



Institute of Education

UCL Institute of Education

**Doctorate in Educational Psychology (Professional
Educational, Child and Adolescent Psychology) DEdPsy
(PECAP)**

**An exploration of anxiety problems in a secondary
school**

Anna Frances Barrett

Word Count: 34,289

Student Declaration

I, Anna Frances Barrett confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis

A handwritten signature in cursive script, appearing to read 'A. Barrett', is positioned below the text of the declaration.

Abstract

This research explores the identification of anxiety problems within the context of a girls' secondary school in the South of England. A qualitative methodology was adopted using semi-structured interviews and group interviews to explore the perceptions of staff and pupils. These were transcribed and thematically analysed following the six-stage model as advocated by Braun and Clarke. Phase 1 involved exploring staff perceptions about how anxiety problems present and are identified in pupils, as well as what the facilitators and barriers are for this process. It was found that there was good understanding amongst staff about the presentation of anxiety problems and a clear understanding of the processes that followed when anxiety problems were identified. The main facilitator for identifying problems was the multiple information gathering that existed within the school and the main barrier was the fact that the school was not actively looking for anxiety problems. Phase 2 of the research involved carrying out semi-structured interviews with two groups of Year 11 pupils to explore if their perceptions were congruent with Phase 1. The biggest barriers to the pupils disclosing problems were the school's policy to always inform parents and the stigma they felt was associated with having a mental health problem. They also expressed mixed views about the school's efforts to provide mental health education and promote resilience showing a suspicion that the underlying agenda was still about educational outcomes.

The research supports the introduction of universal screening approaches within schools to gather information over time which informs a comprehensive wellbeing strategy with a graduated response to need. It also highlights the importance of gathering the views of pupils around the practices and culture of school life. Educational psychologists are well placed to support schools in these endeavours

Acknowledgements

I would like to express my utmost thanks and gratitude to the following people for supporting me in this piece of research as well as during the rest of my Doctoral training. I am very much indebted to you all.

- To Frances Lee and Amelia Roberts, who have not only guided me kindly and respectfully through the research journey but have also been the most inspiring role models. Thank you, Frances, for your dedication, support and passion throughout the whole training experience. Thank you, Amelia, for your brilliant 'blue sky thinking'.
- To my awesome fellow TEPs for all the support and fun over the last three years.
- To the dedicated school staff and pupils from my case school.
- To my lovely friends for support, hilarity and wisdom ... special mention to Babs, Gail and Anne.
- To my gorgeous children: Josh, Liv, Izzy and Alex for putting up with mum being in the library a lot and for being my guinea pigs.
- To my lovely parents ... Dad I know you would be proud.
- The biggest thanks must go to my Danny; I couldn't have asked for a more patient, kind and supportive husband ... you can start playing golf again now.

Contents

Student Declaration	2
Abstract	3
Acknowledgements	4
Contents	5
List of Tables	13
List of Figures	14
List of Acronyms and Abbreviations	16
1. Introduction	17
1.1. Introduction	17
1.2. Personal and professional interest in this area of research	17
1.3. The unique contribution of this study	18
2. Literature Review	20
2.1. Introduction	20
2.2. Background	21
2.2.1. The national agenda	21
2.2.2. The local context.....	22
2.2.3. The Local Authority Educational Psychology Service (EPS)	23
2.2.4. A brief discussion around nomenclature.....	24
2.3. Anxiety	25
2.3.1. What is anxiety?.....	25
2.3.2. Anxiety disorders	25
2.3.3. Characteristics of anxiety problems	26
2.3.4. Prevalence of anxiety problems for CYPs	26

2.3.5.	Gender differences in anxiety problems	27
2.3.6.	Anxiety problems and adolescents	28
2.3.7.	Evidence-based interventions for anxiety problems	28
2.3.8.	Assessment and identification of anxiety problems	29
2.4.	Anxiety problems and secondary schools.....	30
2.4.1.	Detrimental impact of anxiety on CYPs in school and beyond	31
2.4.2.	Support for CYPs with anxiety problems in school	32
2.4.3.	The role of the educational psychologist (EP) in supporting CYPs with anxiety problems in schools.....	32
2.5.	The identification of anxiety in CYPs in schools.....	33
2.5.1.	Help-seeking behaviours in teenagers.....	33
2.5.2.	Mental health assessment used in schools	35
2.6.	Teachers' identification of anxiety in CYPs	35
2.6.1.	Comparisons between teacher, parent and child reports of anxiety	39
2.6.2.	Summary of literature exploring staff's identification of anxiety problems 41	
2.7.	Research questions.....	42
2.8.	Theoretical background	43
2.8.1.	Identifying anxiety problems in schools; the importance of considering context 43	
2.8.2.	Schools and systems theory	44
2.8.3.	What is a system.....	44
2.8.4.	Open and closed systems.....	44
2.9.	Bronfenbrenner's Ecological/Bio-ecological Systems Theory	45
2.9.1.	Critique of Bronfenbrenner's Bio-ecological System Theory	47
2.10.	Alternative theories considered	47

3. Design and Methodology	49
3.1. Epistemology and ontology	49
3.2. Design	50
3.2.1. Rationale for adopting a qualitative methodology	50
3.2.2. Critique of qualitative methodology.....	50
3.2.3. Rationale for selecting a case study design.....	51
3.2.3.1. Critique of case studies	52
3.2.3.2. Generalisability.....	52
3.3. Description of the case	53
3.3.1. Two-phased sequential design	56
3.4. Phase 1: Group interviews and interviews with staff members	57
3.4.1. Participants and sampling procedure.....	57
3.4.2. Methods used for data collection	61
3.4.2.1. The interview schedule	61
3.4.2.2. Group interviews and individual interviews	62
3.5. Phase 2: Pupil group interviews	63
3.5.1. Participants and sampling procedure.....	64
3.5.1.1. Interview schedule	64
3.5.1.2. Procedure for all group interviews and individual interviews.....	65
3.5.2. Research tools	66
3.6. Issues of reliability and trustworthiness	66
3.7. Validity	68
3.8. Data analysis	70

3.8.1.	Inductive vs deductive analysis.....	70
3.8.2.	Semantic or latent level of analysis.....	71
3.9.	Research diary	75
3.10.	Reflexivity.....	75
3.11.	Researcher’s beliefs and values	76
3.12.	Ethical Considerations.....	77
3.12.1.	Informed consent	77
3.12.2.	Rapport building	78
3.12.3.	Risks to participants.....	78
3.12.4.	Pupil participants.....	78
3.12.5.	Feedback to participants.....	79
4.	Results	80
4.1.	Introduction.....	80
4.2.	Main themes	80
4.3.	Theme 1: Signs and symptoms.....	81
4.3.1.	Sub-theme 1: Girls mentally shut down	81
4.3.2.	Sub-theme 2: Somatic and physical factors.....	82
4.3.3.	Sub-theme 3: Behavioural signs.....	82
4.3.4.	Sub-theme 4: Lack of coping strategies.....	83
4.4.	Theme 2: Perceived risk factors.....	83
4.4.1.	Sub-theme 1: Influences from home.....	84
4.4.2.	Sub-theme 2: School pressure	85
4.4.3.	Sub-theme 3: Perfectionist vs could be anyone.....	85
4.5.	Theme 3: Perceptions of school culture and practices	86

