

WELL Project: Case Study

Name of School	Thursby Primary School
Contact for enquiries	Jayne Williams
	<p>Evaluation of an intervention to support children with mild anxiety (WELL funded EEF training and WELL Grant funding)</p>
	<p>It is recognized that a child's mental health supports their attainment outcomes and schools are best placed to identify those with anxiety, which may impact on learning. Schools can 'develop a sense of belonging to trust adults and talk openly about their problems.' (DFE, 2016)</p> <p>The focus areas identified for anxiety in pupils to resolve was to address:</p> <ul style="list-style-type: none"> • The impact that a specific intervention has on pupils' confidence in accessing the curriculum • How effectively pupils use strategies within the intervention to support their learning <p>As school has previously utilised small group intervention support for SEL pupils, being able to look deeper and more intensely on specific areas to resolve issues/concerns a more in-depth tracking process of pre/post intervention along with a thematic analysis was devised by the SENCO.</p> <p>At the time of the intervention there were 11 disadvantaged pupils in the school of which 3 participated in this intervention.</p> <p>This intervention began through utilising the resilience fund given from WELL in 2020 and planned using the training provided by WELL/EEF.</p> <p>The funding was allocated to:</p> <ol style="list-style-type: none"> 1. Training of an STA for wellbeing and resilience (£50) 2. Resources for the intervention (programme and the activities £200) 3. Additional STA time in school to undertake the intervention including time to meet with parents and discuss need and outcomes (£300) 4. School subsidised the remainder of the costs as this was a key priority. It also enabled WELL funding to be utilised to support IT in school as a separate area to develop.
Issue/focus to be resolved	<p>We used the EEF Implementation process to set out the way forward. We utilized the WELL opportunity for attending training in EEF Implementation by the SENDCO, which led to improving outcomes under pupils' wellbeing.</p> <p>EXPLORE- By taking the time to fully explore the issue, we were able to identify that the area that we needed to focus on was pupil wellbeing for those</p>

who suffer mild anxiety. We had previous evidence of this from general wellbeing sessions and whole class wellbeing activities after lockdown. Covid lockdowns have identified a need in school for supporting pupil's with SEL needs beyond our whole school approach. Targeted support forms one of the EEF three tiers, championed by WELL, and is identified as a priority for pupils in key stage 2 who have mild anxiety, which gives a barrier to accessing learning more readily. Focusing on SEL in all classes on has allowed teachers to really focus in on pupil wellbeing and the limitations and progress of their personal development for each pupil in their class.

A SWOT analysis by staff including SLT found school has many opportunities to teach SEL competencies regularly and explicitly through the curriculum, though targeted intervention group within Key Stage 2 pupils would allow for pupils to be supported in applying strategies in independent learning. School have noted a threat of capacity beyond key stage 2 for pupils transitioning to secondary school and therefore focused on key stage 2 pupils especially those in Years 4-6.

The need arises from pupils themselves, due to additional pressure they place on themselves to achieve highly and continuously strive for improvement. School had noticed some pupils may be upset on entering school, have somatic symptoms and/or lack in resilience and independence within their learning.

In order to improve access to learning, develop resilience and independence with learning, staff identified the focus of reducing anxiety in pupils would support raising achievement in class. In order to do this, those pupils identified with SEMH SEND need or those with SEMH needs not on the SEN register, including 3 pupils identified as Pupil Premium in key stage 2, would require additional support.

A Teaching Assistant (STA) and SENCO identified those requiring targeted support. Both have a variety of professional development to support accurate identification of somatic and internalizing symptoms of anxiety in children, ensuring the right children were chosen for the intervention.

After researching potential interventions, we chose Starving the anxiety gremlin as a programme to support reducing Anxiety as we have utilized aspects from this previously with internal evidence of promise. We agreed that collating and analysing quantitative data could be quite rigid in outcomes and therefore we chose to collate and analyse quantitative data as a narrative to support pre and post data outcomes.

