Managing anxiety in primary schools through day-to-day classroom practice

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Declaration

The work described in this thesis was carried out under the supervision of Professor Cathy Creswell (CC) and Dr Tessa Reardon (TR).

I declare that this thesis is my own work and has not been submitted, either wholly or substantially, for any other degree, in this university or elsewhere.

I am fully responsible for all study planning and design, participant recruitment, design and conceptualisation of study materials, data management, data analysis, data processing, writing, and editing in each chapter.

Chapter 2 is based on a published peer-reviewed journal article that has been adapted, formatted, and edited for this thesis. I confirm that I was the first author on this paper. My co-authors contributed in the following ways: En-Nien Tu (ET) acted as second screener during the study selection process, and as second rater for the risk of bias and quality assessment of included studies. In addition to providing general supervisory support, CC and TR acted as third raters where any discrepancies over decisions relating to inclusion/exclusion arose.

In line with best practice, and as detailed in the relevant chapters, initial stages of qualitative data analysis in Chapters 5 and 6 were supported by other members of the TOPIC Research Group (Chloe Hooper and Dr Jennifer Fisk), who each double-coded a number of transcripts and contributed to the development of initial templates.

Abstract

Anxiety problems are common in children and can have profound adverse effects on personal, social and academic life. Almost 40% of anxiety disorders emerge before age 14, making primary schools invaluable settings for prevention and early support for child anxiety. Research indicates that school-based interventions can be costly, difficult to schedule, school staff lack confidence to deliver them effectively, and outcomes are mixed. It is important to find approaches which focus on day-to-day classroom practices that take into account teachers' already busy schedules, and best reflect the needs, preferences, and existing skills of school staff.

This thesis adopts a mixed-methods approach and aims to 1) improve understanding of the relationship between classroom practice and child anxiety through a systematic review of research literature, 2) use qualitative research with parents, children, and primary school staff to design and develop evidence- and practitioner-informed training for school staff on managing and minimising anxiety problems in primary school children through their day-to-day classroom practices, and 3) conduct an initial evaluation of the feasibility and acceptability of this staff training.

Findings indicate two potential key contributors to increased anxiety in the classroom: pressure and uncertainty. School staff can help by increasing predictability, cultivating connection, managing the environment, and providing structured support. Findings also suggest that training for school staff in managing anxiety through day-to-day practice is needed, welcomed, and acceptable. While it is feasible to deliver this training as part of schools' regular professional development sessions, to maximise its usefulness, future training may need to be further tailored to the specific needs of individual schools. Additionally, to ensure that

implementation is successful and sustained over time, this training needs active prioritisation, and ongoing support from school leadership and other specialist staff (e.g. Mental Health Support Teams). Further rigorous evaluation of this training is now warranted.

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Chapter One

Managing Anxiety in Primary Schools: An introduction

Anxiety, characterised by feelings of worry, tension, or fear, is a normal emotion and a natural, human physiological response to situations of perceived threat (particularly in relation to future events). It is experienced by everyone at some point in their life. Indeed, periodic anxiety at a manageable level may even be of benefit: it keeps us alert, keeps us safe, makes us ready to respond, and can enhance performance. Acute episodes of anxiety in response to stressful life events, change, or temporary fears are usually infrequent and subside in response to learned coping mechanisms, when the stressor is removed, or when a child passes the phase of life in which certain anxieties are deemed developmentally appropriate (APA, 2013). In some cases, however, levels of anxiety become so excessive or so long-lasting that they interfere with a child's ability to function (Arroll & Kendrick, 2018), affect their daily activities, and can impair family, social, and school life (van Ameringen et al., 2003; Hughes et al., 2008; Copeland et al., 2014). At this level, the normal, natural response becomes problematic and may be indicative of an anxiety disorder.

1.1 Overall prevalence of anxiety disorders in children

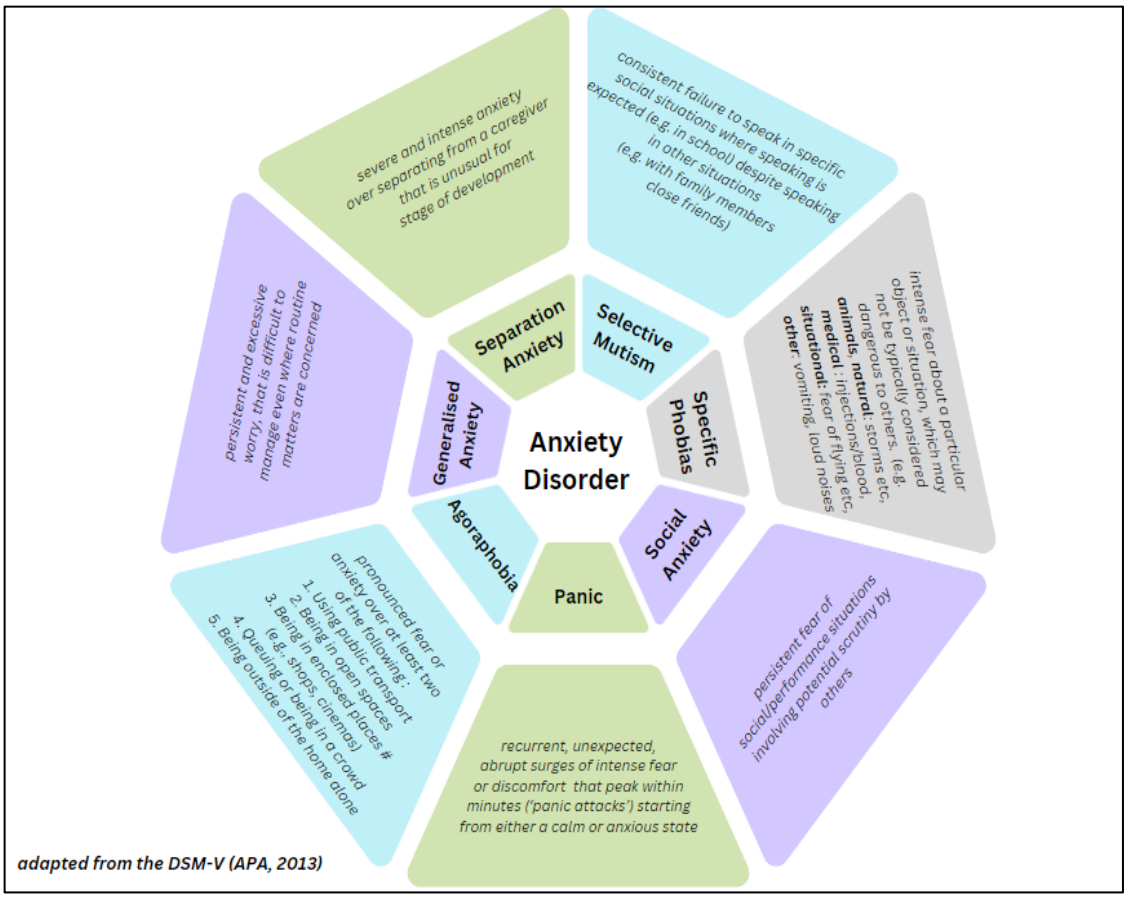
Of all mental health disorders, anxiety disorders are the most common. Population-based surveys indicate that up to 33.7% of the population may be affected by an anxiety disorder during their lifetime (Bandelow et al., 2015). Typically emerging during childhood (40% before the age of 14) and with their earliest peak age of onset at just 5.5 years (Solmi et al., 2022), anxiety disorders are estimated to affect approximately 6.5% of children worldwide at any one time, with many others experiencing sub-clinical difficulties (Polanczyk et al., 2015). Data from the 2017 NHS Digital national survey in England (the most up-to-date version that specifically provides data in narrower age bands to allow a distinction between primary and secondary

school-aged children) indicate that about one in twenty-five children aged 5 to 10 years have an anxiety disorder. This makes anxiety disorders among the most common of disorders for primary-school-aged children (Sadler et al., 2018).

1.2 Types of anxiety disorders in children

The current version of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (APA, 2013) formally recognises seven disorders as 'anxiety disorders': separation anxiety disorder, social anxiety disorder, selective mutism, generalised anxiety disorder, specific phobias, panic disorder and agoraphobia. A brief overview of each disorder and its related symptoms are summarised in figure 1.1. It should be noted that while obsessive compulsive disorder and post-traumatic stress disorder were previously both also classified as anxiety disorders by the DSM-IV, this is no longer the case: each has now been afforded its own separate classification.

Figure 1.1 *Anxiety disorders and their symptoms*



While all anxiety disorders combined account for the majority of mental health disorders in young people, statistics relating to specific anxiety disorders do vary. Evidence suggests, however, that separation anxiety disorder and specific phobias are most prevalent in younger children (Benjet et al., 2009; Canino et al., 2004; Ford et al., 2003; Costello et al., 2003; Green et al., 2005; Kessler et al., 2012; Lawrence et al., 2015). Along with selective mutism, they also have the earliest onset, and are therefore of most relevance to the particular population of interest in this thesis. Anxiety disorders occur more frequently in females than in males (APA, 2013; Campbell et al., 2021) (although rates are broadly similar in primary school-aged children (Sadler et al., 2018)) and are highly comorbid, both with each other and with other disorders (Rapee et al., 2023).

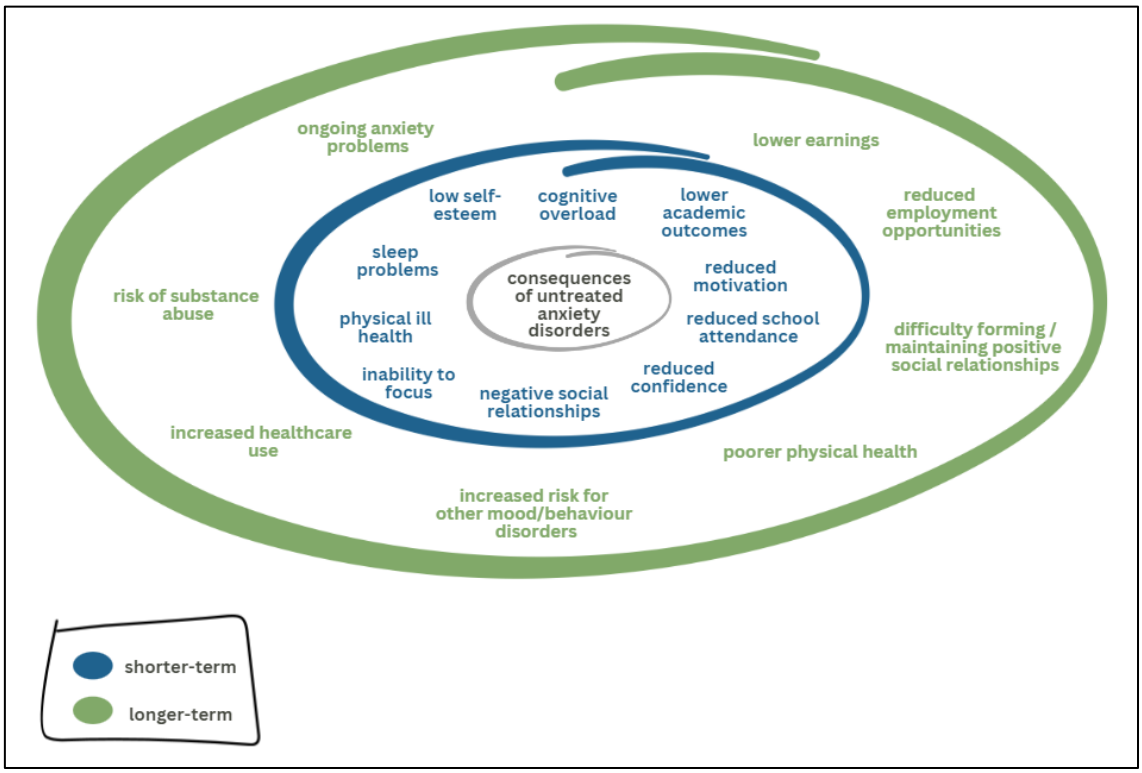
1.3 Risk factors for anxiety disorders in children

Research indicates that both genetic and environmental factors may increase a child's risk of developing an anxiety disorder. Risk factors vary somewhat by disorder type, but can include having biological relatives with anxiety or other mood disorders (Ahmadzadeh et al., 2019; Penninx et al., 2021; Lawrence et al., 2019; Tu et al., 2023); child temperament, specifically behavioural inhibition (Sandstrom et al., 2020) i.e. "a fearful style of reacting when confronted with novelty" (White et al., 2011, p.735); certain parenting behaviours (Thirlwall & Creswell, 2010; de Rosnay et al., 2006; Gerull & Rapee, 2002; Kerns et al., 2017); and negative life experiences (particularly when experienced repeatedly or cumulatively (Ginsburg et al., 2014)). Children and young people with anxiety disorders also regularly indicate that school-related anxieties are one of their biggest concerns (Weems, Silverman, & La Greca, 2000), however, there is currently a paucity of research focusing on factors linked to the school environment when identifying potential risk factors for the development of anxiety disorders (Rapee et al., 2023). When one considers the amount of time children spend in school and the number of potential risk factors that may be present there, including feelings of vulnerability linked to social interactions with peers and adults, lengthy separation from parents and carers, and academic pressure, the lack of research in this area is quite surprising and suggests an urgent need for further work.

1.4 Consequences of untreated anxiety problems

As illustrated in figure 1.2, left untreated, anxiety disorders can have profound adverse effects on many aspects of personal, family, social, and academic life, both in childhood and beyond.

Figure 1.2 *Potential consequences of untreated anxiety disorders*



At elevated levels, anxiety can result in sleep deprivation, poorer physical health (Green et al., 2005; Chen et al., 2009), low self-esteem, and inability to focus due to cognitive overload or chronic hyper-alertness (Plummer, 2010). These can all adversely affect academic outcomes, confidence, and motivation which, in turn, may have a negative impact on relationships with peers and teachers (Layard, 2008). Research indicates that children with anxiety disorders are often less liked than their non-anxious peers, perform less well in social situations, may be subject to more frequent peer-victimisation, and have fewer friendships (Christina et al., 2021; Kingery et al., 2010; Verduin & Kendall, 2008). This can all lead to barriers to school attendance (Csóti, 2003; Lawrence et al., 2015). Children and young people with anxiety disorders are often absent more frequently, and are less academically engaged, which often results in them terminating their education earlier than non-anxious young people (Goodsell et

al., 2017; Lawrence et al., 2015; Lee et al., 2009). Ultimately, this can lead to poorer educational outcomes (Dalsgaard et al., 2020).

Longer term, untreated childhood anxiety disorders can put individuals at increased risk of developing other mental health disorders (including other anxiety, mood or behaviour disorders), substance abuse, eating disorders, and self-harm (Essau et al., 2014; Shevlin et al., 2017; Sihvola et al., 2009; Mars et al., 2019; Pollard et al., 2023). It may also result in increased healthcare use, ongoing difficulties in forming and maintaining positive relationships, reduced employment opportunities, and lower earnings in adulthood (Patel et al., 2002; Pollard et al., 2023). The economic implications of untreated mental health disorders, including anxiety disorders, are therefore difficult to overlook. Estimates suggest that the annual costs of mental health conditions in the UK are in the region of £118 billion (McDaid et al., 2022), with anxiety disorders ranked fifth highest in terms of economic burden (Fineberg et al., 2013). Most of these costs are indirect, and can be attributed to lost employment and informal care (McDaid et al., 2022; Fineberg et al., 2013). More specifically, the economic impact of childhood anxiety disorders is also high: estimates suggest that the total average direct and indirect societal costs are up to £4040 annually per clinically anxious child (Pollard et al., 2023).

1.5 Getting help

Receiving timely and appropriate treatment can alleviate symptoms and prevent longer term harm (Dadds et al., 1997; 1999), but mental health services, particularly for children, struggle to keep pace with demand (Thorley, 2016). For example, in the UK, high referral thresholds mean that just one quarter of referrals to specialist mental health services are successful, and, for those that are, wait times are long (Children's Commissioner, 2021; 2023). When mental health treatment is delayed, associated difficulties can become ingrained and are more difficult to overcome (Neil & Christensen, 2009). With reference to anxiety specifically, there is

evidence to suggest that, globally, rates of access to treatment for children with anxiety disorders are lower than for other disorders (e.g. behavioural) (Merikangas et al., 2011; Brown et al., 2014; Chavira et al., 2004). Fewer than 20% of young people with anxiety disorders access support (Alonso et al., 2018). Evidence from studies in adult populations indicate that there may be specific barriers to getting help for anxiety difficulties – including issues with identification – which can result in long wait times for treatment (Wang et al., 2005). This has prompted questions about whether similar barriers may also apply for those seeking help for children. Findings from a UK study examining the barriers and facilitators to parental help-seeking and accessing professional support for child anxiety (Reardon et al., 2020) indicated that more than 60% of children with anxiety disorders in a community sample had not received any professional support to manage and overcome their anxiety difficulties, and in about one third of cases, parents had not sought help from a professional. Additionally, of those that did seek and access support, only a small number received evidence-based support. Beyond the logistical and systemic issues of accessing help from overstretched services, research suggests that negative parental attitudes to mental health services (including associated stigma), uncertainty around mental health, and even uncertainty over how to seek help may all have a bearing on whether or not parents access support for their child's anxiety difficulties (Reardon et al., 2018).

1.6 A role for schools?

There is strong consensus that schools are ideally placed to play a crucial role in identifying those at risk of developing mental health difficulties (Anderson et al., 2018; Moore et al, 2022) and provide a suitable setting for intervention delivery (Fazel et al., 2014). Teachers have regular, sustained contact with children (Chatterji et al., 2004; Shelemy et al., 2020), and schools play a pivotal role in the lives of students and families (Greenberg, 2010). Teacher knowledge of individual children and their experience of developmental and emotional 'norms'

(Neil & Smith, 2012) also mean educational professionals are the most commonly consulted regarding emerging child mental health problems (Ford et al., 2007). This is particularly true in relation to emerging anxiety difficulties in primary school-aged children (Reardon et al., 2020). The non-clinical nature of the school, its familiarity, and its relative proximity to the family home may also contribute to the reduction of stigma and ease of access necessary for effective engagement with mental health support (Fisak et al., 2011; Masia-Warner et al., 2006). Given that the majority of lifetime mental illnesses have school-age onset (Kim-Cohen et al., 2013) with their earliest peak age of onset at just 5.5 years (Solmi et al., 2022), primary schools are an invaluable setting for prevention of, and early support for, child mental health problems. While it is important for schools to focus on providing support for those experiencing anxiety problems (both those who have a formal clinical diagnosis and those who do not), it is also important to recognise that anxiety exists on a continuum. As such, schools have a role to play in supporting all children, whatever their level of anxiety – both to prevent it worsening and to protect against the development of more severe problems.

1.6.1 Approaches to school-based support

There is at present no statutory requirement for schools to have a stand-alone mental health policy. Best practice recommendations related to mental health and wellbeing in schools are provided in both statutory guidance publications, for example the Relationships and Sex Education (RSE) and Health Education Curriculum Document (Department for Education (DfE), 2021), and broader policy documents such as those from the National Institute of Health and Care Excellence (NICE), and the Transforming Children and Young People's Mental Health Provision Green Paper from the Department of Health and the Department for Education (DfE, 2017). Measures of support typically centre around a whole-school, and/or multi-tiered approach. The whole school approach (guided by the Public Health England (2015, 2021) framework) is outlined in figure 1.3.

Figure 1.3 *The Whole School Approach (taken from Public Health England, 2021)*

In line with Mrazek & Haggerty's prevention model (Mrazek & Haggerty, 1994), multi-tiered approaches taken by schools to provide support are typically divided into 'universal', 'selective', and 'indicated' (World Health Organisation, 2022). An overview of each approach, its definition, and some examples of how schools may respond, is outlined in Table 1.1.

Table 1.1 *School-based approaches to support*

Intervention Type	Definition	Examples of school-based responses
Universal	aimed at everyone in a given population irrespective of individual risk (may be promotion or prevention)	*whole-class lessons or interventions delivered through e.g. PSHCE/RSE curriculum sessions focused on mental health, wellbeing, social-emotional learning, stress management, mindfulness, Circle Time*
Selective	aimed at individuals or a subgroup of the population who are at higher than average risk of developing a problem	*small group sessions/interventions delivered in addition to whole-class sessions focused on specific issues e.g. bullying, friendship, anxiety*
Indicated	aimed at individuals showing early indications or symptoms of probable disorder but who do not currently meet diagnostic thresholds	*often delivered 1:1 and includes e.g. play/art/music therapy*

1.6.2 Evidence to support school-based interventions for anxiety

There is some evidence that school-based delivery of mental health interventions can be effective for anxiety problems, particularly those based on Cognitive Behavioural Therapy (CBT), where individuals are encouraged to identify and manage difficulties by changing the way they think and behave (e.g., Baskin et al., 2010; Cooper et al., 2010; Dray et al., 2017; Hoagwood et al., 2007; McArthur et al., 2011; Shelemy et al., 2020). A report from the Early Intervention Foundation (Clarke et al., 2021) also found improvements in social-emotional skills and reductions in short-term anxiety and depression symptoms after universal social and emotional interventions, and some evidence of increased psychological wellbeing and reduced anxiety and depression symptoms following interventions based on positive psychology in secondary school students, albeit with small effect sizes. Findings are mixed, however, with a number of recent studies evaluating universal Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT)-based interventions reporting evidence of iatrogenic effects. These included increases in depression and anxiety

scores post-intervention and at 6-month follow-up (Andrews et al., 2022), deterioration of anxiety and depressive symptoms post-intervention, along with deterioration in reported child-parent relationship quality post-intervention and at 6-month follow-up (Harvey et al., 2023). Studies have also reported increases in internalising symptoms for those who already had elevated symptoms at baseline (Stallard et al., 2013), increased symptoms of depression and decreased wellbeing in those at high risk of mental health problems (Montero Marin et al., 2022), and decreases in prosocial behaviour (Seely et al., 2023) of those in the intervention groups when compared to no-intervention controls.

Of the research that focuses exclusively on universal interventions for primary-aged children, findings are also mixed. A recent systematic review and meta-analysis of school-based depression and anxiety programmes (Werner-Seidler et al., 2021) included ten studies specifically focused on anxiety prevention in primary school-aged children, all of which reported reductions in anxiety symptoms post-intervention. With the exception of one study (Berger et al., 2007), effects were overall very small. In line with findings from Stallard et al., (2014), there was some indication that the effectiveness of these interventions may ultimately also be compromised when not delivered by healthcare professionals. A recent synthesis of fourteen randomised controlled trials of (primarily) universal CBT-based interventions in primary schools by Johnstone et al. (2018), however, found no evidence of effect for anxiety symptoms. In addition, an Education Endowment Foundation evaluation of the FRIENDS for life school-based CBT programme (Wigelsworth et al., 2018) not only found no evidence of improved health outcomes for primary school aged children, but also found small *increases* in self-reported anxiety and depression among those eligible for free school meals.

Research into school-based selective interventions for anxiety is, at present, fairly limited, particularly in the primary school age range. The review by Werner-Seidler et al., (2021) included just one relevant study (Pedro-Carroll & Cohen, 1985). This study did report positive intervention effects, but its publication date of 1985 and poor methodological quality ratings limit conclusions that can be drawn from the findings. With reference to indicated interventions, findings from the three systematic reviews included in the Early Intervention Foundation report (Clarke et al., 2021) lend support to the claim that indicated interventions (again, primarily CBT) in secondary schools can lead to a reduction in anxiety symptoms with moderate effects. Evaluations of indicated interventions that specifically focus on primary school-aged children are again less common. Twelve unique studies identified across two meta-analyses (Hugh-Jones et al., 2021; Werner-Seidler, 2021) provide some evidence of small-to-modest positive effects for indicated interventions on anxiety symptoms. Findings were nonetheless mixed, with five studies reporting negligible effects.

In addition to questions about their effectiveness, existing whole-class (universal) and targeted (selective/indicated) interventions usually come at significant financial cost (Patalay et al., 2020) which may preclude their use in many schools (Stallard et al., 2015). Children who receive selective or indicated interventions are also typically withdrawn from class, miss classroom-based learning, and may therefore feel singled out or risk being subjected to peer stigmatisation (Fisak et al., 2011). This, along with issues over staffing, varying levels of commitment from management (Stallard, 2010), and waning enthusiasm (Askell-Williams & Koh, 2020), has prevented such approaches being sustained or scaled over time (McLoone & Rapee, 2012; Moore et al., 2022). Given the decontextualised nature of many school-based interventions, it is also possible that, in the classroom, children may

struggle to apply strategies they learn outside of the classroom, or to transfer techniques to other situations when taught as part of stand-alone lessons.

Commonly, teachers or support staff deliver such interventions, which places significant demands on staff whose timetable and capacity are already overstretched (Rothì et al., 2008). As schools may also adapt and modify specific programmes to fit their individual needs, resources or timescales, their efficacy may also be compromised (Brown et al., 2012; Durlak & Du Pré, 2008). Although most teachers agree that schools have a responsibility, either alone or in partnership with external agencies, to address mental health needs (Reinke et al., 2011), a lack of knowledge and professional training means that individuals have concerns over their ability to identify and handle complex issues (Dray et al., 2017; Graham et al., 2011; Shelemy et al., 2019). They are therefore often reluctant to assume a therapeutic role for which they feel unqualified (Shelemy et al., 2019).

It is important, therefore, to find approaches to supporting children with anxiety problems (whether formally identified or not) in primary schools, which are less reliant on taking children out of class. Ideally, these would be identified and developed in collaboration with school staff, such that they also take into account teachers' already busy schedules, and best reflect their needs, preferences, and existing skills. One solution may be for schools to adapt and enhance how staff typically manage their classrooms day-to-day to help minimise and manage children's difficulties with anxiety.

1.7 Defining 'classroom management'

Reaching an agreed, precise definition of what constitutes 'classroom management' as a single concept continues to present difficulties for educational researchers (Oliver et al., 2011). This may well stem, at least in part, from the fact that educational theory has evolved

over time to include various models and definitions of 'classroom management', which often vary from practitioner to practitioner, and researcher to researcher. Despite this evolution, behavioral conceptualisations of the term have been, and remain, both dominant and influential in educational research (Landrum & Kauffman, 2006). Moreover, as Egeberg et al., (2016, p.4) note:

> *"In the early 1970s and continuing through to today the term 'classroom management' and 'discipline' were often used interchangeably."*

This has perhaps led to a conflation of both terms, such that classroom management has since become synonymous with notions of behaviour management and other disciplinary measures, which has in turn led to it being primarily associated with methods of controlling students (McCaslin & Good, 1998).

More recently, there have been attempts to extend definitions of classroom management beyond that of mere discipline, to include other procedural, organisational, instructional, and ecological elements of classroom life:

> *"Classroom management is more than discipline. With an emphasis on the organization and operation of a classroom, classroom management looks at the behavior of both teachers and students and at the instructional strategies used by teachers as well as the interactions among students and teachers."*
>
> *(Manning & Bucher, 2014, p.57)*

This broader interpretation has its merits, as does the definition offered by Richardson & Fallona (2001) of classroom management as *'method and manner'*. To reflect these broader interpretations, for the purposes of this thesis, I define 'classroom management' ,importantly in its widest sense, as:

> ***"what teachers (and other school staff) do and how they do it, primarily at a whole-class level"***

This incorporates the definition of both Manning and Bucher, and Richardson and Fallona, recognising that organisational strategies, teaching methods, teacher behaviours, and interpersonal relationships are all likely to play their part.

1.8 Classroom practice: what we know so far

While specific definitions themselves may have diverged, changed, and evolved, findings from a number of relevant reviews indicate that there are several aspects of classroom practice that seem to influence children's academic outcomes, behaviour, and engagement. These include management of the physical environment (e.g. seating arrangements, order, and layout), and classroom organisation and structure (particularly the use of rules and procedures). Also important are more interpersonal/relational aspects including teacher warmth, and the creation of emotionally supportive environments.

Management of the physical environment (e.g. seating arrangements, order, and layout), resulted in small but significant effects on engagement for students presenting social, emotional and behavioural difficulties (Cooper, 2011), while classroom organisation and high levels of structure (particularly the use of explicitly defined rules and procedures) have been shown to improve engagement, behaviour, and achievement (Curby et al., 2011;) This was further supported in the reviews by Korpershoek et al. (2016), Marzano et al. (2003) and Oliver et al. (2011), which all reported statistically significant positive effects on children's problem behaviour and aggression, and, additionally, a small effect on academic outcomes (Oliver et al., 2011). These reviews also lend weight to the importance of teacher-student interpersonal relationships, with Korpershoek et al. (2016), Marzano et al. (2003) and Oliver et al. (2011) reporting moderate-to-large effects on improvements in behaviour, engagement, and academic outcomes. This is supported by Cooper et al. (2011), who found

that teachers' emotional warmth and supportiveness increased children's engagement and achievement, helped children develop non-conflictual relationships, and improved their language skills. Additionally, the creation of emotionally supportive environments (including less-conflictual relationships with teachers) improved social competence, attitudes to learning, engagement, and academic outcomes, while reducing problem behaviours (Curby et al., 2011).

There are, however, a number of important limitations to the existing evidence. Firstly, a number of methodological issues with the Marzano et al. (2003) study (including lack of reporting on their study selection process and the specific types of studies included) make it difficult to draw reliable conclusions from their findings. Secondly, in many instances, strategies identified in this research were specific, isolated elements taken from larger classroom management programmes. Less is therefore currently known about the effects of such strategies when used independently of such programmes, and/or how that may influence outcomes.

One review of evidence-based practices in classroom management (Simonsen et al., 2008) that did focus on independent elements of classroom practice identified ten key elements of practice that are linked to a variety of positive outcomes for children, many of which overlap with the findings above. They suggest that a high level of classroom structure (i.e. explicitly defined rules, procedures), the physical arrangement of the classroom to reduce crowding and distraction, active supervision, high expectations, increased opportunities to respond, specific contingent praise, group contingencies, token economies, error correction, and feedback and reinforcement are all associated with higher academic outcomes, greater task involvement and attention, increased pro-social behaviour, decreased off-task behaviours,

better engagement, and increased productivity and accuracy. Many of these findings support those identified in the other reviews highlighted here, and clearly provide a useful indicator for the types of strategies that may be worthy of particular focus in day-to-day practice. Yet, as included studies were not specifically limited to primary school-aged children, it is difficult to know a) whether these strategies are more or less applicable/appropriate to older or younger children and b) which may be most/least effective in the primary school context.

No doubt driven by the increased governmental demands placed on schools and perhaps influenced by the loose and often-interchangeable definitions of classroom management and discipline, research into classroom management to date has primarily, and heavily, focused on outcomes relating to academic achievement, engagement, and behaviour. Even where research has reported some social and emotional outcomes (Korpershoek et al., 2016), these were not anxiety-specific. Thus, the extent to which classroom practices might also have an impact on child anxiety remains largely unexplored. Additionally, based on existing research, we currently know very little about what teachers and other school staff think about relevant classroom management practices. Thus, future research in this area would be enhanced by seeking to include their views as experienced practitioners.

1.9 Thesis overview and aims

This thesis aimed to 1) improve understanding of the relationship between classroom practice and child anxiety, 2) design and develop evidence- and practitioner-informed training for school staff on managing and minimising anxiety problems in primary school children through their day-to-day classroom practices, and 3) conduct an initial evaluation of the feasibility and acceptability of this staff training. This research primarily aims to equip school staff to support those children currently experiencing particular anxiety problems.

However, by improving our understanding of the relationship between classroom practice and children's anxiety across the whole continuum, my research also aims to provide staff with strategies and techniques to help prevent and protect against the development of anxiety problems in all children within a class.

To achieve this, this DPhil uses a mixed-methods approach and comprises:

i) A systematic review of research on the relationship between teachers' day-to-day classroom practice and anxiety in primary school children

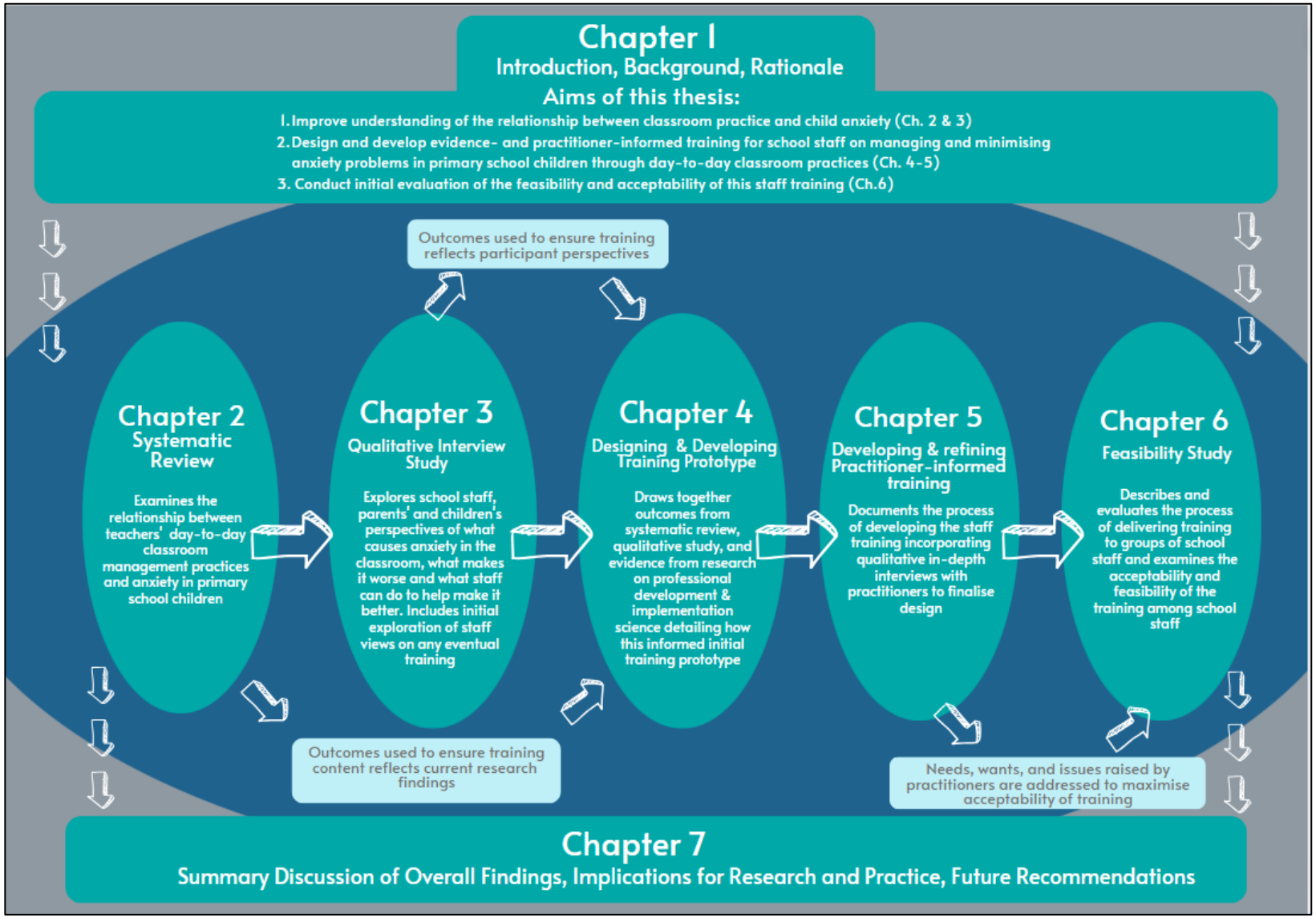
ii) A qualitative interview study exploring staff, parent, and children's perceptions of the causes and contributors to anxiety in primary school classrooms, and their views on how it can and should be managed day-to-day to help improve the experiences of children who may be anxious in school. In this study, interviews with staff also specifically explored their views on training focused on classroom practices to minimise and manage child anxiety problems.

iii) Development of an evidence and practitioner-informed training for school staff. This includes a) creation of a prototype training based on systematic review and qualitative study findings, research into effective professional development for school staff, and what is known to be successful clinically and in practice and b) practitioner interviews and discussions guided by implementation frameworks to further develop and refine the training.

iv) A preliminary evaluation of the feasibility, acceptability, and experiences of the staff training with participating school staff, including an exploration of any perceived preliminary impact of the training on children and the wider school.

Figure 1.4 provides an overview of the thesis, illustrating how each chapter contributes to its overall aims.

Figure 1.4 *Thesis overview*



1.9.1 Thesis structure

Chapter 1 has provided an overview of relevant literature relating to anxiety problems in children, their prevalence, types, some possible risk factors, and implications of untreated anxiety problems. I also examined why schools are well placed to respond to the needs they see, and typical ways in which they do. I considered why supporting anxiety problems through day-to-day classroom practice might offer a potential solution, before outlining the structure of my thesis along with its aims.

Chapter 2 consists of a systematic review of evidence that investigates and summarises what is known about the relationship between teachers' classroom management practices and anxiety symptoms/problems in primary school children, with a view to determining which, if any, practices may make a difference to levels of anxiety among children.

Chapter 3 seeks to build a deeper understanding of children's experiences of anxiety in the classroom through an exploratory qualitative study. In it, I explore the main causes and contributors to elevated anxiety in school as perceived by parents, children, and school staff. I also explore what staff do that might make anxiety worse, and what staff can do in their day-to-day teaching to make it better.

Chapter 4 documents the process of creating the prototype training session. In this chapter, I demonstrate how the findings from background literature, what we know to be successful clinically, the outcomes of my systematic review (Chapter 2), and my qualitative interview study (Chapter 3) were used to inform the design of the training prototype. This chapter also incorporates findings from the qualitative interview study specifically related to primary school staff views on staff training focused on managing and minimising anxiety problems

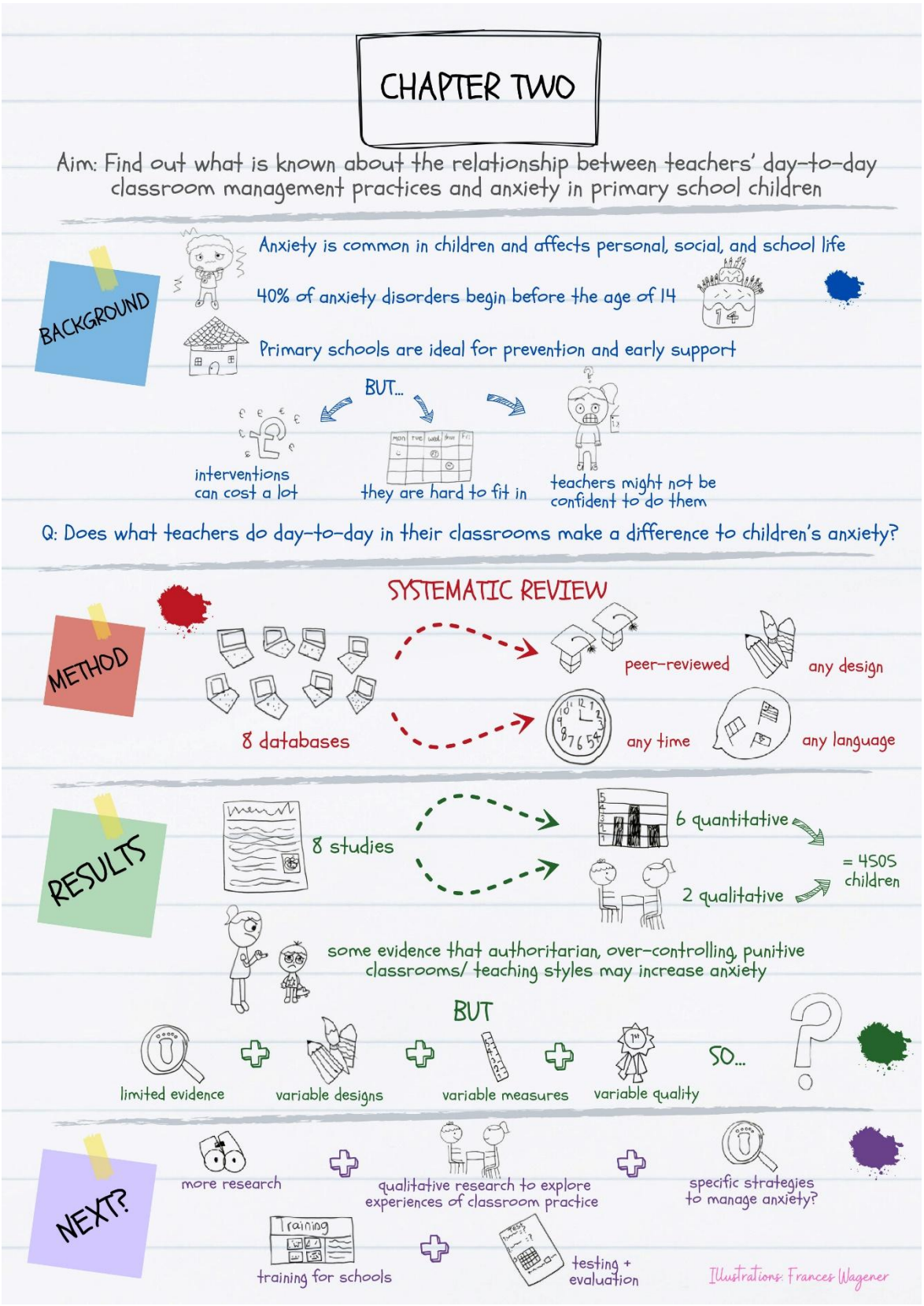
in schools. It also explores their ideas on the potential format, content, and target audience for training. In addition, I draw on existing evidence on what is known about effective professional development for school staff and successful implementation to inform the initial design.

Chapter 5 outlines how practitioner-informed design was used to further develop and refine the training in preparation for the feasibility study. Implementation frameworks (the COM-B model of behaviour change and the i-PARIHS framework) guided both the semi-structured interviews, and my analysis of the data. Findings presented include practitioner recommendations for revisions/additions to the training, their views on what makes training 'successful', the relevance and fit of my proposed training to both individual and organisational priorities, and also explore their views on the support that would be needed during the trial phase to make successful implementation more likely.

Chapter 6 provides a detailed account of the delivery and evaluation of the novel practitioner-informed *Managing Anxiety in Primary Schools* training for school staff. Acceptability and feasibility of the training content and delivery is explored, as is whether the strategies and ideas presented can be used and implemented by school staff in their day-to-day teaching. I also explore whether there are any initial indications that the training may make a difference to children's anxiety and experiences of being in the classroom.

Chapter 7 provides an overview of the findings of this thesis, discusses its strengths and limitations, and considers the implications of its findings for both practice and research.

Chapter Two


CHAPTER TWO
Aim: Find out what is known about the relationship between teachers' day-to-day classroom management practices and anxiety in primary school children
BACKGROUND
Anxiety is common in children and affects personal, social, and school life
40% of anxiety disorders begin before the age of 14
Primary schools are ideal for prevention and early support
BUT...
interventions can cost a lot
they are hard to fit in
teachers might not be confident to do them
Q: Does what teachers do day-to-day in their classrooms make a difference to children's anxiety?
METHOD
SYSTEMATIC REVIEW
8 databases
peer-reviewed
any design
any time
any language
RESULTS
8 studies
6 quantitative
2 qualitative
= 4505 children
some evidence that authoritarian, over-controlling, punitive classrooms/ teaching styles may increase anxiety
BUT
limited evidence
variable designs
variable measures
variable quality
SO...
NEXT?
more research
qualitative research to explore experiences of classroom practice
specific strategies to manage anxiety?
training for schools
testing + evaluation
Illustrations Frances Wagener

Chapter Two

The relationship between teachers' day-to-day classroom management practices and anxiety in primary school children: A systematic review

2.1 Introduction

As described in Chapter 1, there is some evidence from existing research to indicate that the way teachers manage their classrooms – including teaching styles and behaviours, classroom layout and organisation, the use of rules and procedures, proactive discipline, rewards, praise, and feedback – can all have an impact on children. Research studies to date, however, have primarily focused on outcomes related to the impact of these practices on academic performance, engagement, or behaviour. While some studies have also identified potential links with social and emotional outcomes, evidence here is very limited and, importantly, the extent to which such classroom practices might have an impact specifically on children's anxiety remains largely unexplored.

To address this, and to ensure that any decisions or recommendations made in relation to practice or policy were informed by understanding that was current and complete, I conducted a systematic review to explore this apparent gap in the literature in more detail. This chapter provides a full account of that process and its findings.

2.2 Aims and objectives of this review

This systematic review aimed to establish what is known about the relationship between teachers' classroom management practices and anxiety in primary school children, with a view to determining which, if any, practices may make a difference to levels of anxiety among children. Findings from this review, in conjunction with outcomes from later research

phases, were then used to guide, justify, and inform the development of training for school staff on managing anxiety in primary schools.

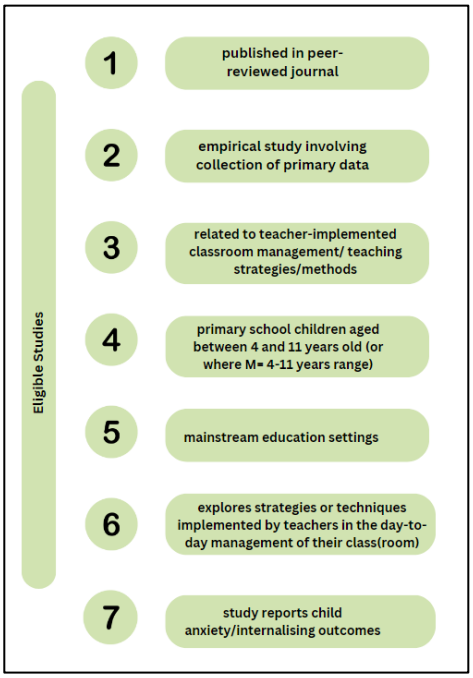
2.3 Method

This systematic review was conducted in accordance with the methods outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Page et al., 2021) and was registered prospectively with the International Prospective Register of Systematic Reviews (PROSPERO) available at: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021216651.

2.3.1 Eligibility criteria

My initial inclusion and exclusion criteria were independently piloted and refined through discussion by two reviewers (HM/ET) using a sub sample of papers. Studies were deemed eligible for inclusion if they met the criteria outlined in figure 2.1:

Figure 2.1 *Overview of eligibility criteria*



A more detailed rationale for inclusion and exclusion is provided below (with further information in Appendix 2.1 Table 1).

2.3.2 Intervention type

To be included in this review, studies had to focus on the association between whole-class day-to-day class(room) management strategies, methods, or techniques (for example, teaching styles, classroom and resource organisation, use of behaviour charts), and anxiety in primary school children. These strategies, methods, or techniques had to be implemented with the whole class, in a mainstream primary school classroom setting during the course of a normal school day, and be implemented by the class teacher (or by other class-based personnel under the direction of the class teacher, e.g., teaching assistants). The methods, techniques, and strategies used had to be transferrable. Studies that assessed strategies implemented as part of stand-alone lessons or in the teaching of a particular subject (e.g. Personal, Social, Health and Citizenship Education (PSHCE), Maths) or short-term interventions delivered over a specified number of sessions/weeks were excluded, as were those reporting on extra-curricular programmes, after-school sessions or home-based activities. Studies were also excluded if they focused specifically on test-induced anxiety, or on transitions between schools or major transition points within schools. Due to their highly personalised nature, studies related to the use of individual education or behaviour plans developed for specific pupils following, for example, functional behavioural assessments, were excluded. Studies were also excluded if they assessed management strategies not under the teacher's control (e.g. matching for race/gender, segregation by sex or altering class size/year group).

2.3.3 Participants

Participants were children aged 4-11 years inclusive, taught in mainstream/general education settings. To allow for variation in education systems across countries, studies including some children >11 years of age were included provided participants were taught in a primary school setting and the mean age was 4-11 years. Studies that exclusively focused on children under 4 years of age, or where strategies or techniques were first implemented in preschool and assessed at later time points, for example school readiness programmes, were excluded. Because children who have experienced specific adverse experiences are likely to require specialist therapeutic support that goes beyond the scope of what most schools can offer alone, studies that focused on children exposed to unusual life events, disaster, or trauma were not included. Studies that focused solely on atypically developing children, for example those taught in special schools, alternative provision settings, or children with an identified specific learning difficulty, or a mental or physical disability were excluded, as were studies evaluating outcomes only for children learning English as an Additional Language. However, where studies included data from these children as part of the whole-class population, they were not excluded.

2.3.4 Outcomes

Eligible studies were those that reported on child anxiety measures (e.g. trait anxiety, anxiety symptoms, anxiety problems, anxiety disorders, or internalising/emotional symptoms) or, in the case of qualitative research, those that contained specific references to children's anxiety outcomes. Child anxiety measures/outcomes could be reported by teachers, parents, and/or children. Studies that used measures which included a global mental health score (e.g. Strengths and Difficulties Questionnaire (SDQ) Total Difficulties (Goodman,1997)) were

excluded unless it was possible to isolate and extract separate anxiety or internalising outcomes.

2.3.5 Study design

Eligible studies could use any empirical design and were published in peer reviewed journals on any date, in any language. Studies did not have to include a control or comparator, but where a control/comparison was included, the target strategy could be compared to passive controls (e.g. wait-list), active control (e.g. other school-based technique), or usual school practice. Studies that analysed secondary data (meta-analyses, systematic reviews) or that did not contain empirical data, for example editorials, guidance and planning documents, protocols, commentaries, resources, and textbooks were excluded.

2.3.6 Information sources

Potential studies were identified using the following electronic databases: Applied Social Sciences Index and Abstracts (ASSIA) (ProQuest), British Education Index (EBSCO), Education Abstracts (EBSCO), EMBASE (Ovid), ERIC (EBSCO), MEDLINE (Ovid), PsycINFO (Ovid) and Scopus. All searches were carried out in December 2020 and subsequently rerun on all databases in June 2022 (with the start date set at Dec 2020) to include any eligible studies that had been published in the interim.

2.3.7 Search strategy

Terms and keywords identified in the background literature were used to create a preliminary list of search terms which was then piloted, modified, and developed with colleagues and information librarians using thesauri, truncation, and additional terms linked

to the target intervention, participant population, setting, and outcomes. Specific search terms are provided in Table 2.1:

Table 2.1 *Search terms*

FIELD 1	AND	**FIELD 2**	AND	**FIELD 3**	AND	**FIELD 4**
class*	"	manag*	"	primary*	"	anxi*
teacher*	"	strateg*	"	elementary*	"	mutism
school*	"	intervention*	"	junior*	"	phobi*
		technique*	"	infant*	"	fear*
		program*	"	k-5	"	panic*
		policy	"	"k - 5"	"	agoraphobi*
		policies	"	k-6	"	internali*
				"k - 6"	"	neurotic*
						"mental health"
						wellbeing
						well-being
						emotion*
						behavi*
						externali*
						"social and emotional"

The same search string was used for each platform, with minor modifications as required by each database (see Appendix 2.2).

When creating any search strategy, the balance between sensitivity and specificity (Petticrew & Roberts, 2006, p.81) is always delicate. Sensitive searches include a high number of distinct search terms and can therefore reduce the risk of missing relevant studies. However, because some terms may only be loosely related to the subject in question, sensitive searches also increase the potential of identifying studies that are completely irrelevant. The nature of specific searches, with their much narrower search terms, may reduce the likelihood of obtaining irrelevant literature, but studies that ought to be included may well be missed.

I used a number of databases to pilot my agreed strategy. The large number of irrelevant records returned indicated that my broad search was very sensitive. This would have obvious implications for screening. However, as I anticipated that relevant studies would be few in number, or that measures related to anxiety may only be reported as secondary outcomes (in, for example, studies linked to externalising behaviours), I considered it prudent to conduct a broad, sensitive search, despite its screening implications.

2.3.8 Selection process

Retrieved records from all databases were deduplicated and uploaded to Rayyan (Ouzzani et al., 2016) and the titles and abstracts of potential studies were independently screened by two reviewers (HM/ET). Studies published in languages other than English were initially screened using DeepL Translator (https://www.DeepL.com/translator) and abstracts of potentially relevant studies were checked against inclusion criteria by speakers fluent in that language. Studies that did not meet at least one of the inclusion criteria were excluded. Inter-rater agreement was good (k=0.77). Disagreements were resolved through discussion or by a third reviewer where necessary (CC/TR). The full texts of studies that could not be excluded on the basis of the information contained in the title and abstract were then retrieved and screened independently by two reviewers (HM/ET). Any that did not meet all inclusion criteria were excluded. Primary reasons for exclusion were documented in each case. Discrepancies in decisions when screening full texts were again resolved through discussion or with input from a third reviewer (CC/TR). On occasion, papers were not readily available, and authors were contacted directly to request the paper. All requests were successful. Hand searches of reference lists from eligible reports were also conducted to identify potentially relevant research. Studies which satisfied all criteria were included in my review.

2.3.9 Data extraction process

I extracted data from included studies using a bespoke data extraction sheet. All extracted data were checked by a second reviewer for accuracy (TR). Data extracted related to the following: Study Characteristics (e.g. author, title, design, research question/focus, location, outcome measures, informant); Participant Information (e.g. number, age range, gender) and Study Results (e.g. reported outcomes/summary findings for anxiety). Corresponding authors were contacted by email for any missing information.

2.3.10 Study risk of bias assessment

As noted by Gorard (2014), when synthesising evidence, it is not sufficient to account only for outcome. Assessing study quality, defined here as the steps taken in a study to consciously reduce bias related to design, procedure, and analysis (Khan et al., 2003), for both rigour and relevance (Greenhalgh & Brown, 2014) is critical to ensure that any conclusions reached, or any decisions made, on the basis of their outcomes are reliable. Many organisations insist on adherence to very stringent methodological standards when approving studies for reviews. Those that do not include randomisation or quasi-randomisation, for example those conducted by the What Works Clearinghouse (WWC, 2022), are often automatically excluded. On one level, this rightly assures that outcomes are more likely to be credible. Yet, to exclude other study designs is potentially to preclude a broader view of what is known about a given subject.

Before conducting my search, I did not know what, if anything, I was likely to encounter in terms of research into classroom management strategies and techniques for anxiety. In addition, studies that use highly robust designs, while increasing, are still somewhat rare in UK-based educational research (Connolly, 2015). Thus, I opted to include all studies

initially, irrespective of design – something that that Slavin (1986, p.5) terms a "best evidence synthesis" – on the basis that this would allow me to consider all available evidence in order to "cautiously examine the less well-designed studies to see if there is adequate unbiased information to come to any conclusion" (Slavin 1986, p.6). While, by including studies that are not solely of high quality, such a synthesis may not permit me to draw firm conclusions about the impact of any one strategy or approach, it may at least provide some indication of possible areas for future research. To determine whether or not the standards of adequacy, rigour, and relevance highlighted by Khan (2003) and Slavin (1986) are met in given studies, some form of quality assessment should take place.

Because a number of different designs were considered eligible, risk of bias/quality was appraised independently by two reviewers (HM/ET) using three different tools, each appropriate to the designs represented in the literature. In contrast to randomised studies, where there *is* a commonly agreed, recommended 'gold standard' assessment tool, non-randomised and qualitative studies provide less guidance on which of the many extant tools is the 'ideal'. To attempt to select the tool most appropriate for each study design, I first analysed various available tools for their relative merits and shortcomings when compared to others (see Appendix 2.3 for an example). Following subsequent consultation with other experienced researchers, and guided by common practice in other similar studies, I took the following approach:

Randomised designs were assessed using the revised Cochrane tool for cluster-randomized trials (Sterne et al., 2019); cross-sectional designs were assessed using the AXIS Appraisal Tool for Cross-Sectional Studies (Downes et al., 2016); and qualitative studies were assessed using the Critical Appraisal Skills Programme (CASP) Qualitative Studies Checklist (CASP,

2022). Each tool provides guidance to assess risk of bias/quality related to a variety of domains appropriate to the design (e.g. recruitment process, sampling, handling/reporting of missing data etc.). The Cochrane tool uses an algorithm linked to responses to questions to give an overall automated assessment of risk of bias. The AXIS and CASP tools require reviewers to assess studies against a number of criteria rated 'yes', 'no', 'can't tell', and to use these to guide them towards an overall judgement. Studies assessed using the AXIS tool were assigned to one of four categories: very low quality (where 4 or fewer of the AXIS criteria were met), low quality (5-9 AXIS criteria met), moderate quality (10-15 AXIS criteria met), and high quality (>15 AXIS criteria met). This approach is in line with assessments made by other researchers using the AXIS tool (Bull et al., 2019). I used the same approach to rate the qualitative studies assessed using the CASP checklist: very low quality (3 or fewer CASP criteria met), low quality (4-5 CASP criteria met), moderate quality (6-8 criteria met) and high quality (9-10 criteria met). A detailed quality/risk of bias assessment is shown in Appendix 2.4.

2.3.11 Effect measures

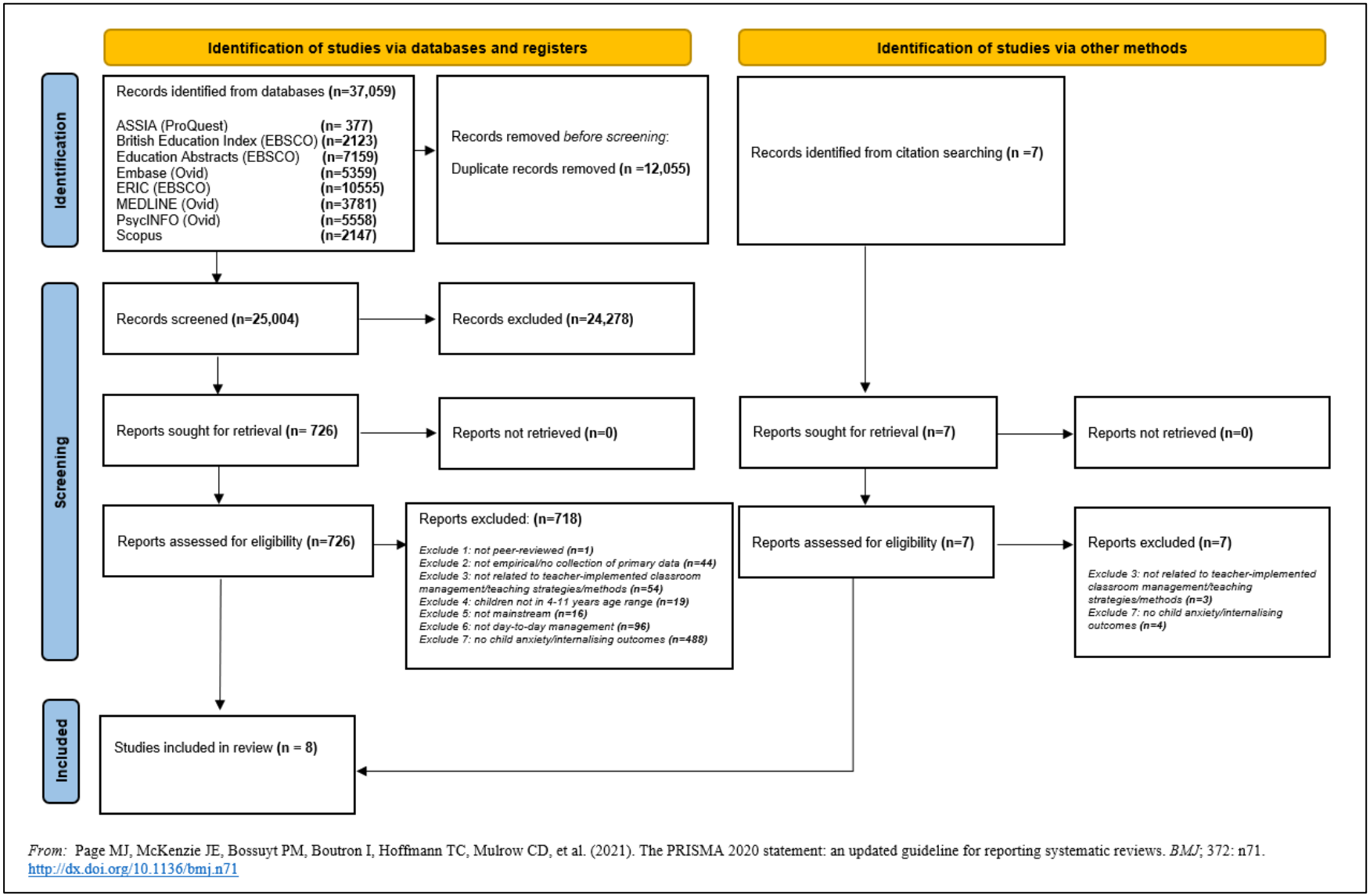
In accordance with the study protocol, I intended to use the effect sizes (Cohen's *d;* Cohen, 1988) published in individual studies or, if this was not reported, to calculate them myself where possible using the statistics as reported in the papers, in order to conduct statistical synthesis of the results of the included studies and generate a summary finding. However, included studies were not of sufficient similarity to permit meaningful statistical synthesis. Thus, I opted to conduct a narrative synthesis (Popay et al., 2006), whereby the characteristics and findings of each study are summarised and considered in relation to other studies in the review.

2.4 Results

2.4.1 Study selection

My initial search retrieved 37,059 records across all databases, of which 12,055 were duplicates. Of the 25,004 studies which remained after deduplication, I was able to exclude 24,278 after screening their titles and abstracts. The full texts of the 726 remaining papers were successfully sourced and screened. I excluded 718 studies at this stage. Hand searches of all relevant papers yielded a further seven potential studies, all of which were subsequently excluded. A total of eight studies met the criteria for inclusion. The study selection process is presented in the PRISMA flow chart in figure 2.2:

Figure 2.2 *PRISMA flowchart of study selection process*



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*; 372: n71. http://dx.doi.org/10.1136/bmj.n71

2.4.2 Description of included studies

Of the eight studies eligible for inclusion in this review, six reported quantitative data, one reported qualitative data, and one was a mixed-methods study, from which I extracted the qualitative data that was relevant to this review. Of those that reported quantitative data, five of the six were cross-sectional/observational in design, and one was a cluster randomised controlled trial (RCT). With one notable exception (Zimmerman,1970), all studies were conducted between 2007 and 2021. An overview of the characteristics of each study, together with a risk of bias rating, is provided in Tables 2.2a (quantitative) and 2.2b (qualitative).

Table 2.2a *Summary of included quantitative studies*

Author	Year	Design	Location	N	Age	Gender	Focus	Measure used	Informant	Quality Rating (no. of AXIS criteria met)
Ford et al.	2019	Cluster RCT	UK	2075 children (1037 intervention; 1038 control)	Reception-Year 4 (4-9 years; M=6.2 years)	*Data not provided*	Evaluated whether TCM improved children's mental health (primary outcome) enjoyment of school and behaviour, whether any impact was sustained and whether TCM was cost effective	Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)	Teacher	High
Hughes & Coplan	2018	Cross-sectional	USA	712 children in 712 different classrooms (taken from archival data from the National Institute of Child and Human Development NICHD Study of Early Child Care and Youth Development (SECCYD) 1998) 1 participant per classroom.	Grade 3 (M=8.53 years)	49.6% (N=353) girls 50.4% (N=359) boys	The interaction of anxious solitude (AS) and classroom climate on academic outcomes (AS was a moderator in the relationship between class climate and engagement (rather than impact of climate on AS)	**Anxious Solitude (AS):** Teacher Report Form (TRF) **Classroom Climate (CC):** Classroom Observation Scale (COS; NICHD,1998)	**AS**= Teacher **CC**= Researcher	High (16)

Kreutzmann, Zander & Hannover	2014	Cross-sectional	Germany	421 children	9-13 years (M=10.79 years)	226 girls, 195 boys	The extent to which the handling of mistakes in class (both by teachers and pupils) is associated with pupil academic and emotional outcomes in primary school	Schu'FekU (Spychiger et al., 2006)	Child	Moderate (14)
LaBillois & Lagacé-Séguin	2007	Cross-sectional	USA	33 children	Grades 2 & 4 M=7.5 years	21 boys, 12 girls	Identified predictive pathways to anxiety from teaching styles with emotional regulation as the moderating variable	Revised Teaching Style Inventory (Grasha,1996); Early Adolescent Temperament Questionnaire-Revised (Rothbart, 1996) Child Behaviour Checklist (Achenbach, 1991)	**RTSI:** Teacher **EATQ-R**: Child **CBCL:** Parent	Moderate (11)

Poulou et al.	2021	Cross-sectional	Greece	662 children	Kindergarten & Grade 1	*Data not provided*	The association between teachers' emotional expressiveness, classroom management and students' social emotional and behavioural competence	Classroom Expressiveness Questionnaire (CEQ) (Mirabile & Kodluboy, 2015) Behavior & Instructional Management Scale (Martin & Sass, 2010; Sass et al., 2016) Social Competence & Behavior Evaluation (SCBE; LaFreniere & Dumas, 1996)	Teacher	High (16)
Zimmerman	1970	Observational	USA	443 students	Grades 3-6	*Data not provided*	The effect of teacher reinforcement on student school anxiety	Interaction Analysis (IA) (Flanders,1960) School Anxiety Questionnaire (SAQ) (Bergan,1968; Dunn,1968)	**IA:** Trained observer **SAQ:** Child	Low (9)

Table 2.2b *Summary of included qualitative studies*

Author	**Year**	**Design**	**Location**	**N**	**Age**	**Gender**	**Focus**	**Measure used**	**Informant**	**Quality Rating** (number of CASP criteria met)
Hargreaves & Affouneh	2017	Qualitative	UK	60 (30 in each class)	Year 3 (7-8 years) & Year 6 (10-11years)	*Data not provided*	Explored how children describe fear in authoritarian classroom and its influence on their learning	1)Whole-class drawing exercise 2)Completing sentences 3) Interviews	Child/ Teacher	Moderate (6)
Kowalski & Froiland	2020	Mixed methods (Cross-sectional/ Qualitative)	USA	99	Kindergarten-Grade 5	48 girls, 50 boys (1 not disclosed)	Examined parent perceptions of classroom management systems in schools with a particular focus on how external rewards and punishments are experienced by children	Online bespoke survey (included open-ended questions where parents commented on how behaviour systems affected children)	Parent	Moderate (7)

2.4.3 Location and educational setting

All data included in this review were collected in high-income countries. One report included data collected from children attending school in a refugee settlement in Palestine (Hargreaves & Affouneh, 2017), however, these data were not included because studies where participants were exposed to unusual life events, disaster or trauma had been excluded. Therefore, only the data pertaining to interviews conducted with children in the UK were relevant to this review. Four of the eight studies were conducted in the USA, one in Germany, one in Greece, and two in the UK. Two studies specifically reported on urban settings (Hargreaves & Affouneh, 2017; Kreutzmann et al., 2014), and one in which the majority of participants were from suburban settings (Kowalski & Froiland, 2020). All studies were conducted in mainstream primary/elementary schools, with three studies making specific reference to school type: private (LaBillois & Lagacé-Séguin, 2007), public (Poulou et al., 2021), and state (Hargreaves & Affouneh, 2017).

2.4.4 Participants

Included studies represented a total of 4,505 children. Participant numbers varied widely across studies, from 33 (LaBillois & Lagacé-Séguin, 2007) to 2,075 (Ford et al., 2019). The number of schools recruited for each study also varied considerably. Two studies focused on data collected from a single school (Hargreaves & Affouneh, 2017; LaBillois & Lagacé-Séguin, 2007), one using data from three schools (Zimmerman,1970), one from 80 schools (Ford et al., 2019), and one from 165 schools (Poulou et al., 2021). The three remaining studies reported data in terms of how many classrooms or states, rather than schools, were represented in the sample. The study conducted by Hughes & Coplan (2018) drew on a subset of archival data taken from the National Institute of Child and Human Development (NICHD) Study of Early Child Care and Youth Development (SECCYD).

Year groups recruited from schools ranged from Reception/Kindergarten to Year/Grade 6. One study (Kreutzmann et al., 2014) included older children up to 13 years old, but as the mean age reported was 10.79 years, it was still eligible to be included in my review. For those studies that reported on gender (Hughes & Coplan, 2018; Kowalski & Froiland, 2020; Kreutzmann et al., 2014; LaBillois & Lagacé-Séguin, 2007), the male/female split was relatively even in all cases bar one (LaBillois & Lagacé-Séguin, 2007) where 21 boys and 12 girls were included in the study.

2.4.5 Study focus

The specific manner in which studies considered the relationship between classroom management or teaching practices and anxiety varied between studies. Five of the eight studies considered the impact of teaching styles/teacher behaviours/teachers' expressed emotions on anxiety/anxious behaviour. Kowalski & Froiland (2020) explored parent perceptions of teachers' use of extrinsic rewards and punishments and its impact on their children. Kreutzmann et al. (2014) investigated how teachers' responses to errors (that is how 'friendly' they are towards mistakes at the class level) can affect children's self-efficacy, fear of making mistakes, enjoyment of learning, and their engagement. LaBillois & Lagacé-Séguin (2007) aimed to identify whether different teaching styles predicted parent-reported anxiety levels in children. Poulou et al. (2021) examined whether emotions expressed by teachers (both positive and negative) and their classroom management practices were associated with children's social-emotional and behavioural competence. Zimmerman (1970) considered the effects of teacher reinforcement (i.e. acceptance of feelings, praise and encouragement) on students' anxiety. Two of the remaining studies looked at the wider aspect of class climate. Hughes & Coplan (2018) considered the importance of classroom climate for anxious children, examining the links between anxious

solitude (defined as solitary behaviours or withdrawal linked to social anxiety, hesitation to initiate and difficulty in maintaining peer relationships) and classroom climate (i.e. the emotional support offered by teachers and the instructional practices they use in the setting). This study explored interrelations between these two variables and engagement, achievement, and gender. Finally, one study investigated what children fear in the classroom, what they perceive happens to them and their learning when they are fearful, and their suggestions as to how fears might be overcome or addressed (Hargreaves & Affouneh, 2017), and one study examined the impact of a classroom management training intervention for teachers on children's mental health, enjoyment of school, and behaviour (Ford et al., 2019).

2.4.6 Outcome measures

Measures of anxiety outcomes differed across all studies. Quantitative studies used published questionnaires relating to child anxiety/internalising symptoms or behaviours. Zimmerman (1970) used the School Anxiety Questionnaire to assess state anxiety in contexts relating specifically to test, report card and performance anxiety, Kreutzmann et al (2014) used a questionnaire on mistake culture to assess students' fear responses, Hughes & Coplan (2018) used selected items from the Teacher Report Form (TRF) relating to social anxiety/withdrawal, and three studies used broader measures of internalising/emotional symptoms, namely the Child Behaviour Checklist (CBCL) (LaBillois & Lagacé-Séguin, 2007), the Social Competence and Behaviour Evaluation (Poulou et al., 2021), and the Strengths and Difficulties Questionnaire (Ford et al., 2019). The two qualitative studies used bespoke measures including an open-ended online survey, drawing, and sentence-completion exercises and interviews.

Informants also varied across studies, with four of the eight studies using multi-informant reports, and four relying on a single informant. Only one study (Ford et al., 2019) reported follow-up outcomes at 9, 18 and 30 months. While Zimmerman (1970) reported an outcome for a second timepoint, this was used to check test-retest reliability rather than to report changes in participants' anxiety outcomes over time.

2.4.7 Quality assessment

Included studies were of variable quality. One study was assessed as low quality, four were moderate, and three were high. Generally, the quality of studies was difficult to assess, with 'can't tell' ratings frequently applied across assessment criteria because of insufficient information provided in papers. Notably, the three studies that were rated 'high' provided substantial detail in their reporting compared to other studies and yet, even then, only one study (Ford et al., 2019) satisfied all relevant assessment criteria. Overall, the body of relevant evidence is weak to moderate in quality.

2.4.8 Overall findings

A summary of results for each of the included studies is provided in Tables 2.3a (quantitative) and 2.3b (qualitative):

Table 2.3a *Summary of results from quantitative studies*

Study	Summary Finding	Effect Size (d)
Ford et al. (2019)	Effect of TCM intervention on emotional outcomes on SDQ: At 9 months: TCM Mean (S.D.) = 1.3(1.9); Control Mean (S.D.) = 1.5 (2.2) Adjusted Mean Diff = -0.3, p = 0.14 At 18 months: TCM Mean (S.D.) = 1.7(2.2); Control Mean (S.D.) = 1.6(2.1) Adjusted Mean Diff = 0.1, p = 0.63 At 30 months: : TCM Mean (S.D.) = 1.6(2.1); Control Mean (S.D.) = 1.6(2.1) Adjusted Mean Diff = -0.005, p = 0.98	 0.10 0.05 0
Hughes & Coplan (2018)	Partial correlation between anxious solitude (AS) and classroom climate (controlling for socioeconomic status): r = - 0.06, p >0.05	0.12
Kreutzmann, Zander & Hannover (2014)	Association between fear of error (FA) and perceived error-friendliness of teacher (FF): r = - 0.14, p>0.05	0.28
LaBillois & Lagacé-Séguin (2007)	Association between personal or delegator style and parent-reported child anxiety: beta not reported, p >0.05 Association between expert teaching style and parent-reported child anxiety: β −0.43, p >0.05 Association between facilitator teaching style and parent-reported child anxiety: β -0.31, p >0.05 Association between formal authority teaching style and parent-reported child anxiety: β= -0.14, p >0.05	**Could not be calculated***
Poulou et al. (2021)	Association between teachers' positive emotional expressiveness and anxiety/withdrawal: r = - 0.21, p=0.02	0.43
	Association between teachers' negative emotional expressiveness and anxiety/withdrawal: r = - 0.11, p=0.3	0.22
	Association between teachers' behavioural management and anxiety/withdrawal: r = 0.10, p=0.4	0.2
	Association between teachers' instructional management and anxiety/withdrawal: r = 0.05, p=0.8	0.1
Zimmerman (1970)	Association between teachers' Reinforcement - Punishment index and class mean SAQ: r = -0.40, p<0.05 (T1) and r = -0.53, p<0.05 (T2)	0.87 (T1); 1.25 (T2)
	Association between teachers' Praise – Criticism index and class mean SAQ: r = - 0.42, p<0.05 (T1) and r = - 0.37, p>0.05 (T2)	0.93 (T1); 0.80 (T2)

**Authors were contacted to request additional data to permit calculation of effect size, but relevant data were no longer available.*

Table 2.3b *Summary of results from qualitative studies*

Study	Summary Result
Hargreaves & Affouneh (2017)	Authors reflected that authoritarian; over-controlled classrooms lead to fear which obstructs desirable learning. Children reported feelings of fear, tension, pressure, and hesitancy. Children also reported their fears of looking stupid (even in collaborative/small groups), disappointing the teacher, provoking disapproval – including punishment and shouting (even overhearing shouting elsewhere), being singled out/publicly questioned/put in embarrassing situations, getting a red card, being sent to senior staff, and having written accounts of offences sent to parents. They also reported worries over being kept in at break, moved away from friends, working in prescribed groupings, speaking in front of others, and fear of competition.
Kowalski & Froiland (2020)	Controlling systems and teacher-imposed rewards/consequences (e.g. behaviour charts, online programmes with points to be won/lost, token economies etc.) were felt to induce anxiety and contribute to negative experiences in school (including feeling singled out, picked on, afraid of being in trouble, being overly critical of self, school anxiety, unnecessary grief, and public shame)

Quantitative studies examining the association between children's anxiety outcomes and classroom climate (Hughes & Coplan, 2018) or teaching styles/behaviours (Kreutzmann et al., 2017; LaBillois & Lagacé-Séguin, 2007) reported small effects, with the exception of one low quality study that reported large effects for the negative association between teacher use of reinforcement and praise, and student school anxiety levels (Zimmerman, 1970). Kreutzmann et al. (2017) found a positive association between the 'mistake friendliness' of the teacher and reductions in children's fear, although this 'mistake friendliness' was more likely to result in children viewing mistakes more positively rather than wholly removing fears about making them.

In their examination of teaching styles, LaBillois & Lagacé-Séguin (2007) also found that higher 'formal authority' was associated with higher child anxiety, with a small effect. This is echoed in the study by Poulou et al. (2021), which found a small positive association between teachers' use of more controlling, teacher-centred behavioural/instructional management approaches and children's anxious/withdrawn behaviour. Teacher-reported anxious/withdrawn behaviour was lower in students whose teachers had rated themselves highly on positive expressiveness compared to negative expressiveness, but again, with small effects. The single RCT (Ford et al., 2019) evaluated the effectiveness of a teacher classroom management training programme compared to usual practice, and found negligible or no difference between groups on teacher-reported child emotional symptoms at the 9-month, 18-month or 30-month follow-up. Both qualitative studies suggested that authoritarian, overcontrolling, and punitive teaching approaches are perceived by parents and children to contribute to children's anxiety and fear.

2.5 Discussion

This review synthesised existing available evidence on the relationship between teachers' classroom management practices and primary-school aged children's anxiety, with a view to determining whether the body of research can guide decisions about policy and practice, and potential targets for training in relation to classroom management practices.

The findings highlighted that there is currently a paucity of research relating to classroom management practices and their effects on anxiety in primary school children. I identified just eight studies for inclusion in the review. Together, these suggest that more authoritarian classrooms, punitive teaching styles, teacher-centred management practices, negative teacher affect, and behaviours that are less tolerant of mistakes may be associated with higher levels of child anxiety. Likewise, there is some suggestion that teachers who are more outwardly positive towards their students, more emotionally supportive, and who make use of less controlling, student-centred management practices may create a safe, secure, positive, and caring environment in which students feel less anxious. Overall, included quantitative studies found only small, non-significant effects in terms of the association between classroom management and children's anxiety, and, as the majority were cross-sectional, firm conclusions over any causal links between the factor examined and its outcome on children cannot be drawn. In addition, results were inconsistent across studies, and missing data meant that it was not possible to calculate the effect size for key associations for all studies. This places further limits on reaching clear conclusions.

The one randomised controlled trial included in this review was also the only study to assess associations between classroom management practices and emotional outcomes over time, and notably, was the only study to evaluate an intervention aimed at teachers. This study

evaluated the effectiveness of 'Teaching Classroom Management (TCM)' (Webster-Stratton, 1994) on improving emotional and behavioural problems in primary school children. While it found small but statistically significant improvements on the SDQ total difficulties score at 9 months, these were not maintained at 18 and 30 months. No significant effects were found specifically for emotional symptoms. This leads me to question whether a different approach to classroom management training might be required to maximise the effects of any such training on emotional symptoms. The distinct lack of intervention studies found in my search to assess the effects of classroom management, or indeed any that assessed outcomes linked to specific teaching strategies, again makes conclusions about useful and effective practices hard to establish and recommendations difficult to formulate.

Included studies varied widely in terms of quality and design, and, notably, in many cases, findings related to children's anxiety were incidental or secondary to the study's main focus. Furthermore, while qualitative studies indicated behaviours and practices that were considered unhelpful, none of the included studies provided much, if any, insight into specific strategies and techniques that can and should be used by teachers to make a measurable difference to children's anxiety. This limits any specific recommendations for practice based on existing evidence. The considerable heterogeneity in anxiety-related measures used across studies limits meaningful synthesis of findings. Although four of the eight studies made use of multi-informant reporting, as recommended (Polanczyk et al., 2015), studies often used measures (or subscales of wider measures – often adapted to suit their own purposes) that assessed emotional/internalising problems (e.g. SCBE, SDQ) which, while a helpful indicator, may not adequately pinpoint anxiety outcomes specifically. Only one study (Zimmerman, 1970) used a measure which focused entirely and specifically on measures of school-related anxiety (the School Anxiety Questionnaire), however, this

only measured state anxiety linked to report cards, recitation, tests, achievement, and failure, which given the study's wider focus on the effects of teacher reinforcement, seems somewhat limited. Indeed, no two studies used the same measures to assess outcomes. This variation in measures used, the specific foci of the different studies, and the ways they are reported, make it difficult to synthesise findings. Going forwards, it will be important to establish a clear consensus over which scales are most adequate and most reliable as specific classroom-based measures of anxiety.

The geographical scope of studies included in this review was limited. Four out of the eight studies were conducted in the USA, and, as all data included in this review were taken from research conducted in high income countries, with different educational systems, it is unclear whether findings are relevant in other countries or contexts.

Clear and precise definitions of what exactly is meant by 'classroom management'– what it is, and by extension, what it is not – have (as already noted in Chapter 1) historically been difficult to establish (Hoy & Weinstein, 2006; Oliver et al., 2011). There is a clear consensus that procedural and disciplinary elements of classroom life to maintain productivity and order (Egeberg et al., 2016) (e.g. rules, routines, consequences, organisation) are part of that management process. Yet it is perhaps this focus on procedure and discipline that has resulted in the concept of 'classroom management' often being synonymous with 'behaviour management', possibly to the exclusion of other meanings. There is debate around whether or not other aspects, for example instructional practices, interactions and communication should also be included (Manning & Bucher, 2013), and indeed whether classroom management actually encompasses 'everything a teacher does' (Sieberer-Nagler, 2016, p.163). It is worth considering whether the terms used to describe it should also change to

reflect the wider focus, for example using the term ‘classroom practice’ rather than simply ‘management’ which brings with it historically-ingrained associations with behaviour. If the definition of ‘classroom management’ is broadened in this way, there is potential for a wider examination of influences, and a fuller understanding of how schools might develop their classroom practices to support those with anxiety difficulties.

2.6 Recommendations

Further research into classroom management practices and their specific impact on anxiety outcomes for primary school children is clearly needed as a matter of urgency to allow school leaders, teachers, and support staff to make informed decisions over how to adapt their existing practice to provide low-cost, easy-to-implement, and sustainable methods of responding to the increasing needs of children in school. To achieve this, I recommend that future research include qualitative studies to explore experiences of classroom practices and approaches which, along with theoretically driven work, can inform specific strategies that teachers and other school staff can use to help manage and minimise anxiety in primary school children. Findings from this review suggest some strategies and approaches that could be investigated further include positive approaches to praising and rewarding behaviour and academic work, warm and open interactions with children, and positive and constructive responses to mistakes, including helping children to problem solve following mistakes, or in moments of difficulty or challenge. I then recommend that these are evaluated in trials that use longitudinal methods and sufficiently well-powered, randomised controlled designs to assess the effects of different classroom practices on anxiety in children. In school-based settings, studies that randomise at the school level, rather than at the individual level, may be practically and logistically more feasible. Should randomisation not prove feasible, then studies should use alternative designs which ensure that theoretical and systematic

differences between comparison groups are well-balanced, and which acknowledge, minimise and, where possible control for, relevant confounders. Implementation and process evaluation studies will be required to run alongside these approaches to maximise their impact on practice. Due consideration should also be given to appropriate measures that best reflect the anxiety outcomes in children and adequately capture the specific classroom practices and strategies being investigated.

2.7 Strengths and limitations of search strategy and selection process used for this review

I used a clear and rigorous search strategy, based on broad search terms, and subject to precise inclusion and exclusion criteria. The inclusion of multiple terms for the same concept, my decision to include wider references to different internalising and behaviour terms, and not to limit by study design, publication date or publication language, allowed a very broad search which maximised the potential for me to retrieve relevant material that may otherwise have been excluded. That said, the complex nomenclature and lack of definition around 'classroom management' as a construct, while mitigated by the inclusion of multiple terms of reference, may still have led me to miss some relevant studies. Double screening of all search results at both title and abstract stage and when examining full text articles ensured robust screening and selection. While I am satisfied that this review offers a true reflection of the best available published evidence given the predetermined criteria to which it was subject, decisions to include only peer-reviewed studies, while commonplace, may have inevitably led to the omission of some relevant and useful material.

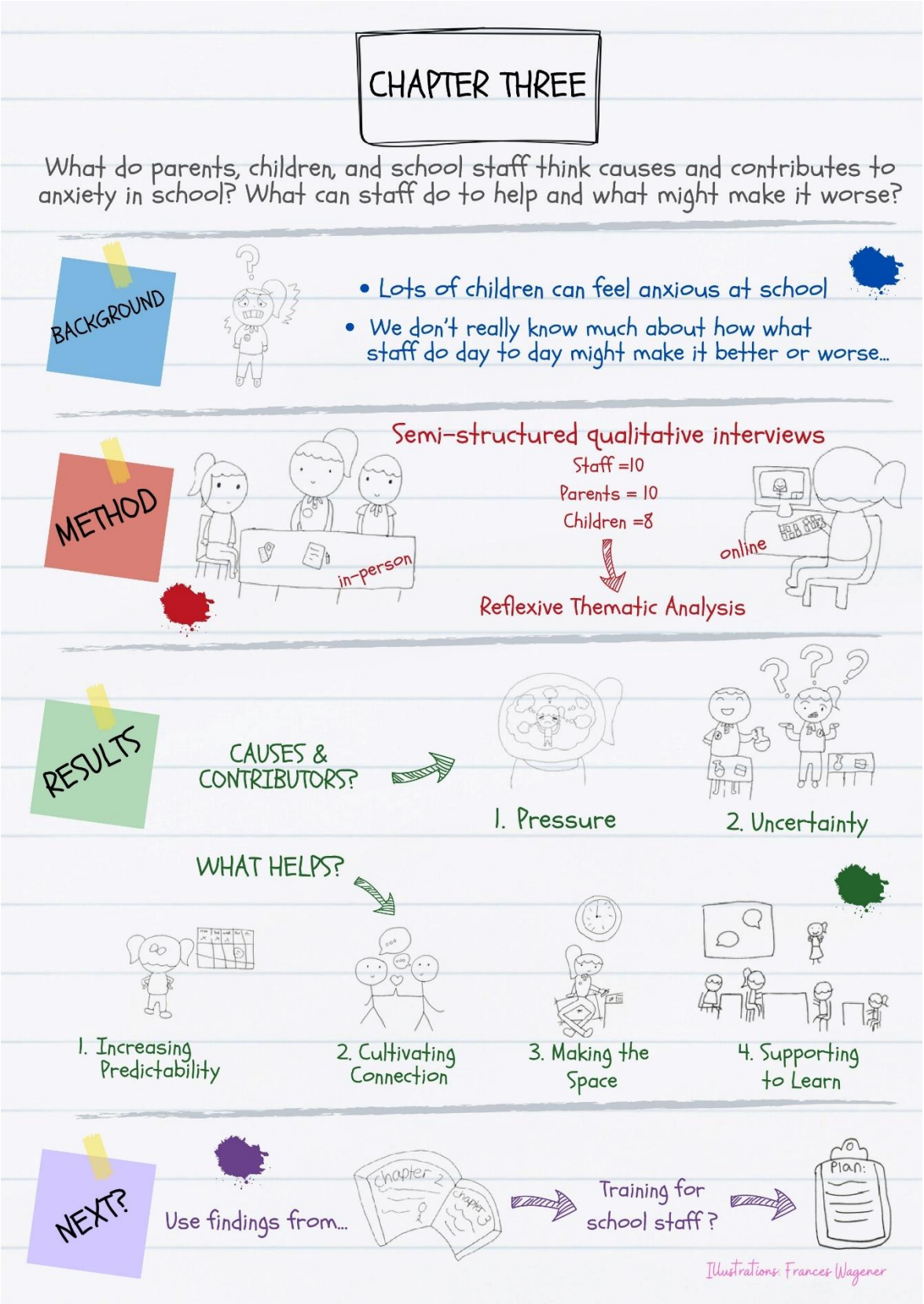
2.8 Summary and conclusions

Despite the impetus for schools to invest in supporting the mental health needs of children (including those with anxiety problems), budgets are tight, the school day is busy, and staff

time is limited. As highlighted by Moore et al. (2022), there are many barriers to sustaining formal mental health interventions in educational settings, so it is imperative that primary schools find other, less resource-intensive means designed intentionally to support those who need it. This review has revealed that, for primary schools looking to determine how existing classroom practices can be used to better support children with or at risk of anxiety problems, there is currently scant evidence to suggest how this might be done effectively on a day-to-day basis. Where research has taken place, it is rarely of the type or quality that would allow for confident causal inferences.

Future research should focus on whether specific, feasible, day-to-day strategies can be used by school staff to effectively manage and minimise children's anxiety problems and if so, how, and by what means, school staff can best be supported and equipped to deliver these strategies.

Chapter Three



Chapter Three

"It's all too much!" The pressure and uncertainty of the primary school classroom: A qualitative exploration of staff, parent, and children's perspectives on anxiety in the classroom - what helps and what really doesn't?

3.1 Introduction

There is a currently a paucity of research examining the relationship between classroom practice and primary school children's anxiety (Manley et al., 2023). School staff also report a lack of confidence and knowledge in how best to support children with anxiety difficulties (Dray et al., 2017; Graham et al., 2011; Shelemy et al., 2019), and competing demands which make any interventions difficult to schedule and sustain (Rothì et al., 2008; Moore et al., 2022). Further investigation into classroom approaches that may either be beneficial or detrimental in relation to children's experiences of anxiety is therefore of clear importance.

This exploratory qualitative study used a multi-perspective design (Larkin et al., 2019) to explore and understand:

a) what (as perceived by children, parents, and school staff) may cause and contribute to children's anxiety in the primary school setting, including how the actions and behaviours of school staff (intentional or otherwise) in their day-to-day classroom practice might exacerbate that anxiety (research question 1)

b) how the actions and behaviours of school staff (intentional or otherwise) might help to alleviate, minimise, or manage it (research question 2).

3.2 Method

This study, including procedures for consent, assent, interviewing, recording, transcription, and use of data, was approved by the University of Oxford Medical Sciences Division Ethics Committee (REC Reference: R76476/RE001) (Appendix 3.1).

3.2.1 Sampling

For this study, I sought to recruit primary school staff, parents of primary school-aged children, and children currently being taught in mainstream primary schools, to explore their views, insights, and perspectives on either experiencing anxiety in the school setting (children), or supporting/working with children who experience anxiety in school (parents and school staff). Qualitative research aims to identify and select individuals or groups relevant to the research question who, together, enable detailed exploration and understanding of central themes and questions that researcher wants to study (Bryman, 2012), and who are most likely to provide rich data linked to a given research question (Clarke & Braun, 2013; Patton, 2015). To achieve this, I developed a sampling frame identifying potential key characteristics of interest to this study (figure 3.1) with the aim of recruiting a small, purposive sample of participants who closely matched these criteria.

Figure 3.1 *Sampling frame*

Sampling Frame

School Level

	1-form entry	2-form entry	>2-form entry
High Socio-Economic Status Area			
Low Socio-Economic Status Area			

Parents

	Early Years Foundation Stage	Key Stage 1	Lower Key Stage 2	Upper Key Stage 2
Parent-reported anxiety				
Child anxious often				
Child anxious sometimes				
Child never anxious				
Gender				
Male				
Female				
Other				
Ethnicity				
Asian				
Black				
White				
Other				
Level of Education				
No formal				
GCSE/A Level				
Higher Education				
Other				
Socio-Economic Background				
Child eligible for free school meals				
Child not eligible for free school meals				
Special Educational Needs/Disabilities (SEND)				
Child SEND				
Child no SEND				

Children

	Year 2	Year 3	Year 4	Year 5	Year 6
Parent-reported anxiety					
Child anxious often					
Child anxious sometimes					
Child never anxious					
Gender					
Male					
Female					
Other					
Ethnicity					
Asian					
Black					
White					
Other					
Socio-Economic Background					
Child eligible for free school meals					
Child not eligible for free school meals					
Special Educational Needs/Disabilities (SEND)					
Child SEND					
Child no SEND					

School Staff

	Head/Senior Leadership	Early Years Foundation Stage	Key Stage 1	Lower Key Stage 2	Upper Key Stage 2
Role in School					
Leadership					
Teacher					
Teaching Assistant					
Other					
Gender					
Male					
Female					
Other					
Ethnicity					
Asian					
Black					
White					
Other					
Years' Experience					
0-1					
2-4					
5-9					
11-15					
10-14					
15-19					
20+					
Self-reported experience of working with children with anxiety					
Lots					
Some					
None					

Potential schools were identified from existing networks, national databases, and in two cases, via my own professional contacts.

3.2.2 Recruitment

I sent recruitment information (adverts and invitation letters) (Appendix 3.2) by email to headteachers of 16 primary schools. From this initial sample, five schools expressed an interest in participating, three declined to participate, and eight did not respond. I then contacted all headteachers who expressed an interest in participating by telephone to discuss the study further, to answer any initial questions, and to seek written informed consent for the school to participate (Appendix 3.3). On completion of this consent procedure, recruited schools were then asked to send adverts and study information (including participant information sheets) (Appendix 3.4) to all families and relevant staff, by email or letter, in accordance with their usual communication practices.

Staff and parents were asked to register their interest in participating in the study via a link to an online platform, or in paper form (provided to schools by email) (Appendix 3.5), and were asked to provide some initial demographic information for sampling purposes. Parents whose children were interested in participating were asked to complete an expression of interest on behalf of their child. Despite initial interest from leadership, I was unable to recruit any participants from one registered school. Interested school staff, parents, and children formed a pool of potential participants (n=49) from which I again used purposive sampling to identify participants that would reflect a range of views and experiences. Selected participants thus varied according to a) age and gender, b) educational, ethnic and socioeconomic background, c) geographical location, and d) experiences of anxiety and/or supporting and working with children with anxiety. I was keen to recruit those with and

without experience of being anxious/supporting those who are anxious in school, in part, to avoid inadvertently implying that only those with such experiences should be responsible for thinking about or seeking ways to address the issue. I contacted selected participants, and parents of selected child participants by telephone and/or email to discuss the study further, to answer any questions or address any concerns, and to seek written informed consent (including explicit consent for audio recording) from parents for them and/or their child to participate in 1:1 in-depth interviews (Appendix 3.6). Parents were invited to include their child in the telephone call if they wished. Children were also asked for their written assent prior to being interviewed (Appendix 3.6). All participants were offered a £10 voucher upon completion of the interview as a thank you for their time.

All schools and individual participants were assigned unique IDs upon registration, and these IDs were used to label quantitative and qualitative data throughout the study. Any identifiable information (linked to deidentified information via a separate key) was stored on secure servers at the University of Oxford.

All recruitment took place between November 2021 and April 2022.

3.2.3 Participants

Participants were eligible if they were either: a) a mainstream classroom teacher or teaching assistant with responsibility for the day-to-day teaching of children aged 4-11 years, a member of the senior leadership team of a mainstream primary school, or another member of school staff with responsibility for learning/wellbeing in a mainstream primary school (e.g. Special Educational Needs Co-ordinator), b) a parent of children aged 4-11 years being taught in a mainstream primary school or c) a child aged 6-11 years being taught in a mainstream primary school. Participants were not eligible if they only had contact with

particular children /worked with individuals/groups for a specified amount of time each week (e.g. providing targeted interventions outside of the main classroom) or did not have sufficient English to provide consent/assent or participate in a 1:1 in-depth interview (even with support).

Based on qualitative studies of a similar nature, and advice from other experienced researchers, I anticipated that a sample of between 6 and15 participants in each target group would yield sufficient data for this study. Guided by recommendations from Braun & Clarke (2022), however, who advocate for iterative recruitment of participants based on ongoing analysis of the depth and richness of the data being generated, I opted to take an information power approach (Malterud et al., 2016) to determine my final sample size. This approach takes into consideration factors such as the focus of the research question, the specificity of the sample (i.e. how much participants are likely to know about that research question and how closely they match the recruitment criteria), and the quality of the dialogue (i.e. how clear, focused, and rich the conversations and interactions are between researcher and participant).

I interviewed a total of 28 participants (10 school staff, 10 parents, and 8 children) from four mainstream state primary schools across four counties in England. School and participant characteristics are presented in Table 3.1 (a key to abbreviations and acronyms – organised alphabetically – is provided at the bottom of the table).