4.5.1.	Sub-theme 1: Liaising with parents.....	87
4.5.2.	Sub-theme 2: Communication processes	87
4.5.3.	Sub-theme 3: Change of focus: building resilience.....	88
4.5.4.	Sub-theme 4: Adaptions vs rules	90
4.5.5.	Sub-theme 5: Staff fears	91
4.5.6.	Sub-theme 6: Academic vs pastoral	91
4.5.7.	Sub-theme 7: Support systems.....	93
4.6.	Theme 4: Barriers to identifying anxiety problems	94
4.6.1.	Sub-theme 1: Genuine anxiety?	94
4.6.2.	Sub-theme 2: Not looking for it	95
4.6.3.	Sub-theme 3: Stigma	95
4.6.4.	Sub-theme 4: Parents as hindrance	96
4.6.5.	Sub-theme 5: Behaviour misinterpreted	96
4.6.6.	Sub-theme 6: Limited time and resources	97
4.7.	Theme 5: Facilitators for identifying anxiety problems in schools	98
4.7.1.	Sub-theme 1: Education around anxiety.....	98
4.7.2.	Sub-theme 2: Information gathering processes	99
4.7.3.	Sub-theme 3: Trigger points	100
4.8.	Researcher reflections from staff interviews	101
4.9.	Pupil main themes	102
4.9.1.	Theme 1: Pupils' perceptions of school culture and practices	103
4.9.2.	Sub-theme 1: School support	103
4.9.3.	Sub-theme 2: Parents always informed	105
4.9.4.	Sub-theme 3: Results-driven culture.....	105
4.9.5.	Sub-theme 4: Resilience-building strategies.....	106

4.10. Theme 2: Factors influencing help-seeking at school	106
4.10.1. Sub-theme 1: Relationships with staff	107
4.10.2. Sub-theme 2: Stigma	108
4.10.3. Sub-theme 3: Therapeutic vs authoritative role	108
4.10.4. Sub-theme 4: Importance of confidentiality	108
4.10.5. Sub-theme 5: Previous experiences	109
4.11. Theme 3: Causes of stress	109
4.11.1. Sub-theme 1: Competing demands	110
4.11.2. Sub-theme 2: Social pressures	110
4.11.3. Sub-theme 3: School pressures	110
4.12. Non-anxiety group theme: Coping strategies	111
4.12.1. Sub-theme 1: Planning and organisation	111
4.12.2. Sub-theme 2: Support from friends and family	111
4.12.3. Sub-theme 3: Agency	112
4.12.4. Sub-theme 4: Balance of activities	112
4.13. Theme from anxiety group: Lack of coping strategies	113
4.13.1. Sub-theme 1: Lack of coping strategies	113
4.13.2. Sub-theme 2: Negative thinking	113
4.14. Researcher reflections from pupil interviews	114
4.15. Summary	114
5. Discussion and Conclusions	116
5.1. Introduction	116
5.2. Research question 1	116
5.2.1. How school staff perceive anxiety problems to present	116

5.2.2.	School processes for identifying anxiety problems.....	117
5.3.	Research question 2.....	119
5.3.1.	Framing the research findings using the Bronfenbrenner Bio-ecological System Model.....	119
5.3.1.1.	Colour codes for Bronfenbrenner concentric circles shown in Figure 20 and Figure 21	120
5.4.	The individual level.....	121
5.4.1.	Implications for the case school.....	122
5.4.2.	Implications for educational psychology practice.....	123
5.5.	The micro-system.....	123
5.5.1.	Implications for the case school.....	126
5.5.2.	Implications for the practice of educational psychologists.....	127
5.6.	Exo-system.....	128
5.6.1.	Implications for the case school and the educational psychology practice	129
5.7.	Macro-system.....	130
5.7.1.	Implications for case school and educational psychology practice.....	130
5.8.	Additional findings.....	130
5.9.	Post study critical reflections.....	131
5.9.1.	Reflections on strengths of the study.....	131
5.9.2.	Reflections on limitations of the study.....	132
5.9.3.	Reflections on using group interviews.....	133
5.9.4.	Reflections on research paradigms.....	134
5.9.5.	Reflections on using the Bronfenbrenner Eco-systemic model as a psychological framework.....	135
5.10.	Directions for further research.....	136

5.11. The distinctive contribution of the current research	137
5.12. Conclusion	137
6. References	139
7. Appendices	156
Appendix A: Ethics application form.....	157
Appendix B: Anonymised Ofsted report.....	173
Appendix C: Research information sheet.....	177
Appendix D: Parent and pupil information letter.....	179
Appendix E: Consent form staff.....	181
Appendix F: Consent form parents	182
Appendix G: Consent form pupils	183
Appendix H: Draft interview schedule.....	184
Appendix I: Staff interview schedule.....	185
Appendix J: Interview schedule for girls	186
Appendix K: Interview procedure and checklist	187
Appendix L: Excerpts from reflective diary	188
Appendix M: Table showing codes for staff participants.....	190
Appendix N: Table showing codes for pupil participants	191
Appendix O: Example of coding thematic analysis.	192
Appendix P: What is growth mindset ?.....	195
Appendix Q: Recent publications pertinent to mental health in the UK	196
Appendix R: Themes and sub-themes showing staff perceptions of identifying anxiety problems in school.....	198
Appendix S: Themes for non-anxiety group pupils: Pupil's perceptions of...	199
Appendix T: Themes and sub-themes for anxiety group pupils: Pupil's perception of... ..	200

List of Tables

Table 1: Data collection methods	56
Table 2: Table of staff participants' roles	59
Table 3: Table indicating pupils in the anxiety group	63
Table 4: Table indicating actions to address trustworthiness	67
Table 5: Table of actions to address issues of validity	69
Table 6: Table showing stages of thematic analysis	72

