though results were stronger when comprehension strategies

were embedded rather than focusing solely on sight words or passage reading. No studies assessed whether reading interventions also improved behaviour outcomes.

Overall, the findings highlight a need for more research that explores the academic effects of behaviour interventions and the behavioural effects of reading interventions for this student group.

In three systematic reviews, Burke et al. (2015; 2023) and Garwood et al. (2014) synthesised findings from 20 single-case design studies focused on reading interventions for students in multiple age groups (age 11 to 18) with, or at risk for, SEMH needs (reported as EBD in the original study). The intervention strategies varied in terms of delivery setting, dosage, targeted skills, and outcome measures. These reading interventions included:

- Repeated reading with error correction and performance feedback with a therapy dog
- Headsprout Comprehension with a basal reading instruction program
- Teacher model
- Computer model
- Self-graphing
- Intertrial intervals
- Immediate intertrial intervals with a 5-second delay
- Peer-mediated repeated reading
- Sight-word instruction
- Choice instructional method and contingency strategy
- Graphic organisers
- Listening
- Text maps
- Repeated reading
- A modified version of the Direct Instruction Corrective Reading program
- The Corrective Reading program plus repeated reading
- Teach Your Child to Read in 100 Easy Lessons, the Great Leaps Reading program.

A number of reading outcomes were also measured including reading fluency, reading accuracy, and reading comprehension. Some interventions produced strong results for

reading outcomes, such as word reading accuracy, but weaker or even negative effects for behaviour outcomes, highlighting inconsistency in addressing the dual academic and behavioural challenges common in students with SEMH (reported as EBD in the original study).

Although most techniques resulted in positive outcomes when findings were aggregated, the outcomes varied across the individual studies included in the REA. Repeated reading interventions showed relatively small effects. This finding was also established by another systematic review in our REA by Collins et al. (2023) who reviewed single-case studies investigating repeated reading strategies for children and young people with SEMH. On the other hand, the use of student-generated graphic organisers and teacher modelling had the largest effects.

Targeted reading interventions summary

- Direct instruction
- Student-generated graphic organisers
- Teacher modelling

Writing interventions

Students with SEMH needs often struggle with expressive writing, including tasks such as expressing feelings, forming opinions, and exploring ideas (Cramer & Mason, 2014; Lane, 2004). Additionally, research also shows that students with SEMH needs tend to perform poorly on written language assessments, with expressive language being a common area of difficulty (Benner et al., 2002).

Self-Regulated Strategy Development (SRSD) has been identified as an effective, evidence-based approach for improving persuasive writing skills in students with SEMH needs, with all studies using SRSD reporting positive outcomes (Ennis & Jolivette, 2014a; Losinski et al., 2014; Sreckovic et al., 2014). Despite increasing interest in literacy interventions for this group, research remains limited, averaging fewer than three studies per year over the past decade according to the reviews in our REA.

Although peer-mediated instruction is widely recommended for supporting both reading and behaviour in students with SEMH needs (Ryan et al., 2004; Watts et al., 2019), none of the studies in our REA reported using this approach. Peer tutoring, whether cross-age or same-age, can help address teacher-student ratio issues and reduce the need for one-on-one instruction.

Several limitations in the evidence base reduce confidence in these findings across all interventions. Most studies were single-case designs, which offer insight into individual student responses but limit generalisability. Additionally, many used researcher-

developed rather than standardised assessments, making comparisons difficult. Finally, most interventions were delivered by researchers or specialists, raising questions about how easily they could be implemented by mainstream teachers.

Summary of support and intervention findings

Our REA identified a total of 33 reviews dedicated to the support and intervention strategies that mainstream educators can use to support educational outcomes for children and young people with SEMH needs.

High-quality teaching for children and young people with SEMH needs consisting of whole school behavioural strategies such as token economies or check-in/check-out strategies are shown to be effective for pupils with SEMH needs, especially those with behavioural challenges. However, strong senior leadership and coordination is important in effectively implementing these strategies. It is also important that strategies are applied with careful consideration of individual needs rather than a blanket policy so that these strategies create a positive, supportive, and inclusive environment rather than alienating pupils. To this extent, educator knowledge and understanding of SEMH needs are important in understanding what support individual children and young people might need.