Table 3.1 *School and participant characteristics* [1,2]

School ID	Location	School Type	School Size	Number on Roll	% FSM [a]	%EAL [b]	%SEND [c]
S1	Oxfordshire, UK	Church of England (Voluntary Aided)	1-form entry	100-199	Below NA	Above NA	Above NA
S2	Cambridgeshire, UK	Multi-Academy Trust Junior	2-form entry	200-299	Above NA	Below NA	Above NA
S4	Berkshire, UK	Community Junior	3-form entry	300-399	Above NA	Above NA	Above NA
S5	Cambridgeshire, UK	Multi-Academy Trust Primary	2-form entry	400-499	Above NA	Above NA	Above NA

Child ID	Child chosen pseudonym	Child Gender	Child Key Stage	Parent Education	FSM Eligible ?	SEND?	Parent-reported child anxiety level in or about school
C1	Tom	M	2	HE Qualification	No	Yes	Anxious in some circumstances
C2	Olivia	F	2	HE Qualification	No	No	Anxious in some circumstances
C3	Alex	F	2	HE Qualification	No	No	Anxious in some circumstances
C4	Izzy	F	2	HE Qualification	No	Yes	Often anxious
C5	Samuel	M	2	HE Qualification	No	No	Never anxious
C6	Richard	M	2	HE Qualification	No	No	Never anxious
C7	Mackenzie	M	2	GCSE/A Level	Yes	No	Often anxious
C8	Liam	M	2	GCSE/A Level	No	No	Anxious in some circumstances

[1] *To preserve anonymity at school level, percentages are reported only as being above or below National Average (NA) (where National Average in primary schools in England for 2021/22 (%)= [a] 24.0 [b] 21.2 [c] 13.0)*

Parent ID	Parent chosen pseudonym	Gender	Age	Education	Child Key Stage & (Gender)	Child FSM Eligible?	Child SEND?	Parent-reported child anxiety level in or about school
P1	Kelly	F	35-44	HE Qualification	Child 1: 2(M) Child 2: 1(F)	No	Child 1: Yes Child 2: No	Child 1: Sometimes anxious Child 2: Sometimes anxious
P2	Kiran	F	35-44	HE Qualification	Child 1: 2(F) Child 2: 2(F)	No	Child 1: No Child 2: No	Child 1: Anxious in some circumstances Child 2: Anxious in some circumstances
P3	Esther	F	35-44	HE Qualification	Child 1: 2(F) Child 2: 1(F)	No	Child 1: Yes Child 2: No	Child 1: Often anxious Child 2: Often anxious
P4	Mark	M	35-44	HE Qualification	Child 1: 2(M) Child 2: R(F)	No	Child 1: No Child 2: No	Child 1: Never anxious Child 2: Sometimes anxious
P5	Paul	M	45-54	HE Qualification	2 (M)	No	No	Never anxious
P6	Geoff	M	45-54	GCSE/A Level	2 (M)	No	No	Anxious in some circumstances
P7	James	M	35-44	HE Qualification	Child 1: 2 (M) Child 2: 1 (F)	No	Child 1: Yes Child 2: No	Child 1: Anxious in some circumstances Child 2: Anxious in some circumstances
P8	Alina	F	45-54	HE Qualification	2 (M)	No	No	Often anxious
P9	Susie	F	25-34	GCSE/A Level	2 (M)	Yes	No	Anxious in some circumstances
P10	Catherine	F	45-54	HE Qualification	2 (M)	No	No	Often anxious

[2] *parent/child ethnicity is not tabulated to preserve anonymity*

Staff ID	Staff chosen pseudonym	Gender	Age	Role in School	Key Stage	Self-reported experience of working with children with anxiety
S1	Rose	F	35-44	Class Teacher	2	A lot
S2	Dave	M	45-54	Class Teacher	2	A lot
S3	Kate	F	25-34	Class Teacher	2	A little
S4	Bev	F	55+	Headteacher	EYFS/1/2	A little
S5	Claire	F	55+	Other	EYFS/1/2	A lot
S6	Melissa	F	35-44	Other	2	A lot
S7	Victor	M	35-44	Headteacher	EYFS/1/2	A lot
S8	Hannah	F	25-34	Class Teacher	2	A little
S9	Will	M	25-34	Class Teacher	1	A little
S10	Patricia	F	25-34	Class Teacher	1	A little

[2] *staff ethnicity and years' experience are not tabulated to preserve anonymity*

Key to Abbreviations/Acronyms:

A Level = General Certificate of Education: Advanced Level; **EAL** = English as Additional Language; **EYFS** = Early Years Foundation Stage; **FSM** = eligible for Free School Meals; **GCSE** = General Certificate of Secondary Education; **HE**= Higher Education; **SEND** = Special Educational Needs/Disabilities

Schools (ranging in size from 1 to 3-form entry) were located in a variety of urban, suburban, and rural settings in a mix of high and low-SES communities. School size ranged between 161 and 408 pupils on the school roll. Children in the sample (female n=3) were all being taught in Key Stage 2 (Years 3 – 6) mainstream classrooms and were aged between 7 and 11 years (Mean = 8.9 years). Two children had special educational needs (dyslexia n=1; autism n=1). Children, as reported by their parents, were either White British (n=5), or were identified as being from an 'other ethnic background' (n=3). Six had parents who had completed education to at least undergraduate degree level.

Participating parents (female n= 6) were aged between 27 and 52 years (Mean = 43.1 years), and represented children between the ages of 5 and 11 years being taught across all Key Stages. Three parents reported that their children had special educational needs (autism n=1; dyslexia n=2). The parent sample was predominantly White (White British n=4; White Other n=3), with one identifying as Asian/British (Indian/Pakistani/Bangladeshi) and two parents identifying themselves as coming from an 'other ethnic background'. Eight parents had completed at least an undergraduate degree. Eight of the parents were related to the eight participating children. The remaining two parents participated, but their children did not.

Participating school staff (female n=7) ranged in age from 27 to 60 years (Mean = 41.3) and included headteachers, class teachers, teaching assistants, and those with particular responsibility for special educational needs and disabilities (SEND). With between 2 and >20 years' experience working in school settings (2-4 years n=3; 10-14 years n=1; 15-19 years n=3; >20 years n=3), they represented a range of year groups from Year 1 to Year 6, with staff in leadership/specialist roles (n=3) having oversight of all year groups. One staff participant was in their first year as a qualified teacher, but reported also having previous

experience working as a Teaching Assistant across all Key Stages at the same school. Nine staff identified as 'White British', and one as 'White Other'.

The sample included children and parents of children with a range of experiences of anxiety (as reported by parents), from those who were often anxious in school, those who were anxious in some circumstances, to those who were never anxious in school. Similarly, I recruited school staff with a self-reported range of experience in relation to working with anxious children (a lot n=5; a little n=5).

3.2.4 Procedure

I developed a topic guide (with minor adaptations for each participant group) which aimed to explore school staff, parent, and child experiences of child anxiety in the primary classroom (Appendix 3.7). Questions centred broadly around why children might be anxious about school/being in school, what makes that anxiety worse, and what school staff might do, day-to-day, to help alleviate those feelings of anxiety. I invited two school staff (one teacher and one headteacher), one parent, and one primary school-aged child to review and help refine the questions posed on the topic guide for their respective participant group, and to participate in a practice interview to ensure that both the questions asked and the interview process were acceptable.

I used semi-structured interviews to gain in-depth understanding of participants' views and experiences (Smith, 2015). Despite initially considering the use of focus groups (i.e. bringing together a group of participants to discuss a given research topic, Powell & Single, 1996), I was concerned that discussing the potentially sensitive and highly personal experiences of anxiety might be inappropriate (Smithson, 2008), particularly when doing so with parents and children, and that participants may be reticent to share their views and experiences in

front of others. Thus, I opted to conduct interviews primarily 1:1, but gave child participants the option of being interviewed with others if they preferred. As an experienced primary school teacher, my knowledge of working with, and eliciting information from, young children (and more recently, my experience of teaching online during COVID-19 lockdown periods), communicating and working with parents, and my shared professional understanding with school staff, was invaluable in facilitating interviews. I nonetheless had to remain mindful of those influences from personal experience during both the data collection and analysis process. This was addressed through personal reflection and regular discussion with my supervisors. As participants were also aware that I had come from a teaching background, I was mindful that children, and parents particularly, might therefore have chosen not to share some of their thoughts, for example when being asked about what they feel school staff do not do well. To mitigate this, I ensured that all participants knew that my current role was one of research, and that I was not currently working as a teacher. Participants were also regularly reminded of the confidentiality of the content of their interviews.

Prior to their interview, I sent a short PowerPoint presentation (with audio voiceover) to all child participants to introduce myself, remind them of the study aims and purpose, and to set up an ice breaker activity used at the start of each interview to settle children and build rapport (Appendix 3.8).

I conducted 25 1:1 interviews (22 online video calls via Microsoft Teams, 2 by telephone, 1 face-to-face). In one online interview, two siblings were interviewed together, one face-to face interview was conducted with two children from the same class who had expressed a preference to be interviewed with others, and one online interview was conducted with a married couple who asked to be interviewed together about their child. I had initially

anticipated conducting the majority of child interviews in person, but remaining COVID-19 restrictions in many schools limited this possibility. Face-to-face interviews with children were conducted in a quiet room at the children's school with only the children and me present, although children were invited to bring an adult (parent or member of school staff) with them if they wished. None opted to do so. Despite also being invited to have an adult present if they wished, children interviewed online did so predominantly independently, with parents only providing support to start/end the call. One child did opt to have a parent nearby, but the parent did not interject for the duration of the interview.

At the beginning of all interviews, participants were reminded that they did not have to answer questions if they preferred not to, and that they could request to stop the interview at any point without having to give a reason. Participants were also made aware that any concerns that arose in relation to safeguarding or potential risk would be discussed with relevant University safeguarding personnel and, where appropriate, the designated safeguarding lead at the relevant school.

All interviews began with a broad orientation question exploring participants' views of why children might be anxious in school, or about school. The relevant topic guide was then used flexibly throughout, making it possible to vary the order and wording of questions depending on participants' individual responses. I ensured that participants were aware that they were not bound by these questions and were free to raise anything that was not covered which they considered to be relevant or important.

During children's interviews, I also made use of puppets (figure 3.2) to help redirect children's focus on the questions being asked, to offer prompts where needed, or to ask further probe questions linked to responses offered.

Figure 3.2 *Puppets used in child interviews*

Children were also invited to draw or write any of their responses to questions if they preferred this method, but none opted to do this. While true for all interviews, particular attention was given to clarifying and ensuring mutual understanding of meaning in child interviews. This was achieved by repeating responses, asking clarification questions such as *"Do you mean…?", "Can you explain that…?",* or eliciting further information by way of phrases (common to classroom practice) such as *"Tell me more…"* or *"Go on…".* Attention to non-verbal cues, while not specifically sought nor analysed, was also key to ensuring participant engagement and ongoing willingness to continue the interview process.

I conducted all interviews between November 2021 and April 2022. Staff interviews lasted between 26:58 and 67:47 minutes (M = 42:37), parent interviews between 21:36 and 52:50 minutes (M=42:20), and child interviews between 7:00 and 39:45 minutes (M = 29:34). I audio-recorded and transcribed all interviews verbatim. All identifying information was removed and replaced by a participant identification code (e.g. C1 = Child 1, P2 =Parent 2, S3 = School Staff 3) at the point of transcription. Field notes were made during and after each interview.

Keen to reflect the humanity behind participants' contributions and also capture something of the identity of the individual in question – as Hurst (2008, p.345) notes, "personal names do matter"–, I opted to use pseudonyms rather than alphanumeric codenames, which have prompted concerns over the possible dehumanisation of participants (Lahman et al., 2015). Initially, I considered randomly allocating pseudonyms to each participant. In the absence of any apparent recommended best practice or guidelines for this process (Allen & Wiles, 2016), I looked for examples of pseudonymisation in other qualitative studies, and talked to other researchers to ask about approaches they had taken. Methods varied considerably, and in addition to widespread use of alphanumeric codenames (e.g. Coyne et al., 2015; Williamson et al., 2022), included, for example, generating pseudonyms alphabetically (e.g. Pearcey et al., 2023), or allocating pseudonyms that began with a letter consistent across each participant group in order to differentiate easily between them (Taylor et al., 2021). One research team commented that although participants in their study were from linguistically and culturally-diverse populations, they had chosen and applied English pseudonyms (alphabetically) across their dataset to increase readability, as papers were commonly written and published in English (Human et al., 2022). While my sample was predominantly from a White British background, there was, nonetheless, some ethnic diversity within it (including those that may have self-identified as 'White Other'), which I felt merited appropriate representation. I was, however, concerned that any attempt to allocate pseudonyms (whether being deliberately monocultural or aiming to reflect ethnic diversity) would, inadvertently but unquestionably, bring certain assumptions (cultural or otherwise) to reporting that may a) not sit well with participants or b) inaccurately/inappropriately reflect information that may be socially/culturally relevant or important (Heaton, 2022). I therefore contacted participants to outline my concerns, and gave them an opportunity to choose their own pseudonym.

3.3 Data analysis

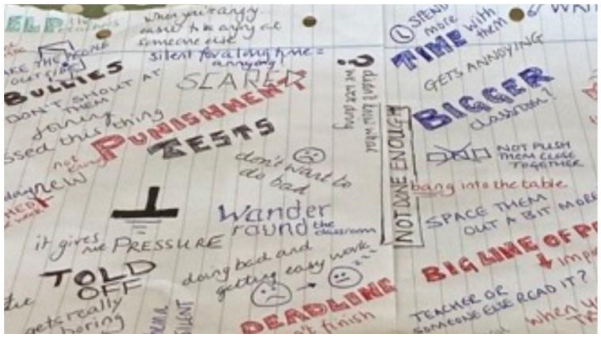
I used reflexive thematic analysis (RTA) (Braun & Clarke, 2022), inductively and iteratively, firstly to develop patterns of shared meaning across my dataset, that is, ideas which – while perhaps articulated in many different ways – centre around a core concept (Braun & Clarke, 2022), and secondly to generate related themes that were ultimately participant-driven. RTA permits rich, detailed analysis of participants' "…experience, views and perspectives, and behavior and practices" (Clarke & Braun, 2017, p.297), and is considered appropriate for use in applied studies when aiming to identify relevant implications for practice (Braun & Clarke, 2020), particularly when exploring under-researched topics (Braun & Clarke 2006). Given my aim to explore a diverse range of experiences, my desire to use outcomes from the qualitative study to inform the design of subsequent training for teachers, and the paucity of current literature examining day-to-day classroom management and anxiety, RTA as an approach fits well with my overall research question.

This approach was underpinned by a critical realist/contextualist epistemology, which assumes that, while language might allow participants to express their experience and meaning (Potter & Wetherell 1987; Widdicombe & Wooffitt, 1995), that experience and meaning will necessarily be shaped and influenced by their individual, cultural, and social contexts (Braun & Clarke, 2022). Furthermore, what participants share will only ever be one representation of what they perceive their experiences to be (Willig, 2013) – interpreted by them, presented by them, and, ultimately, subject to yet further interpretation by the researchers undertaking analysis. A detailed overview of my analysis process is outlined below.

Phase 1: Data collection and familiarisation:

Following data collection, data familiarisation included preliminary listening to audio recordings while noting salient or interesting points, followed by multiple readings of, and note-taking on, each hard-copy transcript. Notes were collated throughout using graphic jottings (Braun & Clarke, 2022) (figure 3.3). I also referred to the reflective journal kept during the interview process.

Figure 3.3 *Graphic jottings*



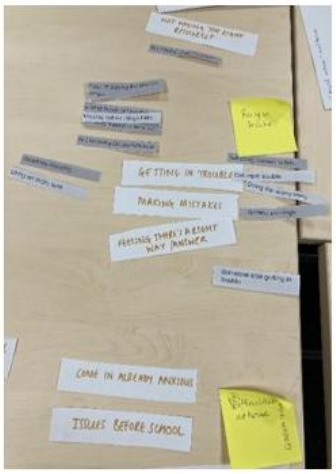
Phase 2. Systematic data coding

I analysed transcripts line by line, first manually, then using NVivo 12 (Lumivero, 2022) and generated initial codes (typically a word or short phrase that I felt captured the essence of meaning). Coding was initially conducted separately for each participant group (staff, parents, and children). Where possible, I used in-vivo coding (Manning, 2017), whereby codes were expressed in participants' own words. I initially generated over 200 (largely semantic) codes across the dataset, but these often reflected minor differences in articulating essentially the same idea (figure 3.4).

Figure 3.4 *Generating initial codes*

With supervisory input, initial codes were reviewed, merged, and renamed (initially within, then across, participant groups) to better capture and represent the ideas and perspectives of all participants. This also led to the development of more latent codes which aimed to express meaning beyond the surface level (figure 3.5)

Figure 3.5 *Collating and refining initial codes*



Phases 3 & 4. Generating initial themes from coded and collated data & developing and reviewing themes.

I then used patterns identified across the whole dataset to generate initial themes. These were discussed and developed regularly throughout the analytic process. Revisiting candidate themes during and after discussion led to the identification and collapsing of semantically-

similar themes, which were then re-examined to give a more nuanced interpretation of the experiences and views of the participants (see figures 3.6 and 3.7). For example, participant accounts that I had first considered to be articulations of 'vulnerability' were, rather, more latent expressions of different facets of 'social pressure', and 'vulnerability' was instead the resultant state of that perceived pressure.

Figure 3.6 *Generating initial themes*

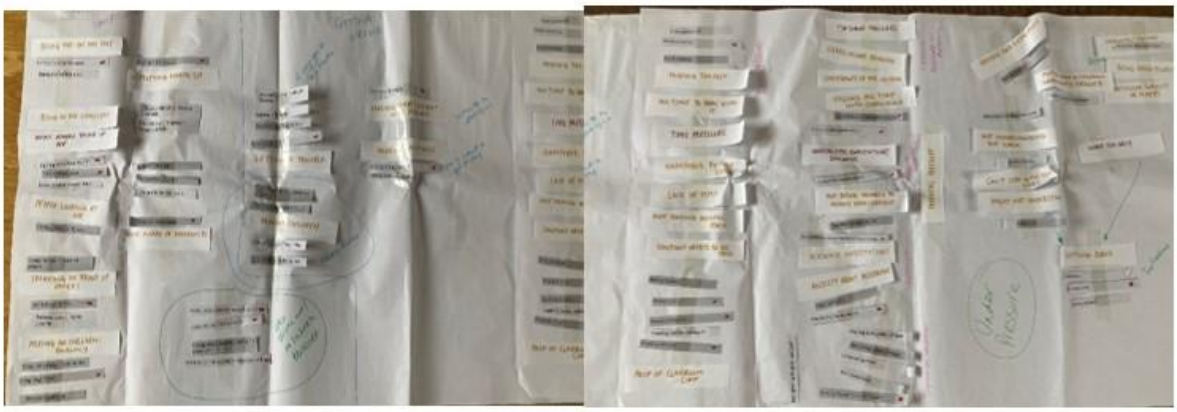
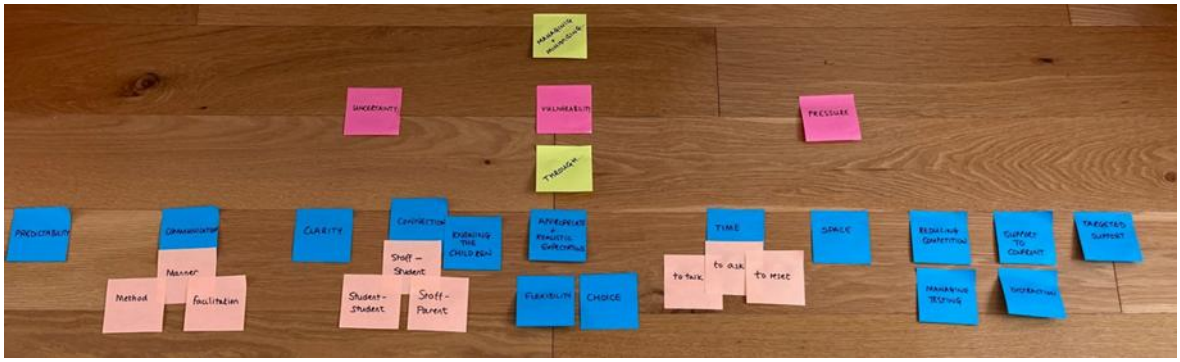


Figure 3.7 *Developing and refining themes*

Phase 5. Refining, defining and naming themes

Under an overarching theme denoting a central concept, themes were named and agreed through discussion and reflection with my supervisory team. Subthemes were also developed to reflect the subtler nuances within each theme. This process took time and involved several iterations (figure 3.8). Where possible, I used participant quotes within the final theme name to ensure the original data was appropriately reflected.

Figure 3.8 *Refining, defining and naming themes: early iterations*



Phase 6. Writing the report

Findings were then collated together to produce an overall account of the study findings. This, too, was an iterative process, not least because the selection of illustrative quotes during this phase led to more revisions as I reflected on the particular nuances of a theme, and made further adjustments to better represent participant views and experiences.

3.4 Findings

Under the overarching theme of ***"It's all too much!"***, I generated six broad themes in the analysis process: two in relation to my first research question reflecting participant views on the causes of, and contributors to, children's anxiety in the primary school classroom, including what staff may do (intentionally or otherwise) in their day-to-day classroom practice that may make that anxiety worse (figure 3.9), and four in relation to my second research question reflecting participant views on what schools and their staff can do in their

day-to-day practice to help manage and minimise it (figure 3.10). Findings are organised and presented below by research question.

3.4.1 What causes children's anxiety in the classroom and what do staff do that may make it worse?

Theme 1: *'"It all gets pushed down on the children":* under pressure'

Participants all commented on the pressures that can be felt within the classroom and the wider school system, recognising that these are unquestionably a source of anxiety, and also have the potential to make it worse. Participants highlighted a number of pressures that were systemic in nature, with *"all the curriculum that's got to be covered" [Rose, staff]* and the resulting time constraints around teaching in order to cover it, placing significant demands on both children and staff:

> *"I don't understand how they fit so much into the day…and then knowing they've got to get all thirty children through everything and then all the logistical stuff" [Kiran, parent]*
>
> *"And I do feel that sort of pressure of um things have got to happen. Things have got to happen now" [Will, staff]*
>
> *"When they're going hurry, hurry. That might worry them because they're needing to rush" [Liam, child]*
>
> *"If they tell you have to finish this quickly then it may worry you cos if you are a slow writer then you will worry you will not" [Mackenzie, child]*

There was a sense, particularly from parents and teachers, that this pressure was both inherent, and inevitable, and, while not explicitly stated, something over which many participants felt schools currently had little to no control.

While Victor [staff] noted that *"the emphasis that's placed on academic expectations causing anxiety is overstated",* other school staff considered the pressure from academic expectations that are *"too high for some children and not realistic [Melissa, staff]"* and tests, which *"always bring on anxiety" [Dave, staff]* to be very clear contributors.

Problems around expectations and testing were also echoed by parents and children, and led to feeling that *"they're not good enough" [Richard, child]*:

> *"The pressure on children to perform and they know they're being tested…all of that" [Kelly, parent]*
>
> *"Um, because of tests. Cos they think, um, what if the teacher gives me a really bad score?" [Izzy, child]*

Further exploration of participants' views around testing revealed connections to other facets of pressure which were not immediately apparent:

> *"When they say okay, you do this Maths test, when you finish you have to do an English test, if you finish you have to do a Maths…and then it just gets really worrying, like because your brain gets kinda mixed up" [Samuel, child]*
>
> *"But there's also anxiety around testing. I think the way they made their testing somehow or other pitting them all against each other" [Alina, parent]*

Samuel's comment indicates that time pressures in a busy curriculum even have an impact on testing, and further increase the pressure already being felt. Interestingly, Alina's point, while focused on testing, indicates that she perceived it to create an underlying sense of competition between children (or as Paul [parent] put it: *"the testing time, the time when you're being compared to peers"),* which may be closely aligned with pressures that are more social in nature.

Much focus was given to the social pressures of school life. This could be linked to *"wider patterns of anxiety around performance" [Catherine, parent]*, particularly, as Alina suggests above, in relation to children making comparisons between themselves and their peers on an academic level:

> *"…and you look around the classroom and you perhaps feel that everybody else has understood this apart from you" [Bev, staff]*
>
> *"I think his anxiety is around that and not feeling stupid. I mean, that's what he thinks he is at times he's stupid…because he's not performing like his friends" [James, parent]*
>
> *"Then you might just be worried about like, uh, like, not being in the same groups as other children…and being worried about being like the bottom of the class"[Alex, child]*

or linked to peer relationships more generally:

> *"I think social pressure in my age group* [i.e. that of children in his class] *is probably the most noticeable one…So children who are either um feeling the pressure to conform to a particular social group's expectations, or have been ostracised by a social group that they felt were important" [Victor, staff]*
>
> *"Well, of course, there's all the social fitting in and dealing with their peers part of it" [Esther, parent]*

Participants also focused on being *"exposed" [Esther, parent], "put on the spot" [Kiran, parent]*, or *"humiliated in front of their peers" [Catherine, parent]* as potential sources of social pressure that might increase a child's sense of vulnerability and ultimately give rise to feelings of anxiety:

> *"Um…I think it goes down to the peer pressure again, because…they don't want to make a fool of themselves…they…you know, they care about what their fellow classmates think of them. Um, and that's a situation where you're very much being viewed" [Geoff, parent]*
>
> *"I think like…pinpointing kids to do something in front of the class. I think that's quite stress…that can make a kid quite stressed and anxiety really play up. [Susie, parent]*
>
> *"Children might feel anxious if they think they're gonna get picked on to do something by the teacher, or they're gonna have to stand up in front of other children" [Kate, staff]*
>
> *"Well, just asking questions that puts students on the spot" [Olivia, child]*

A common observation across all participant groups (particularly children) was that feelings of being exposed, and its resulting anxiety, could often be related to getting into trouble, or at least, the fear that they might do so. This was particularly true in situations where schools made use of behaviour displays, or listed warnings/sanctions publicly and, additionally, it provoked feelings of anger in some:

> *"There was a list of people next to the smiley face…and a list with a sad face on it and one of the children went on there…they shouldn't have made a list because that might really embarrass people" [Izzy, child]*
>
> *"Here it is something like name on the board name underlined three…three counts and you're out. I feel really cross about it" [Claire, staff]*

Children regularly mentioned teachers shouting, or being angry, as something that made them anxious:

> *"They were pretty worried…the teacher was really, really angry"[Samuel, child]*

These concerns were echoed by parents, some of whom even related this back to their own experiences of school, where *"even if she wasn't shouting, I'd be terrified that she would [Kiran, parent]"*. Interestingly, feelings of anxiety linked to feeling exposed or to humiliation could also occur when other children, rather than the child themselves, were the focus of attention:

> *"When someone gets in trouble then, um, I get like this funny feeling in my stomach" [Tom, child]*

Other key contributors to pressure identified by participants related to the environment in which children spent most of their day. While children might be affected by *"walking into a wall of noise" [Alina, parent]*, and lack of space might lead to children being *"quite packed in" [Liam, child]*, and even to *"worrying that you might get trampled over"[Samuel, child]*. Even just the general busyness of the classroom can also increase feelings of pressure:

> *"The busyness of the classroom can be a problem for some children" [Rose, staff]*
>
> *"There's like thirty kids in a class, it can just be overwhelming to the kids, not even necessarily the learning part of it…just being that there's quite a few around them" [Susie, parent]*

Alex expressed concerns that the classroom layout might even lead to children getting into trouble:

> *"Our teacher shouts at people who are too slow to get their stuff…and you get shouted at because you're too far away" [Alex, child]*

One other source of pressure, which lay beyond the classroom, but nonetheless affected children's experiences within it, was linked to family life. Familial pressures included the difficulties of children living in two separate homes where *"parents have split"[Will, staff]*, *"children who've got parents who are ill" [Bev, staff],* children taking on or being given too much responsibility in the home, or having issues with siblings:

> *"I think we really can't underestimate the impact that difficulties from home, from really minor to massively major, have on children before they even come in"[Rose, staff]*

Parental pressure, surprisingly, was only specifically mentioned by one staff member. This was in relation to academic performance. They suggested that children *"want to do well, because their parents will ask them how they're doing in school. Because there's some… I think some quite…I don't want to say pushy, but..." [Kate, staff]*. While familial pressures more broadly were consistently raised as a contributor to children's anxiety by staff participants, no mention of familial pressures was made by either parent or child participants.

Overall, even in cases where pressure – in all its forms – was not intended to be felt by the children, there was a sense that participants recognised that, ultimately, children were affected by it. Whatever the initial cause or source, *"it all gets pushed down on the children" [Will, staff]*.

Theme 2. *"Stepping into the unknown":* a place of uncertainty

Participant accounts made it clear that this aforementioned pressure does not exist in a vacuum. Intrinsic to the pressure experienced by children is the uncertainty that often surrounds many aspects of school life. Participants frequently described how children's anxiety would be induced or increased when they did not know what was happening, particularly when first arriving at school:

> *"He gets overwhelmed when he doesn't know exactly what's going on. So on like a Monday morning before he goes into his classroom, he, sort of stands in the line and he just rocks himself because you can just tell he doesn't know what this week's gonna…what's ahead this week" [Susie, parent]*
>
> *"I would be like what are we doing? I'm not sure what we are doing and if it's not on the board, I'll be worried of what we're doing after the lesson we just done" [Mackenzie, child]*
>
> *"Some children might come in a couple of minutes before nine and then they're like Argggggh. What do we do?" [Kate, staff]*

This sense of uncertainty over not knowing what will happen was also related to inconsistencies in the behaviour of others, with participants recognising that staff *"feeling*

stressed" [Claire, staff], and any erratic behaviour from both adults and other children could contribute to this:

> *"When you don't know where you are. I imagine inconsistency is very anxiety-provoking. So, a teacher who wasn't consistent and exhibited big fluctuations in mood…I would imagine is a very, um, is a source of great anxiety for many children"[Catherine, parent]*

> *"I think if the children see you as unpredictable that raises anxiety almost universally" [Rose, staff]*

> *"Uh, difficult children within the class…[the] unpredictability made it, um, it worried, it made one of ours anxious" [Geoff, parent]*

One child also indicated that inconsistencies from staff could further increase already-heightened feelings of anxiety around being in trouble *"because you don't know what the punishment is" [Tom, child]*.

Many children reported feeling anxious when they didn't understand something:

> *"Um, you might not really understand it…You might not get it or do the wrong thing" [Izzy, child]*

> *"When someone's nervous and don't know what to do because they can't answer this question" [Tom, child]*

often adding that they were concerned that this would lead to them getting it wrong or getting into trouble.

Participants also perceived that children could be anxious because they were uncertain about what to do, with some commenting that this could happen when they don't know the rules or what is expected of them:

> *"A lot of anxiety is caused by children not knowing what the right way to react or behave in a certain environment is" [Victor, staff]*

> *"Thinking about my kids, they get anxious when there is a lack of clarity on what the rules should be" [Mark, parent]*

According to many participants, doing something new or unfamiliar could also evoke feelings of anxiety:

> *"I think maybe just some children lack confidence in just like new situations which they haven't experienced before" [Kate, staff]*

"Newness and lack of confidence and or knowledge" [Paul, parent]

Staff made particular reference to the fact that uncertainty also occurred when there were *"just any changes to routine" [Claire, staff], "surprises" [Dave, staff],* or any deviations from the norm, whether in relation to task, place, or even staffing, with the latter causing particular anxiety during and after the COVID-19 pandemic:

> *"I think any change will make them very anxious, like if we are having a trip or even if we have to change our timetable. So if they are used to the English first thing and you just swap it for Maths that will make them feel very anxious because this is something unexpected" [Patricia, staff]*

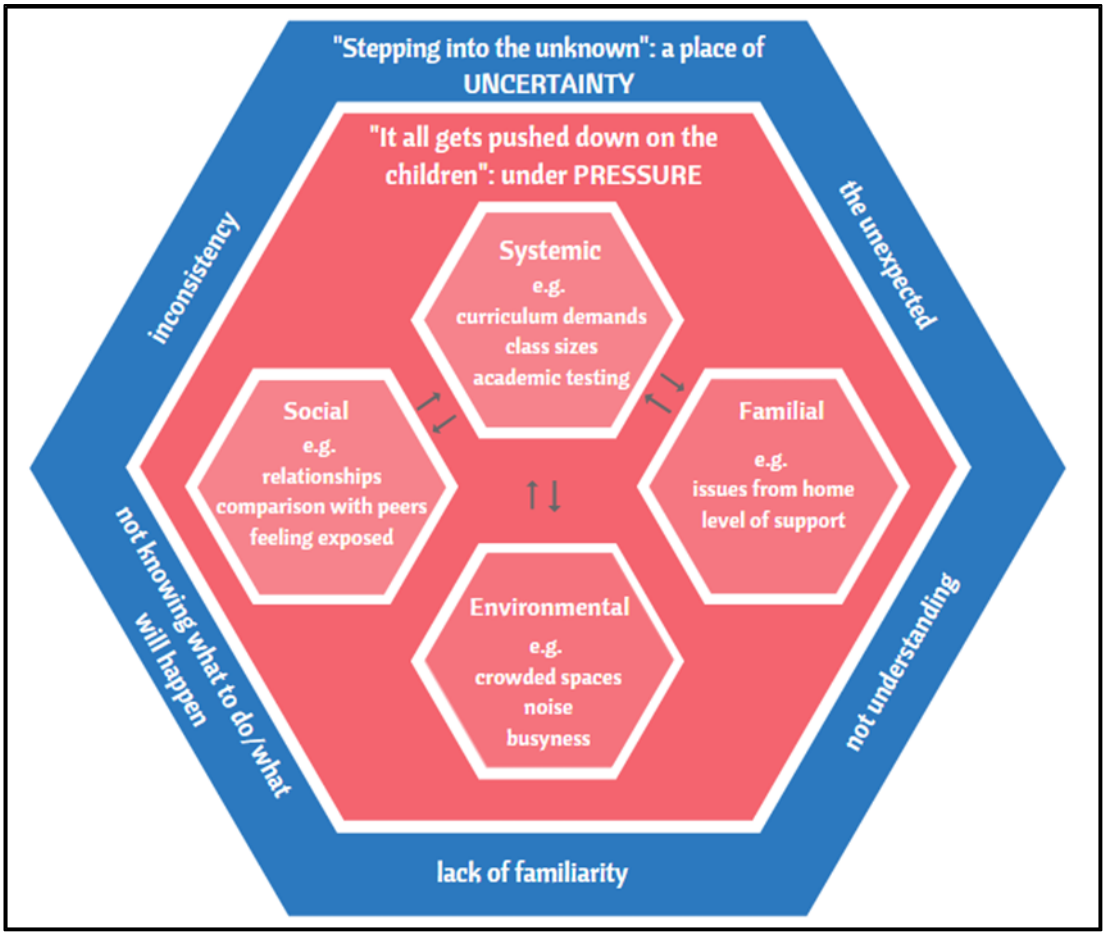
> *"…and moving to maybe a different classroom, or you know, working with a different adult they might not feel so comfortable…if their class teacher's not in" [Hannah, staff]*

Feelings of uncertainty over not knowing, or not knowing what's happening, were not limited to children. Parents and staff reported their own concerns over this, suggesting that because *"parents often have no clue what happens at school" [Mark, parent]* or *"if you don't know all the information* [about what is happening in a child's life/a given scenario for that child]" *[Kate, staff],* this can make it very difficult to support an anxious child and, in some cases, can even result in them becoming more anxious.

Again, only staff reported the impact of uncertainty within the family home:

"I think outside of school their lives are not always secure and certain" [Bev, staff]

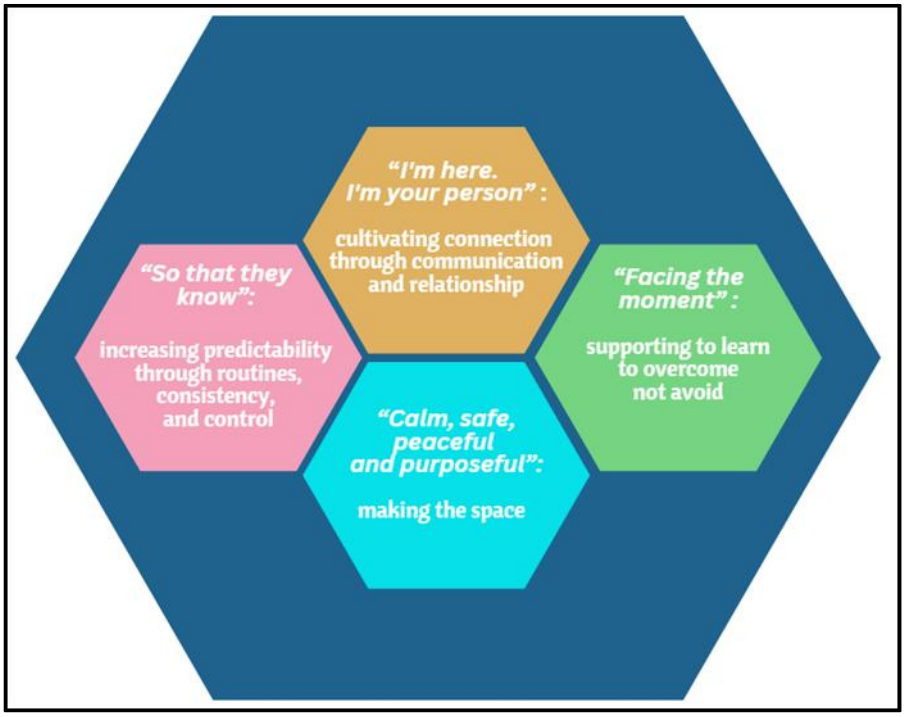
Figure 3.9 *Causes of, and contributors to, children's anxiety in the classroom*



3.4.2 What can staff do in their day-to-day practice to help minimise and manage children's anxiety?

As illustrated in figure 3.10, increasing predictability, cultivating connection, making the space, and supporting to learn were all identified as being key to helping children who are anxious in the classroom. These themes are explored in detail below.

Figure 3.10 *How staff can help*



Theme 3. *"So that they know":* increasing predictability

Participants felt that *"reducing the anxiety is usually about increasing the…their feeling of security about what's going on" [Mark, parent],* thus there is a need to increase predictability in the classroom. Having clear, set routines that are well communicated and understood, so that *"everyone kind of knows what's coming next" [Paul, parent]* was central to this idea. Many children and staff commented that the use of visual or written timetables was particularly helpful, so that *"I have what we're doing and what time it's happening up on the board" [Mackenzie, child],* and so that *"it's not just a shock" [Liam, child]*. For some children, breaking down those timetables even further into *"now and next" [Esther, parent]* can be particularly helpful. Furthermore, participants suggested that anxiety may also be minimised by setting and modelling clear routines around procedures and behaviour, for example, how to come in, how to start and end a lesson, and how children are expected to conduct themselves, such that *"there's no confusion about what the right way of doing those particular things is" [Victor, staff]*.

Participants recognised that classrooms are dynamic environments in which, while important to minimise, unpredictability cannot be completely eliminated. Where occasional change is unavoidable, participants commented on the importance of *"being honest with them*[children]*"[James, parent]* over why the change is needed and, where possible, *"letting them know in advance" [Patricia, staff]*, so that *"they know what to expect" [Kelly, parent]*. Participants also recognised that adults being in, or having, *"good control of the class" [Kiran, parent]* and, linked to the above need for routine, *"setting those boundaries very early on"* from which children *"can't stray" [Geoff, parent]*, added to this sense of predictability for children because it conveys (positively) to them a message of *"We're in charge. Don't worry. We've got this." [Victor, staff]*.

Theme 4. *"I'm here. I'm your person"*: cultivating connection

The importance of ensuring *"a really good connection with every child in the class"[Claire, staff]* and *"getting to really know"[Geoff, parent]* them was consistently raised as a way in which staff could help children feel less anxious in school, as was building relationships such that children *"feel comfortable if they need to come and talk" [Hannah, staff],* that they feel *"someone's on their side*" *[Alina, parent]*, and so that *"they know that, okay, no matter what happened, I can always ask for help" [Patricia, staff]*.

Insights from many participants on how this might be achieved included: *"greeting them in the morning" [Kelly, parent]; "showing an interest in them personally" [Will, staff]* rather than just academically, so that they *"feel more seen as individuals" [Kiran, parent]*; *'taking opportunities to converse with them" [Dave, staff]*; *"spending time with them" [Paul, parent]* and, as Rose [staff] suggested, *"sometimes…sharing things about you as a person"*. Liam [child] expressed this need for staff-child connection in terms of *"bonding"*, and being *"a bit interactive with the person"*. For some, however, it was important that the opportunity to connect with a staff member was offered one-to-one:

> *"Giving all the children an opportunity to speak to um the teacher like without the whole class like so just them and the teacher"[Alex, child]*

Having a good relationship with children, and knowing them well can also help staff to predict *"those points…which are likely to make them more anxious" [Kiran, parent]* (for example, a particular subject, task, or time of day), and put measures in place to mitigate potential issues.

Cultivating meaningful connection is contingent on excellent communication on a number of levels. Beyond the obvious need for staff to communicate well with children throughout the teaching day, and when preparing them for what is coming next (especially when this involves changes to the norm), participants also noted how important it was for staff to communicate effectively with other staff, particularly in relation to sharing key information relating to, for example, a child's situation or need, because *"if I haven't passed it on…it shouldn't be on that child to go through it again" [Dave, staff]*. While participants identified that *"discussing it* [a child's needs/circumstances] *with other staff so that more staff are aware" [Melissa, staff],* was essential, they cautioned against doing so where other children, or even parents, could overhear those conversations.

> *"So I took him outside the door […] I mean, it's a small thing. But hopefully, straight away, it sends the message that this is your business. I respect that it's your business. I don't expect you to have to put up with everybody else knowing your business" [Dave, staff]*

> *"We work quite hard to not […]deliver bad news at that point […]everybody knows a teacher comes to talk to you on the playground, it's only bad news. All your peer group as a parent see that, you know, that's just not healthy" [Victor, staff]*

For some participants, good communication was not just about what is said. They also felt that *"the way that you talk to them* [the children] *is really important" [Dave, staff].* This seemed to be particularly important when problems are identified, or they are mistaken:

> *"You could say something is wrong in several ways, you know? That's wrong. That wasn't the right answer at all. You're way off track. Or, actually, that's really good. Um, it's a good answer, but it's not quite right and this is why" [Geoff, parent]*

As Liam [child] noted, *"sometimes it's in the tone."* He felt that *"if they* [staff] *stop being in the arrgghhh tone and be a bit more in a nice sweet tone",* children would feel less anxious about what they were being told.

As noted in theme 2, parents often feel unaware of what happens in school and also recognise that *"children are quite selective about what they share" [Catherine, parent]*. Open, honest, communication between parents and staff (particularly in areas where children are struggling), and along with it, seeking ways to reduce the *"big barrier to going and actually talking to teachers" [Kiran, parent]*, is therefore essential. *"Being available" [Claire, staff]* for parents, recognising and treating the parent as "*absolutely the expert on their child" [Victor, staff]*, and although not always easy given the busy lives of both parents and staff, offering opportunities – both formal and informal –*"to directly talk to the teacher" [Susie, parent]* beyond the *"10-minute rushed conversation" [Esther, parent]* of parents' evening, *"even if it was just like an email" [Susie, parent]* can all help to create:

> *"a culture where parents are more willing to tell you a lot of things" [Dave, staff]*

and a situation where:

> *"if you were able to pool that knowledge, I would imagine it would be much easier to get to the bottom of what's bothering the child and then address it coherently across both home and school" [Catherine, parent]*

Theme 5: *"Calm, peaceful, purposeful"*: making the space

Participants made numerous references to the importance of making space, both physical and temporal, in creating the *"calm, peaceful, purposeful" [Victor, staff]* classrooms that are helpful to children:

> *"Anything that teachers can do to um, to try and build in time and space in the day […] anything that can be done whether its uh doing cross-curricular work so that you can get the objectives from two subjects covered at the same time, which then builds some time in and space in the other parts of the day" [Rose, staff]*

This time and space can be invaluable in providing *"calm moments" [Will, staff]*, where children have *"a chance to decompress and just draw breath" [Catherine, parent]* amid the aforementioned overcrowded curriculum and fast pace of school life.

Many considered careful management of the classroom environment to be particularly significant. In addition to the importance of managing noise levels, which *"are a trigger for some children" [Dave, staff]*, many indicated that consistency, this time in terms of classroom layout, was important. *"Classrooms with the same set out" [Bev, staff]*,and that have *"clear organisation that's not changed very often" [Claire, staff]*, in which children know where everything is, can help to increase familiarity and a sense of control.

Children often felt that classrooms were too small, or too cluttered, and that having more space would be helpful. Some recognised, however, that this may not be possible, and offered alternative suggestions for increasing the sense of space around them:

> *"Um, maybe they could have less tables […] so that it's a bit bigger for them […] and the drawers maybe space them out so everyone can get their stuff" [Tom, child]*

A number of participants also reflected on the benefits of reducing the quantity of things displayed on walls. While seen to be important in supporting learning, for example to provide *"key vocabulary"* and to *"model and support the learning that's happening at the time" [Victor, staff],* having too much can be overstimulating, confusing, and make children more anxious:

> *"and I think that kind of goes off to our display boards like round the classroom as well so it doesn't just become wall paper or really fussy and then… cos again some of the children if there's a lot going on they can't actually absorb what they need to" [Hannah, staff]*

Participants frequently highlighted the need for careful consideration of seating arrangements. Minimal consensus as to how this should best be approached indicated, however, the complexities of addressing this. Some participants felt that, provided that there

was flexibility, and that due consideration had been given to pairings and groupings, allocating seats was most helpful:

> *"I think that it's better to be able to first like be put in particular places and then if it's not working move" [Olivia, child]*

> *"They put them on tables and they really seem to think about which children might be better off this week on a sort of quieter table, but then they don't want to kind of yeah get them too used to being in the same group" [Esther, parent]*

> *"Be very careful where you sit them* [anxious children] *maybe put some close friends nearby so they can rely on them not put them next to like the loudest children" [Patricia, staff]*

Others felt that offering choice was most helpful in reducing anxiety:

> *"We ask them if they would like to sit at the front of the classroom or at the back where they're most comfortable" [Melissa, staff]*

> *"Different people like it in different places like with some people they might like it at the back some people might like it closer to the front and some other people like it closer to the door" [Alex, child]*

The provision of agreed alternative spaces, *"that a child knows they can go to" [Esther, parent]*, particularly to reset in moments of overwhelm, was also a common thread in participant accounts. While spaces could be within the classroom itself:

> *"Do you have a calming corner or something where a child can take themselves?" [Kelly, parent]*

> *"Each of our classes now has a safe space […]so it gives children a time to reset themselves […]if they're finding that they're worrying about anything and it's stopping them learning they can go into the safe space for a couple of minutes and then go back to their learning" [Bev, staff]*

> *"Some children have a space like me where they can just sit, um, in the middle of lessons whenever they want just to have a tiny break and then they can come back to their work" [Izzy, child]*

participants also suggested that quiet spaces outside the classroom could be beneficial *"to take them away from the buzz of the classroom" [Geoff, parent]*. Children indicated that they found this opportunity to either work or reset in a quiet space away from others helpful:

> *"Um sometimes they let me out for um a little while and they um, let me do my work somewhere else […] in my classroom it's really noisy and when they put me outside or where the stairs are to go down to the playground it's actually quite quiet" [Mackenzie, child]*

In addition to the ***space*** to reset, participants felt adequate ***time*** to reset was also very important in helping children to manage anxious feelings, *"because children need a lot longer to calm down from something than most adults realise" [Dave, staff]*. Many articulated a need for distraction. This might be in the form of, *"a change of scene" [Esther, parent]*, *"some quiet reading or a nice colouring" [Patricia, staff]*, giving children *"a little task" [Hannah, staff]*, going *"to a different classroom to play for a bit" [Richard, child]*, or taking children *"outside for a little to calm down" [Mackenzie, child]*.

For some participants, being given time to think before, for example, giving an answer or starting a task and *"getting to take time" [James, parent]* over it, was essential in managing some of the social pressure around being exposed:

> *"You know what kids are like they're all just like oh my God I just want to think. Yeah, and so sort of allow the kids to just sort of process like the question or whatever it is that's on the piece of paper before" [Susie, parent]*

Furthermore, participants commented on the importance of school staff making time and space for children to ask questions when they are uncertain, and of the need to actively promote that requiring help and making errors is not only permitted, but expected and welcome:

> *"You just help them. Like you could just help the children recognise that it's not a bad thing you need help" [Olivia, child]*
>
> *"Instead of saying do you have any question? I just changed this by what are your questions? So I'm just assuming they got questions" [Patricia, staff]*
>
> *"But certainly, saying things like you're allowed to be wrong and if you don't know say you don't know. You know these words are fine and safe" [Paul, parent]*

Despite initial concerns over the potential to feed anxiety by talking about it, participants still felt that it was good to give children the space to talk about their worries with an adult, and as James [parent] notes, to *"normalise it saying everybody will* [get anxious] *at some point"*.

Theme 6: *"Facing the moment"*: supporting to learn to overcome not avoid

Some participants advocated for the removal of testing and competition altogether to reduce pressures faced by children in schools, citing them as clear sources of anxiety:

> *"If anxiety is driven by a competi…competition then less competition equals less anxiety um so less testing in primary schools. You know should we have any tests at primary schools?" [Paul, parent]*
>
> *"You could make school a happy place by doing less competitive stuff because some children don't like it" [Izzy, child]*

Others, however, recognised that constraints of the current education system meant such circumstances are often a given, and that, therefore, children need to be given support to navigate them successfully. Effective messaging around, and management of, testing so that it doesn't *"become the final arbiter on their worth or abilities" [Catherine, parent]* was therefore important in helping to reduce anxiety in situations where it was required. Despite finding it more difficult in moments of uncertainty, children nonetheless commented that they preferred not to know when tests were going to happen, and that separating out tests, rather than having them all in quick succession was helpful in reducing any pressure confusion that might otherwise be felt.

More widely, participants recognised that despite any measures taken to mitigate children's anxiety in school, it may still be elevated in certain circumstances – some of which may be predictable (as noted above and in theme 4); some of which may not. In all cases, participants perceived that *"working with them to really acknowledge that anxiety but then helping them to sort of still face it and potentially still challenge themselves each time" [Kiran, parent]* was very important. This could be done in a number of ways, from: *"a little bit of pre-teaching" [Kate, staff] "so* [children] *can keep up with it during the lesson" [Melissa, staff]*, sitting down with children and talking through tasks or instructions one-to-one *"so I start to get it" [Liam, child]*, highlighting previous successes to remind them *"you've been here*

before" [Geoff, parent], going over concepts again with those who have struggled, and working closely with the child *"to include them in the conversation in a way that they can communicate" [James, parent]* rather than just ignoring them, for example:

> *"Her teacher last year, who was just fantastic at this would… would sort of um, he would do things like, he'd ask her a question that was kind of a yes or no, uh, you can't see my thumbs […] that could be answered with a nod or a thumbs up, or, you know, that sort of thing, or point to this one, or this one. And that really got her used to answering questions. And then actually, this year, she started to put her hand up without being asked at all"[Esther, parent]*

Where particular difficulties have been identified, working with parents and/or other adults in school to practise specific tasks or required skills ahead of time can be useful:

> *"I mean, with our eldest, he's got dyslexia so it's a bit you know a little bit different but you know having a separate time to work on that particular aspect builds his confidence in reading so that he… then the anxiety reduces when he has to do something like that" [Kelly, parent]*

Some children felt that starting with easier work and then progressing to harder work or offering a choice of tasks could be beneficial:

> *"If the person is definitely not capable of the work, then you can give them some easier work to try out and if they can do that then they practice that and then they do harder work" [Samuel, child]*

Some, however, expressed worry that letting children self-select tasks in a bid to help them feel more confident might mean that they never push themselves. Similarly, some participants reported that offering choice or open-ended 'discovery-style' tasks could actually be anxiety-inducing, unless children were given sufficient support to complete them.

Many participants suggested that breaking up set work into smaller, more manageable tasks or setting clear targets and not changing them too often can help to give children a sense that they will be able *"to achieve success and know that they've achieved it" [Dave, staff]*. This careful management of appropriate, yet consistent, levels of challenge in which children are helped to *"problem solve about what next" [Will, staff]*, to feel successful and to have that

success, however small, recognised, appears fundamental in helping children to 'face the moment' on whatever level:

> *"But I suppose what you want to do is build…create opportunities for children to feel competent. Um, give them opportunities to take small risks, whether that's social risks or academic risks, intellectual risks or physical risks and then manage them appropriately. That must be quite important to building a sense of confidence and therefore to managing anxiety…I don't know how one would do that, other than by, yeah, by creating mildly…mildly difficult and challenging situations under controlled conditions and allowing children to…to…to…work through them" [Catherine, parent]*

3.5 Discussion

This study used in-depth, semi-structured interviews to explore experiences of children's anxiety in the classroom as perceived by primary school staff, parents, and children, both in terms of what may cause, contribute to, or exacerbate that anxiety, and what school staff can do in their day-to-day teaching to help alleviate and manage it. I used reflexive thematic analysis to generate themes capturing the essence of those experiences, in order to identify key implications for the design and development of training for school staff.

3.5.1 Summary of findings and implications for training

In light of literature reporting the relationship between intolerance of uncertainty and elevated anxiety (Buhr & Dugas, 2002; Counsell et al., 2017; Holaway et al., 2006; Osmanağaoğlu et al., 2018; Sexton & Dugas, 2009), and the increasing academic demands placed on schools and children (Rothì et al., 2008), it is perhaps unsurprising that pressure and uncertainty were identified as key contributors to children's anxiety at school by all participant groups. This may have been further exacerbated as this research took place in a period of time when the added uncertainty and unpredictability of life linked to COVID-19 were still very much at the forefront of participants' minds. In addition to the pressure of just being in a very busy, potentially noisy and chaotic environment, systemic pressure (encompassing high-stakes testing, the demands of a busy curriculum, overfull timetables,

and the resulting lack of time) featured prominently. Importantly, participants recognised that this did not just impact children, but also affected staff anxiety.

My findings indicate that there may also be some interplay between this systemic pressure and social pressure, whereby the latter may be a consequence of the former (or at least exacerbated by it). Children may compare themselves with their peers (particularly where staff make use of public rewards/charts etc. (Kowalski & Froiland, 2020)), fear being put on the spot, and are (in line with Hargreaves & Affouneh, 2017) often concerned about attracting teacher disapproval or provoking anger. This appears to be particularly true where children are uncertain of what to do, what will happen, and where staff (perhaps, as noted above, as a result of their own anxieties linked to systemic pressure) are inconsistent in their expectations and behaviours. Anxiety in relation to uncertainty was not limited to children. Parents reported their own difficulties over not knowing what was happening, either with reference to their child at school, or in relation to school more widely. There was some indication that this may be even more true for parents of children with elevated anxiety, perhaps, as parents noted, because these children may be even less able or willing to communicate what has happened in the course of a day.

The ideas encapsulated in the four themes linked to increasing predictability, cultivating connection, making the space, and supporting to learn, offer key insights and advice from participants on how staff might better support children who are anxious through their day-to-day practice. Routines and consistency are central to increasing predictability, however, in light of the aforementioned busyness of the classroom, it will also be important to help staff consider how to intentionally manage, and ideally pre-empt, instances where the unexpected happens. Findings from this study also highlight the benefits of staff ‘being in

control' within the classroom environment, as this too can help to ensure things remain predictable and contained for children. However, my findings also indicate that it is important for children to feel that they too have some control over what happens to them/what happens in the classroom. Participants (including children themselves) suggested that this may be achieved by staff and children working collaboratively when, for example, decisions are being made, or by staff offering some level of choice and flexibility over how children approach tasks. Any training will therefore need to support staff to balance carefully these two somewhat competing needs. Given the known relationship between *over*-control and *increased* anxiety in children (LaBillios & Lagacé-Séguin, 2007; Poulou et al., 2021), it is particularly important that staff be helped to consider how best to navigate this fine line. Exploring ways of 'being in control' while not adding undue pressure on children to 'do things right' or remove all sense of control from children (which may ultimately exacerbate anxiety in some) within the training will thus be crucial.

Primary classrooms are settings in which verbal interactions both between children and staff, and between children themselves, are almost continuous. Skilled facilitation of that communication, and the process of relationship building with children, is therefore essential, particularly in cases where children find it hard or intimidating. This might be achieved by making time to intentionally focus on strengthening relationships throughout the year (rather than just at the start of the school year) by, for example, spending time talking with children on subjects beyond the curriculum, remembering interests or important information about them, and sharing (to an appropriate degree) information about oneself, so that children feel seen, heard, known, and understood. Offering alternative ways to communicate beyond face-to-face verbal interactions (e.g. non-verbal cues, writing/drawing, notes in a worry box), and recognising that some conversations/questioning may need to be conducted where other

children cannot overhear may be especially helpful (although, as noted below, it would be important to work with children over time to help them gradually build the skills needed to overcome any fears they may have in this regard). Good communication and strong relationships between staff, while clearly beneficial to all, may also be of particular benefit to children who struggle with anxiety. Adults who have a shared understanding of the children they teach, and who communicate that information between themselves, may not only increase children's aforementioned sense of 'being known', but may also prevent children experiencing unnecessary feelings of vulnerability associated with having to explain themselves (in some instances repeatedly). This may be particularly true, for example, where anxiety difficulties related to issues in the wider family are impacting school life (whether short or long term).

This study also highlights that skilled communication and relationship building, as noted above in relation to parental anxiety, needs to extend beyond the classroom. It was striking that results of this study pointed to the importance of school staff cultivating connection with parents as well as children. Many of the examples and potential concerns given for children above may be just as true for their parents. Importantly, while schools may well already feel that they communicate (often prolifically) with parents, this study highlights the need for greater consideration of this process, in order to ensure that communication is effective, welcome, and two-way. Offering parents alternative ways to communicate (whether as recipients or initiators) may merit consideration. More broadly, encouraging schools to explore ways to increase and enhance parental partnership and communication will also be important.

Together, participant insights in relation to 'cultivating connection' support Richardson & Fallona's (2001) notions of classroom management as *'method and manner'.* Building guidance around not just ***what*** and ***with whom***, but also ***how*** those communications and relationships are conducted is key. Crucially, staff should be helped to recognise that this ***how*** may vary person to person, and underscores, once more, the importance of cultivating connections, not just at the group, but the individual level.

Aspects of training focusing on reducing pressure through *'making the space'* will, as participants noted, need to address both physical space and mental space (i.e. giving children time in the areas they and others highlighted in section 3.4). Training that explores ways to do this, while acknowledging the constraints under which classrooms operate, may be of particular use to school staff. The final theme, centring around supporting children to learn to overcome their fears, indicates that, perhaps contrary to expectation, but in keeping with evidence-based clinical practice on overcoming anxiety, participants recognise the importance of facing fears or challenges, and do not expect or want to avoid them. Investigating strategies that are known to be effective clinically that may translate well to the classroom setting would appear to be worthwhile, with a view to incorporating them into the eventual training for school staff.

3.5.2 Strengths and limitations

This study provides an original contribution to existing research by exploring children's experiences of anxiety in the primary school classroom, and how day-to-day classroom practices may either help manage and minimise that anxiety or make it worse. My use of a multi-perspective design allowed me to explore those experiences through the eyes of parents, school staff in a variety of roles, and children, adding depth, breadth, and richness

to the data gathered. Furthermore, purposive sampling ensured that the sample had a varied demographic profile, and included those from different schools, backgrounds, experiences, and geographic areas. Using reflexive thematic analysis, and fully embracing the subjectivity I brought to the research process, allowed me to engage with the interview process, participants, and data analysis on a much deeper level. Supervisory discussions during the coding and theme generation meetings, which brought alternative perspectives to the process, and challenged my own, ensured alternative interpretations were considered throughout. The use of pre-interview introductory materials for online interviews (making use of teaching skills – particularly those gained during online lessons in lockdown), puppets, and questioning/engagement techniques commonly employed in the classroom, meant that my own experiences as a primary school teacher were instrumental in gathering rich data, particularly from children, which can often be considered a challenging task for qualitative researchers. My in-depth knowledge of teaching life, and of working with parents, also allowed me to adapt questioning, and probe perhaps on a deeper level than might otherwise have been possible.

Nevertheless, it is important to note that there are a number of limitations to this study. Response rates from invited schools were small (n=4), and schools themselves were responsible for the distribution of study information to staff and families. It is therefore difficult to be sure that all eligible participants were invited, or had opportunity, to take part. Consequently, the pool from which I selected my sample, while intentionally varied as far as possible, had limited geographic spread, and additionally, may only have represented those schools where staff already had awareness, interest, capacity, and understanding of anxiety difficulties in children. The same might be said of those parents and children who opted to take part. Although this study included participants from non-White British

backgrounds, ethnic diversity was nonetheless limited (and still majority White). This was particularly true in the staff sample, where all participants recruited were from White backgrounds. While reflective of the current teaching workforce (DfE, 2024), and thus possibly an indicator of why it is often hard to recruit a more varied sample, my staff sample nonetheless lacked the variation of the wider school employee workforce, and as such, is unlikely to cover a full range of views (alternative or otherwise). The sample was also limited in terms of educational background. 80% of parents in the sample had at least an undergraduate degree. Consequently, while it is not the aim of qualitative research to be generalisable or representative beyond the particular sample, the degree to which these findings might reflect the true breadth of experiences of staff and families in other schools cannot be ascertained, and, as indicated above, some important perspectives may be missing. In future research, it would be helpful to target staff, parents, and children from different ethnic backgrounds to explore their perspectives of children's anxiety in school, as it may be that cultural elements or aspects of life not identified or considered here have an important and unique influence on their views and experiences. Additionally, recruiting families who are eligible for free school meals may provide some key insights into additional pressures or difficulties that may affect both children's and parents' anxiety in or about school. This may be further enhanced by including more children with special educational needs and their parents, although in so doing, it would be important to recognise the additional complexities that may be introduced as a result. Importantly, this study focuses on things school staff can do as part of their *day-to-day* classroom practice, and as such, including those with particularly complex needs may yield suggestions and recommendations that, while worthy of consideration and possibly broadly of benefit to other children, go beyond this day-to-day remit. Who to target, and exactly how to integrate, interpret, and use these additional findings would need careful consideration.

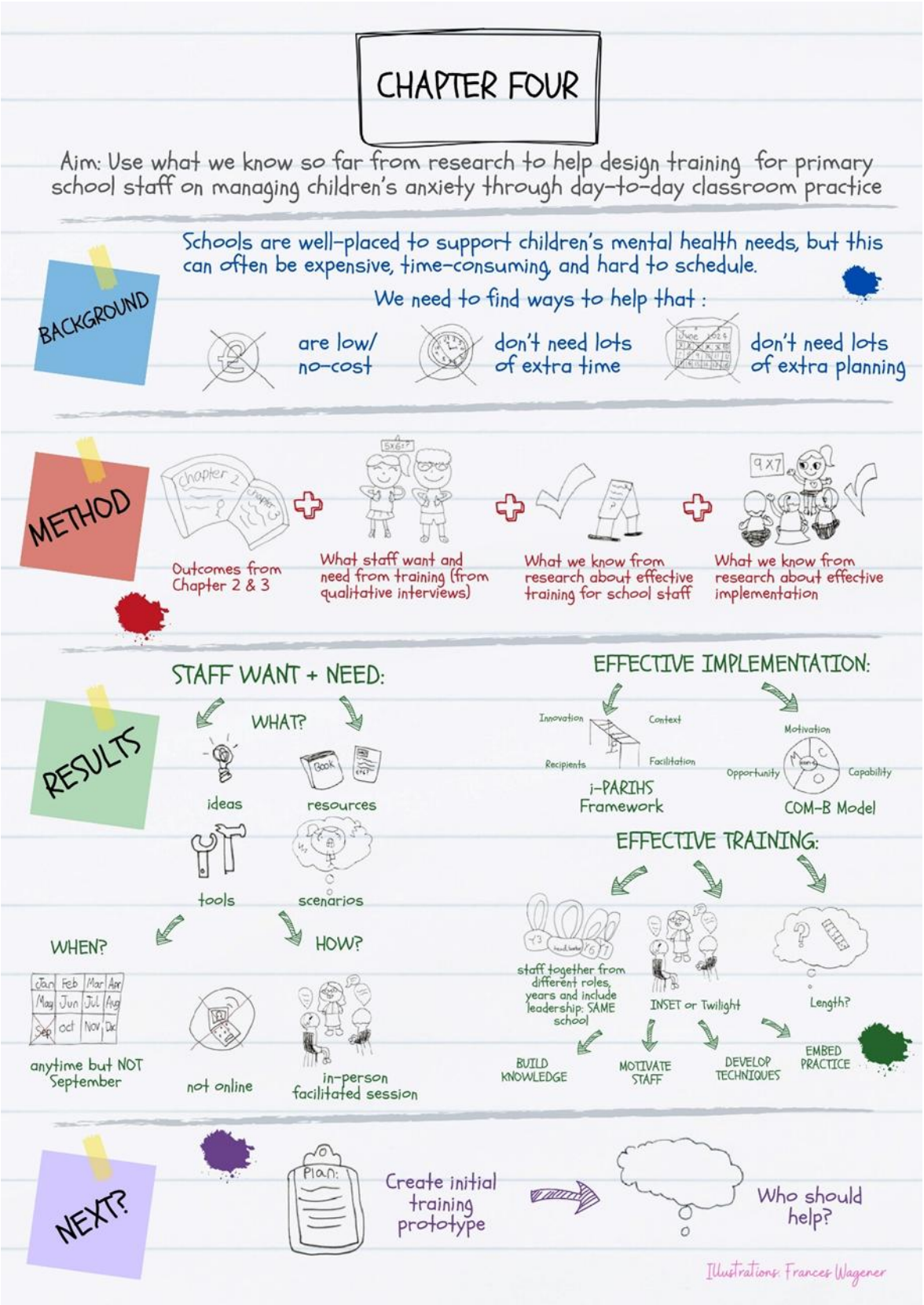
While parents and children in the sample did reflect on negative and difficult experiences of or about school, as noted above, it is nonetheless likely that they may not adequately reflect the voices of those for whom engaging with school (either as a pupil, or as a parent) is more challenging. Including, for example, harder-to-reach parents (and their children) who have had, or who continue to have, difficult relationships with schools and staff, may have further enriched this study, as would including those with current or previous experience of, for example, emotionally-based school avoidance.

Finally, this study raised some interesting questions in relation to the possible interplay between different facets of pressure in the classroom, for example, how social pressure may be influenced by systemic pressure, and whether that relationship may even reciprocal. It also indicated that there may be a relationship between staff anxiety and increased child anxiety. While this was beyond the scope of my thesis, both warrant further exploration in future research.

3.6 Conclusion

This study highlights a number of key aspects of the experiences of parents, children, and school staff in relation to anxiety in the primary school classroom. Outcomes from this study will be combined with findings from Chapter 2, and wider findings from staff interviews which focused on their need and expectations for anxiety-related training, and used to determine initial content for possible training. Indeed, the six themes generated in this study create, in themselves, a natural and useful framework around which training content could be designed and developed. This will be explored in Chapter 4.

Chapter Four



Chapter Four

Developing evidence-informed training: using preliminary research outcomes to inform initial design

4.1 Introduction

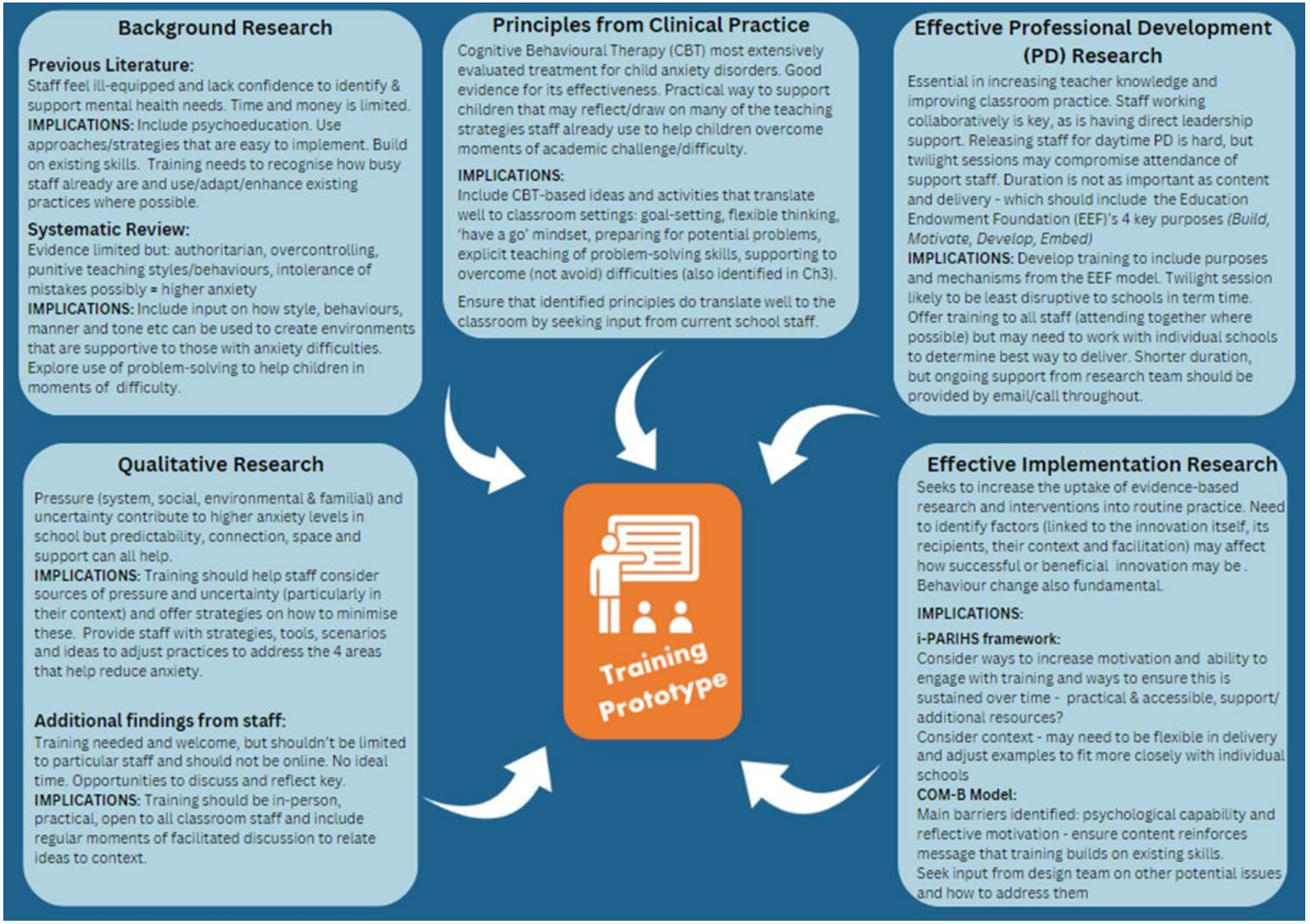
While schools recognise the importance of supporting the mental health and wellbeing of children in their care (Reinke et al., 2011), and are well-placed – and indeed mandated – to do so (Anderson et al., 2018; Moore et al, 2022; Fazel et al., 2014), existing research indicates that questions about the benefits and effectiveness of school-based interventions (Andrews et al., 2022; Stallard, 2014), combined with issues linked to the funding (Patalay et al., 2020), timetabling (Rothí et al., 2018), and staffing (Stallard et al., 2010) of those interventions, has had an impact on schools' capacity to offer, adopt, and sustain them over time (McLoone & Rapee, 2012; Moore et al., 2022). In addition, staff often feel poorly-equipped, and insufficiently trained, both to identify emerging mental health needs, and to respond to them appropriately when they become apparent (Dray et al., 2017, Graham et al., 2011; Shelemy et al., 2019). Many also report a reluctance to assume what they consider to be a therapeutic role (Shelemy et al., 2019).

Nonetheless, given their role, and their knowledge of children and families, school staff are often among the first to be consulted for advice, help, and support when mental health concerns arise (Ford et al., 2007). In this DPhil, I wanted to identify ways to support children experiencing anxiety problems (whether formally diagnosed or not) that do not place unrealistic additional demands on schools financially, nor require hours of additional planning, organisation, or learning on the part of already overstretched staff. Helping school staff to focus on adapting and enhancing day-to-day classroom management practices in

ways that can help minimise and manage children's anxiety difficulties offers a potential solution, but current research tells us very little about how this might best be done.

In this chapter, I discuss how I used the outcomes of my systematic review (Chapter 2) and the findings from my exploratory qualitative study (Chapter 3), together with additional recommendations from school staff, to inform the initial design of training for primary school staff on managing and minimising child anxiety through their day-to-day practice, such that its content and delivery would be informative, useful, and practical; would meet the needs and wants of the school staff for whom it is intended, and would also accurately reflect the needs of the children and parents who may ultimately benefit from any changes to classroom practices. I also explore what is known about effective professional development for teachers and consider how this, combined with findings from current research into effective implementation, and relevant principles from clinical practice, informed my initial training design. These findings are summarised in figure 4.1.

Figure 4.1 *Overview of key evidence from five sources and implications for training design*



4.2 Implications for initial training design based on background literature

Based just on the literature outlined thus far, several implications for design were immediately apparent. In addition to providing elements of psychoeducation to help uncertain staff to identify potential emerging anxiety issues in children, eventual training would need to be centred around approaches that could be implemented with relative ease throughout the course of the normal school day by those already in the classroom, rather than rely on additional staffing. Suggested strategies, even where potentially new to staff, should largely remain aligned with principles common to everyday classroom practices, such that it builds on skills that school staff already have. Staff should then feel confident in using strategies they learn, rather than feel pressure or concern over their role becoming more therapeutic, such that they need significant further training in order to be effective. Training should also focus, where possible, on supporting children in the classroom itself (rather than through withdrawing them to alternative locations) in order that lessons are not missed. Finally, background literature indicates the importance of creating training content that results in little to no additional financial cost to the school.

4.3 Implications for initial training design based on findings from systematic review

My systematic review synthesised evidence from eight studies on the relationship between teachers' day-to-day classroom management practices and primary school children's anxiety (Manley et al., 2023). The number of relevant studies identified (all but one of which were observational/cross-sectional) was extremely limited, and those included varied considerably in terms of their design, specific focus, and their quality. Additionally, a distinct lack of intervention studies that assessed the effects of classroom management practices, or indeed any that assessed outcomes linked to specific teaching strategies, made any causal

conclusions impossible to reach, effective practices hard to establish, and recommendations difficult to formulate. That said, included studies did provide some evidence of the types of teaching behaviours/management practices potentially associated with higher anxiety levels (e.g. authoritarian, overcontrolling, punitive teaching styles; intolerance of mistakes, negative staff affect), which may suggest that eventual training should also include input on how style, manner, and tone can help to create warm, safe, secure and positive environments in which children feel less anxious. In this review, I also highlighted the importance of further investigation into helping children to problem solve in moments of challenge or difficulty, elements of which could be incorporated into training that is then trialled and evaluated.

4.4 Implications for initial training design based on initial qualitative findings

Findings from Chapter 3 were used to create content that reflects current classroom experiences, and as a source of meaningful, real-life examples which could be used to illustrate suggestions made during the training. Table 4.1 summarises the thematic outcomes generated through the data analysis, along with ideas for how these findings would then be incorporated into the preliminary training outline.

Table 4.1 *Implications for training design from initial qualitative research (green: considerations for content ; blue: considerations for delivery)*

Theme	Summary	Implications for training design
1.*"It all gets pushed down on the children"*: under pressure	Pressure in the classroom/wider school contributes to anxiety and can make it worse. Pressure can be **systemic** (academic expectations, curriculum demands, busy timetables, testing), **social** (fitting in, comparison with peers, being put on the spot/humiliated) **environmental** (lack of space, noise, busyness, visual overstimulation) and **familial** (split families, disharmony, caring responsibilities, illness)	➢ Explore the 4 different types of pressure identified in research and where they come from ➢ Include audio quotes from interviews to illustrate different perspectives ➢ Provide opportunities for participants to discuss their own experiences/ideas ➢ Explore why familial pressure only noted by school staff?
2. *"Stepping into the unknown"*: a place of uncertainty	Anxiety is induced or increased when children are uncertain about: **what is happening**, **what to do**, **how someone might respond** (staff and children). Uncertainty can lead to concerns over **getting things wrong/being in trouble**. Uncertainty comes from a **lack of familiarity** with task, place, and person (e.g. different adults working with them) and anything that is **unexpected**. **Staff and parent uncertainty** over what is happening/what to do can also make it **hard to know how to support** an anxious child	➢ Explore what uncertainty in the classroom looks like ➢ Highlight fact that parent/staff uncertainty can increase children's anxiety ➢ Include audio quotes from interviews to illustrate different perspectives ➢ Provide opportunities for participants to discuss their own experiences/ideas
3. *"So that they know"*: increasing predictability	Creating a sense of security through **routines** (that are communicated, understood, practised and embedded), **consistency**, and having **control** can help minimise anxiety, as can **communicating and explaining changes** (ideally in advance) when they are needed	➢ Recognise that staff may be feeling ill-equipped: reassure that they do not need to be therapists. Reflection on what they already do ➢ Explore how predictability can be increased ➢ Include audio quotes from interviews to illustrate different perspectives/ideas ➢ Ideas for routines, consistency and control ➢ Get participants to reflect on problematic issues with routines and how they might be mitigated. Offer suggestions of what to do when routines have to change – invite contributions from participants to include other ideas
4. *"I'm here. I'm your person"*: cultivating connection	Cultivating connection (through building **meaningful relationships** and **effective, intentional communication** crucial in minimising children's anxiety. Knowing children well can help staff **predict** when anxiety might	➢ Explore what good communication looks like and focusing particularly on when, how and with whom it

	increase and **plan how to prepare/respond**. **Open, honest communication** with parents (and other staff) and **approachability** is key.	should happen. Ideas on manner and tone (highlight research comments over impact of inconsistency here ➢ Explore WHY it is important for us build relationships (both with children and parents) and the impact of doing this well ➢ Offer ideas and strategies that can be used to build relationships ➢ Provide opportunities for participants to discuss their own experiences/ideas ➢ Include audio quotes from interviews to illustrate different perspectives/ideas
5. *"Calm, peaceful, purposeful":* making the space	Creating **space** (both physical and mental) in busy, fast-paced classroom life helps reduce feelings of anxiety. Careful **management of the environment** is key – **reducing noise**, creating **order and organisation,** reducing visual overstimulation by **minimising information on walls,** adapting **seating arrangements** and the provision of **agreed alternative spaces** (within and outside the classroom). Providing **time** to think, talk, reset and ask questions (which may need active promotion)	➢ Explore how staff can use day-to-day practices to manage the environment more effectively. ➢ Provide specific strategies and ideas and also ask staff to contribute their own ➢ Get participants to reflect on problematic issues with fictitious classroom and reflect on why it might be a contributor to anxiety ➢ Explore need to manage 'mental' space and how that might be done ➢ Ask staff to bring a photo of their classroom so that they can identify potential issues (privately if preferred) ➢ Recognise that staff may be constrained in what they can do with the physical environment and by existing school policies ➢ Include audio quotes from interviews to illustrate different perspectives/ideas

6. *"Facing the moment"*: supporting to learn	As eliminating all anxiety is impossible and unhelpful, where it occurs, it needs careful management. Acknowledging moments of anxiety and working with children to overcome them (through 1:1 explanations, adjusted objectives, pre-preparation – at home or before a lesson- or step plans) gradually, while exploring, empathizing with, and normalising their feelings	➢ Include information on why, while it's important to minimise contributors to anxiety we can't and shouldn't remove them all from the classroom (look at vicious cycle of anxiety ➢ Explore different ways of providing additional support to individuals within the classroom ➢ Provide opportunities for participants to discuss their own experiences/ideas ➢ Include quotes from interviews that illustrate staff/parent ideas on the importance of helping children overcome their fears ➢ Explore the idea that some strategies that we know to be successful clinically can be used in the classroom setting (important to emphasise that this can be done with whole class as well as individuals) ➢ Explore how we can talk to children about what anxiety is and the feelings it produces (e.g. smoke alarm / fire drill analogy) ➢ Include information on how to use problem solving with their class (take participants through example problem solving lesson?) Provide resources for problem solving display to schools? ➢ Include a number of different scenarios which help staff to think through how to support a child with a particular issue (common examples, e.g. not coming in, not wanting to answer questions ➢ Include step by step model examples and then ask staff to work together to respond to a new scenario using previous learning ➢ Provide information on the importance of exploring feelings, empathising and normalising and ideas/conversation starters for how to approach that ➢ Demonstrate how to create a step plan with a child- can staff then use this to work through a new scenario of their own choosing?

4.5 Further implications for training design and development from qualitative findings

To increase the relevance, usefulness, and acceptability of the training, qualitative interviews with school staff detailed in Chapter 3 included asking school staff for their views, suggestions, and recommendations on:

- whether training would be useful and why
- particular content/material that should be included or covered
- who should receive it
- where, when, and how it should be delivered

A summary of findings with implications for training design and illustrative comments taken from interviews are provided in figures 4.2 and 4.3 respectively.

Figure 4.2 *Summary of findings from research with school staff with implications for training design*

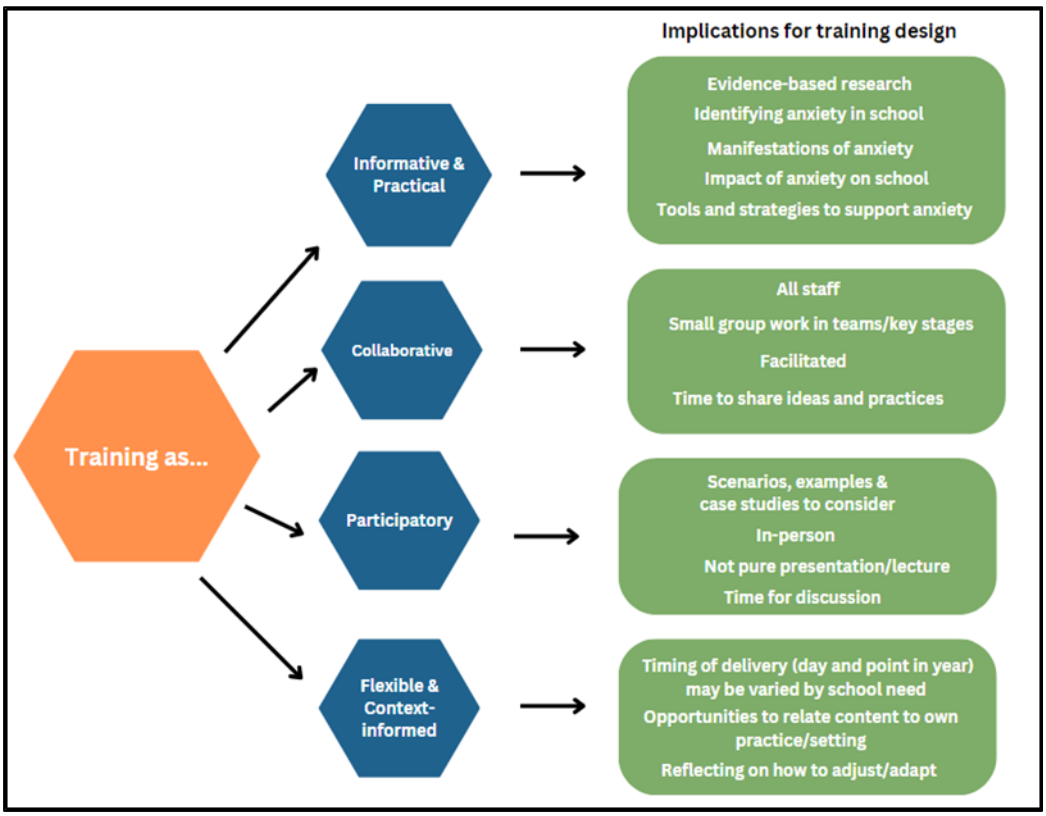


Figure 4.3 *Illustrative comments from staff interviews on considerations for training design*

All participants indicated that training of this sort would be welcome and beneficial. In line with research on teachers' self-reported barriers in relation to supporting mental health linked to capability (Dray et al., 2017, Graham et al., 2011; Shelemy et al., 2019), many participants highlighted that it would help them to feel better equipped, and more confident that they would not make the situation worse when trying to help children who were struggling. Perhaps unsurprisingly, input from participants varied widely, and reflected a broad range of ideas in relation to suggested content. However, a consistent message was the clear need for any content to be highly practical and provide strategies, suggestions, scenarios, and resources that could be easily used in the classroom. There was little consensus on when any training would best be delivered, however, all participants indicated

that perhaps September would best be avoided in view of the additional demands placed on staff at the start of an academic year. Views also varied in terms of the ideal format for the training, but the majority of staff interviewed suggested that it should either form part of an INSET day or take place as a 'twilight' session (i.e. sessions that take place outside of core school hours in after-school staff meetings). Staff interviewed also expressed a very clear preference for an in-person, facilitated session that offered opportunities for reflection and discussion, with some staff commenting that training would be enhanced by being able to consider (with other colleagues) how to relate ideas shared immediately to their own practice. Participants felt that it would be important to involve as many classroom-based staff as possible in the training, in order that everyone receive the same message. Particular emphasis was placed on such training not being limited to senior staff, or to those with particular responsibilities for wellbeing such as the Special Educational Needs and Disabilities Co-Ordinator (SENDCo) or the Emotional Literacy Support Assistant (ELSA).

4.6 Implications for training design and development based on research into effective professional development for school staff

Professional development (PD) for staff in schools has long been considered to be essential to increase and enhance teacher knowledge, and to improve classroom practice (Desimone et al., 2002). As commitment to, and enthusiasm for, it has increased, so too has the variety of training packages, programmes, and courses purporting to provide it. In a recent systematic review and meta-analysis of the characteristics of effective teacher professional development for the Education Endowment Foundation (EEF), Sims et al (2021, p.7) define professional development (PD) as *"structured and facilitated activity for teachers intended to increase their teaching ability",* where *'teaching ability'* encompasses instruction, exploring ideas, classroom management, assessment, and lesson planning. For the purposes

of this thesis, I adjust this definition slightly to "*structured, facilitated activity for **staff** intended to increase their teaching ability"*, such that it better reflects my intention to provide training to all those working regularly, and on a daily basis, with children in the classroom, whether they be teachers, teaching assistants (TAs), or other classroom-based support staff.

According to data from the Teaching and Learning International Survey (TALIS) 2018 (Jerrim & Sims, 2019), teachers in England spend, on average, approximately 55 of their 1,265 hours of directed time on professional development activities. Some of this occurs during the five days (commonly known as INSET days) that state schools are currently required to set aside during the academic year for such purposes. This commonly involves either staff from one school all training together, or all staff from a number of schools (for example from the same local authority or multi-academy trust), coming together to receive training on the same subject. The rest is sourced, organised, and facilitated during term time, often at cost, by individual schools, local authorities, or trusts, and usually either involves sending designated staff to training providers during the school day, or attending 'twilight' sessions either within one's own school or elsewhere.

Previous research (including my own initial qualitative findings) suggests that opportunities for staff, including TAs, to work together collaboratively away from the day-to-day pressures of classroom life is important in providing effective PD (Bubb & Earley, 2013; Cordingley et al., 2003, 2015; DfE, 2016), not least to ensure consistency of message and practice both within and across classrooms (Allen et al., 2022). Including staff from a variety of year groups and with differing levels of experience have also been reported to lead to richer discussion, and broaden views and ideas shared, helping staff to reflect on their own

practices and encouraging them to try new approaches (Allen et al., 2022). It is also considered to be important for those in positions of leadership within schools to be directly involved as active participants in any PD provided to classroom staff, as this leads to better understanding of PD objectives, greater commitment, and also enables them to provide ongoing support after any training and/or in helping staff to find solutions to any difficulties that arise (Sims et al., 2021).

Research suggests that PD may be less effective, however, when participating staff come from a variety of different schools. In such cases, this can mean that only one member of staff (for example a teacher with particular responsibility for a curriculum area) in a given school receives the relevant training input. Should that staff member then leave or change roles, any training then risks losing momentum or being abandoned completely (Sims et al, 2021). In addition, staff nominated to attend training individually or on behalf of others may feel isolated and have, or be of, limited help when difficulties arise (van Tulder & Veenman, 1991). This reflects findings from broader literature on implementation, which are discussed in more detail below.

IMPLICATIONS FOR TRAINING

Who?

All classroom staff (teachers/TAs), those with responsibility for wellbeing and senior leadership. As views on PD effectiveness differ between classroom staff and leadership (Sims et al., 2021) also involve BOTH in training design?

As it may be difficult, both logistically and contractually, for TAs to attend 'twilight' sessions, whole-staff PD may be easier to realise during a whole-day INSET. However, to ensure all staff are able to participate at once under these circumstances, this may require schools to use one of the five days allocated nationally by the Department for Education

(DfE) specifically for INSET, which in turn may potentially reduce schools' ability to dedicate time to one specific PD focus over another, particularly when set against other competing priorities. In cases where PD is provided for nominated individuals elsewhere but within normal teaching hours, school leaders can be reluctant to release staff (whether teachers or TAs) from class due to cost, and the disruption it may cause (Bubb & Earley, 2013; Sims et al., 2021).

It is thus still very common – particularly in the primary school sector – for schools to make use of twilight PD that is delivered on their own premises (Bubb et al., 2009), as it allows more choice over when, how, and with whom PD takes place. Such sessions, as Bubb & Earley (2013) also note, can provide a more personalised approach, which offers the potential for more contextually-relevant training. In addition, sessions can be smaller, and run amongst those who already know each other, making them less intense, while also providing an immediate source of ongoing collaboration and support.

IMPLICATIONS FOR TRAINING

When?

Twilight session after school will maximise opportunity to get into schools and be least intrusive to day-to-day operations. Where schools can facilitate attendance of TAs, this is ideal but may need to work with individual schools to determine alternative way to ensure TAs receive training on same day

Existing research provides little guidance on how long PD should be in order to be most effective and findings in this area are extremely mixed. Some studies indicate that PD that is intensive and sustained over time is superior to (Darling-Hammond & McLaughlin, 2011; Desimone, 2011; Cordingley et al 2015), and more likely to result in changed practice (Opfer & Pedder, 2011; Boyle et al., 2004), than anything offered over a shorter time period. More recent meta-analyses have, however, failed to find an association between longer PD and increased impact on student attainment (Basma & Savage, 2018; Kraft et al., 2018; Lynch

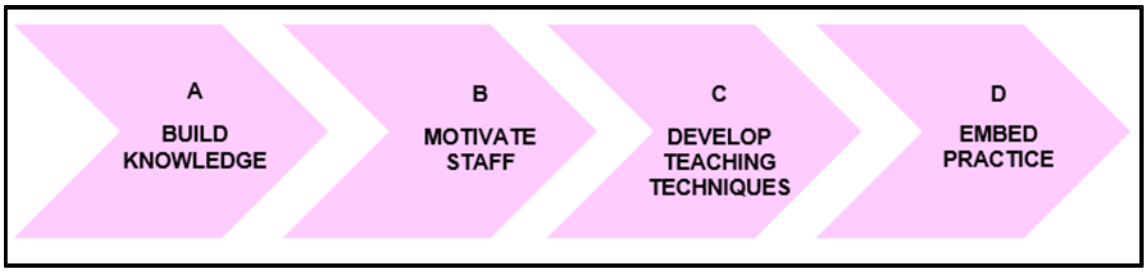
et al., 2019). When designing training of any kind, it is important to note that while PD of shorter duration may be just as effective, it can sometimes take time for staff to appreciate a programme's true value (Collin & Smith, 2021). In relation to the provision of ongoing support and further training, there is some indication that PD that offers later additional input on how staff may adapt strategies to better suit their individual needs or classroom environments may be useful (Davey & Egan, 2021). In their review of the characteristics of effective teacher professional development, Sims et al. (2021) noted, however, that teacher responses to follow-up training were mixed. While some included studies reported that PD designed in this way was considered helpful in building on and refining initial learning, teachers were less sure whether further training actually meant they learned anything more and whether, consequently, the additional time needed for PD was worthwhile. If included, any follow-up activities to initial training would therefore need to clearly add value.

IMPLICATIONS FOR TRAINING

Duration?

Intended to be whole-school training, so single session might maximise potential uptake. But to ensure ideas are implemented and sustained, will need to recommend time for reminders/discussion/ideas sharing in staff meetings etc. Need advice from practitioners on how long feasibility study should last and any support needed throughout.

Recent research conducted by the EEF (Collin & Smith, 2021) suggests that the content of PD, and how that content is delivered, has more bearing on its overall impact and effectiveness than its length. They propose that, to be effective, PD should address four core purposes:



PD that builds knowledge, motivates staff, and develops teaching techniques but fails to include opportunities to embed, risks staff returning to previous practices following training. Similarly, where knowledge is instilled and staff are motivated but there is no opportunity to develop techniques or embed practice, learning is unlikely to be included in day-to-day classroom practice. If PD increases knowledge but staff are not motivated, techniques are not likely to be developed and embedded. Lastly, if staff are motivated and skills are developed and embedded but knowledge is not built, they may lack sufficient understanding of why, and when, something works. This can result in techniques being misused, which ultimately renders them ineffective.

The EEF model then proposes a set of fourteen underlying 'mechanisms' through which each of these core purposes may be addressed. Table 4.2 outlines each of these mechanisms and how they map on to the four core purposes, along with possible examples.

Table 4.2 *Purposes and mechanisms of effective teacher PD (adapted from Collin & Smith, 2021; Sims et al., 2021)*

Purpose	Mechanism	Example
A BUILD KNOWLEDGE	1. Managing cognitive load	• *Focus only on most relevant content* • *Vary presentation via use of multiple examples* • *Dual-coding (verbal and visual instruction)* • *Drip-feeding (content combined with examples and modelling so teachers incrementally build knowledge)* • *Explicitly define knowledge to be covered in each session*
	2. Revisiting prior learning	• *Revisit previous topics/techniques later in the session/programme* • *Use tasks that require staff to draw on previous learning* • *Discussion/reflection tasks or frequent low-stakes testing to revisit prior learning*

B MOTIVATE STAFF	3. Setting and agreeing goals	• *Suggest specific tasks to do after training* • *Get staff to set own goals for after training*
	4. Presenting information from a credible source	• *Ensure content is evidence-based* • *Supporting suggestions with published and robust research* • *Featuring a prominent education academic to advocate for change* • *Use an expert teacher to promote particular practice*
	5. Providing affirmation and reinforcement (after change has been attempted)	• *Recognition cards*
C DEVELOP TEACHING TECHNIQUES	6. Instructing staff on how to perform a technique	• *Fully explain concepts and procedures required*
	7. Arranging social support	• *Peer-coaching (to provide expert input and assistance)* • *Regular conference calls between teachers to discuss how finding process* • *At least 2 teachers from each school/phase so they can provide peer support throughout*
	8. Modelling techniques	• *Providing observable samples of performance directly/indirectly (via film or pictures) to observe or imitate* • *Modelling by expert practitioner* • *Learning from worked examples- opportunities to observe problems/solutions before they are faced*
	9. Monitoring and providing feedback	• *Coach/peer to provide written/verbal feedback*
	10. Rehearsing techniques	• *Practising/rehearsing techniques outside the classroom* • *Role play*
D EMBED PRACTICE	11. Providing prompts and cues 12. Prompting action planning	• *Fortnightly email or call to remind them to embed lessons learned* • *A4 reminders – what we said, what to do, examples* • *What will they do when?*
	13. Encouraging self-monitoring	• *Reflective journals*
	14. Context-specific repetition	• *Practising in classroom* • *Peer/ management meetings to support*

While the EEF model suggests that as the number of mechanisms included increases, so too does the impact of the PD, it places greater emphasis on the importance of creating a 'balanced design', where a range of mechanisms are included to ensure that all four purposes are met. It is important to note that the number of mechanisms included for each of the purposes does not have to be equal, but that to be effective, no single purpose should be omitted from the design.