List of Figures

Figure 1: Help-seeking: percentage of people preferred by problem experienced	34
Figure 2: The Bronfenbrenner's Bio-ecological System	46
Figure 3: Graduated response of mental health support offered in school	55
Figure 4: Main themes for staff perceptions	80
Figure 5: Signs and symptoms	81
Figure 6: Perceived risk factors	83
Figure 7: School culture and practices	86
Figure 8: Barriers to identifying anxiety problems	94
Figure 9: Facilitators for identifying anxiety problems	98
Figure 10: Main themes for anxiety group pupils	102
Figure 11: Main themes for non-anxiety group pupils	102
Figure 12: Pupil perceptions: School culture and practices	103
Figure 13: Pupil perceptions: Factors influencing help seeking at school	106
Figure 14: Pupil perceptions: Causes of stress	109
Figure 15: Non-anxiety pupil perceptions: Coping strategies	111
Figure 16: Anxiety group: Maintenance of anxiety problems	113
Figure 17: Over-arching themes for staff and pupils	115

Figure 18: Rich picture	118
Figure 29: Adaption of Bronfenbrenner's Bio-ecological System illustrating the potential facilitators for identifying anxiety problems	120
Figure 20: Adaption of Bronfenbrenner's Bio-ecological System illustrating the potential barriers for identifying anxiety problems	121

List of Acronyms and Abbreviations

Abbreviations and Acronyms	
AEP	Association of Educational Psychologists
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CYP	Child and Young People
DEdPsy	Doctorate in Professional Educational, Child and Adolescent Psychology
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5 th Edition
EP	Educational Psychologist
EPS	Educational Psychology Service
LA	Local Authority
MH	Mental Health
Ofsted	Office for Standards in Education, Children's Services and Skills
PSHE	Personal, Social, Health Education
SCAS	Spence Children's Anxiety Scales
SDQs	Strength and Difficulties Questionnaire
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator
TaMHS	Targeted Mental Health in Schools programme
TEP	Trainee Educational Psychologist

1. Introduction

1.1. Introduction

The current study aims to explore the processes within a girls' secondary school for identifying anxiety problems in pupils, and to establish what the barriers and facilitators are for this process. The rationale for this study is multi-fold. Firstly, there is growing concern over an apparent increasing rise in anxiety problems in adolescent girls (DoH, 2015; Bor, Dean, Najman, & Hayatbakhsh, 2014; Fink et al., 2015) and the potential negative long-term outcomes with regard to mental health, educational attainment and employment prospects (Muris & Meesters, 2002; Owens, Stevenson, Hadwin, & Norgate, 2012a). Secondly, there is increasing recognition of the valuable role schools can play in both the identification of Children and Young people (CYPs) with anxiety problems and in providing effective, evidence-based interventions (Neil & Christensen, 2009; Stallard, 2009). Thirdly, there is a paucity of research that addresses the identification of anxiety problems within a real life context (see literature review) and fourthly, it is hoped that this research will inform the practice of Educational Psychologists in the UK who, the researcher argues, are well positioned to support schools in identifying anxiety problems in their pupils to ensure they receive timely and appropriate support (Atkinson, Corban, & Templeton, 2011; Atkinson, Squires, Bragg, Wasilewski, & Muscutt, 2013).

1.2. Personal and professional interest in this area of research

I am a Trainee Educational Psychologist (TEP) studying at UCL Institute of Education (2014-2017) and have completed this research to fulfil the research strand of the requirements for the Degree of Doctor in Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy (PECAP). My choice of research area has been influenced by my previous experiences which I outline below.

Prior to starting the course, I worked as a science teacher for several years within a mixed secondary state school and then a girls' private school. Following this, I worked for Children's Services in a local authority in the South of England

as a Tutor for Looked After Children in secondary schools and as a Connexions Intensive Personal Advisor (IPA) for children's services, which involved supporting vulnerable pupils within secondary school. All these roles provided experience of the secondary school system, including the pastoral and academic aspects. They exposed me to the potential struggles that secondary schools have in identifying and supporting CYPs with mental health issues, including anxiety problems. My experiences concerned me as I found the predominant culture was for schools to respond in a reactive way and I became increasingly aware of CYPs who were struggling to manage but not seeking help.

My understanding of anxiety problems has developed as a result of the formal learning and practice experiences I have had on the educational psychology training course. As part of this, I have received training in Cognitive Behavioural Therapy (CBT) as well as having the opportunity to implement individual and group interventions using CBT approaches to support anxiety problems. These experiences have increased my awareness of the importance of early interventions but also exposed me to the potential challenges of delivering this work within schools, particularly secondary schools.

As well as my personal interest in this area, there has been a national agenda for schools to address mental health issues in CYPs. This has seen reforms to the SEN Code of Practice changing the SEN category from Social, Emotional and Behavioural Difficulties (SEBD) to Social Emotional and Mental Health Difficulties (SEMHD) which acknowledges the importance of considering the causes of the behaviour, such as anxiety. I believe there is a clear and important role for educational psychologists to support schools in this area.

1.3. The unique contribution of this study

The literature review in the following section presents the detailed rationale for how this study makes a unique contribution to the existing research on schools' identification of anxiety problems in adolescent girls in the following ways:

- i) Contributing to the paucity of information around schools' identification of anxious girls in secondary schools in the UK;

- ii) Considering the issue of identification within the context of the school system;
- iii) Providing information for EPs to inform their practice around the best ways to support schools in identifying anxious girls.

2. Literature Review

2.1. Introduction

This section presents a review of the salient material pertinent to the current research study. It begins by providing contextual information, both nationally and locally, regarding anxiety, and presents the case that anxiety in adolescent girls is an area of increasing concern. It then goes on to unpick further what anxiety is, how it presents and its prevalence. Evidence is presented that demonstrates the potential detrimental effects anxiety problems can have for educational outcomes and the potential for secondary schools to be providers of effective therapeutic interventions. This is followed by a section critiquing the existing literature around teachers' identification of anxiety problems in CYPs.

The literature search was conducted through the databases EBSCO, PsychInfo, ERIC and GOOGLE scholar and accessed via the UCL library service. Search terms used included a combination of the following 'identif*', 'anxiety', 'school', 'teachers'. Inclusion criteria included all papers published in peer reviews journals, written in the English language in the last ten years. The literature search revealed there was a paucity of research in this area in the UK, and no research could be found that specifically looked at teachers' identification of anxiety in adolescents in the UK within secondary schools. As such the net was cast wider and research was included that looked at teachers' recognition of MH problems generally, also in primary schools as well as secondary schools and also in other, developed English-speaking countries.

As well as searching literature via the databases listed, Ethos was used to access recent dissertations on the topic and, as a member of the AEP (Association of Educational Psychologist), the researcher also actively followed up their regular notifications regarding pertinent publications and parliamentary updates.

From this section, it is apparent that there is a lack of research that investigates identification of anxiety problems in UK secondary schools. It is also apparent that previous research has tended to assume the more medicalised, within-child

paradigm without considering the influence of context. It is the goal of this research to provide a unique contribution to this area of research and EP practice by exploring the identification of anxiety problems in adolescent girls within a secondary school context.