At the classroom level, incorporating targeted and behaviour-specific praise and rewards to help reinforce positive interactions and motivate students, especially those with behavioural challenges, can result in a number of positive academic and participation and engagement outcomes. Teachers can also leverage the interests and motivations of children with SEMH needs by providing choice in instruction as well as more opportunities for engagement in discussions. Hands-on activities can also be effective in motivating and sustaining on-task behaviour of children and young people with SEMH needs leading to improved educational outcomes. Teachers should consider students' preferences and adjust strategies accordingly.

A range of instructional techniques have been shown to support learners with SEMH needs, including prompting, schema-based instruction, modelling, task sequencing, daily report cards, Direct Instruction, explicit instruction, scaffolding, mnemonics, and cover-copy-compare (for maths). These methods reduce cognitive and emotional load by clarifying expectations, breaking learning into manageable steps, and reinforcing positive behaviours. Explicit approaches (e.g. Direct Instruction) reduce ambiguity and support engagement; while scaffolding and modelling offer guided learning. Tools like daily report cards promote self-regulation and home-school communication, and memory aids such as mnemonics and cover-copy-compare support fluency for learners with attention or executive function difficulties.

Targeted approaches that were found to be effective used similar approaches such as Direct Instruction, explicit teaching, modelling, scaffolding, prompting and visual supports. Children and young people with SEMH needs may also benefit from self-regulation, self-monitoring and organisation skills. Self-Regulated Strategy Development can also be effective in improving writing outcomes for this group. However, some of these techniques may need specialists or training to implement. It is also important for teachers and teaching assistants to support SENCOs in organising and implementing exam access arrangements for more effective exam outcomes. Training for teachers and for students is also useful in further improving efficacy of access arrangements.

Students with SEMH needs often experience lower reading outcomes than their peers and may respond less effectively to reading interventions. Our REA identified several effective intervention strategies across different age groups and targeting different reading skills, with Direct Instruction emerging as the most consistently effective approach across multiple systematic reviews. Programmes such as Corrective Reading, Reading Mastery, PHAB/DI, Sound Partners, and Stepping Stones to Literacy showed positive impacts on word reading, decoding, and comprehension, particularly for younger students. Peer-mediated strategies and student-generated graphic organisers also showed promise.

In contrast, repeated reading strategies produced weaker effects, and evidence on combined reading-behaviour interventions was mixed, with no strong indication that one improves the other. Findings from group-based studies suggested that targeted reading programmes delivered in small groups can lead to strong gains for students with co-occurring reading and behaviour difficulties. Again, some of these programmes may require training from an experienced user to administer effectively.

However, a large proportion of the systematic reviews in our REA focusing on reading interventions for children and young people with SEMH focused on single-case designs which may pose limitations on the reliability and generalisability of the evidence in this section. Single-case designs are useful for understanding how individual students respond to an intervention, especially in specialist settings or with pupils who have complex needs. However, they have limitations when it comes to proving how effective something truly is. As these studies involve only one or a few participants, the results can't easily be generalised to larger groups. They also often lack a comparison group, making it difficult to know whether improvements are due to the intervention itself or other factors, such as changes in environment or natural development. While they offer detailed insights, single-case designs provide a lower level of evidence compared to larger, well-controlled studies. There is a need for evaluations conducted by teachers or support staff in real-world school contexts, rather than by researchers.

Conclusions

This REA investigated effective tools for the identification, assessment, support, and collaborative practices for children and young people with SEMH needs. These findings aimed to support mainstream educators in supporting the educational outcomes of children and young people with SEMH needs.

Findings highlight the importance of adopting a whole-school, needs-based approach to the identification and support of SEMH needs in mainstream education. While a range of evidence-based tools and strategies exist, their effectiveness depends on careful implementation, strong leadership, and educators' understanding of SEMH. Screening and assessment are most effective when they draw on multiple informants and are used to guide support, rather than to diagnose or label. At the classroom level, structured instructional strategies, targeted praise, and opportunities for engagement can enhance participation, self-regulation, and academic outcomes. Direct Instruction programmes and targeted reading interventions show particular promise, though training and resources are often required.

However, significant gaps remain. Evidence is disproportionately weighted towards externalising difficulties, while internalising needs and pupil voice are underrepresented. Many studies also rely on single-case designs, limiting generalisability. Future research should prioritise scalable, teacher-led evaluations in real-world contexts, alongside greater attention to internalising needs and the active involvement of pupils in shaping their support. Addressing these gaps will be essential in developing sustainable, inclusive practices that enable all children and young people with SEMH needs to thrive in mainstream education.