IMPLICATIONS FOR TRAINING

Content?

Ensure content covers 4 key purposes of EEF guidance
Include as many of the 14 mechanisms as relevant/possible

In Appendix 4, I demonstrate how these purposes and mechanisms were incorporated into my initial training design.

4.7 Implications for training design and development based on research into effective implementation

When developing training for schools, it is critical to ensure that the ideas and recommendations coming from it can be, and are, successfully and easily integrated into practice, quickly benefit both staff and the children they teach, and sustained over time. Implementation science, widely used in healthcare, seeks to support and increase the uptake of evidence-based research and interventions into routine practice (Bauer & Kirchner, 2020). It looks beyond the innovation itself to consider additional factors that may affect how successful or beneficial a given innovation may be, and provides a variety of models and frameworks to guide the process of planning and designing for effective implementation.

I used the integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS) framework (Harvey & Kitson, 2015) to help me identify potential implications for my training design, its delivery, and ultimately the execution of my feasibility study. Its creators describe it as:

> *"a practical model of facilitation that can be used to plan, conduct and evaluate real-time implementation projects"*
>
> (Harvey & Kitson, 2015, p.1)

making it particularly useful in my context. Although designed for use in healthcare, its recognition that implementation of research in this setting is "complex, unpredictable and non-linear" and "requires a flexible and responsive approach to implementation" (Hunter et al., 2020, p.2) make it equally applicable to education settings, where the same principles are true.

The i-PARIHS framework proposes that successful implementation is dependent on four key constructs: *the innovation* (including the evidence for what is being proposed), *the recipients* (as individuals and collectively), *the context* (both local and outer) in which the innovation is to be implemented, and *the facilitation* of the process to implement the innovation (both who does it and the way in which it is done). I outline these constructs, and the ideas requiring consideration that underpin them, in figure 4.4. I then demonstrate how these have been used to identify implications for my initial training design in figure 4.5.

Application of the framework to the planning process was particularly helpful in identifying key aspects of the facilitation process which would need to be addressed to maximise the potential for success, not only in terms of the delivery of the training itself (for example who should facilitate training sessions and the need to be flexible to context when arranging logistics for its timing/who will attend), but also in relation to the input and support that

would be needed during the evaluation phase with schools (for example what support staff might need from school leadership versus what ongoing support I might need to provide). In addition, application of the framework also raised some important questions about the characteristics of schools that I should recruit for the feasibility study. This includes, for example, schools that demonstrate a readiness to be involved, where leadership are supportive of the aims of the study, where current school priorities align, and where staff will be given time and support to implement ideas from the training).

Figure 4.4 *Overview of key constructs from the i-PARIHS framework*

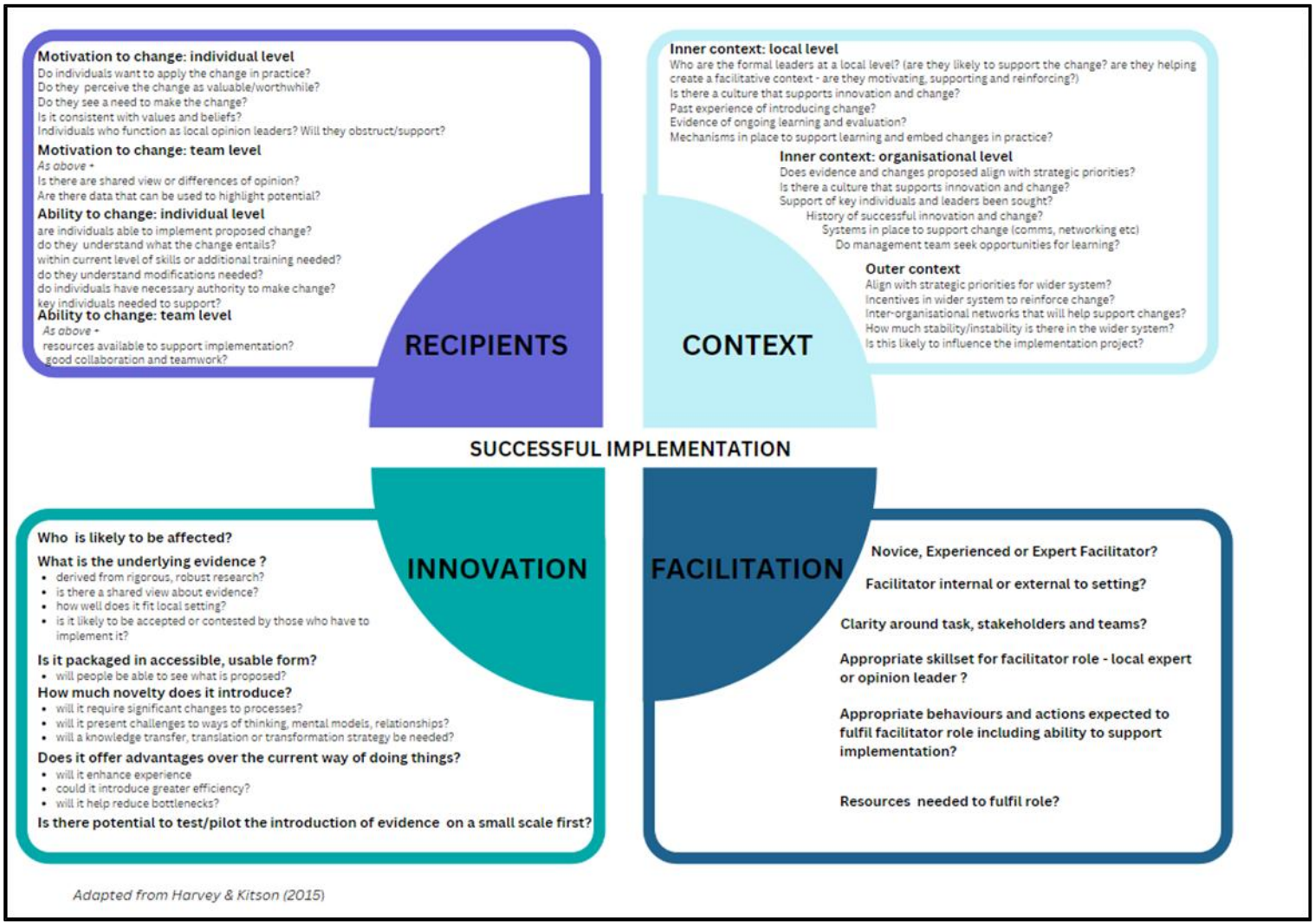
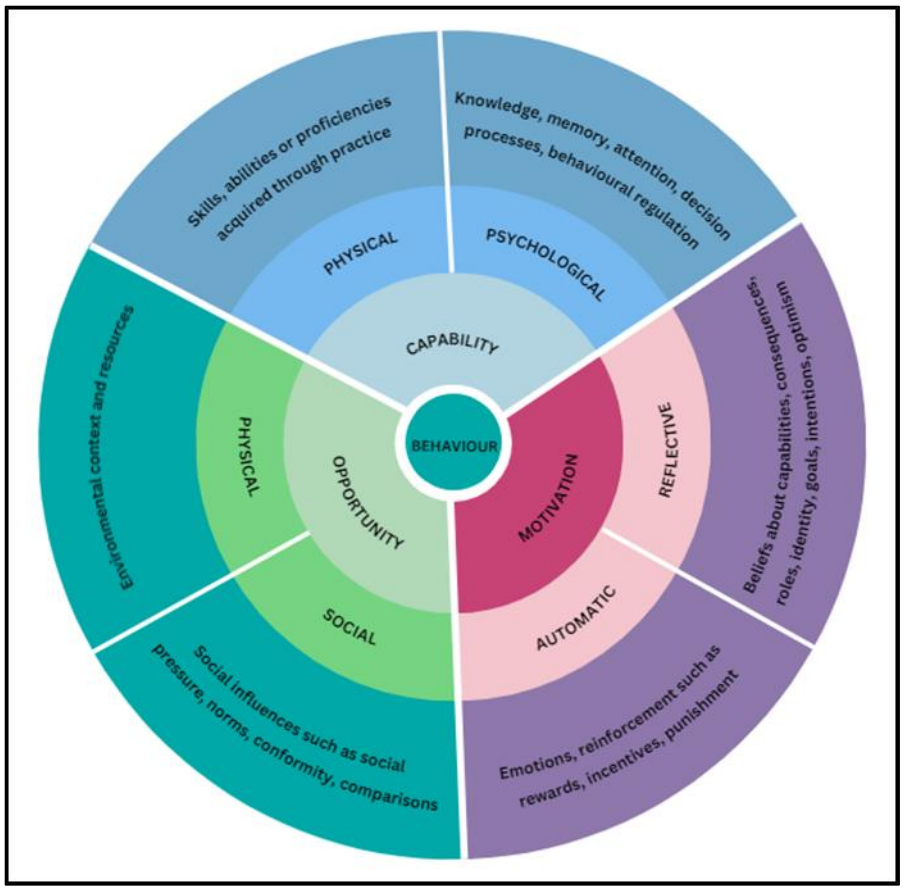


Figure 4.5 *Implications and considerations for training design based on the i-PARIHS framework*

The innovation being designed and developed in this process is training. The provision of strategies and ideas to help primary school staff adjust and adapt their day-to-day classroom practice to better support children with anxiety difficulties therefore ultimately constitutes a desire to change staff behaviour. The COM-B model of behaviour change (Michie et al., 2011) summarised below in figure 4.6, posits that all behaviour (B) is driven by three overarching components: capability (C), opportunity (O), and motivation (M). To behave in a certain way – and by extension here, to be in a position to change the way they behave – staff need to feel that they have the physical and psychological capability, the social and physical opportunity, and the motivation (both automatic and reflective) to do so.

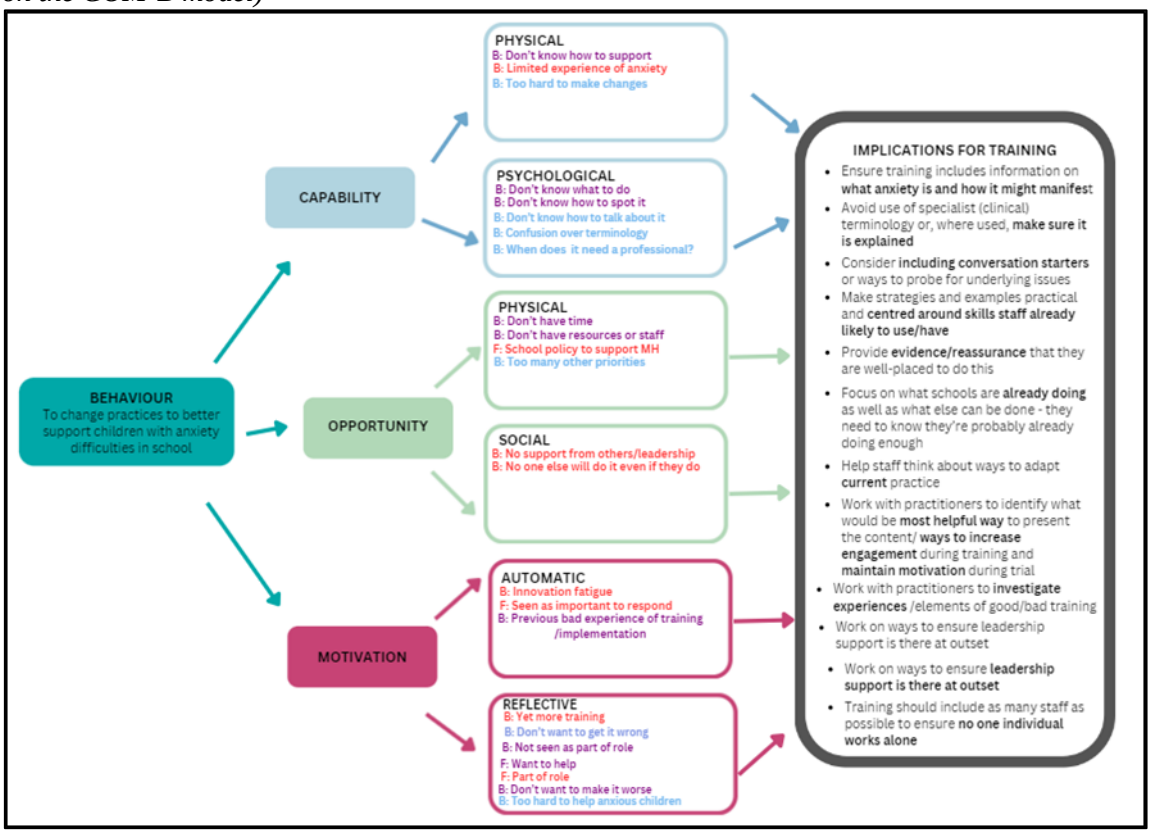
Figure 4.6 *The COM-B model of behaviour change (Michie et al., 2011)*



I used this model to guide my planning for the initial training prototype in two ways. First, I drew on my own professional teaching experience to predict potential barriers to behaviour

change that should be addressed through training content and/or the way in which the training is delivered and also to identify a number of possible facilitators. I then mapped key outcomes from the initial qualitative interviews with staff onto the same model with the same aim. These findings, along with their implications for training design, are outlined in figure 4.7. Personal predictions are indicated in red, while qualitative findings are in blue. Where personal predictions matched views raised in staff interviews, these are indicated in purple.

Figure 4.7 *Identified barriers (B) and facilitators (F) with related implications for training (based on the COM-B model)*



The need and enthusiasm for training in this area is clear, and is viewed by participants thus far as being in line with current school and wider organisational agendas. Its focus on day-to-day practices offers advantages over more costly alternatives. As the training content is underpinned by research, and is developed, delivered, and facilitated by an experienced practitioner, its overall credibility among school staff should be enhanced. Nonetheless, when taken together, findings suggest numerous implications for design. Most notably, these

relate to addressing issues around psychological capability and reflective motivation. Pivotal to this is a need to focus on content that particularly highlights how staff can adjust what they already do in addition to offering new ideas, that provides practical suggestions that build on current skills, and that makes minimal demands on resourcing and time. Contextual factors will play a key part in ensuring the success of the training and the sustainability of any changes implemented. Working with practitioners to further discuss how best to accommodate these, while maintaining the core essence of the training, will therefore be crucial.

4.8 Implications for training based on insights from clinical practice

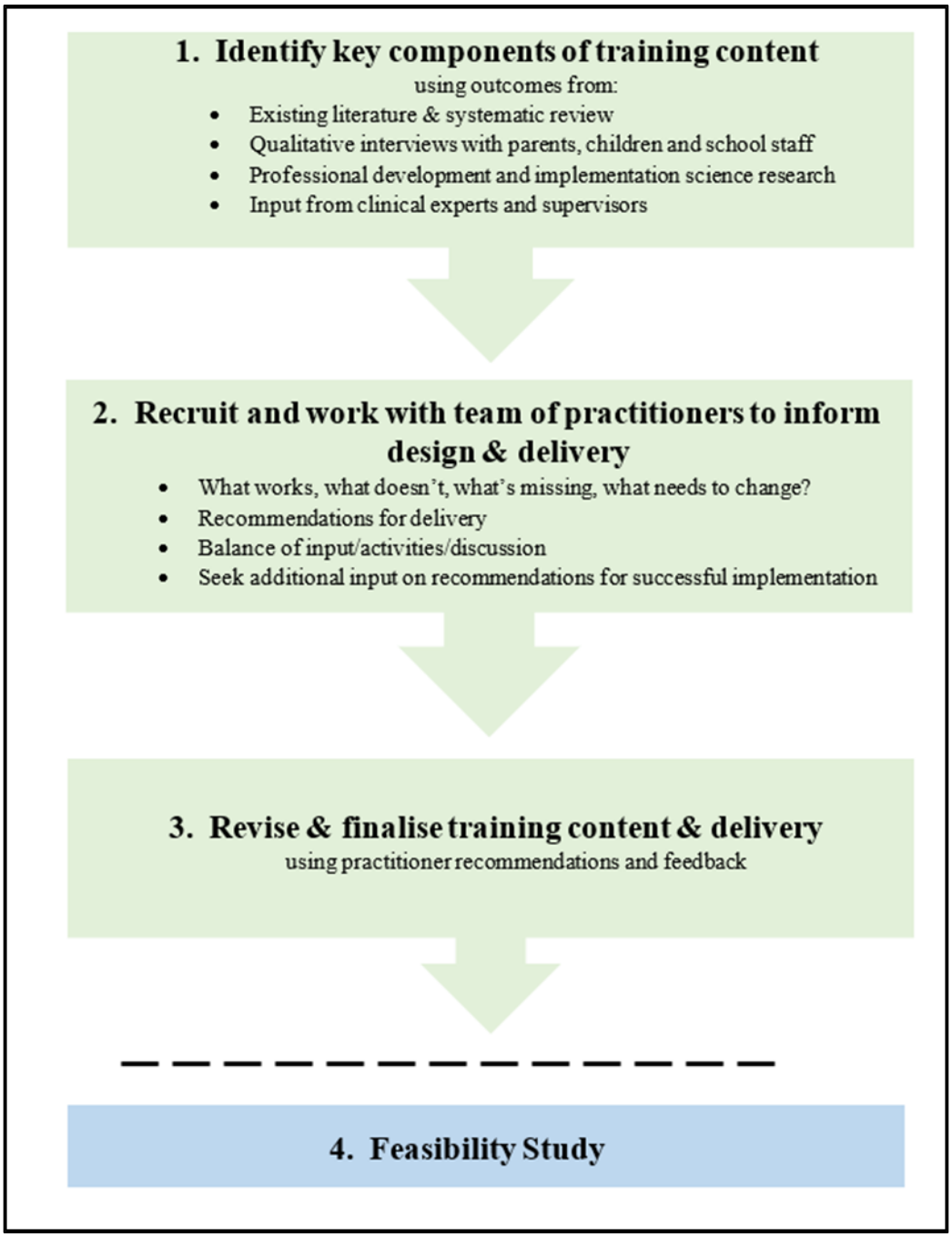
As discussed in Chapter 2, Cognitive Behavioural Therapy (CBT) is the most extensively evaluated treatment for children experiencing anxiety difficulties and disorders, and there is ample evidence to indicate that it is effective (James et al., 2020; Reynolds et al., 2012; Warwick et al., 2017). CBT centres on helping individuals to identify and manage their difficulties by changing the way they think and behave. As such, it is likely that many of these techniques may translate well to the classroom, offering school staff a practical way to support children experiencing anxiety difficulties that mirrors and draws on many of the teaching strategies they already use to help children overcome moments of academic challenge or difficulty. I therefore sought additional input from clinical experts and supervisors to help me identify which principles of CBT were likely to be of most relevance, and crucially, most applicable to the classroom setting. These included elements focused on: setting clear achievable goals; promoting flexible thinking and re-evaluating problematic thinking; encouraging a "have a go" mindset; identifying and preparing for interactions or situations that may be problematic; actively promoting and explicitly teaching problem-solving skills; and supporting children to face and overcome their difficulties rather than

avoid them. Following these discussions, I then developed a number of activities and scenarios that focused on these elements to include in the training prototype. Some of these activities were also informed by a children's anxiety lesson developed for use in schools as part of the iCATS-i2i anxiety intervention currently being evaluated in a large-scale randomised controlled trial (Reardon et al., 2022).

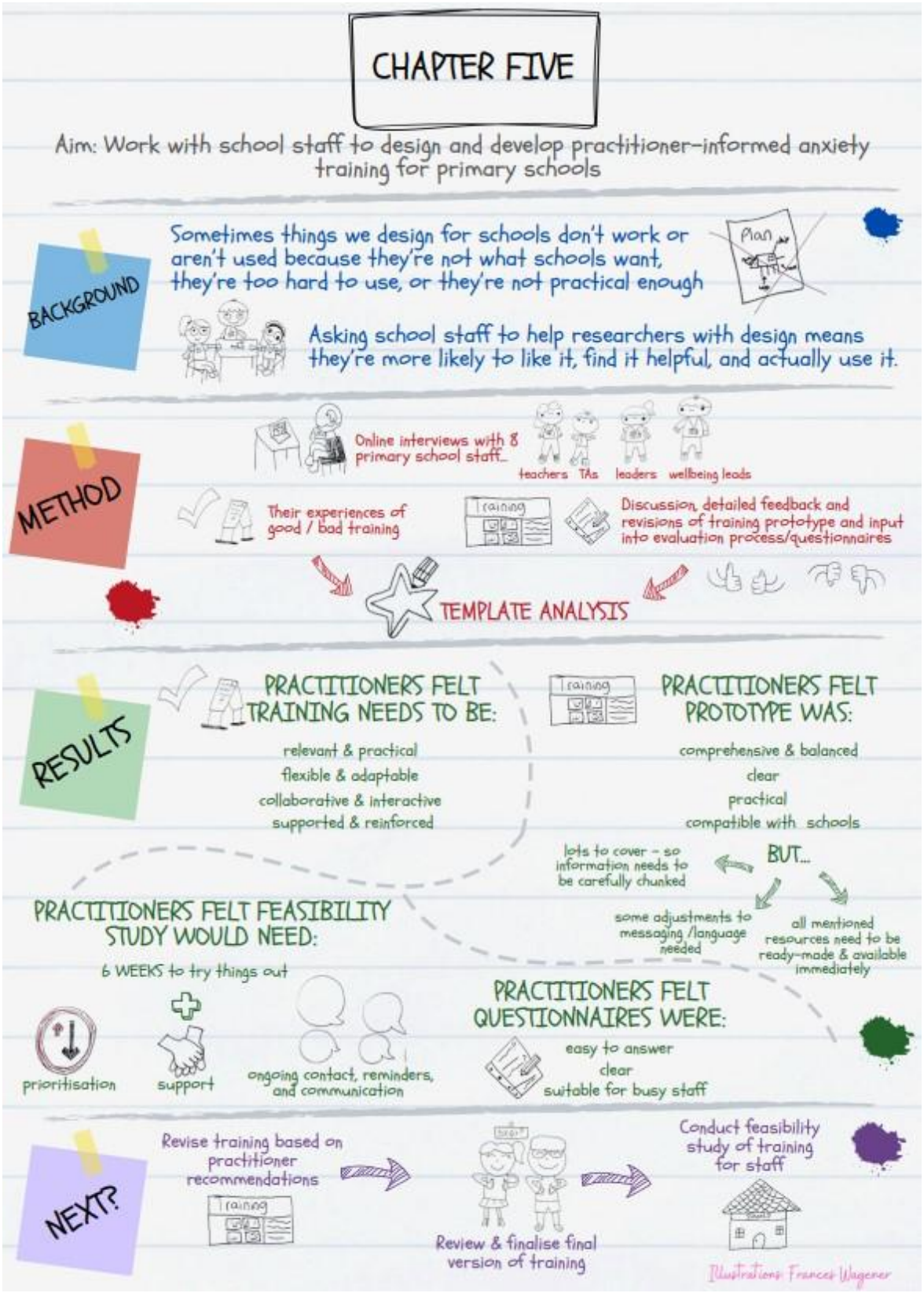
4.9 Working towards a final prototype of the training

An overview of the process of developing the training from initial design to final version is outlined in figure 4.8. The knowledge and evidence gathered from my research process in Chapters 1 to 4 helped me to identify the key components for the content of the training, along with important considerations for its effective delivery (Stage 1). To help maximise the acceptability and usability of the training from school staff prior to introducing it more widely in schools in the feasibility study (Stage 4), I recruited a team of practitioners currently working in primary schools to further refine and develop the training content and to provide advice on how best to conduct and facilitate both the training session itself, and the subsequent feasibility study (Stage 2). Their recommendations at this stage were used to finalise the content and suggested plan for delivery (Stage 3). I provide a full, detailed account of stages 2 and 3 of this process in Chapter 5.

Figure 4.8 *Training development process*



Chapter Five



Chapter Five

Getting it right: working with primary school staff to design and develop practitioner-informed training

5.1 Introduction

There is growing evidence, at least in healthcare, that in addition to including pertinent theory and research, involving end users in intervention design and development increases the likelihood of it being engaging, acceptable, and feasible to deliver (Thabrew et al., 2018). Such participatory research approaches recognise that:

> *"Individuals living and working within a specific context have a deep understanding of the challenges they face and the intricacies of the environment in which these challenges are embedded" (Bird et al., 2021).*

Including the perspectives of these individuals – those who understand the specific circumstances in which any product or service is to be used – moves them from being passive accepters of predetermined, possibly unhelpful interventions, to being active creators and influencers of something much more relevant (Burkett, 2012; Evans et al., 2016).

As an experienced practitioner, it could be argued that I already had the contextual understanding (cf. Bird et al. (2021) above), and indeed professional insight, to develop relevant and useful training for school staff. However, as Nielsen (2008) notes, even where the designer is representative of the target audience, they will always know more than the average user. My positioning as a user-designer, along with my personal and research interests, makes this particularly true in my case. Furthermore, school staff often consider research-developed interventions "too theoretical and not practical enough for real classrooms" (Roschelle et al., 2006, p.607), and feel underappreciated and undervalued

(Palmer et al., 2018). Thus, seeking input from other end-users to help ensure the training also met their needs was crucial.

Over recent years, there has been an upsurge in the use of co-design as the favoured method to design products and services with, rather than for, others (Hodson et al., 2019; McKercher et al., 2020; Tindall et al, 2021). Despite its wide application across many research disciplines (and perhaps precisely because of it), definitions of *'co-design'* remain loose. Several supposedly distinct, yet related, concepts including *'co-production'* and *'co-creation'*, have compounded this issue, and contributed to concept creep, conflated explanations, and terminology that is often used interchangeably. This, combined with a lack of any specific methodological guidelines or standards, has led to disagreement in the academic community over what precisely constitutes a genuine co-design process. All definitions do seem to agree on one common element: the need for individuals with lived experiences of the relevant issues, or potential beneficiaries of the intervention, to be actively involved in the design process. Other definitions, however, promote the need for active involvement in ***all*** aspects of the design process ***from the outset*** (Bevan-Jones et al., 2020; Boyd et al., 2012) and suggest that anything less is better defined as a consultation process. Given that my approach actively included intended recipients in the design process, but not at every stage, this then raises questions over whether or not it constitutes co-design in its truest and fullest sense.

I therefore chose to adopt the term *'practitioner-informed design'*, recognising the key role that practitioners had in providing both recommendations for change and novel input into both the content and delivery of the training. This took their participation beyond the traditional notions of consultation and feedback, but acknowledges that some a priori design

decisions were nonetheless made. While these were negotiable and adjustments were welcome, ultimate decision-making remained with me: something which, again, more purist proponents of *'co-design'* may challenge.

This chapter provides a detailed account of the practitioner-informed design process used to refine and develop the final *Managing Anxiety in Primary Schools* (MAPS) training design for use in the feasibility study.

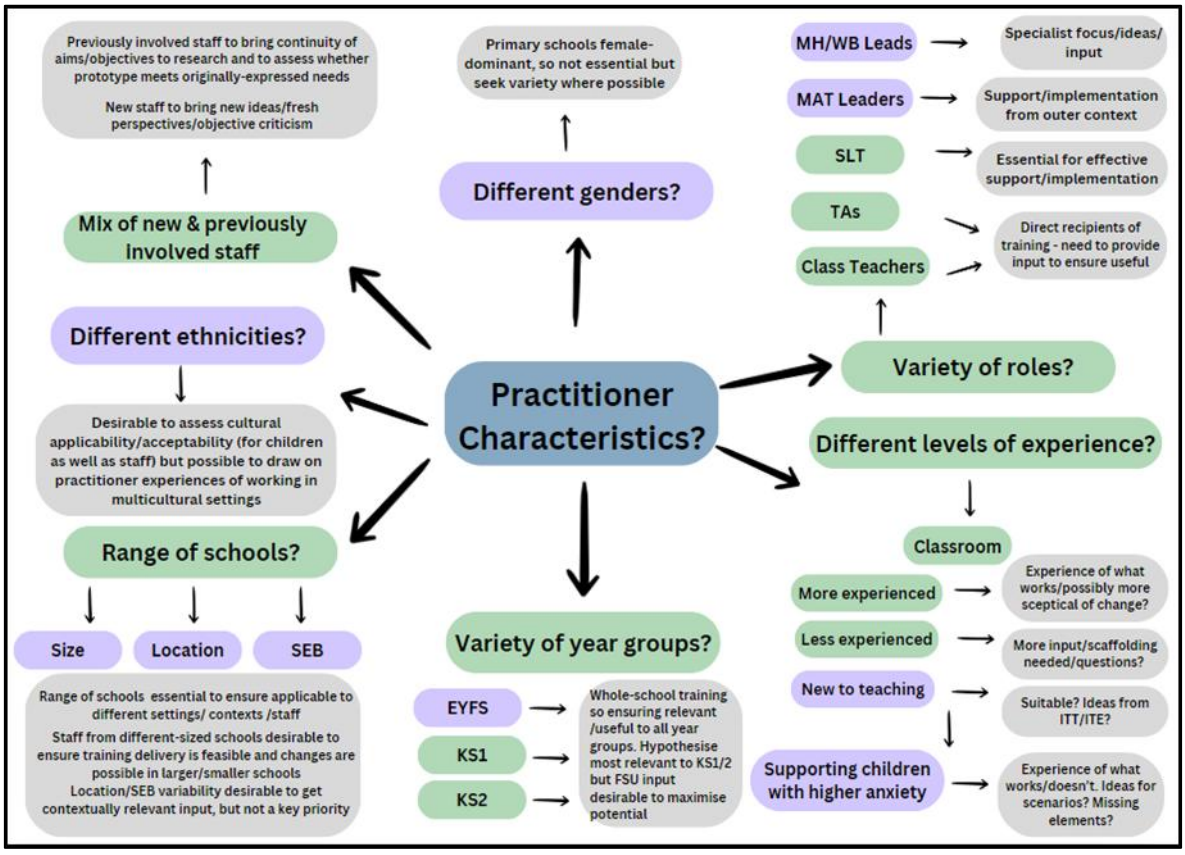
5.2 Method

This study and associated procedures were approved by the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford (REF: R85234/RE001) (Appendix 5.1).

5.2.1 Sampling

In this study, I aimed to recruit a small, purposive sample of primary school practitioners whose input to the development of the training prototype would help maximise its acceptability and usability by schools prior to feasibility testing. As shown in figure 5.1 below, I identified key characteristics of interest to target potential participants who were likely to offer the most helpful input to this stage of the process. The colour green represents characteristics which are essential. Purple is used to indicate characteristics which, while useful, were not considered priority characteristics for this stage. Information included in grey provides a rationale for each decision. This was then used to develop my final sampling frame (figure 5.2).

Figure 5.1 *Initial identification of useful practitioner characteristics*



EYFS *= Early Years Foundation Stage* ***ITT/ITE****= Initial Teacher Training/Initial Teacher Education;* ***MAT*** *= Multi Academy Trust;* ***KS*** *= Key Stage;* ***MH/WB Lead*** *= Mental Health/Wellbeing Lead;* ***SEB*** *= Socio-Economic Backgrounds;* ***SLT*** *= Senior Leadership Team;* ***TAs****= Teaching Assistants*

As the training is aimed at adapting and enhancing day-to-day classroom practice, of particular importance were teachers and teaching assistants who have sustained daily responsibility for supporting children in the classroom. Teaching Assistants were targeted in addition to teachers, firstly to ensure the consistency of message deemed so important in my research findings so far, and secondly, because they often have focused responsibility for additional/targeted support for children, both academically and emotionally. MAPS is designed to be delivered as whole-school training. It was therefore important to seek input from practitioners working in a variety of year groups across the primary school age range, and, if possible, in schools of varying sizes and with pupil populations from varied socio-economic backgrounds (SEB), to ensure content would be relevant to all, and delivery of

training feasible in a variety of settings. In addition, because staff in schools are likely to have varying levels of experience, both in terms of the length of time they have been working in the classroom, and more specifically, in working with children who experience anxiety difficulties, I also sought to reflect this in my sample.

As highlighted in Chapter 4, previous research indicates that active support from leadership is essential for professional development and implementation to be effective. I therefore wanted to include headteachers and other members of senior leadership within schools, or indeed across schools, such as local authority or Multi-Academy Trust education leaders/directors. Given the focus of the training, I also felt it important to seek input from school staff who had responsibility for children's mental health and wellbeing. Varying the sample by location, gender, and ethnicity was deemed less important at this stage of the research process. Nonetheless, these factors were still taken into account when selecting the final sample to ensure, where possible, wider variation. As a final consideration in the sampling process, I aimed to recruit a) a number of participants who had been part of the first qualitative phase of this research project (detailed in Chapter 3), so that I could build on their knowledge of the aims of the project and ascertain to what extent the training prototype reflected their previous recommendations, and b) a number of participants who were completely new to the project, such that they might bring fresh perspectives, additional ideas, and a critical eye.

Figure 5.2 *Sampling frame for participant recruitment*

Sampling Frame

Characteristics of Interest: School Level

	1-form entry	2-form entry	>2-form entry
High Socio-Economic Status Area			
Low Socio-Economic Status Area			

Characteristics of Interest: Individual Staff Level

	Head/Senior Leadership	Early Years Foundation Stage	Key Stage 1	Lower Key Stage 2	Upper Key Stage 2
Role in School					
Leadership					
Teacher					
Teaching Assistant					
Specific responsibility for mental health /wellbeing					
Other					
Years' Experience					
0-1					
2-4					
5-9					
11-15					
10-14					
15-19					
20+					
Self-reported experience of working with children with high levels of anxiety					
A lot					
Some					
None					
Previous involvement					
Participant in initial qualitative study					
New to MAPS study					
Gender					
Male					
Female					
Other					
Ethnicity					
Location					

5.2.2 Recruitment

To recruit participants meeting the criteria above, I sent adverts (Appendix 5.2) with links to online study information by email to all staff participants involved in the initial qualitative study (n =10) inviting them to take part as contributors to this phase of the research. Using a snowball sampling process, whereby one participant recommends one other potential participant (Patton, 1990; Atkinson & Flint, 2001), I also encouraged them to pass study information to other members of staff in their school who might be interested in taking part. In addition, I sent study adverts to 19 schools that had expressed interest in being involved

in any future schools-based mental health research being conducted by our group, as well as circulating the study advert online via social media. Response rates by recruitment method are outlined in Table 5.1:

Table 5.1 *Overview of expressions of interest (EOI) received*

Potential Participants (and recruitment mechanism)	**Outcome**
Participant involved in initial MAPS qualitative study (n=10)	**EOI received: n = 3** Invitation declined: n = 3 No response: n = 4
New participant recruited via existing participant in initial MAPS study	**EOI received: n = 2**
School who expressed interest in taking part in a previous study with research group/other research team in department but new to MAPS project (n = 19)	**EOI received: n = 3** Invitation declined: n = 0 No response: n = 16
Participant recruited via social media /another unspecified or indirect method	**EOI received: n = 3**
	Total EOI received: n = 11

Staff who expressed an interest in taking part by registering via a link to an online platform (Appendix 5.3), or by making direct contact with me as the research lead (n=11), were asked to provide some initial demographic information (including school, age, gender, role, year group, number of years' experience in school, and their self-reported experience of working with children with higher levels of anxiety) to ensure maximum variability in the eventual sample. Selected participants were contacted by email to confirm their selection and to provide an opportunity to ask any additional questions they had prior to being asked to give their informed consent via a personal link to an online consent form (Appendix 5.4). As with the initial qualitative study, I did not set out to recruit a representative sample, but again looked to select purposively using an information power approach (Malterud et al., 2016), such that my included participants would be likely to provide rich, detailed data linked to

my research question. This was an iterative process whereby I consulted the sampling frame throughout to identify key participant characteristics not yet represented in the sample and used this to target those of particular interest on an ongoing basis until as many of the key characteristics as possible were covered. All recruitment took place between May and August 2023. Practitioners recruited to the study were offered a £20 voucher upon completion of their interview as a thank you for their time.

5.2.3 Participants

To be eligible to contribute to the practitioner-informed design process, participants had to be a classroom teacher or teaching assistant (TA) in a state-funded, mainstream primary school working primarily with the same group of children each day, a member of a school's Senior Leadership Team (SLT) (e.g. Head Teacher, Deputy Head, Key Stage Coordinator) with responsibility for teaching /learning/ wellbeing, school staff in another leadership role related to mental health/wellbeing (e.g. Special Educational Needs and Disabilities Co-Ordinator, Mental Health Lead, Family Support/Inclusion Worker), or an education professional working in more than one state-funded primary school/across a Multi-Academy Trust (MAT) or Local Authority (LA) (e.g. those working in a more senior leadership role such as Executive Heads, LA Hub Leaders, School Governors).

In view of the low response rate, all staff who expressed an interest were invited to participate. Despite receiving expressions of interest and informed consent from 11 participants, three did not respond to multiple invitations to arrange an interview, thus eight participants representing multiple schools across five counties in England were included in the final sample (see Table 5.2 for school characteristics and Table 5.3 for participant demographics). It is important to note here that participant and school totals do not match

because two of the participants were in different roles at the same school, and one participant held a leadership position with responsibility for a number of schools across a Multi-Academy Trust.

Participants (1 male, 7 female) were working in academies, Church of England (CE) schools (both voluntary controlled (VC) and voluntary aided (VA)), and community primary schools in a variety of urban and suburban settings. Their schools ranged in size from 0.5 to 3-form entry (FE), with between 97 and 697 pupils on the school roll (M= 293.4). Of the 12 schools represented by the 8 participants, the number of pupils eligible for free school meals was above national average in 3. The number of pupils receiving SEND support, and for whom English is not their first language was also above national average in 6 of the 12 schools. At the time of recruitment, schools also varied by most-recent Ofsted grading, ranging from inadequate to outstanding. Six of the eight practitioners in the sample self-identified as White: English/Welsh/Scottish/Northern Irish/British, one as White: Other (European) and one preferred not to disclose their ethnicity. While I sought variability rather than representativeness, it is notable that the lack of ethnic diversity in my sample does reflect the current overall homogeneity of ethnicity among teaching staff in the primary school sector where, as reported in the government's School Workforce in England Report for 2023, 83.8% were White British, 1.3% were White Irish and 4.0% were White Other (DfE, 2024).

Participating practitioners, who represented all year groups, included MAT Hub Directors, class teachers, classroom-based TAs, and those with responsibility for Mental Health and Wellbeing. Their experience of working in schools ranged between 2 and >20 years, with one participant (previously a TA) also having just qualified as a teacher. Participants also

varied in the amount of experience they had of working with children who have higher levels of anxiety. During the interviews, one participant indicated that they might be able to offer additional insight as they were the parent of an “emotionally-based school avoider”.

Table 5.2 *School characteristics* [1]

School ID	Location	Type	Size	Number on Roll	% Eligible for Free School Meals [a]	% English as Additional Language [b]	% Special Educational Needs Support [c]	OFSTED Rating (at time of recruitment)
S1	East of England	Academy: Primary	2FE	300-399	Below NA	Above NA	Below NA	Inadequate
S2	East of England	Academy: Primary, Nursery	3FE	400-499	Below NA	Below NA	Above NA	Data not available
S3	East of England	Academy: Primary	2FE	300-399	Below NA	Below NA	Above NA	Good
S4	East of England	Academy: Primary	0.5FE	<100	Below NA	Above NA	Below NA	Requires Improvement
S5	East of England	Academy: Primary, Nursery	0.5FE	100-199	Below NA	Below NA	Below NA	Good
S6	East of England	Academy: Primary	2FE	200-299	Below NA	Below NA	Below NA	Good
S7	South East	Community Primary	3FE	300-399	Above NA	Above NA	Above NA	Good
S8	South East	CE-VC Primary	1FE	200-299	Below NA	Below NA	Above NA	Good
S9	South West	Infant	2FE	200-299	Below NA	Below NA	Above NA	Good
S10	South East	CE-VA Primary	1FE	100-199	Below NA	Above NA	Below NA	Requires Improvement
S11	West Midlands	Academy: Primary	3FE	600-699	Above NA	Above NA	Above NA	Outstanding
S12	East of England	Academy: Junior	2FE	200-299	Above NA	Above NA	Below NA	Good

[1] *To preserve anonymity at school level, percentages are reported only as being above or below National Average (NA) (where National Average in primary schools in England for 2022/3 (%)= [a] 24.0 [b] 22.0 [c] 13.5)*

Table 5.3 *Participant characteristics* [2]

Participant ID	Pseudonym	Gender	Age	Role	Key Stage	Experience (years)	Experience of working with children with higher levels of anxiety
P1	Scott	M	45-54	Leadership role across schools	All	15-19	A lot
P2	Amelia	F	25-34	Class Teacher /Leadership role related to mental health/wellbeing	2	10-14	A lot
P3	Gabriella	F	55-59	Class Teacher / Leadership role related to mental health/wellbeing	1/2	5-9	A lot
P4	Eleanor	F	25-34	Class Teacher	EYFS	5-9	A little
P5	Anna	F	45-54	Teaching Assistant	EYFS/1	>20	A lot
P6	Pippa	F	18-24	Class Teacher	EYFS	2-4	A little
P7	Jane	F	45-54	Leadership role related to mental health/wellbeing	All	15-19	A lot
P8	Lucy	F	25-34	Teaching Assistant	2	5-9	A little

[2] *Ethnicity and specific year group not reported to preserve anonymity*

5.2.4 Procedure

The practitioner-informed design process involved one main semi-structured interview session with participants. This provided them with a brief overview of findings from my research so far, sought to gather their insight, input, and feedback on the preliminary training prototype, and to capture their thoughts and advice, as recipients or leaders of previous school-based training, on how to optimise its delivery. I also sought participant input on the processes relating to the planned feasibility study (e.g. advice on timings and questionnaires). I then used data gathered to refine the prototype, before returning an amended version to participants by email. Practitioners were invited to share any reflections they had on the changes made, and any final amendments they considered to be necessary, either by arranging a follow-up call, or via email. Where participants had not previously been involved in the initial qualitative study, they were also offered a 1:1 online briefing session before their interview to give them more detailed information on the background to this study.

Most practitioners indicated a preference for online participation; thus, all interviews were conducted via Microsoft Teams. As participants in the previous qualitative study had expressed clear preferences for 1:1 interviews, I anticipated the same would be true in this study. Thus, I developed a topic guide (Appendix 5.5) that could be adapted for either focus groups or 1:1 interviews. While participants in this phase were more open to being interviewed in a group, their individual work and family commitments meant that finding a mutually convenient time for all was extremely difficult. In consultation with participants, I therefore opted to conduct all interviews 1:1. While not conducting focus groups inevitably prevented the sharing of ideas between participants, it did remove the potential of reluctance to talk to strangers (Bevan-Jones et al., 2020) or of louder and more confident voices

dominating the conversation (Sim & Waterfield, 2019), such that all participants had an equal opportunity to input into the process and no ideas were overlooked, or not explored in full. To mitigate the potential loss of newly-generated ideas as a result of being prompted by others, where relevant, I shared related ideas raised by previous participants anonymously with subsequent participants, further probing their views and ideas.

In light of literature reporting participants' desire to be able to prepare in advance (Tremblay et al., 2022), I initially considered sending participants the training prototype prior to their interview so that they would have time to prepare their thoughts and ideas in advance. When piloting the interview process with a small number of individuals, however, it became clear that without concurrent verbal explanation, slides were difficult to interpret and limited the opportunity/ability to contribute usefully to the process. Thus, I opted not to send the prototype out in advance. Rather, when arranging a time for their interview, participants were asked if they would like to have an overview of the types of questions they would be asked to answer in advance. Where requested, this was provided by email.

At the start of the interviews, practitioners were asked to reconfirm their willingness to participate verbally. They were also reminded that their participation was completely voluntary, that they did not have to answer questions if they preferred not to, and that they could request to stop the interview at any point without having to give a reason. I also ensured that participants were aware that they were not limited just to the questions I posed, but were free to raise anything that was not covered which they considered to be relevant or important.

Part 1

Practitioners were first given an overview of my research findings so far, including identified causes of/contributors to children's anxiety in the classroom, what makes it worse, what might make it better, and what staff said in relation to what would be helpful in training of this kind. Drawing on findings from implementation science research (discussed in Chapter 4), I used the i-PARIHS framework (Harvey & Kitson, 2015) to guide the inclusion of some initial questions that focused on participants' views and experiences of 'effective' or 'successful' versus 'ineffective' or 'unsuccessful' training, including asking them to reflect on anything that might motivate individuals or staff teams as a whole (the *'recipients'*) to engage with and use the training, rather than oppose it.

Part 2

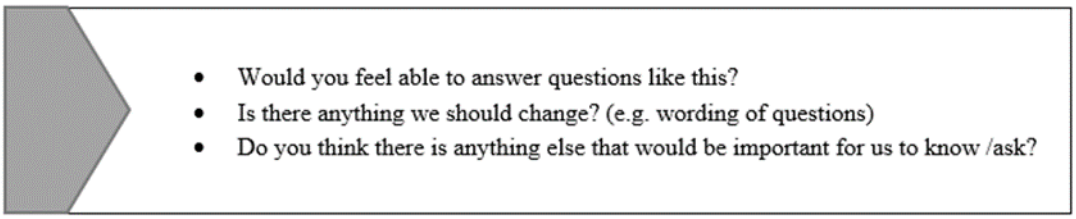
Practitioners were then shown the proposed training outline in full (via PowerPoint presentation) and invited to give their feedback and suggestions on content, design, and delivery. In relation to content, I sought specific input on any changes they felt were needed, anything they felt was missing or that required further clarification/explanation. Specific questions linked to delivery were centred on any modifications to order or format that would lead to increased acceptability/usefulness, for example additional moments for reflection or discussion, and guidance for timings of activities. Guided by the i-PARIHS framework (Harvey & Kitson, 2015), I also asked practitioners to reflect on the overall suitability of the training for schools, including its degree of fit with existing school priorities, how easily they felt schools would be able to implement the suggested ideas ,and whether they saw any potential problems or barriers to its use (the *'characteristics of the innovation'*).

Part 3

In order to begin planning effectively for the feasibility study (particularly regarding the post-training implementation period), I then asked questions developed from the domains of the i-PARIHS framework to seek practitioners' input on any contextual factors, both within-school (the *'inner context'*) and more widely in the school system (the *'outer context'*) and any recommendations for the *'facilitation'* of the training and implementation phase that might help increase the likelihood of its success, and to ensure staff who receive the training (its *'recipients'*) are in a position to benefit from, and ultimately use, it longer term.

Part 4

Finally, practitioners were asked to provide their thoughts on the proposed evaluation process, including whether they thought a half term (approximately six weeks), or a full term (approximately twelve weeks) would be a suitable timeframe for the feasibility study. In order that practitioners were able to reflect more extensively on the proposed pre-training, post-training, and follow-up questionnaires, a draft version of each was sent to all practitioners, who were invited to provide their comments/input by email. Practitioners were asked to consider the following questions:



Interviews were conducted between May and August 2023, and lasted between 89:00 and 156:24 minutes (Mean = 118:04 minutes). Time constraints led to two participants requesting to pause their interviews part way through and resume the next day (these timings were then aggregated to give an overall duration for their interview). All other interviews

were conducted with participants in a single session. I audio-recorded and transcribed all interviews verbatim. I then checked completed transcripts for accuracy and edited as necessary. Any identifying information relating to the participant themselves was removed and replaced by a participant identification code (e.g. P1 = Practitioner 1) at the point of transcription. These were later replaced with participant-chosen pseudonyms. Other potentially identifiable information (e.g. a colleague's name or a specific location) was anonymised by replacing it with, for example, "[colleague's name]" and "[school location]".

5.3 Data analysis

I analysed the data generated during the practitioner interviews thematically, using a template analysis approach. Template analysis can be applied flexibly to any form of textual data, adapted to the specific requirements of any study, and is independent of any particular philosophical or epistemological positioning (Brooks et al., 2015). Characteristically, it involves the development of a coding template which summarises important researcher-generated themes, and is used to organise or categorise them in meaningful way. Commonly (although not exclusively), the analysis process uses a priori themes (those anticipated to be of central significance or importance) as a starting point. This coding template is not, however, intended to be definitive or static. Rather, researchers are encouraged to adjust and amend themes iteratively, as needed, to better reflect the underlying meaning and messages in the dataset. This stage of the research built on participant views gathered in my initial qualitative study, and was influenced by findings from my background research into effective professional development. It also sought further input from new practitioners who may bring new and different perspectives and ideas to the process. As such, this iterative and flexible method of analysis, which allows for the integration of both a priori and novel themes, was particularly suitable.

Part 1 – Practitioner views on what makes training successful versus unsuccessful

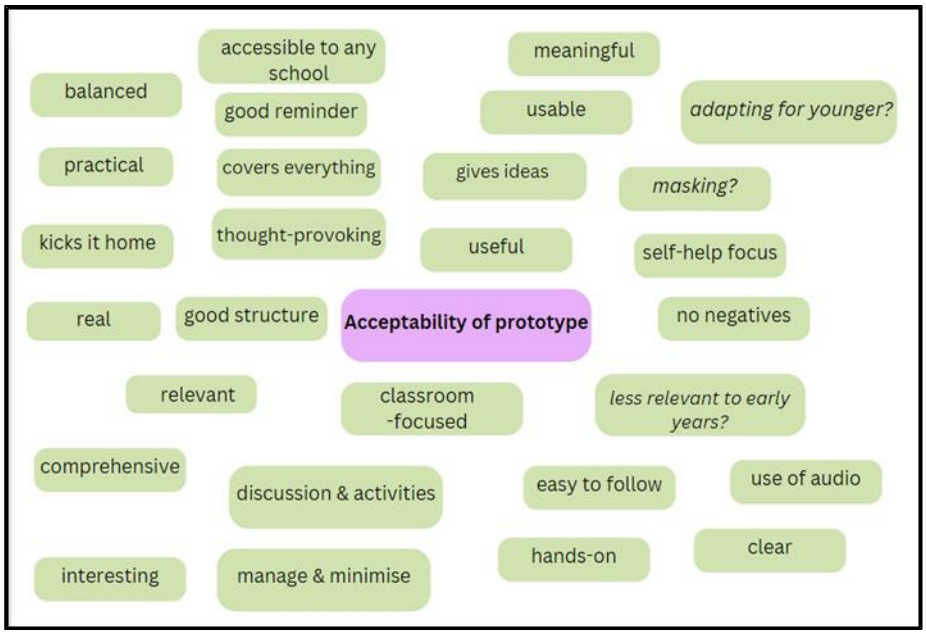
To analyse data from part 1 of the interviews, I used the summary of findings from my research with school staff on their training requirements (Chapter 4, figure 4.2) as the tentative a priori themes for the coding template. After familiarising myself with the data through multiple readings of the transcripts and making brief notes while relistening to the audio recordings, I then applied this provisional template in a 'top-down' manner to the first two transcripts. Where new codes arose that were not adequately captured, I made revisions and adjustments iteratively, applying the revised template to the next three transcripts until the modified template provided an accurate reflection of participant views. The final template was then applied to the remaining transcripts. Final themes, as illustrated in figure 5.6 in section 5.4.1, were developed by grouping similar codes into categories to identify any patterns across the dataset.

Part 2 – Practitioner views on initial training prototype

I conducted the analysis for part 2 in a comparable way, this time in a 'bottom-up' manner as I wanted to take a more exploratory/inductive approach. I first created a provisional coding template designed to capture participant views in three broad areas which I identified as being potentially relevant to the research question. This was used to guide the initial coding of the first two transcripts (figure 5.3).

Figure 5.3 *Initial coding template and examples of codes*

Acceptability of Training Prototype	
1. Acceptability of Content	a. clear b. usable c. helpful
2. Acceptability of Delivery	a. interactive b. time to reflect c. time to discuss d. balanced
3. Relevance to Intended Audience	a. accessible to all b. appropriate focus c. fits with school's agenda



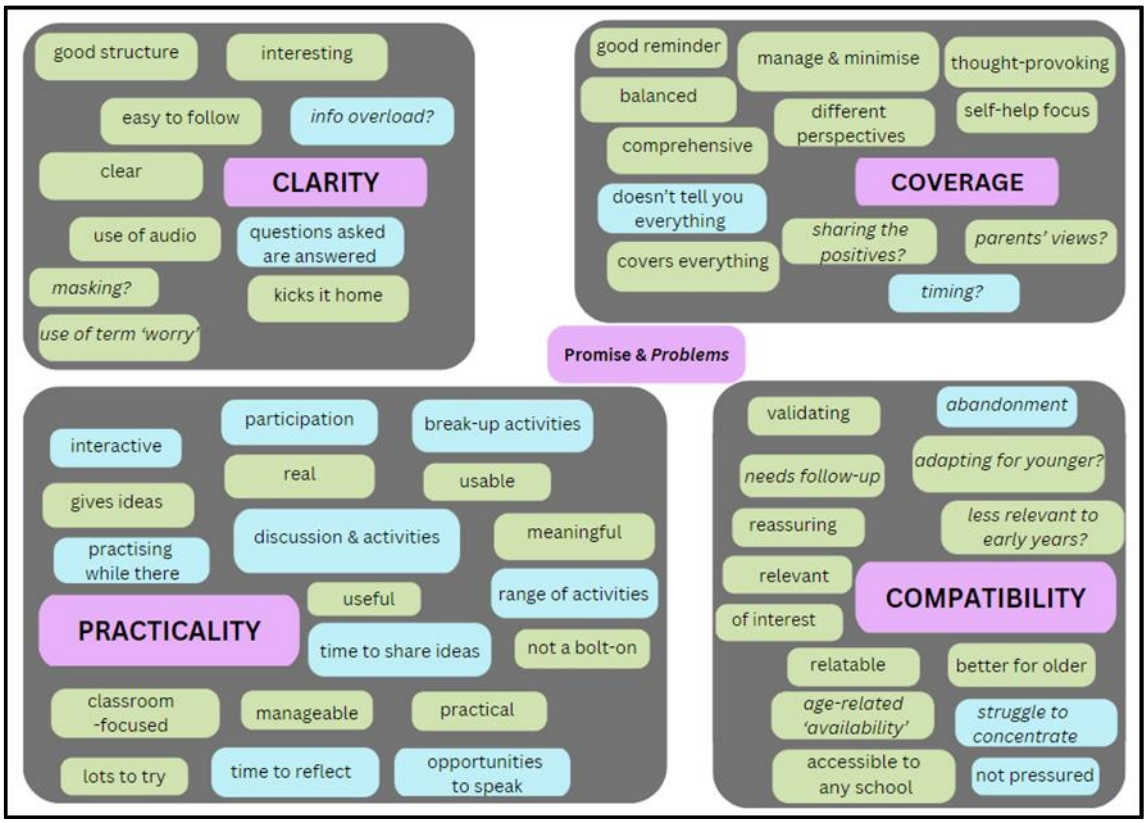
As the coding process developed over the next three transcripts and more codes were generated, the template was further refined to capture more nuanced detail (figure 5.4) in relation to the areas of *promise* identified by participants (see section 5.4.2). This continued until the template adequately reflected all data analysed so far and should only have need minor modifications when coding the remaining transcripts. At this stage, I then applied this revised template to the first four transcripts, this time deductively, to identify and organise data related to any potential *problems* with the training prototype.

Figure 5.4 *Revision and modification of coding template with example codes*

Acceptability of Training Prototype		
	Promise…	**Problem?**
1. Acceptability of Content	a. clear b. usable c. helpful	a. talking to younger children b. unintended consequences (e.g. 'being their friend') c. amount of information
2. Acceptability of Delivery	a. interactive b. time to reflect c. time to discuss d. range of activities e. balanced	a. timing issues b. amount to cover c. issues of messaging/language
3. Relevance to Intended Audience	a. accessible to all b. appropriate focus c. fits with school's agenda	a. adapting for Early Years b. better for older years

Codes were also categorised and organised into initial potential themes and subthemes at this stage as patterns across the dataset were identified and refined (see figure 5.5 for an example of this process).

Figure 5.5 *Categorising codes into initial themes*



The final template (illustrated in figure 5.7 in section 5.4.2) was then used to analyse data from the remaining four transcripts, and to guide the interpretation of results (Brooks et al., 2015).

Part 3 – Practitioner views on maximising implementation and sustainability

Guided by the domains of the i-PARIHS framework (Harvey & Kitson, 2015), I then analysed practitioner transcripts inductively to identify potential barriers and facilitators to both initial uptake and ongoing use of the strategies and ideas from the training that may need to be addressed before and during the feasibility study in schools. Similar responses across the dataset were identified and grouped before being mapped onto the framework and described thematically. Findings were incorporated either into the training session itself (e.g. additional points to be included and considerations for facilitating the various activities), or

were used to provide recommendations for preparing, resourcing, and running the feasibility study.

Part 4 – Practitioner views on proposed evaluation process

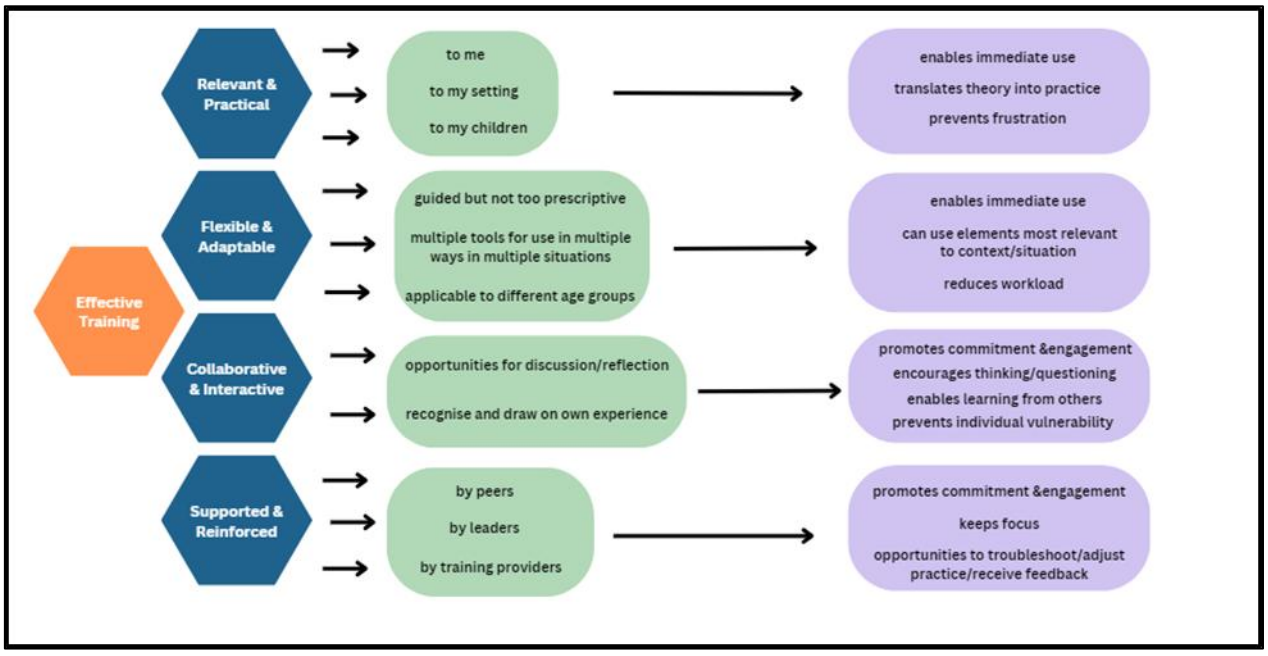
Individual responses in relation to suggested timeframe, suitability of questionnaires, and any proposed additions or changes to wording of questions were collated, summarised, and recommendations considered in the final plans/documents for the feasibility study.

5.4 Results

5.4.1 What makes training successful?

Practitioner views of 'successful' training converged around four key qualities (which became the final themes in the template), as illustrated in figure 5.6.

Figure 5.6 *Practitioner views of successful training*



Training that is **practical and relevant** to the practitioner, their setting, and the children being taught was considered essential.

"The more you feel that is actually relevant to your own practice the better"[Amelia]

Not only does this *"take into account where people are coming from [Anna]"*, and reduce the frustration of *"sitting there thinking, well, I can't use* [that] *[Pippa]"*, or *"listening to things that don't refer to you [Scott]*", it also means that ideas presented can then be used immediately within the classroom, without the need for significant investment of time and energy (which is often limited) on the part of the practitioner.

> *"If I can come away with something that I can implement with very little effort immediately then that feels good"[Gabriella]*

This is further enhanced when there are *"lots of different techniques that you can trial [Amelia]"* and when the ideas offered are realistic and demonstrate *"an awareness of what classroom life is like [Eleanor]",* such that *"you feel you can continue with it once the training's done, like in your normal everyday teaching or talking with children [Jane]".*

While practitioners recognised the importance of including statistics, theory, or background information on a given subject, they suggested that where this is not adequately translated into practice, or where they are not guided in how to do so, training becomes less helpful

> *"But I find that too much research is well, that doesn't apply to me because I'm not spending all my time with the research, so I think making it really practical would be helpful"[Pippa]*

Secondly, participants indicated that successful training is **flexible and adaptable**, with some commenting that providing guidance without being too prescriptive is key to improving its usefulness.

> *"When you can make it a little bit more your own, and that's ok, I think that option is really important"[Jane]*

Practitioners also noted that providing opportunities to *"talk about how you might do that in your setting [Anna]"* is particularly valuable, as are strategies that can be used in multiple situations, and which are readily applicable to different year groups

> *"It's good to have strategies that maybe fit for different year groups as well because a lot of what I heard I thought, well, how can I adapt that for my year group? How would that work with younger children?"[Pippa]*

because, together, these enable school staff to select, adapt, and make timely use of the elements which are most relevant to their context, and which "*make sense for the children that I'm dealing with [Jane]*".

Practitioners indicated a clear preference for training that is **collaborative and interactive.** Many recounted experiences of poor training *"where you have people just talk lots at you […] and at some point you just switch off [Anna]",* and indicated that opportunities for involvement, discussion, and reflection were crucial in promoting understanding, engagement, and commitment.

> *"Maybe if there's some discussions and some activities for people to do [it can] help people take in more, and it gives you the feeling of you know more about what you're doing 'cause you've had, not really practice, but more involvement in it"[Lucy]*

They also suggested that collaborative and interactive training, especially where it purposefully draws on participants' current and previous experience, *"recognising that we are professionals [Eleanor]",* can be especially useful in promoting engagement and, moreover, in helping school staff to learn from others

> *"You [can]talk to other practitioners about that and you get ideas from them as well"[Anna]*

Particularly, as Eleanor noted, when multiple teachers and support staff from the same setting attend the same training.

Finally, participants identified that, to be effective, training should be **supported and reinforced**. That is: promoted, given adequate time, and adequate follow-up. While they indicated that this would come primarily from their professional peers and school leadership

> *"It would definitely need to have wider school support to implement it […] having that wider support so it's not just me going back to my classroom thinking ok what am I going to do? […] I'd want someone to talk it through with"[Pippa]*

> *"I mean I think it has to be drip fed properly down from SLT. If they think it's important for the school or the Trust or whoever, they need to make sure that the staff are aware that this IS happening, it is important, it's not optional"[Jane]*

many participants indicated that support and reinforcement could also come from the training providers themselves, through providing reminders *"you can always refer back to [Gabriella]",* and resources *"which you've just got to put up rather than have to sort it yourself [Anna]".* They also noted the importance of ongoing communication

> *"It's good to have follow up because sometimes you feel like you do the training and then you're just abandoned"[Lucy]*

and opportunities to seek advice

> *"*[having]*a point of contact […] so that if somebody's tried something but they're not quite sure if it's how they're supposed to be doing it, it's just having that kind of back up"[Jane]*

5.4.2 Practitioner views on initial training prototype

Practitioner feedback on the content and proposed delivery of the training prototype again centred around four key themes: **coverage, clarity, practicality** and **compatibility** as outlined in the final coding template in figure 5.7.

Figure 5.7 *Final coding template*

Practitioner View: The promise and the problems of the training prototype	
Main Themes	**Subthemes**
COVERAGE	• as comprehensive • as balanced
CLARITY	• of information and ideas • of messaging and language • of structure and sequencing
PRACTICALITY	• in provision of ideas & resources • in use & application of content • in hands-on, interactive delivery • in provision of space & time
COMPATIBILITY	• with current agenda • with different schools • with different age groups • with individual staff

The promise of the training prototype

Participating practitioners commented favourably on the **coverage** of the training, indicating that it was comprehensive and balanced, and left them with no major gaps or questions:

"It's really comprehensive [….]and there's a nice balance of opportunities for people to reflect on their own stuff to put into practice sort of what you're talking about"[Eleanor]

"Any questions I've had as you've gone through this, you've then on the next slide answered them"[Jane]

Practitioners also recognised the **clarity** of the training in relation to the information and ideas presented, and its structure

"I think it's really clear […]. I think the structure of it, um, works really nicely as well"[Amelia]

The **practicality** of the training was also highlighted as an area of promise, with practitioners referring to resources included, its interactivity, and the provision of space and time for discussion and reflection

"It is very practical and gives a lot of very realistic tools that we could use"[Pippa]

"It's delivered in a way where there's some practice and there's some listening, but there's some things you can definitely take part in"[Anna]

"It had all the things that I think are really helpful in training. It's got discussions, it's got activities, it's got resources to help you, sheets to fill in and opportunities to practice it while you're there, while you've got the expert there as well"[Lucy]

The final theme related to the **compatibility** of the training. Here, participants commented favourably on its appropriateness for schools, and its relevance to different year groups and members of staff

"I think it would definitely be very relevant […] it's quite nice because it is on the rise since COVID and it is something that we see every day, so it's nice to have something specific that actually goes really in depth about here's what we can do about that in the classroom, so I think there's definitely a place for it"[Pippa]

"But actually, it's not about how many staff you have or how much money you have, it's just about all the little things, so I actually think it's really accessible and really helpful to, sort of whatever sort of school you are, whatever level, however many children you have it's just something you can manage in a very accessible way, like using what you've already got"[Lucy]

Potential problems with the training prototype

Despite overall positivity and enthusiasm, participants nonetheless identified several potential problems with the training prototype. These centred largely around nuances of

language and messaging. While still deemed necessary and relevant, participants had some concerns over the amount of content needing to be covered. In addition, they had minor concerns over maximising its relevance to all year groups and staff.

In Table 5.4, I present a summary of these potential problems categorised by theme and subtheme. This table also includes a detailed account of the changes, adjustments, and additions made to the final training as a result.

Table 5.4 *Table of identified problems and resulting changes to training*

Theme & Subtheme	Potential Problem Identified	Resulting Adjustments/Additions to Training
COVERAGE – as comprehensive	Amount of content – a lot to unpack on some slides. Risk of information overload?	- Ensuring input broken up with time to reflect on information provided - Opportunities to discuss at regular intervals important, checking in to ensure training participants are following - Intentionally communicating that in some instances training is providing an overview or some examples and won't be exhaustive - Ensuring a mix of asking for ideas first then giving other examples, and examples first, then asking for additional ideas - Use of audio quotes for longer sections to break things up / prevent 'lecture' feel will be key
COVERAGE – as comprehensive	No mention of SEND/ASD etc	- Reference at start. Make participants aware that while we won't specifically focus on children with additional needs, whole-class strategies suggested are designed to be widely applicable (*'helpful to all, harmful to none, essential for some'*)
COVERAGE – as comprehensive	In relation to communicating with parents, important to focus on the positives too	- Suggest when discussing cultivating connection with parents – communicating with parents when things have gone well, not always/just when there is an issue
COVERAGE – as comprehensive	Is there a need for reference to social media in relation to social pressure?	- As this section is based on findings from the initial qualitative study and it did not come up, decision taken not to include this in the training here. However, this should be another point at which participants are asked *'what else has come up in this area for you?'* thereby also increasing compatibility
COVERAGE – as balanced	5 slides on pressure and 1 on uncertainty	- No changes – pressure takes a number of specific facets that are important to draw out and would have been too much for one or two slides given the inclusion of audio quotes here too (cf. concern above over information overload) BUT must ensure due attention is given to drawing out the different elements related to uncertainty and that participants have opportunity to reflect and discuss how this plays out in their setting
CLARITY – of language & messaging	Important to make specific reference to masking when talking about behaviour being different at home and at school	- Input for relevant slide added to reference and define 'masking'

CLARITY – of language & messaging	Risk of suggesting that schools are bad places and it's all the school's fault when talking about the fallout happening at home (implies schools making children stressed)	- -	Be clear that we are drawing on what parents and teachers have said to us they see – we can't draw conclusions about why that's happening without more evidence. Using 'our research found this and found that'…
CLARITY – of language & messaging	Risk of teachers feeling 'got at' when suggesting making changes to their behaviour/style/classroom	-	Depersonalising suggestions using phrasing e.g. ' this isn't about you here/you personally/our research found this and found that'/'some staff' rather than 'you' etc.
CLARITY – of language & messaging	Risk of unintended consequences when talking about 'building relationships' that more nurturing staff might think they need to be the child's friend	-	Reinforce importance of professional competence – be a consistent teacher so that they can have that pupil-teacher relationship, a really positive one. Importance of not confusing that with being their friend
CLARITY – of language & messaging	Concern that adjusting objectives might imply too much focus on children being given different (possibly under-challenging) objectives rather than being supported to meet class objectives	-	Unpack this - staff can adjust the ways in which the children can achieve the standard objectives: not different objectives but adjusting the support to them to get to that standard
PRACTICALITY - in provision of ideas & resources/in hands-on, interactive delivery	Quite a lot of information to be relayed in the problem-solving lesson. Very useful but might need to be shortened if no time	-	Practitioner input suggests doing this as a simulation lesson (where participants go through the process as children would) would be most helpful, but also that this might be too much. Keep option of doing it practically as a simulation lesson, but also be ready to talk this through if time is short.
PRACTICALITY - in provision of ideas & resources	Limited focus on separation anxiety as the underlying reason for not wanting to come into the classroom in the morning – could other reasons be included?	-	No change to information presented on slide (in order to retain focus on the needs of one specific child and in response to the suggestion that more Early Years examples are needed) but will underline this is just one example of why child might not want to come in, suggest others, such as difficulties with a friend/worry over work and encourage participants to think about other possibilities as they discuss and reflect on this in the training

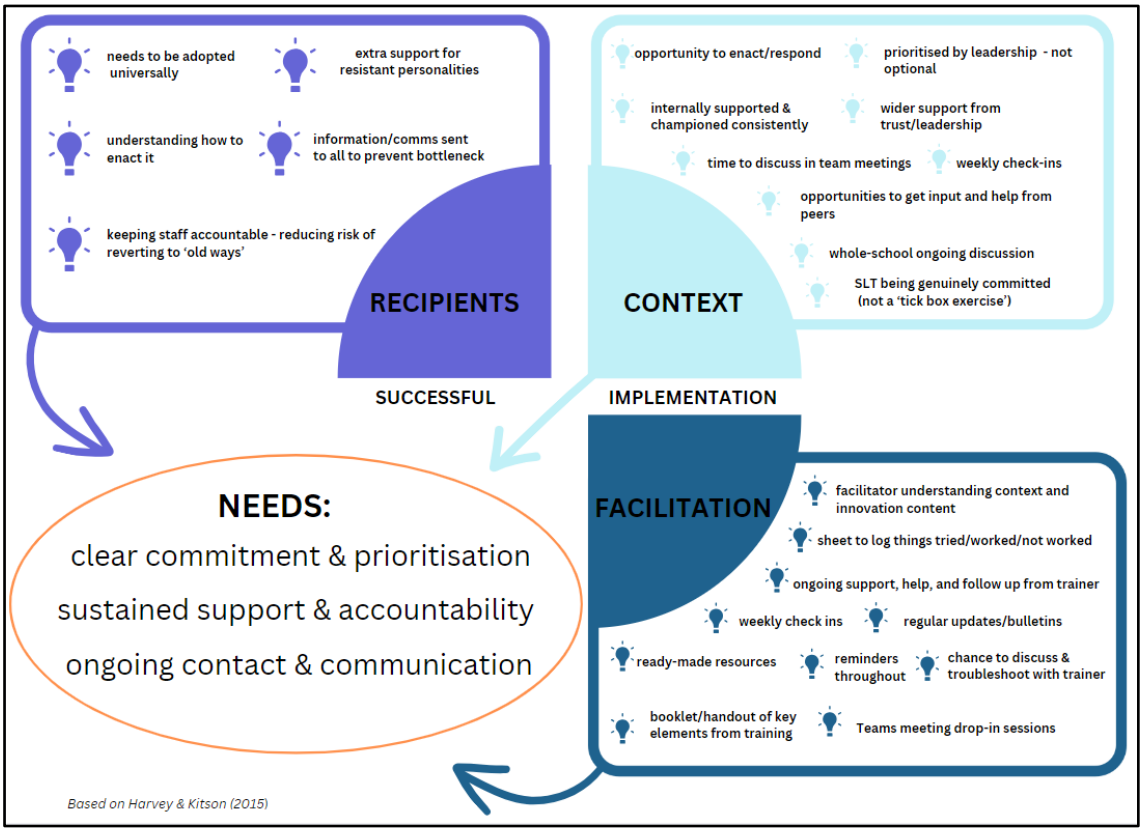
PRACTICALITY - in provision of ideas & resources/ in use & application of content	Information covered is very useful but lots to remember after the event to be applied in the classroom	- Provide crib sheet/key takeaways sheet after training with points covered (for example the empathise and normalise statements/useful curious questions) to aid recall and provide reminders - Consider leaving notes made during sessions of participants' shared ideas with schools as a record of thinking (photos will be needed for data analysis purposes if this is done)
PRACTICALITY - in provision of ideas & resources/ in use & application of content	Resources are very useful to schools but rarely any time to make them	- Provide ready-to-print versions of suggested displays that can be sent to/left with schools
COMPATIBILITY – with different schools/individuals	Cultivating connections in our classrooms might look very different in different schools /children/classrooms	- Offer the suggested ideas as planned but make point of asking for staff reflections/contributions on ways they have done this/successes they've had - Take some time to discuss what each suggestion might look like/involve in practice
COMPATIBILITY – with different schools/individuals	Asking staff to leave the room to look at their own environment (to identify possible environmental pressures in their setting) could mean they get distracted/lose focus	- Suggest that staff bring a photo of their classroom to the training (on their phone or laptop) that they can use when we look at this aspect. NB. Make sure that staff are aware this photo will not have to be shared or discussed with others unless they choose to.
COMPATIBILITY – with different age groups	Not as relevant to Early Years as compared to older year groups.	- Include example of separation anxiety as a potential issue in section on providing targeted support - Add in additional slide to use traffic-light rating as example of how problem-solving lesson could be adapted for early years - Take time throughout training to specifically think through how different strategies/ideas might be adapted and use expertise of Early Years staff to get input what might be done in an Early Years setting (and even how this might be used to good effect further up the school)
COMPATIBILITY – with different age groups	Younger children might not be able to verbalise the cause of their anxiety so the 'curious questions' section / 'being available'/ 'time to talk' sections might need adjusting	- Keep section as is, but add in additional point that for younger children, being 'available' and asking questions might not involve sitting down and having an adult-initiated chat, rather playing with them, or coming alongside them during an activity or might involve observation rather than discussion or working closely with parents to tease out the issue

COMPATIBILITY – with different schools/individual staff	Concern that in asking staff to produce a 'support to overcome' plan that they might plan something that ideas that are too complicated/resource-heavy	-	Reinforce point that this is focusing on what you can do in your day-to-day teaching with minimal additional input. Ideas should not require complex resource-heavy systems to enable this. They need to be things that the normal classroom routine will accommodate (also links to issues of practicality)
COMPATIBILITY – with individual staff	Some staff might get defensive from the start if they think 'this is stuff I already know' – do we need to address that? We include a slide at the end that suggests why teachers can make a difference? Scope for that to be included at the start too?	-	Make point at the beginning that some of this will be new, some of it they will already be doing, because schools already do a lot, and some of it will be about sharing best practice and the reasons why we do what we do as staff. Perhaps include 'School staff CAN make a difference' slide near start too (possibly as part of the 'schools are ideally placed to support' section?)

5.4.3 Practitioner views on maximising implementation and sustainability

Figure 5.8 illustrates the views expressed by practitioners in relation to what they felt they, and by extension, other school staff, would need to facilitate the successful application, and ongoing use of the strategies and ideas suggested and explored during the training.

Figure 5.8 *Practitioner views on maximising successful implementation of strategies and ideas from the training*



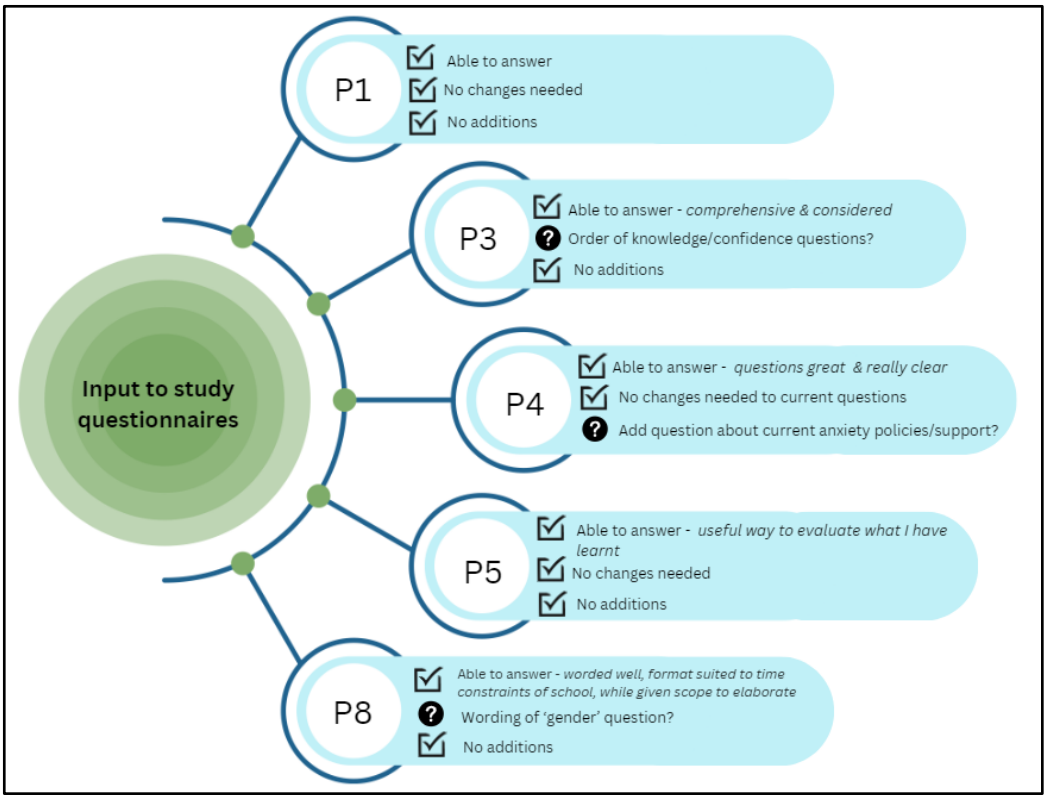
Findings mapped to three domains of the i-PARIHS framework (*recipients*, *context* and *facilitation*) generated three relevant themes encapsulating the views expressed. Practitioners identified that clear commitment and prioritisation were important. This would need to come primarily from leadership both within schools themselves (*'inner context'*) and from Trusts (*'outer context'*), but also from staff themselves, who need to understand that it is expected and not optional. Secondly, school staff would need sustained support post-training (from peers, leadership and from trainers) including ready-made resources,

handouts, and opportunities to ask for help. Staff should also be accountable. Accountability measures should include regular check-ins from leadership, an internal 'champion', and trainers (perhaps in the form of meetings or log sheets etc.). Finally, they suggested that successful implementation would need ongoing contact and communication: between colleagues, between staff and leadership, and between the school and trainers. This should be regular and include updates, reminders, and facilitated online drop-in sessions.

5.4.4 Practitioner views on proposed evaluation process

Practitioners felt that one half term (approximately six weeks) would be an appropriate length for the feasibility trial. While they acknowledged that a longer timeframe may be needed to see any impact on children, they suggested that the shorter timeframe would still offer staff enough time to put ideas to use and to provide initial thoughts on acceptability. They also felt that at this stage of the research process, this shorter timeframe may be easier for schools to accommodate, and may even reduce changes of "lethal mutation" (Brown & Campione, 1996). Five of the eight practitioners offered feedback on the proposed questionnaires. Their answers are summarised in figure 5.9.

Figure 5.9 *Practitioner feedback on study questionnaires*



Practitioners all felt able to answer the questionnaires, commenting that they were clear, comprehensive, and, importantly, that their format was suitable for busy school staff. Suggestions for changes were minimal. As the question concerning gender used the University Ethics Committee's approved wording, no changes were made to the final questionnaire. After discussion, it was felt that any changes to the order of the knowledge and confidence questions would make little to no difference to overall data, thus the original order was retained in the final questionnaire. Although no additional questions were included in the questionnaire, interview guides were amended to include a question on existing support/provision for anxiety.

5.5 Summary and discussion

In this phase of the research process, I used a practitioner-informed design process to a) help determine what practitioners currently working in primary schools felt were the key elements of successful and effective training; b) explore their views on the proposed training prototype,

specifically seeking their recommendations for changes and improvements; c) seek advice on maximising potential uptake, implementation, and ongoing use of strategies and ideas from the training; and d) seek input and recommendations on the proposed evaluation process, specifically in relation to refining and adjusting proposed questionnaires, and the proposed timeline for the feasibility study. Practitioner recommendations, as documented in this chapter, were then used to revise and refine training content, and to inform plans for the feasibility study.

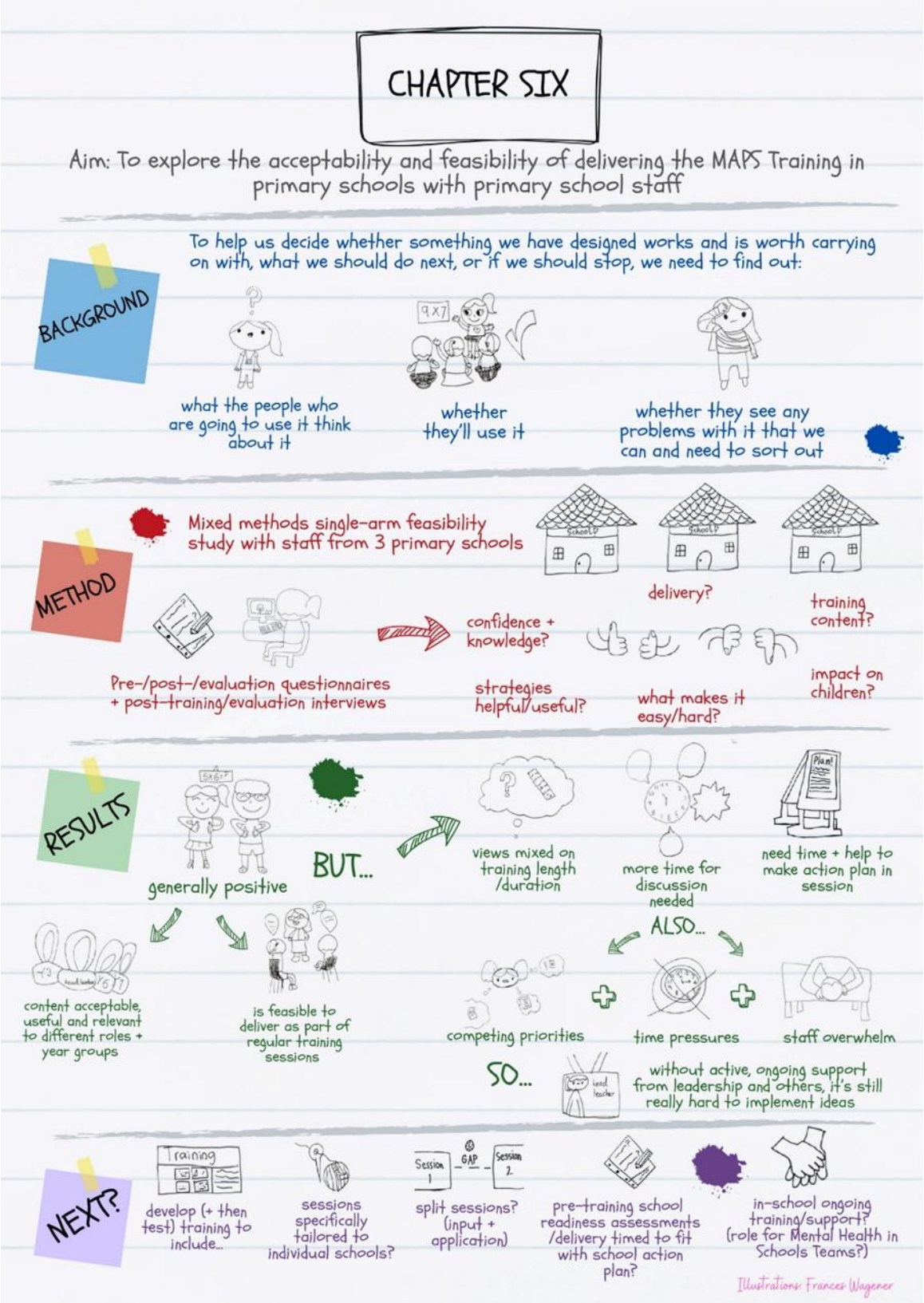
5.5.1 Strengths and limitations

The practitioner-informed design process ensured that input, advice, and recommendations from key individuals were used to develop and refine the MAPS training. Importantly, these included primary school staff who have current and previous experience of similar training, and those who are likely to have attempted to incorporate ideas from training and encountered its related inevitable challenges. Participants represented a variety of relevant roles, levels of experience (including those new to teaching), and school types (including size, Ofsted gradings, and socio-economic areas). They are, however, still likely to represent those most committed to, and interested in what the training covers, the issues it seeks to address, and the tools and ideas for practice that it provides. While seeking input from well-informed, interested, motivated individuals is beneficial in creating and developing an intervention that is designed to inform and improve practice in multiple schools, recruiting those who may have been less receptive and/or less informed may have elicited further insight into potential issues with, and barriers to, the training. To address the more critical voices that may have otherwise been overlooked, participants were asked throughout to consider potential issues and barriers, and to identify where, and by whom, resistance may be met. They were also encouraged to be as honest as possible, and to focus and draw on any past negative experiences or frustrations they or

others may have had of training, with emphasis placed on the need for open criticality at any and every stage.

Additionally, while participants' roles were varied, and included those most likely to implement or introduce ideas from the training day-to-day with children, the sample lacked variation by gender and by ethnicity. While broadly reflective of current teacher workforce statistics (DfE, 2024), this may limit understanding of how the training might be received by those from more diverse backgrounds. Staff voices from some year groups were not directly represented, although they were supported by those working more widely across the school. It may also have been useful to have more specialist input (e.g. from SENDCos) to further support the important insights gained from those in my sample who had more targeted roles. Although participants were informed of the amendments made to the training based on their input, and invited to give their comments in a follow-up session, or by email if preferred, multiple rounds of design input with these participants and subsequent work with other groups may have improved content further. Additionally, many participants did not provide any additional feedback after receiving the revised training, or request a follow up phone call despite being invited to do so. While, as indicated by some, this may have been because they had nothing further to add and were content with the revisions made, some non-responders may have made additional suggestions had they been specifically requested, rather than invited, to do so. That said, as this design process was a precursor to the later feasibility study, I was able to explore and address many of these factors further at that stage. A full account of the feasibility study and its outcomes is presented in Chapter 6.

Chapter Six


CHAPTER SIX
Aim: To explore the acceptability and feasibility of delivering the MAPS Training in primary schools with primary school staff
BACKGROUND
To help us decide whether something we have designed works and is worth carrying on with, what we should do next, or if we should stop, we need to find out:
what the people who are going to use it think about it
whether they'll use it
whether they see any problems with it that we can and need to sort out
METHOD
Mixed methods single-arm feasibility study with staff from 3 primary schools
delivery?
training content?
confidence + knowledge?
impact on children?
Pre-/post-/evaluation questionnaires + post-training/evaluation interviews
strategies helpful/useful?
what makes it easy/hard?
RESULTS
generally positive
BUT...
views mixed on training length /duration
more time for discussion needed
need time + help to make action plan in session
ALSO...
content acceptable, useful and relevant to different roles + year groups
is feasible to deliver as part of regular training sessions
competing priorities
time pressures
staff overwhelm
SO...
without active, ongoing support from leadership and others, it's still really hard to implement ideas
NEXT?
develop (+ then test) training to include...
sessions specifically tailored to individual schools?
split sessions? (input + application)
pre-training school readiness assessments /delivery timed to fit with school action plan?
in-school ongoing training/support? (role for Mental Health in Schools Teams?)
Illustrations: Frances Wagener

Chapter Six

Exploring the feasibility and acceptability of the Managing Anxiety in Primary Schools (MAPS) training for primary school staff

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6.1. Introduction

This mixed-methods, single-arm study aimed to explore the feasibility and acceptability of the *Managing Anxiety in Primary Schools* (MAPS) training. Feasibility studies are widely regarded as an important, if not fundamental, part of designing and evaluating interventions (Craig et al., 2008; Moore et al., 2018). There is, however, no single, universally-accepted, definition of 'feasibility' as a term, or of a 'feasibility study' as a concept (Moore et al., 2018; Eldridge et al., 2016). For the purposes of this study and wider thesis, I define feasibility as relating to "whether something can be done, should we proceed with it, and if so, how" (NIHR, 2023), and acceptability as "how well an intervention will be received by the target population and the extent to which the new intervention or its components might meet the needs of the target population and organizational setting" (Ayala & Elder, 2011).

My primary objectives for this study were to explore: i) the feasibility of delivering the training as part of schools' regular staff training sessions; ii) whether the training content and mode of delivery is acceptable to primary school staff; iii) whether the training content and strategies suggested are perceived as helpful and usable by staff during their day-to-day teaching (including an exploration of barriers and facilitators to implementation); iv) whether there are any initial indications that this training may have a positive impact on children's anxiety in the classroom; and v) to draw on these findings to identify any recommendations for further development and refinement of the training.

6.2 Method

This study and associated procedures were approved by the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford (REF: R85234/RE002) (Appendix 6.1)

6.2.1 Protocol

In line with best-practice, I developed a protocol for this study which pre-specified all methods including planned recruitment, measures, data collection, and data analysis. I also developed a set of pre-defined criteria (see Table 6.2), against which all results and outcomes would be assessed to determine feasibility and acceptability. The full protocol is provided in Appendix 6.2.

6.2.2 Recruitment

Schools

To help indicate whether the MAPS training is feasible and acceptable for use in primary schools, I originally aimed to recruit a small purposive sample of between four and six mainstream primary/junior schools that varied in relation to size of school, and pupil demographics (including, for example, percentage of pupils eligible for free school meals, percentage of pupils with special educational needs support, percentage of pupils with English as an additional language). Seeking to recruit schools that varied in this way would again help to establish whether the content would be relevant to a wide variety of practitioners with differing experiences and needs, and whether the delivery of training would be feasible in a variety of settings.

In addition to disseminating generally via social media, I sent adverts and study information (Appendix 6.3) by email to the headteachers of all schools that had participated in the initial qualitative study (n=4) and to all staff who had taken part in the practitioner-informed design process (n=8) asking them to consider registering their school(s) to participate in this feasibility study. Initial emails were followed up with telephone calls. Headteachers of schools interested in taking part were asked to make direct contact with me via email. Following the practitioner-informed design process, one participant was particularly keen to pilot the process across a number of schools for which they had responsibility. As responses to the initial adverts were limited, these schools (n=6) formed a convenience sample of eligible schools from which I purposively selected to maximise potential variation. Headteachers of selected schools (n=4) were then contacted by email to confirm their selection and to arrange an online meeting to provide an overview of the study and the required commitment from the school, the aims and objectives of the training session, and to give headteachers the opportunity to ask any additional questions they had prior to being asked to provide written agreement (via an online form – Appendix 6.4) for their school to participate in the feasibility study. All schools were recruited in December 2023.

School staff

Following headteacher written agreement, schools were responsible for disseminating information about the project (including participant information sheets detailing information about the training and the evaluation process) by letter, email, or in accordance with their usual dissemination methods, to relevant school staff (Appendix 6.5). To be eligible, participants had to be a member of staff at a participating mainstream primary school working regularly with children in school years Reception-Year 6 (e.g. class teacher, teaching assistant (TA)), those with specific responsibilities for special educational needs and disabilities/mental health and

wellbeing within the school (e.g. member of senior leadership team, head teacher, SENDCo), or those in senior leadership positions responsible for strategic decisions within or across schools (e.g. Executive Heads, Multi-Academy Trust leaders). Schools were encouraged to invite all relevant staff to participate, but schools made a variety of decisions in this regard (discussed in section 6.6 below).

All invited staff were asked to give their written consent (via an online platform) to participate in the training (Appendix 6.6) and to complete pre-training, post-training, and follow-up questionnaires. At this stage, participants were also invited to take part in optional 1:1 qualitative interviews post-training. Where they opted to do so, written consent was also obtained, along with explicit consent for audio recording. In order to obtain a variety of views and experiences, a purposively sampled subset of those who consented to participate in a 1:1 interview was then invited to do so following the training.

Parents and children

While school staff were the priority participants for this study, I also set out to recruit parents and children to help me address the feasibility aims related to possible impact and recommendations. To that end, I asked participating schools to help me target a small number of parents and children to participate in qualitative interviews about their experiences and views on the outcomes of the training. Schools were asked to distribute adverts and information about the project to relevant families in their school (Appendix 6.7). Eligibility criteria for parents and children are outlined in Table 6.1.

Table 6.1 *Eligibility criteria for participating parents/children*

Parents/Carers	Children
Aged 18 years or over	In school years 2-6
Parent/primary carer of a child/children in school years Reception – Year 6 being taught in a participating mainstream primary school	Taught in a participating mainstream primary school
Sufficient English to give consent and take part in a qualitative interview, with assistance if necessary	Sufficient English to give assent and take part in a qualitative interview, with assistance if necessary

Parents wishing to take part themselves, or wishing for their children to take part, were asked to complete an expression of interest form (on paper or online) (Appendix 6.8). To capture a broad range of views and experiences, parents were asked to provide basic demographic information, and to indicate whether or not their child(ren) had experienced any anxiety difficulties. I intended to use this demographic information to purposively sample parents and children to invite for interview depending on levels of interest.

I had planned that parents selected for interview would then receive an email, letter or telephone call inviting them and/or their child(ren) to take part either in person, online via Microsoft Teams, or by telephone (depending on any restrictions indicated by school policies or on the preferences of the individual participants). Prior to any involvement from children, written assent (on paper or online) would be obtained from children, and parents would provide written consent (on paper or online) prior to providing any information or data about themselves/their child(ren), or to participating in 1:1 qualitative interviews (Appendix 6.9). Explicit consent for audio recording would be required prior to parent/child qualitative interviews, and both parental consent and child assent would be obtained prior to qualitative interviews with children. Unfortunately, despite working closely with schools to target a number of relevant families to take part in evaluation interviews, no parents or children registered, thus no interviews were conducted. The evaluation is therefore based solely on school staff report.