2.2. Background

2.2.1. The national agenda

The Department for Education and Skills (2004) estimated that 10% of children aged between 5-15 years' experience a clinically defined mental health (MH) problem. Further, it is estimated that 50% of diagnosable mental illnesses begin by the age of 14 (Kim- Cohen, Caspi, Moffitt, Harrington, Milne & Poulton, 2003). In addition, the last epidemiological study carried out in the UK suggested less than 25%-35% of those with a diagnosable MH condition access support (Green, McGinnity, Meltzer, Ford, & Goodman, 2005). Given these findings, it is unsurprising that MH problems in CYPs are a high priority for the UK government and there have been a number of recent advisory publications generated by the government and other relevant bodies around this area (see Appendix Q for a summary of these reports).

There are many areas of consistency across the reports; these include:

- All reports discussed the status quo as not being adequate and there was a resounding call for change. E.g. the Department of Health document 'Future in mind' states there is a 'compelling moral, social and economic case for change' (DoH, 2015, p.13);
- The lack of access to support was a consistent theme across all of the reports. E.g. there is, on average, a 10-year delay between young people experiencing their first symptoms and receiving help (Khan, 2016);
- All reports commented on the role schools need to play in the prevention, early identification and implementation of interventions. The government produced the advisory document "mental health and behaviour in schools" (DoE, 2015) to support this;

- Anxiety consistently emerged as a prevailing theme of concern and, whilst there is some debate about whether mental health problems have increased overall for CYPs, there is emerging evidence there is an increase in emotional problems for adolescent girls (DoH, 2015; Khan, 2016).

The reports indicate that anxiety problems in UK adolescent girls are an area of significant and growing concern and, in response to this, there are expectations being placed on schools and health bodies to change and improve the situation. It is also worth noting this situation is occurring in a political climate that has seen substantial financial cuts to public services under the conservative government (McNicolls, 2016) and, therefore, pressures on services are already highly stretched.

2.2.2. The local context

The placement authority in question is an affluent area in the south of England. Analysis by The Association for School and College Leaders (ASCL) (2015) shows that the placement borough is one of the 10 most poorly funded in the country receiving on average £4,208 per pupil in 2015-2016, compared with schools in the 10 best-funded areas who receive grants of £6,297 per pupil. The joint clinical commissioning group (CCG) for the borough council has produced an emotional health and wellbeing strategy for 2015-2017. The key points include:

1. The borough scored significantly worse than the national average for the previous national indicator relating to emotional health of CYPs (Borough CCG, 2010);
2. The demand for Children and Adolescent Mental Health Services (CAMHs) has been increasing year on year;
3. Interviews with the schools identified that they wanted more training and advice to understand anxiety and depression and how best to support CYPs, particularly during exam periods.

2.2.3. The Local Authority Educational Psychology Service (EPS)

The local EPS where the researcher is on placement resides within the Children's Services for that local authority. They follow the traditional EP model of service delivery seen in the UK, identified as being consultation, assessment, intervention, research and training (SEED, 2002 as cited in Fallon, Woods and Rooney, 2010). They work with children, parents and professionals within schools and other community settings to promote best outcomes through the application of psychology. They offer the following support packages to schools, all of which need to be bought in from the EPS by the schools.

1. Training and supervising teaching assistants (TAs) to work as nurture assistants, whose role involves supporting social and emotional difficulties in CYPS within schools. They will work with individuals and small groups as required (Borough, 2011).
2. Providing training in areas of mental health as and when requested by stake holders, predominantly in primary and secondary schools.
3. Running groups within secondary schools to support exam anxiety.
4. Running the CBT school-based intervention programme, Cool Kids to LA primary schools (McLoone, Hudson, & Rapee, 2006).

A girl's secondary school with 1259 pupils on roll in the LA commissioned the EPS to develop and train staff to deliver a programme to support girls who they had identified as struggling with anxiety problems. This was in response to their perceived growing need for support and a rising problem of girls missing lessons claiming to be anxious; indeed, the deputy head commented that it felt like there was an 'epidemic' of anxiety problems. The researcher has been involved in developing and delivering this work alongside a senior EP in the service and with the support of an assistant psychologist. A core part of this work is considering the processes for effective identification of anxiety problems in CYPs and it was this intervention that led to the researcher exploring this area further and ultimately carrying out this piece of research within the school.

2.2.4. A brief discussion around nomenclature

Mental health problems are often divided in the literature into two types: internalising and externalising (Merrell, 2008). Externalising types are characterised by under-regulation of cognitive and emotional states and often result in very overt, externalised behaviours such as aggression, disruptive behaviour, hyperactivity-impulsivity etc. In contrast, internalising problems are characterised by over-regulation of cognitive and emotional states, whereby issues typically develop and exist within a person e.g. anxiety and depression. Unsurprisingly, it has been found that pupils with MH problems manifested by externalising behaviours are more likely to be identified and referred on than internalising ones as they are more obvious and the behaviours potentially cause more disruption in the lessons (Merrell, 2008; Papandrea & Winefield, 2011). This language of externalising and internalising disorders is cogent with the dominant medicalised paradigm of mental health difficulties that assumes a within-child model. Assuming this distinction, anxiety problems are traditionally positioned within the internalising category; however, the researcher argues that this imposed categorisation is not necessarily a useful heuristic and can be misleading e.g. conduct disorder (externalising) and general anxiety disorder (internalising) might both be a manifestation of anxiety. In addition, the within-child language removes the focus from considering the contextual influences. As most of the literature in this area resides within the medical paradigm this language does appear within this report; however, where possible the terminology 'anxiety problems' is deliberately used to discuss anxiety that is detrimental to the individual. This is intended to remove the focus from the arbitrary distinction around whether a person has an anxiety 'disorder' or not, and encourage a wider consideration of environmental factors. This is considered particularly pertinent for this research within a girls' secondary school.

2.3. Anxiety

2.3.1. What is anxiety?

There are variations in the literature regarding how best to conceptualise anxiety. Weems and Stickle (2005) define anxiety as a complex interaction which involves cognitive, physiological and behavioural responses. Vallence and Garralda (2008) conceptualise it as an unpleasant emotion with accompanying unpleasant physiological sensations. Bandura defines it as an "an emotion or fright indexed by physiological arousal or subjective feelings of agitation" (Bandura, 1997, p.138). There is evidently a lack of consensus as to the best way to define anxiety; this is pertinent, as how it is construed will impact on how anxiety problems are identified in CYPs and the associated support offered. In addition, how anxiety is conceptualised will influence how it is explored within research and discussed within the literature. As discussed above, the author would argue that much of the current, dominant literature positions anxiety within a medical paradigm.