PLAN-

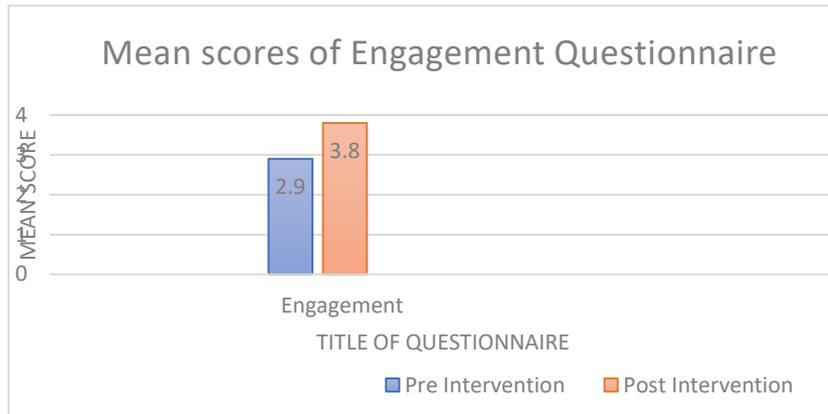
We set out the active ingredients-those which needed to be 'tight' and those which were more flexible. This was through discussion between SENDCO, STA and one class teacher in key stage 2 and defined our outcomes. The active ingredients were:

A11: Teach anxiety specific focus sessions to match needs

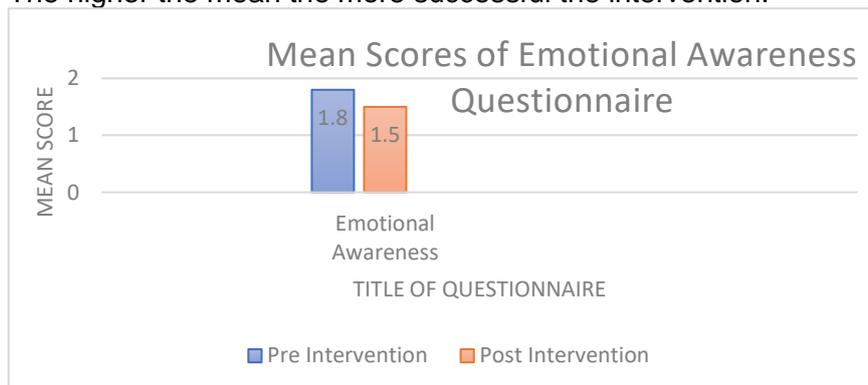
	<p>A12: Staff are clear about those pupils identified and reasons/evidence to support need A13: Explicitly follow a programme with proven success (either previously in school or through research information) A14: Staff involved are clear on the process and main areas to explore through the intervention A15: Explicitly evaluate progress based on a mixed methods approach both pre and post intervention A16: STA effectively lead the intervention with their experience and knowledge matched specifically to the intervention A17: Feedback and outcomes to be specific to individuals and as a group to allow for review to be effective</p> <p>8 participants were chosen from across the key stage 2 age range, consisting of 4 boys and 4 girls. 2 groups were formed with equal gender in each group. 3 sessions were completed each week over a 6-week period. 3 pupils are identified as Disadvantaged.</p>
Action taken	<p>PLAN- The intervention chosen 'Starving the Anxiety Gremlin' by Kate Collins-Donnelly is based on cognitive behavioural principles joining children's thoughts, behaviours and feelings to help understand the different types of anxiety they may have and how to manage them. A recent comparable study in Turkey of 'the effect of an anxiety-coping program for children based on cognitive behavioural therapy on children's anxiety levels' (Kul, Aykut, Hamamcı and Zeynep., 2021) support the essence of the intervention undertaken at Thursby School. Their study, consisting of 12 students at 4th grade age completed 8 sessions of the intervention with no control group. Sessions consisted of 3 x2, all of which was similar to the intervention undertaken. Their findings showed a significant decrease in anxiety levels post intervention.</p> <p>Participants had similar anxiety issues relating to more generalized or social anxiety.</p> <p>The weekly areas of focus included:</p> <ul style="list-style-type: none"> - Week 1- What is anxiety? What happens to the gremlin in different Scenarios? - Week 2- Different types of anxiety and how they manifest in the gremlin- do you feed it or starve the gremlin? - Week 3-generalised anxiety- strategies to support starving the gremlin - Week 4-social anxiety generalized - Week 5-social anxiety in lessons - Week 6- making progress and diminishing the anxiety gremlin <p>As a school, we already have a policy for pupil (and staff) wellbeing in place. As this intervention approach has given proven results within the short-term for supporting reducing anxiety in children, it is now added to the policy with a paragraph explaining the success to date.</p>
Result	<p>DELIVER- The results from the intervention overall had successful outcomes. The Anna Freud emotional awareness outcomes show a positive change overall at effect size 1. Positive progress was made across participants in the mean score difference for various statements surveyed. The scores suggest that participant's worries have lessened in general and therefore their anxiety</p>

has reduced in some form. Pupils themselves supported this by comments made during the intervention which included a pupil worried about visiting the theatre due to not liking heights and wondering if it would affect them. Their comments related to not only being able to describe some somatic symptoms they experience but recognizing 'I think I need to practice what I would tell myself afterwards and think about how I would make my feeling of being worried into a feeling of being happy.'