All schools and individual participants were assigned unique IDs upon registration, and these IDs were used to label quantitative and qualitative data throughout the study. Any identifiable information (linked to deidentified information via a separate key) was stored on secure servers at the University of Oxford.

6.3 Measures

6.3.1 School characteristics

Information relating to school-level characteristics including type, size (e.g. 1 or 2 form-entry), number on roll, % free school meals (FSM) eligibility, proportion of pupils with special educational needs and disabilities (SEND), and English as an Additional Language (EAL), were collated from publicly-available Department of Education data. These data were then verified with individual schools on registration to the study.

6.3.2 Pre- and post-training and evaluation questionnaires

Bespoke questionnaires developed with input from practitioners as part of the training design process (Chapter 5) were used to capture participant views at baseline (pre-training), T2 (immediately post-training), and T3 (6-week follow-up evaluation) (Appendix 6.10). Pre-training questionnaires asked participating staff to rate the extent to which they agreed with statements about their role in supporting children with anxiety problems in school, to rate their perceived knowledge and confidence in doing so, and whether or not they felt they have the time and emotional capacity to do so, with space to provide additional optional free-text responses. This questionnaire also asked for demographic information relating to staff gender, age, ethnicity, role, year group, number of years working in schools, and any experience of working with children with anxiety difficulties.

The post-training questionnaire (T2) asked participants to respond to questions about the perceived usefulness of the training session, its content and delivery, the difference they felt it would make to their day-to-day practice, and to offer their suggestions for changes/improvements to content and/or delivery, primarily via Likert-scale and numerical ratings. Free-text response boxes were provided for optional additional feedback. Participants were also asked to respond to the same confidence/knowledge questions included in the pre-training questionnaires to provide an indication of whether the training had had an impact in these areas.

The follow-up evaluation questionnaire (T3) asked for participants' reflections on how the training session has (or has not) helped, any changes they made to their practice as a result of the training, and what the impact of those changes has been to the day-to-day experience in their classroom (including any changes they have seen in the children they teach). Questions also related to how far the school had (or had not) supported implementation, and whether staff would recommend the MAPS training to other schools.

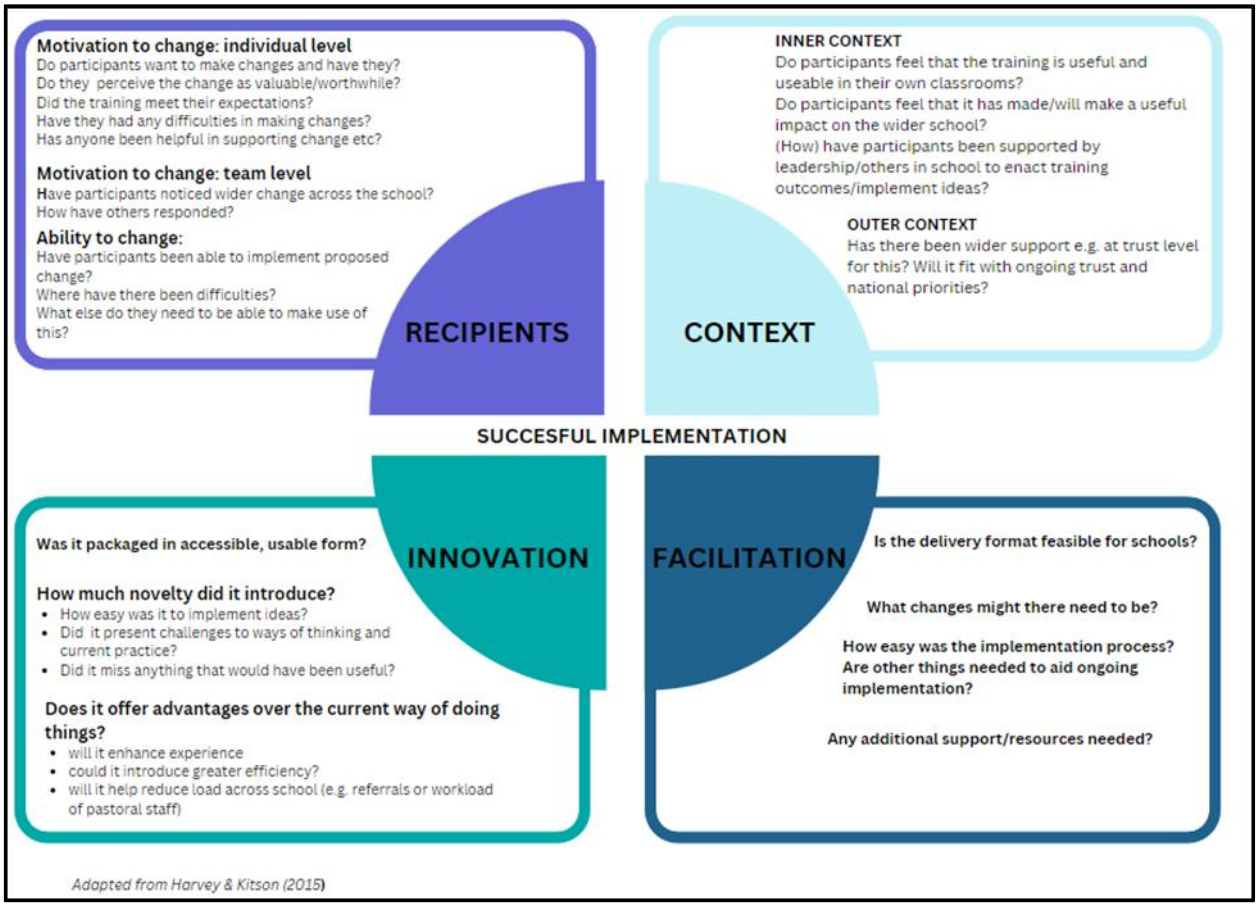
All questionnaires were available online, via the University of Oxford Qualtrics platform. Schools were also given the option to complete paper questionnaires, but none opted to do so.

6.3.3 Interview schedules

Semi-structed qualitative interviews were guided by topic guides specifically developed to explore participants' experiences of the MAPS training and implementation (see Appendix 6.11 for separate topic guides for the three intended participant groups). Questions to school staff related to participants' experiences of the training session itself and/or their experiences of the process of implementing ideas from the training into their everyday classroom practice,

including any negative experiences or concerns, and any recommendations for improvement. Questions to staff participants were adjusted to take account of how far through the evaluation process they were at the time of interview, and how much time they had therefore had to implement suggested strategies. Interview questions were again informed by the i-PARHIS framework (Harvey & Kitson, 2015), as illustrated in figure 6.1.

Figure 6.1 *Use of i-PARHIS framework to inform interview schedules*



Questions intended for participating parents and children centred on their views and opinions on any changes to classroom practices, or impact on children that they may have noticed as a result of the staff in the school receiving the training.

6.3.4 Feasibility outcomes

As this study sought to determine the acceptability and feasibility of delivering this novel training session as part of schools' regular professional development training, I developed a set of pre-defined aims and feasibility criteria, against which participant feedback would be assessed. These are outlined in Table 6.2, together with their proposed data sources (including specific relevant questions where applicable).

Table 6.2 *Data sources and feasibility criteria used to explore and analyse study aims*

Study Aim To explore:	**Data Source**	**Type of data and (where applicable) relevant questions**	**Feasibility Criteria**
i) The feasibility of delivering the training as part of schools' regular staff training sessions	Training delivered in schools	i) number of schools who expressed an interest	i)1 or more schools invited express interest in participating
		ii) number of schools in which training is delivered	ii) 1 or more schools who have expressed interest consent to and receive training
	Training attendance	Number and proportion of staff that attend training and role of attendees	At least 50% of staff who are invited attend the training
	Post-training questionnaire (school staff)	Q18-25 (ratings) Q21 (free text responses) Q6 (free text responses)	Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2. No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.
	Follow-up Evaluation questionnaire (school staff)	Q15 (ratings and free text responses)	

	Qualitative interviews (school staff/leadership)	Interview transcripts, in particular questions relating to training delivery	
ii) Whether the training content and mode of delivery is acceptable to primary school staff	Pre-training questionnaire	Q1-9 (ratings) Q 8-9 (free text responses)	Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2. Mean pre-post difference score for items 1-9 indicate change in a positive direction for at least some items. No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.
	Post-training questionnaire (school staff)	Q1-9 (ratings) Q 8 & 9 (free text responses) Q10-17 (ratings) Q 26-28 (ratings and free text responses) Q33 (free text responses)	
	Follow-up Evaluation questionnaire (school staff)	Q10-14 (ratings and free text responses) Q15 (ratings and free text responses	
	Qualitative interviews (school staff)	Interview transcripts, in particular responses to questions from participating in the training (content and delivery) section and overview questions including recommending to others	

iii) Whether the training content and suggested strategies are perceived as helpful to and usable by staff during their day-to-day teaching (including an exploration of barriers and facilitators to implementation)	Pre-training questionnaire (school staff)	Q1-9 (ratings) Q8-9 (free text responses)	Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2. Mean pre-post difference score for items 1-9 indicate change in a positive direction for at least some items. No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews
	Post-training questionnaire (school staff)	Q10-17 (ratings) Q26 (ratings) Q27 (ratings & free text responses) Q28 (ratings) Q29-31 (free text responses)	
	Follow-up Evaluation questionnaire (school staff)	Q 1-6 (ratings & free text responses) Q15 (ratings & free text responses)	
	Qualitative interviews (school staff)	Interview transcripts, in particular responses to questions from 'implementing ideas in everyday practice' section (including do you think your day-to-day practice might change from delivery questions) and overview questions	

iv) Whether there are any initial indications that this training may have a positive impact on children's anxiety in the classroom	Follow-up Evaluation questionnaire (school staff)	Q7-9 (free text responses)	No serious concerns or potential harms related to training content or mode of delivery or impact that cannot be easily addressed are reported in free text responses or interviews.
	Qualitative interviews (school staff, parents, children)	Interview transcripts from school staff, in particular from 'implementing ideas in everyday practice' section Interview transcripts from parents and children	
v) Recommendations for further development of the training.	Post-training questionnaires (school staff)	Q 32 & 33 (free text responses)	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.
	Follow-up Evaluation questionnaire (school staff)	Q 1& 3 (free text responses) Q 4-6 (free text responses) Q11-14 (free text responses)	
	Qualitative interviews (school staff, parents, children)	Interview transcripts (school staff, parents, children)	

6.4 Procedures

I delivered in-person training sessions to all participating schools in January 2024. Before the training session took place in schools, school staff were asked to complete the bespoke online pre-training questionnaire. Participating school staff then attended an in-person facilitated training session (see section on 'Training' below) as part of a regular after-school staff meeting lasting approximately 2 hours. At the end of the training session in schools, participating staff

were asked to complete the online post-training questionnaire. School staff were then given six weeks to implement some of the ideas and strategies presented during the training session in their own teaching/classrooms. At the end of the six-week implementation period, participating staff were asked to complete the online follow-up evaluation questionnaire.

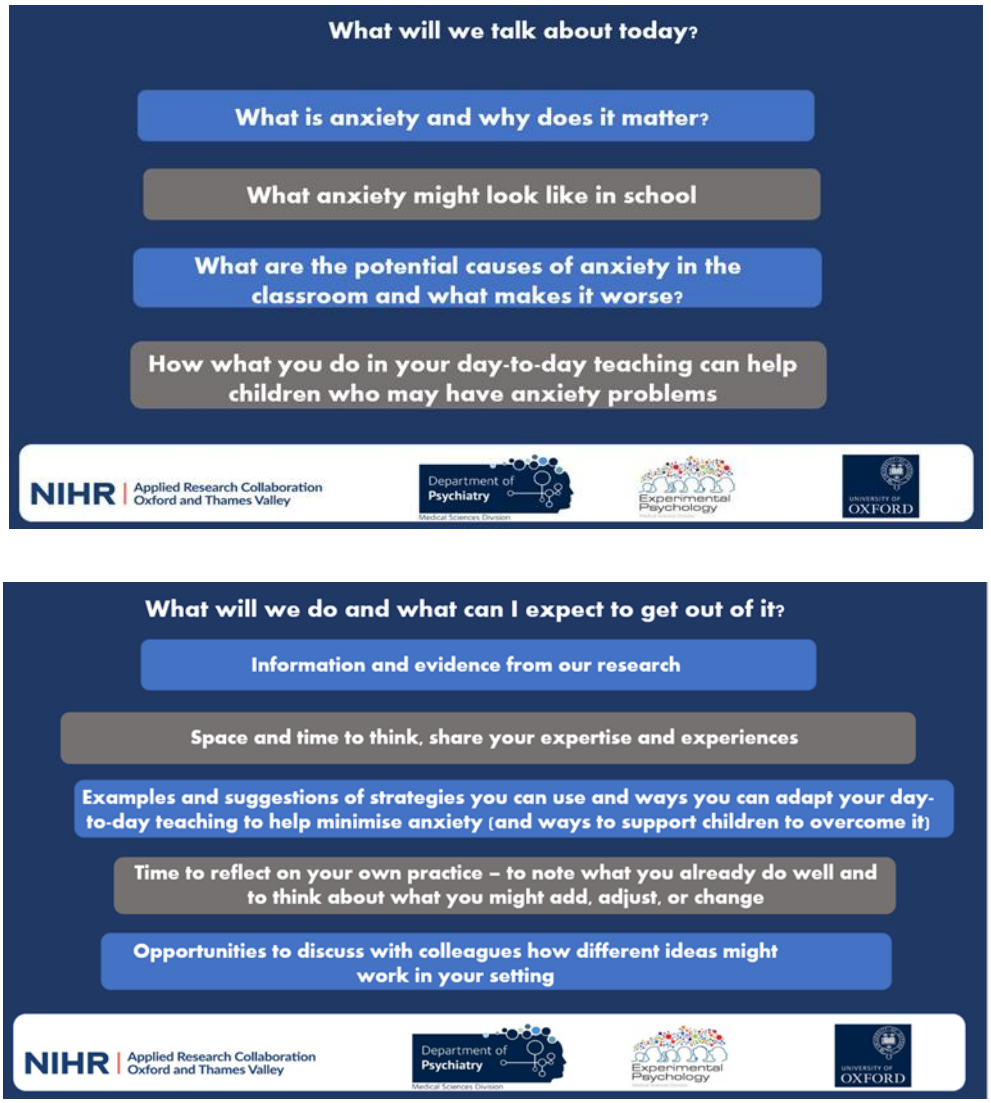
Following the training, a small purposive sample selected from a pool of staff who had previously consented to do so, were invited to take part in 1:1 in-depth qualitative interviews to discuss their feedback further. As with previous qualitative interviews, I looked to select participants using an information power approach (Malterud et al., 2016), such that in addition to having varied roles and experience, included participants would be those most likely to provide rich, detailed data linked to my research questions.

I conducted all interviews online via Microsoft Teams at various stages in the seven-week period following the training, during January and February 2024. I audio-recorded all interviews and transcribed them verbatim, removing all identifiable information at the point of transcription and replacing it with a participant ID code. Individuals who participated in a 1:1 qualitative interview received a £10 voucher to thank them for their time.

6.4.1 Training

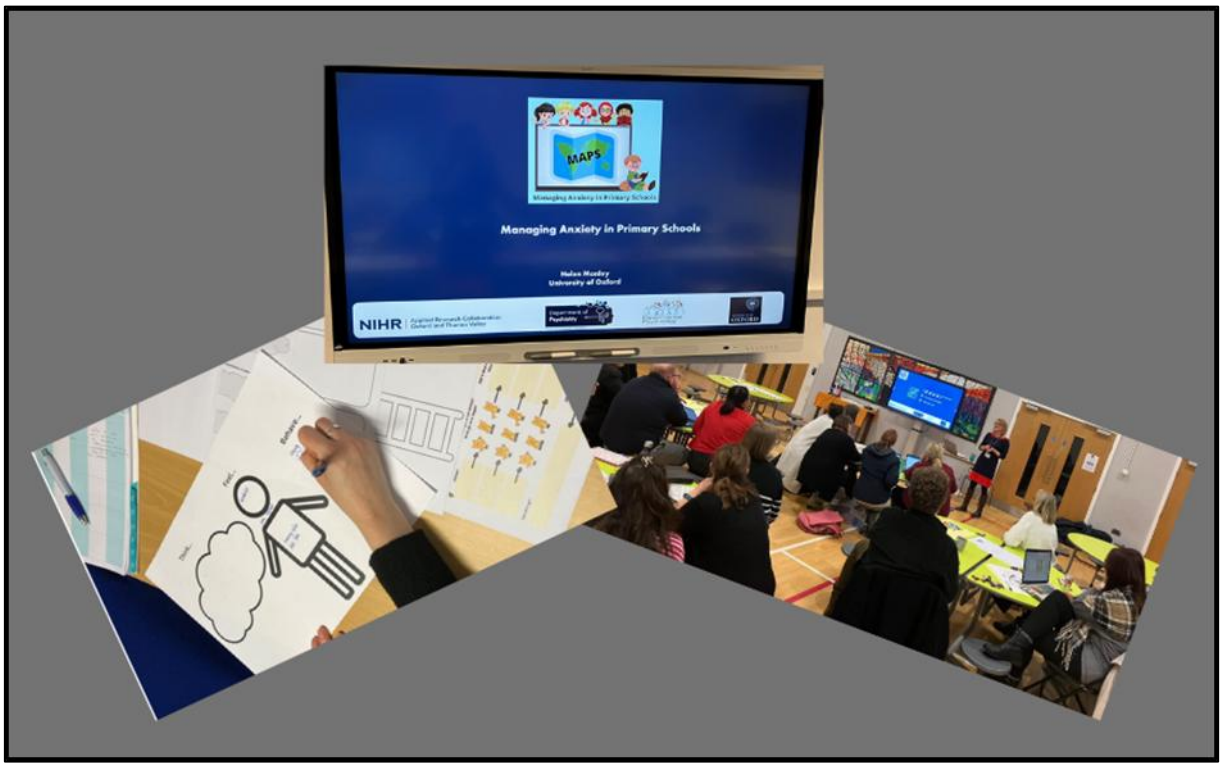
After being developed, refined, and finalised using outcomes from all research conducted thus far in this thesis, the training was delivered to school staff at the end of the school day, and timed to coincide with a school's usual weekly staff meeting. This two-hour session included an interactive presentation and facilitated discussion summarising research findings and implications/suggestions for practice. Specific aims and objectives for the session as presented to training participants are illustrated in figure 6.2:

Figure 6.2 *Aims and objectives of the MAPS training*



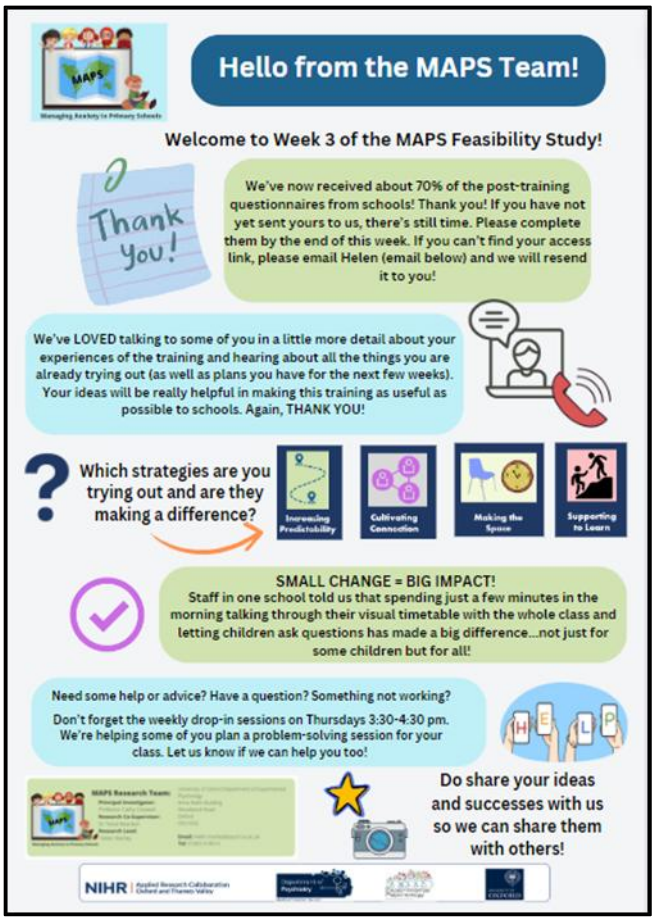
The training session also included staff working together to develop solutions to problems presented, to identify areas of their own/school practice that might benefit or change as a result of the session, and to think about the strategies that they would implement in their classrooms/schools over the following weeks (figure 6.3).

Figure 6.3 *Training sessions being delivered in schools*



After the training session, in response to recommendations from practitioners in Chapter 5, for the duration of the six-week implementation phase in schools, I provided regular email updates (see example in figure 6.4) which were sent to all participating staff.

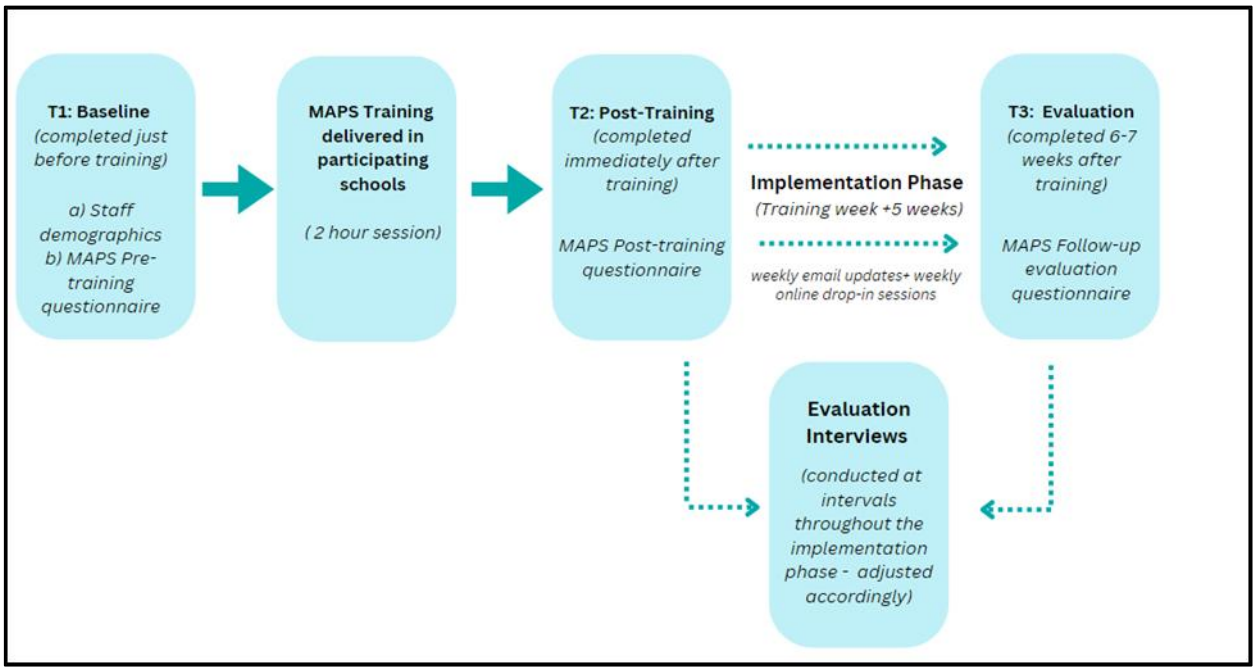
Figure 6.4 *Example email update to staff during implementation phase*



I also offered a weekly online optional drop-in (via a recurring one-hour weekly Microsoft Teams meeting) for school staff to discuss any issues or get input and advice as desired.

A summary timeline of the study is provided in figure 6.5.

Figure 6.5 *Summary timeline of study procedure*



6.5 Data analysis

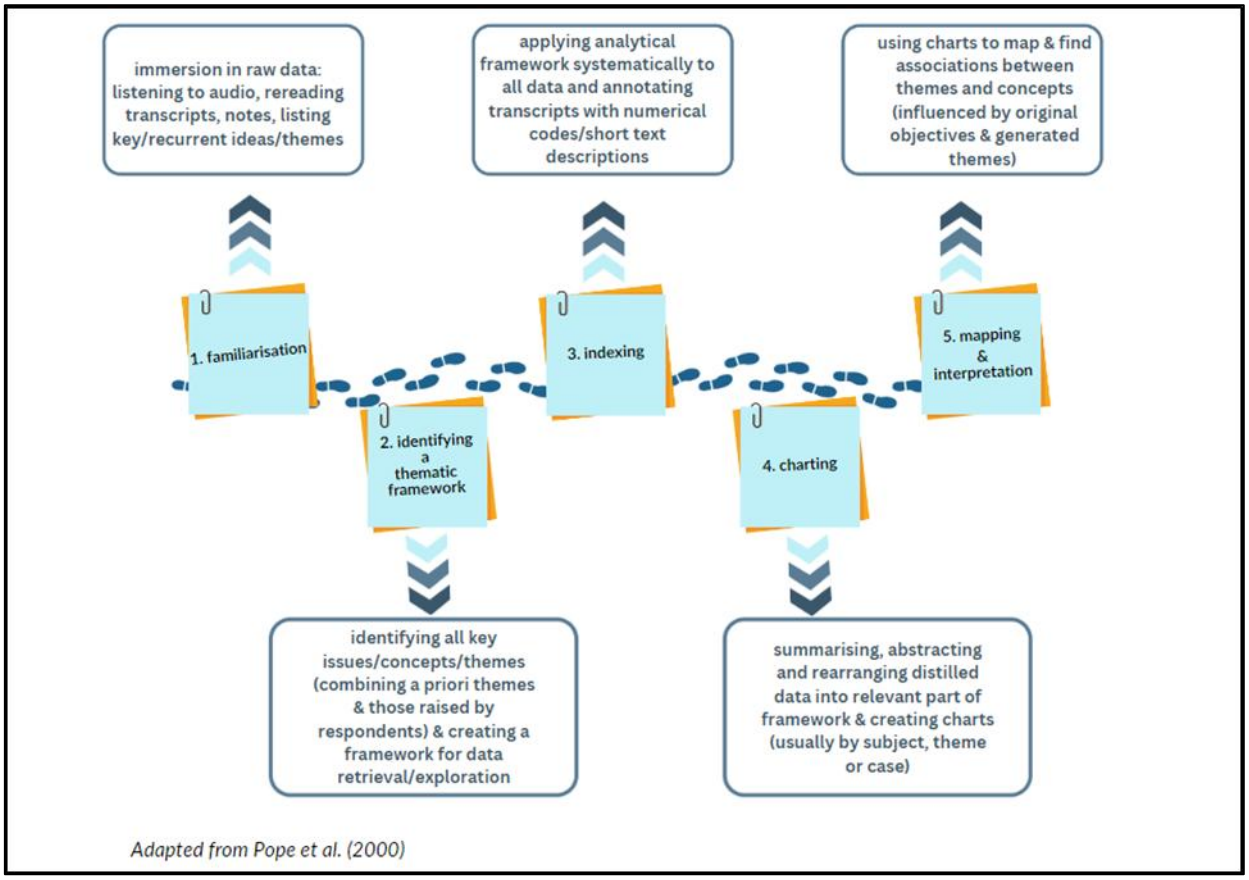
6.5.1 Quantitative outcomes

Participant questionnaire responses were included in the analysis provided that the participant a) completed the pre-training questionnaire and attended the training session, and b) completed the relevant post-training or follow-up evaluation questionnaire. Quantitative data (e.g. numerical/Likert scale ratings) from responses to questionnaires were analysed descriptively and summarised using means, standard deviations, medians and interquartile ranges or numbers and percentages. Changes to confidence and knowledge pre- and post-training were analysed by calculating the mean difference for relevant questions on the pre- and post-training questionnaires. As an addition to the planned analysis outlined in the protocol, to aid interpretation of this comparison, I also opted to calculate effect sizes (Cohen's *d*; Cohen, 1988), whereby small effects ≥ 0.2; medium effects ≥ 0.5, and large effects ≥ 0.8. I also set out to explore patterns in missing data (e.g. characteristics of staff who completed/did not complete the post-training questionnaire). All analyses were conducted in Microsoft Excel.

6.5.2 Qualitative outcomes

Qualitative data generated from transcripts of the semi-structured interviews were analysed using framework analysis (Ritchie & Spencer, 1994). Framework analysis was originally developed for social policy research, but its use has now expanded to a variety of disciplines including healthcare (Gale et al. 2013; Smith & Firth 2011) and psychology (Parkinson et al., 2016), indicating its flexibility when conducting multidisciplinary studies such as this. Unbound by particular epistemological constraints, framework analysis offers a versatile, matrix-based approach to analysis (Barazzone et al., 2012), particularly where research questions are evaluative, diagnostic, contextual, or strategic in nature (Ritchie & Spencer, 1994). Sitting within the thematic methodology (Gale et al., 2013), its five-stage process (outlined in figure 6.6) was particularly useful for my feasibility study.

Figure 6.6 *The 5 stages of Framework Analysis*



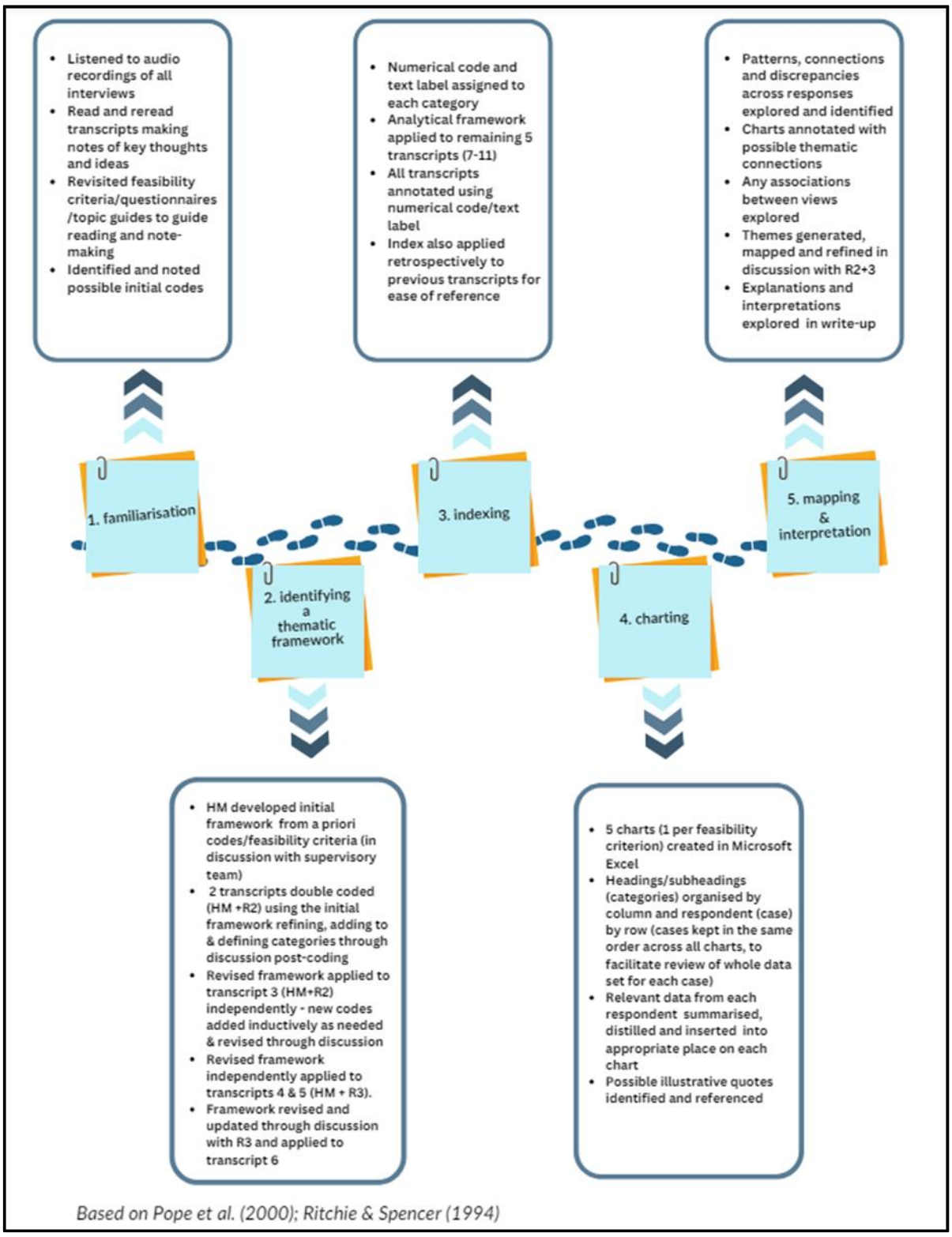
Permitting, and indeed advocating for, the use of both deductive and inductive coding, framework analysis balanced my need for creativity and subjectivity of interpretation when exploring participant experiences of the training, with the more systematic, pragmatic approach essential to questions of an evaluative nature, where some a priori themes and ideas have been identified (in my case, based on my research questions, my predefined feasibility criteria, questionnaires and interview schedules), and very specific information is needed within a short timeframe (Ritchie & Spencer, 1994).

In addition, as data were collected with the aim of exploring the acceptability and feasibility of the MAPS training and informing its further development, the framework approach gave me the ability to analyse distilled data both thematically and by case. This allowed me, if necessary, to reorganise distilled data quickly and easily throughout the interpretation phase in order to identify any commonalities or differences in how participants viewed the training depending, for example, on their particular role or level of experience. As recommended by best practice in the framework approach, my analysis was supported by two additional researchers (R2 and R3) who each carried out double-coding on some of the initial interview transcripts, and provided input into the development of the final framework. An overview of my analytic process is outlined in figure 6.7 below.

Following analysis of the qualitative data from interviews, I applied the same analytical framework systematically to the free-text responses from participant questionnaires. While I had initially anticipated reporting these outcomes separately, such was their overlap with interview data, I felt this distinction unhelpful and unnecessary, opting instead to combine all outcomes in the final reporting stage. Where provided, I also analysed free-text responses to provide further insight into linked quantitative ratings, and aimed to identify any patterns or

associations between participant views. The initial analytic framework, the final framework, and an example of the completed charts are presented in Appendix 6.12.

Figure 6.7 *Overview of analytic process*



R2 = Researcher 2; R3 = Researcher 3

6.6 Results

6.6.1 Participants

Schools

Expressions of interest were received from six schools, from which I purposively selected four schools based on demographic information (as previously indicated above) provided during the initial telephone call. Despite receiving written agreements from four schools, one school had to withdraw their participation at short notice (no specific reason was provided). An overview of school characteristics is provided in Table 6.3.

Table 6.3 *School characteristics* [1]

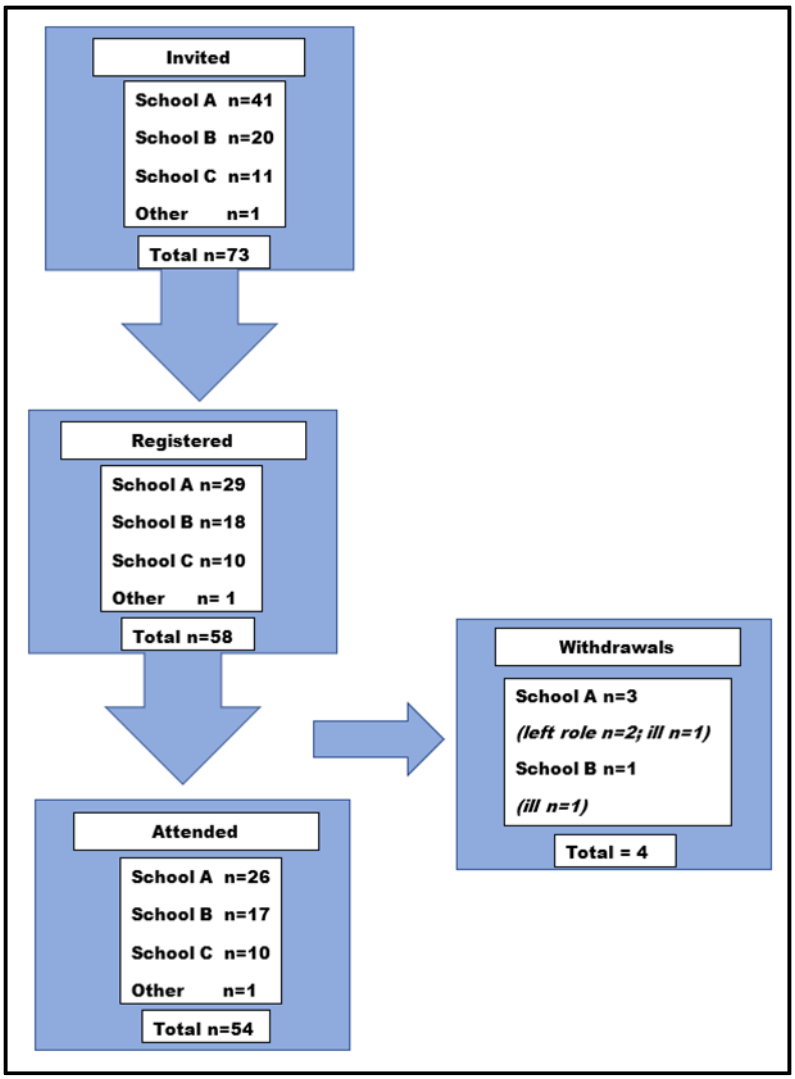
	School A	School B	School C
Location	East of England	East of England	East of England
Funding	State	State	State
Type	Academy Converter: Primary, Nursery	Academy: Primary	Academy: Primary
Sex	Mixed (47.8 F/49.1M)	Mixed (50.5 F/49.5 M)	Mixed (56.1 F/ 43.9 M)
Ofsted Grading (at time of recruitment)	Not yet graded	Good	Requires Improvement
Size	3-Form Entry	2-Form Entry	0.5-Form Entry
Pupils on roll	400-499	300-399	100-199
% eligible for Free School Meals [a]	Below NA	Below NA	Above NA
% English as an Additional Language [b]	Below NA	Below NA	Above NA
% Special Educational Needs & Disabilities [c]	Below NA	Below NA	Above NA

[1] *To preserve anonymity at school level, percentages are reported only as being above or below National Average (NA) (where National Average in primary schools in England for 2023/4 (%)= [a] 24.3 [b] 22.8 [c] 14.1)*

School staff

Schools A and C opted to offer the training to all teaching staff (e.g. teachers, teaching assistants, leadership, SENDCos, pastoral staff), while School B offered it only to those contractually obliged to attend after-school meetings (i.e. teaching assistants were not invited to participate). As illustrated in figure 6.8, a total of 73 staff were invited to take part. 58 staff (79.5%) registered to participate and completed T1 pre-training questionnaires, of which 54 (93.1% of those registered) ultimately attended the training.

Figure 6.8 *Recruitment to attendance flow diagram*



Post-training questionnaires were received from 46 out of 54 participants (85.2%), and 41 out of 54 participants (75.9%) returned follow-up evaluation questionnaires. 11 of the 54 participating staff (20.4%) took part in a 1:1 interview. Participant characteristics are provided in Tables 6.4 and 6.5. Characteristics of participants who did and did not complete post-training questionnaires are provided in Appendix 6.13. Five of the eight participants who did not complete post-training questionnaires were from one school. Additionally, five were class teachers, four of the eight were early in their teaching career, and five reported only having had a little experience of working with children with anxiety difficulties.

Table 6.4 *Participant characteristics – training (n=54)*

Characteristics	Values: n (%)
School	
A	26 (48.1)
B	17 (31.5)
C	10 (18.5)
Other	1 (1.9)
Gender	
Male	6 (11.1)
Female	48 (88.9)
Age (years)	
18-24	1 (1.9)
25-34	17 (31.5)
35-44	15 (27.8)
45-54	15 (27.8)
55-59	4 (7.4)
≥ 60	1 (1.9)
Prefer not to say	1 (1.9)
Ethnicity	
White: English/Scottish/Welsh/N Irish/British	46 (85.2)
White: Irish	1 (1.9)
Any Other White Background	3 (5.6)
Mixed: White and Black Caribbean	1 (1.9)
Asian/Asian British: Pakistani	1 (1.9)
Asian/Asian British: Chinese	1 (1.9)
Any other Asian Background	1 (1.9)
Role	
Class Teacher	31 (57.4)
Teaching Assistant	8 (14.8)
Class Teacher with additional senior leadership role	5 (9.3)
SENDCo[a], Mental Health Lead, Family Worker, Learning Mentor	3 (5.6)
Senior Leadership (within or across schools)	7 (12.9)
Experience (years)	
< 2 (ECT)	3 (5.6)
2-5	7 (12.9)
6-10	12 (22.2)
11-14	14 (26.0)
15-19	7 (12.9)
≥ 20	11 (20.4)
Experience of working with children with anxiety problems	
None	2 (3.7)
A little	33 (61.1)
A lot	19 (35.2)

[a] *Special Educational Needs and Disabilities Coordinator*
ECT = *Early Career Teacher*
Other = *participant working across multiple schools*

Table 6.5 *Participant characteristics: In-depth 1:1 Interviews (n=11)*

Characteristics	Values: n (%)
School	
A	2 (18.2)
B	4 (36.4)
C	4 (36.4)
Other	1 (9.1)
Gender	
Male	1 (9.1)
Female	10 (90.9)
Age (years)	
25-34	1 (9.1)
35-44	4 (36.4)
45-54	3 (27.3)
55-59	2 (18.2)
≥ 60	1 (9.1)
Ethnicity	
White: English/Scottish/Welsh/N Irish/British	9 (81.8)
White: Irish	1 (9.1)
Any Other White Background	1 (9.1)
Role	
Class Teacher	4 (36.4)
Teaching Assistant	2 (18.2)
Class Teacher with additional senior leadership role	1 (9.1)
SENDCo[a], Mental Health Lead, Family Worker, Learning Mentor	1 (9.1)
Senior Leadership (within or across schools)	3 (27.3)
Experience (years)	
2-5	1 (9.1)
6-10	1 (9.1)
11-14	2 (18.2)
15-19	2 (18.2)
≥ 20	5 (45.5)
Experience of working with children with anxiety problems	
A little	5 (45.5)
A lot	6 (54.5)

[a] *Special Educational Needs and Disabilities Coordinator*
Other = *participant working across multiple schools*

As noted previously, despite working closely with schools to target a number of relevant families to take part in evaluation interviews, no parents or children registered, thus no interviews were conducted.

6.6.2 Findings

I present my findings by research aim, assessed against the pre-specified feasibility criteria set for this study. Qualitative findings are supported by illustrative quotes from interviews and free text questionnaire responses.

6.6.2.1 Feasibility of delivering the training as part of schools' regular staff training sessions

Quantitative findings

Tables 6.6 and 6.7 present quantitative data in relation to school recruitment, training delivery, and training attendance. As more than one school invited expressed an interest in participating, and as this resulted in consent from, and delivery of training in, more than one school, involving more than 50% of invited staff, feasibility criteria were met.

Table 6.6 *Overview of training recruitment and delivery*

Feasibility Criteria	Schools invited	Schools expressed interest	Schools consented	Schools training delivered
a)1 or more schools invited to attend express interest				
b)1 or more schools consent and attend in-school training session	11	6	4	3

Table 6.7 *Overview of training attendance*

Feasibility Criteria	Number of staff invited		Number of staff registered		Number of staff attended	
At least 50% of staff invited attend training	**School A**	41	**School A**	29	**School A**	26
	School B	20	**School B**	18	**School B**	17
	School C	11	**School C**	10	**School C**	10
	Other	1	**Other**	1	**Other**	1
	Total	73	**Total**	58 (79.5% of invited)	**Total**	54 (73.9% of invited)

Other = *participant working across multiple schools*

Responses taken from post-training questionnaires (Table 6.8) support the feasibility of training being delivered as part of school's regular staff training sessions. Participants were generally positive about the training delivery as a whole. Overall, participants felt that the training was well facilitated, and that activities aided their learning/understanding. Additionally, participants reported feeling able to ask questions, share ideas and experiences, and felt their professional experience was recognised and valued during the session. Views in relation to training duration were mixed: while 50% (n=23) were happy with its length, opinions varied between the remaining 50% (n=23). Responses in relation to opportunities for discussion were less favourable, with just over 60% (n=28) indicating that they felt more time was needed.

Table 6.8 *Post-training questionnaire responses linked to feasibility of delivery (n=46)*

Questionnaire focus	**Possible score**	**Score**	
Training well facilitated	0-4	Mean (SD) Median (IQR)	3.15 (0.67) 3.00 (1.00)
Balance of input/activities	0-4	Mean (SD) Median (IQR)	2.24 (0.90) 2.00 (2.00)
Activities enhanced learning/understanding	0-4	Mean (SD) Median (IQR)	2.50 (0.91) 3.00 (1.00)
Able to share ideas/experience	0-4	Mean (SD) Median (IQR)	2.26 (0.91) 2.00 (1.00)
Able to ask questions	0-4	Mean (SD) Median (IQR)	2.17 (1.08) 2.00 (2.00)
Experience valued	0-4	Mean (SD) Median (IQR)	2.63 (0.77) 3.00 (1.00)

Questionnaire focus	**Response**	**n (%)**
Length of training	Too short	11 (23.9)
	About right	23 (50.0)
	Too long	12 (26.1)
Time for discussion	Not enough time at all	9 (19.6)
	Slightly too little time	19 (41.3)
	Adequate time	18 (39.1)

IQR = *Interquartile Range*

Qualitative findings

Combined qualitative data from free-text responses and in-depth interviews suggest that staff felt that what was offered in the time available was good.

> *"You covered everything that we were thinking. And everybody left really positive. And I left really positive"(SBS17)*

> *"So in my mind, it was, it turned out to be, this is going to sound bad, but it exceeded expectations"(SBS13)*

> *"Our trainer was on a tight schedule and delivered a very helpful session"(SAS9)*

> *"There was, yeah we got a lot of information in a short space of time and really useful, like little tips and strategies that we could use straightaway"(SAS6)*

In addition, participants raised no major concerns over receiving training of this type as part of their normal after-school staff meeting.

> *"I think after school is absolutely fine"(SBS13)*

> *"Your, your evening CPD slot is I think gonna be more accessible. Whilst it's perhaps worth like a half day, I think, if you're going to try and get into schools, I feel like an evening or two, it's just going to be more likely for someone to, to take up the offer"(SCS8)*

They appreciated the expertise of the facilitator

> *"Delivery by someone who clearly knows a lot about what they were talking about is important. Teachers can tell when that's not the case"(S58)*

the relevance, depth, and accessibility of information provided

> *"I found the training really informative. There was lots of information"(SAS13)*

> *"There was nothing in there that I thought shouldn't be, or that was covered in too much length if you like. I did think it was all really relevant"(SBS13)*

> *"Um, in terms of the content you obviously had a lot to cover. But it was covered, I felt, for us, in the right amount of detail"(SCS1)*

the focus given to seeking input from staff, and to their wellbeing, throughout

> *"The facilitator reacted and adapted to the feedback during the training, which was a great strength of the delivery"(S58)*

> *"I think it really, it, it asked good questions from us, you know, it wanted to know, good things about us"(SCS5)*

"You were really good about finishing on time. You were aware of teachers' wellbeing"(SCS1)

and the option to join remotely, which worked effectively for one participant who would otherwise have been unable to attend.

"I really appreciated being able to join the training from home"(SCS4)

Format, timing, and duration

While staff commented favourably on *"the I do, we do, you do (S58)"* format, many felt that it was perhaps *"too much to process (SAS13)"* in the allocated time. This led to a sense of *"being a bit rushed (SBS7)"* and *"needing to speed through it (SCS8)".* Initial suggestions of a longer slot during an INSET day (to minimise issues associated with after-school fatigue and to maximise attendance from staff in differing roles e.g. TAs), were countered by other participants identifying that, given their limited number, this may reduce schools' opportunity to offer said training.

"You're more likely to be given one or two after-school slots than half a day"(SCS8)

Additionally, they noted that as attendance requirements vary by school, switching to an INSET may not necessarily widen participation. Participants indicated that splitting the training into two distinct, shorter sessions (one theory-based introduction and one more applied follow-up) may be beneficial:

"Yeah, I think my first my first initial thought was could this have been a first initial session like information delivering and a second session talking about real examples?"(SAS13)

This, participants suggested, would help increase opportunities for detailed discussion, and allow them to dedicate more time to sharing best practice, exploring how the strategies, and *"the more practical aspects of the toolkit (SBS17)"* could be used with particular children. A second applied session could also mean *"staff come away with a little action plan (SBS13)"*, and are able to get *"more help to unpick some of the bigger issues (S58)"*.

Targeting and tailoring

Qualitative responses also indicated a potential need for the format and delivery of the training to be tailored to individual schools:

"How it's delivered may need to be decided on a school-to-school basis"(SCS1)

Participants recognised that offering it in a variety of ways might make the training more attractive to schools by giving them *"some control of how they want it (SCS5)".* The way the training has been designed makes this adaptation by school possible and, as one participant noted:

"The flexibility of this training session could be its real strength"(S58)

6.6.2.2 Acceptability of training content

Quantitative findings

Quantitative data from the post-training and evaluation questionnaires (Table 6.9) showed that participants were generally positive about the training content, indicating that overall, it met their expectations, was very relevant (both to their own practice and to schools' current agendas), was clear and easy to understand, and useful. Findings also suggest that participants felt the training gave them ideas to use in their classrooms, that suggested resources would be useful, and that they were likely to make changes to their day-to-day practice following the session. Mean and median scores for all scored items were all above the mid-point. Pre-defined feasibility criteria were therefore met. Scores were slightly lower in relation to staff's perceived capacity to implement changes (M=2.37; SD=0.80), and how likely they were to recommend the training to others (M=5.78; SD=2.58) (expanded in qualitative findings below), but still met the pre-set feasibility thresholds.

Data here suggest that participant views may have been more neutral in relation to how far the training increased their knowledge of how to support children struggling with anxiety.

However, a comparison of pre- and post-training scores (Table 6.10) indicates a positive change in this regard across all but one of the domains linked to confidence and knowledge. Despite this overall increase in confidence, it is interesting to note that there was a slight decrease in how much of a difference participants felt they could make (mean difference -0.08; d= 0.09), and in their perceived emotional capacity to support children struggling with anxiety, from 89.1% (n=41) to 78.3% (n=36).

Table 6.9 *Post-training & follow-up evaluation questionnaire data – Acceptability of content*

Questionnaire focus	**Possible score**	**Score**	
Post-training questionnaire (n=46)			
Overall view of training	0-5	Mean (SD) Median (IQR)	3.46 (0.96) 3.50 (1.00)
Usefulness of training	0-4	Mean (SD) Median (IQR)	2.78 (0.79) 3.00 (1.00)
Relevant to schools	0-10	Mean (SD) Median (IQR)	8.46 (1.49) 9.00 (3.00)
Relevant to own practice	0-10	Mean (SD) Median (IQR)	7.87 (1.72) 8.00 (2.00)
Training increased knowledge of how to support children struggling with anxiety	0-10	Mean (SD) Median (IQR)	6.57 (2.54) 7.00 (2.00)
Clear & easy to understand	0-10	Mean (SD) Median (IQR)	8.02 (1.81) 8.00 (2.00)
Suggested resources will be helpful	0-10	Mean (SD) Median (IQR)	7.17 (2.36) 8.00 (4.00)
Gave ideas to use in day-to-day teaching	0-4	Mean (SD) Median (IQR)	2.85 (0.63) 3.00 (0.00)
Will make changes to practice	0-4	Mean (SD) Median (IQR)	2.70 (0.73) 3.00 (1.00)
Will be able to implement ideas in day-to-day teaching	0-4	Mean (SD) Median (IQR)	2.37 (0.80) 2.00 (1.00)
Training met expectations	0-10	Mean (SD) Median (IQR)	7.07 (1.96) 7.00 (3.00)
Follow-up evaluation questionnaire (n=41)			
Likely to recommend to others	0-10	Mean (SD) Median (IQR)	5.78 (2.58) 6.00 (2.50)

Table 6.10 *Pre-/Post-training staff confidence & knowledge ratings*

Questionnaire focus	**Possible Score**	**Pre-Training Mean (SD)** (n=46)	**Post-Training Mean (SD)** (n=46)	**Mean difference**	**Effect Size** *(*Cohen's *d)*
I feel it is part of my role to support children's mental health	0-4	3.43 (0.91)	3.54 (0.91)	0.11	0.12
I feel I can make a difference to children who experience high levels of anxiety	0-4	3.04 (0.82)	2.96 (0.89)	-0.08	0.09
I feel confident that I would know the signs to look for if I thought a child might be struggling with anxiety	0-10	6.37 (1.60)	7.72 (1.29)	1.35	0.93
I feel confident I know what to say to/do for a child who shows signs of struggling with anxiety	0-10	5.57 (1.54)	7.17 (1.43)	1.6	1.08
I feel confident I know what to say to/do for the parent of a child who shows signs of struggling with anxiety	0-10	5.02 (1.54)	6.65 (1.54)	1.63	1.06
I feel confident in supporting children who experience higher levels of anxiety in school	0-10	5.30 (1.71)	7.11 (1.51)	1.81	1.12
I feel I have the knowledge to support children who are struggling with anxiety	0-10	5.33 (1.74)	7.28 (1.63)	1.95	1.16

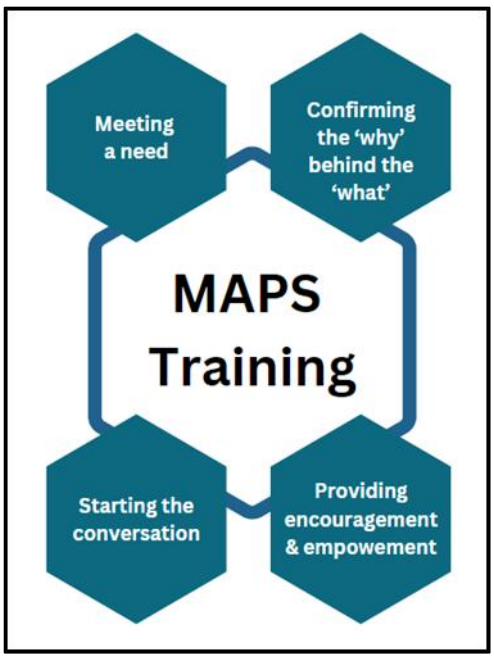
		Pre-training n (%)	**Post-Training** n (%)
I feel I have the time in my day-to-day teaching to support children who experience higher levels of anxiety	**Yes**	22 (47.8)	26 (56.5)
	No	24 (52.2)	20 (43.5)

I feel I have the emotional capacity in my day-to-day teaching to support children who experience higher levels of anxiety	**Yes**	41 (89.1)	36 (78.3)
	No	5 (10.9)	10 (21.7)

Qualitative findings

Qualitative data also underscore the overall acceptability of training content. Analysis of the relevant framework summary charts from interviews and questionnaires led me to generate four main themes (figure 6.9) which capture participants' views of training content. These are discussed in more detail below.

Figure 6.9 *Overview of themes relating to acceptability of content*



Meeting a need

Despite many participants reporting that they were not quite sure what to expect from the training, overall, participants felt the training content aligned well with their personal needs, and those of their school, indicating how well it was received by the majority of staff:

> *"Sometimes there are grumblings about training being a waste of time. No one said that this time"(SBS13)*

Many focused on its relevance, particularly in relation to how it might be used across a whole school, *"even an early years setting (SAS13)"*, and by a variety of staff, whatever their responsibility:

> *"One of the great strengths of organising the content in that way was that it was suitable, appropriate and meaningful for everyone in a variety of roles…teachers with a class or group of struggling pupils, TAs for 1:1 work or conversations and leadership to frame their approach and trusts for thinking about how this would work across a group of schools."(S58)*

Some noted how it took account of the resource constraints in many contexts, commenting that the training was *"applicable for any school on whatever budget (SCS5)",* and did not require a huge amount of costly human investment, but focused instead on *"those simple things, where if you put enough of them in place they are huge (SBS13)"* Participants also commented on its practicality, reporting that the training provided *"really useful little tips and strategies that could be used straightaway (SAS6)",* which were focused on *"decisions teachers make every day (SCS8)".*

Where staff gave reasons for finding the training content less beneficial, this was often more related to feeling that it had come too late for them to take full advantage:

> *"Our school would have found this much more beneficial a couple of years ago. We are just further along the journey!"(SAS21)*

Where participants reflected on how far the training met their expectations, it became clear that those who had had some additional pre-training messaging (either from me during the recruitment phase or from school leadership), were likely to rate this more highly. Some who gave the corresponding closed question a lower rating indicated in their free-text response that, for example, they were *"expecting something more revolutionary (SAS21)"*

Confirming the 'why' behind the 'what'

Qualitative data highlight that even if the training was perhaps less "revolutionary" than anticipated, it was still beneficial *"to be reminded of things that have dropped out of view in busy lives (SCS4)"*, to have *"evidence to support best practices (SCS6)",* and to have an opportunity to refresh and consolidate knowledge and understanding. Participants reported that the training also supported and strengthened the current ethos/practices in the school, helping participants to see that *"what you're already doing has a name and there's a reason people do it (SAS13)",* and to better understand what leadership is trying to do. Additionally, participants recognised how well the content "meshed with the messages*"* schools are getting from trusts and external agencies in relation to inclusion principles, and how the tools and resources provided support the work they are being asked to do with individuals by, for example, educational psychologists. Participants also noted how the training promoted a shared understanding/approach amongst staff such that *"all staff heard the same message (SBS17)"* meaning that *"all staff will now be able to support children in the same way (SCS5)"*

Starting the conversation

Participants suggested that the training content really made them "*stop and think*", prompting them to *"go and have those conversations (SBS13)"* and to *"do something rather than just leave it (SAS6)",* thereby encouraging a move from reactive to more proactive responses. Participants reported that it both prompted and challenged their thinking: making them reflect on their own responses to children, their assumptions on how anxiety manifests, their relationships with parents and families, opening "*their view up to things they might have previously overlooked (SBS18)"*, and helping them to *"realise that little things can make a huge impact (SAS6)".* The training was *"a really good driver to think about what is being done and*

how (SCS4)", both in the classroom and at a more strategic level where it also prompted discussions amongst school leadership about planning for school improvement.

Providing encouragement and empowerment

Finally, participants indicated that the training content was encouraging and empowering and, in some cases, left them feeling excited. In addition to increasing staff confidence to tackle issues as they arise, it provided reassurance that they were doing the right thing, that it doesn't all need to be solved now, and that children can and do already benefit from things staff do day to day:

> *"It was nice to have so much consolidated and confirmed. Staff are constantly being judged and constructively criticised, so it's nice to be told you're doing it right"(SAS13)*

6.6.2.3 Perceived helpfulness and usability of training content and suggested strategies

Quantitative findings

Data from questionnaires comparing pre- and post-training scores (Table 6.10) suggest that, overall, the content was helpful in increasing staff knowledge and confidence, particularly in relation to knowing what to say/do for a child or parent of a child struggling with anxiety. Together with average ratings presented in Table 6.9, this indicates that participants were generally positive about the perceived helpfulness and usability of the strategies in the training. The only average ratings not to meet feasibility criteria were mean scores for items related to the use and application of suggested strategies from the training (M= 1.46 and M=1.27 respectively, where the threshold was M=1.5). Results also suggest that, while overall, participants were able to make changes to their practice and use strategies, the degree of ease with which they felt this was possible was variable (although feasibility scoring thresholds were still met). Ratings indicate that, in many cases, ongoing use of strategies post-training was likely.

Table 6.11 *Follow-up evaluation questionnaire: Use & application of strategies (n=41)*

Questionnaire focus	Possible score	Score	
Used strategies from training in day-to-day teaching	0-3	Mean (SD) Median (IQR)	1.46 (0.67) 2.00 (1.00)
Made changes to day-to-day practice	0-3	Mean (SD) Median (IQR)	1.27 (0.59) 1.00 (1.00)
Easy to make changes to practice/to use strategies	0-10	Mean (SD) Median (IQR)	6.34 (2.47) 6.00 (3.00)
Likely to continue to use strategies after the study	0-10	Mean (SD) Median (IQR)	6.90 (2.23) 7.00 (3.00)

Qualitative findings

Free-text responses from post-training and follow-up questionnaires provided detailed insights into the perceived helpfulness and usefulness of training, and some of the more nuanced reasons behind some of the less positive numerical ratings.

Use of strategies & changes to practice

When analysing charts at the interpretation phase, I recognised that the use of strategies and changes to practice outcomes linked very closely to the four '*what helps?*' themes ('*Increasing Predictability', 'Cultivating Connection', 'Making the Space'* and *'Supporting to Learn'*) generated in my initial qualitative study (Chapter 3). I therefore mapped all relevant outcomes on to these four themes to explore which strategies/changes to practice were most commonly reported, and which, therefore, were likely to be those that school staff may consider to be of most use/relevance. Reported strategies/changes to practice linked to each theme are presented in Table 6.12.

Table 6.12 *Use of strategies/changes to practice* [a]

Theme	Strategy
Supporting to Learn	Problem-solving *(whole class session and/or problem-solving displays)*
	Questioning *(to explore issues, to empathise/normalise)*
	Goal-setting *(use of rocket predictions sheet/ladder step plan)*
Increasing Predictability	Preparing in advance *(including whole class discussion/ greater use of talk partners)*
	Visual timetables
	Increasing commonality of visuals across classrooms
	Now & Next frames *(individual/whole class)*
	Embedding and greater consistency in routines
Making the Space	Reducing noise levels in classroom
	Providing alternative spaces/quiet spaces
	Greater consideration of seating arrangements
	Reducing content on slides to help cognitive load *(mental space)*
Cultivating Connections	Adapting language when talking to children/trying to ensure same language is used amongst staff
	Use of worry box/communications board *(alternative ways to communicate)*
	Increased focus on parent communications

[a] *Strategies/changes listed in order of relative reported use*

Despite concerns from some participants that more targeted strategies may be less practical or useful day-to-day, free-text and interview data suggest that by far the most widely used strategies post-training were those related to *'Supporting to Learn'*. These most commonly included:

use of problem solving:

"The talking frames to support children in problem-solving were useful"(SAS3)

curious questioning (particularly around empathising and normalising feelings):

> *"…the big one is the questioning. You know, what does that look like? What's going to happen? Just that questioning has been really useful. I walked in a little conversation this morning[…] that questioning was all there […] I could hear that dialogue, which was really coming through"(SCS1)*

goal setting

> *"I really liked the goal setting. It seems self-evident, but I don't think we codify this in the way suggested"(SCS4)*

and the use of step plans (e.g. rocket predictors and ladders – see Appendix 6.14)

> *"I just really liked the visual of the rocket. I thought that was really, really nice visual also. For the child that I was working on for the anxiety, actually, it was quite a quick fix"(SAS6)*

Other key strategies in use were those related to *'Increasing Predictability'*, particularly preparing children intentionally in advance, and increased use of visual timetables and, importantly, now explicitly discussing these with the class. In cases where minimal or no strategy use was reported (thereby reducing the overall mean quantitative scores), participants most often indicated this was because suggested strategies were already perceived to be in use, thus also no or only slight changes to practice were deemed necessary.

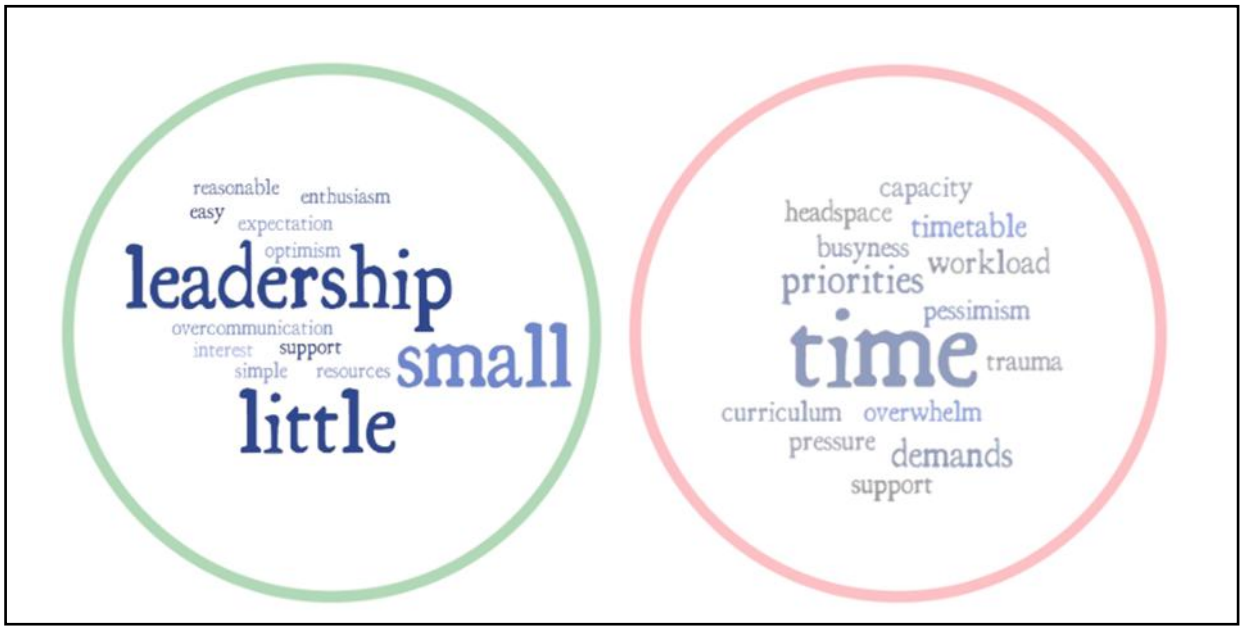
> *"Some of the resources were useful, particularly the problem-solving flow chart […]Many of the strategies were not new to me, so are already in place or have been used to support pupils previously"(SAS7)*

> *"I think it brings more awareness of the issue but my practice won't change as I am doing these things anyway"(SAS18)*

Barriers and facilitators to implementation

Key facilitators and barriers to implementing strategy use and changes to practice as identified by participants in free-text questionnaire and interview responses are illustrated in figure 6.10.

Figure 6.10 *Facilitators (green) and barriers (pink) to use of ideas/changes to practice*



Participants reported that because suggested changes were small, reasonable, simple, and aligned well with school policies, this made them easier to adopt

> *"The tiny tweaks little by little means that staff can easily do this"(SCS5)*

> *"The training showed helpful ways that supporting those with anxiety can be woven into everyday practice which was manageable and made lots of sense"(SBS18)*

and indicated that having ready-made resources immediately to hand further facilitated their use. They also recognised that successful use and implementation was still very contingent on leadership, who need to support, prioritise, and drive the expected change, even where implications for practice were minimal:

> *"There really needs to be an understanding from the Trust and SLT that* [for example] *there needs to be space for stillness made in the school day"(SBS5)*

One participant also made reference to the fact that, without that leadership buy-in, change in schools is most likely to occur at the individual level:

> *"The school's priorities are decided by the trust, and the trust is a business. I think trainings like this only work in their ability to inspire individuals as opposed to organisations"(SCS6)*

Time was reported as the primary barrier to any changes across both questionnaires and interviews, and was mentioned at least once by all study participants, with many making multiple references to it.

> *"Even if staff do know what to do, there is no time and that's just getting worse. It will always come down to where to fit things in"(SBS12)*

This lack of time was most commonly attributed to competing pressures, demands, and priorities:

> *"The school day is so full of a range of pressures and trajectories, it's hard to know which priority to focus on in the moment"(SAS7)*

which, in turn, may also result in a lack of capacity to ensure (ongoing) use:

> *"The hardest thing will be schools having the structure and capacity to check on and reflect on whether they're doing these things or not"(S58)*

Interestingly, some participants noted that these competing pressures may, in fact, also affect staff willingness and ability to attend and engage with the training, indicating in some instances that just finding time to attend made them anxious:

> *"Also, not your fault, but after teaching all afternoon and then being worried that I can't get anything ready for the next day because of the time, it did nothing to help my anxiety"(SBS5)*

Staff 'trauma' (as a result of past professional experiences) and possible resulting pessimism may also have a bearing on capacity/willingness to adopt new ideas/practices:

> *"My theory is that they're sitting on an awful lot of trauma in their careers, and they've learned to survive is to be very defensive. And the only way that they'll get by, is by not doing anything new, sticking with what they know. Because they don't trust what's happened in the past, and they've been hurt"(SCS1)*

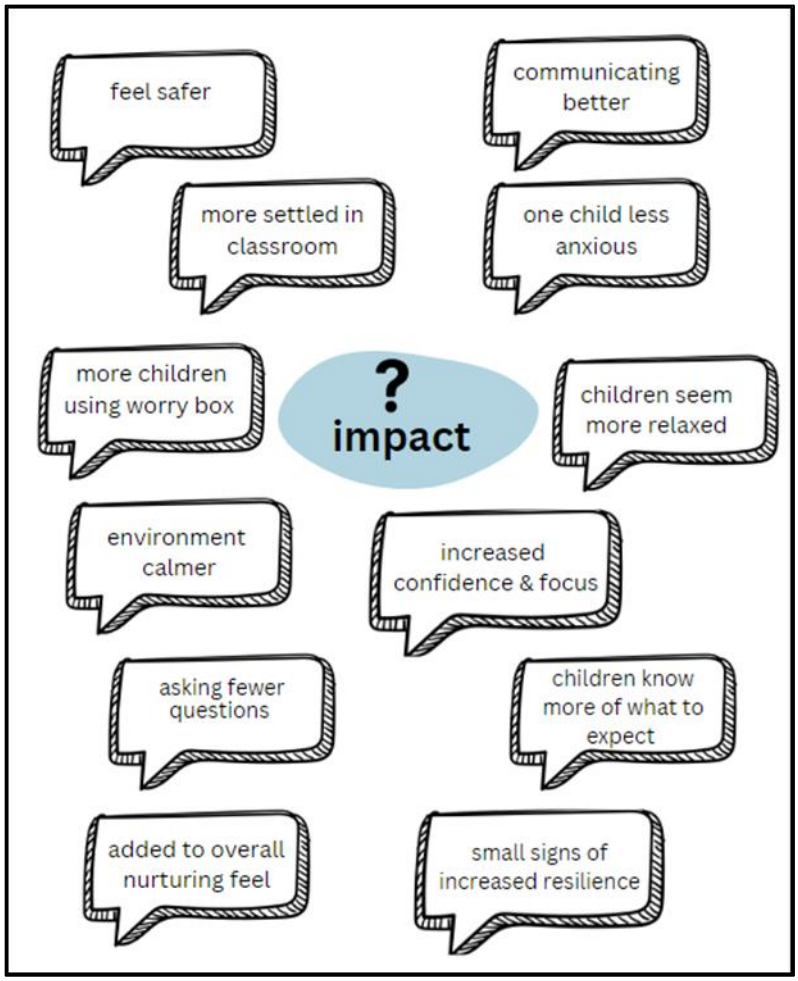
6.6.2.4 Indications of impact on children's anxiety

Qualitative findings

Given the timeframe of the feasibility study, any data collected relating to indications of possible impact were always going to be limited. Of the 31 participants who responded to follow-up questions about impact on children's anxiety, 28 reported seeing initial indications

of possible impact. These are summarised in figure 6.11. Some additional interesting findings in relation to wider impact beyond that related to children's anxiety are provided in Appendix 6.15. These included indications of reductions in adult anxiety; improved communication between staff, and between staff and parents; and the need for improvements to strategic planning, and the support that senior leadership offer to staff. While beyond the scope of the criteria set for this feasibility study, they nonetheless provide additional support for the potential wider benefits for schools choosing to engage in this training.

Figure 6.11 *Initial indications of impact on children*



6.6.2.5 Recommendations for improvement

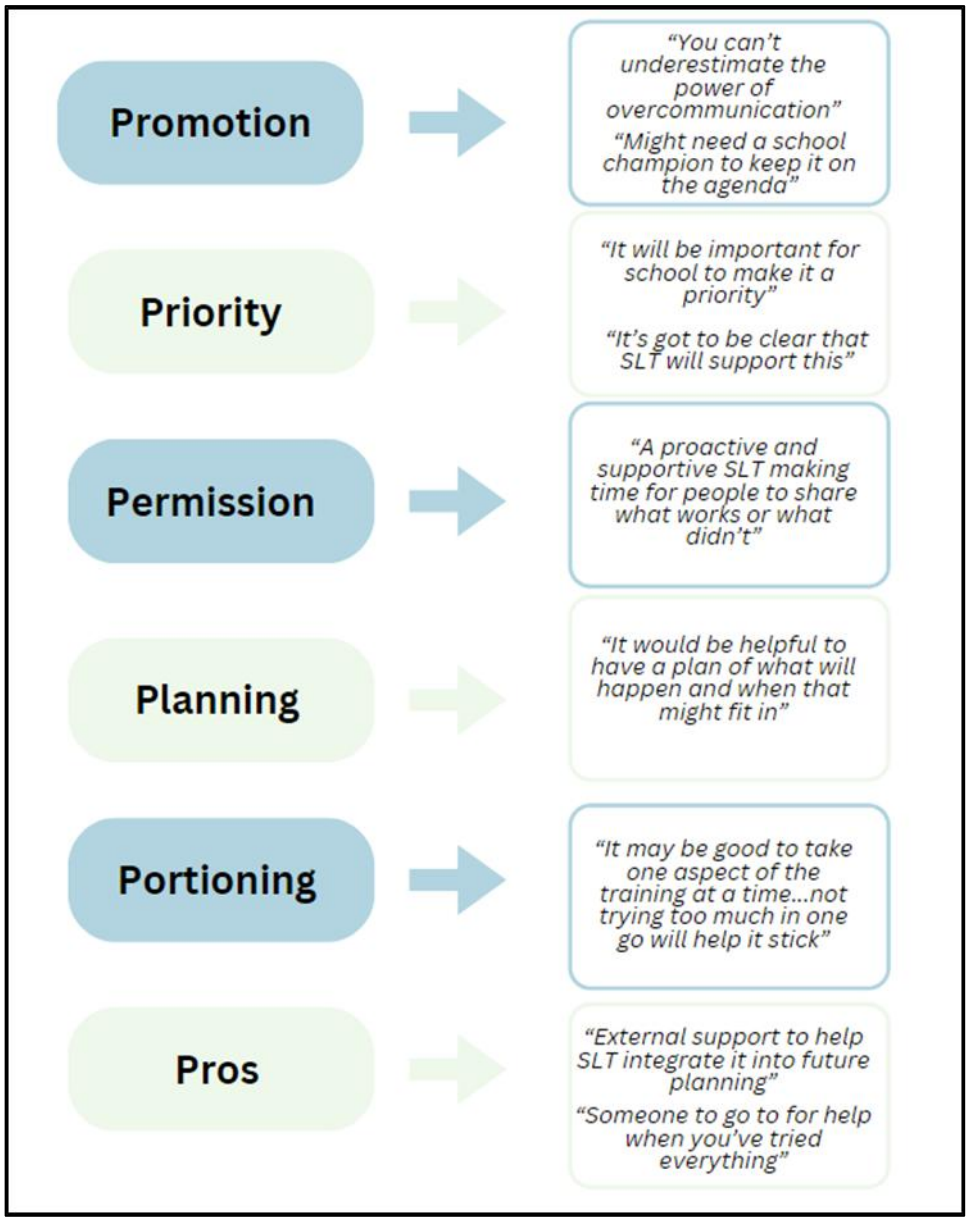
Taking an overview of the qualitative data as a whole, participant recommendations for improvement mainly centred on aspects of delivery, with some minor suggestions for changes to content. These are summarised in Table 6.13.

Table 6.13 *Summary of participant recommendations*

Focus	Key Recommendations	How?	Benefits identified
Delivery	Tailoring format of training delivery to individual schools	Suggested options: a) 1 overview session but condensed b) 2 split sessions (1 theory, 1 applied with short gap to try strategies/gather case studies for further input) c) 3 sessions (1 theory, 1 applied, 1 follow up at later date) d) INSET session (morning theory/afternoon application)	Schools have greater control over how this works to allow them to fit it best with priorities/timetables More time for discussion/interaction/planning for application in supported session Greater balance between input and independent work opportunities as not constrained by time May increase potential for participation from a wider variety of child-facing staff if schools can choose when to deliver
	Pre-training audit	A list of good examples of how schools codify different things for schools to work through and see how much they're already doing	Ensures schools are ready/have capacity to introduce and implement training – may be that schools need to time training at a point where they can build this into school improvement plans Would also help align content on school needs (could prioritise/focus on most relevant areas depending on school experience
	Longer implementation phase if introduced fully in schools		Would allow more time to implement strategies, increase potential for these to be embedded and identify any impact
Content	Include more resources and scenarios for use after the session		
	Include strategies for much younger children		
	Additional training for SENDCos and learning mentors or staff in pastoral roles.	Additional session (possibly bespoke)	Could provide way to scale up (e.g. train the trainer)
	Signposting to external services/ additional support	Include key contacts at local/regional/national level	
	Information on how to talk to parents about their children's anxiety issues	Additional overview for theory session or more in-depth during applied session	

Participants also provided key insights relating to what would help maximise the implementation and ongoing use of this training in schools. These are summarised thematically in figure 6.12.

Figure 6.12 *Recommendations for longer-term implementation*



Participants noted a particular need for any training to be effectively prioritised and promoted within school, including the need for it to be driven and supported by senior leadership (SLT)

which, by extension, would afford them permission to adopt and use ideas and make suggested changes to practice. As time in the day is limited, and staff can often be under pressure from competing demands, help to plan when any changes will be introduced and implemented was considered essential, as was the need to break down or portion those changes such that they do not need to all happen at once. Finally, participants indicated a need for 'pros' (professionals) to help on an ongoing basis. Views were mixed as to whether the 'pro' should be internal to the school (and therefore more able to ensure continued/consistency of implementation and more immediate contextually-relevant support), or external, with a recognition that perhaps both would be ideal.

Table 6.14 provides a summary of findings from this chapter linked to the pre-defined feasibility criteria:

Table 6.14 *Summary of findings linked to pre-defined feasibility criteria:*

Study Aim To explore:	Feasibility Criteria	Findings	Outcome
i) The feasibility of delivering the training as part of schools' regular staff training sessions	i)1 or more schools invited express interest in participating	11 schools invited. 6 schools expressed interest from which 4 selected	Feasibility criteria met
	ii) 1 or more schools who have expressed interest consent to and receive training	4 schools consented to receive training of which 3 schools received training	Feasibility criteria met
	At least 50% of staff who are invited attend the training	74% of invited staff attended training	Feasibility criteria met
	Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2.	Questionnaire ratings overall positive. All questions relating to delivery (scored 0-4) given average ratings > 2. 50% of participants felt training right length (23.9% too short; 26.1% too long) 60% of participants wanted more time for discussion	Feasibility criteria met but consider need to work with individual schools to create more tailored delivery. To address issues over duration and limited discussion, consider refining training to include longer session over more time, or split-session delivery
	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.	No serious concerns raised. Some concerns over duration and time for discussion prompting suggested need for more bespoke delivery	Feasibility criteria met but as above, consider refining training to include variety of delivery options for individual schools
ii) Whether the training content and mode of delivery is acceptable to primary school staff	Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2.	Questionnaire ratings overall positive. All items scored 0-5 had average ratings > 2.5 All items scored 0-4 had average ratings > 2 All items scored 0-10 had average ratings >5	Feasibility criteria met Feasibility criteria met Feasibility criteria met Feasibility criteria met

	Mean pre-post difference score for items 1-9 indicate change in a positive direction for at least some items.	Change in a positive direction for 7 of 9 items. Only “I feel I can make a difference to children who experience high levels of anxiety” and “I feel I have the emotional capacity in my day-to-day teaching to support children who experience higher levels of anxiety” did not show change in a positive direction	Feasibility criteria met Further exploration of reason for drop in perceived capacity to make a difference/ emotional capacity would be beneficial
	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews	No serious concerns or potential harms raised	Feasibility criteria met
iii) Whether the training content and suggested strategies are perceived as helpful to and usable by staff during their day-to-day teaching	Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2.	All items scored 0-10 had average ratings >5 Only items related to whether participants used strategies from training in day-to-day teaching or made changes to day-to-day practice did not meet the >1.5 threshold	Feasibility criteria met It is likely that lower scores in relation to use of strategies and changes to practice were related to the short timeframe of this study. Provides an indication that implementation studies in schools may need more time
	Mean pre-post difference score for items 1-9 indicate change in a positive direction for at least some items.	Change in a positive direction for 7 of 9 items. Only “I feel I can make a difference to children who experience high levels of anxiety” and “I feel I have the emotional capacity in my day-to-day teaching to support children who experience higher levels of anxiety” did not show change in a positive direction	Feasibility criteria met Further exploration of reason for drop in perceived capacity to make a difference/emotional capacity would be beneficial

	No serious concerns or potential harms related to training content or mode of delivery or impact that cannot be easily addressed are reported in free text responses or interviews.	No serious concerns or potential harms raised linked to training itself but some concerns over competing demands, time, and more support needed from leadership in order to implement	Feasibility criteria met but future research should consider ways to increase leadership support and explore issues related to staff burnout/anxiety and its impact on training/implementation
iv) Whether there are any initial indications that this training may have a positive impact on children's anxiety in the classroom	No serious concerns or potential harms related to training content or mode of delivery or impact that cannot be easily addressed are reported in free text responses or interviews.	No serious concerns or potential harms raised. Some preliminary indications of potential positive impact identified, both on children's anxiety and on wider school	Feasibility criteria met
v) Recommendations for further development of the training	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.	No serious concerns or potential harms raised.	Feasibility criteria met

6.7 Discussion

6.7.1 Summary of findings

This study offers initial evidence regarding the feasibility of the MAPS training – a novel intervention designed with, and for, primary school staff – both in terms of running it as part of usual school PD, and its perceived acceptability to staff. As summarised in Table 6.14, assessment of outcomes against pre-defined criteria indicate that the training is both feasible and acceptable. Participants reported no serious concerns or potential harms related to training content, mode of delivery, or impact that cannot be easily addressed.

Taken together, results showed that overall, staff found the training relevant, practical and useful. Participants also indicated that it was instrumental in prompting conversations about current practices (both at a personal and strategic level), would result in changes to their

practice, and that, subject to minor changes to delivery, they would recommend it to others. Findings also suggest that, in general, participants' understanding and confidence to identify signs of anxiety, and to support children who struggle with anxiety at school, increased from pre- to post-training, although there was a slight reduction in how far they felt able to make a difference to children's anxiety, and in their perceived capacity to do so. Reasons for this decrease are currently unclear. This warrants further investigation in future research, particularly with reference to whether this is a potential negative consequence of the training, and if so, how best to mitigate the issues or training elements that may cause it. Relatedly, while staff did not identify any serious concerns or intractable issues with the training itself, the fact that some still referenced concerns over time constraints, possible added pressure of needing to attend, finding time to implement strategies, the need for additional signposting for more complex issues, and needing to be in the 'right headspace' to be able to make the most of the training, will need further attention in order to ensure that no undue harms are caused to those who attend should the training be used more widely in future.

Overall, training content was viewed positively, most notably in terms of its relevance to practice and to school agendas. Its relevance to all year groups and to a variety of roles (e.g. teacher/TA/leadership) was also notable. This underscores the ongoing and commonly-cited perceived need for mental health training for school staff (Childs-Fegredo et al., 2020; Graham et al., 2017; Moon et al., 2017; Rothì et al., 2008; Shelemy et al., 2019; Soneson et al., 2022), and runs counter to findings from other studies which suggest that views on effective PD may vary between, for example, leadership and classroom staff (Sims et al., 2021). There was, however, some indication from those with prior knowledge (e.g. previous training in this area) that it may be considered more helpful to those with less experience. Additionally, indications from qualitative results that its relevance may be affected by where a school is on its 'anxiety

journey'(i.e. how useful it is to any given school at any given time) may not reflect the usefulness of the content per se, merely that it comes at the wrong time (March et al., 2024). This merits further investigation and future development of, and research into, this training should consider how to maximise relevance to those individuals or schools who may already feel better-equipped.

Results in relation to aspects of training delivery suggest that while, overall, participants accepted that after-school training was plausible, and appreciated the interactive elements and scenarios (Shelemy et al., 2019), they lacked time to discuss concepts and ideas raised in sufficient depth. The eventual success of this training is, it would seem, dependent on adjusting its format to better facilitate this – most likely by splitting it into shorter, separate sessions with gap tasks in between. This reflects findings from Davey & Egan (2021), suggesting that follow-up input may help staff adapt strategies more effectively in their specific contexts. It is important to note that some of these time constraints may have been as a result of staff arriving late to sessions, delaying their start, and thereby reducing the intended session length. This will need to be factored in to any future delivery.

There was some evidence to suggest (counter to findings from Chapters 3 and 5, but in line with those from Soneson et al., 2024), that consideration of an online element may be beneficial: perhaps separating and delivering background content online in more manageable constituent parts, before offering a facilitated in-person application session, so that face-to-face discussions are not lost. Secondly, participant calls for training participation to be widened to include more staff, particularly in view of the identified benefits of the MAPS training in promoting shared understanding and consistent messaging (March et al, 2024; Allen et al., 2022), should not be overlooked. How this is achieved, given the logistical and financial constraints of non-teaching

staff attending training, requires further investigation and may, as commonly noted by many participants in this feasibility study, require a much more bespoke approach to delivery, which may in turn improve elements of sustainability and implementation.

Examination of post-training and evaluation questionnaires highlight a discrepancy between participants' anticipated and actual use of strategies and changes to practice, with the latter being much lower than the former. This might simply be a consequence of this study's short timeframe, (i.e. that at the point of feedback, participants had not yet had enough time to implement suggested strategies) or, as noted by Collin & Smith (2021), as a result of staff needing more time to appreciate its true value (i.e. that they had not yet seen its impact). Where participants had commented on receiving more support from their schools to try things out, their actual or intended changes to practice were greater. This suggests, as indicated in wider literature around sustainability and implementation, that promotion, prioritisation, and commitment from senior leadership is fundamental, both to ongoing use (Gee et al., 2021; Moore et al., 2022; Sims et al., 2021; Domitrovich et al., 2008) and to increasing staff motivation for change. This may be particularly true where individuals have ingrained practices that apparently already work well for them (Girardet, 2018).

This study's findings also lend weight to the need for a context supportive of innovation (Harvey & Kitson, 2015) and, in light of very pressured, demanding staff roles, for schools to protect the time and space needed (March et al, 2024) to properly implement any training. Failure to do so may only serve to further compound the feelings of overwhelm so commonly reported as a barrier to implementation in this study and elsewhere (Shelemy et al., 2019; Sharples et al., 2018). While its flexibility was noted, developing the MAPS training to be more bespoke to individual schools (and perhaps even staff) is of clear importance. Some prior work

with schools (e.g. readiness questionnaires, usual practice audits, tailoring input and specific aims of training to align with school action/improvement plans) may help to identify systems already in place (March et al., 2024), and to adapt the training to be more context-specific. It is important to note, however, that identifying core, non-negotiable components of the training, would be essential here, in order that these not be compromised through adaptation (Gunderson et al., 2021).

6.7.2 Limitations and further considerations

It is important to highlight some limitations to this study. First, while intentional and common to feasibility studies, the fact that this single-arm study was conducted on a small scale makes findings indicative, and precludes any causal conclusions or wider consideration of additional factors that may have influenced outcomes. Secondly, my use of a convenience sample (albeit from which a purposive sample was ultimately recruited) may have resulted in recruiting only those most interested or, as a result of recruitment being Trust-led, to schools feeling some level of increased obligation to participate. Additionally, despite working with schools to target suitable families for interview, I was unable to recruit any parents or children to participate in the evaluation process. Although I was primarily interested in acceptability of content and feasibility of delivery to school staff at this stage, this does limit the information on actual versus perceived implementation and impact.

Bespoke questionnaires were used in this study, so while they were informed by the research literature, and reviewed by both academic research staff and experts from the practitioner-informed design process (Chapter 5), their validity and reliability were not formally tested, and thus are not known. Free-text responses requesting supplementary qualitative information in relation to some quantitative ratings were minimal, which limits the ability to interpret

participant views effectively, or to extrapolate recommendations for development. For example, participants who assigned lower ratings to issues of relevance and usefulness did not always indicate why. Analysis of closed questions only included participants who completed post-/follow-up evaluation questionnaires. It is therefore possible that my findings may not reflect the views and experiences of the relatively small number of participants who attended the training but did not return post-training/follow-up questionnaires (n= 8 and n=13 respectively). Relatedly, mean scores of each of the items on the post-training questionnaire linked to confidence and knowledge suggest that those who were less confident at baseline may have been less likely to return questionnaires. It will be important to consider this in any future trials or evaluations. The majority of those who did not complete post-training questionnaires were at a relatively early in stage in their career, and reported having only had a little experience of working with children with anxiety difficulties. This is a surprising (and potentially coincidental) finding given wider participant views that this training may be even more beneficial to those with less experience. This therefore also warrants due consideration in any future trials. Additionally, participants who viewed the training as less favourable overall were harder to recruit to the follow-up qualitative interviews, which may obscure more critical voices that could have provided key insights into refinement and development of the training.

The use of self-report measures from school staff only (rather than multi-informant report and/or observation), particularly when providing feedback on the implementation process, may not accurately reflect what is happening in schools (i.e. the potential gap between perceived and actual practice), or its actual impact on children. Because of the importance placed on the acceptability of content, design, and delivery in order to make MAPS usable and helpful to schools, this study deliberately did not focus on directly measuring impact on child anxiety. Once refined and redeveloped to reflect participant recommendations, this would be an

important continuation and would require a suitable measure (which again warrants further research), and multi-informant reports, including potential classroom observation to see if training is being implemented as reported. Finally, despite a lot of consideration following investigation of literature and input from practitioners (Chapters 4 and 5) this study's six-week timeframe offered minimal implementation time which may have a) reduced opportunities to make changes to practice and see the impact of the training and b) affected overall perceptions of the usefulness of suggested strategies.

My dual role as both the researcher developing the training for schools and the trainer delivering it in the feasibility study was a deliberate decision. This decision presented both benefits and challenges to the study which needed due consideration and reflection throughout, particularly when planning for training delivery, data collection (specifically the interview process), and data analysis. While it may have been possible to prepare someone else to deliver the training sessions such that I could take a more objective observational role during the feasibility study, my in-depth knowledge of the background to the research, my ability to draw on both findings, and – additionally, but relatedly – my own professional experiences, were invaluable in helping to contextualise the training for different schools and in responding to participants' comments and questions throughout. It also ensured that any nuances relating to research findings could be easily communicated and drawn out – something which may have been lost had someone else delivered the training sessions. Additionally, as this was a feasibility study, it was useful for me to have personal experience of delivering the training sessions in order to learn from that process and to identify any issues that would need to be addressed in any future iterations. As I delivered the training alone, I also felt it important to be able to have some objective assurance that sessions were being delivered consistently. I therefore arranged for one person working across all participating schools to attend all training sessions. They were

able to provide informal feedback after each session, and objective input on issues and queries that arose throughout the training session, as well as further reflections from a school leadership perspective.

When planning for the evaluation process, I also had to recognise the influence that my dual role may also have on data collection and analysis. Although I considered using others to conduct the qualitative evaluation interviews, I again felt that my role as researcher and trainer would bring benefits to the interview process. It was particularly important to have an in-depth understanding of the type of data needed to be able to answer questions relating to the pre-defined feasibility criteria, and an ability to draw on specific examples from the training sessions, or to probe more deeply around areas raised. Some of the finer and richer detail may have been lost here had interviews been conducted by someone else. Nonetheless, I recognise that it was possible that participants may have been hesitant to share their true opinions of, and reflections on, the training session, particularly where these may have been more negative. I addressed this in part by making all questionnaire responses anonymous, so that participants may feel more able to share their honest thoughts. At all points of the study, and in particular for the 1:1 interviews, I ensured that participants were explicitly informed that this was a feasibility study, this was not the final version of the training, and that they should therefore feel free to be open and completely honest in their feedback. I also openly and actively invited them to share their negative views, making clear that these were extremely valuable in helping me to refine and improve the training to maximise its usefulness to schools in future.

As previously noted in section 6.5, my use of a second and third researcher during the coding and framework development process of data analysis, together with regular supervisory discussions, helped ensure that results were a true and balanced reflection of the original data.

Of course, together, these decisions mean we cannot know the extent to which feasibility outcomes may have been different had the training been delivered by someone else, or had the interviews been conducted by an independent researcher. This would be an important consideration when planning for any future development or when delivering at scale.

6.8 Conclusion

This study assessed the feasibility and acceptability of training for primary school staff in managing and minimising anxiety in children through their day-to-day classroom practices. Overall, findings support the acceptability of the content of the MAPS training, highlight its relevance to schools, and its usefulness to variety of staff in different roles. Subject to minor changes in format to allow greater participation and a more tailored approach, delivering MAPS training in schools as part of regular staff professional development appears to be feasible. Ultimately, however, in order to improve the support primary school staff can offer to children they teach who may be experiencing higher levels of anxiety, strategic planning, ongoing investment, and sufficient long-term support from school leadership will be needed to both implement and sustain the MAPS training in ways that do not add further complexity to the already pressured work lives of school staff. It is hoped that findings from this study will inform the ongoing development and refinement of this training, such that it might be offered as part of wider school-based approaches to identify and support children with anxiety problems in primary schools.

Chapter Seven

Managing Anxiety in Primary Schools: General Discussion

Forty percent of anxiety disorders emerge before the age of 14 and have their earliest peak age of onset at just 5.5 years (Solmi et al., 2022). This makes them among the most common disorders in primary school-aged children. Prompted by increased expectations at governmental level, and their statutory duty to act in the best interests of the child (HM Government, 2023), schools and their staff recognise their role in needing to support children's social, emotional, and mental health needs (DfE, 2022), and research indicates that schools are well placed to respond (Anderson et al., 2018; Fazel et al., 2014; Moore et al, 2022;). However, given the competing priorities for school resources (both financial and human), finding low-cost, practical, and minimally-demanding ways to respond is of utmost importance. This thesis therefore aimed to improve our understanding of the relationship between classroom practice and child anxiety, and to design, develop and provide preliminary evidence on the feasibility and acceptability of training for school staff on managing and minimising anxiety difficulties in primary school children specifically, and importantly, through their day-to-day classroom practice.

My research process began by conducting a systematic review of qualitative and quantitative studies, published at any time in any language, that investigated the relationship between day-to-day classroom management practices and anxiety in primary school children (Chapter 2). With just eight studies eligible for inclusion in my review, there was clearly a paucity of research in this area, particularly of a qualitative nature. This indicated a clear need for further qualitative exploration of factors that may or may not help children who feel anxious in school.

I therefore continued with a qualitative study exploring the causes and contributors to children's anxiety in primary school as perceived by school staff, parents, and children, what school staff may do in their day-to-day teaching that might make it worse, and what they can do to help make it better (Chapter 3). Given that wider literature indicated that school staff, while willing to support mental health needs, may lack the knowledge and confidence to do so, I sought to investigate whether the same applied for anxiety specifically. Additional qualitative interviews with school staff explored whether school staff would find training useful, what it should focus on, and how, when, and to whom, it should be delivered. Findings from these two background studies (Chapters 2 and 3), together with wider research on what makes effective professional development for school staff and key factors for effective implementation, were then used to create a prototype of the *Managing Anxiety in Primary Schools* training (Chapter 4). By way of a practitioner-informed design process, I worked with school staff to further develop and refine this training in order to maximise its relevance and usefulness to staff (Chapter 5). I then conducted a small-scale, brief, initial evaluation of the acceptability of its content, and the feasibility of its delivery in primary schools as part of regular staff training sessions/meetings (Chapter 6).