This research does not impose a definition of anxiety but explores the constructions that school staff have.

2.3.2. Anxiety disorders

It is important to acknowledge that anxiety is a normal and important function of the human condition. It facilitates the vigilance to environmental risks, thereby optimising survival as part of a 'fight or flight' evolutionary response (Bateson, Brilot and Nettle, 2011). There is no clear distinction or cut off point when normal anxiety becomes abnormal. However, it can be considered dysfunctional when an individual's anxiety no longer represents an appropriate, adaptive response to the circumstances within which the individual finds themselves (McLoone, Hudson and Rapee, 2006, p.219). The Diagnostic Statistical Manual 5 (DSM-5) states "Anxiety disorders differ from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods (American Psychiatric Association (APA), 2013. p.189). DSM-5 (APA, 2013) includes the following anxiety disorders: specific phobia, selective mutism,

separation anxiety disorder, generalised anxiety disorder, social anxiety disorder (formerly social phobia), panic disorder and agoraphobia. There is typically high comorbidity between these disorders which are all characterised by physiological arousal, behavioural disturbance, such as extreme avoidance of the feared objects, and associated distress and functional impairment (Beesdo, Pine, Leib and Wittchen, 2010). As discussed above, the researcher argues that discussing anxiety 'disorders' assumes the medicalised, within-child model which detracts from considering contextual factors.

2.3.3. Characteristics of anxiety problems

It has been reported that highly anxious young people may experience various symptoms including depression, lack of concentration, low self-confidence, impaired attainments and poor social relationships. Symptoms may be physiological (e.g. difficulty breathing, increased perspiration) and/or psychological (e.g. paranoia, concerns regarding coping abilities) (APA, 2013; Merrell, 2008). Avoidance behaviours ('flight') are common when faced with anxiety-provoking situations (Merrell, 2008).

2.3.4. Prevalence of anxiety problems for CYPs

In a 2004 review of the mental health of CYPs in the UK (Green et al., 2005) it was suggested that 3.3% of 5-16 year olds had an anxiety disorder. Costello, Egger, & Angold, (2005) report that community studies suggest that, by the age of 18, 1 in 10 children will have suffered from an anxiety disorder and many more children will experience severe anxiety symptoms that fall below the clinical threshold. The prevalence rates vary in the literature from 2-12% (e.g. Fonagy et al., 2014; Muris & Meesters, 2002; Spence, 2003; Stallard, 2009; Vallance & Garralda, 2008). However, most of this literature is based on non-UK populations and, to date, the Green et al. (2004) study is the most current study on prevalence levels in the UK. It is important to note that the Green et al. (2004) prevalence levels for anxiety disorders only include those that have been identified at a clinical level and it is likely higher numbers will experience severe anxiety that negatively impact on their life but are not captured in these studies; e.g. the Great Smoky Mountains Study in the USA (Copeland, Angold,

Shanahan, & Costello, 2014) found that 20% of children suffered with severe emotional problems that negatively impacted on their life but did not necessarily meet clinical levels. Despite the variability given in the literature, the general consensus is that anxiety disorders constitute one of the most common disorders amongst the age group with emerging evidence that they are on the increase (DoH, 2015 and Trudgen & Lawn, 2011).

2.3.5. Gender differences in anxiety problems

In a 2004 review of the mental health of CYPs in the UK (Green et al., 2005) it was suggested that 3.3% of 5-16 year olds had an anxiety disorder, and of these 54% were girls in the older range of 11-16. A more recent study compared the prevalence of mental health difficulties in early adolescence (11-13 year olds) from 2009 to 2014 and found there were similar levels of mental health difficulties experienced by adolescents in 2009 and 2014 with the notable exception of a significant increase in emotional problems in girls and a decrease in total difficulties in boys in 2014 compared to 2009 (Fink et al., 2015).

Studies also indicate that the typical trajectory of anxiety development for adolescent girls differs from that of boys (Van Oort, Greaves-Lord, Verhulst, Ormel, & Huizink, 2009). Legerstee et al. (2013) carried out research to map these differences using the statistical modelling technique of growth mixture modelling (Jung & Wickrama, 2008 as cited in Legerstee et al., 2013). They found that the majority of both girls and boys experienced constant low anxiety throughout adolescence, defined as the period between 10 and 17. A sub-group of boys showed transient elevated anxiety levels between the ages of 11-12, which, it is observed by the authors, could be related to the experience of moving from primary to secondary school. The third trajectory was gender-specific, where a small sub-group (2.6%) experienced a progressive increase in anxiety that began in mid-adolescent. In contrast, a sub-group of boys (6.1%) experienced a progressive decrease in anxiety symptoms.

Possible explanations about why this trend is emerging include a variety of potential factors. The recent Good Childhood Survey (2015) carried out by the Children's Society looking at children's wellbeing in the UK and compared to

other countries found girls reporting generally lower wellbeing compared with boys, with particularly low levels of satisfaction around body image and feelings about the future. School pressures have also been identified as a source of anxiety particularly affecting girls (Putwain, 2007) and although girls generally academically out-perform boys at school (Buchmann, DiPrete, & McDaniel, 2008), they were more likely to underestimate their academic ability (Cole, Martin, Peeke, Seroczynski, & Fier, 1999).

2.3.6. Anxiety problems and adolescents

Studies of brain development in adolescence suggest that this is a particularly sensitive period of development, where there are extensive and rapid neurological changes. The stabilisation and pruning of synapses and changes in white matter take place in areas such as the prefrontal cortex and other cortical areas (Gogtay et al., 2004). These areas are known to be involved in higher cognitive functions, such as reasoning, cognitive control of emotions, appraisal of risk versus reward, and motivation (Blakemore & Choudhury, 2006). There is evidence to suggest that during this time of plasticity these areas may be temporarily compromised increasing the likelihood of risk-taking, sensation-seeking behaviour and decreased consequential thinking as a result (Morgan, 2013). It is also recognised that the majority of mental health disorders are often first formally recognised in adolescence (Kessler et al., 2005) and it is acknowledged that adolescence is a risk phase for the development of anxiety disorders (Beesdo, Pine, Lieb, & Wittchen, 2010).

2.3.7. Evidence-based interventions for anxiety problems

Given the prevalence and the negative impact of anxiety problems, both at a personal level but also at a societal level, the necessity for sufferers to access evidence-based interventions is clear. The main psychosocial treatment advocated for use to treat anxiety in CYPs is Cognitive Behavioural Therapy (CBT) and there is a significant body of research that supports the effectiveness of CBT to treat anxiety in CYPs (Fonagy, 2014). The principles for individual CBT have also been adapted for use in groups, as this provides a cost-effective way to provide interventions for a greater number of CYPs. In addition, the group

processes and peer support can facilitate better outcomes for CYPs (Fonagy et al., 2014) and studies that directly compare group and individual CBT interventions have failed to identify a substantial difference in outcomes (Liber et al., 2008; Manassis et al., 2002).