Appendices

Appendix A: Search terms (PICOS criteria)

We conducted 15 separate searches across five rapid review categories, each focused on a distinct population: SEMH, SLCN, autism, sensory and/or physical needs, and cognition and learning. For each population, three searches were performed, focusing on: identification terms, support terms, and working with others. The intervention, comparison, and study type remained consistent across all searches, while the population and outcome terms varied to capture the unique characteristics of each group. This approach ensured a comprehensive examination of the research literature across the different populations. PICOS stands for: (1) Population; (2) Intervention; (3) Comparison; (4) Outcomes; and (5) Study type.

Population:

- Population terms: "adolescent" OR child* OR "children and young people" OR kid* OR "post 16" OR pupil* OR "school aged" OR student* OR teen* OR "young learner*" OR "young people" OR "young person" OR youth
- Educational setting terms: "alternat* educat*" OR class* OR "class* setting" OR "comprehensive school*" OR "early year*" OR educat* OR elementary OR "elementary school*" OR "extra-curricular setting*" OR "further educat*" OR "further educat* setting*" OR "grammar school*" OR "high school" OR "higher educat*" OR inclus* OR kindergarten OR "learning environment*" OR mainstream* OR "middle school*" OR nursery OR preschool OR "primary educat*" OR "primary school*" OR reception OR "remedi* class*" OR "school setting" OR school* OR "secondary education*" OR "secondary school*" OR "special educat*" OR "university" OR "whole school" OR "independent school"
- General SEND terms: SEND OR SEN OR "special educat* need*" OR "special need*" OR "learning difficult*" OR "learning disab*" OR "learning difference" OR "additional need*" OR impair* OR disorder* OR neurodivergent OR "additional learning need"
- SEMH needs terms: ADD OR ADHD OR EBD OR OCD OR SEMH OR "affect* disorder*" OR anxiet* OR "anxiety disorder*" OR "attention deficit disorder" OR "attention deficit hyperactivity disorder" OR "attention deficit*" OR "attention difficult*" OR "behavior disorder*" OR "behavior problem*" OR "conduct disorder*" OR "conduct problem*" OR depress* OR "emotion* regulat*" OR "emotional and behaviral difficulties" OR "emotional disorder" OR "emotional problem*" OR "emotional symptom*" OR "emotional wellbeing" OR hyperactivity OR inattention OR "mental disorder*" OR "mental health" OR "mental illness*" OR "mood disorder*" OR "obsessive compulsive disorder*" OR "oppositional defiant

disorder*" OR "peer relation* problem*" OR "psychiatric disorder*" OR
"psychological health" OR "psychosocial difficult*" OR "self-esteem" OR "self-
regulat*" OR "social emotional and mental health" OR "social emotional*"

Intervention:

- Identification terms: assess* OR "assessment app*" OR "assessment tools" OR "behavio* checklist*" OR checklist OR "class* assess*" OR "classroom observation" OR "cognitive assess*" OR "computer* app" OR "curriculum-based measure" OR diagnos* OR "dynamic assessment" OR "early screening tools" OR "educational assessment tool*" OR evaluate OR "formal assess*" OR "formative assess*" OR "graduated approach" OR identif* OR "informal assess*" OR measure OR "multi-disciplinary assessment" OR MTSS OR "multi-tiered system of supports" OR "neuro* assess*" OR observ* OR "parent* report" OR "pupil observation" OR "response to intervention" OR RTI OR screen* OR "self-assessment" OR "self-report" OR "smartphone app*" OR "standard* test*" OR "student observation" OR "tablet app*" OR "teacher judgment*" OR "teacher observation" OR tool* OR "performance-based"
- Support terms: "classroom environment" OR "SEN support" OR "SEND support" OR SWPBS OR accommodat* OR adaptat* OR approach OR "assistive tech*" OR "classroom interve*" OR "collaborative teach*" OR curriculum OR "curriculum adapt*" OR "differentiat* instruction" OR "digital learning" OR "early interven*" OR "education* program*" OR "education* support" OR "evidence-based interven*" OR "evidence-informed interven*" OR "exam access arrangement*" OR "exam accommodat*" OR "graduated approach" OR "group intervention" OR "high-quality instruct*" OR "high-quality teach*" OR inclus* OR "inclusive education" OR "inclusive practice" OR "individual support" OR "individual* education plan*" OR "instruct*" OR interven* OR integrat* OR "mainstream class* support" OR "mainstream education" OR "mainstream environment" OR "multimedia learning environment" OR "multi-tiered system* of support" OR "one-to-one" OR "parental support" OR pedagog* OR "peer support" OR personali*ed OR provision OR remediat OR "school support service*" OR "school-based" OR "special* interven*" OR "special* support" OR "specialist teach* support" OR support* OR strateg* OR "targeted interven*" OR "target* teach* strateg*" OR targeted OR "targeted support" OR teach* OR "teach* adaptation*" OR "teach* principle*" OR "teach* strateg*" OR "teach* approach" OR therapy OR "tier 1 interven*" OR "tier 1 support" OR "tier 2 interve*" OR "tier 2 support" OR "tier 3 interven*" OR "tier 3 support" OR treat* OR "universal design" OR "universal interven*" OR "universal provision" OR "universal support" OR "whole-class support" OR "whole-class teaching"