By exploring and synthesising existing evidence, identifying gaps and questions requiring further investigation and conducting novel research, the findings of this thesis, when taken together, offer important insights into how to better support children who experience anxiety difficulties in primary schools. These fall into three key areas, each of which are presented and discussed below. In each case, wider implications, including those for future research and practice, are considered.

7.1 School staff can and do make a difference, and we now know more (but not yet enough) about how and why

Taken as a whole, findings from my thesis provide compelling evidence that staff can and do make a difference (both positive and negative) to children's experiences of anxiety in school. Research from the initial stages of this thesis provided some evidence that the methods staff use in their classrooms, the approaches they take, and the behaviours they exhibit day-to-day do make a difference to children's anxiety. This suggested that where approaches are more authoritarian, overcontrolling, reliant on punitive methods, and/or where staff are less accepting of mistakes and demonstrate negative affect, children's anxiety levels may be higher than in classrooms where staff are outwardly positive towards children and are more emotionally supportive. However, the research was limited, highly heterogeneous, and of variable quality. Furthermore, as the included studies were not designed specifically to measure the impact of given practices on anxiety, and qualitative research was limited, it was difficult to draw any firm conclusions on precisely what would make a real difference to children, and how staff might adjust their practices to do so.

As a result of further qualitative research (primarily in Chapter 3), we now know more about how staff can make a difference. This study identified that pressure and uncertainty are seen as key contributors to anxiety in school, and that efforts by staff to minimise and manage them can be beneficial. Many of the practices participants identified as potentially problematic (e.g. shouting, rushing children, and use of public behaviour charts) closely align with those highlighted in the systematic review (Chapter 2), and add further weight to these preliminary findings. Importantly, however, these additional findings help us to uncover more elements of classroom life that were not explored in the previous literature but which appear to have an impact on children's anxiety, including aspects of the environment which may increase pressure and uncertainty (e.g. seating arrangements, layout, noise, organisation, and lack of clarity,

routine and consistency). While these findings do not contradict those from evidence-based strategies and techniques recommended for general use in classrooms to increase academic engagement and outcomes, (Simonsen et al., 2008), we now know that some of these principles may also be instrumental in minimising anxiety difficulties. By asking staff, parents, and, most crucially, children who experience anxiety in school to identify those strategies and techniques they consider to be most (and indeed least) helpful and mapping them to four key areas, this thesis provides evidence that use of strategies linked to *increasing predictability* (e.g. routines, consistency and control), *cultivating connection* (e.g. building relationships and communication), *making the space* (e.g. physical layout, mental space, time to talk), and *supporting to learn* (e.g. pre-teaching, goal setting, and problem-solving), can all help manage children's anxiety difficulties.

With reference to the theme of '*cultivating connection'*, there is some indication that the support school staff provide to children may be further enhanced and improved through partnership with parents. Previous research over time has found good evidence that parental engagement and involvement in learning can have a positive impact on children's learning and attainment, engagement, behaviour and motivation (Axford et al., 2019; Castro et al., 2015; Hattie, 2009). Findings from this thesis suggest that the same may be true when it comes to managing and minimising children's anxiety difficulties, not least because it permits shared knowledge and approaches, but it may also have the added benefit of helping parents understand more clearly what is happening in the school context.

Feedback from the feasibility study (Chapter 6) indicates that some strategies were identified by staff as having the potential to be more helpful to their practice (and ultimately to children) than others, particularly those related to problem-solving, goal-setting, and step plans. This is

an interesting finding and appears to support the evidence that strategies based on cognitive behavioural therapy (CBT) may be particularly effective (James et al., 2020), but, importantly, are viewed by staff as being applicable and transferrable to day-to-day classroom use. While references to more procedural strategies (e.g. routines) were less frequent, this may be more indicative of staff perception that these practices were already in place, rather than because they were felt to be less helpful.

The primary focus of this thesis was on the design and development of training. Although the strategies and ideas included in the training were based on empirical research (both my own and wider evidence-informed clinical principles), we do not yet know whether they actually have an impact on children's anxiety. Determining experimentally whether these strategies do make a difference will be key, as will conducting further research to identify and isolate other strategies school staff use that may also have an impact. It may also be beneficial to assess these comparatively to determine which strategies make the most difference, and/or whether any effects are increased when used in combination with others. The EEF model for effective professional development (introduced in Chapter 4) suggests that the use of a number of identified underlying mechanisms in combination – and crucially, balanced across its four domains (*building knowledge, motivating staff, developing teaching techniques,* and *embedding practice*) – makes training more effective. Might the same be true here? Is there a cumulative effect, whereby a number of strategies used in conjunction with others have a cumulative or additive effect, or, by contrast, are there certain strategies that are effective in and of their own right, but are antagonistic (i.e. one when combined with another reduces the overall effect of the individual strategies)? The MAPS training included a number of different components also across four domains (*increasing predictability, cultivating connection, making the space* and *supporting to learn*) and it is not currently clear which of these may be active ingredients. It

will be important to identify this, both to ensure efficiency, and to ensure that all strategies included in the training make a positive contribution.

7.2 Training is useful and needed, but one size doesn't fit all

This thesis offers good evidence that training for staff in how to minimise and manage anxiety in the classroom is, overall, welcomed by and beneficial to staff, particularly when its design is driven and informed by current practitioners. Many of the reasons cited by participants for its need mirrored those identified in previous literature, including recognising the need to respond (Reinke et al., 2011), but questioning their capability to do so (Dray et al., 2017; Graham et al., 2011, Shelemy et al., 2019) as a result of lack of knowledge, and fears over getting it wrong or making it worse (Shelemy et al., 2020). My research indicates that staff viewed the content of the MAPS training as practical, helpful and relevant to current school, and indeed wider educational, agendas.

Importantly, this thesis goes beyond just determining whether the content of this training is beneficial, and helps us to understand more about how, when, and to whom staff training should be provided. Initial phases of this research provided results that were largely in line with wider literature on teacher professional development. Staff appreciated opportunities for those with different roles (e.g. a mix of teachers, TAs and other key staff) and experience levels to work together (Bubb & Earley, 2013; Cordingley et al., 2003, 2015; DfE, 2016) in order to share experiences and ensure consistency of message (Allen et al., 2022) across the school. Staff also recognised the importance of leadership participation throughout (Sims et al., 2021).

Closer analysis of qualitative responses from staff who took part in the feasibility study (Chapter 6) provides some indication that a small number of participants felt that, while not

unhelpful, this training may have been more beneficial to them at an earlier point in their career, or at an earlier stage in, as they termed it, 'their school's journey with anxiety'. Findings from this thesis also indicate that, while it *is* essentially feasible to deliver such training as part of regular school staff meetings, differences of opinion over its *precise* timing and format exist both within and between schools. Together, this suggests that where staff training is concerned, one size may not fit all, and that schools (and perhaps even individual staff) may find the training of more value if its delivery were tailored more closely to their particular needs. As noted by participants across this research process, the MAPS training has been designed in such a way that it does, or at least *can*, offer a level of flexibility in terms of delivery, and may already be easily adapted.

Future iterations of this training should therefore consider, with further input from practitioners, how this training might be 'repackaged' in various forms. This may include, for example, a concise lecture-style overview for all staff as an introduction to managing anxiety in schools where ways to support are suggested but not overly explored, a longer session which covers all the content, but provides a much longer application session to aid future planning, or a multi-session training where input is followed by a defined period of time in which school staff can explore, experiment, and then return for a facilitated application session(s) to help them identify how to plan for, adapt, and use, the training in their own settings. In addition, in light of above comments that the training's usefulness may be optimised at particular points in a school's 'journey with anxiety', initial in-depth preparatory work carried out with school leadership prior to participating in training seems crucial. For example, an initial audit of what the school already has in place, where gaps in provision or knowledge are known to exist, and what the school (and by extension its staff) might want to gain from the training. This could be conducted before the training takes place to identify not only when, and what format the training should

take place, such that a school might benefit most, but may also help to identify areas of content that may need particular focus or deeper discussion/exploration.

Relatedly, it may be worth considering whether the MAPS training might be suited to some form of digital delivery. While evidence for this in this thesis is limited, findings from the evaluation in Chapter 6 did include some references to the possible benefits of self-directed exploration of the background research and information online in order to 'save time' and allow for more facilitated discussion time when staff came together. Interestingly, this may have additional benefits in creating a more tailored experience for schools and their staff: it may be possible to create online 'modules' that cover the training content in focused sections (e.g. 'causes and contributors to anxiety in school', 'how we can cultivate connection', and 'minimising environmental pressure') which could be completed in advance of a facilitated planning/discussion session on how to apply this learning to particular schools/classes/children.

These latter recommendations may have wider application and important implications for other types of training beyond the MAPS training. Flexibility of delivery, format, method, and to some extent focus, seems increasingly important in creating professional development in any field that is useful and usable.

7.3 Planning for implementation may improve uptake and sustainability, but does not ensure it

Introducing any novel intervention, particularly one that promotes engagement with new or adjusted practices, however slight, is challenging. The combined findings of Chapters 3-6, which encompass qualitative research with a variety of stakeholders, practitioner-informed design, and an evaluation process with training recipients, demonstrate how the application of

key principles from implementation science *from the outset* can be, and have been, used to maximise the acceptability, and by extension, potential uptake of the MAPS training in schools.

My use of the i-PARIHS framework (Harvey & Kitson, 2015) to guide the initial training prototype and to inform my interview schedules for the practitioner-informed design process were central in helping me to identify, explore and address any potential barriers to the training's success prior to assessing its feasibility. These included: ensuring relevance of content, identifying the right person to facilitate the training, offering flexibility in the timing of training delivery, providing pre-training briefings for school leadership (over and above standard research study information), planning for ongoing support post-training, and determining whether interested schools were willing and able to support the study prior to participation. Additionally, use of the COM-B model (Michie et al., 2011) highlighted potential barriers to behaviour change that I was then able to address either in the training content itself (e.g. including elements of psychoeducation on anxiety, focusing on common classroom strategies), or during its delivery (e.g.by way of messaging, resource preparation etc.). These most commonly related to psychological capability, physical and social opportunity, and reflective motivation (see Chapter 4, figure 4.6).

Although this thesis provides good evidence that planning for implementation is important and can make a difference, findings from the feasibility study in Chapter 6 suggest that even when researchers get it 'right', there are a number of factors that may make training delivery and implementation in school settings particularly challenging. Novel interventions in schools are introduced, and require support in and from, a system and a workforce that continues to be overcommitted, overstretched, and consequently, overtired.

Qualitative findings from the feasibility study suggest that even where training is designed to complement and build on existing skills (rather than make additional demands), and where practical ideas are not just suggested but resourced, many staff still report that they lack the time and capacity to be able to use them. Competing demands on staff (at classroom, school, trust, and national level) are such that even when training is relevant and endorsed by leadership, it can be very difficult for staff to maintain commitment to, and indeed enthusiasm for, its ongoing application and use (Askell-Williams & Koh, 2020; McLoone & Rapee, 2012; Moore et al., 2022). Schools have a finite number of professional development hours per year (Jerrim & Sims, 2019), and tend to allocate a different focus to each session, meaning that even the most proactive and committed of staff may struggle to implement one idea before being introduced to the next. This may be particularly true of schools that are part of a Multi-Academy Trust, where additional priorities and expectations are imposed by those external to the individual school. The combined effect of all this has clear implications for staff capacity, opportunity and motivation (Michie et al., 2011) *even when* the research process pre-empts it.

In light of the above, it would be easy to be discouraged, and tempting to conclude that until wider systemic issues are addressed, implementation in schools will never be successful. However, I do not think this is true. Rather, I feel that this thesis provides clear evidence that successful implementation in school settings *is* possible, but, given the wider systemic issues, that it is *even more* complicated than we think. As such, the introduction of novel interventions (the MAPS training included) a) needs much earlier planning, b) needs more and much wider support and c) takes much longer than we often anticipate.

It was clear from this research that school-based implementation studies require substantial advance planning. Qualitative findings from my feasibility study show that implementation is

unlikely to be effective or sustained until a school is completely ready, due to significant competing demands and priorities. Therefore, working *with* the target school to identify precisely when in the school year training should happen (ideally at a point where it aligns with a target on their school improvement plan) is key. It is important to recognise that although schools may be keen to be involved, they may not be in a position to implement until the new school year, thus a long – and, importantly, supported– lead time which includes ongoing communication and planning with the research team may be necessary. This long planning phase may also have the added benefit of providing additional contextual information (Harvey & Kitson, 2015) that could help further tailor any training and delivery to the specific needs of a school.

Participant concerns reported in Chapter 6 over lack of support during the implementation phase indicate that, even when present, leadership buy-in, a nominated project lead or 'inner context champion' (Harvey & Kitson, 2015), communication and trouble-shooting support from external research teams (even when regular) may not be sufficient. This was a surprising finding given the literature that underpinned my conscious decision to include these support measures. Participants reported that too often, any decision to continue to use what staff have learnt from training was still down to the individual. This suggests that successful implementation in schools may need support that is more intentional, and much wider than we anticipate. While leadership *buy-in* is necessary, the findings of my thesis suggests that unless that buy-in translates into ongoing and clear *prioritisation,* implementation may be compromised. It may be even more beneficial for schools in Multi-Academy Trusts to get ongoing support and prioritisation at Trust level before and after receiving training that requires ongoing changes to practice. This will help ensure that what is introduced can be sustained. Additionally, while identification of a 'champion' within school is helpful, unless that individual is the 'right'

person for the job, and unless they are equipped and motivated, they may not provide sufficient support to others. Additionally, unless the individual in question also has adequate respect and authority among staff, their efforts may be in vain. Appointing an individual (or group of individuals) to this role might also offer a way for schools to ensure that training is being implemented appropriately and consistently across the school, and to provide ongoing mentoring, coaching, and feedback to staff, without the additional pressure of staff feeling judged or criticised by external providers.

Future research into implementation of the MAPS training (and other school-based interventions/training beyond MAPS) could investigate whether this ongoing and intentional support might be provided by the Mental Health Support Teams (MHSTs) recently introduced to schools (NHS England, 2022). MHSTs have the distinct advantage of being embedded in schools and well-known to the school community. In addition to having a consultation remit, they also bring the 'external' professional expertise which many participants across the studies in my thesis seemed to consider both beneficial and needed. If so, it would be important to establish how MHSTs would be equipped to provide this, and its effectiveness relative to other forms of delivery/support. This is particularly important in light of literature which indicates that professional development delivered by external providers may be valued more highly than that provided internally (Bubb & Earley, 2013). Further qualitative research with school staff and MHSTs to explore this is warranted.

This thesis also provides evidence that seeing evidence of impact linked to implementation in schools may take much longer than we think. Practitioners involved in the MAPS design process (Chapter 5) advised that a six-week period would be enough to give a good indication of its suitability for use in schools and, while this was true to some extent, there was some

evidence from the feasibility study that a longer period of time may have allowed staff time to see greater impact on their practice and the children they teach. This reflects the research into effective professional development (PD) by Bubb & Earley (2013) and Collin & Smith (2021), indicating that insufficient time reduces opportunities to see change and to recognise the benefits of what has been learnt. However, with a lack of consensus in the wider research literature on the ideal length for school PD, and in the absence of any "single, universally-agreed way to conduct implementation and process evaluation" (Humphrey et al., 2016, p.3) indicates that this, too, might be something best determined with, and specifically tailored to, individual schools. Here also, it would be prudent to conduct some form of assessment into a school's readiness to implement and a needs analysis as to a school's ongoing support needs.

Finally, although this was not a primary aim, my research process as a whole has raised some important questions around staff anxiety and staff burnout. While this clearly goes beyond the scope of my thesis, I feel it would be remiss of me not to highlight it here as something that warrants further research. Historically, there has been a paucity of empirical research relating to any harms that may be caused by interventions designed to be used universally or in relation to public health, and those who develop such interventions have not always openly considered, or reported on, the potential for them to have iatrogenic effects (Bonnell, 2015). More recently, school-based mental health research has rightly begun to focus more intentionally on considering, assessing, and reporting any potential unintended harms for young people who receive universal mental health interventions (Foulkes et al., 2024; Guzman Holst et al., 2024; Foulkes & Stringaris, 2023). In relation to school-based interventions that focus on training for school staff, there is an obvious need to consider potential harms for both staff and pupils. While in my own research, no major concerns were raised about the training itself, and no specific harms were identified other than the impact of finding time to attend, Chapters 3, 5, and 6

provide some evidence (albeit very limited) that, more generally, ongoing daily demands and associated work-related pressures on staff may increase their own anxiety levels. This in turn may affect their interactions with children in their classrooms, and their motivation and perceived psychological capacity to respond positively to calls for any changes to practice. Future evaluation/implementation of this training should specifically consider and assess staff anxiety and burnout, and its potential relationship with, and impact, on training outcomes.

7.4 Strengths and limitations of this thesis

Strengths of this thesis include its relevance and timeliness, its practicality, and its applicability to real-world settings. As the number of children with anxiety problems continues to increase, so do the demands and expectations being placed on schools to find appropriate and sustainable ways to respond. My specific and, importantly, exclusive focus on *day-to-day* classroom-based strategies and practices to support children's anxiety therefore makes an important contribution here: both in building a more nuanced understanding of the previously limited literature in this area, and in moving away from resource-intensive traditional models of classroom interventions for anxiety towards something that may be of greater practical use to schools on an ongoing and regular basis.

My own experience as a primary school practitioner, together with a mixed-methods approach, which placed significant emphasis on qualitative research, helped to provide a rich, detailed understanding of how children who struggle with anxiety may experience school, what their needs are, and how schools might be able to help more effectively. I sought and incorporated a wide range of perspectives throughout this thesis, including those of children, parents, and staff with varying roles, ages, levels of experience, and differing experiences of having or supporting anxiety difficulties. These contributions, when combined with those from the practitioners involved in the design and development of the MAPS training (including class teachers,

teaching assistants, leadership, and specialist staff), all helped to ensure that the eventual training I created for schools would be as relevant, appropriate and useful as possible to schools prior to exploring its feasibility. Additionally, the incorporation of a feasibility study to explore and evaluate the training (in relation to its content, delivery, and potential for implementation), sought feedback from a wide range of primary school staff that can be used to refine and develop it further. Ultimately, this thesis has led to the development of a novel training package for school staff that, following the necessary adjustments identified in the course of this research, has the potential to be widely applicable, scalable, and useful for primary schools.

Identified strengths of this thesis notwithstanding, there are some important limitations to acknowledge, particularly in relation to methodological elements in Chapters 3, 5 and 6.

7.4.1 Participants

Although I aimed to recruit a diverse range of participants in each phase of the research, advertised the relevant studies via multiple recruitment mechanisms (including social media), and sampled purposively, final samples for each study were still geographically, educationally, and ethnically limited. Additionally, the number of schools recruited to, and therefore represented in, each phase of the research was small. This was particularly true in the feasibility study, where low response rates more generally led to a pragmatic decision to use a convenience sample (although it should be noted that final recruitment took place after further purposive sampling precisely to maximise the diversity as far as possible). Measures were also taken to maximise diversity of role and experience among school staff at each stage. This was relatively successful in the initial qualitative study and practitioner-informed design process, but less so in the feasibility study.

Firstly, attendance by, and feedback from, those in roles other than leadership and class teachers was more limited. As discussed in Chapter 6, this was, in part, a direct result of contractual constraints: in many schools, teaching assistants and other support staff are not contractually obliged to attend INSET. Even in schools where these staff were offered some form of compensation by the school for their time, their participation was still limited. This may mean that important and experienced perspectives on what works and what does not work well, particularly in relation to the content, delivery, and usefulness of the MAPS training have not been heard and may not be incorporated into further iterations. Secondly, as participation was not mandatory, it may be that those who attended the training were already more likely to be interested in, and receptive to the training. Additionally, while response rates for questionnaires were good (85.2% post-training; 75.9% follow-up evaluation), not all who participated completed post-training measures, and those who rated the training less positively often did not provide further reasons for that decision despite being given an opportunity to do so. My understanding of why this training may not be as helpful to some participants and schools is therefore limited. Although I offered interviews to these staff members, many declined. This further limits my understanding of what may need to happen to improve the training, and by extension, my ability to do so. It also subjects my findings to potential participation bias, whereby outcomes are not a true and full representation of participants' experiences.

In light of the above, it is important to view any findings, conclusions, and recommendations in this thesis with caution. While they may be *indicative* of more widely-held views and perspectives, they are by no means representative or generalisable beyond the participants (or contexts) specifically involved in this thesis. All of the studies in this thesis were conducted at a scale much smaller, and in a timeframe much shorter, than would be needed to truly

understand whether the MAPS training can have a meaningful and positive impact on children's anxiety.

7.4.2 Measures and outcomes

In the absence of any obvious gold-standard measures of acceptability for school-based training, the pre, post, and follow-up evaluation questionnaires were developed for the purposes of collecting discrete data in relation to this specific research project. Consequently, while based on other questionnaires that aim to assess acceptability, usability, and feasibility, they have not been formally validated. Further research to assess the validity of these questionnaires, or to develop a validated measure of acceptability and feasibility is needed if we are to be confident that outcomes are accurate. Additionally, the decision to make many of the free-text responses (which asked for further information or reasoning for a given rating) optional meant, as noted above, that I could not always determine why a particular score was given. For example, follow-up interviews with some participants who had given a lower score to a given question (e.g. how far the training met their expectations) often indicated that this was not because the training was poor, but that they had not been sure quite what to expect in the first place. While this may point to a need for further exploration of pre-training communication (whether at a research-team level or at a school-leadership level), it does not directly reflect on the training itself, as may be interpreted from the numerical score alone. This has important implications for any future evaluation studies making use of free-text responses. Balancing the desire to be respectful of participant choice and time constraints with the need for a full understanding of their reasoning needs careful consideration.

The use of self-report measures in the feasibility study, particularly in relation to use of strategies, changes to practice, and impact on children, means that it is very difficult to establish

whether what participants say is happening (or not) actually is in reality. Where participants indicate that they have made changes to practice, have they? Where they report a perceived impact on children, would the children or their parents confirm this? I had recognised this as a potential issue prior to conducting this phase of the research, and aimed to mitigate the problem by interviewing a small number of parents and children at participating schools after the training to compare their reports with those of staff. While parents and children were invited, and some expressed an interest to the school, none subsequently registered to participate. I did not include any classroom observation measures in my feasibility study. This may have provided really helpful data in determining how far the ideas and concepts presented in the training were being used in the classroom, but I did not have the capacity in the context of this DPhil study to conduct this. Additionally, given the pressures on staff that have already been identified in this thesis, even if it were possible to do so, conducting classroom observations in a respectful way that does not add to feelings of judgement and pressure may be extremely difficult and needs careful thought if it is to be done effectively.

Perhaps the biggest limitation of this thesis in relation to measures and outcomes rests in my decision not to investigate the impact of the training on child anxiety outcomes. While this obviously precludes us from making any conclusions on whether the training ultimately works, it is important to note that this was a conscious decision from the outset. My professional experience, combined with background research into effective training and implementation (explored in Chapters 3, 4 and 5) , helped me to recognise that unless the training was acceptable and helpful to schools, it would not be used, and thus would never have an impact on children, even if it ultimately had capacity to do so. The focus of this thesis was therefore always about getting the content and delivery of the training as right as possible first, in order that, if offered, it would have good uptake by schools and be immediately relevant, useful, and usable. Then,

and only then, might we be able to begin assessing whether or not the training has a discernible impact on children's anxiety. The aim of this thesis is to find ways to adapt and enhance classroom practices to support those children experiencing particular anxiety problems, and in parallel, to benefit all children in the class. As such, it would be important for future research not just to measure anxiety outcomes in the whole class population (e.g. mean changes in symptoms) as is common in much research conducted at classroom level, but also to measure outcomes in subgroups of children experiencing specific anxiety problems. This would help us to determine the impact of this training across the whole continuum of possible levels and experiences of children's anxiety, from those for whom it is not an issue, to those who (may) have an anxiety disorder. It is important to recognise that when measuring children's anxiety outcomes at the whole-class level (i.e. when including those that span the whole continuum of possible anxiety experiences) we would inevitably be anticipating small effects, but if scaled up across schools in England, this would have the potential to have a substantial impact (Carey et al., 2023). Detecting small effects of course requires large trials, which have obvious and significant resource implications. We would therefore want to be confident that it will be possible for this training to be implemented and evaluated in schools before embarking on a larger trial. Relatedly, it will be extremely important for any feasibility and subsequent full trial to investigate any indications of iatrogenic effects, as although these too may appear small when considered at school level, the potential for this to be a significant problem when scaled up cannot and should not be overlooked (Foulkes & Stringaris, 2023).

Finally, it is important to acknowledge that the findings of this thesis relate to research conducted in a very short timeframe. This is particularly true of the findings in Chapter 5, where only a few iterations of the practitioner-informed design process were able to happen before needing to finalise the prototype, and also true of the findings in Chapter 6 where participants

were only given six weeks post-training to try out and evaluate ideas and suggestions. This decision was made based on the recommendations of, and in conjunction with, current practitioners. While I am confident that my findings provide relevant and useful insights, I recognise that staff may not have had quite enough time to make full use of the ideas presented in the training, to fully reflect on their experiences of it, or to appreciate any tangible impact. Future evaluations of the MAPS training will need to be conducted over a longer time period to fully understand its impact, both on school staff and children.

7.4.3 Potential impact of COVID-19

Although not specifically a limitation per se, as my DPhil studies began in October 2020 and ended in September 2024, it would be wrong (and somewhat naïve) to assume that COVID-19 had no impact or influence on my research process and possibly its outcomes. Before reflecting on them, however, it is important to acknowledge that this is not a 'COVID Thesis', nor was it ever my intention that it would or should be. The initial impetus and rationale for the research, the difficulties experienced by children in school with respect to anxiety, and the themes generated particularly in relation to the causes of and contributors to children's anxiety in the classroom, were evident both in my own practice and in literature well in advance of the COVID-19 pandemic. That said, given the timing of this research, it is possible that these were now more prominent, and the need to find ways to respond to them was even greater.

Logistically, I consider COVID-19 to have had the most direct (albeit still minimal) impact on my initial qualitative study (Chapter 3). Active recruitment of schools and participants for this study did not begin until November 2021. Consequently, my research was not paused, nor as severely affected as it might have been if the study had taken place during a period of active lockdown. That said, a number of schools were still heeding public health measures and

restricting access to external visitors. As I had already built in a number of contingency plans (e.g. proactively planning for remote/online interviews, and switching between group/individual interviews as needed), my data collection was not affected because I was able to proceed with remote interviews where necessary and child participants had already been primed for this possibility. In cases where in-person interviews took place, bar minor additional checking ahead of time that participants had not recently been exposed to COVID-19 infection, or masking where requested by individuals or by host schools, interviews took place as intended. Where interviews were planned and permitted but could not go ahead, for example due to children needing to isolate, data collection was only affected insofar as I had to make minor adjustments to interview timings and arrangements. As my practitioner informed design process (Chapter 5) and my feasibility study (Chapter 6) took place much later, COVID-19 had negligible logistical impact on these parts of my thesis. At this point, schools were open, normal teaching had resumed, and COVID-19 cases were not significantly higher than any other seasonal illness.

More broadly, it is possible that recruitment of schools and individual participants across all studies may have been lower as a result of the ongoing additional pressures on schools and families associated with the pandemic. This may be particularly true of schools and staff, who are working in a system that is still recovering from a period of significant disruption. Even in those studies conducted well after the schools involved were seemingly ‘back to normal’, this may have limited the time, resources, willingness, motivation, and capacity to embrace something novel and to fully participate. Conversely, and as evidenced in qualitative comments shared in Chapters 3, 5 and 6, it is also possible that COVID-19 led to greater interest in this research as a whole. The timing and particular focus of this research may have meant that participants were more interested in contributing to the research and (where schools were

concerned) in receiving the training offered in the feasibility study than they may have been had the pandemic not have happened or been so recent.

Beyond the potential impact of COVID-19 on the research process itself, it is important to also acknowledge that the timing of this thesis may have also influenced its findings. Parents and school staff made explicit reference to an increase in anxiety difficulties experienced by children during participant interviews across all studies, and in qualitative free-text responses to participant questionnaires in the feasibility study. This increase in anxiety was noted to have started prior to the arrival of COVID-19, however, it is possible that participants' perceptions of this anxiety were heightened, and given particular focus and importance in their responses in view of the unpredictability, uncertainties, and disruptions that life during the pandemic brought with it. While children themselves did not make obvious references to COVID-19, it is also possible that their own reflections on the difficulties they or their friends face in school, for example those in relation to uncertainty over not knowing what to do or what will happen, may have been affected, and again heightened, by their recent experiences during, and in the wake of, the pandemic.

This greater awareness of increased child anxiety, the increased focus on the role that schools can and should play in responding to it, together with the experiences (and lessons learned) of parents and school staff working together to support children throughout the COVID-19 pandemic, may have also shaped and influenced participant responses that fed into the content, delivery, and findings relating to the overall feasibility of the training. For example, strategies to minimise and manage anxiety drawn from participant responses in Chapter 3, and recommendations for inclusion/prioritisation by practitioners in the design process (Chapter 5), together with strategies that were deemed more or less effective by staff in the feasibility study

may have been influenced by what was at the forefront of participants' minds after COVID-19. Parental references to not knowing what happens in school may well have also been particularly prominent as a result of public health measures restricting their access during the pandemic, which may ultimately have influenced my overall findings, for example, in relation to the importance of communication, and associated strategies for its improvement.

With reference to the delivery of the training, it is possible (as noted in Chapter 6) that the very clear participant preference for in-person over online may have been particularly influenced by the timing of the initial qualitative interviews. These took place at a time when a very sudden and sustained switch to online teaching and learning had resulted in a level of technology fatigue that was still being felt. Findings from Chapter 6, which demonstrated that teaching staff were now more open to the possibilities and potential benefits of online delivery, served to underscore this point. Staff responses to interviews and questionnaires in the feasibility study may have been shaped by their own experiences (personal and professional) of teaching and living during and after the pandemic. Some may have been more positive about the training in light of a (perceived) now increased and more urgent need for tools and strategies to help children (and families) in their care. Conversely, the impact of COVID-19 and the ongoing recovery process in schools may have led others to express more negative responses – particularly in relation to their perceived capacity and motivation to implement and sustain recommendations from the training. Finally, while findings from Chapter 4 indicated that active prioritisation and greater support from leadership (at both school and local authority level) are important and necessary for effective implementation in any context, it is possible that staff considerations around these elements were also given more prominence and deemed to be even more crucial than before the COVID-19 pandemic.

7.5 Conclusion and final reflections

Anxiety problems in children of primary school age are common. Schools and their staff recognise the need to respond, and are well-placed to do so. However, questions exist over the effectiveness of current school-based interventions (particularly when delivered by school staff), budgets are restricted, timetables are full, staff time is tight, and their knowledge and confidence over how best to support children is limited. It is imperative that primary schools find other, less resource-intensive ways to support those who need it. Moving away from traditional models of intervention support, this mixed-methods thesis set out to explore whether and how what primary school staff do *day-to-day* in their classrooms can make a positive difference to children's anxiety difficulties, to design and develop related training for primary school staff, and to conduct a brief evaluation of its acceptability and feasibility for use in schools.

My work makes an important contribution to our understanding of how school staff may better support children with anxiety difficulties, and provides preliminary evidence that day-to-day practices can make a difference. Secondly, this thesis combines research and theory with child, parent, and practitioner perspectives, and clinical principles, to create an evidence-informed practical tool that (subject to further revisions noted herein) primary schools can feasibly use to guide their day-to-day practice, their strategic planning and their policies. Thirdly, this thesis helps to expand our understanding of the particular complexities and challenges associated with intervention design, development and implementation in the school context, providing key insights and recommendations for how these might be addressed to maximise not only the potential impact of the MAPS training itself, but also that of other forms of school-based professional development.

Just as this research process began at a time which made its focus of particular importance and relevance (2020), so too it ends at a time of key significance. July 2024 saw a change in UK government, and with it, the appointment of a new Secretary of State for Education. In her open letter to the education workforce, she voiced a desire to understand the scale of the challenges faced, the support needed to fix them, and to recognise and make full use of the experience and expertise that educators bring (DfE, 2024). This transfer of power may be the catalyst for change within the education sector that is needed for many of the systemic difficulties identified in this thesis to begin being addressed. It also has the potential to mean that research into, and implementation of, new models of support for anxiety problems in schools that focus on using the day-to-day expertise of school staff may be endorsed, prioritised and, importantly, appropriately funded and resourced. I am both encouraged and excited by the thought that my research could be a part of that future.

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Appendices

Appendix 2.1

Table 1. *Detailed rationale for inclusion/exclusion criteria*

Inclusion/Exclusion Criterion	Rationale	Further Considerations
Include 1: Peer-reviewed studies published in academic journals **Exclude 1:** Studies **not** peer-reviewed and published in academic journals	To be included in academic publications, peer-reviewed studies will already have been assessed against quality standards in some form. Thus, any findings therein should be considered reliable and valid by experts in related fields.	Reports from sources that are not peer-reviewed will be excluded. No exclusions will be made on the basis of publication date or language. Initial scoping searches indicate that there is limited literature in this area. To ensure comprehensive coverage, studies will not be excluded on the basis of publication date alone. While studies in other countries (thus possibly published in languages other than English) may not be directly transferable, findings may be helpful or provide an indication of strategies and techniques that may be applicable to the UK setting.
Include 2: Empirical studies of any design that involve collection of primary data **Exclude 2:** Studies that are not empirical or do not involve collection of primary data	This review aims to assess the relationship between classroom management techniques / strategies and anxiety. As such, any study that is not empirical in nature or that does not collect and use primary data will be excluded.	Methodological studies, theoretical documents, policies, guidance, planning documents, opinions, editorials, commentaries, reviews, resources, textbooks, bibliographies or indices will be excluded. A comparator/control will not be required for the study to be included. Where studies include a comparator/control, the target strategy/technique may be compared to any passive control (e.g. wait-list), active control (e.g. other school-based intervention/technique) or usual school practice.

Include 3: Studies related to teacher-implemented classroom management/ teaching strategies/methods **Exclude 3:** Studies not related to teacher-implemented classroom management/ teaching strategies/methods	As this review aims to investigate the role of teachers in managing and reducing anxiety among children in the classroom, any interventions /programmes that are delivered by specialists or trained mental health professionals would not provide evidence on what classroom teachers themselves can do.	Studies that report on interventions/programmes delivered by trained professionals will be excluded. However, studies that include modes of delivery where teachers are aided by other school staff will be included as teachers working with support from e.g. Teaching Assistants is common. Interventions/strategies delivered as part of stand-alone lessons (e.g. PSHCE, Maths), as part of a manualised intervention (e.g. CBT, nutrition education), or on a short-term basis over a specified number of sessions/weeks will be excluded. Studies that make no mention of specific teaching strategies/techniques will be excluded. Studies that do not mention specific teaching strategies/techniques used by teachers will also be excluded. Strategies used must be transferrable between school subjects and not specifically used in the teaching of a particular subject because they may not be applicable to all classroom activity or may require additional/specific resourcing.
Include 4: Participants are children in the 4-11 years age range **Exclude 4:** Participants are not in the 4-11 years age range	The aim of this review is to describe research that can be implemented and applied by primary school teachers. Research conducted in other age groups, while indicative, is not necessarily transferable to setting or age group.	Exclude if mean age of participants does not fall within the age range covered by compulsory primary school education (+ or - 1 year). Studies where the age range is unclear will be excluded. Studies that exclusively focus on children under 4, or where strategies or techniques are first implemented before children start school or first implemented when children are under 4 and assessed at later time points (e.g. school readiness programmes) will be excluded.

Include 5: Studies conducted in mainstream education settings **Exclude 5:** Studies not conducted in mainstream settings (e.g. special education, alternative provision, separate resource bases etc.)	This review aims to explore the relationship between classroom management and anxiety in mainstream settings, rather than in settings supporting those with additional or severe educational or emotional needs where other therapeutic provision or accommodations not available to mainstream settings may be in place and impacting children who receive them.	Studies that focus on of classroom management techniques and strategies for children with other additional needs will be excluded. Where children with special educational needs are part of the data collected from a wider population within a class, they will not be excluded. Studies conducted in special schools, residential schools, special education/resource classrooms or that focus solely on children with specific language disorders, learning difficulties or disabilities will be excluded.
Include 6: Studies that explore day-to-day management practices/techniques used in the classroom **Exclude 6:** Studies that explore management practices/techniques that are not part of the day-to-day running of the classroom	This review is focused on exploring how classrooms may best be managed to help children's anxiety. Therefore, programmes, techniques and strategies used in classroom settings with the whole class will best reflect this. More indicated interventions will be excluded.	Indicated interventions may rely heavily on other personnel e.g. trained specialists or reflect only the specific and highly personalised needs of the child in question (who may have more severe therapeutic needs). Additionally, selective and indicated interventions need more resourcing and may thus be beyond the capacity/expertise of the classroom teacher/staff. Studies will therefore also be limited to those that involve strategies/techniques used in a primary school setting during normal school hours. Studies that report on the use of Individual Education Plans/ behaviour plans developed or tailored for a specific individual (e.g. following functional assessment) will be excluded. Studies which assess strategies that are not under the teacher's day-to-day control e.g. matching for race/gender, segregation by sex, altering class size/year group, etc. will be excluded.

		Studies reporting on after-school / lunchtime programmes, extra-curricular sessions or focusing on home-based activities/ interventions will be excluded as they fall outside of what happens in the classroom under the control of the classroom staff. Studies linked to transitions between schools/major transition points within schools will also be excluded as they are specific events that are not part of the usual day-to-day running of the classroom.
Include 7: Studies that report child anxiety/internalising outcomes **Exclude 7:** Studies where no child anxiety or internalising outcomes reported	Studies will be included if they report on anxiety outcomes using standard measures of anxiety. Studies which do not report on anxiety outcomes will be excluded. However, where studies report anxiety outcomes in combination with other emotional outcomes (e.g. depression) these will be included if anxiety outcomes can be determined and separated.	Studies that include measures of anxiety that are reported as part of secondary outcomes will be included.
Additional Exclusion Considerations: Studies that focus on children exposed to unusual life events, disaster or trauma will be excluded. Studies that focus only on children with English as an Additional or English as a Foreign Language will also be excluded.	While it may well be the case that anxiety results from exposure to traumatic events, the level of, and approach to, interventions in such cases is very different and is likely to require indicated therapeutic intervention that exceeds the capabilities and remit of any school-based support.	

Appendix 2.2

Search string by database

Database	Search Strategy
Applied Social Sciences Index & Abstracts (ASSIA) (ProQuest)	(class* OR teacher* OR school* TI AB IF) AND (manag* OR strateg* OR intervention* OR technique* OR program* OR policy OR policies TI AB IF) AND (((school* NEAR/3 primary* OR elementary* OR junior* OR infant* OR k-5 OR "k - 5" OR k-6 OR "k - 6")) TI AB IF) AND (anxi* OR mutism OR phobi* OR worr* OR fear* OR panic* OR agoraphobi* OR internali* OR neurotic* OR "mental health" OR wellbeing OR well-being OR emotion* OR behavi* OR externali* OR "social and emotional" TI AB IF) AND PEER(yes)
British Education Index (EBSCO)	(TX class* or teacher* or school*) AND (TX manag* OR strateg* OR intervention* OR technique* OR program* OR policy OR policies) AND (TX (school* N3 (primary* or elementary or junior* or infant* or K-5 or "k - 5" or k-6 or "k - 6"))) AND (TX anxi* or mutism or phobi* or worr* or fear* or panic* or agoraphobi* or internali* or neurotic* or "mental health" or wellbeing or well-being or emotion* or behavi* or externali* or "social and emotional") Limiters: Scholarly (Peer Reviewed) Journals
Education Abstracts (H.W.Wilson) (EBSCO)	(TX class* or teacher* or school*) AND (TX manag* OR strateg* OR intervention* OR technique* OR program* OR policy OR policies) AND (TX (school* N3 (primary* or elementary or junior* or infant* or K-5 or "k - 5" or k-6 or "k - 6"))) AND (TX anxi* or mutism or phobi* or worr* or fear* or panic* or agoraphobi* or internali* or neurotic* or "mental health" or wellbeing or well-being or emotion* or behavi* or externali* or "social and emotional") Limiters: Scholarly (Peer Reviewed) Journals

Embase 1974 to present (Ovid)	1 (class* or teacher* or school*).ti,ab,kw. 2 (manag* or strateg* or intervention* or technique* or program* or policy or policies).ti,ab,kw. 3 (school* adj3 (primary* or elementary* or junior* or infant* or k-5 or "k - 5" or k-6 or "k - 6")).ti,ab,kw. 4 (anxi* or mutism or phobi* or fear* or panic* or agoraphobi* or internali* or neurotic* or "mental health" or wellbeing or well-being or emotion* or behavi* or externali* or "social and emotional").ti,ab,kw. 5 1 and 2 and 3 and 4 6 limit 5 to human
ERIC (EBSCO)	(TX class* or teacher* or school*) AND (TX manag* OR strateg* OR intervention* OR technique* OR program* OR policy OR policies) AND (TX (school* N3 (primary* or elementary or junior* or infant* or K-5 or "k - 5" or k-6 or "k - 6"))) AND (TX anxi* or mutism or phobi* or worr* or fear* or panic* or agoraphobi* or internali* or neurotic* or "mental health" or wellbeing or well-being or emotion* or behavi* or externali* or "social and emotional")
MEDLINE (Ovid)	1 (class* or teacher* or school*).ti,ab,kw. 2 (manag* or strateg* or intervention* or technique* or program* or policy or policies).ti,ab,kw. 3 (school* adj3 (primary* or elementary* or junior* or infant* or k-5 or "k - 5" or k-6 or "k - 6")).ti,ab,kw. 4 (anxi* or mutism or phobi* or fear* or panic* or agoraphobi* or internali* or neurotic* or "mental health" or wellbeing or well-being or emotion* or behavi* or externali* or "social and emotional").ti,ab,kw. 5 1 and 2 and 3 and 4 6 limit 5 to humans

PsycINFO (Ovid)	1 (class* or teacher* or school*).tw. 2 (manag* or strateg* or intervention* or technique* or program* or policy or policies).tw. 3 (school* adj3 (primary* or elementary* or junior* or infant* or k-5 or "k - 5" or k-6 or "k - 6")).tw. 4 (anxi* or mutism or phobi* or fear* or panic* or agoraphobi* or internali* or neurotic* or "mental health" or wellbeing or well-being or emotion* or behavi* or externali* or "social and emotional").tw. 5 1 and 2 and 3 and 4 6 limit 5 to (peer reviewed journal and human)
Scopus	TITLE-ABS-KEY (class* OR teacher* OR school*) AND TITLE-ABS-KEY (manag* OR strateg* OR intervention* OR technique* OR program* OR policy OR policies) AND TITLE-ABS-KEY (school* W/3 primary* OR elementary* OR junior* OR infant* OR k-5 OR "k - 5" OR k-6 OR "k - 6") AND TITLE-ABS-KEY (anxi* OR mutism OR phobi* OR worr* OR fear* OR panic* OR agoraphobi* OR internali* OR neurotic* OR "mental health" OR wellbeing OR well-being OR emotion* OR behavi* OR externali* OR "social and emotional") AND (LIMIT-TO (SRCTYPE , "j"))

Appendix 2.3

Comparison of quality assessment tools example

Cochrane RoB2.0	EPHPP	SQACERP (Kmet et al.)	AXIS	MMAT	JBI
Used in SRs in field and recommended for RCTs	Recommended for use in SRs (HTA Report, Deeks et al., 2003)	Used in SRs in field	One of most commonly used assessment tools for cross sectional studies in SRs	Used in appraisal stage of systematic mixed studies reviews	
Quantitative	Quantitative	Quantitative and Qualitative	Quantitative	Empirical studies	Quant / Qual
Different version of tool needed for different study designs	Can be used with a variety of research designs	Can be used with a variety of research designs	Used to assess cross-sectional studies only	Can be used to appraise qual, RCTs, non-randomised studies, quantitative descriptive and mixed-methods. Contains algorithm to choose appropriate category of study to appraise.	Cross-sectional studies but tools for other designs available
Domain-based analysis (27 questions)	Domain-based analysis (21 questions)	Checklist (Quant: 14, Qual 10 items)	Checklist (20 items)	Checklist (5 items per study type)	Checklist (8 items)
No summary score – each section rated low/high/some concerns and then feeds into algorithm to reach overall judgments	No summary score – each section rated low/med/high and then overall global score calculated and allocated (guidance provided on how to reach global rating)	Summary score calculated by attributing scores to individual questions (* numerical scoring not recommended by Cochrane as it assigns weight to different items)	No guidance evident on how to reach overall judgment but very precise criteria questions. Each criterion rated Yes, No, Can't Tell.	Summary score calculation not advised. Each criterion rated Yes, No, Can't Tell. Requires quite a lot of subjective interpretation. Not yet widely used.	No overall summary score but each rated y/n/unclear and assessor then makes overall judgement based on 8 questions.

VERY detailed guidance on how to reach assessment conclusions (guided by questions and examples)	Detailed guidance on how to reach assessment conclusions (guided by questions and examples)	Guidance on how to reach assessment conclusions (with examples but no questions to prompt)	Explanatory help text which gives background knowledge and explanation as to what questions are asking. These are designed to inform why the questions are important.	Detailed guidance on how to reach conclusions on which type of study you are assessing. Assessment guided by questions and then clear explanations of key information (e.g. what constitutes randomisation) given.	Detailed guidance on how to reach assessment conclusions (guided by examples)
COVERED IN ASSESSMENT TOOL:					
----------	----------	Research question & design	Research question / objectives	Research question	
----------	Study design named	Study design evident	Study design appropriate		
Randomisation of selection and allocation	Randomisation of selection and allocation (and method used)	Randomisation of selection methods	Selection methods	Whether randomisation is appropriately performed	
	Whether sample is representative of target population	Appropriate sample size	Sample size /whether representative of target population	Whether sample is representative of target population	Criteria for inclusion in sample must be defined
	% of those who agreed to participate				Subjects and setting must be described in detail
Allocation concealment		----------	----------		

Baseline assessment (for differences between groups)	Baseline assessment (for differences between groups) with information on controlling for confounders (guided by % to inform rating)	Baseline assessment (for differences between groups) with information on controlling for confounders	----------	Baseline assessment to assess comparability of groups. Confounders accounted for	Confounders identified and measures taken to account for them
Participant masking	Participant masking	Participant masking	----------		
Intervention deliverer masking	----------	----------	----------		
Outcome Assessor masking	Outcome Assessor masking	Outcome assessor masking	----------	Outcome assessor masking	
Fidelity of intervention delivery	Fidelity of intervention delivery (with % guidance on reaching rating)	----------	----------	Fidelity of intervention delivery/adherence to intervention for participants	
	Data collection methods		Data collection methods		
Missing data	Missing data (with % guidance on reaching rating for attrition)		Non-responder level quantified (but no guidance on how to rate)		
Outcome measure choice	Outcome measure choice	Outcome measure choice	Outcome measure choice appropriate?	Outcome measure choice	Objective standard measure used?
Outcome measure analysis	Outcome measure analysis	Outcome measure analysis	Outcome measure analysis and validity	Outcome measure analysis	Appropriate statistical analysis?

			Whether measures used have been trialled, piloted or published previously.	Outcomes measured in valid reliable way
			Whether it is clear what was used to determine stat sig and/or precision elements (e.g. p-values, confidence intervals	
		Variance estimates		
			Whether methods were described in enough detail to enable replication	
Reporting bias	--------	Reporting bias	Reporting bias	
		Whether conclusions are linked to results	Whether conclusions are linked to results	
			Limitations	
			Conflicts of interest	
			Ethical approval	

	QUAL:	
	Research objectives & design	Whether the qual design is appropriate to answer the questions
	Context	
	Link to wider literature or theoretical framework	
	Sampling strategy	
	Data collection methods	Data collection methods - appropriate to question?
	Data analysis	Data analysis
	Whether conclusions are linked to results	Whether conclusions are linked to results
		Coherence between data sources, collection, analysis and interpretation
	Reflexivity	

Appendix 2.4

Risk of bias/quality assessment

Table 1. *Risk of Bias for Cluster Randomised Trials (Cochrane RoB 2 CRT)*

Signalling Question	Response	Signalling Question	Response	Signalling Question	Response	Signalling Question	Response	Signalling Question	Response
1a.1	Y	2.1a	N	3.1a	Y	4.1	N	5.1	Y
1a.2	Y	2.1b	N/A	3.1b	Y	4.2	N	5.2	N
1a.3	N	2.2	Y	3.2	N/A	4.3a	N	5.3	N
RoB Judgement	**LOW**	2.3	N	3.3	N/A	4.3b	N/A	RoB Judgement	**LOW**
		2.4	N/A			4.4	N/A		
1b.1	Y	2.5	N/A	3.4	N/A	4.5	N/A		
1b.2	N/A	2.6	Y	RoB Judgement	**LOW**	RoB Judgement	**LOW**		
1b.3	N	2.7	N/A						
RoB Judgement	**LOW**	RoB Judgement	**LOW**						
						Overall RoB Judgement:		**LOW**	

Table 2. *Risk of Bias Assessment for Cross-Sectional Studies (AXIS)*

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Axis Total
Hughes & Coplan (2018)	Y	Y	N	Y	Y	Y	?	Y	Y	Y	Y	Y	N	N/A	Y	Y	Y	Y	?	?	**16**
Kreutzmann, Zander & Hannover (2014)	Y	Y	N	Y	Y	?	?	Y	Y	Y	Y	Y	?	?	Y	Y	Y	Y	?	Y	**14**
LaBillois & Lagacé-Séguin (2007)	Y	Y	N	Y	N	N	?	Y	Y	Y	Y	Y	?	N	?	Y	Y	Y	?	?	**11**
Poulou et al. (2021)	Y	?	N	Y	Y	?	Y	Y	Y	Y	Y	Y	N	N/A	Y	Y	Y	Y	N	Y	**16**
Zimmerman (1970)	?	Y	N	Y	?	?	?	Y	Y	Y	Y	?	?	?	Y	Y	Y	?	?	?	**9**

Table 3. *Risk of Bias for Qualitative Studies (CASP)*

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	CASP Total
Hargreaves &Affouneh (2007)	Y	Y	Y	?	Y	N	N	N	Y	Y	**6**
Kowalski & Froiland (2020)	Y	Y	Y	Y	Y	N	N	N	Y	Y	**7**

Appendix 3.1

Statement of ethics approval

MEDICAL SCIENCES INTERDIVISIONAL RESEARCH ETHICS COMMITTEE

Research Services, University of Oxford, Wellington Square, Oxford, OX1 2JD
Tel: +44(0)1865 616577
ethics@medsci.ox.ac.uk

CONFIDENTIAL

Miss Helen Manley
Department of Experimental Psychology
Anna Watts Building
Radcliffe Observatory Quarter
Woodstock Road
Oxford, OX2 6GG

28 July 2021

Dear Helen,

Research Ethics Approval - CUREC 2

Ethics Approval Reference: R76476/RE001

Study title: Managing Anxiety in Primary Schools – Experiences of the School Community (MAPS)

The above application has been considered on behalf of the Medical Sciences Interdivisional Research Ethics Committee (MS IDREC) in accordance with the University's procedures for ethical approval of all research involving human participants.

I am pleased to inform you that, on the basis of the information provided to the IDREC, the proposed research has been judged as meeting appropriate ethical standards, and approval has been granted for a period of **18 months**, commencing on **28th July 2021.**

You will be required to submit an annual progress report on each anniversary of study approval, until the study is completed, and your study may be selected for review during an annual audit.

Amendments

Should there be any subsequent changes to the study, you should submit details to the MS IDREC for consideration and approval. Details of changes must be listed on an amendment form.

Yours Sincerely

H. Barnby-Porritt

Dr Helen Barnby-Porritt
Research Ethics Manager

Appendix 3.2

MAPS Study information for schools

Study advert

Headteacher information letter

[Headteacher name]
[School name and address]
[Date]

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community
Ethics Approval Reference: R76476/RE001

Dear [Headteacher name],

Can your school help us?

We would like to invite your school to take part in a research project called Managing Anxiety in Primary Schools (MAPS), which is being run by the Departments of Psychiatry and Experimental Psychology at the University of Oxford.

What is MAPS and what are we trying to find out?

The MAPS study is finding out how primary schools can help children who feel anxious. Anxiety problems are common. Lots of children will experience problems with anxiety at some point but getting support isn't always easy. Schools are already doing lots to provide targeted help where it is needed, but are there other things that they can do? We want to find out if the way in which teachers and other staff manage their classrooms day to day (for example the strategies and techniques they use) can help reduce children's anxiety. Eventually, we would like to develop a training programme for school staff that helps them to think about how their day-to-day teaching can best support children who feel anxious and prevent difficulties with anxiety emerging. Before we can do that, we would like to talk to children, parents, and staff in primary schools to get their ideas and opinions on the things they feel school staff might do that could make children feel less or more anxious in school. We would then like to use those ideas to help us design the training programme for school staff.

Why is my school being invited?

We are inviting mainstream primary schools in England to take part.

What will we be doing and how will your school be involved?

1. School Consent

If you, as Headteacher, agree to your school taking part, we will ask you to complete a school agreement form electronically or on paper.

2. Information for parents/carers, children and school staff

We will ask your school to **distribute information leaflets and expression of interest forms to parents/carers and their children**. The expression of interest forms will ask parents/carers for some contact information to allow us to get in touch with them about the study. We will also ask them for some information about them and/or their child (including their ethnicity and gender, their child's age and gender, whether their child is eligible for free school meals and whether or not their child experiences problems with anxiety). This is to help us make sure we speak to a wide

range of participants from different backgrounds who have different experiences. We will ask for their permission to keep this data until the end of the study so that we can contact them at a later date if we need to. We may not be able to speak to everyone who expresses an interest in the study, but we will get in touch with everyone who expresses an interest to let them know.

We can provide these forms in both paper and online format to fit with your school's usual communication practice. We will ask parents/carers to return expression of interest forms to school within an agreed timeframe (and will provide return envelopes for paper copies so that confidentiality can be maintained). We are keen to reach as many families as possible initially – including those who have children who have problems with anxiety, children who are not anxious and those in between. We will talk to you about other things we can do to help encourage families to get involved with the research project.

We would also like you to **distribute information leaflets and expression of interest forms to school staff** so that we can learn from their insights and experience too.

3. Interviews with parents/carers and school staff

Parents/carers of children aged 4-11 years, and school staff who are selected to participate will be asked to take part in either a group or 1:1 interview. Where it is possible to do so based on current government guidance and your own school policies, we would like to offer the option of conducting interviews in person on the school premises (interviewing parents/carers and school staff separately). We would arrange for these to happen at a time that is convenient to the school. Where in-person interviews are not possible, 1:1 interviews and group interviews can be conducted online via Microsoft Teams or over the telephone with the participants in question.

During the interview, we will ask participants to talk about their ideas, opinions, and experiences of how they feel the way in which teachers and other staff manage their classrooms (i.e., the strategies and techniques they use in their day-to-day teaching) might help to reduce children's anxiety and also for their thoughts on anything that teachers and other staff do which might make children more anxious. Participants will not have to talk about anything that they do not wish to discuss. The interviews would take no longer than one hour.

4. Interviews with children

We would also like to interview a number of children aged 6-11 to learn from their ideas and experiences. Before we interview selected children, we will obtain consent from their parent/carer and provide them with a child-focused information leaflet. We will also ask for the child's assent to be interviewed.

We would liaise with the school about a suitable time for the interviews to take place. Where possible, we would like to speak to children in small groups. As well as talking to us about their ideas, we might ask them to draw pictures or to work with the group to write down ideas and thoughts on mind-maps.

We know that some children might not feel comfortable talking in group situations (even when they are with others that they know) so if they would prefer, we can arrange to talk to those children individually. This can take place in person at school, or we can arrange a time to talk to them online via Microsoft Teams or over the telephone.

Does your school have to take part?

No, your school does not have to take part.

If your school does decide to take part, you will be asked to sign an agreement form to agree to the school taking part. If you later change your mind, you are free to withdraw your school's involvement at any time without having to give a reason.

School staff, parents, and children who take part in an interview or discussion group will also be free to withdraw from the study at any time without giving a reason. They will be able to choose to withdraw some or all of the data they

provide on themselves and/or participating children, but if they want to do this, they will need to let the MAPS Team know within two weeks of completing their interview.

To say thank you

All those who take part in an interview or focus group will receive a £10 gift voucher as a thank you for their time (vouchers for child participants will be given to their parent/carer).

By taking part, your school will be helping us to develop a training programme that will help teachers and schools to think about the best ways to manage their classrooms on a day-to-day basis, so that they provide the best support for children when they feel anxious.

Some parents, children and school staff will spend some time taking part in interview and/or discussion groups. We will talk to you about how to minimise any inconvenience for staff and families.

We recognise that talking about things that make children anxious in class may bring up thoughts and feelings that are upsetting. If we have any concerns about any of the participants, we will direct them to talk to the school, or to their GP or to the research team who will be able to provide them with information and resources in case these are useful.

What happens to the information we collect?

- All information we collect in this research about your school, school staff, children, and parents/carers will be kept secure and in confidence. We can provide more detailed information about how we keep information about participants safe.
- All participants and schools will be assigned unique IDs that do not include participant or school names. We will use these IDs to label all information we collect about participants and schools. We will store a document that links the IDs to participants and schools separately from all other research data.
- Audio-recording will be stored temporarily on audio-recorders, and once transferred to a secure server, will be permanently deleted from recording devices. Audio-recordings of discussion groups and interviews will be transcribed, and any information that could identify schools or participants will be removed.
- Data collected from parents/carers and school staff online will use a secure website, with end-to-end encryption, and data will be held on a secure server. Information collected on paper will temporarily be stored in locked filing cabinets at the University of Oxford and destroyed once transferred to a secure server.
- We will not share information we collect from parents/carers, children or school staff with you or anyone else, unless we have parent/carer permission. The only circumstances where we would share information without permission is if we thought that a child or someone else was at serious risk of harm. In these circumstances, we would only share information essential to ensure safety and any information sharing would be in accordance with our risk and safeguarding protocol. We will ask you to let us know who the Designated Safeguarding Lead is in your school, and where possible, we will contact them in the first instance about any risk or safety concerns and information sharing.
- Once the research project is finished, we may release the project data for other researchers to use, but only in a way that it is impossible for them to identify who has taken part. Any data or findings from the research that is published will not identify schools or individuals. We may include unidentifiable quotes from discussion groups and interviews in publications, but these will not include any information that could identify schools or individuals.
- The University of Oxford requires that research data be kept for a minimum of 3 years after publication or release of the research.

What will happen to the results of the research?

After the project is complete, we will send you a report summarising the findings from the research.

This research is being conducted as part of a doctorate, so it will be included in a doctoral thesis which will be submitted and held by the University of Oxford. Results of the project may also be published in academic journals. We may include unidentifiable quotes from discussion groups and interviews in publications, but these will not include any information that could identify schools or individuals.

Who is organising and paying for this research?

The Principal Investigator for this research is Professor Cathy Creswell at the Departments of Psychiatry and Experimental Psychology and the study lead is Helen Manley, a doctoral student at the University of Oxford who is also a qualified, experienced primary school teacher. The research is funded by the National Institute for Health Research Applied Research Collaboration Oxford and Thames Valley, an organisation that pays for research to improve health.

Who has approved this research?

This research has been checked and approved by a subcommittee of the University of Oxford Central University Research Ethics Committee. All researchers working on the project have been subject to checks by the Disclosure and Barring Service and have been approved by the University of Oxford to work with children. Please also be aware that current NHS and government guidance on social distancing and use of PPE will be followed at each school visit to protect both participants and researchers from COVID- 19 infection/transmission. We will talk to you in more detail about this if you decide to participate in the research study.

What if there is a problem?

If you have a concern about any part of this project, please contact the MAPS team **by email:** helen.manley@psych.ox.ac.uk **or by telephone:** 01865 618614 and they will do their best to address your concern. The team should acknowledge your concern within 10 working days and give you an indication of how they intend to deal with it.

If you remain unhappy or wish to make a formal complaint, please contact the **Chair of the Research Ethics Committee** at the University of Oxford (Address: Chair, Medical Sciences Inter- Divisional Research Ethics Committee, Research Services, University of Oxford, Wellington Square, Oxford OX1 2JD) Email ethics@medsci.ox.ac.uk. The Chair will seek to resolve the matter in a timely manner.

If your school would like to take part in the study, or you need more information about what is involved, please contact me. Whether or not you feel it would be appropriate for your school to participate, I would be grateful if you would complete the attached form and return it to me either in the stamped addressed envelope enclosed in this letter or by email.

Thank you for your time and attention. I look forward to hearing from you.

Yours sincerely,

Helen Manley
DPhil Student
Departments of Psychiatry and Experimental Psychology
University of Oxford

Appendix 3.3

Headteacher written agreement form

Managing Anxiety in Primary Schools

Ethics Ref: R76476/RE001

Headteacher Agreement Form

Thank you very much for your interest in your school taking part in this research study.

Please read this form carefully and complete the questions that follow to confirm that you agree to participate.

We are looking forward to talking to you soon.

NIHR | Applied Research Collaboration Oxford and Thames Valley

Department of Psychiatry

Medical Sciences Division

Experimental Psychology

University of Oxford

WRITTEN AGREEMENT FROM HEADTEACHER OF PARTICIPATING SCHOOL

Central University Research Ethics Committee (CUREC) Approval Reference: R76476/RE001

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

28.7.21 Version 1.0

Please tick each box to confirm that you understand and agree to each statement:

- ☐ I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- ☐ I understand that my school's participation is voluntary and that I am free to withdraw the school at any time, without giving any reason, and without any adverse consequences or penalty.
- ☐ I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access this data.
- ☐ I understand that this project has been reviewed by, and received ethics clearance through, a subcommittee of the University of Oxford Central University Research Ethics Committee.
- ☐ I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.
- ☐ I understand how this research may be written up and published.
- ☐ I understand how to raise a concern or make a complaint.
- ☐ I agree to the school taking part in this study.

Name of Headteacher:	
Name of School:	
Date:	
Signature of Headteacher:	**SIGN HERE**

Managing Anxiety in Primary Schools

Ethics Ref: R76476/RE001

Thank you very much for completing this written agreement.
We are really pleased that you would like your school to take part.

We will be in touch with you soon to discuss recruitment of parents, teachers, and children from your school.

Managing Anxiety in Primary Schools

MAPS Research Team:

Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
Helen Manley

University of Oxford Department of Experimental Psychology
Anna Watts Building
Woodstock Road
Oxford
OX2 6GG

Email: helen.manley@psych.ox.ac.uk
Tel: 01865 618614

NIHR | Applied Research Collaboration Oxford and Thames Valley

Department of Psychiatry
Medical Sciences Division

Experimental Psychology

UNIVERSITY OF OXFORD

Appendix 3.4

Study advert - parents and children

Participant information sheet – parents and children

Information Sheet for Parents

Ethics Ref: R76476/RE001

Version 1.0 28.07.21

Managing Anxiety in Primary Schools

Your child's school has agreed to take part in a research study being run by the University of Oxford called Managing Anxiety in Primary Schools (MAPS). We would like to invite you and/or your child(ren) to take part, but before you decide if you would like to participate, it is important for you to understand what the study is about, why we are doing it and what it would involve. If you have any questions about the research, or anything isn't clear, please get in touch (see end of information sheet for details).

What is the MAPS study and what are we trying to find out?

The MAPS (Managing Anxiety in Primary Schools) study is finding out how primary schools can help children who feel anxious. Schools often offer support for children who struggle with anxiety, but getting help isn't always easy. We want to find out if the way in which teachers manage their classrooms day to day (for example the strategies and techniques they use) can help reduce children's anxiety.

Eventually, we would like to develop a training programme for school staff that helps them to think about how their day-to-day teaching can best support children who feel anxious, and prevent difficulties with anxiety emerging.

Before we can do that, we would like to talk to children and parents **(whether or not they experience/have children who experience difficulties with anxiety)** in primary schools to get their ideas and opinions on the things they feel school staff might do that could make children feel less or more anxious in school. We would then like to use those ideas to help us design a training programme for school staff.

Why are we being invited to take part?

We are inviting you and/or your child(ren) to take part because we would like parents of children aged 4-11 and children aged 6-11 who are being taught in mainstream primary schools to help us think about what teachers and other school staff do that helps children when they feel anxious and anything that teachers and other school staff do that may be unhelpful if children are struggling with anxiety.

We would like to get ideas from a range of parents and children, **including those who have children who/ children who experience difficulties with anxiety, fears or worries, those who sometimes feel anxious or worried, and those who rarely or never feel anxious or worried.**

Do we have to take part?

No - you and/or your child(ren) can choose whether or not you take part. If you and/or your child(ren) change your mind, you are free to stop taking part in the research at any time without giving a reason. If you decide to stop, you can let the researcher know whether you are happy for any information you have already given to be used in the study. You can also tell us if you would like it to be deleted, but if you wish to do this, you must tell us within two weeks of completing your/your child(ren) completing their interview.

What will we be asked to do?

If you and/or your child(ren) take part in this research study, you will first be asked to complete an expression of interest form. On this form, we will ask you for some contact information to allow us to get in touch with you about the study. We will also ask you for some information about you and your child(ren) (including your/their age, their year group, your/their ethnicity, your/their gender, whether your child(ren) is/are eligible for free school meals, your level of education, whether your child(ren) has/have a special educational need/disability and whether your child(ren) has/have experienced problems with anxiety) to help us make sure we speak to a wide range of participants from different backgrounds who have different experiences. We will ask for your permission to keep this data until the end of the study so that we can contact you at a later date if we need to. We may not be able to speak to everyone who expresses an interest in the study, but we will get in touch to let you know if we would like you and/or your child to take part.

What will parents be asked to do?

If you are selected to take part in the research, we will ask you to sign a consent form to say that you agree to participate.

You will then be asked to take part in a one-to-one interview. This can take place in person, over Microsoft Teams video chat, or over the telephone - whichever you would prefer.

If you would prefer to be interviewed in person, a researcher will arrange a time for you to come to your child(ren)'s school to take part. This will be arranged with the school and take place at an agreed time (either before, during, or after the school day). If you would prefer to talk to us via video chat or over the telephone, we will arrange for this to take place at a time that is convenient to you and we will send you the details you need to access an online video chat before the interview.

During the interview, we will ask you to talk about your ideas, opinions, and experiences of how you feel the way in which teachers and other staff manage their classrooms (i.e., the strategies and techniques they use in their day-to-day teaching) might help to reduce children's anxiety and also for your thoughts on anything that teachers and other staff do which might make children more anxious. You will not have to talk about anything that you do not wish to discuss. Just tell us if you do not wish to answer a particular question and we will move on. The interview will take no longer than one hour and you will be given a £10 voucher as a thank you for your time.

What will children be asked to do?

If your child(ren) is/are selected to take part, we will ask you to sign a consent form giving your permission for them to take part. We will also ask your child(ren) to sign an assent form to say that they are happy to participate. We will then come and visit them at school during the school day and ask them to take part in a small group discussion with one of our researchers and some other children from the school. The group discussion will take place at a convenient time that is agreed by their teacher. Before the discussion, all children participating will be asked to agree not to share any information disclosed in the group discussion that could identify an individual with anyone outside the group.

During the discussion, your child(ren) will be asked for their ideas and opinions on how they think the way in which teachers and other staff manage their classrooms (i.e., the strategies and techniques they use in their day-to-day teaching) might help to reduce children's anxiety and also for their thoughts on anything that teachers and other staff do which might make children more anxious. During the discussion, your child(ren) might also be asked to draw pictures or to work with the group to write down ideas and thoughts on mind-maps etc. They will not have to talk about anything that they do not wish to discuss. They just need to tell us if they do not wish to answer a particular question and we will move on. The discussion will take no longer than one hour and you will be given a £10 voucher for your child(ren) as a thank you for their time.

We know that some children might not feel comfortable talking in group situations (even when they are with others that they know) so if they/you would prefer, we can arrange to talk to them individually. This can take place in person at school, or we can arrange a time to talk to them online via Microsoft Teams or over the telephone.

Everything you say is important to us and we want to make sure that we capture and represent all ideas and opinions accurately. Therefore, the conversation will be recorded and then written out word-for-word by someone on the research team for further analysis. If you talk to us in person, on the telephone, or over Microsoft Teams, we will use a digital audio recorder to record the conversation. All recordings will be stored securely on a University approved secure drive until we have finished writing everything up. When we write up the conversation, your name and anything else that could be used to identify you will be removed. As soon as we have finished writing up and analysing the interviews, we will delete all recorded files.

How will you use the information I provide?

At the start of the study, you and/or your child(ren) will be given a unique ID number and we will use this to label all the information we collect about you/them so that we can keep your personal information (e.g. your names and contact details) separate from the research data you give us (e.g. written interview transcripts). We will take all reasonable steps to ensure that the data you give us remains confidential. Your/their name(s) and other personal details that could identify you/them will be removed from the information that you give before any analysis takes place.

The information you provide during the study is called the **research data**. Any research data that can identify you or your child(ren) is called **personal data** (e.g. name, age, contact details). Some more sensitive categories of personal data are known as **sensitive** or **special category data** (e.g. ethnicity, information concerning health).

We collect, use and store your personal data for the purpose of research in the public interest. The personal and sensitive data we collect helps us to ensure that we include views and experiences of participants from different backgrounds. It also helps us understand and describe the research findings. We will also collect some personal data to allow us to contact you about the research.

Personal data will be stored in a University of Oxford restricted access secure drive that only approved members of the research team can access. Your contact details will be destroyed at the end of the study once results have been released. All consent forms will be kept for 3 years after completion of the project before being destroyed.

The University of Oxford requires that all other **research data** be kept for a minimum of 3 years after publication or release of the research.

This research is being conducted as part of a doctorate, so it will be included in a doctoral thesis which will be submitted and held by the University of Oxford. Results of the project may also be published in academic journals and we may use anonymous quotes from the interviews we conduct. Any personal information about you will be changed or removed before the results are made public so that original participants cannot be identified. We can provide you with a summary of the research results if you wish.

Who will have access to my/our data?

All data that you provide will be stored in restricted access files on a University of Oxford secure drive. The documents will not be shared with any third parties and will only be accessible to other approved members of our research team, the Research Ethics Committee and other responsible members of the University of Oxford for the purposes of monitoring and ensuring compliance.

The University of Oxford is the data controller of your personal data and, as such, will decide how your personal details are used in the study. The University will process your personal data for the purpose of the research outlined in this information sheet. Research is something we do in the public interest.

More information about your rights with respect to your personal data is available from https://compliance.ox.ac.uk/individual-rights

What are the advantages and disadvantages of taking part?

By taking part, you and/or your child(ren) will be helping us to develop a training programme that will help teachers and schools to think about the best ways to manage their classrooms on a day-to-day basis, so that they provide the best support for children when they feel anxious.

We recognise that talking about things that make children anxious in class may bring up thoughts and feelings that are upsetting. You/they do not have to answer any questions that make you/them feel uncomfortable and you/your child(ren) may choose to stop or leave the interview at any time. If you and/or your child(ren) have any concerns after the interview, you/they can talk to the school, your GP or to the research team who will be able to provide you with information and resources, in case these are useful.

If you and/or your child(ren) tell us anything that suggests that you/they may be at risk of harm, we may need to share this information and other identifiable information with someone else (e.g. GP/school/local services) in order to keep your child(ren)/ others safe. We will not do this without discussing it with you/your child(ren) first.

Who is organising and paying for this research?

The Principal Investigator for this research is Professor Cathy Creswell in the Departments of Experimental Psychology and Psychiatry. The study lead is Helen Manley, a doctoral student at the University of Oxford who is also a qualified, experienced primary school teacher. The research is funded by the National Institute for Health Research Applied Research Collaboration Oxford and Thames Valley, an organisation that pays for research to improve health.

Who has checked this research?

This research has been checked and approved by a subcommittee of the University of Oxford Central University Research Ethics Committee.

All researchers working on the project have been subject to checks by the Disclosure and Barring Service and have been approved by the University of Oxford to work with children.

What if I have a question or a concern?

Please contact the research team (details below) and we will do our best to answer any questions and deal with any concerns you may have. We will acknowledge your concern within 10 working days and give you an indication of how we will deal with it.

If you remain unhappy or concerned about any aspect of this research or wish to make a formal complaint, please contact the Chair of the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford who will seek to resolve the matter as soon as possible.

Email: ethics@medsci.ox.ac.uk
Address: University of Oxford, Wellington Square, Oxford, OX1 2JD.

Managing Anxiety in Primary Schools

MAPS Research Team:

Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
Helen Manley

University of Oxford Department of Experimental Psychology
Anna Watts Building
Woodstock Road
Oxford
OX2 6GG

Email: helen.manley@psych.ox.ac.uk
Tel: 01865 618614

NIHR | Applied Research Collaboration Oxford and Thames Valley

Department of Psychiatry
Medical Sciences Division

Experimental Psychology

University of Oxford

Participant information sheet – children

Information Sheet for Children

Ethics Ref: R76476/RE001

Version 1.0 28.07.21

Managing Anxiety in Primary Schools

My name is Helen and I work at the University of Oxford.
I am doing some research and your school said it will help me - I would love you to help me too!

Research is a way we try to find out the answers to questions. Before you decide if you would like to help me with it, it is important for you to understand what the study is about, why we are doing it and what you would have to do.

You can talk to your family, friends, or me if you want to and ask any questions you like before you agree to join in.

What is MAPS and what are we trying to find out?

Our research project is called MAPS which stands for **M**anaging **A**nxiety in **P**rimary **S**chools.
We know that sometimes, some children might feel nervous or worried about going to and being in school. We also know that schools do a lot to help children who feel like this, but we also know that the people who work in school might not always know that children are feeling worried or how best to help them. We would like to find out whether there are things that teachers and other people who work in schools do (for example the way they organise the classroom, or the things they do and say while teaching) that affect fears and worries. We would like to see if our research can help schools to get better at helping children who are worried in school.

Why am I being invited to help?

I am inviting you to take part because you are a pupil at primary school and you are aged between 6 and 11 years old. We think primary school children are some of the best people to help us.

I would like you and some other children from your school to come and give me your ideas and advice on what you think teachers and other school staff do that might help children when they feel worried at school and anything that teachers do that might not help children when they feel worried or that might make them more worried. **I would like to get ideas from lots of children, including children who feel worried at school, children who get worried sometimes or when doing some things, and children who never feel worried when they are at school.**

Your parent/carer has said it is OK for you to join in.

Do I have to join in?

No, you don't have to if you don't want to. You can ask questions before choosing whether you want to join in. You can change your mind at any time by telling me, telling your teacher or telling your parent/carer. You don't have to say why. If you decide to stop, even in the middle of talking to me, no one will be upset with you. You can even decide that you've changed your mind after you've talked to me, but you need to tell me within 2 weeks of talking to me.

What will I be asked to do?

I will come and visit you at school and ask you and some other children to come and talk to me about what you think teachers, TAs and other people who work in the classroom do that can help children who feel anxious, nervous or worried in school and the things you think they do that might not be helpful.

Before I come, you might want to talk to your friends to ask them what they think and get their ideas too.

I might ask you to draw some pictures or write down the ideas that your group has. You don't have to talk about anything that you don't want to talk about. Just tell me and we will move on.

I may write down some of the things that you say. I will also record our talk, but don't worry – this is just to help me make sure that I haven't forgotten any of your ideas. When we have finished our research, we will destroy the all the recordings and I won't write your name next to anything you have said, so no one will know who said what.

If you would rather talk to me on your own, you can. We can do this at school, or I can talk to your parent/carer to find a time for you to talk to me on the phone or online using a video chat program called Microsoft Teams.

It won't take more than an hour and I will give your parent/carer a £10 voucher for you as a thank you.

Will anyone else know I'm doing this?

The people in our research team will know you are taking part. Some other people who work at the University will also know you are taking part but this is just so that they can make sure that I am doing my job properly to keep you and the information you give us safe. If you decide to talk to me in a group, the people in the group will know you have joined in, but we will ask you and them not to share anything we talk about. No one else will know that you have helped me - unless, of course, you tell them yourself!

What will you do with what you find out?

When I collect information from you I will keep it in a safe place and save it on computers at the University of Oxford. Only the people doing the research, or helping with the research, can look at it. Eventually, we will use the information you give us to help us design some training for teachers and other people who work in schools and I will also use it in my university project. The information may also be printed in something called an 'academic journal' (which is a kind of magazine where researchers tell other people about the work they have done) and we may include some of the ideas you have given us.

But don't worry – before we let other people see what we have found out, we will make sure that we take out your name or anything else that means people can tell who you are. No one will be able to tell it was you who said it or that it was you who helped us.

Will joining in help me?

Taking part in our research may not help you but, by joining in, you will be helping us to help teachers and schools to think about the best ways to help children when they feel worried or nervous. This means that you will be helping children in the future.

Will anything about the research upset me?

Sometimes, thinking and talking about things that make children worried or nervous in school might be upsetting. You don't have to answer a question or talk about something if you don't want to. If you want to stop taking part at any time, you can. If you feel upset, you can talk to me, to your teacher or to your parents afterwards and we will help you.

If I am worried about you or someone else that we talk about, I will talk to your teachers and your parent or carer, but I will talk to you about it first.

Who has checked that this research is OK to do?

Before we can do research with people, it has to be checked by a group of people called a Research Ethics Committee to make sure that it is fair and that it is ok to do. This study has been checked by the Research Ethics Committee at the University of Oxford.

Before I started working at the University of Oxford, I was a primary school teacher, so I have spent a long time working with and talking to children! All the other people working on this project are also allowed to work with children.

What if there is a problem or something goes wrong ?

If you have any questions or are not happy because of something that happened during the research, please talk to your parent or carer who will let me and my team know. We will then do our best to answer any questions you have or let you know about how we will help with any problems.

Thank you for reading this.

If you decide that you'd like to help us with our research, we look forward to talking to you soon!

Managing Anxiety in Primary Schools

MAPS Research Team:

Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
Helen Manley

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Department of Psychiatry
Medical Sciences Division

Experimental Psychology

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Participant information sheet – school staff

Information Sheet for School Staff

Version 1.0 28.07.21

Ethics Ref: R76476/RE001

Managing Anxiety in Primary Schools

Your school has agreed to take part in a research study being run by the University of Oxford called Managing Anxiety in Primary Schools (MAPS). We would like to invite you to take part, but before you decide if you would like to participate, it is important for you to understand what the study is about, why we are doing it and what it would involve. If you have any questions about the research, or anything isn't clear, please get in touch (see end of information sheet for details).

What is the MAPS study and what are we trying to find out?

The MAPS (Managing Anxiety in Primary Schools) study is finding out how primary schools can help children who feel anxious. Schools often offer support for children who struggle with anxiety, but helping and getting help isn't always easy. We want to find out if the way in which teachers manage their classrooms day to day (for example the strategies and techniques they use) can help reduce children's anxiety.

Eventually, we would like to develop a training programme for school staff that helps them to think about how their day-to-day teaching can best support children who feel anxious, and prevent difficulties with anxiety emerging.

Before we can do that, we would like to talk to children, parents, and staff in primary schools (whether or not they have experience of/experience of working with children with anxiety difficulties) to get their ideas and opinions on the things they feel school staff might do that could make children feel less or more anxious in school. We would then like to use those ideas to help us design the training programme for school staff.

Why am I being invited to take part?

We are inviting you to take part because we would like primary school staff who work regularly with children aged 4-11 in mainstream education to help us think about what teachers and other school staff do that helps children when they feel anxious and anything that teachers and other school staff do that may be unhelpful if children are struggling with anxiety. **We would like to get ideas from a range of school staff, whether you are a teacher, TA, in a leadership position or work regularly with children in another role in the classroom and whether you have experience of working with children who have difficulties with anxiety or have no experience of working with them at all.**

Do I have to take part?

No - you can choose whether or not you take part. If you change your mind, you are free to stop taking part in the research at any time without giving a reason. If you decide to stop, you can let the researcher know whether you are happy for any information you have already given to be used in the study, or if you would like it to be deleted, but if you wish to do this, you must tell us within two weeks of completing your interview.

What will I be asked to do?

If you take part in this research study, you will first be asked to complete an expression of interest form. On this form, we will ask you for some contact information to allow us to get in touch with you about the study. We will also ask you for some information about you (including your ethnicity, the number of years you have been working in schools and your experiences of working with children with anxiety difficulties) to help us make sure we speak to a wide range of participants from different backgrounds who have different experiences. We will ask for your permission to keep this data until the end of the study so that we can contact you at a later date if we need to. We may not be able to speak to everyone who expresses an interest in the study, but we will get in touch to let you know if we would like you to take part.

If you are selected to take part in the research, we will ask you to sign a consent form to say that you agree to participate. You will then be invited to take part in an interview, either with other members of staff from your school or one-to-one. This will take place either in person at your school before, during, or after the school day at an agreed time that is convenient to all participants, or over Microsoft Teams video chat, depending on any restrictions that remain in place or on what is most convenient for all participants. If you take part in a group interview, before we begin, we will also ask you to agree not to share any information disclosed during the group discussion that could identify an individual with anyone outside the group.

During the interview, we will ask you to talk about your ideas, opinions, and experiences of how you feel the way in which staff manage their classrooms (i.e., the strategies and techniques used in day-to-day teaching or the way in which the physical space is organised) might help to reduce children's anxiety and also for your thoughts on anything that teachers and other staff do which might make children more anxious. You will not have to talk about anything that you do not wish to discuss. Just tell us if you do not wish to answer a particular question and we will move on. The interview will take no longer than one hour and you will be given a £10 voucher as a thank you for your time.

If you would prefer to talk to us one-to-one in person, via video chat or over the telephone, we will arrange for this to take place at a time that is convenient to you. We will send you the details you need to access the online video chat before the interview.

Everything you say is important to us and we want to make sure that we capture and represent all ideas and opinions accurately. Therefore, the conversation will be recorded and then written out word-for-word by someone on the research team for further analysis. If you talk to us in person, on the telephone, or over Microsoft Teams, we will use a digital audio recorder to record the conversation. All recordings will be stored securely on a University approved secure drive until we have finished writing everything up. When we write up the conversation, your name and anything else that could be used to identify you will be removed. As soon as we have finished writing up and analysing the interviews, we will delete all recorded files.

How will you use the information I provide?

At the start of the study, you will be given a unique ID number and we will use this to label all the information we collect about you so that we can keep your personal information (e.g. your name and contact details) separate from the research data you give us (e.g. written interview transcripts). We will take all reasonable steps to ensure that the data you give us remains confidential. Your name and other personal details that could identify you will be removed from the information that you give before any analysis takes place.

The information you provide during the study is called the **research data**. Any research data from which you can be identified is called **personal data** (e.g. name, age, contact details). Some more sensitive categories of personal data are known as **sensitive** or **special category** data (e.g. ethnicity, information concerning health).

We collect, use and store your personal data for the purpose of research in the public interest. The personal and sensitive data we collect helps us to ensure that we include views and experiences of participants from different backgrounds. It also helps us understand and describe the research findings. We will also collect some personal data to allow us to contact you about the research.

Personal data will be stored in a University of Oxford restricted access secure drive that only approved members of the research team can access. Your contact details will be destroyed at the end of the study once results have been released. All consent forms will be kept for 3 years after completion of the project before being destroyed.

The University of Oxford requires that all other **research data** be kept for a minimum of 3 years after publication or release of the research.

This research is being conducted as part of a doctorate, so it will be included in a doctoral thesis which will be submitted and held by the University of Oxford. Results of the project may also be published in academic journals and we may use anonymous quotes from the interviews we conduct. Any personal information about you will be changed or removed before the results are made public so that original participants cannot be identified. We can provide you with a summary of the research results if you wish.

Who will have access to my data?

All data that you provide will be stored in restricted access files on a University of Oxford secure drive. The documents will not be shared with any third parties and will only be accessible to other approved members of our research team, the Research Ethics Committee and other responsible members of the University of Oxford for the purposes of monitoring and ensuring compliance.

The University of Oxford is the data controller of your personal data and, as such, will decide how your personal details are used in the study. The University will process your personal data for the purpose of the research outlined in this information sheet. Research is something we do in the public interest.

More information about your rights with respect to your personal data is available from https://compliance.ox.ac.uk/individual-rights

What are the advantages and disadvantages of taking part?

By taking part, you will be helping us to develop a training programme that will help schools to think about the best ways to manage their classrooms on a day-to-day basis, so that they provide the best support for children when they feel anxious.

We recognise that talking about things that make children anxious in class may bring up thoughts and feelings that are upsetting. You do not have to answer any questions that make you feel uncomfortable and you may choose to stop or leave the interview at any time. If you have any concerns after the interview, you can talk to the school, your GP or to the research team who will be able to provide you with information and resources, in case these are useful.

If you tell us anything that suggests that you or someone else may be at risk of harm, we may need to share this information and other identifiable information with someone else (e.g. GP/school/local services) in order to keep you/ others safe. We will not do this without discussing it with you first.

Who is organising and paying for this research?

The Principal Investigator for this research is Professor Cathy Creswell at the Departments of Experimental Psychology and Psychiatry. The study lead is Helen Manley, a doctoral student at the University of Oxford who is also a qualified, experienced primary school teacher. The research is funded by the National Institute for Health Research Applied Research Collaboration Oxford and Thames Valley, an organisation that pays for research to improve health.

Who has checked this research?

This research has been checked and approved by a subcommittee of the University of Oxford Central University Research Ethics Committee.

All researchers working on the project have been subject to checks by the Disclosure and Barring Service and have been approved by the University of Oxford to work with children.

What if I have a question or a concern?

Please contact the research team (details below) and we will do our best to answer any questions and deal with any concerns you may have. We will acknowledge your concern within 10 working days and give you an indication of how we will deal with it.

If you remain unhappy or concerned about any aspect of this research or wish to make a formal complaint, please contact the Chair of the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford who will seek to resolve the matter as soon as possible.

Email: ethics@medsci.ox.ac.uk
Address: University of Oxford, Wellington Square, Oxford, OX1 2JD.

Managing Anxiety in Primary Schools

MAPS Research Team:

Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
Helen Manley

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Anna Watts Building
Woodstock Road
Oxford
OX2 6GG

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COVID-19 supplementary information for adult participants

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Experimental Psychology

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Supplementary Information for Participating Adults – COVID-19 Protection

MAPS: Managing Anxiety in Primary Schools

Ethics Ref: R76476/RE001

If you, or anyone in your household, have symptoms associated with coronavirus including a new continuous cough, a high temperature or loss or change to your sense of smell or taste, you should not attend an in-person interview. Please let the researcher know, and then follow NHS advice on booking a test and self-isolating. We will confirm that you are symptom free when we arrive for your interview.

Please be aware that NHS and government guidance that is current at the time of our visit will be followed to protect both participants and researchers from COVID-19 infection/transmission. This is in addition to the study-specific procedures outlined on the Participant Information Sheet.

We will adhere to contact tracing procedures (https://www.gov.uk/guidance/nhs-test-and-trace-how-it- works):

- A record of research participants will be maintained (name and visit date)
- A researcher or a designated individual will inform you if any member of the research team develops symptoms of, or tests positive for, COVID-19 within 48 hours of our visit
- We expect you to notify the research team if you develop symptoms of, or test positive for, COVID-19 within 48 hours of research participation. Please contact Helen Manley using the following contact details: Email: helen.manley@psych.ox.ac.uk Tel: 01865 618614

Researchers will inform you of other specific procedures for this study when arranging our visit, which may include:

- Specific guidance for potentially vulnerable participants
- What the researchers may wear to protect themselves
- Level of contact required with participants to conduct the research

COVID-19 supplementary information for schools

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Supplementary Information for Participating Schools – COVID-19 Protection

MAPS: Managing Anxiety in Primary Schools

Ethics Ref: R76476/RE001

Please be aware that NHS and government guidance that is current at the time of our school visit will be followed to protect both participants and researchers from COVID-19 infection/transmission. This is in addition to the study-specific procedures outlined on the Participant Information Sheet.

We will adhere to contact tracing procedures (https://www.gov.uk/guidance/nhs-test-and-trace-how-it- works):

- A record of schools and research participants will be maintained (name and visit date)
- A researcher or a designated individual will inform you if any member of the team develops symptoms of, or tests positive for, COVID-19 within 48 hours of our visit
- Parents and staff who attend an in-person interview will be asked to complete a COVID-19 Symptom Screening form prior to attending.
- As it is expected that children will need to be symptom free to attend school, children who participate will not be asked to complete a COVID-19 Symptom Screening form. However, we will expect a responsible member of staff from the school to confirm that all participating children are, to the best of their knowledge, symptom free on the day of the interview.
- We expect you to notify the research team if any children or school staff we have face-to-face contact with develop symptoms of, or test positive for, COVID-19 within 48 hours of research participation. Please contact Helen Manley using the following contact details:

  Email: helen.manley@psych.ox.ac.uk Tel: 01865 618614

Researchers will inform you of other specific procedures for this study when arranging our school visit, which may include:

- Specific guidance for potentially vulnerable participants
- What the researchers may wear to protect themselves
- Level of contact required with participants to conduct the research

Appendix 3.5

Expression of interest form – school staff

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

Version 1.0; 28.07.21 (Ethics Ref: R76476/RE001)

We will be inviting a small number of school staff who express interest to talk to us about their experiences of what helps manage and reduce anxiety in primary schools.

Please let us know by ticking the relevant boxes below whether you are interested in taking part and how you would prefer to talk to us.

- ☐ I wish to be contacted about taking part in an interview to discuss my ideas and experiences of day-to-day strategies and techniques that can be used to help manage anxiety in primary schools. These will be used in the development of a training intervention for school staff in managing and reducing child anxiety.

I am happy to be interviewed (please tick all that apply to you):

- ☐ In a group with other staff
- ☐ Individually 1:1
- ☐ In person at my school
- ☐ Over Microsoft Teams Video Chat
- ☐ Over the telephone
- ☐ No preference

The next section of this form will ask you for some personal information including your contact details, gender, age, ethnicity, role at school and your experience of working with children who struggle with anxiety. We collect this information to help us make sure that we talk to a wide range of participants with different experiences from different backgrounds. This information also helps us to understand the results of the project and what they mean for different people. We need your permission to store and use this data.

PLEASE TICK to give your consent

- ☐ I give permission for the MAPS Team to collect and retain the data on this form to help them select a range of participants

- ☐ I understand that my personal information will be securely stored for as long as it is required for research purposes and appropriate safeguards will be in place

Name:

School:

Email address:

Telephone number:

Your gender: Your age:

Male

Female

Other

Prefer not to say

Role in school (inc. year group you work with if applicable):

Number of years' experience teaching/working in school:

Do you have experience of working with children with anxiety difficulties?

None A little A lot

What is your ethnicity?

Asian/British – Indian, Pakistani, Bangladeshi, other

Black/Black British – Caribbean, African, other

Mixed race – White and Black/Black British

Mixed race – other

White – British, Irish, other

Chinese/Chinese British

Middle Eastern/Middle Eastern British – Arab, Turkish, other

Other ethnic group

Prefer not to say

Expression of interest form – parents and children

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

Version 1.0; 28.07.21 (Ethics Ref: R76476/RE001)

We will be inviting a small number of parents and children who express an interest to talk to us about their experiences of what helps manage and reduce children's anxiety in primary schools.

Please let us know by ticking the relevant boxes below whether you and/or your child(ren) is/are interested in taking part and how you/they would prefer to talk to us.

☐ I wish to be contacted about taking part in an interview to discuss my ideas and experiences of what helps manage anxiety in primary schools. These will be used to develop a training programme for school staff about how their day-to-day teaching can best support children who feel anxious and prevent difficulties with anxiety emerging.

I am happy to be interviewed (please tick all that apply to you):

☐ Individually (1:1)
☐ In person at my child's school
☐ Over Microsoft Teams Video Chat
☐ Over the telephone
☐ No preference

AND/OR

☐ I wish to be contacted about **my child(ren)** taking part in an interview to discuss their ideas and experiences of what helps manage anxiety in primary schools

☐ My child is happy to take part in a group interview with other children from the school
☐ My child would prefer to be interviewed 1:1 (a parent or member of school staff is welcome to be present during the interview if your child(ren) would prefer)

The next section of this form will ask you for some personal information including your contact details, information relating to your/your child's gender, age, eligibility for free school meals, level of education, ethnicity, whether your child has special educational needs and their experiences of anxiety. We collect this information to help make sure that we talk to a wide range of participants with different experiences from different backgrounds. This information also helps us to understand the results of the project and what they mean for different people. We need your permission to collect, store and use this data.

PLEASE TICK to give your consent

☐ I give permission for the MAPS Team to collect and retain the data on this form to help them select a range of participants

☐ I understand that my personal information will be securely stored for as long as it is required for research purposes and appropriate safeguards will be in place

*IF YOU HAVE MORE THAN ONE CHILD AT THE SCHOOL, YOU ARE WELCOME TO COMPLETE AN EXPRESSION OF INTEREST FOR **JUST ONE** OF YOUR CHILDREN, OR, IF YOU WOULD LIKE TO REGISTER YOUR INTEREST **IN MORE THAN ONE CHILD** PARTICIPATING IN THE RESEARCH, YOU CAN COMPLETE AN EXPRESSION OF INTEREST FORM **FOR EACH CHILD**. IT'S ENTIRELY UP TO YOU.*

Your name:

Email address:

Telephone number:

Your child's name:

Your child's school: **Your child's class:**

Please read and complete the information about you and your child (this information will help us to make sure that we speak to a wide range of parents/children from different backgrounds with different experiences.

Your gender:	Male Female Other Prefer not to say	Your child's gender:	Male Female Other Prefer not to say
Your age:		Your child's age: Your child's year group (in Sept 2021):	

What is your/your child's ethnicity?

	You	**Your child**
Asian/British – Indian, Pakistani, Bangladeshi, other		
Black/Black British – Caribbean, African, other		
Mixed race – White and Black/Black British		
Mixed race – other		
White – British, Irish, other		
Chinese/Chinese British		
Middle Eastern/Middle Eastern British – Arab, Turkish, other		
Other ethnic group		
Prefer not to say		

What is your highest level of education?

No formal qualifications	GCSE/Equivalent	A Level / other equivalent further education qualification	Higher Education Qualification

Is your child eligible for Free School Meals?

Yes	No	Prefer not to say

Does your child have a special educational need/ disability?

Yes	No	Prefer not to say

If you have answered yes, what is the nature of their need/disability?