2.3.8. Assessment and identification of anxiety problems

Given that so many of the symptoms of internalised anxiety are not observable it is even more important to gather information from a variety of different sources if an anxiety issue is suspected; this is referred to as a multi-method approach (Huberty, 2012; Whitcomb & Merrell, 2013). Huberty (2012) advises information is gleaned from the following sources: (a) taking a thorough developmental and family history; (b) direct behavioural observations; (c) interviews with the child, parents, and teachers; (d) completion of behaviour rating scales by parents, teachers, and the child; (e) completion of multidimensional personality inventories; (f) completion of self-report measures; and (g) informal methods. The rationale for this thorough and comprehensive assessment is to go beyond identification and classification of problems but to inform appropriate interventions.

Silverman & Ollendick (2005) provide a useful synthesis of the available evidence-based methods and instruments available for use in assessing and identifying anxiety and its disorders in children and adolescents. Methods covered include diagnostic interview schedules, rating scales, observations, and self-monitoring forms. Based on their evaluations, Silverman & Ollendick (2005) recommend the use of interview schedules and rating scales for identifying and quantifying anxiety problems. Rating scales are frequently used in child and adolescent anxiety research. They have been studied frequently with regard to reliability, and many of them have been studied for concurrent and divergent validity. However, there are limitations with these rating scales, which include:

- i) Rating scales used in psychometric assessments are scored and individuals obtain a numerical value which allows them to be compared with a population (e.g. SCAS, SDQs etc.). However, as

argued by Blanton and Jaccard (2006), these numbers are arbitrary and not linked to any real life meaningful information;

- ii) Some anxious CYPs will be reluctant to disclose how they are feeling (Silverman & Ollendick, 2005) or indeed may not have the self-reflective skills to be able to access this information;
- iii) These types of rating scales very much reside within the medicalised within-child paradigm, promoting diagnosis of disorders.

Rating scales are a tool that can be used to support the process of assessment and identification but need to be synthesised with other information in order to provide meaningful information to inform interventions.

2.4. Anxiety problems and secondary schools

The developmental period of adolescence, identified as a vulnerable time for the onset of mental health problems (see 2.4.1) coincides with secondary education in the UK that pupils attend at the age of 11 until 18. During this time, they have to select, study for and sit examinations that will directly impact on their future. Indeed, research has found that exam pressure is the most common worry among 10–16-year-olds (Thorley, 2016), and, in a study which identified 10 dimensions of adolescent stress, four were school-related (stress of school performance, attendance, teacher interaction and school/ leisure conflict). The first of these increased significantly with age and was higher among females; all were significantly associated with psychological distress (Byrne, 2007 as cited in Khan, 2016).

The structure of secondary schools also differs from primary schools. Secondary schools are typically much larger than primary schools and the multiple subject departments and greater numbers of staff inevitably present greater organisational and management challenges that can impact on the identification and support offered to anxious CYPs. In addition, the observation has been made that school systems are fragmented with separate systems for academic and mental health support (McIntosh, Goodman, & Bohanon, 2010). The size and structure of secondary schools also means that the more child-centred

approach of primary education is difficult to achieve, particularly as pupils are usually taught less frequently by more teachers which makes it harder for supportive relationships to develop (Lendrum, Humphrey, & Wigelsworth, 2013). In addition, the greater emphasis on academic attainment, which schools and teachers are judged on is likely to promote a more a subject-focused ethos.

2.4.1. Detrimental impact of anxiety on CYPs in school and beyond

The evidence indicates that all MH problems, including anxiety problems, are associated with an increased risk of disruption to education and school absences as well as having a negative impact on interpersonal experiences (Green et al., 2005; Owens et al., 2012a). In addition, there can be a long-term detrimental impact affecting future academic attainment and employment prospects (Goodman, Joyce, & Smith, 2011; Green et al., 2005). Indeed, the research suggests that, without treatment, there is a high risk of anxiety disorders persisting and becoming more chronic in adulthood (Kim-Cohen et al., 2003; Muris & Meesters, 2002; Spence, 2003), with the associated personal cost, and cost to society that this entails (34 billion pounds was the expenditure on MH problems last year,(DoH, 2016)).

The finding that high anxiety in CYPs can negatively impact on academic performance has been replicated in many countries (Owens et al., 2012a). This emotional-cognitive interference has been identified as an important mechanism through which high levels of anxiety negatively impact on academic performance (Putwain, Connors, & Symes, 2010). How affective states negatively impact the ability to hold onto memory and manipulate information i.e. working memory is an area that has generated much interest. Several theories have been proposed; the most recent development is Attentional Control Theory (Eysenck, Derakshan, Santos, & Calvo, 2007). This theory suggests that anxiety disrupts working memory processes that lead to lowered cognitive performance of task efficiency and effectiveness, particularly for complex tasks.

These findings need to also be considered alongside the evidence that suggests that a degree of anxiety can improve educational outcomes (De Feyter, Caers, Vigna, & Berings, 2012). Indeed, Martin & Marsh, (2003) suggest that a 'fear of

failure' can motivate individuals to succeed; however they also state that the anxiety could render them vulnerable to setbacks and make the pursuit of academic success be affected by self-doubt and uncertain control.

2.4.2. Support for CYPs with anxiety problems in school

Given the time that CYPs spend in school it is unsurprising that recent guidance from governments require schools to promote the wellbeing of all the CYPs in their care (DfE, 2015). There is also compelling evidence for the effectiveness of early interventions when MH problems are identified and a strong argument for schooling establishments to be one of the settings where these are provided in order to reduce stigma and increase accessibility to support (DfE, 2015 and Atkinson, Squires, Bragg, Wasilewski, & Muscutt, 2013).

The arguments for effective individual and group delivery of CBT interventions for severe anxiety and anxiety disorders and the potential benefits and opportunities of delivering these interventions in schools have resulted in the development of several CBT school-based interventions. A systematic review of some of these programmes carried out by Neil & Christensen (2009), indicated that CBT can be an effective intervention for CYPs to improve the symptoms of anxiety problems when delivered at school and in groups. Other research in this area suggests that factors that may also impact on the outcomes of the intervention include the skills of the professionals delivering the intervention (Davidson & Scott, 2009), the motivation and 'readiness to change' of the CYPs involved (Stallard, 2009) and how the anxiety presents (Fonagy et al., 2014).

