Supporting Pupils with SEMH and Autism

Evidence-Informed Practice for Mainstream Schools

Based on the DfE rapid evidence review (2026) [assets.pub...ice.gov.uk]

Key Message

There is **no single intervention that works for every pupil** with SEMH needs or autism. The most effective support is tailored to the individual, delivered consistently by trained staff, and adapted in response to ongoing monitoring of pupil outcomes.

Behaviour should be understood within the wider context of communication, relationships, emotional regulation, sensory needs, and the learning environment.

What Works: Best Practice

Know the pupil as an individual: consider their strengths, interests, communication profile and underlying needs. Adapt support rather than relying on diagnostic labels alone.

Build positive relationships: foster trust, belonging and psychological safety. Support positive pupil-adult and peer relationships.

Use structured supports: clear routines, visual supports, activity schedules and regular feedback. Where appropriate, use systems such as Check-In Check-Out or Daily Behaviour Report Cards.

Promote peer interaction: use peer-mediated activities and supported opportunities for social engagement. Teach and model positive social interactions.

Support self-regulation: incorporate physical activity, movement breaks, mindfulness or regulation strategies where appropriate. Help pupils recognise and manage emotions.

Teach social communication explicitly: use approaches such as social skills teaching, video modelling, play-based learning and structured communication practice where appropriate.

Ensure consistency: deliver interventions as intended, and with fidelity to the programme. Provide staff training and clear expectations across the team.

Monitor impact: review progress regularly. Adjust support when evidence suggests a change is needed.

What to Avoid

Assuming one approach works for everyone: interventions should be matched to the pupil, not the label.

Focusing only on the behaviour: consider communication, emotional wellbeing, sensory factors and relationships.

Using inconsistent responses: mixed messages and unpredictable expectations reduce effectiveness.

Implementing programmes without training: poor implementation limits impact, even when evidence is strong.

Relying solely on sanctions or reactive strategies: prioritise proactive teaching, support and relationship-building.

Ignoring peer relationships: social inclusion and peer connections are important protective factors.

Expecting quick fixes: effective support often requires time, consistency and sufficient intensity.

Assuming improvement in one setting means improvement everywhere: check whether skills transfer across lessons, environments and relationships.

Finally:

The strongest evidence supports, when implemented well and matched to pupil needs:

- Peer-mediated interventions
- Structured behavioural supports
- Physical activity approaches
- Naturalistic and play-based interventions
- Social skills programmes
- Video-based interventions
- Some targeted digital tools

Source: Antalek et al. (2026), Behavioural and Social Communication Interventions for Children and Young People with SEMH and Autism: A Rapid Evidence Review, Department for Education. [assets.pub...ice.gov.uk]