My child is:

Never anxious or worried in/about school	Sometimes anxious or worried in/about school	Anxious or worried in/about school in some circumstances	Often anxious or worried in/about school	Always anxious or worried in/about school

Appendix 3.6

Consent form – school staff

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SCHOOL STAFF CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R76476/RE001

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

		Please initial each box
1	I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.	
4	I understand that this project has been reviewed by, and received ethics clearance through, a subcommittee of the University of Oxford Central University Research Ethics Committee.	
5	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project	
6	I understand how this research may be written up and published	
7	I understand how to raise a concern or make a complaint	
8	If I take part in an interview or discussion group, I consent to the interview/discussion being audio-recorded	
9	If I take part in an interview or discussion group, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports	
10	If I take part in a discussion group, I agree not to share any information disclosed in the group discussion that could identify an individual with anyone outside the group	
11	I agree to take part	

Name of Participant	dd / mm / yyyy Date	Signature
Name of researcher taking consent	dd / mm / yyyy Date	Signature

Consent form – participating parents

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PARTICIPATING PARENT CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R76476/RE001

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

	Please complete this form if YOU are participating in the research	***Please initial each box***
1	I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.	
4	I understand that this project has been reviewed by, and received ethics clearance through, a subcommittee of the University of Oxford Central University Research Ethics Committee.	
5	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project	
6	I understand how this research may be written up and published	
7	I understand how to raise a concern or make a complaint	
8	If I take part in an interview or discussion group, I consent to the interview/discussion being audio-recorded	
9	If I take part in an interview or discussion group, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports	
10	I agree to take part	

Name of Parent/Carer	dd / mm / yyyy Date	Signature
Name of researcher taking consent	dd / mm / yyyy Date	Signature

Consent form – parent consent for participating child

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PARENT CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R76476/RE001

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

	Please complete this form if **YOUR CHILD** is participating in the research	*Please initial each box*
1	I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.	
4	I understand that this project has been reviewed by, and received ethics clearance through, a subcommittee of the University of Oxford Central University Research Ethics Committee.	
5	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project	
6	I understand how this research may be written up and published	
7	I understand how to raise a concern or make a complaint	
8	If my child takes part in an interview or discussion group, I consent to the interview/discussion being audio-recorded	
9	If my child takes part in an interview or discussion group, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports	
10	If my child takes part in a discussion group, I/they agree not to share any information disclosed in the group discussion that could identify an individual with anyone outside the group	
11	I agree to my child taking part	

Name of Child

Name of Parent/Carer — Date: dd / mm / yyyy — Signature

Name of researcher taking consent — Date: dd / mm / yyyy — Signature

Child assent form

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Experimental Psychology

UNIVERSITY OF OXFORD

CHILD ASSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R76476/RE001

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

Please put a circle around your answer:

✵ Has somebody explained the research to you?	YES	NO
✵ Do you understand what the research is about?	YES	NO
✵ Have you asked all the questions you want?	YES	NO
✵ Did you understand the answers?	YES	NO
✵ Do you understand it's ok to stop taking part at any time?	YES	NO
✵ Are you happy for your voice to be recorded?	YES	NO
✵ Are you happy to take part?	YES	NO

If <u>any</u> answers are "no" or you don't want to take part, that's OK! No one will be cross with you.

If you **<u>do</u>** want to take part, please write your name below.

Your name _____

Your school _____

Date _____

The researcher who explained this project to you needs to sign too:

Researcher Name_____Signature_____ Date _____

Appendix 3.7

Interview topic guide - school staff

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

Indicative Topic Guide for Participating School Staff

Version 1.0; 28.07.21

Introduction

Thank you for taking the time to talk to me today. My name is Helen. I am a DPhil student at the University of Oxford. How are you today?

(For online interviews) Before we begin the interview, I just wanted to make it clear to you that I will keep my camera on, but that you are free to have yours on or off as you wish.

First of all, I am going to remind you of the information that we gave you about the study and check that you are still happy to take part.

- This project is looking at how primary schools can help children who feel anxious. Lots of interventions and programmes are already being used by schools to help children who are anxious, but often, only a small number of children can access them, they are only offered for a short time, children have to miss other lessons, or sessions are missed because people are absent. We want to find out if the way in which teachers and TAs manage their classrooms day to day (for example the strategies and techniques they use in managing and organising their classrooms) can help reduce children's anxiety. Eventually, we'd like to develop a training programme for schools which helps them look at ways to manage and reduce anxiety in their classrooms.
- Before we can do that, we would like to talk to parents, school staff, and children to find out their thoughts and ideas about things that teachers do that can make children feel more or less anxious.

- **Have you participated in a research interview before?**
- The conversation will take no longer than one hour and there are no right or wrong answers, I'd just like you to talk about any ideas you have or any of your experiences. I won't be offended by any negative comments about your experiences, we just want to hear your honest opinion and your ideas. Knowing what you feel doesn't work is as useful for me to know as what you feel does work, because I need both of these things to help me work out what would help schools most. Throughout the conversation, I would like to get your views/hear about your experiences - but please try not to name individual children.
- Your participation is completely voluntary, you can let me know at any stage if you would like to stop the interview, without needing to give a reason.
- Everything we discuss is confidential although there may be very specific instances where I may need to share this information. This would only happen if someone raises something that indicated they or someone else were in danger when I would have a responsibility to act to make sure that everyone involved is safe. I will discuss this with you if this situation occurs.
- [For group interviews: I just want to remind you that anything shared by you or anyone else in the group is confidential and should not be shared with anyone outside of this group after the interview.]

Everything you share is important to us. Therefore, I would like to record our interview. This is so that I can make sure I don't miss anything you have said. After the interview, I will use the audio to transcribe it word-for-word for further data analysis. All the information you provide will be kept secure and confidential on our University approved systems. Only the authorised researchers from my team and I will have access to it.

- **Do you have any questions or concerns?**

- **Are you still happy for the conversation to be recorded?**
- **I just need to check that you are still happy for me to quote you directly using a pseudonym? [a name that isn't yours]**
- **Are you still happy to take part?**

Ok, thanks, let's start.

Part 2. Interview

ANXIETY IN GENERAL

- **In your experience, can you tell me a bit about why you think children might be anxious or worried at school?**
  (Specific prompts to use if helpful/relevant)
    - *What might they be worried about?*
    - *Might there be particular situations in which children feel more anxious?*

STRATEGIES TO REDUCE ANXIETY

- **Either from your experience or in your opinion, what do you think school staff can do to help children to feel less anxious in the classroom?**

(Specific prompts to use if helpful/relevant)

- *Is there anything in the physical organisation of the classroom that might have an effect? Do you have any specific methods?*
- *Are there specific things techniques or strategies that you use day-to-day that you feel help make children feel less anxious in the classroom?*
- *How do you think interactions between staff and children can help make children feel less anxious (for example, thinking about the way that you support children, the way you talk to children, ask questions etc.?)*
- *Are there things that you or others have found useful for particular groups of children (e.g. different age groups, children with particular characteristics/needs?)*
- *Can you think of any other things that adults working with children day-to-day could do to help anxious children even more (for example things that extend beyond the classroom – interactions/communication with parents, strategies in particular situations/sessions/activities*

THINGS THAT MIGHT INCREASE ANXIETY

I'd now like to spend some time talking about things that might make children more anxious.

- **Again, either from your experience or in your opinion, what do you think might make children feel more anxious in the classroom?**

(Specific prompts to use if helpful/relevant)

- *How might the way in which a classroom is organised make children more anxious?*
- *What about adult/child interactions?*
- *Are there things that you or others have found to be unhelpful for particular groups of children (e.g. different age groups, children with particular characteristics/needs?*
- *Are there specific situations that might make children more anxious (for example particular lessons/activities/times in the school day/)?*
- *Are there specific things that you think teachers/TAs should avoid doing because doing them might make children more anxious?*

ISSUES IN MANAGING ANXIETY

Before we finish, I'd just like to spend some time thinking about your experiences of managing anxiety...

How easy do you think it is to help children feel less anxious?

- *Do you feel confident in helping/able to help children who are anxious?*

- *What helps?*
- *What are the challenges in helping children feel less anxious?*
- *What would help you feel more confident?*

I think we've covered everything I specifically wanted to talk about. Is there anything else you would like to share or any other ideas you have following our discussion? Is there anything you feel I haven't thought about or asked you that you'd like to talk about?

Thank you for your time.

Interview topic guide - parents

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

Indicative Topic Guide for Participating Parents

Version 1.0; 28.07.21

Introduction

Thank you for taking the time to talk to me today. My name is Helen. I am a DPhil student at the University of Oxford. How are you today?

(For online interviews) Before we begin the interview, I just wanted to make it clear to you that I will keep my camera on, but that you are free to have yours on or off as you wish.

First of all, I am going to remind you of the information that we gave you about the study and check that you are still happy to take part.

- This project is looking at how primary schools can help children who feel anxious. Lots of interventions and programmes are already being used by schools to help children who are anxious, but often only a small number of children can access them, they are only offered for a short time, children have to miss other lessons, or sessions are missed because people are absent. We want to find out if the way in which teachers and other school staff manage their classrooms day to day (for example the strategies and techniques they use in managing and organising their classrooms) can help reduce children's anxiety. Eventually, we'd like to develop a training programme for schools which helps them look at ways to manage and reduce anxiety in their classrooms.
- Before we can do that, we would like to talk to parents, school staff and children to find out their thoughts and ideas about things that teachers do that can make children feel more or less anxious.

- **Have you participated in a research interview before?**
- The conversation will take no longer than one hour and there are no right or wrong answers. I'd just like you to talk about any ideas you have or any of your experiences. I won't be offended by any negative comments about your experiences, we just want to hear your honest opinion and your ideas. Knowing what you feel doesn't work is as useful for me to know as what you feel does work, because I need both of these things to help me work out what would help schools most. Your participation is completely voluntary, you can let me know at any stage if you would like to stop the interview, or do not wish to answer a specific question, without needing to give a reason.
- Everything we discuss is confidential although there may be very specific instances where I may need to share this information. This would only happen if someone raises something that indicated they or someone else were in danger when I would have a responsibility to act to make sure that everyone involved is safe. I will discuss this with you if this situation occurs.

Everything you share is important to us. Therefore, I would like to audio record our interview. This is so that I can make sure I don't miss anything you have said. After the interview, I will use the audio to transcribe it word-for-word for further data analysis. All the information you provide will be kept secure and confidential on our University approved systems. Only the authorised researchers from my team and I will have access to it.

- **Do you have any questions or concerns?**
- **I just need to check that you are still happy for the conversation to be recorded?**
- **And are you still happy for me to quote you directly using a pseudonym? [a name that isn't yours]**
- **Are you still happy to take part?**

Ok, thanks, let's start.

Part 2. Interview

ANXIETY IN GENERAL

- **Can you tell me a bit about why you think children might be anxious or worried at school?**
  (Specific prompts to use if helpful/relevant)
    - *What might they be worried about?*
    - *Might there be particular situations in which children feel more anxious?*

STRATEGIES TO REDUCE ANXIETY

- **Either from your experience (perhaps from something your child has talked about) or in your opinion, what do you think might help primary school children to feel less anxious in the classroom?**

(Specific prompts to use if helpful/relevant)

- *Is there anything in the physical organisation of the classroom that might have an effect?*
- *Are there specific things that teachers and TAs do that you think do or could help reduce children's anxiety?*
- *How do you think interactions between staff and children can help make children feel less anxious (for example, thinking about the way that they support children, the way they talk to children, ask questions etc.?)*
- *Can you think of any suggestions of things that teachers/other staff could do day-to-day to help anxious children even more?*
- *Is there anything else that you think might help that extends perhaps beyond the classroom (for example in communications with parents,*
- *What about the way in which school staff manage specific aspects of the day (for example assemblies, particular activities - especially if not regular events?)*

THINGS THAT MIGHT INCREASE ANXIETY

I'd now like to spend some time talking about things that might make children more anxious.

- **Again, either from your experience (perhaps from something your child has talked about) or in your opinion, what do you think might make primary school children feel more anxious in the classroom?**
    - *How might the way in which the classroom is organised make children more anxious?*
    - *What about adult/child interactions?*
    - *Are there specific things that you think teachers/TAs should avoid doing because doing them might make children more anxious?*

I think we've covered everything I specifically wanted to talk about. Is there anything else you would like to share or any other ideas you have following our discussion? Is there anything you feel I haven't thought about or asked you that you'd like to talk about?

Thank you for your time.

Interview topic guide - children

MAPS: Managing Anxiety in Primary Schools – Experiences of the School Community

Indicative Topic Guide for Children

Version 1.0; 28.07.21

Introduction

Thank you for taking the time to talk to me today. My name is Helen. I work at the University of Oxford. I used to be a primary school teacher too, so it's really nice to be talking to you all today – I miss teaching! How are you today?

(For online interviews) Before we begin the interview, I just wanted to make it clear to you that I will keep my camera on, but that you are free to have yours on or off as you wish.

First of all, I am going to remind you of the information that we gave you about the study and check that you are still happy to take part.

- We are wondering whether there are everyday things that teachers and TAs do (for example the way they organise the classroom, or the things they do and say while teaching) that might help children feel less worried and nervous and whether there are things that they do that might make children more worried or nervous. We would like to see if our research can help schools to get better at helping children who are worried in school and we would like to ask you for your ideas and advice about it.
- We would like to get ideas from all children, whether you are someone who feels worried at school, someone who gets worried sometimes or when doing some things, or if you are someone who never gets worried at school.
- **Have you ever been asked to do something like this before?**
- The conversation will take no longer than one hour and there are no right or wrong answers, I'd just like you to talk about any ideas you have based on your experiences in the classroom. I want to hear whatever you think – so be honest whether it's good or bad. Knowing what you feel doesn't work is as useful for me to know as what you feel does work, because I need both of these things to help me work out what would help schools most.
- If it's ok with you, I'm going to record our discussion. This is so that I can remember everything you have said because I don't want to miss any of your ideas. I will type up our conversation and then delete everything from the recorder afterwards. When I type it up, I won't put your name next to anything you have said so no one will know it was you who said it. Also, while I want to hear your thoughts and ideas, please try not to name particular children if you give examples.
- [For group interviews: Also, please try not to share anything that anyone in the group says with anyone else. It's important that people feel safe to share ideas without worrying that others outside the discussion will hear about it.
- Sometimes talking about or hearing things that might make others worried or nervous can be a bit upsetting. You don't have to answer a question I ask or talk about something with others if you don't want to. If you are worried or want to stop taking part at any time, you can – even if we are in the middle of talking. If you feel upset, you can talk to me or to your teacher and parents afterwards and we will help you. The things you share with me here won't be shared with other people who are not part of my team, but if while we are talking someone says something that makes me a bit worried that they or someone they know might not be safe, I will need talk to your teacher or your parents, but I will talk to you about what I will say before I talk to them.
- Your parent or carer has said it's ok for you to take part, but I want to make sure you're happy to take part too. I'm going to give you something called an assent form now – this is a form for you to fill in to say that you would like to help us with our research and that you are happy with everything we are going to do. We will go through it together. I will read it to you and then I will ask you to put a circle around your answer: yes, if you are happy and no if you are not happy. Then I will ask you to sign your name and then I will sign it too.

- **Do you have any questions or is there anything you don't understand?**
- **Are you still happy to take part?**

Ok, thanks, let's start.

Part 2. Interview

ANXIETY IN GENERAL

- **I don't want you to tell me any names or give me any details, but I wonder if any of you know anyone who has been worried at school or who gets worried about coming to school?**
- **[As a group], I'd like you to spend a few minutes thinking about why children might be worried or nervous about coming to school or being at school. Can you write down your ideas on the piece of paper [/can you tell me your ideas so I can write them down on this piece of paper] then we will talk more about your ideas.**

  (Specific prompts to use if helpful/relevant)

  - *Why might children be worried?*
  - *What might they be worried about?*
  - *Are there times when you think children might get more worried or nervous (perhaps in a particular place or when something is happening?)*

STRATEGIES TO REDUCE ANXIETY

- **I'd like to find out what you think might help children to feel less worried or nervous in the classroom. Again, let's spend some time having a think about it before I ask you questions so you've had a chance to think of some ideas.**

(Specific prompts to use if helpful/relevant)

- *Do you think there is anything about the actual classroom space that might help children feel less worried/more comfortable?*
- *How can teachers and other adults in the classroom help children feel less worried? (you might want to think about how they talk, how they teach, how they behave etc.)*
- *What things do the adults do on a normal day that can help children feel less worried?*
- *Can you give any examples of things that teachers and TAs do that can help?*
- *Can you think of any other things that adults working with children day-to-day could do to help children who are worried even more?*

THINGS THAT MIGHT INCREASE ANXIETY

I'd now like to spend some time talking about things that might make children more worried. Before we talk, I'd like you to work together to write down some ideas about the things adults in school do or might do that might make children more nervous or worried.

(Specific prompts to use if helpful/relevant)

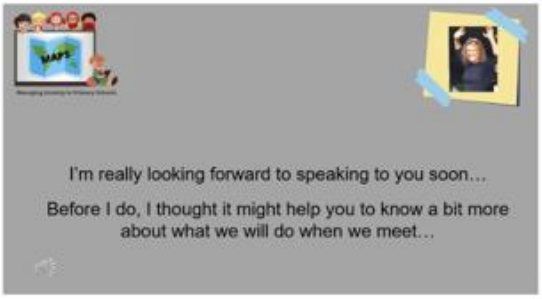
- *Do you think there is anything about the actual classroom space that might make children feel more nervous or worried?*
- *What things do the adults do on a normal day that might make children more worried?*
- *Are there things that you think teachers/TAs or other adults in the school should not do because doing them might make children more worried?*

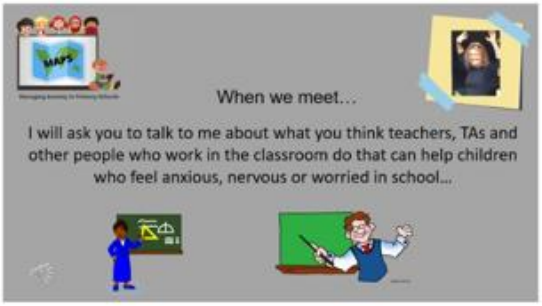
I think we've covered everything I really wanted to talk about. Is there anything else you would like to share or any other ideas you have that you haven't been able to talk about? Is there anything you feel I haven't thought about or asked you that you'd like to talk about?

Thank you very much for helping me.

Appendix 3.8

Pre-interview PowerPoint for children





By the way, this is Katie.
I might bring her along to meet you too.
She always has lots of ideas and loves to chat (but, just so you know, she can sometimes be a bit nervous when she meets new people...)

Before I go, I wanted to tell you three facts about me...

1. I LOVE running!

2. I make crochet animals

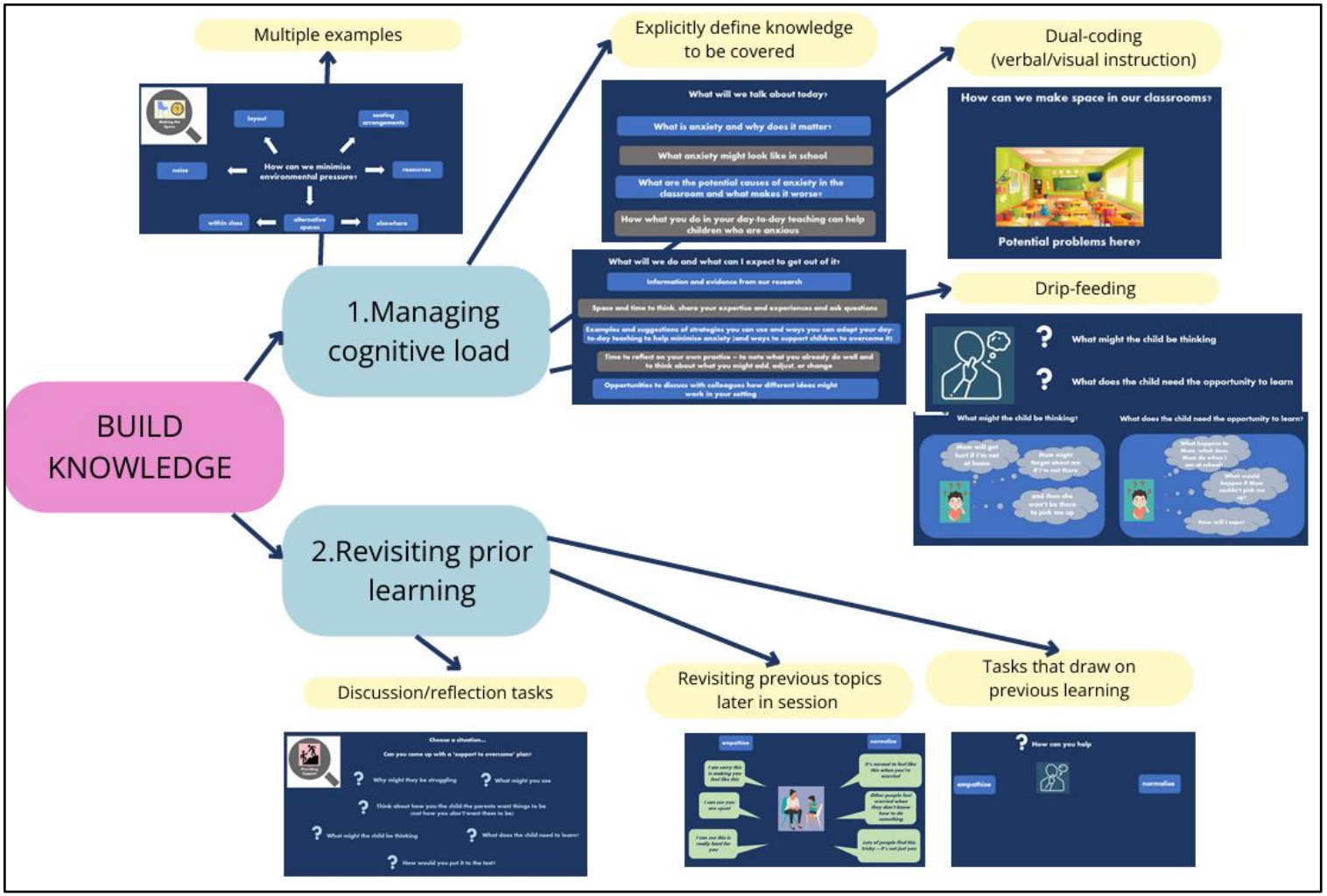
3. I am a bit scared of fireworks

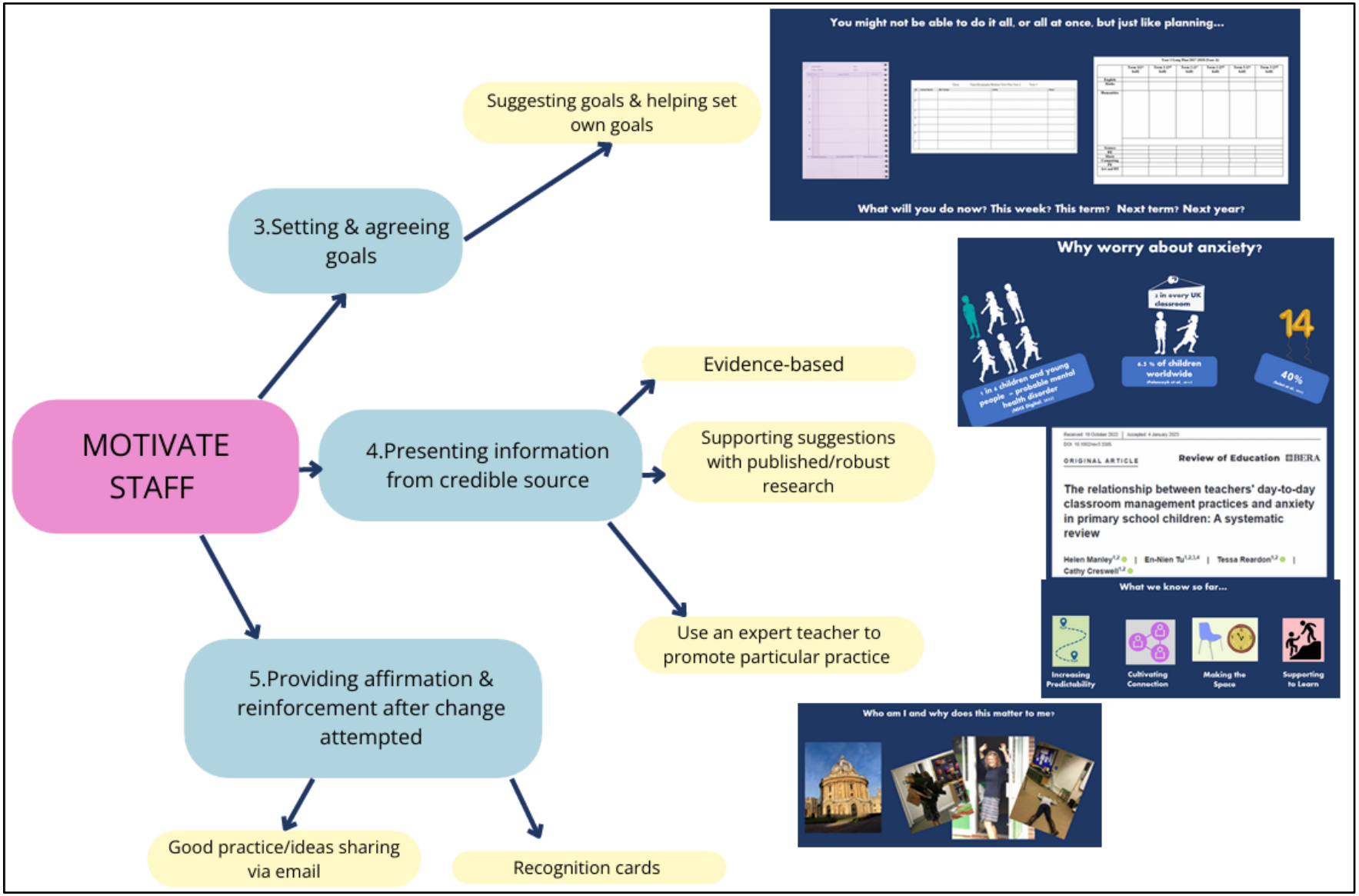
You
???
Before we meet, can you think of 3 facts about you to share with me?

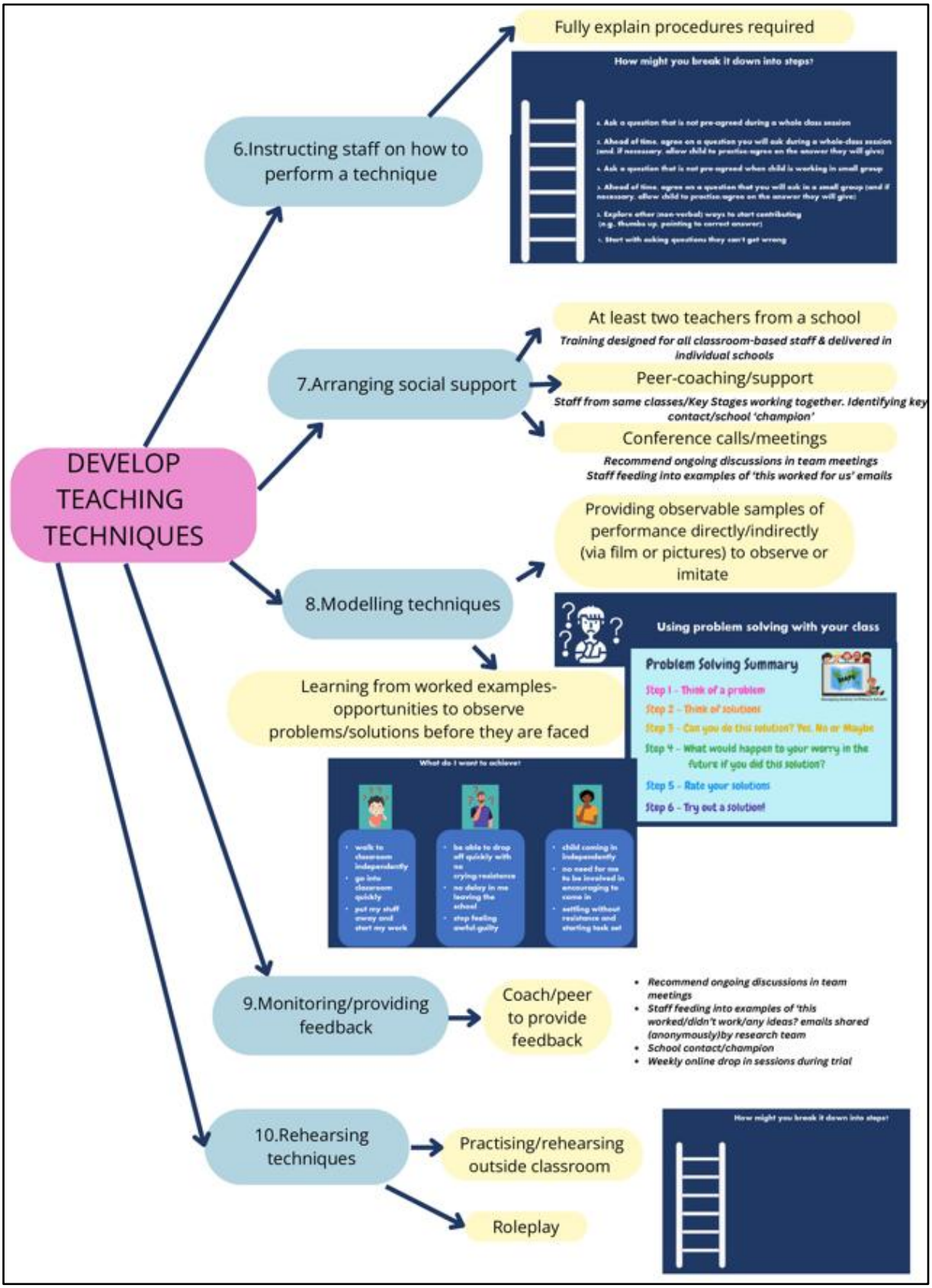
See you soon!
We can't wait to speak to you!

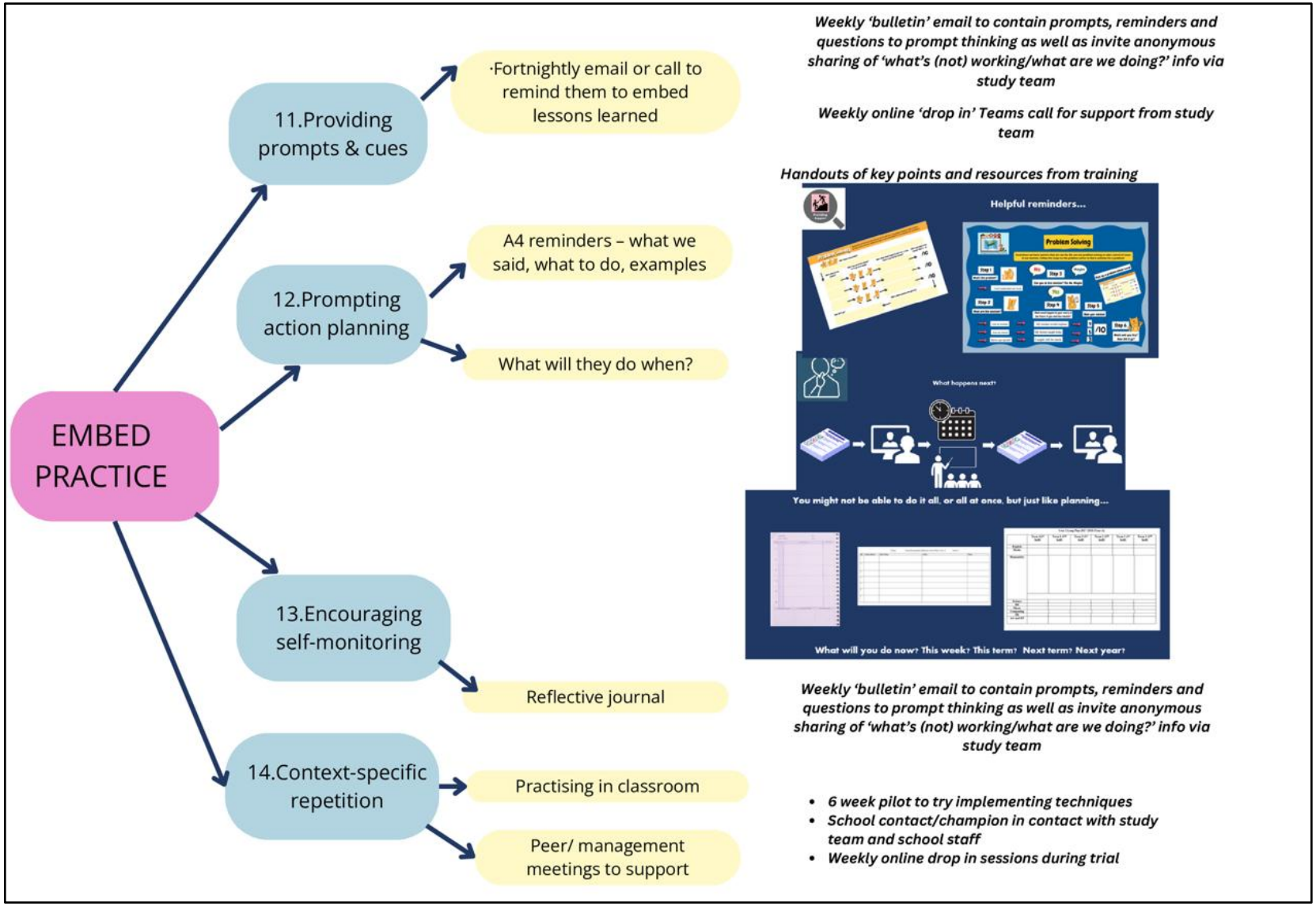
Appendix 4

Using the EEF model to inform training prototype




MOTIVATE STAFF
3.Setting & agreeing goals
Suggesting goals & helping set own goals
4.Presenting information from credible source
Evidence-based
Supporting suggestions with published/robust research
Use an expert teacher to promote particular practice
5.Providing affirmation & reinforcement after change attempted
Good practice/ideas sharing via email
Recognition cards
You might not be able to do it all, or all at once, but just like planning...
What will you do now? This week? This term? Next term? Next year?
Why worry about anxiety?
1 in every UK classroom
14
40%
ORIGINAL ARTICLE
Review of Education BERA
The relationship between teachers' day-to-day classroom management practices and anxiety in primary school children: A systematic review
What we know so far...
Increasing Predictability
Cultivating Connection
Making the Space
Supporting to Learn
Who am I and why does this matter to me?


DEVELOP TEACHING TECHNIQUES
6.Instructing staff on how to perform a technique
Fully explain procedures required
How might you break it down into steps?
7.Arranging social support
At least two teachers from a school
Training designed for all classroom-based staff & delivered in individual schools
Peer-coaching/support
Staff from same classes/Key Stages working together. Identifying key contact/school 'champion'
Conference calls/meetings
Recommend ongoing discussions in team meetings
Staff feeding into examples of 'this worked for us' emails
8.Modelling techniques
Providing observable samples of performance directly/indirectly (via film or pictures) to observe or imitate
Using problem solving with your class
Problem Solving Summary
Step 1 - Think of a problem
Step 2 - Think of solutions
Step 3 - Can you do this solution? Yes, No or Maybe
Step 4 - What would happen to your worry in the future if you did this solution?
Step 5 - Rate your solutions
Step 6 - Try out a solution!
Learning from worked examples- opportunities to observe problems/solutions before they are faced
What do I want to achieve?
9.Monitoring/providing feedback
Coach/peer to provide feedback
Recommend ongoing discussions in team meetings
Staff feeding into examples of 'this worked/didn't work/any ideas? emails shared (anonymously)by research team
School contact/champion
Weekly online drop in sessions during trial
10.Rehearsing techniques
Practising/rehearsing outside classroom
Roleplay
How might you break it down into steps?


EMBED PRACTICE
11.Providing prompts & cues
·Fortnightly email or call to remind them to embed lessons learned
12.Prompting action planning
A4 reminders – what we said, what to do, examples
What will they do when?
13.Encouraging self-monitoring
Reflective journal
14.Context-specific repetition
Practising in classroom
Peer/ management meetings to support
Weekly 'bulletin' email to contain prompts, reminders and questions to prompt thinking as well as invite anonymous sharing of 'what's (not) working/what are we doing?' info via study team
Weekly online 'drop in' Teams call for support from study team
Handouts of key points and resources from training
Helpful reminders...
Problem Solving
What happens next?
You might not be able to do it all, or all at once, but just like planning...
What will you do now? This week? This term? Next term? Next year?
Weekly 'bulletin' email to contain prompts, reminders and questions to prompt thinking as well as invite anonymous sharing of 'what's (not) working/what are we doing?' info via study team
6 week pilot to try implementing techniques
School contact/champion in contact with study team and school staff
Weekly online drop in sessions during trial

Appendix 5.1

Statement of ethics approval

MEDICAL SCIENCES INTERDIVISIONAL RESEARCH ETHICS COMMITTEE
Research Services, Boundary Brook House, Churchill Drive, Headington, Oxford, OX3 7GB
Tel: +44(0)1865 616575
ethics@medsci.ox.ac.uk

CONFIDENTIAL

Professor Cathy Creswell & Miss Helen Manley
Department of Psychiatry
University of Oxford
Warneford Hospital
Oxford

13 April 2023

Dear Professor Creswell and Helen,

Research Ethics Approval - CUREC 2

Ethics Approval Reference: R85234/RE001

Study title: Managing Anxiety in Primary Schools (MAPS): Co-design, and feasibility study of training on managing and minimising anxiety in the classroom with and for primary school staff

The above application has been considered on behalf of the Medical Sciences Interdivisional Research Ethics Committee (MS IDREC) in accordance with the University's procedures for ethical approval of all research involving human participants.

I am pleased to inform you that, on the basis of the information provided to the IDREC, the proposed research has been judged as meeting appropriate ethical standards, and approval has been granted for a period of **18 months**, commencing on **13th April 2023.**

You will be required to submit an annual progress report on each anniversary of study approval, until the study is completed, and your study may be selected for review during an annual audit.

Amendments

Should there be any subsequent changes to the study, you should submit details to the MS IDREC for consideration and approval. Details of changes must be listed on an amendment form.

Yours Sincerely

DocuSigned by:
Leah Butts
9F14889D2BC549A...

Mrs Leah Butts
Research Ethics Administrator

for
Dr Helen Barnby-Porritt
Research Ethics Manager

Appendix 5.2

Study advert for recruitment to practitioner-informed design process

Appendix 5.3

Expression of interest form

Information Sheet for School Staff Co-Design

Version 1.0 15.04.23

Ethics Ref: R85234/RE001

Managing Anxiety in Primary Schools

We are researchers at the University of Oxford and we are running a research project called Managing Anxiety in Primary Schools (MAPS).
We would like to invite you to be part of the research, but before you decide if you would like to participate, it is important that you understand what the research is about, why we are doing it, and what it involves.
If you have any questions, please get in touch (see end of information sheet for contact details).

Why is this research being conducted?

The MAPS (Managing Anxiety in Primary Schools) study is finding out how primary schools can help children who feel anxious. Schools often offer support for children who struggle with anxiety, but helping and getting help isn't always easy. We want to find out if the way in which teachers manage their classrooms day to day (for example the strategies and techniques they use) can help reduce children's anxiety.

We have been working with school staff, parents, and children to find out what they think might cause anxiety in the classroom, what might make it worse, and what school staff can do to reduce it.

We now want to work with a group of primary school staff and those in positions of leadership in the primary school sector to help us use that information, and their own expertise, to develop new training for school staff on managing and minimising anxiety through their day-to-day classroom practices.

We will then deliver the training in a small number of schools, and get feedback from everyone involved.

Why have I been invited to take part?

We would like to get input from those who work in or with mainstream primary/junior/infant schools to help us develop the training, so that it meets the needs of as many school staff as possible.

We are hoping school staff with a variety of roles will be involved, including class teachers (both ECTs and those with more experience), teaching assistants, SENDCos, School Mental Health Leads, and those in senior leadership, including those who may work across a network of schools, whether they have experience of working with children who have difficulties with anxiety or have no experience of working with them at all.

Do I have to take part?

No - you can choose whether you take part. If you change your mind, you are free to stop taking part in the research at any time, even in the middle of a discussion, without giving a reason. If you decide to stop, you can let the researcher know whether you are happy for the information you have already given up to that point to be used in the study, or if you would like all the information that you have provided to be deleted from the final transcript. If you wish to do this, however, you must tell us within two weeks of taking part in the focus group discussion/interview.

What will happen to me if I take part in the research?

If you take part in this research study, you will first be asked to complete an expression of interest form. On this form, we will ask you for some contact information to allow us to get in touch with you about the study. We will also ask you for some information about you (including your age, the gender you prefer to identify as, your ethnicity, your role, the number of years you have been working in schools and your experiences of working with children with anxiety difficulties) to help us make sure we speak to a range of participants from different backgrounds who have different experiences. We will ask for your permission to keep this data until the end of the study so that we can contact you at a later date if we need to. We may not be able to speak to everyone who expresses an interest in the study, but we will get in touch to let you know if we would like you to take part.

If you are selected to take part in the research, we will ask you to sign a consent form to say that you agree to participate and answer any questions that you may still have prior to giving your consent. We will then ask you to take part in an initial discussion group with other school staff from a number of different schools (either in person or online via Microsoft Teams). It will last between one and two hours.
If you are unable to join a discussion group but would like to participate, we can arrange a time to interview you 1:1.

We will share with you what we have found out so far from our work with school staff, parents, and children. The discussion group/interview will involve talking to us and other school staff about how, for example, we can use this information in a training session for school staff; helping us to determine the training content; how, and in what order the training might best be delivered; any practical examples of activities that might be helpful to include, and any further ideas for content or delivery, or any concerns you have. We will also ask for your input in designing our pre- and post-training questionnaires for staff. We may also ask you to take part in some table-top/online activities such as mind-mapping or priority setting. We will then use this input to develop the training. We may then ask you to attend a second follow-up discussion group up to 2/3 months after the first session to ask for your feedback and to provide further input as necessary.

We will audio-record the sessions and take photographs of any written outputs to make sure we capture all of the discussion and record all of your ideas accurately. No photographs will be taken of participants.

What information will be collected and why is the collection of this information relevant for achieving the research objectives?

At the start of the study, you will be given a unique ID number and we will use this to label all the information we collect from you (your name, consent records, contact details, demographic information, audio recordings, written transcripts, and any written outputs from discussions). We will take all reasonable steps to ensure that the data you give us remains confidential. Your name and other personal details that could identify you will be removed from the information that you give before any analysis takes place.

The demographic data we collect helps us to ensure that we include views and experiences of participants from different backgrounds. It also helps us understand and describe the research findings. We will also collect your contact details to allow us to contact you about the research. Your contact details and the demographic information you provide will be stored on a secure server at the University of Oxford and destroyed at the end of the study once results have been released. All consent records will be stored on a secure server at the University of Oxford and kept for 3 years after completion of the project before being destroyed. Audio recordings of interviews will be saved to secure servers at the University of Oxford and deleted once fully transcribed and analysed. Any anonymised data (e.g. interview transcripts) will be retained by the research team and stored on secure servers at the University of Oxford.
Access to all data will be restricted and will only be accessible to approved members of the research team.

Will the research be published? Could I be identified from any publications or other research outputs?

This research is being conducted as part of a doctoral degree, so it will be included in a doctoral thesis. A copy of this thesis will be deposited both in print and online in the Oxford University Research Archive where it will be publicly available to facilitate its use in future research. Results of the project may also be published in academic journals and we may use quotes from any discussions we conduct. Any personal information about you will be changed or removed before the results are made public so that original participants cannot be identified. We can provide you with a summary of the research results if you wish.

Data Protection

All data that you provide will only be accessible to other approved members of our research team, the Research Ethics Committee and other responsible members of the University of Oxford for the purposes of monitoring and ensuring compliance. The University of Oxford is the data controller with respect to your personal data, and as such will determine how your personal data is used in the research. The University will process your personal data for the purpose of the research outlined above. Research is a task that is performed in the public interest.

Further information about your rights with respect to your personal data is available from the University's Information Compliance website:
https://compliance.admin.ox.ac.uk/individual-rights

What are the possible benefits and disadvantages or risks of taking part?

By taking part, you will be helping us to develop training that will help schools to think about the best ways to manage their classrooms on a day-to-day basis, so that they provide the best support for children who may feel anxious.
You will need to spend some time attending the discussion group(s) (either in person or online) and help us think about the content and delivery of the training we design.

Expenses and payments

To say thank you, we will offer you a £20 voucher for each co-design session you attend.
We can also reimburse you for any travel expenses incurred.

Who is funding this research?

The Principal Investigator for this research is Professor Cathy Creswell at the Departments of Experimental Psychology and Psychiatry. The study lead is Helen Manley, a doctoral student at the University of Oxford who is also a qualified, experienced primary school teacher. The research is funded by the National Institute for Health Research Applied Research Collaboration Oxford and Thames Valley, an organisation that pays for research to improve health.

Who has reviewed this research?

This research has received ethics approval from a subcommittee of the University of Oxford Central University Research Ethics Committee (Ethics reference: R85234/RE001).
All researchers working on the project have been subject to checks by the Disclosure and Barring Service and have been approved by the University of Oxford to work with children.

Who do I contact if I have a concern about the research or I wish to complain?

If you have a concern about any aspect of this research, please contact Helen Manley (email: helen.manley@psych.ox.ac.uk) or Cathy Creswell (email: cathy.creswell@psych.ox.ac.uk, telephone: 01865 618614) and we will do our best to answer your query. I/we will acknowledge your concern within 10 working days and give you an indication of how it will be dealt with.

If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford who will seek to resolve the matter as soon as possible:

Email: ethics@medsci.ox.ac.uk; Address: Research Services, University of Oxford, Boundary Brook House, Churchill Drive, Headington, Oxford OX3 7GB.

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact the Research Lead, Helen Manley:

MAPS Research Team:
Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
Helen Manley

University of Oxford Department of Experimental Psychology
Anna Watts Building
Woodstock Road
Oxford
OX2 6GG

Email: helen.manley@psych.ox.ac.uk
Tel: 01865 618614

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University of Oxford

If you have any questions about the research study, please contact the Research Lead (Helen Manley) using the contact information at the end of the participant information sheet.

If you are happy to register your interest in participating, please click on the arrow to continue.

Expression of Interest Form

MAPS: Managing Anxiety in Primary Schools

Working together to design anxiety training for school staff

Version 1.0; 13.04.23 Ethics Ref: R85234/RE001

We will be inviting a small number of school staff who express interest to take part in focus group discussions/interviews to help us develop training for primary school staff on managing and minimising anxiety through the day-to-day management of their classrooms.

Please let us know by ticking the relevant boxes below whether you are interested in taking part and how you would prefer to talk to us.

○ I wish to be contacted about taking part in focus group discussions with a small group of other primary school staff to help design and develop training for school staff in managing and reducing child anxiety through the day-to-day strategies and techniques they use in the classroom.

I am happy to be interviewed (please tick all that apply to you):

- ○ In person at my school (my school would be happy to host the group)
- ○ In person at another school
- ○ In person at the University of Oxford
- ○ Over Microsoft Teams
- ○ No preference

The next section of this form will ask you for some personal information including your contact details, role at school and your experience of working with children who struggle with anxiety, your age, gender you prefer to identify as, and your ethnicity. We collect this information to help us ensure that we are able to get input from a range of participants with different experiences from different backgrounds. This information also helps us to understand the results of the project and what they mean for different people. We need your permission to store and use this data.

PLEASE TICK the boxes below to give your consent:

☐ I give permission for the MAPS Team to collect and retain the data on this form to help them select a range of participants

☐ I understand that my personal information will be securely stored and appropriate safeguards will be in place until this study is complete

Please read and answer the following questions (this information will help us to make sure that we speak to a wide range of parents/children from different backgrounds with different experiences)

Your name:

Your school:

Your email address:

Confirm email address:

Your telephone number:

Your role:

- ○ Headteacher
- ○ Member of Senior Leadership Team
- ○ Class Teacher
- ○ Teaching Assistant
- ○ SENDCo
- ○ Other (please describe):

Which year group do you work with most often?

- ○ Reception
- ○ Year 1
- ○ Year 2
- ○ Year 3
- ○ Year 4
- ○ Year 5
- ○ Year 6

Number of years' experience of teaching/ working in schools/school leadership?

- ○ 0-1
- ○ 2-4
- ○ 5-10
- ○ 11-14
- ○ 15-19
- ○ 20+
- ○ Year 6

Do you have experience of working with children with anxiety difficulties?
O No O None O A little O A lot

Gender you prefer to identify as*:
*(*If you would prefer not to say, please write PNS in the box)*

Your age:

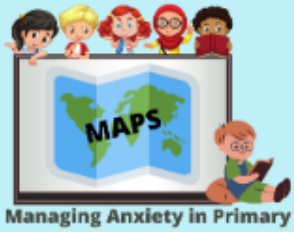
- ○ 18-24 years
- ○ 25-34 years
- ○ 35-44 years
- ○ 45-54 years
- ○ 55-59 years
- ○ 60+ years
- ○ Prefer not to say

Please choose one option that best describes your ethnic group or background:

- ○ White: English/Welsh/Scottish/Northern Irish/British
- ○ White: Irish
- ○ White: Gypsy or Irish Traveller
- ○ Any other White background, please describe:
- ○ Mixed/Multiple ethnic groups: White and Black Caribbean
- ○ Mixed/Multiple ethnic groups: White and Black African
- ○ Mixed/Multiple ethnic groups: White and Asian
- ○ Any other Mixed/Multiple ethnic background, please describe:
- ○ Asian/Asian British: Indian
- ○ Asian/Asian British: Pakistani
- ○ Asian/Asian British: Bangladeshi
- ○ Asian/Asian British: Chinese
- ○ Any other Asian background, please describe:
- ○ Black/ African/Caribbean/Black British: African
- ○ Black/ African/Caribbean/Black British: Caribbean
- ○ Any other Black/African/Caribbean background, please describe
- ○ Other ethnic group: Arab
- ○ Any other ethnic group, please describe:
- ○ Prefer not to say

Appendix 5.4

Participant consent form



Managing Anxiety in Primary Schools

Ethics Ref: R85234/RE001

Consent Form

Thank you very much for your interest in taking part in this research study.

Please read this form carefully and complete the questions that follow to confirm that you give your consent to participate in an interview.

We are looking forward to talking to you soon.

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Medical Sciences Division

Experimental Psychology

University of Oxford

SCHOOL STAFF CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R85234/RE001

MAPS: Managing Anxiety in Primary Schools

Working together to design anxiety training for school staff: Focus Groups/Interviews

13.04.23 Version 1.0

Please tick each box if you agree:

- ☐ I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- ☐ I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.
- ☐ I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.
- ☐ I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.
- ☐ I understand how this research may be written up and published.
- ☐ I understand how to raise a concern or make a complaint.
- ☐ If I take part in an interview or discussion group, I consent to the interview/discussion being audio-recorded.
- ☐ If I take part in an interview or discussion group, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports.
- ☐ If I take part in a discussion group, I agree not to share any information disclosed in the group discussion that could identify an individual with anyone outside the group.
- ☐ I agree to take part.

Name of Participant:
Date:
Participant Signature:

Appendix 5.5

Interview topic guide – school staff

MAPS: Managing Anxiety in Primary Schools – Co-design, and feasibility study of training on managing and minimising anxiety in the classroom with and for primary school staff.

Indicative Topic Guide for School Staff

Ethics Ref: R85234/RE001

Version 1.0; 13.04.23

Introduction

Thank you for taking the time to talk to me today. My name is Helen. I am a DPhil student at the University of Oxford. How are you today?

(For online interviews) Before we begin the interview, I just wanted to make it clear to you that I will keep my camera on, but that you are free to have yours on or off as you wish.

First of all, I am going to remind you of the information that we gave you about the study and check that you are still happy to take part.

- This project is looking at how primary schools can help children who feel anxious. Lots of interventions and programmes are already being used by schools to help children who are anxious, but often, only a small number of children can access them, they are only offered for a short time, children have to miss other lessons, or sessions are missed because people are absent. We want to find out if the way in which teachers and TAs manage their classrooms day to day (for example the strategies and techniques they use in managing and organising their classrooms) can help reduce children's anxiety.
- We have already spent time working with teachers, parents, and children to find out what they feel are the causes of anxiety in the classroom and what they feel might make it worse. We also asked them about the things school staff can do that help children to feel less anxious. We'd now like to use the findings from this research and other things we have found out from research in this area to develop training for school staff which helps them to manage and reduce anxiety in their classrooms.

- **Have you participated in a research interview before?**

- Our time together today will probably take somewhere between 1 and 2 hours. Firstly, I would like to give you a brief overview of the things we have found out from our research and then I would like to talk you through what we think the training might potentially look like. I would then like to ask you for your thoughts and ideas – both in terms of the content and order of the training, and for your ideas about how the training might best be delivered to staff in schools. It's important for you to know that there are no right or wrong answers, I'd just like you to talk about any ideas you have, anything you think should be included that isn't, or anything that you think we need to change. I won't be offended by any negative comments about your experiences, we just want to hear your honest opinion and your ideas. Knowing what you feel doesn't work is as

useful for me to know as what you feel does work, because I need both of these things to help me work out what would help schools most.

- Your participation is completely voluntary, you can let me know at any stage if you would like to stop the interview, without needing to give a reason.
- Everything we discuss is confidential although there may be very specific instances where I may need to share this information. This would only happen if someone raises something that indicated they or someone else were in danger when I would have a responsibility to act to make sure that everyone involved is safe. I will discuss this with you if this situation occurs.

- [For group interviews: I just want to remind you that anything shared by you or anyone else in the group is confidential and should not be shared with anyone outside of this group after the interview.]

Everything you share is important to us. Therefore, I would like to record our interview. This is so that I can make sure I don't miss anything you have said. After the interview, I will use the audio to transcribe it word-for-word for further data analysis. I would also like to take photographs of any diagrams or notes we make, but I will not take any photographs of participants. All the information you provide will be kept secure and confidential on our University approved systems. Only the authorised researchers from my team and I will have access to it.

[participants given opportunity to ask any questions/discuss any concerns before session starts and recorder switched on]

Ok, thanks, let's start.

Part 2. Focus Group/Individual Interview

BACKGROUND TO TRAINING

- Participants will be presented with an overview of what we already know from research about the development of child anxiety problems and the relationship between anxiety and day-to-day classroom management practices from our systematic review findings and our previous qualitative study. Information presented will include for example:
    - What are the causes and contributors to anxiety and what makes it worse?
    - What strategies can staff use to help manage and minimise anxiety?
    - What school staff have said would be helpful in a training of this kind
    - Information from staff on how they feel the training session should be delivered

- **Do you have any questions or comments about what you have heard so far?**
    - Is anything unclear?
    - Is there anything you'd like to add from your own experiences in the classroom or your own experiences of training?

- Participants will then be presented with an overview of what we think the potential training session will look like

- **What are your overall impressions of our suggested plan?**
    - *What do you think will work?*

- *What potential issues/problems do you think there are/might be? How could we address those issues/problems?*

Questions about content:

- ***Do you think anything should be changed (this might relate to content or to order of delivery)?***
- ***Is there anything you think is missing or does anything raise any questions which might need further explanation?***

Questions about format and delivery:

We obviously want to make this training as helpful and useful for schools as possible, so we need to think very carefully about the format and delivery of the session

- ***Do you have any additional thoughts on how this session can best be delivered so that staff find it useful?***
- ***Do we need to change the format in any way or add in anything else (for example, additional moments for talking/reflection at any stage?***
- ***Is there anything else you feel that the training would need to convince school leaders and school staff that it is helpful and that it is worth implementing what is learned from it in schools?***

To be explored either as part of the current focus group/interview or in a follow up session

Evaluation of the training

Once the training is ready to be delivered in schools, we want to be in a position to get feedback on it from the school staff who participate. We want to do use pre-training questionnaires with staff and want to include information about their expectations of the training, how much they know about anxiety already, how able they feel in supporting anxious children, what strategies they already use in their day-to-day teaching.

[draft version of pre-training questionnaire presented]

- ***Would you feel able to answer questions like this?***
- ***Anything we should change? (e.g. wording of questions)***
- ***Do you think there is anything else that would be important for us to know that we need to ask them pre-training?***

We then want to do a post-training questionnaire with school staff. This will include asking them how useful they found it, what they know now that they didn't know before, any strategies they have taken from the training that they think are particularly helpful, what, if anything they think they may now do differently as a result of the training, what they didn't find helpful, what else they wanted to know that we didn't cover, whether the format of the training was acceptable etc. We'd like your input on whether you think we are covering the essential/important outcomes in our evaluation questionnaire and the kinds of questions we could ask to ensure we get that information.

[draft version of post-training questionnaire presented]

- ***Do you feel that we are covering the important/relevant outcomes in our evaluation?***
- ***What would you hope to get out of a training like this?***
  Are we asking the right questions to help us find out about that? What other questions might we need to ask?

- ***How would we know that the training has been successful? What might be the key indicators of 'successful training'?***
- ***Are we asking the right questions to help us find out about that? What other questions might we need to ask?***
- ***Would you feel able to answer questions like this?***
- ***Anything we should change? (e.g. wording of questions)***
- ***What are your thoughts on this and is there anything else you think we should add? Anything that we should remove?***

We also want to get feedback from parents and children in participating schools to see if they have noticed any changes to classroom practice following the training.

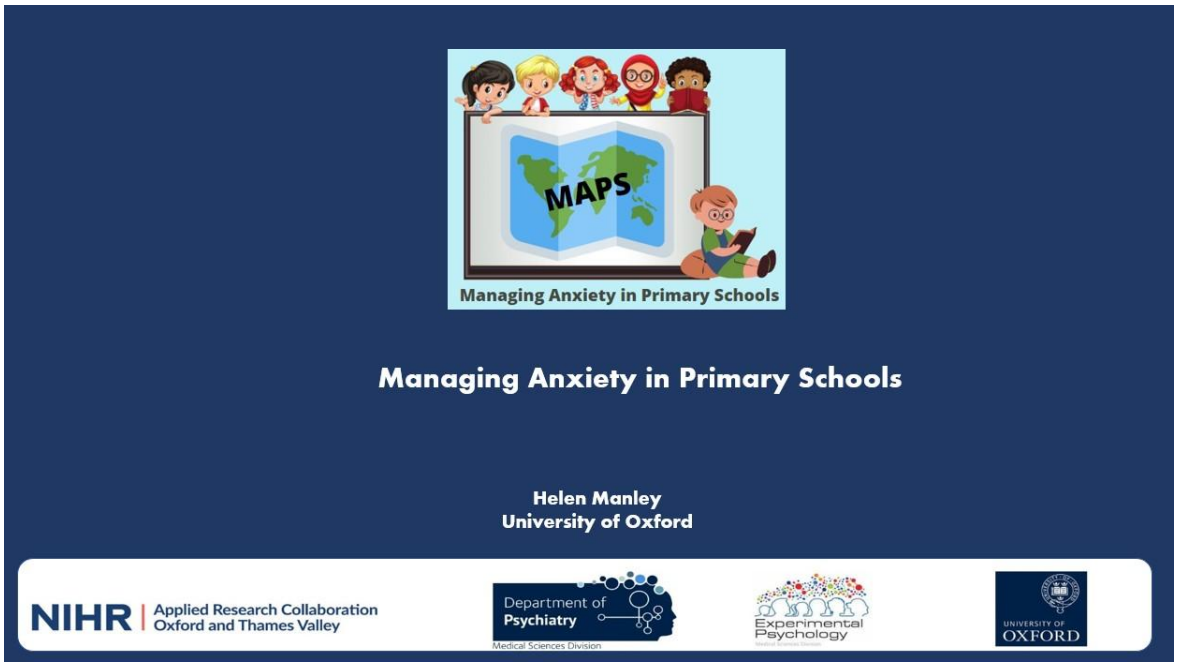
- ***When do you think would be the best time for schools to let parents know that the training is happening (so that they are aware it is happening and can be looking out for changes to practice etc) and also when might be best to provide information about the study and recruit parents/children to give feedback?***

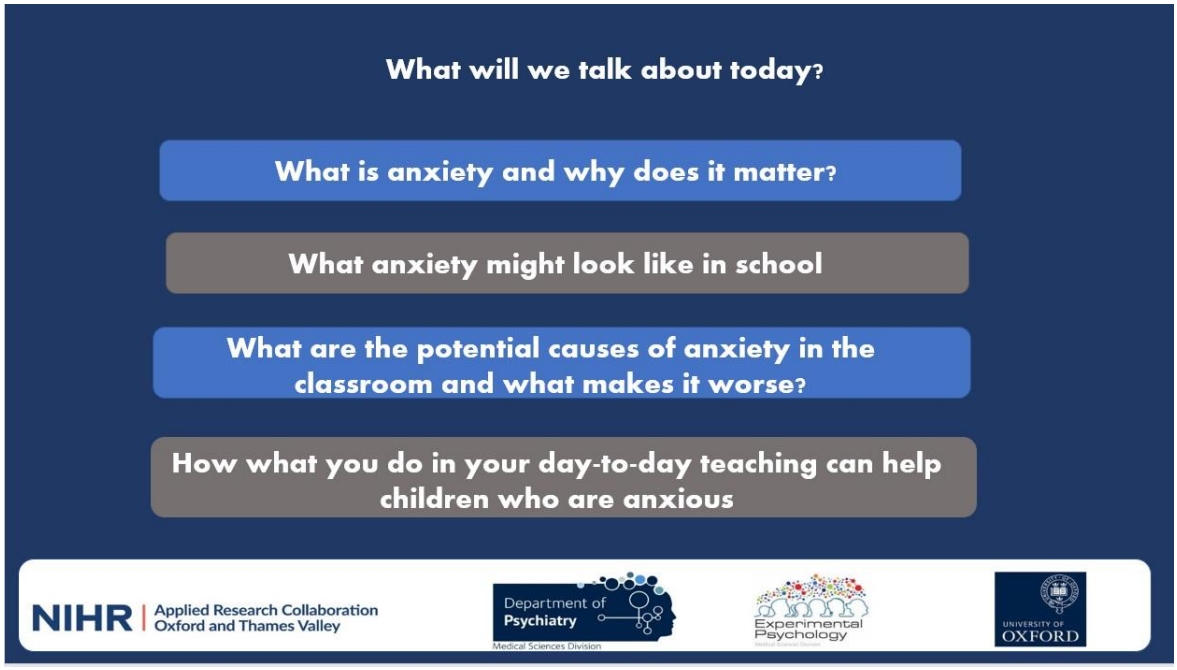
I think we've covered everything I specifically wanted to talk about. Is there anything else you would like to share or any other ideas you have following our discussion? Is there anything you feel I haven't thought about or asked you that you'd like to talk about?

Thank you for your time.

Appendix 5.6

Final training prototype for feasibility study




What will we talk about today?
What is anxiety and why does it matter?
What anxiety might look like in school
What are the potential causes of anxiety in the classroom and what makes it worse?
How what you do in your day-to-day teaching can help children who are anxious
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What will we do and what can I expect to get out of it?
Information and evidence from our research
Space and time to think, share your expertise and experiences
Examples and suggestions of strategies you can use and ways you can adapt your day-to-day teaching to help minimise anxiety (and ways to support children to overcome it)
Time to reflect on your own practice – to note what you already do well and to think about what you might add, adjust, or change
Opportunities to discuss with colleagues how different ideas might work in your setting
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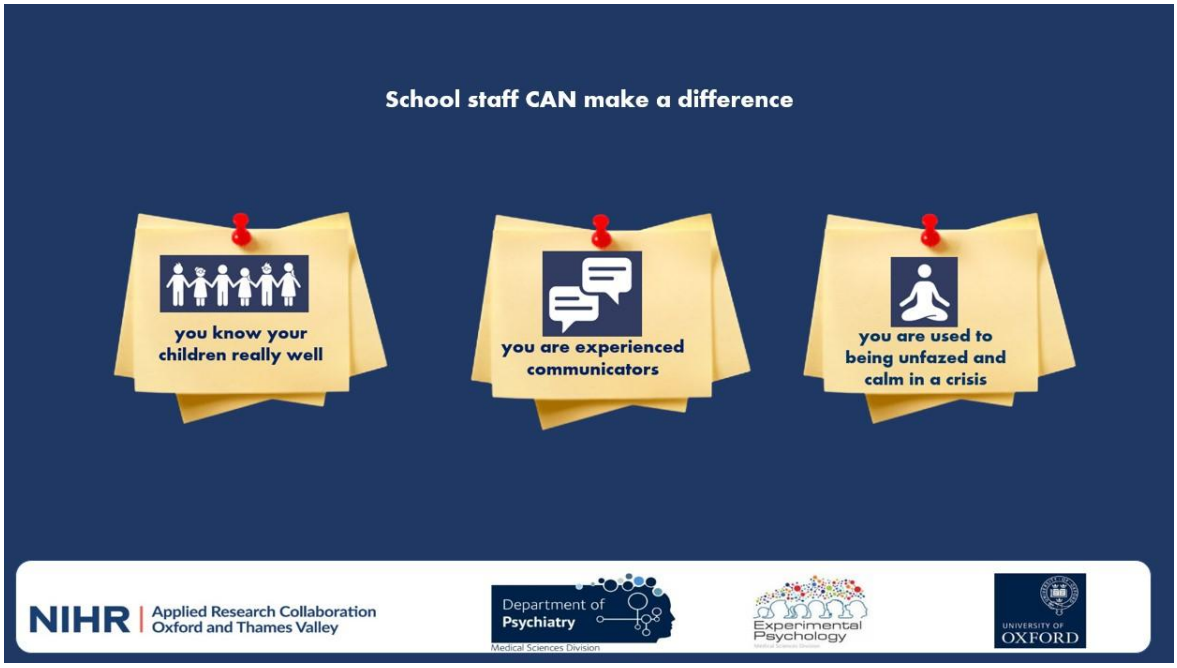
School staff CAN make a difference
you know your children really well
you are experienced communicators
you are used to being unfazed and calm in a crisis
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'Anxiety'
normal emotion
all feel anxious sometimes
can be helpful
So what's the problem?
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Why worry about anxiety?
1 in 5 children and young people = probable mental health disorder
(NHS Digital, 2023)
2 in every UK classroom
6.5 % of children worldwide
(Polanczyk et al., 2015)
14
40%
(Solmi et al., 2022)
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Why worry about anxiety?
MORE LIKELY
ongoing anxiety problems
other mood and behaviour disorders
increased healthcare use
risk of substance abuse
physical health
positive social relationships
educational attainment
employment prospects
LESS LIKELY
(Pollard et al., 2023)
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What does anxiety look like?

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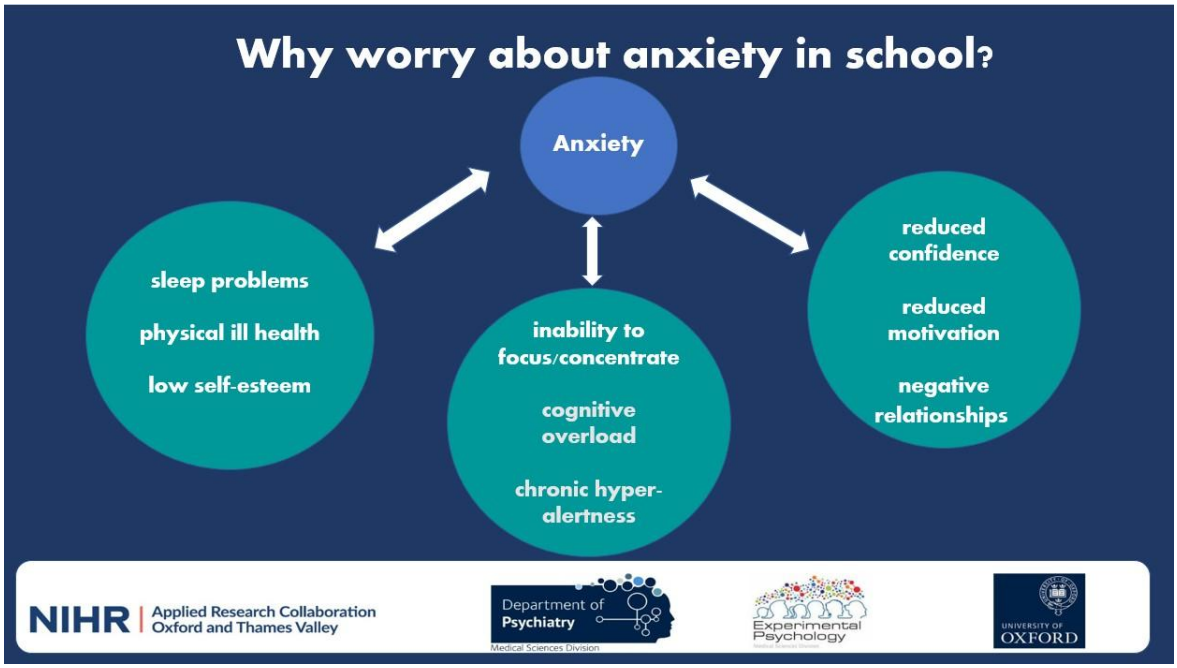
Why worry about anxiety in school?
Anxiety
sleep problems
physical ill health
low self-esteem
inability to focus/concentrate
cognitive overload
chronic hyper-alertness
reduced confidence
reduced motivation
negative relationships
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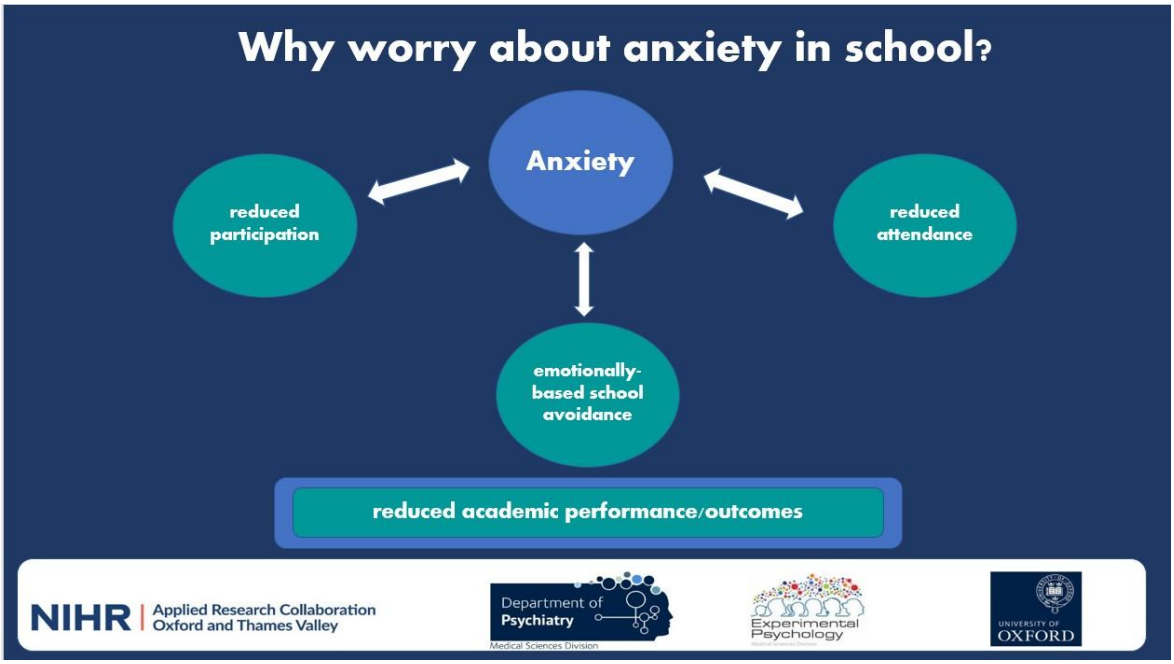
Why worry about anxiety in school?
Anxiety
reduced participation
reduced attendance
emotionally-based school avoidance
reduced academic performance/outcomes
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How might you spot anxiety in school?

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crying
need for constant reassurance
behavioural outbursts
avoidance/refusal
worry about certain lessons/events
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SOMETIMES children hold it together at school...
and the fallout happens when they get home.
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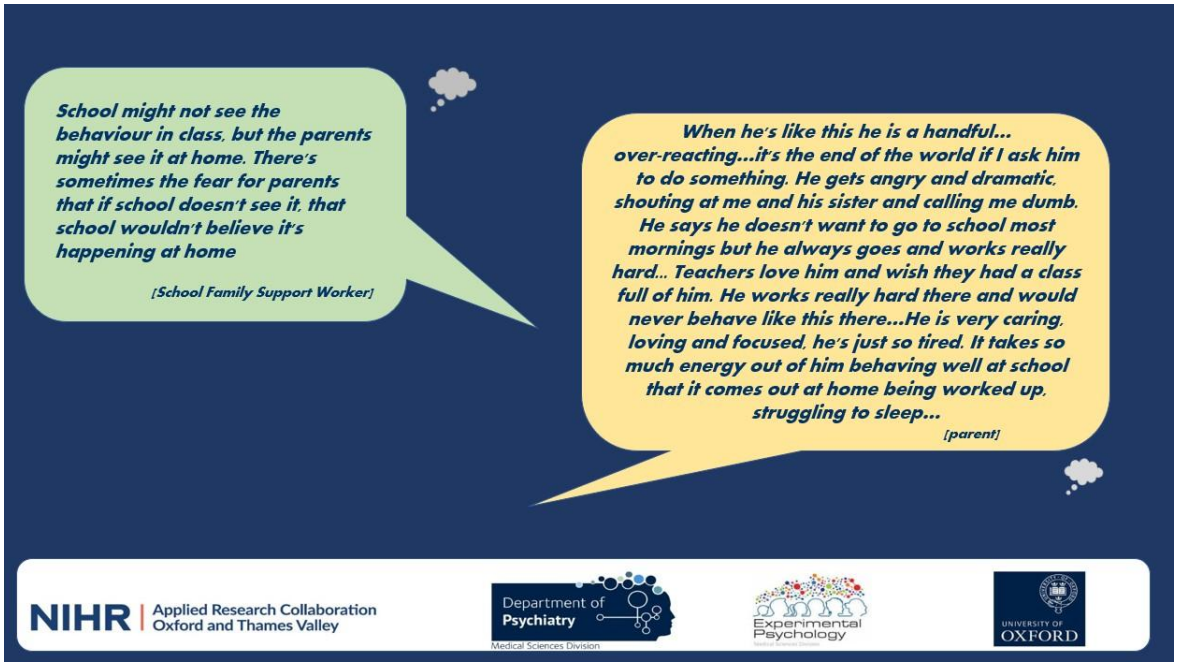
School might not see the behaviour in class, but the parents might see it at home. There's sometimes the fear for parents that if school doesn't see it, that school wouldn't believe it's happening at home
[School Family Support Worker]
When he's like this he is a handful... over-reacting...it's the end of the world if I ask him to do something. He gets angry and dramatic, shouting at me and his sister and calling me dumb. He says he doesn't want to go to school most mornings but he always goes and works really hard... Teachers love him and wish they had a class full of him. He works really hard there and would never behave like this there...He is very caring, loving and focused, he's just so tired. It takes so much energy out of him behaving well at school that it comes out at home being worked up, struggling to sleep...
[parent]
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Why are children anxious in school?
...and what makes it worse?
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Medical Sciences Division
Experimental Psychology
UNIVERSITY OF OXFORD

What we know from previous research...

Received: 19 October 2022 | Accepted: 4 January 2023
DOI: 10.1002/rev3.3385

ORIGINAL ARTICLE

Review of Education BERA

The relationship between teachers' day-to-day classroom management practices and anxiety in primary school children: A systematic review

Helen Manley[1,2] | En-Nien Tu[1,2,3,4] | Tessa Reardon[1,2] | Cathy Creswell[1,2]

very strict, very controlled, teachers' expressed negative emotions, teacher-centred management, using sanctions/punishment= higher anxiety levels

[parent/child perception]

Research currently limited

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What we know from our research so far...

PRESSURE

UNCERTAINTY

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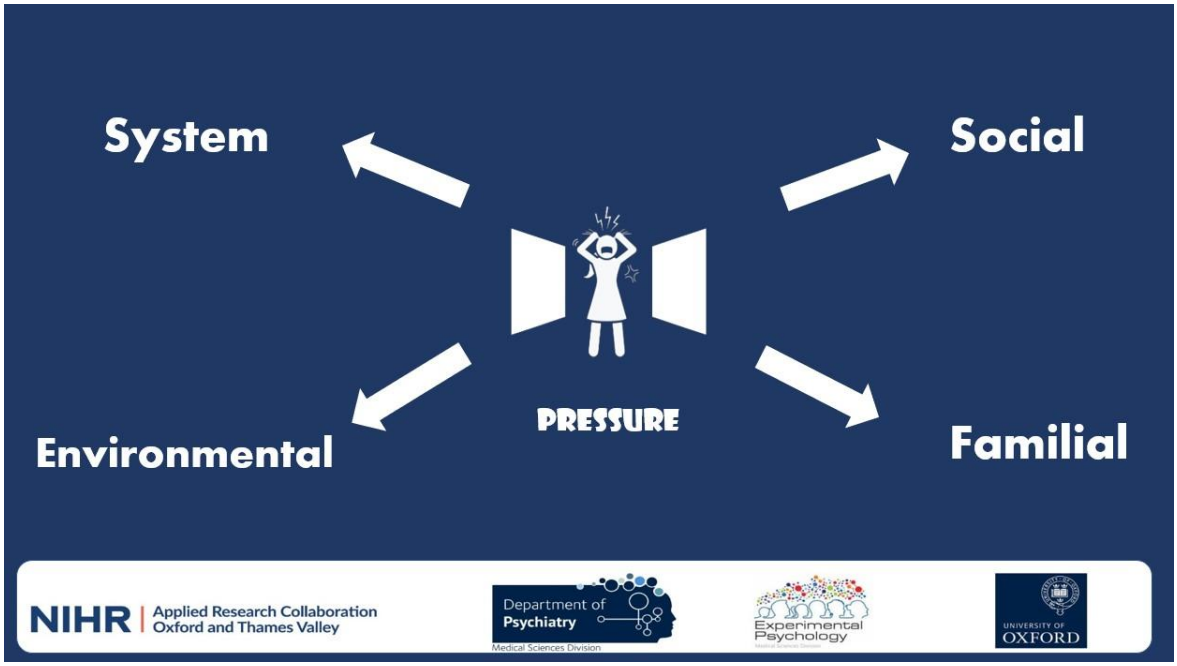
System
Social
PRESSURE
Environmental
Familial
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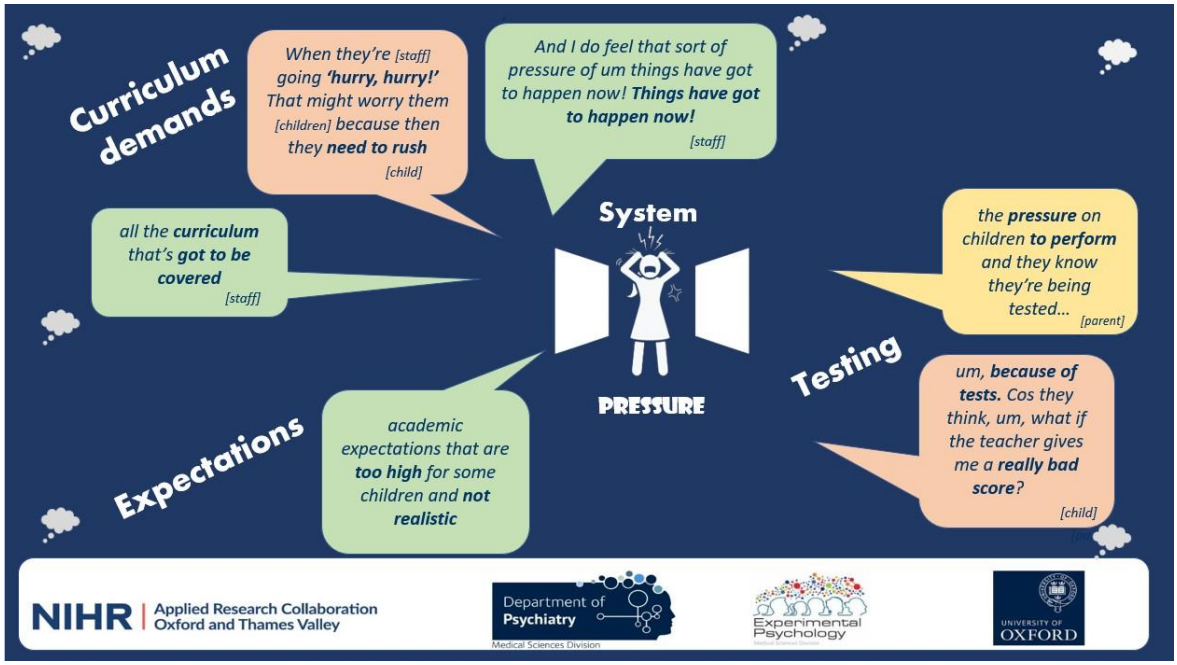
Curriculum demands
When they're [staff] going 'hurry, hurry!' That might worry them [children] because then they need to rush [child]
And I do feel that sort of pressure of um things have got to happen now! Things have got to happen now! [staff]
all the curriculum that's got to be covered [staff]
System
PRESSURE
the pressure on children to perform and they know they're being tested... [parent]
Testing
um, because of tests. Cos they think, um, what if the teacher gives me a really bad score? [child]
Expectations
academic expectations that are too high for some children and not realistic
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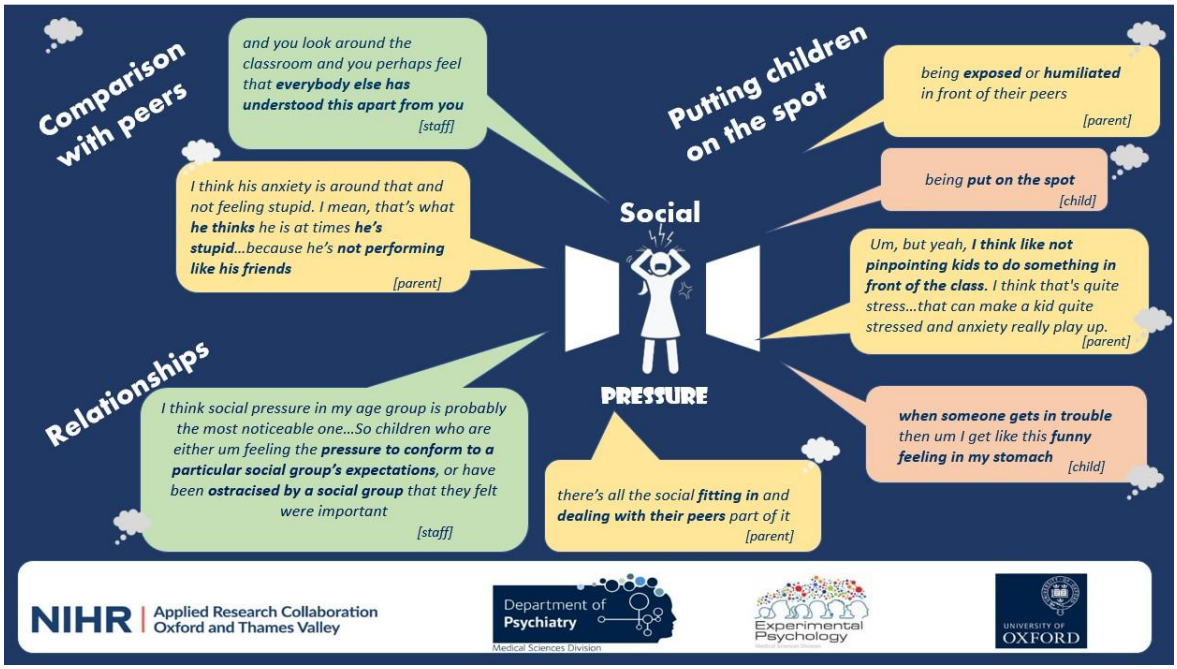
Comparison with peers
and you look around the classroom and you perhaps feel that everybody else has understood this apart from you [staff]
I think his anxiety is around that and not feeling stupid. I mean, that's what he thinks he is at times he's stupid...because he's not performing like his friends [parent]
Relationships
I think social pressure in my age group is probably the most noticeable one...So children who are either um feeling the pressure to conform to a particular social group's expectations, or have been ostracised by a social group that they felt were important [staff]
Social
PRESSURE
Putting children on the spot
being exposed or humiliated in front of their peers [parent]
being put on the spot [child]
Um, but yeah, I think like not pinpointing kids to do something in front of the class. I think that's quite stress...that can make a kid quite stressed and anxiety really play up. [parent]
when someone gets in trouble then um I get like this funny feeling in my stomach [child]
there's all the social fitting in and dealing with their peers part of it [parent]
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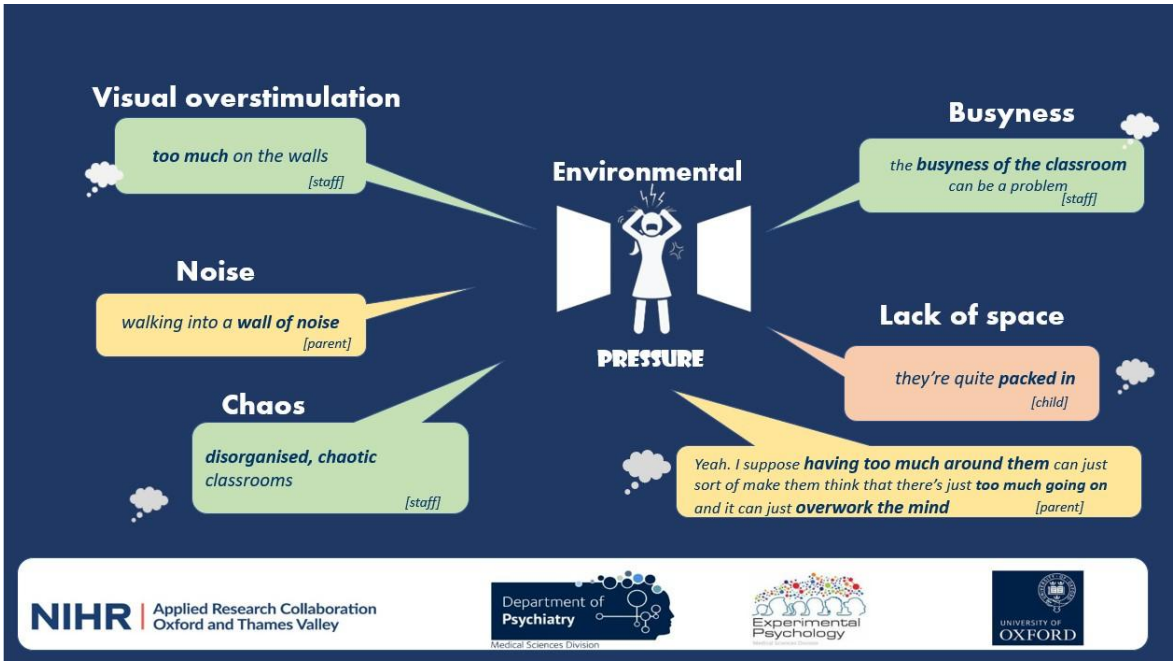
Visual overstimulation
too much on the walls [staff]
Noise
walking into a wall of noise [parent]
Chaos
disorganised, chaotic classrooms [staff]
Environmental
PRESSURE
Busyness
the busyness of the classroom can be a problem [staff]
Lack of space
they're quite packed in [child]
Yeah. I suppose having too much around them can just sort of make them think that there's just too much going on and it can just overwork the mind [parent]
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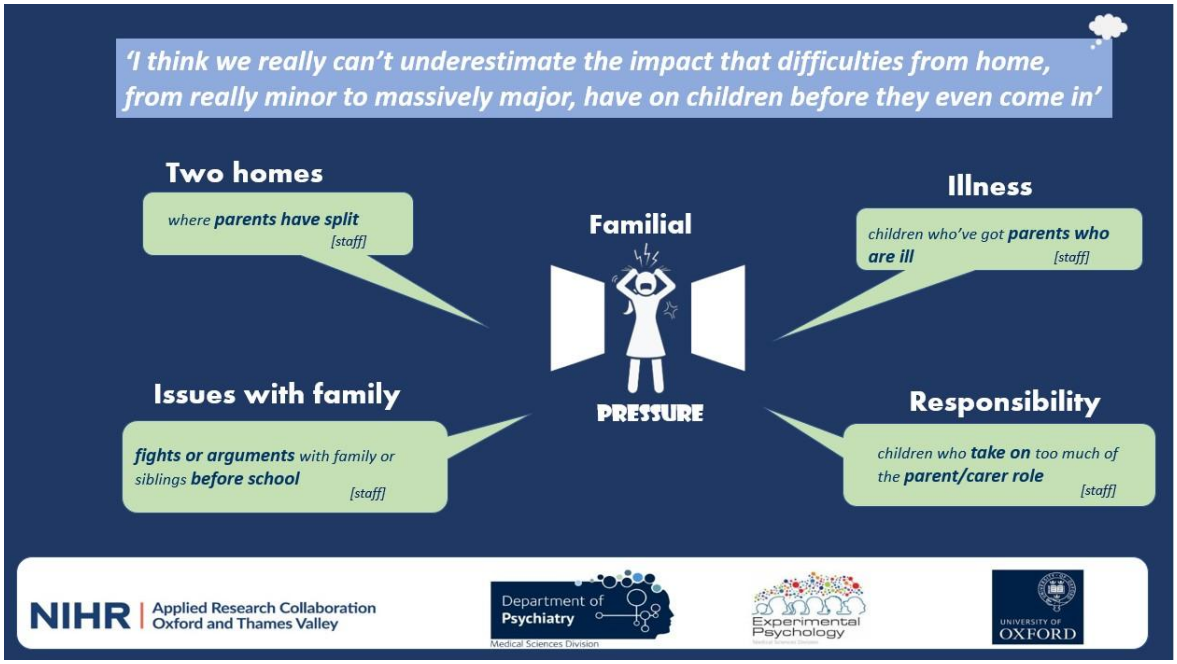
'I think we really can't underestimate the impact that difficulties from home, from really minor to massively major, have on children before they even come in'
Two homes
where parents have split [staff]
Illness
children who've got parents who are ill [staff]
Familial
PRESSURE
Issues with family
fights or arguments with family or siblings before school [staff]
Responsibility
children who take on too much of the parent/carer role [staff]
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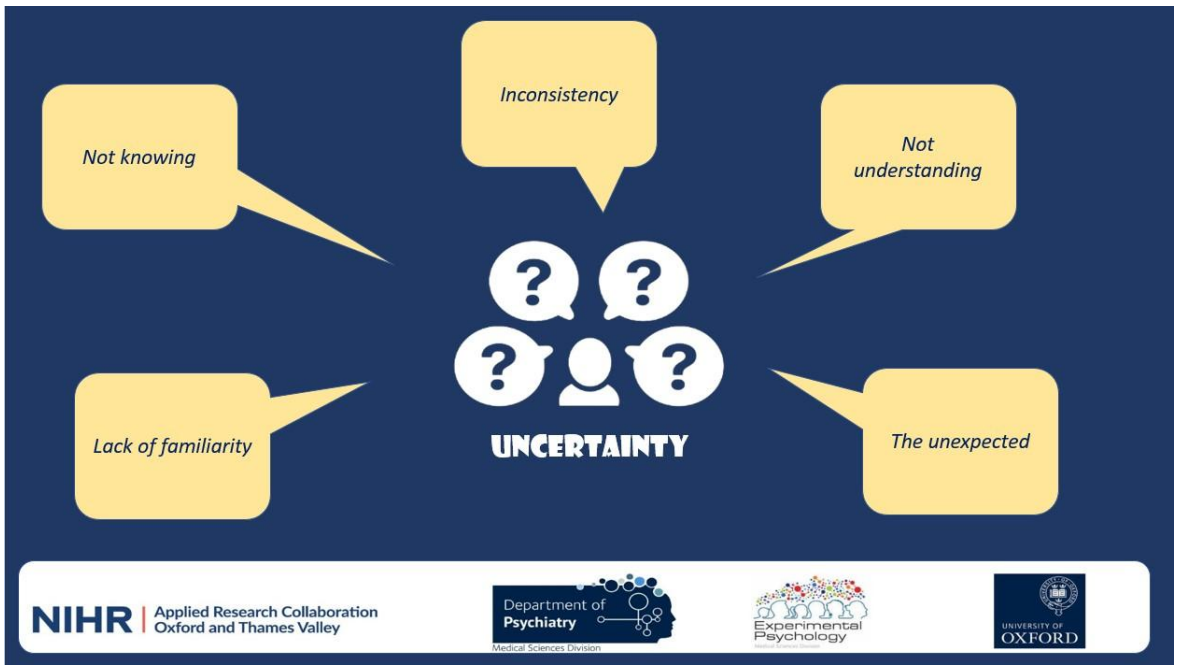
Inconsistency
Not knowing
Not understanding
Lack of familiarity
The unexpected
UNCERTAINTY
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But we're not therapists so what can we do?

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Schools are ideally placed to identify and support

- regular sustained contact with children and families
- knowledge of children and developmental norms
- familiarity, proximity, non-clinical = reduced stigma

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SCHOOL
...and schools already do a lot!
PSHCE
RSE
ELSA
MHST
Play/Art/
Music
Therapy
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Targeted Interventions
only offered to some
miss lessons
short-term
timetabling can be hard
expensive
children may struggle to apply strategies
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Day-to-day classroom practice?

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What we know so far...