2.4.3. The role of the educational psychologist (EP) in supporting CYPs with anxiety problems in schools

The core functions of an EP working in the UK have been identified as being consultation, assessment, intervention, research and training (SEED, 2002 as cited in Fallen, Woods and Rooney, 2010) and the work can operate at various levels e.g. individuals, groups, organisations etc. There is a debate about whether EPs ought to deliver therapeutic interventions such as CBT to support mental health needs such as anxiety in school. Mackay (2006 and 2007) makes

a strong case for EPs to deliver such interventions given their skill set, which includes their training in delivering therapeutic interventions, their positioning as already linked in with schools and staff as well as with other services, their ecological framing of difficulties and considering issues beyond the within-child medical model. However, there is a pragmatic issue of the amount of EP time schools have and the high prevalence of MH problems including anxiety. A more practical and sustainable way to increase a school's capacity and capabilities in supporting anxiety in CYPs would be for EPs to be involved in a more systemic capacity that supports schools in the effective identification of anxiety problems in CYPs, as well as setting up and supporting the running of interventions.

2.5. The identification of anxiety in CYPs in schools

There is a strong drive from government for early identification and interventions to support anxiety problems before they become established disorders (Cane & Oland, 2014; Department of Education, 2015; Department of Health, 2015). The challenge is how to best identify anxious CYPs at an early stage in order to be able to provide timely support. There is a clear role for schools and community settings to be involved in this process and school staff are particularly well positioned in that they have the opportunity to form relationships with the CYPs in their care over time. However, this is not an easy task, even for mental health professionals given the often internal nature of anxiety problems. There are a number of potential ways that anxiety problems may come to the attention of school; pupils may seek help within school, parents may inform the school, the school may use tools and assessment strategies, such as the ones Silverman & Ollendick (2005) discuss, or school staff may notice behaviours that indicate anxiety problems.

2.5.1. Help-seeking behaviours in teenagers

There are many routes to professional help; however, the evidence suggests that, even those with severe problems, may avoid seeking help or have considerable delays in getting appropriate help. A review by Gulliver, Griffiths, & Christensen (2010) indicated that stigma, embarrassment, problems recognising symptoms and a preference for self-reliance are the important barriers to help-

seeking by young people. A study by Leavey, Rothi, & Paul, (2011) explored the help-seeking preferences for a range of mental health problems among adolescents attending schools in an inner-city area of London. The graph below summarises the findings of a questionnaire that Year 10 pupils (aged 14-15) completed on this topic.

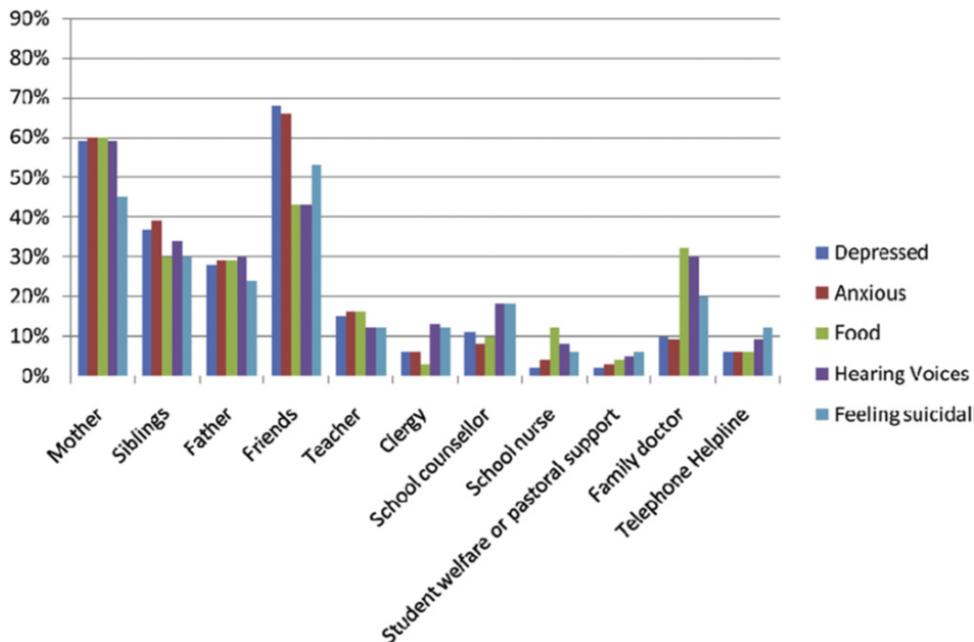


Figure 1: Help-seeking: percentage of people preferred by problem experienced from G. Leavey et al. / Journal of Adolescence 34 (2011), pp.685–693.

The survey indicated that school-based professionals are significantly poorly rated by pupils with teachers, school nurses, student welfare and pastoral support and counsellors all failing to reach beyond 15% of pupil help-seeking choices (Leavey et al., 2011). In addition, it can be seen that, for anxiety problems, it was particularly low with only teachers, out of all the available professionals at school, gaining over 10% of pupil help-seeking choices. The survey findings indicate that adolescents give preference to informal networks of friends and family over professionals which is congruent with findings from other studies (Yap, Reavley, & Jorm, 2013b).

Leavey et al. (2011) also carried out focus groups with the young people in the study and found that the issue of privacy and confidentiality was the strongest

area of consensus amongst the participants. A general sense of mistrust was demonstrated towards adult professionals, including those within school.

Yap, Reavley, & Jorm (2013a) found that greater personal stigma, in the form of believing that mental disorders are a sign of personal weakness rather than an illness, was associated with less favourable attitudes towards professional help-seeking. In addition, they found stigma-related issues, such as embarrassment and concern that the helper might feel negatively about them, emerged as the most common barriers. In addition, lack of confidence in the helper's competence and concern around confidentiality were identified as barriers to help-seeking (Gulliver et al., 2010; Yap et al., 2013b).

Leavey et al.'s (2011) study found that the adolescent interviews suggested that the young people involved were “profoundly self-conscious and hypervigilant” and suggested this as a possible reason for their lack of trust in the adults around them.

2.5.2. Mental health assessment used in schools

Humphrey & Wigelsworth (2016) make a strong case for universal screening to be used by UK schools in order for early identification of MH difficulties, including anxiety problems. In addition, The Anna Freud Centre has developed a mental health toolkit to be used by schools that advocates universal screening and provides details of different assessment tools that can be used to support this (PHE, 2017). However, the sparse literature in this area suggests this is not standard practice for schools; indeed there are no anecdotal reports of secondary schools adopting this practice within the researcher's placement authority.

2.6. Teachers' identification of anxiety in CYPs

Given the necessity for anxiety problems to be identified in CYPs, it is important to establish how effective teachers are at identifying anxiety in their students.