Refer to appendix 1 for individual pupil's quantitative data outcomes showing progress from pre and post intervention.



The higher the mean the more successful the intervention.



The lower the mean the more successful the intervention for emotional awareness.

The **effect size** shows the strength of the relationship between both sets of data (pre and post intervention) and over the 2 questionnaires. The effect size of 1 for the Engagement questionnaire and effect size 1.6 for emotional awareness questionnaire **show both have meaningful size positive effects** using the Wilcoxon test calculations. The Wilcoxon statistic is 0 (zero) which, is significant at the $p=.01$ level in the data. This shows a meaningful change of the effect size of 1, standard deviation (Cohen, 1988)

Overall themes were generated around the responses pupils and TA made throughout the intervention and were supported from the SENCO observations post intervention. Pupil voice was utilized for a thematic analysis. Emotional awareness was commonly observed throughout the intervention. This was noted in one child who commented 'playing football with my friends makes me happy'. The child was able to identify and link an activity with an emotion

and was also able to state by week 6 of the intervention that 'I am calmer at home now and I can now play football without going off crying because I know my friends can help me with how to play right'. This suggests higher engagement levels, increased self-esteem, and resilience through developed emotional awareness of themselves and their peers in football.

The resilience outcome in the thematic analysis noted 14% of the observation comments showed positive gains in resilience. This is broadly in line with the confidence and self-esteem noted at 17% as resilience involves several related elements of which self-esteem is one of them.

The disadvantaged pupils who undertook the intervention all made good progress. One disadvantaged pupil who was visibly anxious prior to playing a board game in a group, as noted by the STA during the intervention (week 2) focused on scenarios around playing games and thinking about what triggers anxiety at this point. The child was able to articulate thoughts he would not win because someone told him he was not winning, and this knocked his confidence. Through week 3, activities focused on resilience and strategies to lessen anxiety and during week 4 the TA noted 'one child is certainly starting to show an increased awareness of his emotions and what he is physically and emotionally feeling and how he reacts to this and the outcomes of his reactions.'

Pupils showed greater confidence towards the end of the intervention and 6 out of 8 pupils made comments relating to their confidence growth in week 6. As sessions focused on putting their learning in to practice through transferring strategies learned, confidence in their ability to support reducing anxiety was shown: 'I am happy to ask questions and know that I don't look silly, so I don't feel nervous'; 'this has helped me feel more confident and not as much nervous because there is nothing to worry about' (in relation to being late for school); 'I know that it is not good to run away from things that make me feel a bit nervous, because I can use ways to make me feel better'; 'I really enjoy practicing ways to help me feel better, I know I can help myself more'. The most surprising, yet promising comment made by a child, showed in a nutshell, how being more emotionally aware, fully engaged, increased resilience and confidence they have grown 'My anxiety has vanished. That means my anxiety has almost gone.' (Pupil premium pupil comment)

The impact this has made on the STA leading the interventions is significant as well. The STA has been fully engaged and motivated, with a wealth of knowledge which has led to deeper understanding of SEL and has impacted on the STA accessing additional CPD out of school hours as an interest. It has also raised the STA profile within school through presenting her intent, implementation, and overall outcomes of any intervention support to full governors in November 2021 who commented on her great passion and enthusiasm alongside her knowledge to support personal development of our pupils. Through pupil voice, pupil's confidence has increased overall, and findings show positive correlations between confidence, self-esteem and engagement suggesting lowered anxiety levels.

Without a thematic analysis using a mixed methods approach we would have

Next Steps

SUSTAIN- Long term impact is unknown. A further review will be undertaken at a 6-month interval (July 2022) to further evaluate longer term positive