Increasing Predictability

Cultivating Connection

Making the Space

Supporting to Learn

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Increasing Predictability
How can we increase predictability in our classrooms?
routines
consistency
control
clearly communicated
understood
practised
embedded
layout
expectations
method
manner
that you have
that you offer
Someone's flying the plane
[parent]
We've got this
[staff]
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Increasing Predictability
Thinking harder...
Daily Timetable
Body, Mind, Spirit
Literacy
Play
Maths
Integrated Studies
Lunch
Special Event
Clean Up & Dismissal
Potential problems here?
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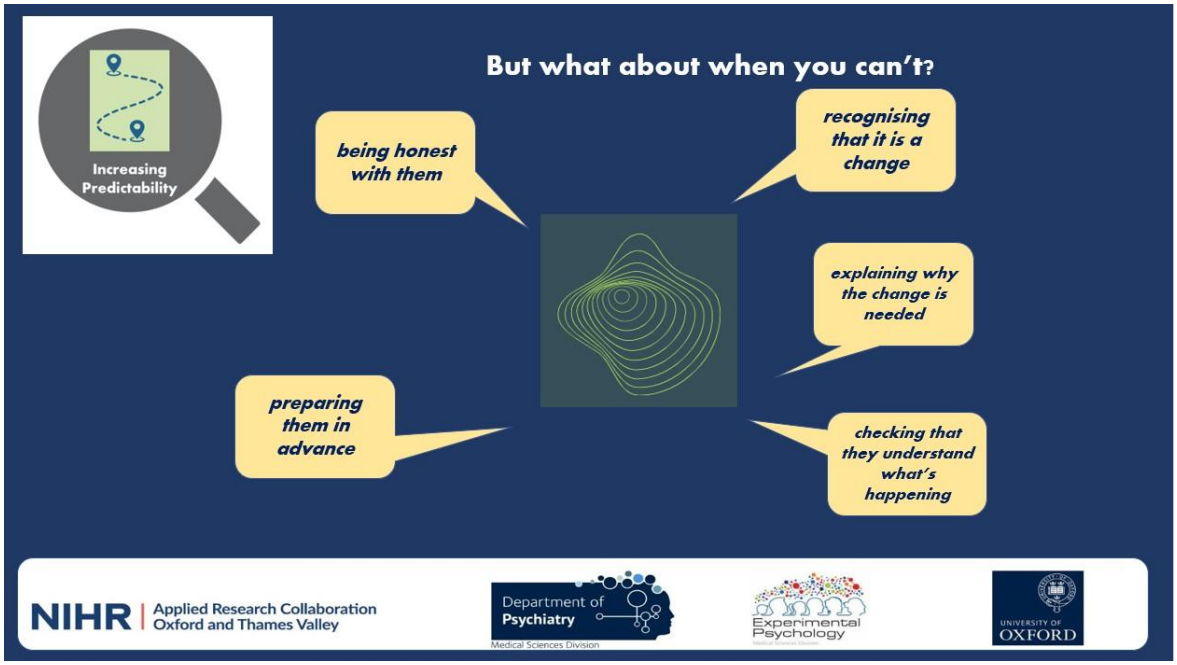
Increasing Predictability
But what about when you can't?
being honest with them
recognising that it is a change
explaining why the change is needed
checking that they understand what's happening
preparing them in advance
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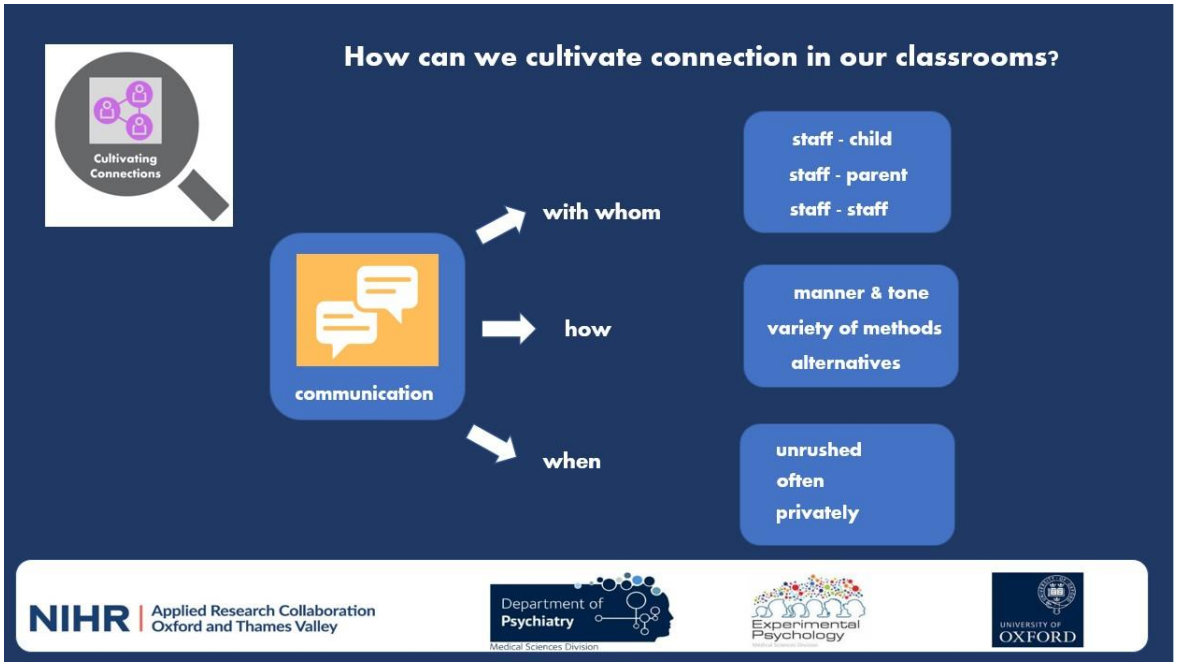
Cultivating Connections
How can we cultivate connection in our classrooms?
communication
with whom
how
when
staff - child
staff - parent
staff - staff
manner & tone
variety of methods
alternatives
unrushed
often
privately
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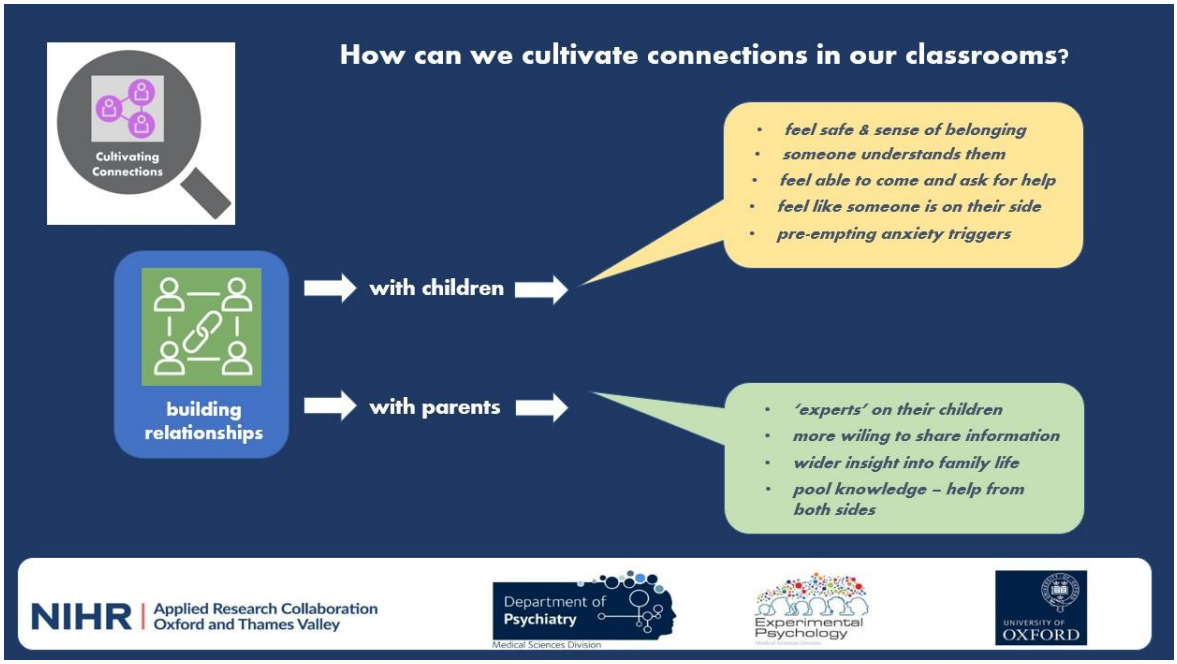
How can we cultivate connections in our classrooms?
Cultivating Connections
building relationships
with children
feel safe & sense of belonging
someone understands them
feel able to come and ask for help
feel like someone is on their side
pre-empting anxiety triggers
with parents
'experts' on their children
more wiling to share information
wider insight into family life
pool knowledge – help from both sides
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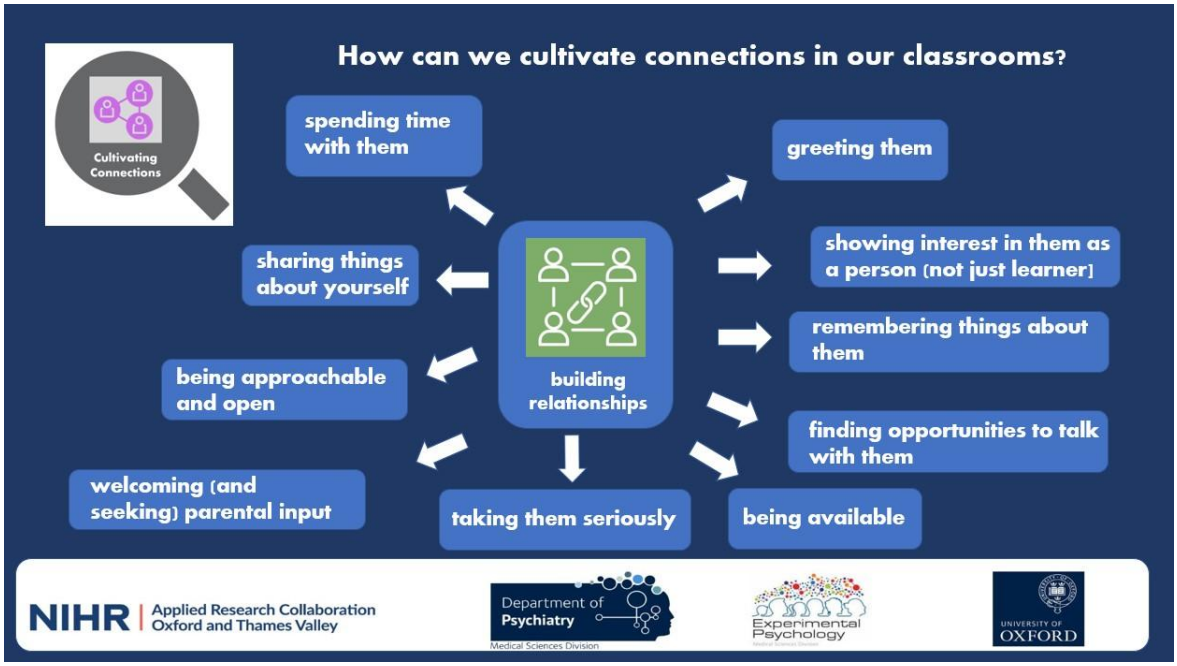
How can we cultivate connections in our classrooms?
Cultivating Connections
spending time with them
greeting them
sharing things about yourself
showing interest in them as a person (not just learner)
being approachable and open
remembering things about them
building relationships
finding opportunities to talk with them
welcoming (and seeking) parental input
taking them seriously
being available
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Making the Space
How can we make space in our classrooms?
Potential problems here?
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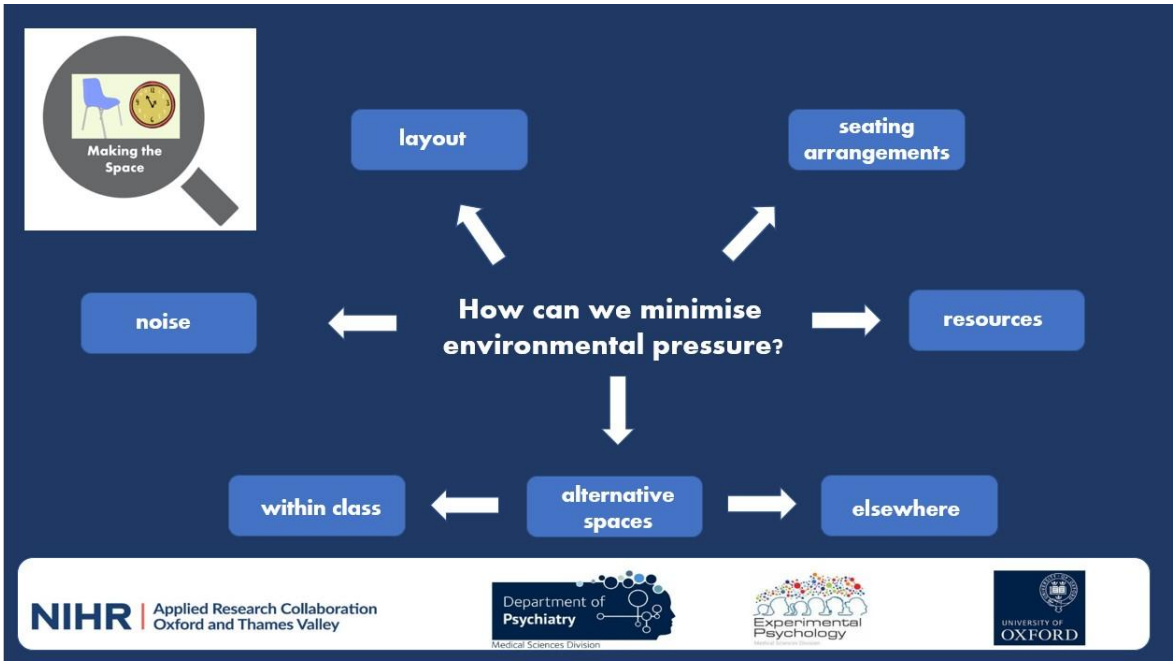
Making the Space
layout
seating arrangements
noise
How can we minimise environmental pressure?
resources
within class
alternative spaces
elsewhere
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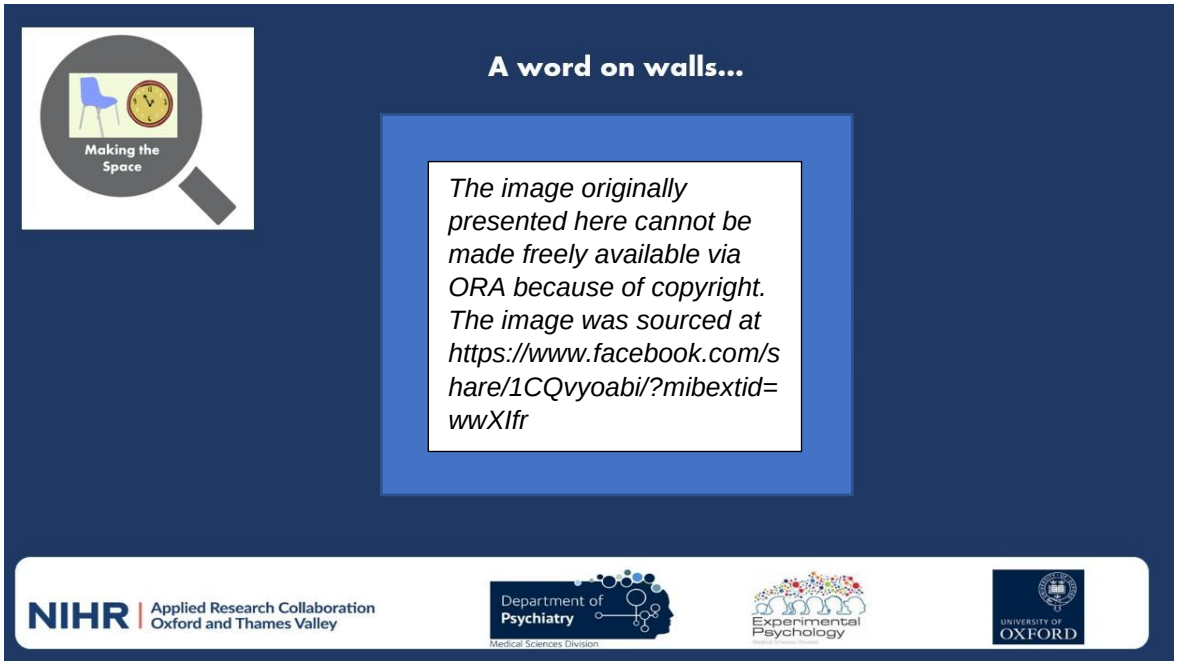
Making the Space
A word on walls...
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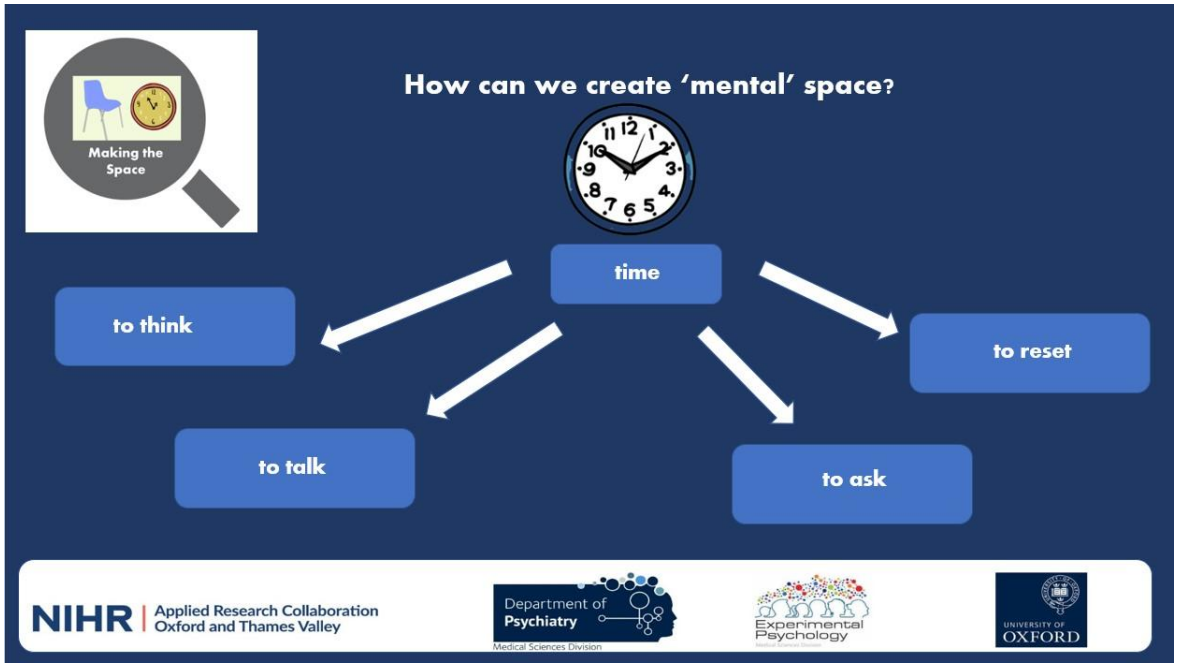
Making the Space
How can we create 'mental' space?
time
to think
to reset
to talk
to ask
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When might anxiety need 'managing' in school?
Supporting to Learn
managing testing
consider collaborative
managing competition
making it 'normal'
teaching how to do it
not overinflating importance
public or private?
Is it needed?
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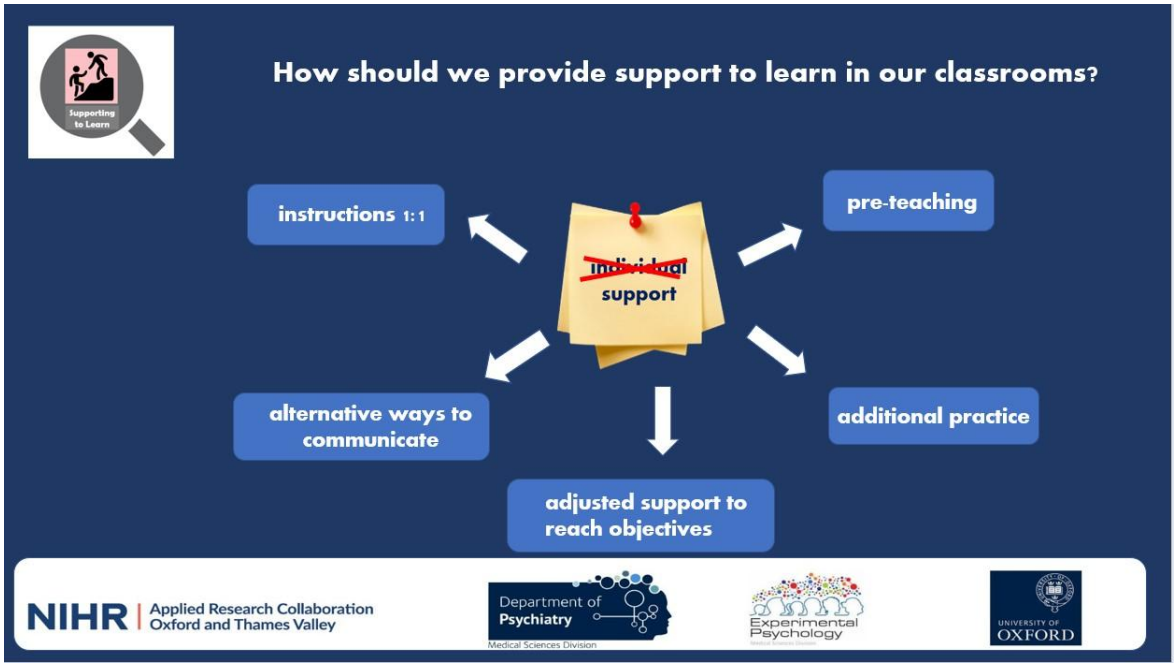
How should we provide support to learn in our classrooms?
Supporting to Learn
instructions 1:1
pre-teaching
support
alternative ways to communicate
additional practice
adjusted support to reach objectives
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How should we provide support in our classrooms?
we can do a lot to minimise potential anxiety
should we get rid of it all?
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How can we provide support in our classrooms?
Um, I mean, I suppose it must be tempting for some teachers to always just try and, you know, shield children from sources of anxiety... but that, presumably, is not really a long-term strategy, because in any kind of social or learning environment there are going to be sources of stress. So it must be more about trying to uh, support them to, to manage that in a way, you know, that allows them to function and feel okay.
[parent]
Don't like P.E.
Start to panic and feel sick before P.E.
Refuse to go to P.E.
Never gets a chance to learn that P.E. can be fun and that they're good at gymnastics
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How can we provide support in our classrooms?
support to overcome, not avoid
it's helping them to face the moment, really, isn't it?
[parent]
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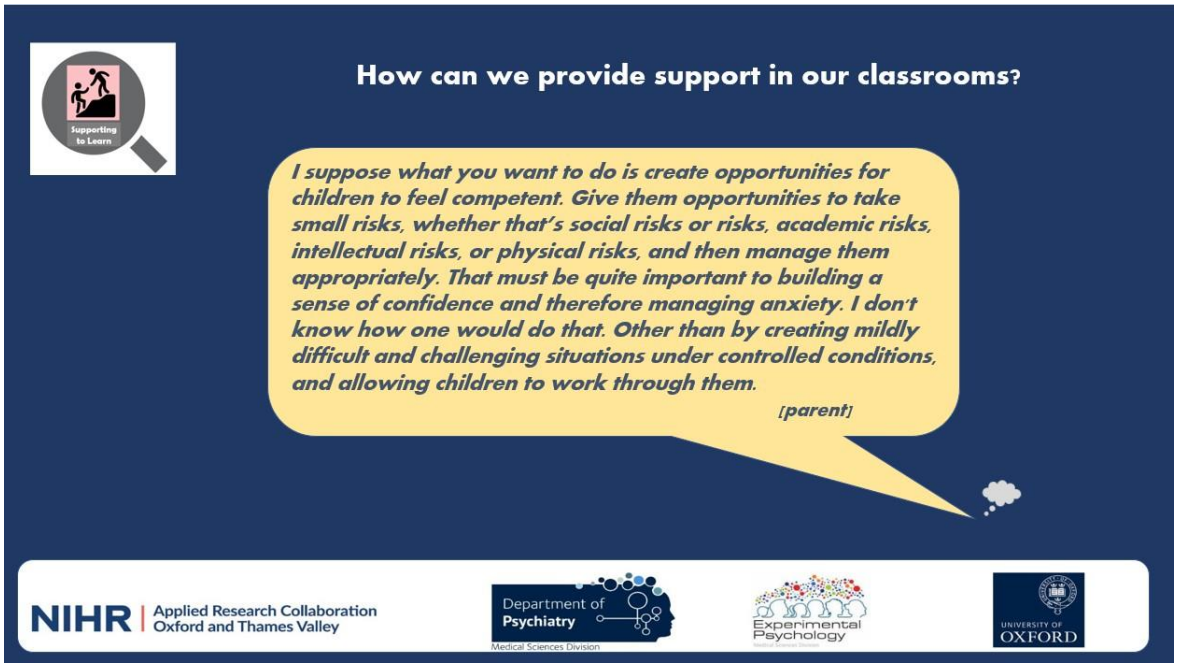
How can we provide support in our classrooms?
I suppose what you want to do is create opportunities for children to feel competent. Give them opportunities to take small risks, whether that's social risks or risks, academic risks, intellectual risks, or physical risks, and then manage them appropriately. That must be quite important to building a sense of confidence and therefore managing anxiety. I don't know how one would do that. Other than by creating mildly difficult and challenging situations under controlled conditions, and allowing children to work through them.
[parent]
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Supporting to Learn

Principles we can apply to the classroom based on what is known to be successful clinically

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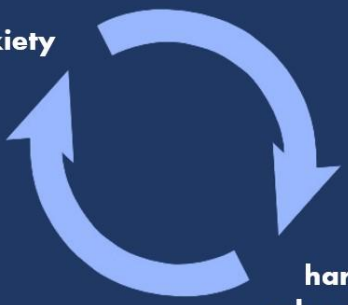
Supporting to Learn



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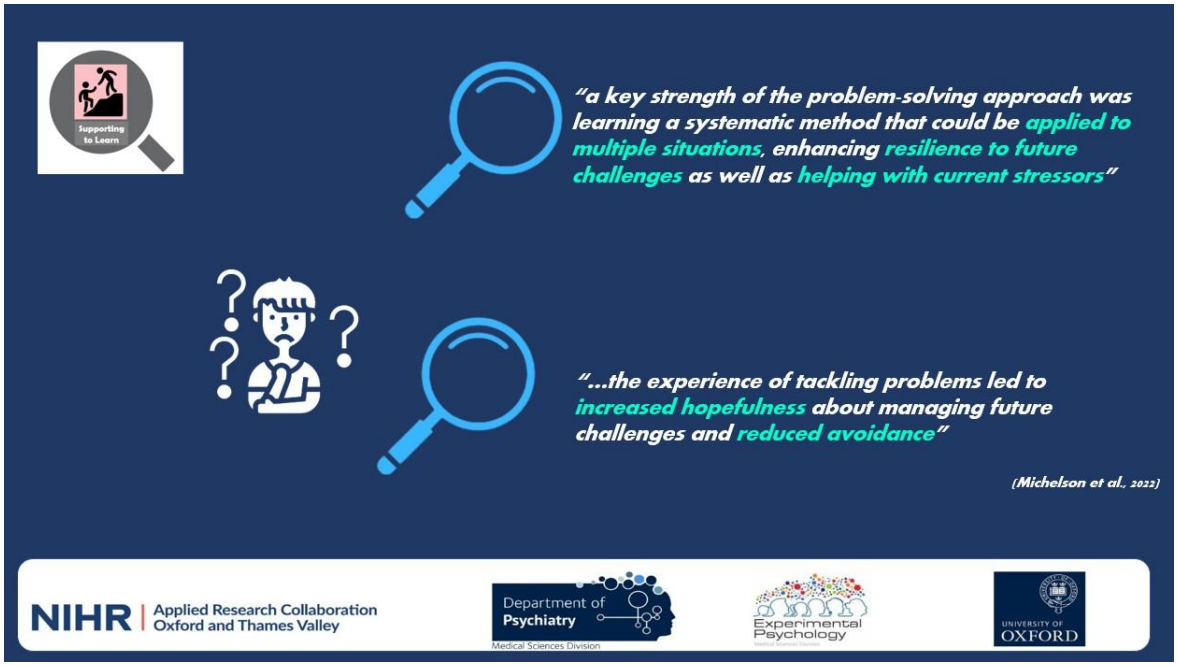
Supporting to Learn
"a key strength of the problem-solving approach was learning a systematic method that could be applied to multiple situations, enhancing resilience to future challenges as well as helping with current stressors"
"...the experience of tackling problems led to increased hopefulness about managing future challenges and reduced avoidance"
(Michelson et al., 2022)
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Supporting to Learn
Using problem solving with your class
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Supporting to Learn
When they think something bad might happen
When?
When they think they might not be able to cope
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Providing Support
Why?
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Problem Solving

Sometimes we have worries that we can fix. We can use problem solving to take control of some of our worries.

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Problem Solving Summary

Step 1 – Think of a problem

Step 2 – Think of solutions

Step 3 – Can you do this solution? Yes, No or Maybe

Step 4 – What would happen to your worry in the future if you did this solution?

Step 5 – Rate your solutions

Step 6 – Try out a solution!

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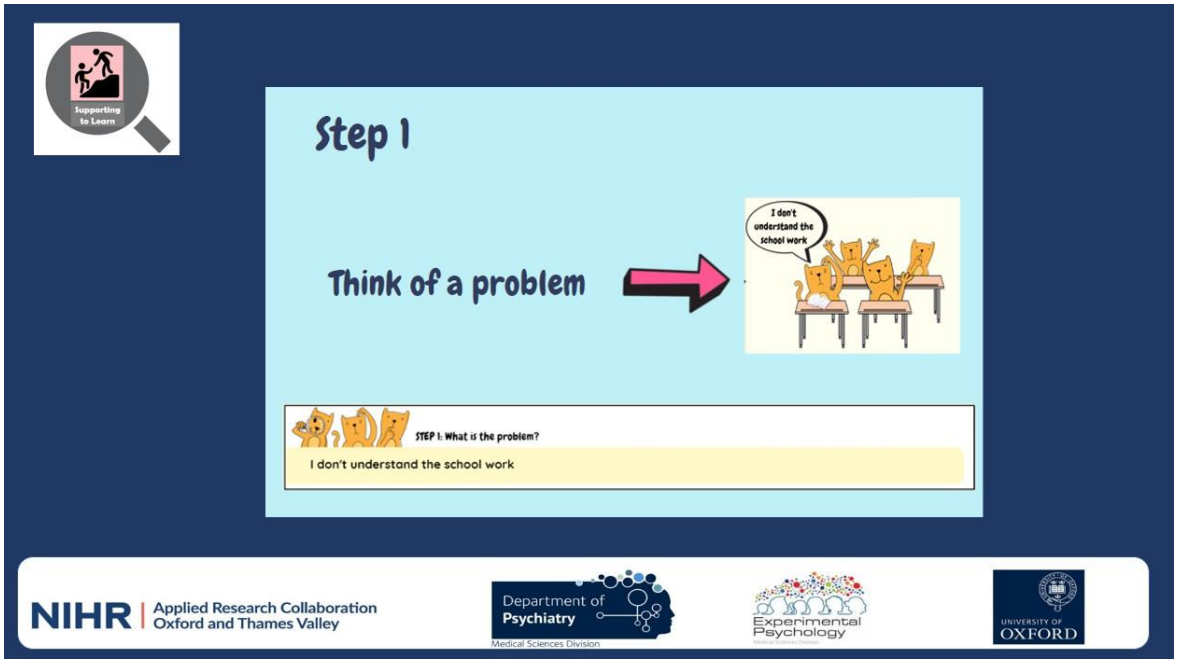
Supporting to Learn
Step 1
Think of a problem
I don't understand the school work
STEP 1: What is the problem?
I don't understand the school work
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Step 2
Think of solutions
Hand it in anyway
Ask the teacher for help
I'm stuck!
Ask your friend for help
STEP 1: What is the problem?
I don't understand the school work
STEP 2: What are the solutions?
I could ask my teacher for help
I could have a go at doing the work on my own and hand it in anyway
I could ask my friend for help
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Step 3

Can you do this solution?

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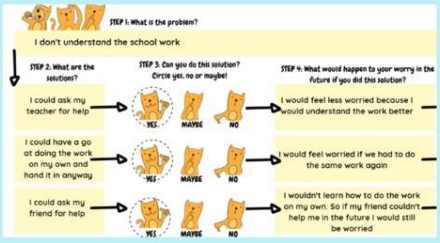
Step 4

What would happen to your worry in the future if you chose this solution?



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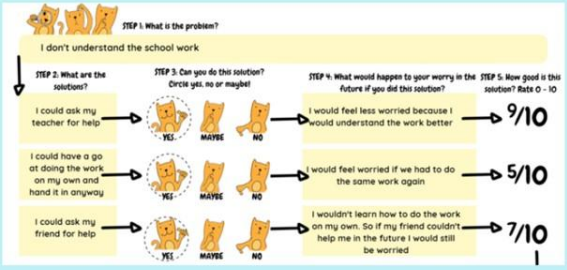
Step 5

Rate your solutions! → 7/10



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Traffic light

Red = STOP don't do this solution, it's not very helpful

Yellow = It's OK to do this solution, it might help

Green = GO and do this solution, it could be really helpful!

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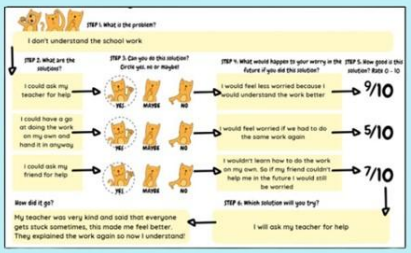
Step 6

Try out a solution!



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How did it go?

What did they learn?

Did anything go better than they expected?

Would they do anything differently next time?

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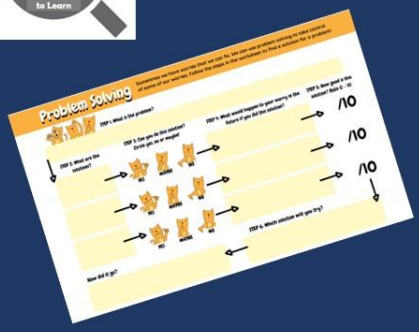
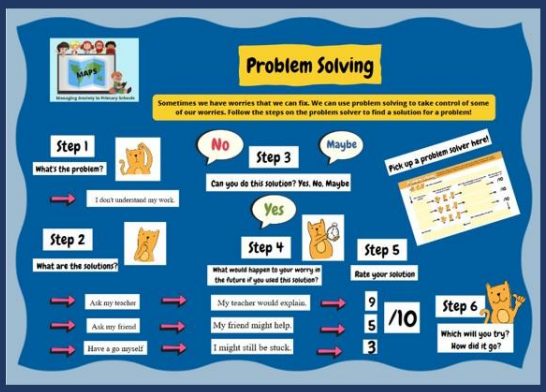
Helpful reminders...





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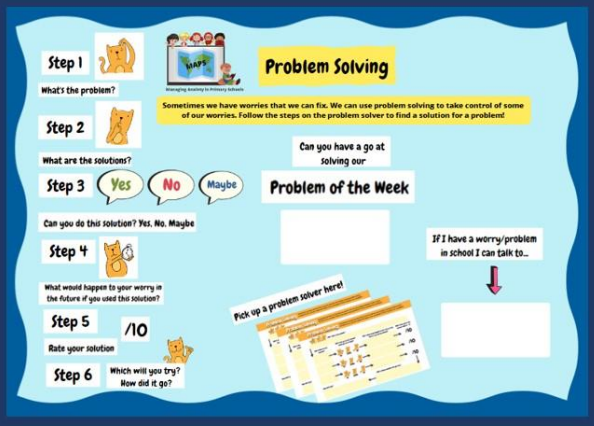
Making it interactive...



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Supporting to Learn
Providing more targeted support...
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Supporting to Learn
A child in your class won't come into the classroom in the morning...
Why might they be struggling
What might you see
How can you help
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Supporting to Learn
What might the child be thinking
What does the child need the opportunity to learn
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Supporting to Learn
How can you help
Ask questions...
be curious
be brave
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What is frightening you?
Why are you feeling worried?
What is it about (this situation) that is making you feel worried/frightened?
What do you think will happen if you ...?
What is the worst thing that might happen?
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What might you find out?
Mum will get hurt if I'm not at home
Mum might forget about me if I'm not there
and then she won't be there to pick me up
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How can you help
Stop getting worked up!
[staff]
empathise
You know, that's also... that's also important isn't it? Not to feel sort of, like you're the only person.
[parent]
normalise
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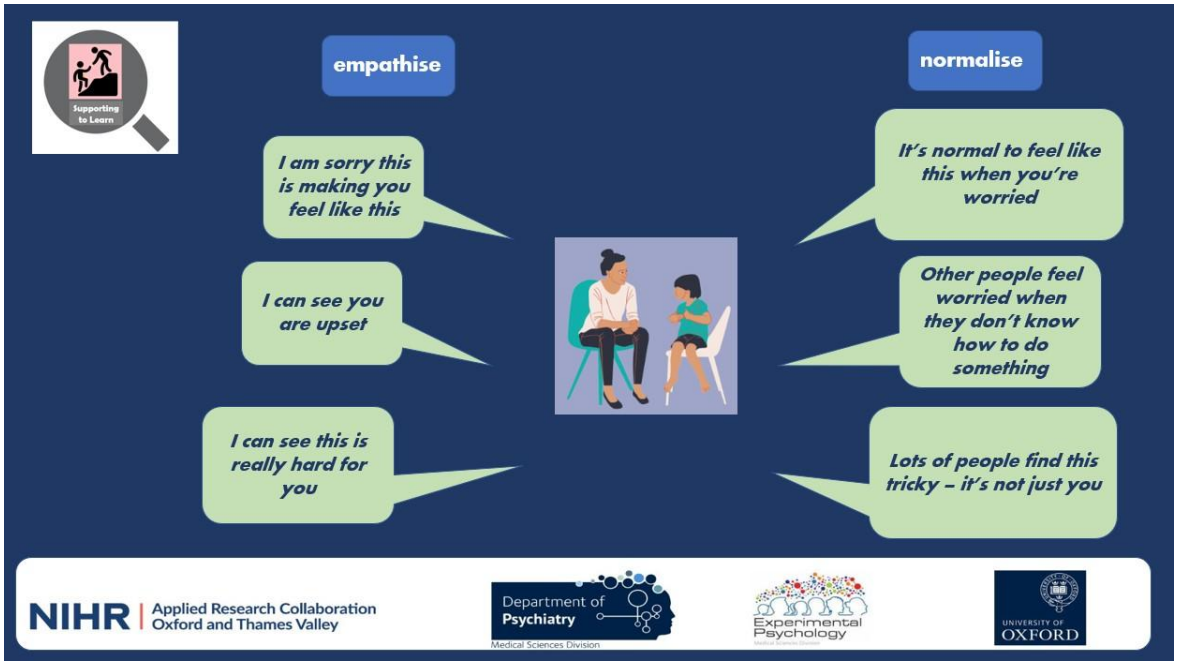
empathise
normalise
I am sorry this is making you feel like this
I can see you are upset
I can see this is really hard for you
It's normal to feel like this when you're worried
Other people feel worried when they don't know how to do something
Lots of people find this tricky – it's not just you
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What does the child need the opportunity to learn?

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How can you help

put it to the test

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Supporting to Learn
Think about how you/the child/the parents want things to be
(not how you don't want them to be)
What would s/he be doing that s/he isn't doing at the moment?
What would he/she be doing differently?
What changes would you notice?
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Supporting to Learn
What do I want to achieve?
Child
Parent
Staff
Feel ok at school
Go into the classroom with everyone else
Do my work without getting upset
be able to drop off quickly with no crying/resistance
no delay in me leaving the school
stop feeling awful/guilty
child coming in independently
no need for me to be involved in encouraging to come in
settling without resistance and starting task set
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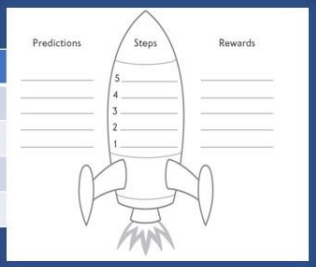
Come in to the classroom at the same time as everyone else without an adult

- Break the goal down into steps
- What does the child predict will happen?
- How anxious would each step make the child?
- Put the steps in order
- Agree a reward for each step



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How might you break it down into steps?

5. Wait outside until the right time. Parent stays at a distance. Child comes in with class and settles independently.

4. Wait outside until the right time. Parent stays at door while child meets a friend, puts own things on peg and gets equipment independently.

3. Wait outside until the right time. Parent stays at door while TA/Teacher takes child to peg. Child gets equipment and settles with supervision.

2. Come into school a few mins early. Parent waits while TA/Teacher puts things on peg and settles child.

1. Come into classroom a few minutes early with parent – parent puts things on peg and stays until child is settled.

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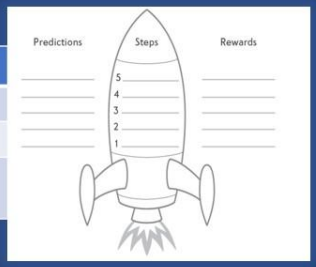
Have a go!

What happened?

What did they learn (about their prediction)?

What do they need to do next (to keep learning?)



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A child in your class is really anxious when asked to answer questions in lessons...

? **Why might they be struggling**

? **What might you see**

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Supporting to Learn
What might the child be thinking
What questions would you ask?
be curious
be brave
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Supporting to Learn
What might you find out?
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What might you find out?
I will get told off if I get something wrong
The teacher will shout and get cross
Other children will laugh at me
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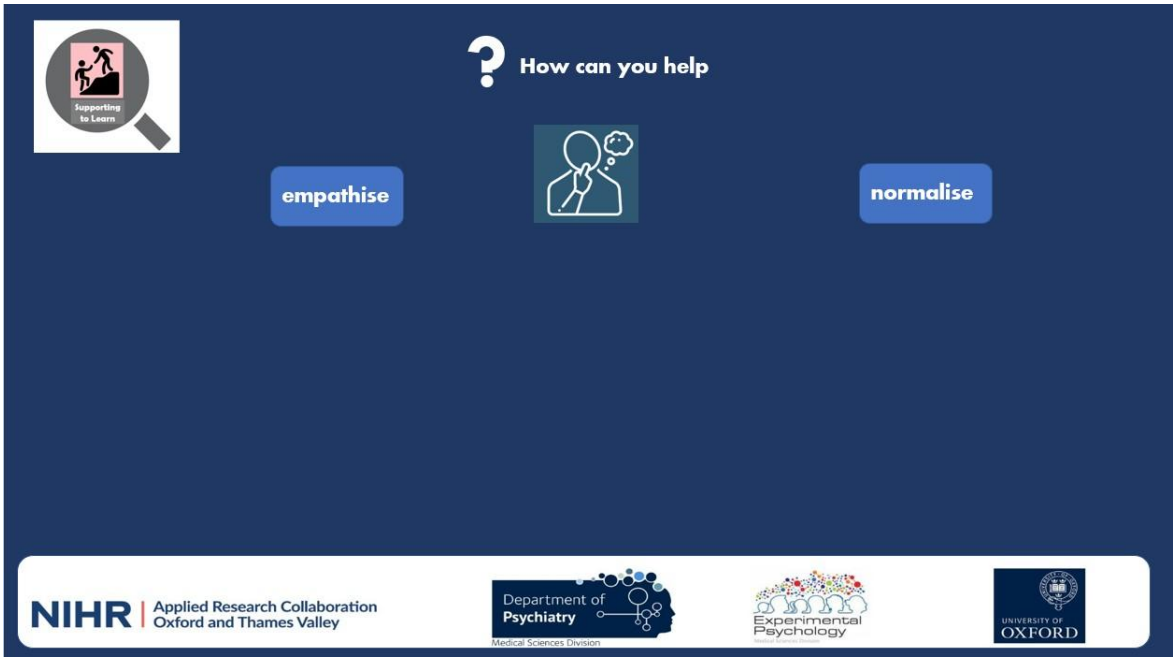
How can you help
empathise
normalise
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What does the child need the opportunity to learn?
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What does the child need the opportunity to learn?
What will really happen if I answer a question?
What will really happen if I get something wrong?
What will my teacher/other children do?
How will I cope?
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Supporting to Learn
How can you help
How would you put it to the test?
What would s/he be doing that s/he isn't doing at the moment?
What would he/she be doing differently?
What changes would you notice?
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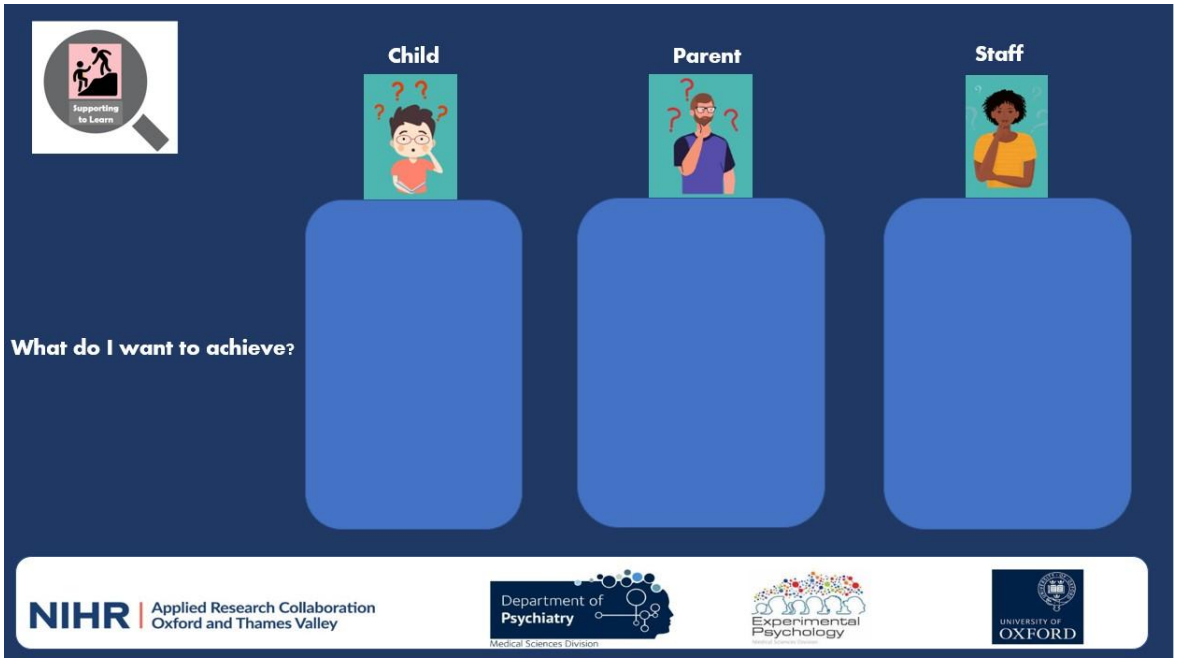
Supporting to Learn
Child
Parent
Staff
What do I want to achieve?
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	Child	Parent	Staff
What do I want to achieve?	• put my hand up • answer a question • share my ideas in front of the class	• stop worrying about X at school • know that X is participating in lessons • have one parents evening where we don't have to talk about her not speaking	• ask X a question without him crying • X to share his ideas in front of the class

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How might you break it down into steps?

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How might you break it down into steps?

6. Ask a question that is not pre-agreed during a whole class session

5. Ahead of time, agree on a question you will ask during a whole-class session (and, if necessary, allow child to practise/agree on the answer they will give)

4. Ask a question that is not pre-agreed when child is working in small group

3. Ahead of time, agree on a question that you will ask in a small group (and if necessary, allow child to practise/agree on the answer they will give)

2. Explore other (non-verbal) ways to start contributing (e.g., thumbs up, pointing to correct answer)

1. Start with asking questions they can't get wrong

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What other situations might need a 'support to overcome' response?

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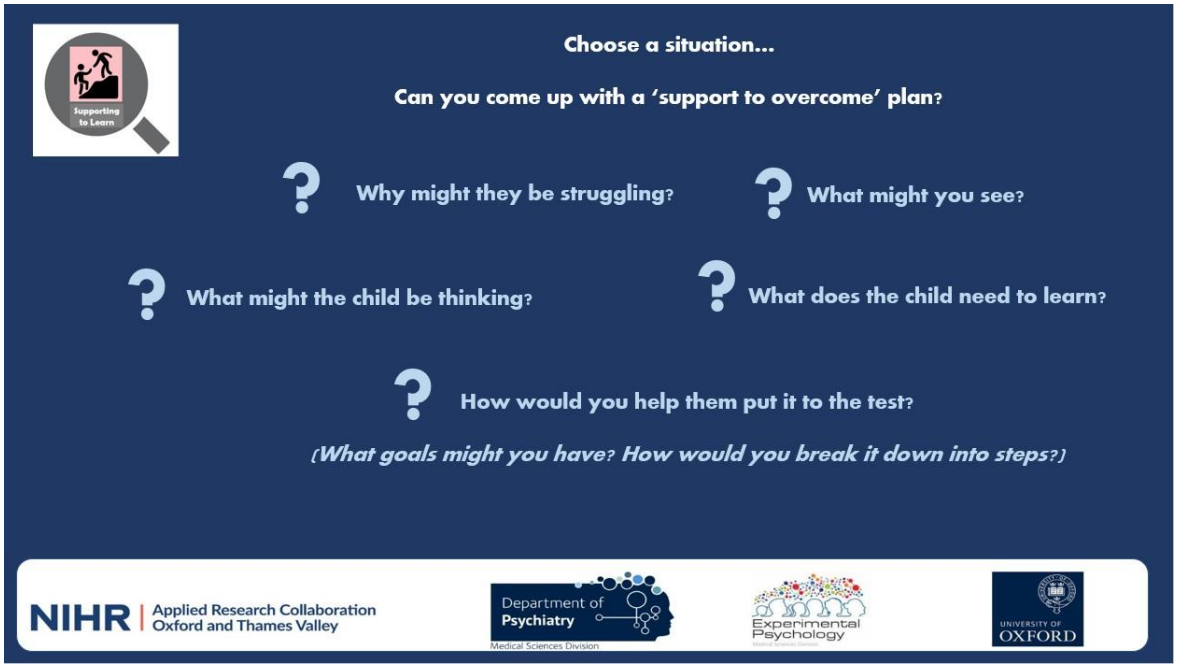
Supporting to Learn
Choose a situation...
Can you come up with a 'support to overcome' plan?
Why might they be struggling?
What might you see?
What might the child be thinking?
What does the child need to learn?
How would you help them put it to the test?
(What goals might you have? How would you break it down into steps?)
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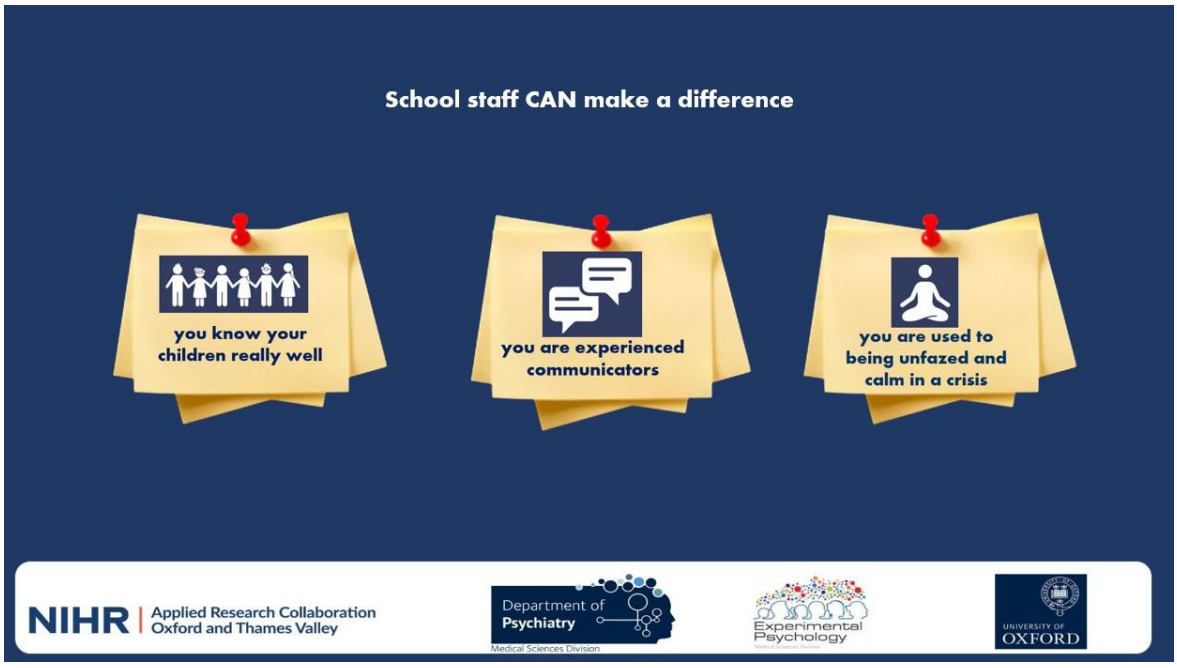
School staff CAN make a difference
you know your children really well
you are experienced communicators
you are used to being unfazed and calm in a crisis
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You might not be able to do it all, or all at once, but just like planning...

Year 1 Long Plan 2017-2018 (Year A)

	Term 1(1st half)	Term 1 (2nd half)	Term 2 (1st half)	Term 2 (2nd half)	Term 3 (1st half)	Term 3 (2nd half)
English						
Maths						
Humanities						
Science						
RE						
Music						
Computing						
PE						
Art and DT						

What will you do now? This week? This term? Next term? Next year?

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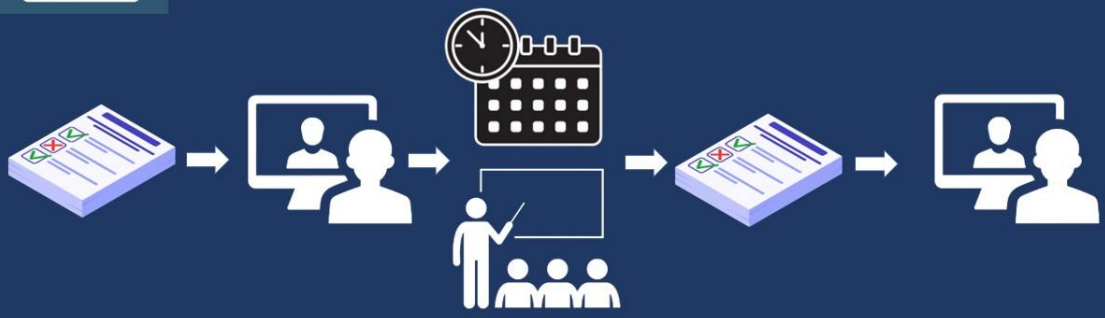
What happens next?



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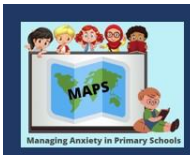
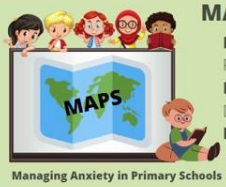


Thank you



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Research Co-Supervisor:
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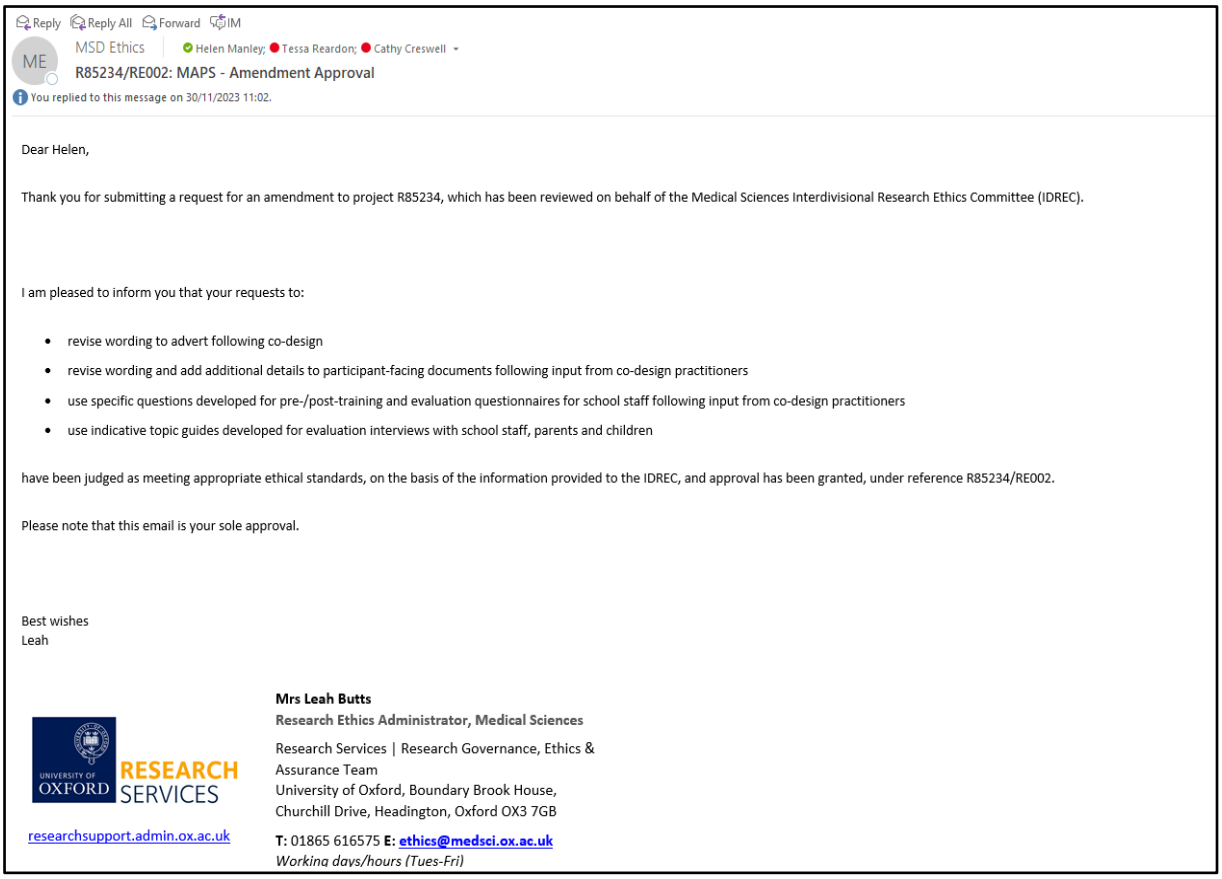
Appendix 6.1

Statement of ethics approval



Reply Reply All Forward IM

ME MSD Ethics Helen Manley; Tessa Reardon; Cathy Creswell

R85234/RE002: MAPS - Amendment Approval

You replied to this message on 30/11/2023 11:02.

Dear Helen,

Thank you for submitting a request for an amendment to project R85234, which has been reviewed on behalf of the Medical Sciences Interdivisional Research Ethics Committee (IDREC).

I am pleased to inform you that your requests to:

- revise wording to advert following co-design
- revise wording and add additional details to participant-facing documents following input from co-design practitioners
- use specific questions developed for pre-/post-training and evaluation questionnaires for school staff following input from co-design practitioners
- use indicative topic guides developed for evaluation interviews with school staff, parents and children

have been judged as meeting appropriate ethical standards, on the basis of the information provided to the IDREC, and approval has been granted, under reference R85234/RE002.

Please note that this email is your sole approval.

Best wishes
Leah

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researchsupport.admin.ox.ac.uk

Mrs Leah Butts
Research Ethics Administrator, Medical Sciences
Research Services | Research Governance, Ethics & Assurance Team
University of Oxford, Boundary Brook House,
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Working days/hours (Tues-Fri)

Appendix 6.2

Protocol for MAPS feasibility study

Assessing the feasibility and acceptability of the Managing Anxiety in Primary Schools (MAPS) training for primary school staff: feasibility study protocol.

Helen Manley[1]

Tessa Reardon [1]

Cathy Creswell [1]

[1] Departments of Experimental Psychology and Psychiatry, University of Oxford, United Kingdom.

Correspondence to Helen Manley (helen.manley@psych.ox.ac.uk)

Abstract

Background

Anxiety problems are common in children and can adversely affect life on a personal, social, and academic level. Almost 40% of anxiety disorders emerge before children are 14, and have a peak onset age of just 5.5 years, making primary schools and their staff invaluable in the prevention of, and early support for, child anxiety problems. However, school-based interventions can be expensive and difficult to timetable, school staff do not always feel confident in their abilities to deliver them effectively, and outcomes are mixed. One solution may be to focus on the enhancement and adaptation of existing practices in schools to better support children with anxiety. This study aims to assess the acceptability and feasibility of training for primary school staff on managing and minimising anxiety in primary school children through their day-to-day classroom practices.

Methods

We aim to recruit four to six primary/junior schools in England and invite all staff working regularly with children to participate in the training and evaluation process. All participating school staff will be asked to complete questionnaires both pre- and post-training, and at an approximately 6-week follow-up. These questionnaires will explore participants' experiences of the training and initial implementation of strategies and ideas learned, and ask for an initial indication of any potential impact of the training on children's anxiety. Questionnaires will be supplemented with in-depth qualitative interviews with a subsample of school staff. We also set out to conduct qualitative interviews with a small sample of parents and children at participating schools to explore their views on any impact the training may have had.

Introduction

Anxiety problems are common among primary school-aged children. Current estimates indicate that 6.5% of children worldwide have an anxiety disorder, with many others experiencing sub-clinical difficulties (Polanczyk et al., 2015). Untreated childhood anxiety disorders can adversely affect academic outcomes, confidence, and motivation which, in turn, may have a negative impact on relationships with peers and teachers (Layard, 2008), and can lead to barriers to school attendance (Csóti, 2003). Longer term, untreated anxiety disorders can put individuals at increased risk of developing other mental health disorders, poorer physical health, relationship issues, reduced employment opportunities, and lower earnings in adulthood (Pollard et al., 2023)

Receiving timely and appropriate treatment can alleviate symptoms and prevent longer term harm (Dadds et al., 1997; 2000), but mental health services, particularly for children, struggle to keep pace with demand (Thorley, 2016). For example, in the UK, high referral thresholds mean that just one quarter of referrals to specialist mental health services are successful, and, for those that are, wait times are long (Children's Commissioner, 2021:2). When treatment is delayed, associated difficulties can become ingrained and are more difficult to overcome (Neil & Christensen, 2009).

There is strong consensus that schools are ideally placed to play a crucial role in identifying those at risk of developing mental health difficulties (Anderson et al., 2018; Moore et al, 2022) and provide a suitable setting for intervention delivery (Fazel et al., 2014). Teachers have regular, sustained contact with children (Chatterji et al., 2004; Shelemy et al., 2020), and schools play a pivotal role in the lives of students and families (Greenberg, 2010). Teacher knowledge of individual children and their experience of developmental and emotional 'norms' (Neil & Smith, 2012), also mean educational professionals are the most commonly consulted regarding emerging child mental health problems (Ford et al., 2007). The non-clinical nature of the school, its familiarity, and its relative proximity to the family home may also contribute to the reduction of stigma and ease of access necessary for effective engagement with mental health support (Fisak et al., 2011; Masia-Warner et al., 2006). Given that almost 40% of anxiety disorders first emerge before the age of 14 (with their earliest peak age of onset at just 5.5 years) (Solmi et al., 2022), primary schools are an invaluable setting for prevention and early support for child mental health problems.

Many schools make use of universal class-based or targeted mental health interventions as a way of providing 'in house' support for anxious children. Findings on the effectiveness of universal school-based interventions are mixed, questions remain over their effectiveness when delivered by non-healthcare professionals (Stallard et al., 2014) and more recent research has raised concerns over possible iatrogenic effects (Andrews et al., 2022; Wigelsworth et al, 2018). Other challenges with delivering school-based interventions include the fact that those who receive targeted interventions are typically withdrawn from class, miss classroom-based learning, and may therefore feel singled out or risk being subjected to peer stigmatisation (Fisak et al., 2011). Given the decontextualized nature of many school-based interventions, it is possible that children may also struggle to apply strategies they learn outside of the classroom into the classroom setting, or to transfer techniques to other situations when taught as part of stand-alone lessons. Whether class-based or targeted, these interventions, commonly delivered by teachers or support staff, can be very hard to timetable in an already demanding curriculum (Rothì et al., 2008), and can come at significant cost to the school (Patalay et al., 2020). Many school staff also have concerns over their ability to identify and handle complex issues due to a lack of knowledge and adequate professional training (Dray et al., 2017, Graham et al., 2011; Shelemy et al., 2019) and are thus reluctant to assume any kind of 'therapeutic role' (Shelemy et al., 2019).

It is important, therefore, to find approaches to supporting children with anxiety problems (whether formally identified or not) in primary schools, which are less reliant on withdrawal

methods, and which also take into account teachers' already busy schedules, and best reflect the needs, preferences, and existing skills of school staff.

One solution may be for schools to adapt and enhance typical day-to-day classroom management practices (including, for example, classroom organisation, student-teacher interactions, and techniques and strategies used in teaching) to minimise and manage children's difficulties with anxiety.

In a previous study, we conducted qualitative interviews with primary school staff, parents, and children to determine what they consider to be the causes of and contributors to children's anxiety within school settings and how school staff might alleviate it through day-to-day practice. We used the findings from this study, along with those from our recent systematic review (Manley et al., 2023) to design training (*'Managing Anxiety in Primary Schools (MAPS)'*) for primary school staff. We used a practitioner-informed design process to develop this training, collaborating with primary school staff in a variety of different roles.

Aims and objectives

This study aims to explore the feasibility and acceptability of the *Managing Anxiety in Primary Schools (MAPS)* training. We define feasibility as relating to 'whether something can be done, should we proceed with it, and if so, how' (NIHR, 2023) and acceptability as ' how well an intervention will be received by the target population and the extent to which the new intervention or its components might meet the needs of the target population and organizational setting' (Ayala & Elder, 2013). Our primary objectives are to explore i) the feasibility of delivering the training as part of schools' regular staff training sessions; ii) whether the training content and mode of delivery is acceptable to primary school staff; iii) whether the training content and strategies suggested are perceived as helpful and usable by staff during their day-to-day teaching (including an exploration of barriers and facilitators to implementation); iv) whether there are any initial indications that this training may have a positive impact on children's anxiety in the classroom; and v) recommendations for further development of the training.

Ethical Approval

This study has been approved by the University of Oxford Medical Sciences Division Ethics Committee (REC Reference: R85234/RE002).

Method

This is a single-arm feasibility study and follows the SPIRIT recommendations and reporting guidance.

Setting

We aim to recruit participants from between four and six mainstream primary/junior schools in England.

Participants and eligibility

Inclusion criteria for the feasibility study are as follows:

Delivery of training:

School staff

- Member of staff at a participating mainstream primary school working regularly with children in school years Reception – Year 6 (e.g. teacher, teaching

assistant) or those with specific responsibilities for special educational needs/ mental health and wellbeing within the school (e.g. member of senior leadership team, head teacher, SENDCo).

Evaluation of training:

School staff

- Aged 18 years or over
- Member of staff at a participating mainstream primary school working regularly with children in school years Reception – Year 6 (e.g. teacher, teaching assistant, member of senior leadership team, head teacher, SENDCo)

Parents/Carers

- Aged 18 years or over
- Parent/primary carer of a child/children in school years Reception – Year 6 being taught in a participating mainstream primary school
- Has sufficient English to give consent and take part in a qualitative interview, with assistance if necessary

Children

- In school years 2-6
- Taught in a participating mainstream primary school
- Has sufficient English to give assent and take part in a qualitative interview, with assistance if necessary

Recruitment

School recruitment

We aim to recruit four to six primary/junior schools that vary in relation to: size of school, pupil demographics (including, for example, percentage of pupils eligible for free school meals, percentage of pupils on special educational needs support, percentage of pupils with English as an additional language). We will disseminate information about the study via our existing networks and social media adverts and contact individual schools via email and follow-up telephone calls. We anticipate that some of these schools may be those who have had staff contributing to the practitioner-informed design process/our previous qualitative study as well as new schools. To help ensure recruited schools vary by demographic profile, we will record characteristics of eligible schools that express an interest and target particular schools as needed.

Written agreement (via an online consent form) for their school to participate in the feasibility study will be obtained from school headteachers.

Participant recruitment

School staff

Once the headteacher agrees to their school's participation, schools will then be asked to disseminate information about the project (including participant information sheets detailing information about the training and the evaluation process) by letter, email or in accordance with their usual dissemination methods, to all relevant school staff. All relevant school staff will be asked to give their written consent (online) to participate in the training and to complete pre-training, post-training and follow-up questionnaires. School staff will also be

invited to take part in optional 1:1 qualitative interviews post-training. Where they opt to do so, written consent will also be obtained, along with explicit consent for audio recording. In order to obtain a variety of views and experiences, a purposively sampled subset of those who consent to participate in a 1:1 interview will then be invited to do so.

While school staff will be our priority participants, we also set out to recruit parents and children to help us address the objective related to possible impact and recommendations. To that end, after the staff training has been delivered, we will ask schools to help us recruit a small number of parents and children to participate in qualitative interviews about their experiences and views on the outcomes of the training. Schools will be asked to distribute adverts and information about the project evaluation for parents and children to relevant families in their school.

Parents and children

Schools will send participant information sheets (adult and child-focused) to parents and parents will be asked to share the child-focused information with their children. Parents will be asked to complete an expression of interest form (paper or online) if they and/or their child(ren) would be willing to provide feedback (via in-depth interview). We would like to capture a broad range of views and experiences, so we will also ask parents to provide basic demographic information and to tell us whether or not their child(ren) has/have experienced any anxiety difficulties. Where possible we will use this demographic information to purposively sample parents and children to invite for interview, but we acknowledge that this will be reliant on obtaining sufficient interest in participating in these interviews.

Parents who are selected for interview will receive an email, letter or telephone call inviting them to take part in an interview which will take place either in person, online via Microsoft Teams, or by telephone (depending on any restrictions indicated by school policies or on the preferences of the individual participants).

Prior to children participating, written assent (on paper or online) will be obtained from children, and parents will provide written consent (on paper or online) prior to providing any information or data about themselves/their children or to participating in 1:1 qualitative interviews. Explicit consent for audio recording will be required prior to parent/child qualitative interviews, and both parental consent and child assent will be obtained prior to qualitative interviews with children.

Procedure

Shortly before the training session takes place in schools, school staff will be asked to complete a pre-training questionnaire to assess their confidence and perceptions related to their knowledge, role and capacity to recognise, minimise, and manage child anxiety in school.

Participating school staff will then attend an in-person facilitated training session (see section on ‘Training’ below) as part of a regular after-school staff meeting or INSET session lasting approximately 2 hours.

At the end of the training session in schools, all staff who have taken part will be asked to complete a post-training questionnaire (online) to explore the acceptability and perceived usefulness of the training.

We will then ask participating staff to complete a similar follow-up questionnaire approximately 6 weeks later, once staff have had a chance to implement some of the learning/strategies from the training.

As previously outlined, a small purposive sample of staff will take part in 1:1 in-depth qualitative interviews to discuss their feedback further. For logistical and practical reasons, it is likely that we will conduct interviews with individual participants at varying stages - from soon after the training to up to 8 weeks later.

Parents and children who agree and are invited will participate in a 1:1 interview either in person at their school or online via Microsoft Teams or by telephone (depending on school/participant preferences).

All interviews/discussions will be audio-recorded and transcribed, with identifiable information removed at the point of transcription.

Training

The training will be delivered by the first author (HM, DPhil student and experienced primary school teacher). The training, based on outcomes from our previous research and wider literature, will include an interactive presentation, and facilitated discussion focusing on:

- What anxiety is and why/when we should worry about it
- What anxiety problems might look like in school
- What are the potential causes of anxiety in the classroom and what might make it worse?
- How what staff do in their day-to-day teaching can help children who may have anxiety problems
- Strategies and ideas that can be used in class to minimise and manage anxiety problems in children

The training will also include staff working together to develop solutions to problems presented, to identify areas of their own/school practice that might benefit or change as a result of the session, and to think about the strategies that they will implement in their classrooms/schools over the following weeks.

For the remainder of the half term (approximately 6 weeks) following the training session, we will provide regular updates to participating schools, share (anonymous) examples of best practice or successes and provide a weekly online optional drop-in meeting (via Microsoft Team) for school staff to discuss issues or get input and advice as desired.

Outcomes

Outcomes related to the feasibility of delivery, acceptability, indications of potential impact and possible recommendations, along with their proposed data sources and/or methods of assessment are outlined in Table 1.

Table 1. *Data sources used to explore and analyse study aims*

Study Aim To explore:	**Data Source**	**Type of data and (where applicable) relevant questions**	**Feasibility Criteria**
i) the feasibility of delivering the training as part of schools' regular staff training sessions	Training delivered in schools	i)number of schools who expressed an interest ii) number of schools in which training is delivered	i)1 or more schools invited express interest in participating ii) 1 or more schools who have expressed interest consent to and receive training
	Training attendance	Number and proportion of staff that attend training and role of attendees	At least 50% of staff who are invited attend the training
	Post-training questionnaire (school staff)	Q18-25 (ratings) Q21 (free text responses)	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews. Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2.
	Follow-up Evaluation questionnaire (school staff)	Q6 (free text responses) Q15 (ratings and free text responses)	
	Qualitative interviews (school staff/leadership)	Interview transcripts, in particular questions relating to training delivery	
ii) whether the training content and mode of delivery is	Bespoke pre-training questionnaire	Q1-9 (ratings) Q 8-9 (free text responses)	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.

acceptable to primary school staff	Post-training questionnaire (school staff)	Q1-9 (ratings) Q 8 & 9 (free text responses) Q10-17 (ratings) Q 26-28 (ratings and free text responses)Q33 (free text responses)	Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2. Mean pre-post difference score for items 1-9 indicate change in a positive direction for at least some items.
	Follow-up Evaluation questionnaire (school staff)	Q10-14 (ratings and free text responses) Q15 (ratings and free text responses)	
	Qualitative interviews (school staff/leadership**)**	Interview transcripts, in particular responses to questions from participating in the training (content and delivery) section and overview Questions including recommending to others	
iii) whether the training content and suggested strategies are perceived as helpful to and usable by staff during their day-to-day teaching (including an exploration of barriers and facilitators to implementation)	Pre-training questionnaire (school staff)	Q1-9 (ratings) Q8-9 (free text responses)	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews Questionnaire ratings are overall positive, with the average ratings ≥5 for items scored 0-10, ≥2.5 for items scored 0-5, ≥2 for items scored 0-4, ≥ 1.5 for items scored 0-3, and ≥1 for items scored 0-2. Mean pre-post difference score for items 1-9 indicate change in a positive direction for at least some items.
	Post-training questionnaire (school staff)	Q10-17 (ratings) Q26 (ratings) Q27 (ratings & free text responses) Q28 (ratings) Q29-31 (free text responses)	
	Follow-up Evaluation questionnaire (school staff)	Q 1-6 (ratings & free text responses) Q15 (ratings & free text responses)	

	Qualitative interviews (school staff/leadership**)**	Interview transcripts, in particular responses to questions from 'implementing ideas in everyday practice' section (including do you think your day-to-day practice might change from delivery questions) and overview questions	
iv) whether there are any initial indications that this training may have a positive impact on children's anxiety in the classroom	Follow-up Evaluation questionnaire (school staff)	Q7-9 (free text responses)	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.
	Qualitative interviews (school staff/leadership, parents, children)	Interview transcripts from school staff, in particular from 'implementing ideas in everyday practice' section Interview transcripts from parents and children	
v) recommendations for further development of the training.	Post-training questionnaires (school staff)	Q 32 & 33 (free text responses)	No serious concerns or potential harms related to training content or mode of delivery that cannot be easily addressed are reported in free text responses or interviews.
	Follow-up Evaluation questionnaire (school staff)	Q 1& 3 (free text responses) Q 4-6 (free text responses) Q11-14 (free text responses)	
	Qualitative interviews (school staff/leadership, parents, children**)**	Interview transcripts (staff, parents, children)	

Measures

We will use bespoke questionnaires (see supplementary material) completed by participating school staff and semi-structured interviews with staff, parents, and children, (see supplementary material for example indicative topic guides) to determine the feasibility and acceptability of the MAPS training for staff in schools and to inform any future improvements/iterations of the training session.

Staff Pre-training questionnaire:

Participating staff rate the extent to which they agree with statements about their role in supporting children with anxiety problems in school, to rate their perceived knowledge and confidence in doing so, and whether or not they have the time and emotional capacity to do so, with space to provide additional written feedback. This questionnaire will also ask for demographic information relating to gender, age, ethnicity, role, year group, number of years working in schools, and any experience of working with children with anxiety difficulties.

Staff post-training and follow-up questionnaires:

Participating staff will complete two follow-up questionnaires. The first (completed immediately following the training) will ask participants to respond to questions about the perceived usefulness of the training session, its content and delivery, the difference they expect it to make to their day-to-day practice, and to offer their suggestions for changes/improvements to content and/or delivery. Space for additional written feedback is provided. Participants will also be asked to revisit the initial confidence/knowledge questions from the pre-training questionnaire to enable us to assess whether the training has had any impact in this regard.

The second questionnaire, completed at the end of the (approximately) 6-week implementation period will ask for participants' reflections on how the training session has (or has not) helped, any changes they have made to their practice as a result and what the impact of those changes has been to the day-to-day experience in their classroom (including any changes they have seen in the children they teach). Questions will also relate to how far the school has supported implementation and whether, ultimately, staff would recommend the MAPS training to other schools.

Semi-structured interviews:

Interviews will be topic-guided and explore participants' experiences of the MAPS training and implementation. Questions to school staff will relate to participants' experiences of the training session itself and/or their experiences of the process of implementing ideas from the training into their everyday classroom practice, including any negative experiences or concerns, and any recommendations for improvement. Questions to staff participants will be adjusted to take account of how far through the evaluation process we are and how much time they have had to try and implement suggested strategies.

Participating parents and children will be asked for their views and opinions on any changes to classroom practices that they may have noticed as a result of the staff in the school receiving the anxiety training. Discussions will be guided and prompted as needed in line with an indicative topic guide.

Data Management

Qualtrics databases will be used to capture data via online surveys and data from any paper questionnaires will be directly entered by researchers. Data captured will be held on University of Oxford servers and access will be restricted to the study team members. Once data

collection is complete, data will be permanently deleted from Qualtrics and stored on a restricted access folder on the University of Oxford network.

All schools and participants will be assigned unique IDs, and these IDs will be used to label all study data. A document linking ID to names/contact information will be stored on a restricted access folder on the University of Oxford network. This linking document and other personally identifiable information (consent/assent, audio recordings) will be stored for as long as needed for research purposes and appropriate safeguards are in place, and then permanently deleted.

Planned Data Analysis

Quantitative data (e.g. numerical/Likert scale ratings) from responses to questionnaires will be presented descriptively and summarised using ranges, means and standard deviations or numbers and percentages. Free text responses will be collated and summarised narratively or organised thematically depending on the amount of data collected. The nature of any missing data will be explored, along with the characteristics of staff who responded to the various questions/measures.

We plan to use framework analysis (Spencer et al., 2003) to analyse qualitative data generated from the transcripts of the semi-structured interviews. Our intention is to develop a priori codes related to each of our research questions and then refine or add codes inductively, to ensure analysis best reflects participant views Qualitative analysis will be checked via analytic crystallisation through reflective discussions with supervisors.

Discussion

This study aims to assess the feasibility and acceptability of training for primary school staff in managing and minimising anxiety in children through their day-to-day classroom practices. If findings support the acceptability of content, delivery and ease of implementation, the MAPS training will improve the support primary school staff can offer to children they teach who may be experiencing higher levels of anxiety. We also hope that our findings will inform the ongoing development and refinement of this training, such that it might be offered as part of wider school-based approaches to identify and support children with anxiety problems in primary schools.

It is important to highlight some methodological and practical limitations to this study. First, as this feasibility study is part of a research degree being conducted by an individual doctoral student, we acknowledge that it is therefore being conducted on a small scale, which makes findings indicative. Secondly, while all school staff working directly with children in participating schools will be invited to take part, we recognise that some may be prevented from attending due to the timing of the training session. We will work closely with individual schools to minimise the potential of this happening. Thirdly, while the focus for this study is primarily on staff perspectives and experiences of the training, we also aim to recruit a small number of parents and children to take part in qualitative evaluation interviews. This means that there may be children, or parents of children who have benefited (or not) from the implementation of strategies in class following the training whose thoughts and ideas are not heard. Again, we will work closely with participating schools to identify and target those children and parents who are most likely to provide rich insight in this area and ask those who take part to share reflections (anonymously) on any information they may have also gleaned from other children and parents in the school. Finally, the use of self-report measures only, particularly when providing feedback on the implementation process may limit any firm conclusions that may be drawn from the findings, but should nonetheless provide a useful indication of initial feasibility.

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Conflict of Interest

The authors declare no competing interests.

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Appendix 6.3

MAPS Feasibility Study information for schools

Study advert

Headteacher information letter

[Headteacher name]
[School name and address]
[Date]

MAPS: Managing Anxiety in Primary Schools – Feasibility Study of Anxiety Training for School Staff
Ethics Approval Reference: R85234/RE002

Dear [Headteacher name],

Can your school help us?

We would like to invite your school to take part in a research project called Managing Anxiety in Primary Schools (MAPS), which is being run by the Departments of Psychiatry and Experimental Psychology at the University of Oxford.

What is MAPS and what are we trying to find out?

The MAPS study is finding out how primary schools can help children who feel anxious. Anxiety problems are common. Lots of children will experience problems with anxiety at some point but getting support isn't always easy. Schools are already doing lots to provide targeted help where it is needed, but are there other things that they can do? We want to find out if the way in which teachers and other staff manage their classrooms day to day (for example the strategies and techniques they use) can help reduce children's anxiety. We have been working with school staff, parents, and children to find out what they think might cause anxiety in the classroom, what might make it worse, and what school staff can do to reduce it. Since then, we have also been working with a group of practitioners (including Headteachers, Teachers, TAs, SENDCos and School Mental Health Leads) to help us use what we have found out to develop training for school staff that helps them to think about how their day-to-day teaching can best support children who feel anxious and prevent difficulties with anxiety emerging.

We would now like to work with primary schools to help us trial this training, to find out if it is useful to staff, beneficial for children, and to get feedback from schools on how we can make it better. We would like to run the training for staff in your school and then we would like to ask you, your staff, and some parents and children from your school to help us evaluate it.

Why is my school being invited?

We are inviting mainstream primary schools in England to take part.

What does the training include and what can we expect to get from it ?

We are offering an in-person training session (lasting approx. 2 hours) designed for all members of classroom-based staff (e.g. teachers and teaching assistants). The session will be facilitated by the MAPS research team in your own school either as part of an after-school CPD session or as part of an INSET day, depending on your preferences. The training session focuses on the following areas: what anxiety is and why we should be concerned about it; what anxiety might look like in children in school; the potential causes of child anxiety in school and what can make it worse; how what you do in your day-to-day teaching can help children who are anxious. The session will provide you with: evidence-based information and findings from our research; space and time to think, share your experience, and ask questions about anxiety in school;

examples and strategies you can use in your day-to-day teaching and ways you can adapt practice to help minimise children's anxiety (and ways to support children to overcome it); time to reflect on your own practice (to note what you already do well and to help you think about what you might add, adjust or change; and opportunities to discuss with colleagues how different ideas might work in your setting.

What exactly will we be doing and how will our school be involved?

Before the training

Headteacher Consent

If you, as Headteacher, agree to your school taking part, we will ask you to complete a written agreement form electronically or on paper.

Information for school staff

We will ask your school to **distribute information leaflets** about the project to all relevant staff in your school. This will give details about the training and the evaluation process. We will also ask your school to distribute consent forms and pre-training questionnaires to all staff who will participate in the training session. The consent form will ask staff to give their consent to participate in the training and to complete pre- and post-training questionnaires. The short questionnaire will ask staff questions about how confident and capable they currently feel about supporting children who are anxious in school, and for some background information about them (including their name, email address, telephone number, their role, the year group they work with, and the number of years they have worked in education) to help us describe the people that have been involved in our research. We will ask for their permission to keep this data until the end of the study so that we can contact them at a later date if we need to. We can provide all forms in either paper or online format to fit with your school's usual communication practice.

Information for parents/carers

Before the training session takes place in school, we will also ask you to distribute information about the school's involvement in the project to parents/carers of pupils in your school. This will provide parents with a brief overview of the MAPS training project and will let them know that we will be looking to recruit families (parents and their children) to help us with the future evaluation stage.

Training for staff

At a mutually agreed time (possibly as part of an INSET or staff meeting, for example), we will come into your school and deliver the training to all relevant staff. At the end of the training, we will ask all staff who have participated to complete an initial evaluation questionnaire. This will include revisiting the questions about their confidence in supporting children who have problems with anxiety to see if they have noticed any changes, and we will also ask staff questions about their experiences of the training, whether it met their expectations, how they felt about the format and delivery of the training, which areas of content they found most helpful, any areas of content they felt were unhelpful, anything they wanted us to cover that we didn't, how they think their classroom practices might change as a result of the training and any recommendations for future development. We will also ask them to provide some demographic information to help us describe our participants. We will also ask staff if they would be willing to take part in an optional 1:1 interview with a member of the research team to discuss their experiences of the training in more detail at a later date. We will ask for their permission to keep this data until the end of the study so that we can contact them at a later date if we need to. We will use the demographic information they have provided in the pre-training questionnaire to ensure that the staff we invite to interview are from a range of backgrounds and have different experiences. We may not be able to speak to everyone who expresses an interest in the study, but we will get in touch with everyone who expresses an interest to let them know.

After the training

Support during the study

While staff are trying out the techniques and approaches suggested in the training, we will offer a weekly informal phone call or Teams meeting with a nominated member of staff to discuss how the study is going in your school. We also plan to provide a weekly bulletin throughout the study with reminders of some of the techniques covered and will also be encouraging schools to let us know about successes or things that are working well.

Follow up questionnaires with school staff

Approximately 6 weeks after the training, once staff have had an opportunity to implement some of the strategies and approaches explored in the training, we will ask your school to distribute a further follow up questionnaire to all participating staff which will ask them to reflect on how helpful the training has been to their day-to-day practice, whether they have made any changes to their practice as a result, and whether they have noticed any impact on the children they work with. Again, all forms can be provided in paper or online format.

1:1 evaluation interviews with school staff

A small number of staff who have expressed an interest in taking part in further 1:1 evaluation interviews will be contacted to talk to us in more detail about their experiences. We anticipate that these interviews will take place online via Microsoft Teams at a mutually convenient time arranged with the individual staff member. The interviews will ask staff to reflect on their experiences of the training and also on their experiences of implementing any of the ideas taken from the training in their own classrooms. We will ask them to reflect on whether they found the training useful, whether they have changed anything they do as a result of the training and any impact they have noticed this having on the children they teach. Participants will not have to talk about anything that they do not wish to discuss. The interviews would take no longer than one hour.

1:1 evaluation interviews with parents/carers

We will ask your school to **distribute information about the evaluation stage of the project and expression of interest forms to parents/carers and their children**. The expression of interest forms will ask parents/carers for some contact information to allow us to get in touch with them about the study. We will also ask them for some information about them and/or their child (including their ethnicity and gender, their child's age and gender, whether their child is eligible for free school meals and whether their child experiences problems with anxiety). This is to help us make sure we speak to a wide range of participants from different backgrounds who have different experiences. We will ask for their permission to keep this data until the end of the study so that we can contact them at a later date if we need to. We may not be able to speak to everyone who expresses an interest in the study, but we will get in touch with everyone who expresses an interest to let them know.

We can provide these forms in both paper and online format to fit with your school's usual communication practice. We will ask parents/carers to return expression of interest forms to us directly online or to school within an agreed timeframe (and will provide return envelopes for paper copies so that confidentiality can be maintained). We are keen to reach as many families as possible initially – including those who have children who have problems with anxiety, children who are not anxious and those in between. We will talk to you about other things we can do to help encourage families to get involved with the research project.

A small number of parents/carers with children in Reception to Year 6 who express an interest will be asked to complete a consent form to take part in a 1:1 interview. These interviews can be conducted online via Microsoft Teams, or over the telephone, according to participant preference. During the interview, we will ask participants to talk about their/their child(ren)'s experiences of the training (i.e. whether or not they/their child(ren) has/have experienced any differences to classroom practices as a result of the training and any impact this has had for their child(ren). Participants will not have to talk about anything that they do not wish to discuss. The interviews would take no longer than one hour.

1:1 or group evaluation interviews with children

We would also like to interview a small number of children in Years 2 to 6 to learn about their experiences of the training and its impact. Before we interview selected children, we will obtain consent from their parent/carer and provide them with a child-focused information leaflet. We will also ask for the child's assent to be interviewed.

These interviews can take place in small groups or individually, depending on participant preferences. Interviews can take place in-person at school (subject to your agreement and any individual school policies), online via Microsoft Teams, or over the telephone. If the interviews take place in person, we would liaise with the school about a suitable time for the interviews to take place. Interviews that take place online or over the telephone can be arranged directly with the child's parent/carer. As well as talking to us about their thoughts and experiences related to the training, we might ask them to draw pictures or to write down ideas and thoughts on mind-maps.

Does your school have to take part?

No, your school does not have to take part.

If your school does decide to take part, you will be asked to sign an agreement form to agree to the school taking part. If you later change your mind, you are free to withdraw your school's involvement at any time without having to give a reason.

School staff, parents, and children who take part in an interview or discussion group will also be free to withdraw from the study at any time without giving a reason. They will be able to choose to withdraw some or all of the data they provide on themselves and/or participating children, but if they want to do this, they will need to let the MAPS Team know within two weeks of completing their interview.

To say thank you

All those who take part in an interview or focus group will receive a £10 gift voucher as a thank you for their time (vouchers for child participants will be given to their parent/carer).

By taking part, your school will be helping us to trial, evaluate and further develop training that will help teachers and schools to think about the best ways to manage their classrooms on a day-to-day basis, so that they provide the best support for children when they feel anxious.

Some parents, children and school staff will spend some time taking part in interview and/or discussion groups. We will talk to you about how to minimise any inconvenience for staff and families.

We recognise that talking about things that make children anxious in class may bring up thoughts and feelings that are upsetting. If we have any concerns about any of the participants, we will direct them to talk to the school, or to their GP or to the research team who will be able to provide them with information and resources in case these are useful.

What happens to the information we collect?

- All information we collect in this research about your school, school staff, children, and parents/carers will be kept secure and in confidence. We can provide more detailed information about how we keep information about participants safe.
- All participants and schools will be assigned unique IDs that do not include participant or school names. We will use these IDs to label all information we collect about participants and schools. We will store a document that links the IDs to participants and schools separately from all other research data.

- Audio-recording will be stored temporarily on audio-recorders, and once transferred to a secure server, will be permanently deleted from recording devices. Audio-recordings of discussion groups and interviews will be transcribed, and any information that could identify schools or participants will be removed.
- Data collected from parents/carers and school staff online will use a secure website, with end-to-end encryption, and data will be held on a secure server. Information collected on paper will temporarily be stored in locked filing cabinets at the University of Oxford and destroyed once transferred to a secure server.
- We will not share information we collect from parents/carers, children or school staff with you or anyone else, unless we have parent/carer permission. The only circumstances where we would share information without permission is if we thought that a child or someone else was at serious risk of harm. In these circumstances, we would only share information essential to ensure safety and any information sharing would be in accordance with our risk and safeguarding protocol. We will ask you to let us know who the Designated Safeguarding Lead is in your school, and where possible, we will contact them in the first instance about any risk or safety concerns and information sharing.
- Once the research project is finished, we may release the project data for other researchers to use, but only in a way that it is impossible for them to identify who has taken part. Any data or findings from the research that is published will not identify schools or individuals. We may include unidentifiable quotes from discussion groups and interviews in publications, but these will not include any information that could identify schools or individuals.
- Research data will be kept for 3 years after publication or release of the research.

What will happen to the results of the research?

After the project is complete, we will send you a report summarising the findings from the research.

This research is being conducted as part of a doctorate degree, so it will be included in a doctoral thesis which will be submitted and held by the University of Oxford. Results of the project may also be published in academic journals. We may include unidentifiable quotes from discussion groups and interviews in publications, but these will not include any information that could identify schools or individuals.

Who is organising and paying for this research?

The Principal Investigator for this research is Professor Cathy Creswell at the Departments of Psychiatry and Experimental Psychology and the study lead is Helen Manley, a doctoral student at the University of Oxford who is also a qualified, experienced primary school teacher. The research is funded by the National Institute for Health Research Applied Research Collaboration Oxford and Thames Valley, an organisation that pays for research to improve health.

Who has approved this research?

This research has been checked and approved by a subcommittee of the University of Oxford Central University Research Ethics Committee. All researchers working on the project have been subject to checks by the Disclosure and Barring Service and have been approved by the University of Oxford to work with children.

What if there is a problem?

If you have a concern about any part of this project, please contact the MAPS team **by email:** helen.manley@psych.ox.ac.uk **or by telephone:** 01865 618614 and we will do our best to address your concern. We will acknowledge your concern within 10 working days and give you an indication of how it will be dealt with.

If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford (Address: Research Services, University of Oxford, Boundary Brook House, Churchill Drive, OX3 7GB) Email ethics@medsci.ox.ac.uk. The Chair will seek to resolve the matter as soon as possible.

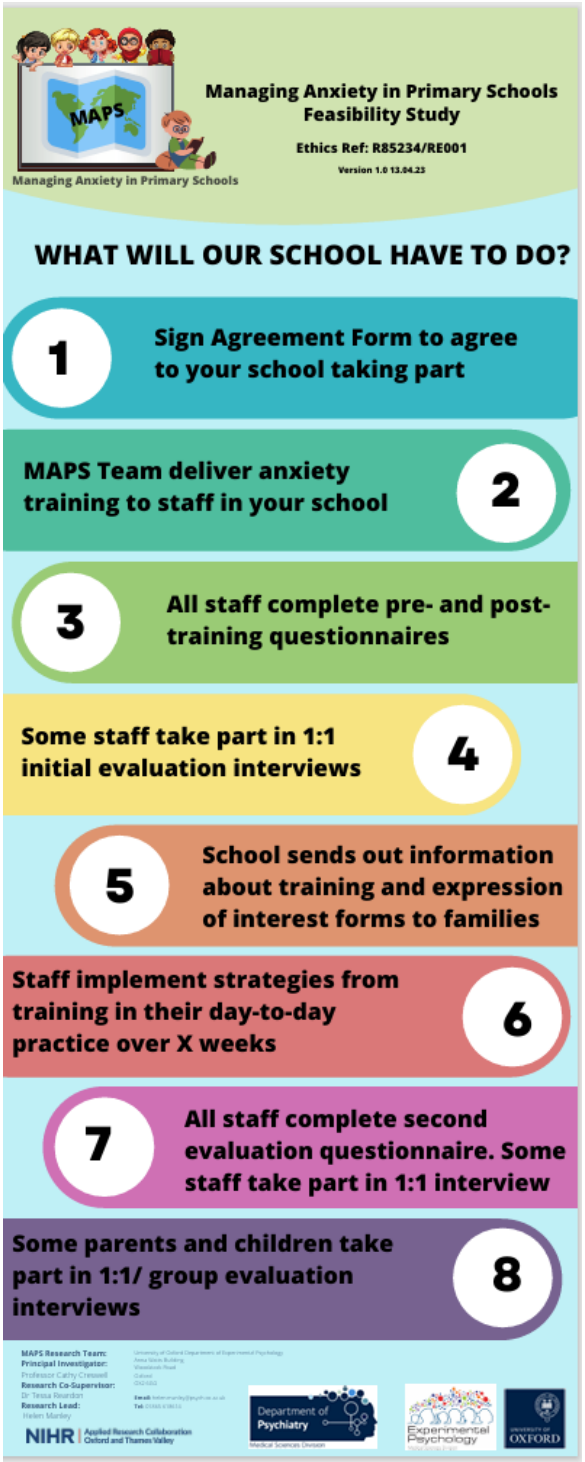
If your school would like to take part in the study, or you need more information about what is involved, please contact me. Whether or not you feel it would be appropriate for your school to participate, I would be grateful if you would complete the attached form and return it to me either in the stamped addressed envelope enclosed in this letter or by email.

Thank you for your time and attention. I look forward to hearing from you.

Yours sincerely,

Helen Manley
DPhil Candidate
Departments of Psychiatry and Experimental Psychology
University of Oxford

Summary document for schools



Appendix 6.4

Headteacher agreement form

NIHR | Applied Research Collaboration Oxford and Thames Valley

Department of Psychiatry

Experimental Psychology

UNIVERSITY OF OXFORD

WRITTEN AGREEMENT FROM HEADTEACHER OF PARTICIPATING SCHOOL

Central University Research Ethics Committee (CUREC) Approval Reference: R85234/RE001

MAPS: Managing Anxiety in Primary Schools – MAPS Feasibility Study

		Please initial each box if you agree
1	I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my school's participation is voluntary and that I am free to withdraw the school at any time, without giving any reason, and without any adverse consequences or penalty.	
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access data.	
4	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project	
5	I understand how this research may be written up and published	
6	I understand how to raise a concern or make a complaint	
7	I agree to the school taking part in this feasibility study	

Name of Headteacher: _____School name:_____

Signature of Headteacher: _____ Date: _____

Name of researcher checking consent: _____

Signature of researcher checking consent: _____Date: _____

Appendix 6.5

Participant information sheet – school staff

Information Sheet for School Staff Feasibility Study

Version 1.1 29.11.23

Ethics Ref: R85234/RE002

Managing Anxiety in Primary Schools

Your school has agreed to take part in a research study being run by the University of Oxford called Managing Anxiety in Primary Schools (MAPS). We would like to give you some more information about the project is about, why we are doing it and what it involves. If you have any questions about the research, or anything isn't clear, please get in touch (see end of information sheet for details).