- Working with others terms: collabor* OR parent* OR carer OR caregiver OR famil* OR specialist* OR "specialist teacher" OR teacher OR educator OR TA OR "teaching assistant*" OR "support staff" OR "educational psychologist*" OR EP OR SLT or SLP or "speech and language therapist*" OR "speech and language pathologist*" OR "speech therapist" OR "speech pathologist" OR "health visitor" OR HV* OR "Ed Psych" OR counsel* OR "mental health support workers" OR "child and adolescent mental health service" OR CAHMS OR psychologist* or therapist* OR "learning support assistant" OR LSA OR "communication support worker" OR QTOD OR QTMSI OR QTVI OR "co-production" OR "joint working" OR "healthcare professional" OR "personal carer" OR "occupational therapist" "Inter-professional collaboration" OR IPC OR expert OR clinician OR nurse

Comparison:

- Left blank to include studies without comparison groups

Outcome:

- Identification terms: N/A - Not needed for identification terms as there is not always a specific outcome
- Behavioural, Inclusion, Motivation, and Engagement terms: attendance OR "behavio* outcomes" OR "behavio* regulation" OR "behavio* improvement" OR "cognitive development" OR "communication skills" OR criminal OR economic OR employment OR engage* OR financial OR "functional independence" OR "functional skills development" OR "access to learning" OR "improvement in learning" OR "inclusive classroom" OR "increase* inclusion" OR "independent living" OR independent* OR "mental health outcomes" OR motivate* OR offend OR "prosocial behavio* " OR "reduce* learning barriers" OR "reduce* symptom*" OR "self-regulat*" OR "school performance" OR "school retention" OR "social inclusion" OR "social-emotional development" OR "teacher perceptions of student progress" OR "well-being" OR workplace
- Educational outcomes (General): "academic achievement" OR "academic progress*" OR "academic attainment" OR "academic measure" OR "academic performance" OR "additional learning support*" OR "educat* achievement" OR "educat* assess*" OR "educat* attainment" OR "educat* measure" OR "educat* outcome*" OR "educat* performance" OR "educat* progress" "executive function*" OR "functional skill* develop*" OR "improve* learning" OR learn* OR "learning progress" OR "problem solving" OR "reduced learning barriers" OR "school outcome*" OR "school performance" OR "school retention"
- Literacy outcomes: read* OR literacy OR "letter recognition" OR "letter-sound knowledge" OR "word reading" OR phonic* OR phonolog* OR "reading

comprehension” OR “reading accuracy” OR “reading fluency” OR “reading delay*”
OR “print knowledge” OR decod* OR “alphabet knowledge” OR “listening
comprehension” OR “word recognition” OR “sentence completion”

- Writing outcomes: writ* OR literacy OR punctuation OR spelling OR “sentence writing” OR “free writing” OR “early writing” OR “emergent writing” OR “guided writing” OR “writing fluency” OR handwriting OR “interactive writing” OR “letter typing” OR “sentence completion”
- Mathematics outcomes: math* OR numer* OR numb* “number sense” OR arithmetic* OR geomet* OR shape OR calcul* OR algebra OR counting OR addition OR subtraction OR multiplication OR division OR fractions OR statistics* OR “place value” OR “math* competenc*” OR “math* concept*” OR “math* knowledge”
- Working with others terms: collaboration* or partnership* or co-practice* or multidisciplinary* or transdisciplinary or interdisciplinary

Study type:

- Review type: review OR “systematic review” OR “meta-analysis” OR “narrative review”

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