	<p>impacts from the intervention. During discussions it was recognized that whilst some somatic symptoms have reduced, suggesting that anxiety overall has been reduced, there is evidence to suggest the intervention may not potentially have increased the worrying-coping strategies as Piaget's Cognitive Development Theory (CDT), shows that using CBT interventions, whilst predominantly focusing on behaviours and thoughts, requires being able to systematically identify, challenge and find different ways of thinking.</p> <p>Thursby schools next stage, therefore, is to implement a more specific and specialized evidence-based intervention led by an Emotional Literacy Support Assistant (ELSA) to support developing pupil's ability to think more logically thereby increasing coping skills to lessen internalizing worries and anxiety. Identifying pupils will be undertaken through gathering quantitative data related to worry-coping skills using the Coping Strategy Indicator (CSI) measure which measures 3 factors: social support, problem-solving and avoidance.</p> <p>ELSA training was funded by WELL in 2021. School has committed to the memorandum of understanding for this and STA deployment for this work is only possible because of WELL.</p> <p>Repetition of the intervention will be included as and when required for pupils within key stage 2. Currently, time needs to be given to monitor the longer-term impact of learning in class. Tracking using the school's internal data system (ITrack) will show how any decrease in anxiety has led to accessing learning more and thereby increasing progress in learning- evaluated at the end of each term via pupil progress meetings and data collection points.</p>
<p>Additional information</p>	<ul style="list-style-type: none"> - Using the WELL funding was the only way we could have been able to maximise the implementation to this degree and to be able to focus intently on the needs using the EEF Implementation process and plan. Without the WELL funding for emotional resilience training and ELSA training, along with funding for securing some additional STA hours we would have remained at the initial stages of developing our focused wellbeing support in school. Being given the opportunity to really focus on our children's wellbeing through WELL opportunities has been pivotal in improving outcomes for pupils. - We utilised a Trained Teaching Assistant within key stage 2 encompasses numerous SEL qualifications, proven success with supporting pupils with SEL - SLT involvement, governor agreement (SEL an overarching priority within school's development plan and forms vision and aims for school including the 5 core values and the curriculum drivers of resilience, independence, and confidence) - Pupils willing and able to develop strategies to raise confidence and resilience - School utilises the tiered model approach for promoting SEL- Education Endowment Foundation's (EEF) SEL tiered model (Teacher Development, Targeted Support and Wider Strategies) <p>The intervention worked well due to various factors:</p>

	<ol style="list-style-type: none"> 1. Pupils were articulate and able to talk openly about emotions and give examples 2. Pupils want to lessen their anxiety and improve their positive mental health 3. Pupils and the STA leading the intervention already have a secure relationship, based on trust (prior to intervention) 4. STA leading the intervention is knowledgeable and skilled in delivering wellbeing interventions to pupils 1:1 or in small groups for the past few years. The STA has undertaken numerous mental health and wellbeing training sessions as well as a counselling qualification over the past few years 5. Use of the 3rd person perspective (the 'gremlin' figure, who shrank as its anxiety shrank) promoted positive engagement without worry of feeling the child had to talk about themselves or be put on the spot to articulate a response.
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Appendix 1 -Quantitative data outcomes pre/post intervention and overview of findings

Engagement questionnaire individual scores pre and post intervention with Wilcoxon Test statistics

Engagement Questionnaire	1=Strongly disagree 2=Disagree 3=Neither agree or disagree 4= somewhat disagree 5=Agree 6=Strongly agree													
Q Number	Q1		Q2		Q3		Q4		Q5		Q6			
	In my writing I make a plan		I feel left out at school		I put questions to teachers		I try to connect learning		I talk to teacher about my likes/dislikes		In free time I look up information			
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Child A	3	3	6	6	2	1	5	4	2	1			1	1
Child B	3	4	5	6	2	5	4	3	2	4			1	2
Child C	2	2	5	5	4	4	3	6	2	1			5	4
Child D	1	6	6	6	4	3	3	4	6	6			1	1
Child E	1	4	6	4	4	4	3	4	1	4			1	3
Child F	1	6	6	6	3	3	3	6	1	6			4	4
Child G	1	4	6	5	1	6	1	4	1	6			1	1
Child H	1	4	3	6	1	3	3	4	2	2			5	5

Q9		Q10		Q11		Q12		Q13		Q14		Q15		Q16					
Feel scared		Worry at school		Get very angry		Lose my temper		Hit out when angry		Hurt others		I am calm		Break things on purpose					
Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Diff	Rank
2	2	3	2	2	2	2	2	2	3	3	2	1	2	2	1	1	2.0625	1.8125	-0.25
3	2	2	1	3	2	3	2	3	1	2	1	2	2	2	2	1	2.1875	1.5625	-0.625
2	2	2	2	3	3	3	2	3	2	1	1	2	2	1	1	1	2.0625	1.875	-0.1875
1	1	1	1	3	2	2	1	2	1	2	1	2	2	3	1	1	1.9375	1.5	-0.4375
2	1	2	1	1	1	2	1	1	1	1	1	1	2	1	1	1	1.625	1.125	-0.5
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.4375	1.375	-0.0625
1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1.3125	1.25	-0.0625
1	1	2	1	1	1	2	1	1	1	1	1	1	2	2	2	1	1.625	1.375	-0.25
																	Mean	1.78125	1.484375
																	Standard Deviation	0.30298	0.24357
																	Effect size	1	