Why is this research being conducted?

The MAPS (Managing Anxiety in Primary Schools) study is finding out how primary schools can help children who feel anxious. Schools often offer support for children who struggle with anxiety, but helping and getting help isn't always easy. We want to find out if the way in which teachers manage their classrooms day to day (for example the strategies and techniques they use) can help reduce children's anxiety.

We have worked closely with a group of primary school practitioners (including senior leaders, teachers, TAs, SENDCos and School Mental Health Leads) to develop new research-led training for school staff on managing and minimising anxiety through their day-to-day classroom practice.

We are now working with a number of primary schools to help us trial this training and to get feedback from school staff on whether it is helpful, whether it has any impact on their practice and, ultimately, on the children they work with.

Why have I been invited to take part?

We are inviting your school to take part because we would like you to help us find out whether the training we have developed is helpful and useful to primary school staff and whether any strategies you may use after the training result in changes to your day-to-day classroom practice and whether you notice any changes in the children (whether you work directly with those children who may be at risk of, or have difficulties with anxiety, or not).

Do I have to take part?

No - you can choose whether you take part. If you change your mind, you are free to stop taking part in the research at any time, even in the middle of a discussion, without giving a reason. If you decide to stop, you can let the researcher know whether you are happy for the information you have already given up to that point to be used in the study, or if you would like all the information that you have provided to be deleted from the final transcript. If you wish to do this, however, you must tell us within two weeks of taking part in the training/focus group discussion/interview.

What will I be asked to do?

This research study is in two stages. During the first stage, we will come into your school at a time arranged with your headteacher and run training for all relevant staff on managing and minimising anxiety in the classroom.

The training session will focus on the following areas: what anxiety is and why we should be concerned about it; what anxiety might look like in school; the potential causes of anxiety in school and what can make it worse; how what you do in your day-to-day teaching can help children who are anxious.

The session will provide you with evidence-based information and findings from our research; space and time to think, share your experience, and ask questions about anxiety in school; examples and strategies you can use in your day-to-day teaching and ways you can adapt practice to help minimise children's anxiety (and ways to support children to overcome it); time to reflect on your own practice (to note what you already do well and to help you think about what you might add, adjust or change; and opportunities to discuss with colleagues how different ideas might work in your setting).

Before the training takes place, we will ask you to sign a consent form to say that you agree to participate in the research, to complete pre-and post-training questionnaires, and to give your permission for us to keep this data until the end of the study so that we can contact you at a later date if we need to. We will then ask you to complete a short questionnaire either on paper or online (depending on your school's preferred communication methods). This will ask you questions about how confident you feel in supporting children who experience high levels of anxiety in school, and for some background information about you (including your role, the year group you work with, the number of years you have worked in education, your age, the gender you prefer to identify as, and your ethnicity). This information will help us describe the people that have been involved in our research. We will also ask for your contact details so that we can send you updates throughout the study.

At the end of the training, we will ask all staff who have participated to complete an initial evaluation questionnaire. This will include questions about your experiences of the training, whether it met your expectations, how you felt about the format and delivery of the training, which areas of content you found most helpful, any areas of content you felt were unhelpful, anything you wanted us to cover that we didn't, how you think your classroom practices might change as a result of the training and any recommendations you might have to make the training better. In this questionnaire, we will also ask you if you would be willing to take part in an optional 1:1 interview with a member of the research team to discuss your experiences of the training in more detail at a later date. We will use the demographic information you provided in the pre-training questionnaire to select a small number of participants to interview that come from a range of backgrounds and experiences. We may not be able to speak to everyone who expresses an interest in taking part in an interview, but we will get in touch to let you know if we would like you to take part or not.

We will then give you a few weeks to try implementing some of the strategies and approaches explored in the training in your own day-to-day practice. During that time, we will provide weekly tips, advice and share successes from different schools by email and also offer an optional weekly online check-in session for all participating staff to discuss how you're finding things and to offer advice and answer any questions you may have.

Approximately 6 weeks after the training, we will ask you to complete a further follow up questionnaire which will ask you to reflect on how helpful the training has been to your day-to-day practice, whether you have made any changes to your practice as a result, and whether you have noticed any impact on the children you work with.

For those who have been selected to take part in a 1:1 evaluation interview:

If you are selected to take part in a 1:1 evaluation interview, we will arrange to talk to you at a time that suits you best. Interviews can take place over Microsoft Teams, or by telephone depending on your preference. If you choose to talk to us online, we will send you the details you need to access the online video chat before the interview.

During the interview, we will ask you to talk in more detail about your opinions and experiences of the training itself, and about any differences it has made to your classroom practice and/or the children you work with. You will not have to talk about anything that you do not wish to discuss. Just tell us if you do not wish to answer a particular question and we will move on.

The interview will take no longer than one hour and you will be given a £10 voucher as a thank you for your time.

Everything you say is important to us and we want to make sure that we capture and represent all ideas and opinions accurately. Therefore, the conversation will be audio recorded and then written out word-for-word by someone on the research team for further analysis. All recordings will be stored securely on a University approved secure drive until we have transcribed (written out) the conversation. When we write up the conversation, your name and anything else that could be used to identify you will be removed.

What information will be collected and why is the collection of this information relevant for achieving the research objectives?

At the start of the study, you will be given a unique ID number and we will use this to label all the information we collect from you (your name, consent records, contact details and demographic, audio recordings, written transcripts, and any written outputs from discussions). We will take all reasonable steps to ensure that the data you give us remains confidential. Your name and other personal details that could identify you will be removed from the information that you give before any analysis takes place.

The demographic data we collect helps us to ensure that we include views and experiences of participants from different backgrounds. It also helps us understand and describe the research findings. We will also collect your contact details to allow us to contact you about the research. Your contact details and the demographic information you provide will be stored on a secure server at the University of Oxford and destroyed at the end of the study once results have been released. All consent records will be stored on a secure server at the University of Oxford and kept for 3 years after completion of the project before being destroyed. Audio recordings of interviews will be saved to secure servers at the University of Oxford and deleted once fully transcribed and analysed. Any anonymised data (e.g. interview transcripts) will be retained by the research team and stored on secure servers at the University of Oxford. Access to all data will be restricted and will only be accessible to approved members of the research team.

Will the research be published? Could I be identified from any publications or other research outputs?

This research is being conducted as part of a doctorate degree, so it will be included in a doctoral thesis. A copy of this thesis will be deposited both in print and online in the Oxford University Research Archive where it will be publicly available to facilitate its use in future research.

Results of the project may also be published in academic journals and we may use quotes from the interviews we conduct. Any personal information about you will be changed or removed before the results are made public so that original participants cannot be identified. We can provide you with a summary of the research results if you wish.

Data Protection

All data that you provide will only be accessible to other approved members of our research team, the Research Ethics Committee and other responsible members of the University of Oxford for the purposes of monitoring and ensuring compliance.

The University of Oxford is the data controller with respect to your personal data, and as such will determine how your personal data is used in the research. The University will process your personal data for the purpose of the research outlined above. Research is a task that is performed in the public interest.

Further information about your rights with respect to your personal data is available from the University's Information Compliance website: https://compliance.admin.ox.ac.uk/individual-rights.

What are the advantages possible benefits and disadvantages or risks of taking part?

By taking part, you will receive free training which we hope will be beneficial to you and those that you teach. You will also be helping us to develop and improve that training so that schools and their staff can provide the best support for children when they feel anxious.

We recognise that talking about things that make children anxious in class may bring up thoughts and feelings that are upsetting. You do not have to answer any questions that make you feel uncomfortable and you may choose to stop or leave the interview at any time. If you have any concerns after the interview, you can talk to the school, your GP or to the research team who will be able to provide you with information and resources, in case these are useful.

If you tell us anything that suggests that you or someone else may be at risk of harm, we may need to share this information and other identifiable information with someone else (e.g. GP/school/local services) in order to keep you/ others safe. We would always try to discuss this with you first.

Expenses and payments

If you take part in an evaluation interview, we will offer you a £10 voucher to say thank you.

Who is funding this research?

The Principal Investigator for this research is Professor Cathy Creswell at the Departments of Experimental Psychology and Psychiatry. The study lead is Helen Manley, a doctoral student at the University of Oxford who is also a qualified, experienced primary school teacher. The research is funded by the National Institute for Health and Care Research Applied Research Collaboration Oxford and Thames Valley, an organisation that pays for research to improve health.

Who has reviewed this research?

This research has received ethics approval from a subcommittee of the University of Oxford Central University Research Ethics Committee (Ethics reference: R85234/RE002). All researchers working on the project have been subject to checks by the Disclosure and Barring Service and have been approved by the University of Oxford to work with children.

Who do I contact if I have a concern about the research or I wish to complain?

If you have a concern about any aspect of this research, please contact Helen Manley (email: helen.manley@psych.ox.ac.uk) or Cathy Creswell (email: cathy.creswell@psych.ox.ac.uk, telephone: 01865 618614) and we will do our best to answer your query. I/we will acknowledge your concern within 10 working days and give you an indication of how it will be dealt with.

If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford who will seek to resolve the matter as soon as possible:

Email: ethics@medsci.ox.ac.uk; Address: Research Services, University of Oxford, Boundary Brook House, Churchill Drive, Headington, Oxford OX3 7GB.

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact the Research Lead, Helen Manley:

Managing Anxiety in Primary Schools

MAPS Research Team:

Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
Helen Manley

University of Oxford Department of Experimental Psychology
Anna Watts Building
Woodstock Road
Oxford
OX2 6GG

Email: helen.manley@psych.ox.ac.uk
Tel: 01865 618614

Appendix 6.6

School staff consent form

NIHR | Applied Research Collaboration Oxford and Thames Valley

Department of Psychiatry

Experimental Psychology

UNIVERSITY OF OXFORD

SCHOOL STAFF CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R85234/RE001

MAPS: Managing Anxiety in Primary Schools – Feasibility Study of Anxiety Training for School Staff

		Please initial each box if you agree.
1	I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.	
4	I understand that this project has been reviewed by, and received ethics clearance through, a subcommittee of the University of Oxford Central University Research Ethics Committee.	
5	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project	
6	I understand how this research may be written up and published	
7	I understand how to raise a concern or make a complaint	
8	I agree to complete pre- and post-training questionnaires and give permission for these to be kept by the research team until the end of the study	
9	I agree to take part	

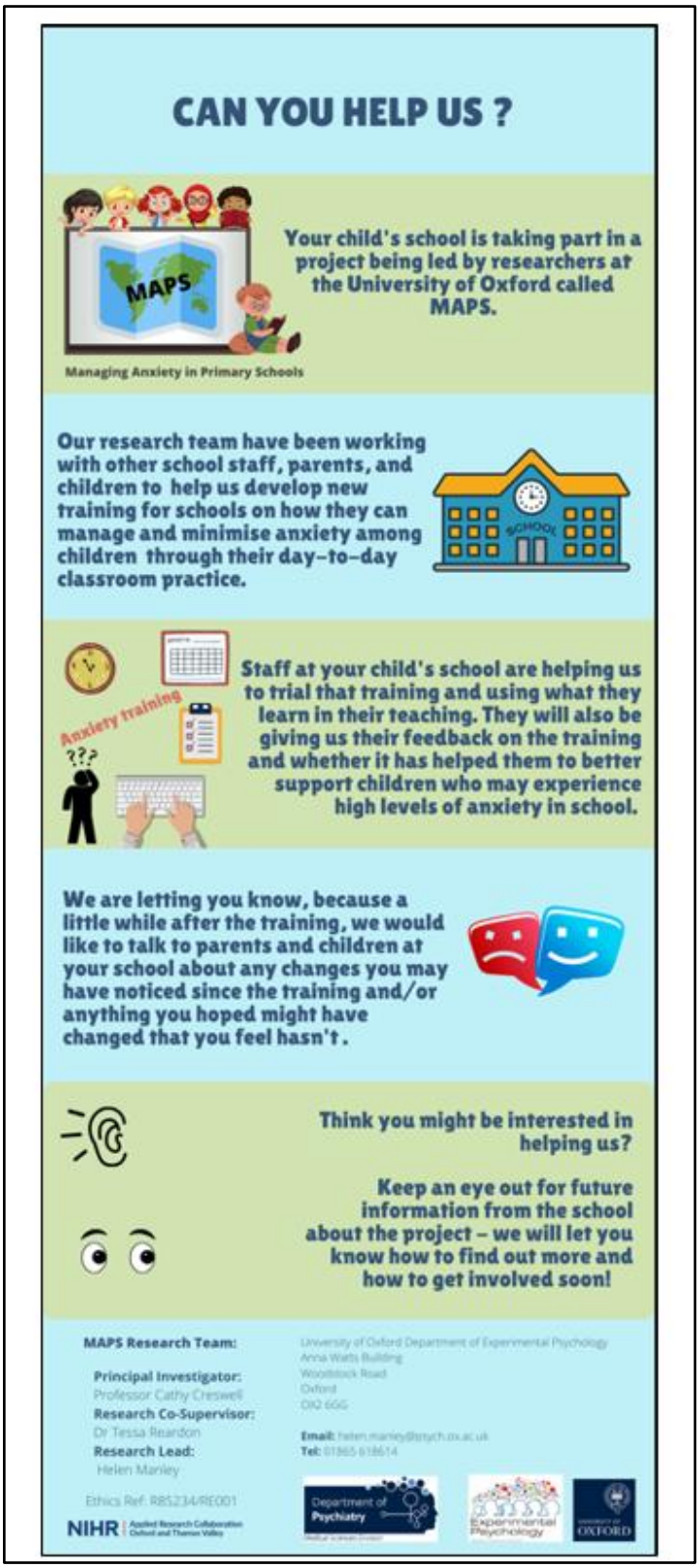
We will ask some school staff to take part in an optional 1:1 interview to discuss their experiences further (Please initial each box if you are willing to participate and give your consent to the following):

10* OPTIONAL	*I would be willing to be contacted at a later date about taking part in an interview to talk in more detail about my experiences of the training*	
11 OPTIONAL*	*If I take part in an interview, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports*	
12 OPTIONAL*	*If I take part in an interview, I consent to the interview/discussion being audio-recorded*	

_____	dd / mm / yyyy	_____
Name of Participant	Date	Signature
_____	dd / mm / yyyy	_____
Name of researcher taking consent	Date	Signature

Appendix 6.7

Feasibility Study advert - parents and children



Participant information sheet – parents and children

Information Sheet for Parents
Feasibility Study

Version 1.1 29.11.23

Ethics Ref: R85234/RE002

Managing Anxiety in Primary Schools

Your child(ren)'s school is taking part in a research study being run by the University of Oxford called Managing Anxiety in Primary Schools (MAPS). We would like to invite you and/or your child(ren) to take part, but before you decide if you would like to participate, it is important for you to understand what the study is about, why we are doing it and what it would involve. If you have any questions about the research, or anything isn't clear, please get in touch (see end of information sheet for details).

Why is this research being conducted?

The MAPS (Managing Anxiety in Primary Schools) study is finding out how primary schools can help children who feel anxious. Schools often offer support for children who struggle with anxiety, but helping and getting help isn't always easy. We want to find out if the way in which teachers manage their classrooms day to day (for example the strategies and techniques they use) can help reduce children's anxiety.

We have worked closely with a group of primary school practitioners (including senior leaders, teachers, TAs, SENDCos and School Mental Health Leads) to develop new research-led training for school staff on managing and minimising anxiety through their day-to-day classroom practices.

We are now working with a number of primary schools to help us trial this training and to get feedback from school staff, parents and children on whether it is helpful, whether staff make any changes to their practice after the training and, ultimately, whether it makes a difference to children's experiences in the classroom.

Staff at your child's school are either about to receive, or have recently received, training to help children who may be anxious or worried in school. Staff will have been thinking about what anxiety is and why it matters, what anxiety might look like, what might cause children to be anxious in school and what might make it worse, and what they can do to help and support children who experience high levels of anxiety in school. They will have spent time thinking about how they can use different strategies in their day-to-day teaching and will be implementing them over the coming weeks.

We would now like to invite parents and children to help us find out more about the impact of the training, and to get their ideas on how we might develop and improve it further.

Why have I been invited to take part?

We are inviting parents of children in Reception to Year 6 and children in Years 2-6 who are being taught in mainstream primary schools to help us. We want to find out whether the training we have developed helps school staff support children who may be anxious, nervous or worried in school better, and to help us improve the training further.

We would like to get feedback from a range of parents and children, including those who have children who experience difficulties with anxiety, fears or worries, those who sometimes feel anxious or worried, and those who rarely or never feel anxious or worried).

Do I have to take part?

No - you can choose whether you take part. If you change your mind, you are free to stop taking part in the research at any time, even in the middle of a discussion, without giving a reason. If you decide to stop, you can let the researcher know whether you are happy for the information you have already given up to that point to be used in the study, or if you would like all the information that you have provided to be deleted from the final transcript. If you wish to do this, however, you must tell us within two weeks of taking part in the focus group discussion/interview.

What will happen to me/my child if I/we take part in the research?

If you and/or your child(ren) take part in this research study, you will first be asked to complete an expression of interest form. On this form, we will ask you for some contact information to allow us to get in touch with you about the study. We will also ask you for some information about you and your child(ren) (including your/their age, their year group, your/their ethnicity, your/their gender, whether your child(ren) is/are eligible for free school meals, your level of education, whether your child(ren) has/have a special educational need/disability and whether your child(ren) has/have experienced problems with anxiety) to help us make sure we speak to a wide range of participants from different backgrounds who have different experiences. We will ask for your permission to keep this data until the end of the study so that we can contact you at a later date if we need to. We may not be able to speak to everyone who expresses an interest in the study, but we will get in touch to let you know if we would like you and/or your child to take part.

What will parents be asked to do?

If you are selected to take part in the research, we will ask you to sign a consent form to say that you agree to participate.

You will then be asked to take part in a one-to-one interview. This can take place in person, over Microsoft Teams video chat, or over the telephone - whichever you would prefer. We will arrange for this to take place at a time that is convenient to you. If you choose to talk to us via video chat, we will send you the details you need to access the online video chat before the interview.

During the interview, we will ask you to talk about your experiences of any changes you may have noticed in the day-to-day running of your child(ren)'s classroom, or any differences you feel the training may have made to your child's experience in school, either from your own experience, or based on things that your child(ren) has/have talked to you about. We are also interested in finding out if you haven't noticed any differences, or if you were hoping that something would change but it hasn't. You will not have to talk about anything that you do not wish to discuss. Just tell us if you do not wish to answer a particular question and we will move on. The interview will take no longer than one hour and you will be given a £10 voucher as a thank you for your time.

What will children be asked to do?

If your child(ren) is/are selected to take part, we will ask you to sign a consent form giving your permission for them to take part. We will also ask your child(ren) to fill in an assent form to say that they are happy to participate. The interview can take place in person at your child(ren)'s school (provided the school is in agreement), over Microsoft Teams video chat, or over the telephone - whichever you and your child(ren) would prefer.

If your child(ren) is/are interviewed in person, we will arrange a convenient time with the school. If your child(ren) choose(s) to talk to us via video chat, we will send you the details they need to access the online video chat before the interview. We will arrange for this to take place at a time that is convenient to you.

During the discussion, your child(ren) will be asked to talk about their experiences of any changes they may have noticed in the day-to-day running of their classroom, or any differences they feel the training may have made to their experience of being at school. We are also interested in finding out if they haven't noticed any difference, or if they were expecting/wanted certain things to change, but they didn't. During the interview your child(ren) might also be asked to draw pictures or to write down ideas and thoughts on mind-maps etc. They will not have to talk about anything that they do not wish to discuss. They just need to tell us if they do not wish to answer a particular question and we will move on. The interview will take approximately 30 minutes to one hour and you will be given a £10 voucher for your child(ren) as a thank you for their time.

Everything you say is important to us and we want to make sure that we capture and represent all ideas and opinions accurately. Therefore, the conversation will be recorded and then written out word-for-word by someone on the research team for further analysis. If you talk to us in person, on the telephone, or over Microsoft Teams, we will use a digital audio recorder to record the conversation. All recordings will be stored securely on a University approved secure drive until we have finished writing everything up. When we write up the conversation, your name and anything else that could be used to identify you will be removed.

What information will be collected and why is the collection of this information relevant for achieving the research objectives?

At the start of the study, you and/or your child(ren) will be given a unique ID number and we will use this to label all the information we collect from you (your name, consent/assent records, contact details and demographic, audio recordings, written transcripts, and any written outputs from discussions). We will take all reasonable steps to ensure that the data you give us remains confidential. Your name and other personal details that could identify you will be removed from the information that you give before any analysis takes place.

The demographic data we collect helps us to ensure that we include views and experiences of participants from different backgrounds. It also helps us understand and describe the research findings. We will also collect your contact details to allow us to contact you about the research. Your contact details and the demographic information you provide will be stored on a secure server at the University of Oxford and destroyed at the end of the study once results have been released. All consent records will be stored on a secure server at the University of Oxford and kept for 3 years after completion of the project before being destroyed. Audio recordings of interviews will be saved to secure servers at the University of Oxford and deleted once fully transcribed and analysed. Any anonymised data (e.g. interview transcripts) will be retained by the research team and stored on secure servers at the University of Oxford. In all cases, data will only be accessible to approved members of the research team.

Will the research be published? Could I be identified from any publications or other research outputs?

This research is being conducted as part of a doctorate degree, so it will be included in a doctoral thesis. A copy of this thesis will be deposited both in print and online in the Oxford University Research Archive where it will be publicly available to facilitate its use in future research. Results of the project may also be published in academic journals and we may use quotes from the interviews we conduct. Any personal information about you will be changed or removed before the results are made public so that original participants cannot be identified. We can provide you with a summary of the research results if you wish.

Data Protection

All data that you provide will only be accessible to other approved members of our research team, the Research Ethics Committee and other responsible members of the University of Oxford for the purposes of monitoring and ensuring compliance.

The University of Oxford is the data controller with respect to your personal data, and as such will determine how your personal data is used in the research. The University will process your personal data for the purpose of the research outlined above. Research is a task that is performed in the public interest.

Further information about your rights with respect to your personal data is available from the University's Information Compliance website: https://compliance.admin.ox.ac.uk/individual-rights.

What are the possible benefits and disadvantages or risks of taking part?

By taking part, you and/or your child(ren) will be helping us to evaluate and improve training that will help teachers and schools to manage their classrooms on a day-to-day basis, so that they provide the best support for children when they feel anxious.

We recognise that talking about things that make children anxious in class may bring up thoughts and feelings that are upsetting. You/they do not have to answer any questions that make you/them feel uncomfortable and you/your child(ren) may choose to stop or leave the interview at any time. If you and/or your child(ren) have any concerns after the interview, you/they can talk to the school, your GP or to the research team who will be able to provide you with information and resources, in case these are useful.

Please be aware that, according to safeguarding laws, we would be obliged to breach confidentiality if, during the course of the interview, you or your child(ren) reveal something that might mean a child is at risk.

Expenses and payments

To say thank you for taking part in an interview, we will offer you and/or your child(ren) a £10 voucher.

Who is funding this research?

The Principal Investigator for this research is Professor Cathy Creswell at the Departments of Experimental Psychology and Psychiatry. The study lead is Helen Manley, a doctoral student at the University of Oxford who is also a qualified, experienced primary school teacher. The research is funded by the National Institute for Health and Care Research Applied Research Collaboration Oxford and Thames Valley, an organisation that pays for research to improve health.

Who has reviewed this research?

This research has received ethics approval from a subcommittee of the University of Oxford Central University Research Ethics Committee (Ethics reference: R85234/RE002).
All researchers working on the project have been subject to checks by the Disclosure and Barring Service and have been approved by the University of Oxford to work with children.

Who do I contact if I have a concern about the research or I wish to complain?

If you have a concern about any aspect of this research, please contact Helen Manley (email: helen.manley@psych.ox.ac.uk) or Cathy Creswell (email: cathy.creswell@psych.ox.ac.uk, telephone: 01865 618614) and we will do our best to answer your query. I/we will acknowledge your concern within 10 working days and give you an indication of how it will be dealt with.

If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Medical Sciences Interdivisional Research Ethics Committee at the University of Oxford who will seek to resolve the matter as soon as possible:

Email: ethics@medsci.ox.ac.uk; Address: Research Services, University of Oxford, Boundary Brook House, Churchill Drive, Headington, Oxford OX3 7GB.

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact the Research Lead, Helen Manley:

Managing Anxiety in Primary Schools

MAPS Research Team:

Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
Helen Manley

University of Oxford Department of Experimental Psychology
Anna Watts Building
Woodstock Road
Oxford
OX2 6GG

Email: helen.manley@psych.ox.ac.uk
Tel: 01865 618614

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Department of Psychiatry
Medical Sciences Division

Experimental Psychology

University of Oxford

Participant information sheet – children

Information Sheet for Children

Ethics Ref: R85234/RE002

Version 1.1 29.11.23

Managing Anxiety in Primary Schools

My name is Helen and I work at the University of Oxford.
I am doing some research and your school said it will help me - I would love you to help me too!

Research is a way we try to find out the answers to questions. Before you decide if you would like to help me with it, it is important for you to understand what the study is about, why we are doing it and what you would have to do.

You can talk to your family, friends, or me if you want to and ask any questions you like before you agree to join in.

What is MAPS and what are we trying to find out?

Our research project is called MAPS which stands for **M**anaging **A**nxiety in **P**rimary **S**chools.
We know that sometimes, some children might feel worried or anxious about going to and being in school. We also know that schools do a lot to help children who feel like this, but we also know that the people who work in school might not always know that children are feeling worried or anxious or how best to help them. We would like to find out whether there are things that teachers and other people who work in schools do (for example the way they organise the classroom, or the things they do and say while teaching) that can help children who might feel worried or anxious at school to feel better.

A little while ago, we spoke to some parents, children, and staff from different primary schools to help us find out what they think might make children more worried or anxious in school and what schools can do to help children feel less worried or anxious in school. We got lots of great ideas from them!

Since then, some headteachers, teachers, TAs, and other people who work in schools have been busy helping us to use those ideas to design some training for school staff to help them think about things that they can do to help children who might be worried or anxious at school.

The teachers and TAs at your school will now help us to test that training. We will work with them to help them think about all the things they can do in the classroom to make a difference for children who might be worried or anxious, and then, afterwards, we will ask them to try out some of the ideas we give them in the lessons they teach you.

This is where we would LOVE you to help us, too. When the teachers have had a little bit of time to try out the things they have learned, we would like to talk to you and some other children at your school to see if you have noticed any differences in what the teachers are doing, if you think what they are doing is helping children feel less worried or anxious, and if you think there is anything else that they could do to help even more.

Your ideas will help us to make our training for teachers even better, so that more children get better help to feel less worried or anxious when they're at school.

Why am I being invited to help?

I am inviting you to take part because you are a pupil at primary school who is in Year 2, 3, 4, 5 or 6. We think primary school children are some of the best people to help us.

I would like you and some other children from your school to come and give me your ideas and advice on what you think teachers and other school staff do that might help children when they feel worried or anxious at school and anything that teachers do that might not help children when they feel worried or anxious or that might make them more worried or anxious. **I would like to get ideas from lots of children, including children who feel worried or anxious at school, children who get worried or anxious sometimes or when doing some things, and children who never feel worried or anxious when they are at school.**

Your parent/carer has said it is OK for you to join in.

Do I have to join in?

No, you don't have to if you don't want to. You can ask questions before choosing whether you want to join in. You can change your mind at any time by telling me, telling your teacher or telling your parent/carer. You don't have to say why. If you decide to stop, even in the middle of talking to me, no one will be upset with you. You can even decide that you've changed your mind after you've talked to me, but you need to tell me within 2 weeks of talking to me.

What will I be asked to do?

I will arrange a time to talk to you, either when you are at school or when you are at home. If I talk to you while you are at school, I will make sure that I talk to your teacher to find a time that is ok with them, I may come to your school to talk to you, or we might talk online using a video chat program called Microsoft Teams or on the phone.
If I talk to you at home, we can do this online or by phone, too, and I will talk to your parent/carer about the best time to call you.

I will ask you to talk to me about any differences you have noticed in what your teacher is doing in the classroom, for example, you might notice that they are doing things that they didn't do before, they might change the way the classroom looks, or change some things on the walls, or you might notice that they teach some of their lessons differently. If you have a TA who works in your classroom, they might do some things differently too. I will ask you to have a think about whether you think what they are doing now might make things better for children who might be worried or anxious in school and why.

Before I talk to you, you might want to talk to your friends to ask them what they think and get their ideas too.

I might ask you to draw some pictures or write down the ideas that you have. You don't have to talk about anything that you don't want to talk about. Just tell me and we will move on.

I may write down some of the things that you say. I will also record our talk, but don't worry – this is just to help me make sure that I haven't forgotten any of your ideas. When we have finished our research, we will destroy all the recordings and I won't write your name next to anything you have said, so no one will know who said what.

It will probably take between 30 minutes and 1 hour.

Will anyone else know I'm doing this?

The people in our research team will know you are taking part. Some other people who work at the University will also know you are taking part but this is just so that they can make sure that I am doing my job properly to keep you and the information you give us safe. If you talk to me in a group, the people in the group will know you have joined in, but we will ask you and them not to share anything we talk about. No one else will know that you have helped me - unless, of course, you tell them yourself!

What will you do with what you find out?

When I collect information from you I will keep it in a safe place and save it on computers at the University of Oxford. Only the people doing the research, or helping with the research, can look at it. Eventually, we will use the information you give us to help us design some training for teachers and other people who work in schools and I will also use it in my university project. The information may also be printed in something called an 'academic journal' (which is a kind of magazine where researchers tell other people about the work they have done) and we may include some of the ideas you have given us.

But don't worry – before we let other people see what we have found out, we will make sure that we take out your name or anything else that means people can tell who you are. No one will be able to tell it was you who said it or that it was you who helped us.

Will joining in help me?

Taking part in our research may not help you but, by joining in, you will be helping us to help teachers and schools to think about the best ways to help children when they feel worried or anxious. This means that you will be helping children in the future.

Will anything about the research upset me?

Sometimes, thinking and talking about things that make children worried or anxious in school might be upsetting. You don't have to answer a question or talk about something if you don't want to. If you want to stop taking part at any time, you can. If you feel upset, you can talk to me, to your teacher or to your parents afterwards and we will help you.

If I am worried about you or someone else that we talk about, I will talk to your teachers and your parent or carer, but I will talk to you about it first.

Who has checked that this research is OK to do?

Before we can do research with people, it has to be checked by a group of people called a Research Ethics Committee to make sure that it is fair and that it is ok to do. This study has been checked by the Research Ethics Committee at the University of Oxford.

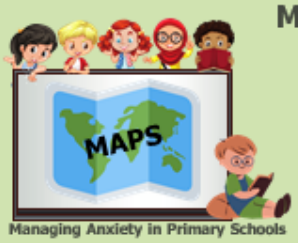
Before I started working at the University of Oxford, I was a primary school teacher, so I have spent a long time working with and talking to children! All the other people working on this project are also allowed to work with children.

What if there is a problem or something goes wrong?

If you have any questions or are not happy because of something that happened during the research, please talk to your parent or carer who will let me and my team know. We will then do our best to answer any questions you have or let you know about how we will help with any problems.

Thank you for reading this.

If you decide that you'd like to help us with our research, we look forward to talking to you soon!



MAPS Research Team:

Principal Investigator:
Professor Cathy Creswell
Research Co-Supervisor:
Dr Tessa Reardon
Research Lead:
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Appendix 6.8

Expression of interest form – parents/children

Expression of Interest Form - Parents

MAPS: Managing Anxiety in Primary Schools – Feasibility Study of Anxiety Training for Staff

Version 1.0; 13.04.23 (Ethics Ref: R85234/RE001)

We will be inviting a small number of parents and children who express an interest to talk to us about their thoughts on the recent staff training on managing and minimising anxiety that has been provided in your child's school. We would like to talk to you about any differences you feel it has made to day-to-day experiences in the classroom. We would also like to talk to you if you haven't noticed any differences at all, or if you have noticed some differences but were expecting to notice others.

Please let us know by ticking the relevant boxes below whether you and/or your child(ren) is/are interested in taking part and how you/they would prefer to talk to us.

☐ I wish to be contacted about taking part in a 1:1 interview to discuss my thoughts and experiences of the MAPS training for school staff, including any differences I have (or have not) noticed and any impact this may have had on my child(ren)'s experience in the classroom. These will be used to further develop and improve training for school staff about how their day-to-day teaching can best support children who feel anxious and prevent difficulties with anxiety emerging.

I am happy to be interviewed (please tick all that apply to you):

☐ In person at my child(ren)'s school (provided the school agrees)
☐ Over Microsoft Teams Video Chat
☐ Over the telephone
☐ No preference

AND/OR

☐ I wish to be contacted about **my child(ren)** taking part in an interview to discuss their thoughts and experiences of the MAPS training for school staff, including any differences they have noticed and the impact this has had on my child(ren)'s experience in the classroom.

☐ My child is happy to take part in a group interview with other children from the school
☐ My child is happy to be interviewed 1:1 (a parent or member of school staff is welcome to be present during the interview if your child(ren) would prefer)

The next section of this form will ask you for some personal information including your contact details, information relating to your/your child's gender, age, eligibility for free school meals, level of education, ethnicity, whether your child has special educational needs and their experiences of anxiety. We collect this information ensure that we talk to a wide range of participants with different experiences from different backgrounds. This information also helps us to understand the results of the project and what they mean for different people. We need your permission to collect, store and use this data.

PLEASE TICK to give your consent

☐ I give permission for the MAPS Team to collect and retain the data on this form to help them select a range of participants

☐ I understand that, if I am selected for interview, my personal information will be securely stored until the end of the study and results have been written up. If I am not selected for interview, my data will be destroyed as soon as participant recruitment is finished.

*IF YOU HAVE MORE THAN ONE CHILD AT THE SCHOOL/IN THE SAME CLASS, YOU ARE WELCOME TO COMPLETE AN EXPRESSION OF INTEREST FOR **JUST ONE** OF YOUR CHILDREN OR **MORE THAN ONE**. IF YOU WOULD LIKE **MORE THAN ONE CHILD TO** PARTICIPATE IN THE RESEARCH, PLEASE COMPLETE AN EXPRESSION OF INTEREST FORM **FOR EACH CHILD**.*

_____

Your name:

Email address:

Telephone number:

Your child's name:

Your child's school: **Your child's class:**

Please read and complete the information about you and your child (this information will help us to make sure that we speak to a wide range of parents/children from different backgrounds with different experiences.

*Gender you prefer to identify as:

*Gender your child prefers to identify as:

*(*we are asking this because we expect parent/child experiences may vary across genders)*

Your age:	Your child's age:	Your child's year group :

Please choose one option that best describes your/your child's ethnic group or background:

	You	**Your child**
White:		
English/Welsh/Scottish/Northern Irish/British		
Irish		
Gypsy or Irish Traveller		
Any other White background, please describe:		
Mixed/Multiple ethnic groups:		
White and Black Caribbean		
White and Black African		
White and Asian		
Any other Mixed/Multiple ethnic background, please describe:		

Asian/Asian British:		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Any other Asian background, please describe:		
Black/ African/Caribbean/Black British:		
African		
Caribbean		
Any other Black/African/Caribbean background, please describe:		
Other ethnic group:		
Arab		
Any other ethnic group, please describe:		
Prefer not to say		

What is your highest level of education?

No formal qualifications	GCSE/Equivalent	A Level / other equivalent further education qualification	Higher Education Qualification

Is your child eligible for Free School Meals?

Yes	No	Prefer not to say

Does your child have a special educational need/ disability?

Yes	No	Prefer not to say

If you have answered yes, what is the nature of their need/disability?

My child is:

Never anxious or worried in/about school	Sometimes anxious or worried in/about school	Anxious or worried in/about school in some circumstances	Often anxious or worried in/about school	Always anxious or worried in/about school

Appendix 6.9

Parent consent and child assent forms

PARTICIPATING PARENT CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R85234/R001

MAPS: Managing Anxiety in Primary Schools – Evaluation of Anxiety Training

	Please complete this form if YOU agree to participate in the research	***Please initial each box if you agree***
1	I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.	
5	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project	
6	I understand how this research may be written up and published	
7	I understand how to raise a concern or make a complaint	
8	If I take part in an interview or discussion group, I consent to the interview/discussion being audio-recorded	
9	I agree to take part	
10	OPTIONAL - If I take part in an interview or discussion group, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports	YES / NO

Name of Parent/Carer: _____ Date:_____ Signature:_____

Name of researcher taking consent: _____ Date:_____ Signature: _____

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PARENT CONSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R85234/RE001

MAPS: Managing Anxiety in Primary Schools – Evaluation of MAPS Training

	Please complete this form if you agree to YOUR CHILD participating in the research	***Please initial each box if you agree***
1	I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my child's participation is voluntary and that they are free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.	
5	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project	
6	I understand how this research may be written up and published	
7	I understand how to raise a concern or make a complaint	
8	If my child takes part in an interview or discussion group, I consent to the interview/discussion being audio-recorded	
9	If my child takes part in a discussion group, I/they agree not to share any information disclosed in the group discussion that could identify an individual with anyone outside the group	
10	I agree to my child taking part	
11	OPTIONAL: If my child takes part in an interview or discussion group, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports	YES / NO

_____
Name of Child

_____ dd / mm / yyyy _____
Name of Parent/Carer Date Signature

_____ dd / mm / yyyy _____
Name of researcher taking consent Date Signature

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Medical Sciences Division

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CHILD ASSENT FORM

Central University Research Ethics Committee (CUREC) Approval Reference: R85234/RE001

MAPS: Managing Anxiety in Primary Schools – Feasibility Study of Anxiety Training for School Staff

Please put a circle around your answer:

❋ Has somebody explained the research to you?	YES NO
❋ Do you understand what the research is about?	YES NO
❋ Have you asked all the questions you want?	YES NO
❋ Did you understand the answers?	YES NO
❋ Do you understand it's ok to stop taking part at any time?	YES NO
❋ Are you happy for your voice to be recorded?	YES NO
❋ Are you happy to take part?	YES NO

If <u>any</u> answers are "no" or you don't want to take part, that's OK! No one will be cross with you.
If you **<u>do</u>** want to take part, please write your name below.

Your name _____

Your school _____

Date _____

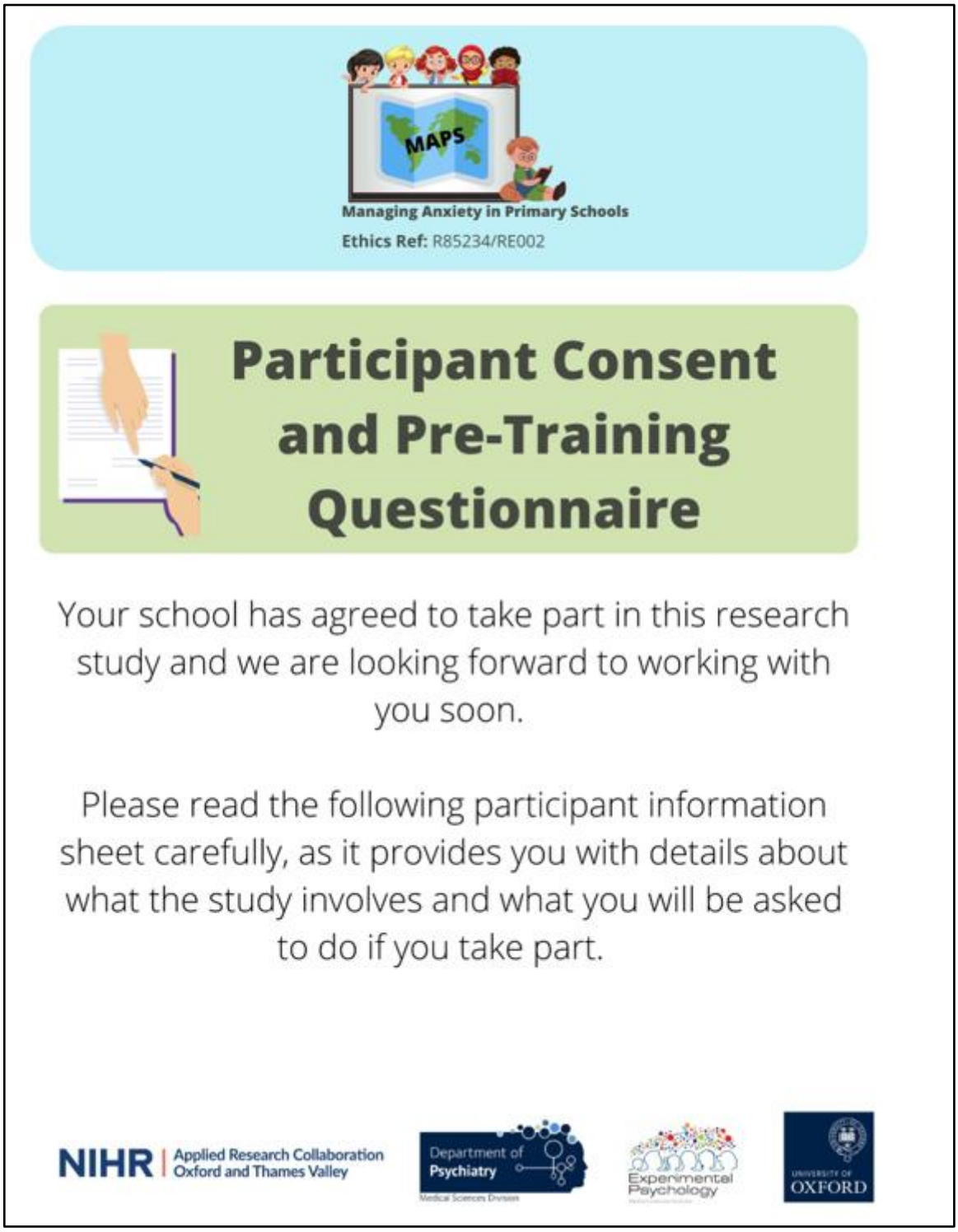
The researcher who explained this project to you needs to sign too:

Researcher Name_____Signature_____ Date _____

Appendix 6.10

Questionnaires

Pre-training questionnaire



Please click here to read the information sheet:

MAPS Feasibility Information for School Staff.pdf

If you have any questions about the research study, please contact the Research Lead (Helen Manley) using the contact information at the end of the participant information sheet.

If you are happy to proceed, please click on the arrow to continue. You will first be asked to complete a consent form, and a short pre-training questionnaire.

SCHOOL STAFF CONSENT FORM

MAPS: Managing Anxiety in Primary Schools – Feasibility Study of Anxiety Training for School Staff

Please tick each box to confirm that you understand and agree to each statement:

- ☐ I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- ☐ I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.
- ☐ I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.
- ☐ I understand that this project has been reviewed by, and received ethics clearance through, a subcommittee of the University of Oxford Central University Research Ethics Committee.
- ☐ I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project
- ☐ I understand how this research may be written up and published
- ☐ I understand how to raise a concern or make a complaint
- ☐ I agree to complete pre- and post-training questionnaires and give permission for these to be kept by the research team until the end of the study
- ☐ I agree to take part

We will ask some school staff to take part in an optional 1:1 interview to discuss their experiences further (Please tick each box if you are willing to participate and give your consent to the following):

- ☐ I would be willing to be contacted at a later date about taking part in an interview to talk in more detail about my experiences of the training
- ☐ If I take part in an interview, I give permission for researchers to use unidentifiable direct quotes in any resulting publications, presentations and research reports
- ☐ If I take part in an interview, I consent to the interview/discussion being audio-recorded

Name of Participant:
Date:
Participant Signature:

Thank you for completing your consent form.

You will now be asked to complete a pre-training questionnaire.

The first section will ask you for some background information about you (including your role, the year group you work with, and the number of years you have worked in education, your age, the gender you prefer to identify as, and your ethnicity). This information will help us describe the people that have been involved in our research. We will also ask for your contact details so that we can send you updates throughout the study.

MAPS: Managing Anxiety in Primary Schools – Feasibility of Anxiety Training for School Staff
Pre-training participant information and questionnaire
Version 1.1; 29.11.23 (Ethics Ref: R85234/RE002)

Pre-Training Background Information

Please complete the following to let us know a little bit more about you and your background and experience

Your name:

Your school:

Your email address:

Confirm email address:

Your telephone number:

Your role (including the year group you work with if applicable):

Number of years' experience teaching/working in school/school leadership:

Do you have experience of working with children with anxiety difficulties?
O No O None O A little O A lot

Gender you prefer to identify as*:
*(*If you would prefer not to say, please write PNS in the box)*

Your age:

- ○ 18-24 years
- ○ 25-34 years
- ○ 35-44 years
- ○ 45-54 years
- ○ 55-59 years
- ○ 60+ years
- ○ Prefer not to say

Please choose one option that best describes your ethnic group or background:

- ○ White: English/Welsh/Scottish/Northern Irish/British
- ○ White: Irish
- ○ White: Gypsy or Irish Traveller
- ○ Any other White background, please describe:
- ○ Mixed/Multiple ethnic groups: White and Black Caribbean
- ○ Mixed/Multiple ethnic groups: White and Black African
- ○ Mixed/Multiple ethnic groups: White and Asian
- ○ Any other Mixed/Multiple ethnic background, please describe:
- ○ Asian/Asian British: Indian
- ○ Asian/Asian British: Pakistani
- ○ Asian/Asian British: Bangladeshi
- ○ Asian/Asian British: Chinese
- ○ Any other Asian background, please describe:
- ○ Black/ African/Caribbean/Black British: African
- ○ Black/ African/Caribbean/Black British: Caribbean
- ○ Any other Black/African/Caribbean background, please describe
- ○ Other ethnic group: Arab
- ○ Any other ethnic group, please describe:
- ○ Prefer not to say

The next section of the questionnaire will ask you questions about how confident you currently feel in supporting children who experience anxiety in school.

I feel it is part of my role to support children's mental health:

- ○ Strongly Disagree
- ○ Disagree Neutral
- ○ Agree Strongly
- ○ Agree

I feel I can make a difference to children who experience high levels of anxiety:

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

	0	1	2	3	4	5	6	7	8	9	10
I feel confident that I would know the signs to look for if I thought a child might be struggling with anxiety											

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

	0	1	2	3	4	5	6	7	8	9	10
I feel confident that I know what to say to/do for a child who shows signs of struggling											

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

0 1 2 3 4 5 6 7 8 9 10

I feel confident That I know what to Say to/do for The parent of a child Who shows signs of Struggling with anxiety

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

0 1 2 3 4 5 6 7 8 9 10

I feel confident in supporting children who experience high levels of anxiety in school

Please move the slider to indicate your answer to the following statement (0 = not at all knowledgeable - 10 = extremely knowledgeable)

0 1 2 3 4 5 6 7 8 9 10

I feel I have the knowledge to support children who are struggling with anxiety

I feel I have the time in my day-to-day teaching to support children who experience high levels of anxiety

- ○ Yes
- ○ No

Please tell us more:

I feel I have the emotional capacity in my day-to-day teaching to support children who experience high levels of anxiety

- ○ Yes
- ○ No

Please tell us more:

Post-training questionnaire

Thank you for taking part in the recent MAPS Training Session.

We are now sending you the first follow-up questionnaire to ask you for your thoughts and reflections on the training.

This will help us to help us develop and improve it further.

Please click on the link to see the participant information sheet again:

MAPS Feasibility Information for School Staff.pdf

As before, if you have any questions about the research study, please contact the Research Lead (Helen Manley) using the contact information at the end of the participant information sheet.

If you are happy to proceed, please click on the arrow to continue. You will be asked to complete a short questionnaire asking you about your experiences of the recent MAPS training session for staff at your school.

Managing Anxiety in Primary Schools (MAPS) Post-Training Questionnaire for School Staff

Version 1.1; 29.11.22 (Ethics Ref: R85234/RE002)

The first section of this questionnaire will ask you some questions about how confident you feel supporting children who are anxious in school now that you have taken part in the recent training session.

I feel it is part of my role to support children's mental health:

- ○ Strongly Disagree
- ○ Disagree Neutral
- ○ Agree Strongly
- ○ Agree

I feel I can make a difference to children who experience high levels of anxiety:

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

	0	1	2	3	4	5	6	7	8	9	10
I feel confident that I would know the signs to look for if I thought a child might be struggling with anxiety											

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

	0	1	2	3	4	5	6	7	8	9	10
I feel confident that I know what to say to/do for a child who shows signs of struggling with anxiety											

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

	0	1	2	3	4	5	6	7	8	9	10
I feel confident that I know what to say to/do for the parent of a child who shows signs of struggling with anxiety											

Please move the slider to indicate your answer to the following statement (0 = not at all confident - 10 = extremely confident)

	0	1	2	3	4	5	6	7	8	9	10
I feel confident in supporting children who experience high levels of anxiety in school											

Please move the slider to indicate your answer to the following statement (0 = not at all knowledgeable - 10 = extremely knowledgeable)

	0	1	2	3	4	5	6	7	8	9	10
I feel I have the knowledge to support children who are struggling with anxiety											

I feel I have the time in my day-to-day teaching to support children who experience high levels of anxiety

- ○ Yes
- ○ No

Please tell us more:

I feel I have the emotional capacity in my day-to-day teaching to support children who experience high levels of anxiety

- ○ Yes
- ○ No

Please tell us more:

The next section of this questionnaire will ask you for some specific feedback about the training session.

Overall the training was:

- ○ Excellent
- ○ Very good
- ○ Good
- ○ OK
- ○ Poor
- ○ Very poor

Please move the slider to indicate your answer to the following statement (0 = not at all - 10 = exceeded)

	0	1	2	3	4	5	6	7	8	9	10
The training met my expectations											

How useful was the training?

- ○ Very useful
- ○ Useful
- ○ Somewhat useful
- ○ Not very useful
- ○ Not at all useful

The next section of the questionnaire will ask you questions about the CONTENT of the training

Please move the slider to indicate your answer to the following statement (0 = not at all - 10 = extremely)

	0	1	2	3	4	5	6	7	8	9	10
The training was clear and easy to understand											
The training was relevant to schools											
The training was relevant to my practice											
The training increased my knowledge of how to support children who are struggling with anxiety											

	0	1	2	3	4	5	6	7	8	9	10
The suggested resources will be helpful											

The next section of the questionnaire will ask you questions about the DELIVERY of the training.

The length of the training was:

- ○ Too short
- ○ About right
- ○ Too long

The session was well facilitated

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

There was adequate time for discussion

- ○ Not enough time at all
- ○ Slightly too little time
- ○ Adequate time
- ○ Slightly too much time
- ○ Too much time

The balance of input/discussion/activities was about right

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Please tell us more:

The activities enhanced my learning/understanding

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

I felt able to share ideas/experiences

- ○ Not able at all
- ○ Somewhat Able
- ○ Able
- ○ Very Able
- ○ Extremely Able

I felt able to ask questions

- ○ Not able at all
- ○ Somewhat Able
- ○ Able
- ○ Very Able
- ○ Extremely Able

I felt my experience as a practitioner was valued

- ○ Not valued at all
- ○ Somewhat Valued
- ○ Valued
- ○ Very Valued
- ○ Extremely Valued

The last section of this questionnaire will ask you questions about the IMPACT of the training

The training gave me ideas I can use in my day-to-day teaching

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Please tell us more:

I will make changes to my practice following this training

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Please tell us more:

I will be able to implement ideas offered in my teaching

- ○ Not at all likely
- ○ Somewhat Likely
- ○ Moderately Likely
- ○ Very Likely
- ○ Extremely Likely

What, for you, was the most helpful part of the training?

What, for you, was the least helpful part of the training?

How do you think your practice might change as a result of the training?

What, for you, was the least helpful part of the training?

Was there anything you were hoping this training would cover that it didn't?

Do you have any recommendations to make future training better?

We will be inviting a small number of school staff who express interest to take part in in-depth interviews to discuss their experiences of the training and its impact in more detail to help us evaluate and improve the training further.

Please let us know by ticking the relevant boxes below whether you are interested in taking part and how you would prefer to talk to us.

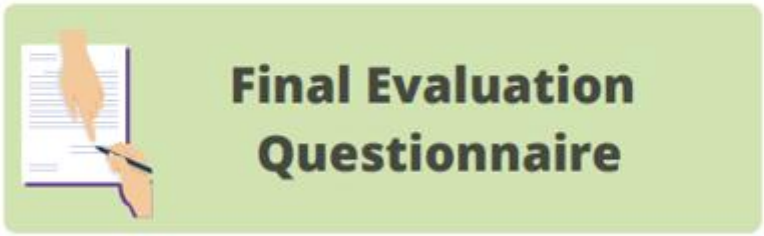
I am happy to be contacted about taking part a 1:1 interview to discuss my experiences of the training in more detail

- ○ Yes
- ○ No

I am happy to be interviewed (please tick all that apply to you):

- ○ In person at my school
- ○ In person at the University of Oxford
- ○ Over Microsoft Teams
- ○ Over the telephone
- ○ No preference

Final evaluation questionnaire



It has now been 6 weeks since you and your school took part in the MAPS Training.

We are now sending you a final follow-up evaluation questionnaire to find out if and how you have been using the training in your classrooms over the last few weeks.

This will help us develop the training to make it as helpful as possible to schools in future.

Managing Anxiety in Primary Schools
Follow-Up Evaluation Questionnaire for School Staff

Version 1.1; 29.11.23 (Ethics Ref: R85234/RE002)

Click on the right-hand arrow to begin

Did you make changes to your practice following the training?

- ○ No changes at all
- ○ Slight changes
- ○ Some changes
- ○ Lots of changes

Please tell us more *(for example, the kinds of change you made or, if you didn't, why not):*

Have you used strategies from the training in your teaching?

- ○ No strategies at all
- ○ Very few strategies
- ○ Some strategies
- ○ Lots of strategies

Which strategies (if any) from the training have been most beneficial?

Please move the slider to indicate your answer to the following statement (0 = not at all likely - 10 = extremely likely)

	0	1	2	3	4	5	6	7	8	9	10
How likely are you to continue to use strategies from the training in your classroom/ teaching?											

Please move the slider to indicate your answer to the following statement (0 = not at all easy - 10 = extremely easy)

	0	1	2	3	4	5	6	7	8	9	10
How easy was it to make changes to your practice related to the training?											

Did anything prevent you from making changes to your practice (please tell us more)?

What difference (if any) do you think this training has made to the children you teach?

What difference (if any) do you think this training has made across the school?

Have children or parents commented on any changes they've noticed?

- ○ Yes
- ○ No

Please tell us more:

Your school has supported you in implementing the things you learnt in the training

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

Could your school have done anything to support you better to implement what you learnt in the training?

Please move the slider to indicate your answer to the following statement (0 = not at all helpful - 10 = extremely helpful)

	0	1	2	3	4	5	6	7	8	9	10
How helpful were the regular updates from the research team?											

Did you attend any of the weekly online check-in sessions with the research team?

- ○ Yes
- ○ No

If YES, please tell us whether you think they were useful and why. If NO, please tell us why not.

Could the research team have done anything else to support you better?

- ○ Yes
- ○ No

Please tell us more:

Please move the slider to indicate your answer to the following statement (0 = not at all likely - 10 = extremely likely)

	0	1	2	3	4	5	6	7	8	9	10
How likely are you to recommend this training to other schools/ school staff											

Please tell us more:

Appendix 6.11

Interview topic guide - school staff

MAPS: Managing Anxiety in Primary Schools – Feasibility Study: Feasibility Study Evaluation

Indicative Topic Guide for Participating School Staff

Version 1.1; 29.11.23 (Ethics Ref: R85234/RE002)

Part 1. Introduction

Thank you so much for agreeing to take part in this feedback interview about the MAPS training you took part in recently and for signing the consent form. In the next hour or so I will ask you some questions about the different aspects of the training

(*for interviews conducted later in the process)*

and/or

how you found the process of trying to implement the ideas and strategies from the training in your teaching over the last few weeks.

We are conducting these interviews with around 6 to 10 members of school staff from various different schools who have been involved. These interviews will allow us to collect more detailed information about your experiences with MAPS in your school and give us some insight into what worked well, what didn't work, and what to improve and what to improve.

(For online interviews) Before we begin the interview, I just wanted to make it clear to you that I will keep my camera on, but that you are free to have yours on or off as you wish.

- **Have you participated in a research interview before?**
- The conversation will take no longer than one hour and there are no right or wrong answers, I'd just like you to talk about any ideas you have or any of your experiences. I won't be offended by any negative comments about your experiences, we just want to hear your honest opinion and your ideas. Knowing what you feel doesn't work is as useful for us to know as what you feel does work, because we need both of these things to help us work out what would help schools most and how to improve and develop this training further so that it can be of most use to schools in future. Throughout the conversation, I would like to get your views/hear about your experiences - but please try not to name individual children.

- Your participation is completely voluntary, you can let me know at any stage if you would like to stop the interview, without needing to give a reason.
- Everything you share is important to us, so as mentioned in the consent form, I would like to audio record our interview. This is so that I can make sure I don't miss anything you have said.

- Everything we discuss is confidential. After the interview I will transcribe the recording and we will remove any information that could identify you or your school, and I won't share your name or anything that could identify you or your school with anyone outside our team. All the information you provide will be kept secure and confidential on our University approved systems. Only the authorised researchers from my team and I will have access to it.
- However, you probably remember from the information we sent you before the training that the only exception to that would be if I was worried about someone's safety, which might mean sharing information with someone who can help.

- **Do you have any questions or concerns?**
- **Are you still happy for the conversation to be recorded?**
- **I just need to check that you are still happy for me to quote you directly using a pseudonym? [a name that isn't yours]**
- **Are you still happy to take part?**

Great. I will start the recording now. If at any point you would like to take a break, please let me know and I can stop the recording. Also, please feel free to ask me to clarify or repeat a question and do let me know if you would like to talk about something that my questions do not cover – we want to make sure you have the opportunity to talk about everything you feel is important.

Part 2. Interview

QUESTIONS ABOUT PARTICIPATING IN TRAINING SESSION

- **How did you find the training, both in terms of the content and the delivery?** (Specific prompts to use if helpful/relevant)

  Thinking particularly about the CONTENT

  - *Was the training session what you expected?*
  - *What did you think of the content?*
  - *Do you think training like this is useful for staff in schools?*
  - *Did you find it useful/helpful?*
  - *Were there any parts of it that you found particularly helpful?*
  - *Did you find anything unhelpful?*
  - *Did any of the content surprise you?*
  - *Thinking a bit about how confident or able you felt to support children with anxiety problems in school before the training, do you think the training has done anything to help or improve that?*
  - *Can you think of anything that might make the ideas from this training easier or harder for staff to use and implement? Where might the issues be?*
  - *Do you think you will make use of any of the strategies suggested in the training? Which ones, if any do you think you might use most? Any that you think you won't use? (Why/why not?)*
  - *Was there anything you were hoping the training would cover that it didn't?*

  Thinking particularly about the DELIVERY:

- *Can you tell me more about how you found the format of the training session? Did anything work / not work particularly well?*
- *How did you find the length of the training?*
- *Do you think the activities were helpful? Is there anything we could have done here to make them more helpful?*
- *Was anything about the delivery unhelpful?*
- *Did you find the discussion time helpful? Was there enough?*
- *Is there anything we could do to make the delivery of the training better?*

- *Do you think your day-to-day practice might change as a result of the training? YES: Can you tell me a bit more about elements of the training you think you will use and how this might help*
  NO: Can you tell me a bit more about why you don't think it will?
- *Do you think the training will benefit children that you teach? How? (If not, why not?)*
- *Do you think this training may benefit any children in particular – for example those with ASD or other SEND? If so, how and why and if not, why not?*

  - *Is there anything that we could do to make the training content/delivery more useful to staff and schools/ Do you have any recommendations to make any future training better?*

- *Would you recommend the training to other staff and schools?*

As you know, we are now planning to ask staff to try implementing the ideas and strategies from the training in their day-to-day teaching over the next few weeks

- *How do you feel about doing this? Do you have any concerns or worries?*
- *Is there anything that the school/we can do to support you over the next few weeks?*
- *How do you think the children might respond to the changes you make? Do you think they'll notice?*
- *What changes might you be looking for during the next few weeks?*
- *If we wanted to find out in future studies how and whether this training actually makes a difference to children's anxiety in school, do you have any suggestions about how we might capture that information or measure that change?*

QUESTIONS ABOUT IMPLEMENTING THE TRAINING IDEAS IN EVERY DAY PRACTICE

[Depending on when during the implementation phase participant is interviewed…]

I appreciate that some of these questions may not be easy to answer as you haven't had a huge amount of time to try out the ideas, but we're keen to get as much feedback as you can give us, however much you have managed to implement. Do feel free to talk about the ideas you are planning to implement in due course too and how you're feeling about that.

- **Can you start by telling me a little about your experiences over the last few weeks since the training? How have you found it?**
  (Specific prompts to use if helpful/relevant)

- *How did you feel about trying to put the ideas into practice after the training? Did you have any concerns or worries before you started?*
- *Have you used any of the ideas or strategies from the training in your teaching?*
  (If not – explore why not: What do you feel prevented you from using them/making changes to your practice?)
- *Have any strategies been particularly helpful?*
- *Have you tried anything that didn't work well?*
- *Did you have any particular hopes before you started – was there anything you were hoping to see? What did you hope to get out of this process?*
- *Did you have any concerns about what you were being asked to do in the weeks following the training? Could anything have helped you more before you started?*

So, as you might remember, the training focused on 4 main areas that might help in reducing children's anxiety in the classroom – we looked at increasing predictability, cultivating connection through relationships and communication, making the space – so managing the physical environment and increasing mental space and then providing support to learn (so the more targeted personalised support)

- **Can you tell me a bit about anything you've tried or done in these areas?**
- *Have you tried anything that focuses on increasing predictability? (visual timetables, class briefings etc)*
- *What about communication? Have you done anything differently/tried anything new here? Has anything made a positive difference? Has anything not worked?*
- *Have you made any changes to the classroom physically, for example in terms of layout? What about how you structure your day?*
- *Did you make use of any of the more targeted ideas, for example the problem-solving lessons or the step plans for individuals? (if not: Do you think you might do so in future? Why (not)?*
- *Did you make use of any of the resources, for example the displays?*

- **How easy were the ideas to implement in your day-to-day teaching?**
  - *Tell me about any specific things that were easy or ok to do.*
  - *Was anything hard or harder than you thought it would be? Why?*

- **Would you say that the ideas you've implemented have had an impact on the children/classroom life?**
  - *Have the children/parents noticed/commented on any changes?*
  - *Have you noticed any changes in children generally, or specific children (remember if possible not to reference names)?*
  - *Have you noticed any changes more generally, for example in the wider school or perhaps with parents?*
  - *This was quite a short study period- do you think you might have seen more or further changes if you'd had longer? Would anything have been easier/harder with a longer time period?*

- **Thinking a bit about how confident or able you felt to support children with anxiety problems in school before the training, has that changed in any way (positively or negatively)**

- **Do you think you will continue to use the ideas and strategies after the study?**

I'd like to just spend some time talking about your experiences of trying to implement the ideas and changes to your practice over the last six weeks

- *Did you feel like you had enough support from school? (for example, did you have any meetings or opportunities to discuss what you were doing with others during the study?)*
- *Could the school have done anything else to support you more/better?*
- *How did you find the support from the research team?*
- *How did you find the weekly email communication? Did you share any ideas with the team or get any ideas from what the team sent out?*
- *Could we have done anything differently? Done anything more?*
- *Did you make use of the weekly drop-in online sessions? (how did you find them?)*
- *Could we have done anything differently? Anything more?*
- *In an ideal world, is there any other support or help you would've liked to receive?*
- *Could anything have been made easier for you/others to keep engaging with MAPS?*

o *If we wanted to find out in future studies how and whether this training actually makes a difference to children's anxiety in school, do you have any suggestions about how we might capture that information or measure that change?*

- **Would you recommend MAPS to other staff and schools?**
- **Is there anything we can do to make sure MAPS works well for other families/schools in future?**

I think we've covered everything I specifically wanted to talk about. Is there anything else you would like to share or any other ideas you have following our discussion? Is there anything you feel I haven't thought about or asked you that you'd like to talk about?

Thank you for your time.

Interview topic guide – parents

MAPS: Managing Anxiety in Primary Schools – Feasibility Study: Post-Training Evaluation Interviews

Indicative Topic Guide for Parents at Participating Schools

Version 1.1; 29.11.23 (Ethics Ref: R85234/RE002)

Part 1. Introduction

Thanks so much for agreeing to take part in this feedback interview about the MAPS project and for signing the consent form. We are conducting these interviews with around 6 to 10 parents who have children being taught in school where staff have received the MAPS training about how they can use their day-to-day classroom practice to help support children who are anxious. These interviews will allow us to collect more detailed information about what difference the training may have made to how staff support children and whether it might have made any difference to children's experiences at school.

It would be great if you could give us some insight into whether you think the training has made a difference or not.

(For online interviews) Before we begin the interview, I just wanted to make it clear to you that I will keep my camera on, but that you are free to have yours on or off as you wish.

- The conversation will take no longer than one hour and there are no right or wrong answers, I'd just like you to talk about any ideas you have or any of your experiences. We won't be offended by any negative comments about your experiences, we just want to hear your honest opinion and your ideas.

- Your participation is completely voluntary, you can let me know at any stage if you would like to stop the interview, without needing to give a reason.
- Everything you share is important to us, so as mentioned in the consent form, I would like to audio record our interview. This is so that I can make sure I don't miss anything you have said.
- Everything we discuss is confidential. After the interview I will transcribe the recording and we will remove any information that could identify you or your school, and I won't share your name or anything that could identify you or your school with anyone outside our team. All the information you provide will be kept secure and confidential on our University approved systems. Only the authorised researchers from my team and I will have access to it.
- However, you probably remember from the information we sent you that the only exception to that would be if I was worried about someone's safety, which might mean sharing information with someone who can help.

- **Do you have any questions or concerns?**
- **Are you still happy for the conversation to be recorded?**
- **I just need to check that you are still happy for me to quote you directly using a pseudonym? [a name that isn't yours]**
- **Are you still happy to take part?**

Great. I will start the recording now. If at any point you would like to take a break, please let me know and I can stop the recording. Also, please feel free to ask me to clarify or repeat a question and do let me know if you would like to talk about something that my questions do not cover – we want to make sure you have the opportunity to talk about everything you feel is important and please do remember, I'd really value your unfiltered views and opinions – be as open and honest as possible.

Part 2. Interview

- **Can you start by telling me a little about your child and their experiences of school?**
    - *Are they anxious at or about school? Is there anything that they find particularly difficult or any situations that they find particularly difficult at school?*

You will have received an information sheet from us sent by your school about this research study.

- **Was there anything in particular about the study that made you interested in signing up to give us your feedback?**
- **Did you find the information sheet helpful – did you understand what we were trying to do and why we wanted your help?**
- **Did the school or perhaps the class teacher give you any more information or talk any more about what they were doing?**

- **Have you noticed any changes or differences in the classroom or in what the staff have been doing over the last few weeks compared to before? Can you tell me more?**

    - *Have you noticed or has your child talked about any physical changes to the classroom for example in terms of the layout/organisation/look?*
    - *Have you been aware / has your child mentioned the staff doing anything different over the last six weeks? For example, in how they teach? In how they support children? In how they communicate (with children and with parents?)*
    - *Have there been any changes to the support offered to your child/other children that you know of in the classroom?*
    - *Has anything made a particular difference to your child/children in the class/ you as a parent?*
    - *Have there been any changes in school that you or your child haven't liked?*

- **Have you noticed any changes in your child over the last few weeks?**
- **Has your child's experience of going to/being in school changed in any way over the last six weeks? For example, have they seemed more or less settled/happy to go in? Have they talked about school any differently?**

    If the parent has indicated that their child has a particular SEND (neurodiversity/ASD etc), probe further in relation to how the training may have been of particular benefit (or not) to their child. If of little benefit – what do you think may have made more difference to your child?

- **Have you noticed any changes in your child at home over the last few weeks?**
- **Do you get the sense that any changes you have noticed might be because of the training that school staff have recently received?**
- **Do you think your teachers could do anything else to help children who are feeling anxious or worried even more?**
- **Did you talk to your child about the training that the staff have had or did you talk to the school about the training?**

- **Would you recommend MAPS to other schools?**
- **Is there anything we can do to make sure MAPS works well for other families/schools in future?**

I think we've covered everything I specifically wanted to talk about. Is there anything else you would like to share or any other ideas you have following our discussion? Is there anything you feel I haven't thought about or asked you that you'd like to talk about?

Thank you for your time.

Interview topic guide – children

MAPS: Managing Anxiety in Primary Schools – Post-training evaluation interviews

Indicative Topic Guide for Children

Version 1.1; 29.11.23 (Ethics Ref: R85234/RE002)

Introduction

Thank you for taking the time to talk to me today. My name is Helen. I work at the University of Oxford. I used to be a primary school teacher too, so it's really nice to be talking to you today – I miss teaching! How are you today?

(For online interviews) Before we begin the interview, I just wanted to make it clear to you that I will keep my camera on, but that you are free to have yours on or off as you wish.

First of all, I am going to remind you of the information that we gave you about the research and check that you are still happy to take part.

- We are wondering whether there are everyday things that teachers and TAs do (for example the way they organise the classroom, or the things they do and say while teaching) that might help children feel less scared, worried or anxious and whether there are things that they do that might make children more scared, worried or anxious. We would like to see if our research can help schools to get better at helping children who are scared, worried or anxious worried in school and we would like to ask you for your ideas and advice about it.
- We have been working with teachers and teaching assistants at your school to help them think about things that they can do to help children who feel scared, worried or anxious in school and we want to find out if what they have learned has actually helped children in the classroom.
- **Have you ever been asked to do something like this before?**
- The conversation will take no longer than one hour and there are no right or wrong answers, I'd just like you to talk about any ideas you have based on your experiences in the classroom. I want to hear whatever you think – so be honest whether it's good or bad.
- If it's ok with you, I'm going to record our discussion. This is so that I can remember everything you have said because I don't want to miss any of your ideas. I will type up our conversation and then delete everything from the recorder afterwards. When I type it up, I won't put your name next to anything you have said so no one will know it was you who said it. Also, while I want to hear your thoughts and ideas, please try not to name particular children if you give examples.
- [For group interviews: Also, please try not to share anything that anyone in the group says with anyone else. It's important that people feel safe to share ideas without worrying that others outside the discussion will hear about it.
- Sometimes talking about or hearing things that might make others worried or nervous can be a bit upsetting. You don't have to answer a question I ask or talk about something with others if you don't want to. If you are worried or want to stop taking part at any time, you can – even if we are in the middle of talking. If you feel upset, you can talk to me or to your teacher and parents afterwards and we will help you. The things you share with

me here won't be shared with other people who are not part of my team, but if while we are talking someone says something that makes me a bit worried that they or someone they know might not be safe, I will need talk to your teacher or your parents, but I will talk to you about what I will say before I talk to them.

- Your parent or carer has said it's ok for you to take part, but I want to make sure you're happy to take part too. I'm going to give you something called an assent form now – this is a form for you to fill in to say that you would like to help us with our research and that you are happy with everything we are going to do. We will go through it together. I will read it to you and then I will ask you to put a circle around your answer: yes, if you are happy and no if you are not happy. Then I will ask you to sign your name, if you are happy to do so, and then I will sign it too.

- If interview is conducted online: Your parent or carer has said it's ok for you to take part, but I want to make sure you're happy to take part too. Did your parent/carer talk to you about something called an assent form? This is a form for you to fill in to say that you would like to help us with our research and that you are happy with everything we are going to do. Did they ask you to fill in the form? And was that ok for you? (If no, ask them if it's ok if we go through it together now. Share screen to show them the form and then say I will read it to you now and I will circle the answers you give me: yes, if you are happy and no if you are not happy. If you are happy, then I will sign it to say we have done it together and you are happy to talk to me now.

- **Do you have any questions or is there anything you don't understand?**
- **Are you still happy to take part?**

Ok, thanks, let's start.

Part 2. Interview

- **Can you start by telling me a little about how you find school generally?**
    - *Do you like being at school?*
    - *What's it like being in your class?*
    - *Can you tell me a bit about your classroom?*
    - *Do you ever find being at school difficult or do you ever feel scared, worried or anxious about school?*

Teachers and TAs at your school did some work with us recently and were learning about how to help children who feel scared, worried or anxious in school and what they can do in their classrooms and lessons to make that better.

- **Has your teacher or anyone else at school talked to you about them doing that?**
- **Did your mum or dad or anyone else talk to you about what the teachers have been doing?**

- **I'd like to find out if you've noticed any changes in your classroom over the last few weeks**
    - *Have you noticed any changes to how the classroom looks? (things on the walls/things in a different place etc.)*

- *Have you noticed your teacher or your TA doing anything differently in lessons? Tell me a bit more about that*
- *Did your teachers do any lessons with you or talk to you about problem-solving? How did you find that?*
- *Have your or any other children in your class had any extra or different help from your teacher or TA in the last few weeks? What did they/ you do?*
    - *Was anything really helpful/ unhelpful?*

- *Have the changes made things better in the classroom? For you or for anyone else?*
- *Have they helped you or other children in your class feel more comfortable/less worried in the classroom? Why do you think so/ why do you think not?*
- *Have there been any changes that you or other children haven't liked or that have made things worse?*
- *Has how you feel about going to school or being in school changed in any way over the last few weeks since your teachers did the training?*

- **Do you think your teachers could do anything else to help children who are feeling scared, worried or anxious in school even more?**

I think we've covered everything I really wanted to talk about. Is there anything else you would like to share or any other ideas you have that you haven't been able to talk about? Is there anything you feel I haven't thought about or asked you that you'd like to talk about?

Thank you very much for helping me.

Appendix 6.12

Initial analytic framework

	Attitudes to content		Attitudes to Training Delivery					Application of strategies					Wider Support	
Participant ID	Relevance of subject matter	Perceived practicality of content	Format of training	Duration of session	Timing of session (e.g. day/year)	Opportunities for participation	Training intro and follow up (who and how)	use of strategies	changes to practice	impact of strategies on children	ease/challenges of changes to practice	longer term application / use of	School Support	External Support

Final analytic framework

Main Category	Subcategories	Notes
1. Acceptability of Training	1.1 Expectation v reality of training	*Was the training session what they expected it to be (content/format etc)?*
	1.2 Relevance	*Is the training relevant to schools, staff, policies, practices? Why is it relevant - What was most relevant/helpful?*
	1.3 Perceived practicality	*How practical is the training?*
	1.4 Training as a way to support and strengthen current ethos/practices	*Where training content acts to support or reinforce current practice/meshes with other advice from agencies*
	1.5 Training as a way to encourage & challenge thinking	*Where the content makes people think, raises questions or challenges current thinking/methods/ways of doing/ helps them think about need for planning/different approaches etc*
	1.6 Training to inform/raise awareness	*Where training provides new information or increases awareness*
	1.7 Training to promote shared understanding/approach	*Where training allows staff to hear a common message/ develop shared understanding/ language/approaches*
	1.8 Training as a way to remind/refresh	*Where the training acts as a reminder or refreshes information already known*
	1.9 Training to reassure & empower	*Where the training provides reassurance/increased confidence/affirmation/validation*
2. **Feasibility of Delivering Training**	2.1 Format of training	*Relates to design and running of session in practice*
	2.2 Duration of session	*Relates to length of training session*
	2.3 Timing of session	*e.g. time of day / year training is delivered*
	2.4 Opportunities for participation	*Relates to participant views on e.g. how much time they had to talk/ask questions/discuss concepts and ideas etc DURING THE SESSION. Also relates to views around WIDENING participation to the training (e.g. who should attend training)*

	2.5 Training intro and follow up (who and how)	*What needs to happen IMMEDIATELY before and after the training session (and who should do that) to make it work?*
	2.6 Tailoring to individual schools	*Relates to need for bespoke/tailored/individualised delivery/school-tailored session*
3. **Use and Application of Strategies**	3.1 use of strategies	*Which strategies did they say were used/would be used or helpful?*
	3.2 changes to day-to-day practice	*What in their day-to-day teaching changed? (i.e. before I did/ would have done…now I do this…)*
	3.3 ease/challenges of changes to practice	*What makes/ has made changing practice easier/harder (inc. provision of resources etc)*
	3.4 Gap between perceived practice & actual practice	*Are they doing what they say/think they're doing (think they know but they don't/think they do but they don't)? Reasons for this?*
4. Impact of Training/ Strategies	4.1 impact of strategies on children	*How did they help children?*
	4.2 Wider impact	*How have they helped/changed WS level? What additional benefits have they seen as a result of the training process?*
	4.3 measuring impact	*How would we know it is working? How would we measure change (particularly on children)?*
	4.4 longer term application / use of strategies	*How do they see this working longer term?*
5. **Wider Support**	5.1 School Support	*What support can/should be provided by/is needed from the school to help embed on an ongoing basis etc?*
	5.2 External Support	*What support can/should be provided by/is needed from external sources to help embed on an ongoing basis etc?*

Example charts from charting process (one chart per feasibility criteria)

			1. Acceptability of Training											
ID	**Role**	**Exp**	**1.1 Expectation v reality of training**	**1.2 Relevance**	**1.3 Perceived practicality**	**1.4 Training as a way to support and strengthen current ethos/practices**	**1.5 Training as a way to encourage & challenge thinking**	**1.6 Training to inform/increase knowledge/raise awareness**	**1.7 Training to promote shared understanding/ approach**	**1.8 Training as a way to remind/refresh/consolidate**	**1.9 Training to reassure & empower**	**1.10 Missing elements**	**1.11 Misunderstandings /Issues**
SAS6	1	4	didn't really know what to expect so no preconceived ideas	Excited because had identifed a child in class that could immediately maybe help. Everything was interesting and useful	useful that they can be explicitly teaching children problem solving skills. Some things could be done right away the next day. Really useful little tips and strategies that could be used straight away.		training helped them bring an anxious child to the forefront of their mind and try to do something rather than just leave it. Now reflecting on the different children in their class and the different ways they show anxiety. Not sure they would have picked up on that without the training. Before may not have clicked about why different children are upset. Had forgotten that interventions can be stressful for some children. Also reflecting on impact of changes to classroom in assessment week. Realisation that it is the little things that can have a huge impact.	Lovely to have lots of information. Made them more aware and did't know there were different types of anxiety.		nothing was mindblowingly new. It was reminding them of the little things that as teachers, they already do	giving confidence to just go ahead and be more mindful of these things. Ended up being more excited about it all afterwards. Just nice to know that staff are doing a good job.		
			Not sure if they learned as much as they'd hoped	Everything was really valid and applicable, even to an early years setting.	Could have come away with more strategies	Helpful to see that what you are already doing is an actual strategy that has a name and that there is a reason people do it.	Interesting to think about what is happening across the school. Do siblings display similar behaviours? Does that highlight an issue in the family? Others' questions help prompt own thinking. Made them realise anxiety can present in many different ways and question their children's behaviours more - Early background information actually really important to be able to do this. Made staff think more about relationships with parents and family and the importance of getting parent support with strategies or they won't	Helpful to talk about what anxiety looks like	Helpful for everyone to see and understand what anxiety looks like in different age groups		It was nice to have so much consolidated and confirmed. Staff are constantly being judged and constructively criticised, so nice to be told you're doing it right.		

			2. Feasibility of Delivering Training					
ID	**Role**	**Exp**	**2.1 Format of training**	**2.2 Duration of training**	**2.3 Timing of session**	**2.4 Opportunities for participation**	**2.5 Training intro and follow up (who and how)**	**2.6 Tailoring to individual schools**
SBS12	3	6	A lot of information. Staff with less experience may need it broken down into more sessions looking at different aspects. Split session of two shorter slots may work well.	Duration was fine but probably needed a break. Probably not enough time to feedback properly after each point.	Difficulty of after school is that people are always going to be tired after a busy day and have other stuff to do. Ideally, it would be done in a slightly longer slot in the day when people are fresh. The after school slot is a challenge for the trainer too.	Nice to have the opportunity to sit and chat to colleagues to share experiences and ideas.	Find out where the starting point is?	Might depend on the starting point was and what was already in place - but will always be hard to reach everyone in the room.
SBS13	5	6	Wish it could have been 2 sessions rather than all in one go. Wished it could have been slowed down to give staff more time to reflect and think. Could the training be delivered separately during the day to groups of support staff if can't get everyone in one go? Or done as a train the trainer session with reduced content?	After school absolutely fine but session should be shorter.	Staff get tired at the end of a day - two hours may be too much. Training day might work well but also could be limting because these are so protected and precious. Most powerful time to deliver might be in autumn term after transition or in summer term before that transition.	More time to reflect and think in session may mean that staff already have a little action plan when they leave the session. Time to create one in the session might be helpful. Would be powerful for support staff and even office staff to be included given they see a lot of parents. Even the site manager has interaction with children daily.	Having the foundations for this laid by leadership before the training helped staff mindset when approaching the training. Indications of the types of things staff can come to trainer with for help after the training?	
			It was great - just a lot for the session. Should it be split so that more time can be given to the more practical elements of the toolkit?		Timing of the initial session makes no difference. January worked well - gives staff a chace to dip their toes in and have a go working with support and then plan ahead carefully for the summer. After school is good. Could also be done as an INSET day. But it isn't a bad thing to have it after school. The outcome might be the same anyway	Need more time to be able to discuss the practical applications	Could have put in another staff meeting a week later to explore the use of the tools and strategies together as a staff.	questions from some staff over how to make it more bespoke for the school

			3. Use and Application of Strategies			
ID	**Role**	**Exp**	**3.1 use of strategies**	**3.2 changes to day-to-day practice**	**3.3 ease/challenges of changes to practice**	**3.4 Gap between perceived practice & actual practice**
SBS13	5	6	Visuals linked to levels of anxiety in use around school. Plans to make classrooms even more similar in layout. Plans to have some visuals, a display, the walls etc common to every classroom. Problem solving strategies being used by some. Rocket been helpful to structure conversations.	Might the changes depend on individual roles? TAs might not be able to make changes to the classroom but can have conversations etc. There has been deeper questioning going on since the training. Has put a communication board in the playground as another way to communicate issues.	Easy to get bogged down in the day to day busyness. Not knowing where to start - can often feel overwhelmed after training because there's so much. The lighter you can make people feel about doing it, the more enthusiastic they will be about doing it. Foundations have already been laid for this kind of thing and matches where school is going. Personal passion of leadership makes it easier to go forward with things. May be more concerned over the length of time it takes to have the 1:1 conversations with children and parents.	Would recommend the training - even if schols think they know it or they do it because they don't always. It doesn't always happen because everyone is so busy.
SBS17	4	6	Using the problem solving and step plan tool kits	Had withdrawn a couple of children from assembly but has now used rocket plan to stage them back into assembly.So tangible impact seen. Have created powerpoints to prepare children better for planned fire drills so they know what to expect and talked them through it and did a walk through.	Changes to practice need overcommunication and expectation. Occasional moments where training findings may have appeared at odds with school practice and needed explanation on how it fit.	Interesting to see staff's response. Even though they'd heard it before, they still couldn't answer some of the questions posed in the training about usual practice in school. Despite codification of environmental expectations, training has highlighted classrooms still too cluttered and that noise is still an issue.
			Loved the	Has worked with parent	Personal interest makes changes easier.	

			4. Impact of Training/ Strategies			
ID	**Role**	**Exp**	**4.1 impact of strategies on children**	**4.2 Wider impact**	**4.3 measuring impact**	**4.4 longer term application / use of strategies**
SBS18	1	2	If staff are responding better, then children will always benefit. Problem solving skills will empower children and mean they don't always need to look to adults for answers. Will also help them solve problems staff don't kow they have.	Helps reduce staff anxiety too because they feel anxious when they feel like they're failing children when they can see there's an issue but haven't got time to fix it.	Key children to track with pre and post-questionnaires. Or possibly interviews with children.	Might need long term modelling and practising to see impact.
SCS1	4	6	Questioning has already had a huge impact: helped staff get to the bottom of why child didn't want to go on residential and put things in place to support her so she can. EAL support has also got better through questioning skills and working with parents.	Has promoted more conversation and sharing amongst staff. Has enabled SLT to go in and question what is already in place to see where best to help staff move next	Questionnaire to children at beginning and end to see how they feel about e.g. environment. But possibly too many factors going on to be able to know. Direct observations to see how it's working in practice. Reduction in workload of pastoral support?	Sometimes it takes two or three attempts to get something going. Maybe SLT wants to pick just one thing from the whole training and work on that.
SCS4	2	5	Have been able to look in detail at a child's needs and plan for him with other staff.	Has prompted good, much deeper, conversations with staff about indivdual children. Most helpful impact of training has been engendering so many conversations - evident around the whole school.		
			feel that children will be empowered to deal with their	Easy to implement stuff alleviates anxiety	Has to be quick and easy for the child and	

			5. Wider Support			Attend drop ins?
ID	Role	Exp	5.1 School Support	5.2 External Support		
SCS4	2	5	Not every school has a supportive SLT so signposting to alternative help would be beneficial. A lot of the follow on will require a lot of chivvying to make sure it's followed through.			Didn't use the drop in sessions but may be useful for newer staff members.
SCS5	2	3	Someone to go to for additional input and support when you've tried everything else. Helpful for headteacher to have key external contacts at hand. SLT are a good starting point but they themselves might need support to know what to do.	Might need some external support if a child is highly anxious and needs additional help. Knowing that someone is available externally who will be able to come back with some good ideas. Ongoing drop in sessions for support.		
SCS8	3	5	May need to identify who will be responsible for and have time for the 1:1 conversations - it's the TAs who have the time and relationships to do that. Someone to follow up further along and say 'what did you do with the training? What have you done?' Possibly school leadership because an external coming back and checking up would feel challenging. Or as a whole staff team to reflect on changes made. School Mental Health Champion could be used for ongoing support. Thinking about how leadership could support the process afterwards. Won't get embedded if leadership don't buy in. Some of it is the whole school approach and that takes time - there's no tick box to say once you've had that conversation with the child, you've fixed them.			

Appendix 6.13

Table 1 Participant baseline characteristics

Characteristics	Completed post-training questionnaire (N=46) n (%)	Did not complete post-training questionnaire (N=8) n (%)
School		
A	21 (45.7)	5 (62.5)
B	15 (32.6)	2 (25.0)
C	9 (19.6)	1 (12.5)
Other	1 (2.2)	
Gender		
Male	5 (10.9)	1 (12.5)
Female	41(89.1)	7 (87.5)
Age (years)		
18-24	1 (2.2)	
25-34	12 (26.1)	5 (62.5)
35-44	14 (30.4)	1 (12.5)
45-54	14 (30.4)	1 (12.5)
55-59	3 (6.5)	1 (12.5)
≥60	1 (2.2)	
Prefer not to say	1 (2.2)	
Ethnicity		
White: English/Scottish/Welsh/N Irish/British	38 (82.6)	7 (87.5)
White: Irish	1 (2.2)	
Any Other White Background	3 (6.5)	1 (12.5)
Mixed: White and Black Caribbean	1 (2.2)	
Asian/Asian British: Pakistani	1 (2.2)	
Asian/Asian British: Chinese	1 (2.2)	
Any other Asian Background	1 (2.2)	
Role		
Class Teacher	26 (56.5)	5 (62.5)
Teaching Assistant	7 (15.2)	1 (12.5)
Class Teacher with additional Senior Leadership Role	6 (13.0)	
SENDCo, Mental Health Lead, Family Worker, Learning Mentor	1 (2.2)	2 (25.0)
Senior Leadership (within or across schools)	6 (13.0)	
Experience (years)		
<2 (ECT)	2 (4.3)	1 (12.5)
2-5	5 (10.9)	4 (50.0)
6-10	9 (19.6)	1 (12.5)
11-14	14 (30.4)	
15-19	7 (15.2)	1 (12.5)
≥20	9 (19.6)	1 (12.5)
Experience of working with children with anxiety problems		
None	1 (2.2)	1 (12.5)
A little	28 (60.9)	5 (62.5)
A lot	17 (37.0)	2 (25.0)

[a] *Special Educational Needs and Disabilities Coordinator*

ECT = *Early Career Teacher*

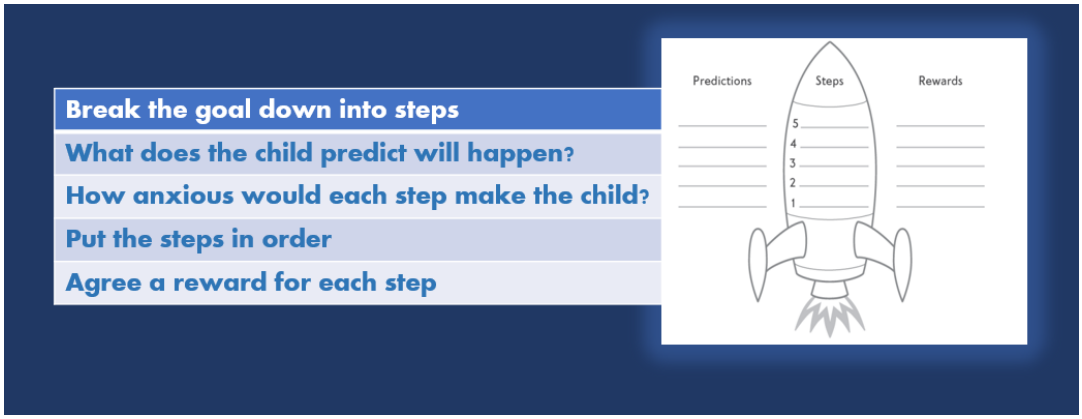
Other = *participant working across multiple schools*

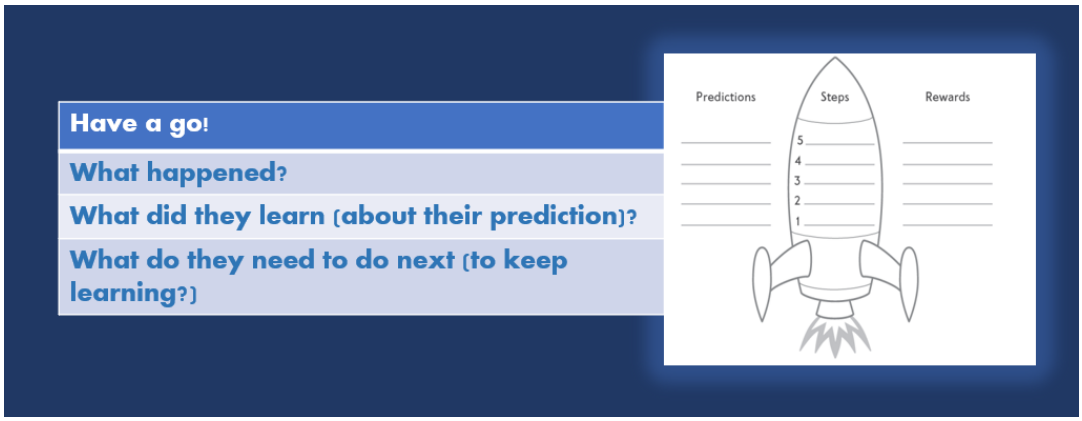
Table 2 Pre-training confidence/knowledge scores

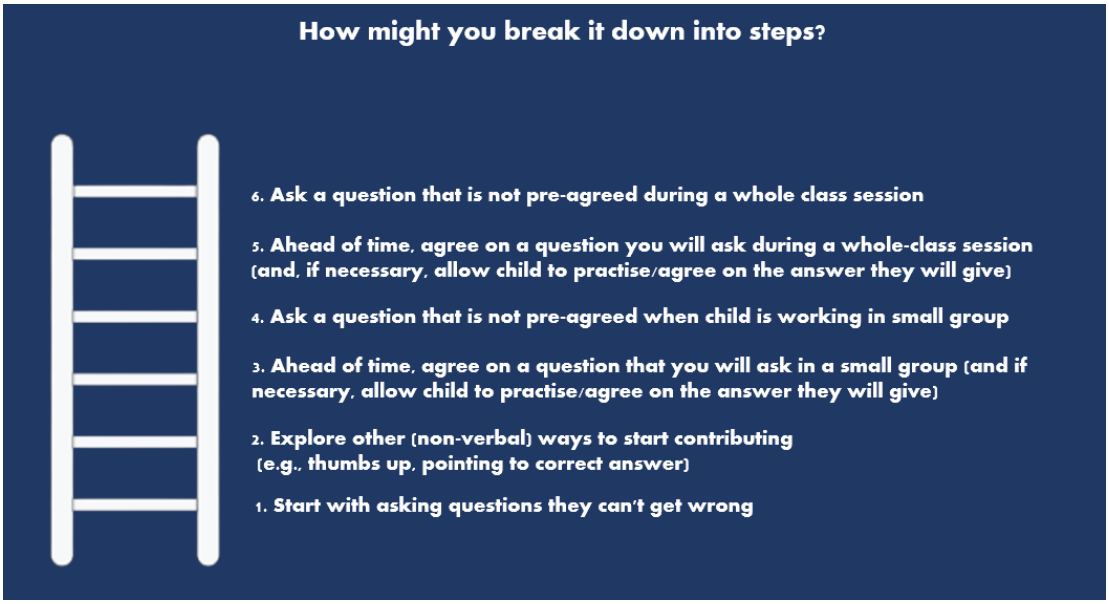
Questionnaire focus	Possible Score	Completed post-training questionnaire **Pre-Training** Mean (SD) (n=46)	Did not complete post-training questionnaire **Pre-Training** Mean (SD) (n=8)
I feel it is part of my role to support children's mental health	0-4	3.43 (0.91)	2.25 (1.39)
I feel I can make a difference to children who experience high levels of anxiety	0-4	3.04 (0.82)	2.75 (1.28)
I feel confident that I would know the signs to look for if I thought a child might be struggling with anxiety	0-10	6.37 (1.60)	5.25 (3.01)
I feel confident I know what to say to/do for a child who shows signs of struggling with anxiety	0-10	5.57 (1.54)	5.25 (3.01)
I feel confident I know what to say to/do for the parent of a child who shows signs of struggling with anxiety	0-10	5.02 (1.54)	4.13 (3.09)
I feel confident in supporting children who experience higher levels of anxiety in school	0-10	5.30 (1.71)	4.63 (3.42)
I feel I have the knowledge to support children who are struggling with anxiety	0-10	5.33 (1.74)	4.25 (3.24)
		Pre-training n (%)	**Pre-Training** n (%)
I feel I have the time in my day-to-day teaching to support children who experience higher levels of anxiety	**Yes**	22 (47.8)	5 (62.5)
	No	24 (52.2)	3 (37.5)
I feel I have the emotional capacity in my day-to-day teaching to support children who experience higher levels of anxiety	**Yes**	41 (89.1)	5 (62.5)
	No	5 (10.9)	3 (37.5)

Appendix 6.14

Rocket predictors & ladder step plans







Appendix 6.15

Initial wider impact identified