Loades & Mastroiannopoulou (2010) carried out a quantitative piece of research to explore teachers' perceptions of mental health problems. This involved 113

primary school teachers in the Cambridge area of the UK completing a questionnaire. The questionnaire was composed of vignettes describing children presenting behavioural symptoms associated with different MH problems, following which they were asked a number of questions regarding problem recognition and help-seeking. Teachers were asked whether they believed the child had a problem, to rate how severe they believed the problem to be, and how concerned they would be about the child. Teachers gave significantly higher problem severity ratings to vignettes describing children with clinical levels of separation anxiety than those with subclinical levels of separation anxiety. They also gave significantly higher severity ratings to vignettes describing subclinical levels of separation anxiety than vignettes describing problem-free children. However, teachers reported significantly less concern about the child with clinical levels of separation anxiety than the child with clinical levels of oppositional defiant symptoms. The findings showed that the teachers were able to recognise the existence of clinical levels of symptomology in MH problems but their concern was significantly less for emotional disorders (such as anxiety) compared to behavioural ones. These findings only consider primary school teachers, and primary-aged children and they do not capture the real-life situation when teachers are making observations of pupils in the context of a busy school day. Secondary school teachers have the additional challenge of having less contact with their pupils, given the system of CYPs moving between subject classes. In addition, the age and stage of CYPs in secondary school will have an impact.

Another study by Rothi, Leavey, & Best, (2008) entitled "On the front-line: Teachers as active observers of pupils' mental health" carried out semi-structured interviews with teachers from 100 schools that had been contacted nationwide (one teacher per school interviewed). Teachers interviewed included three head teachers and four deputy/assistant head teachers, eight primary school teachers, 13 secondary school teachers and 8 teachers from special schools. Some staff also had additional responsibilities for areas such as special educational needs, learning support, heads of year, family liaison and student and pastoral support. Semi-structured interviews were carried out and thematically analysed. The findings suggested that teachers felt a duty of care to

their charges to help identify mental health problems, defined as “the diverse range of psychological problems that children and young people may experience” (Rothi et al., 2008, p.1218) when it was recognised that MH problems were a barrier to optimising educational attainment. This pedagogic stance is perhaps concerning in the cases of pupils who may be struggling with MH problems but which have not yet impacted on their educational outcomes e.g. high achieving students adopting maladaptive strategies to cope with internalised anxiety might not be referred as they are still achieving at school. The interviewees in the study reported concern regarding their distressed pupils and feelings of incompetence, frustration and helplessness. There was a consistent call for additional training, although many interviewees expressed concern regarding the additional responsibilities, outside of teaching and learning, that they were expected to support. Given the small size of the sample of teachers and the voluntary nature of the study, generalisation to other secondary school teachers cannot be assumed. However, the lack of divergence in the teachers’ responses and the fact that the legislative frameworks are the same across UK secondary schools lends weight to the validity of the findings.

How a MH problem presents will influence how effectively teachers are likely to identify an issue and whether it is referred on for intervention (Loades & Mastroyannopoulou, 2010). The following studies look at teachers’ abilities to identify internalised mental health problems in their pupils, such as anxiety. Due to the lack of any studies exploring this in the UK, the papers are either from America or Australia, which operate different schooling and mental health systems. A quantitative study by Cunningham & Suldo (2014) looked at the accuracy of teachers in identifying elementary school students who report at-risk levels of anxiety. In total, 26 teachers (100% of teachers asked) were involved from two large elementary schools (USA equivalent to primary) and 238 pupils aged 9-11 (50% acceptance rate). The Multidimensional Anxiety Scale for Children (MASC) was used as a self-reporting scale that the children completed on two separate occasions, to increase confidence in the validity of the findings. Teachers were invited to nominate their pupils based on whether they felt they demonstrated symptoms of anxiety. Students’ scores were converted to T scores and a cut-off point of 60 was selected as the clinical threshold for ‘at-risk’,

corresponding to one standard deviation above the mean. The findings indicated approximately 11% of the school children repeatedly reported at-risk levels of anxiety and teachers accurately identified 41% of these. In addition, teachers misidentified 17.5% of children as having anxiety when compared to the self-report. There are methodological issues to consider as well as the fact that the study is American, limited to two schools and involved a younger age range. The research makes the assumption that children of this age have sufficient self-awareness to assess their own mental state and are motivated to express it with fidelity. Despite these issues, the study does indicate that teachers may well struggle to correctly identify many children with high anxiety, but further research would be needed to establish more reliable data.

An Australian study, carried out by Papandrea & Winefield, (2011) used a mixed-method research design to explore teachers' views on their criteria for referring CYPs to external agencies for mental health support. In total, 152 secondary school teachers of pupils in years 8-10 from 17 South Australian schools completed an online questionnaire which had closed questions and open-ended questions. The qualitative data from the open-ended questions were analysed via content analysis, two researchers independently coded the data and inter-rated reliability measures indicated excellent agreement (Cohen's *kappa* = 0.84) beyond chance. Overall, 86% of the 152 participants interviewed agreed that teachers refer a lot more students with externalising problems for mental health services, compared with internalising problems. Additionally, 95.4 % of the participants agreed that there was an expectation for them to be able to identify internalising problems but 85.5% felt they were not capable of doing this. The qualitative data analysed indicated that insufficient mental health training, disruption in class and teacher stress were given as the reasons that externalising behaviour was more frequently referred on. Another category that emerged was the perceived inadequate availability and sustained support from mental health professionals. The mixed-method design and the age range of pupils being taught are strengths of the study.

A further Australian study was carried out by Trudgen and Lawn (2011) that looked at the thresholds of teachers' recognition and reporting of concerns about

anxious students. This exploratory study was carried out with 20 secondary school teachers, across four schools in Victoria, Australia and adopted a qualitative methodology. Semi-structured interviews were coded and transcribed using aspects of grounded theory, including the constant comparative method and open and axial coding. The interviews were coded independently and had 90% inter-related reliability. A series of process meetings were held to discuss and debate each stage. The study found that the threshold for when teachers reported their concerns was subjective and heavily reliant on individual teachers' intuitive sense of need to take action, rather than on guidelines or formal training. All participants felt that the rates of anxiety were getting worse and many expressed a level of powerlessness to improve the situation. All participants responded that they were likely to refer concerns to the student welfare coordinator/counsellor but overall referrals seemed to be reliant on informal processes and relationships between teachers rather than any formal criteria to guide them. All participants were able to recognise at least two behaviours indicative of high levels of anxiety but most teachers in the study had no specific training in how to recognise and respond to anxiety and depression in students. Several participants reported their confusion when distinguishing between normal teenage angst and anxiety problems that require interventions to ameliorate.

2.6.1. Comparisons between teacher, parent and child reports of anxiety

Another approach to explore how well teachers can recognise symptoms of anxiety in their pupils is to review studies which have compared teachers' ratings of children's symptoms to children's self-reports and/or parents' reports of symptoms. In some instances teachers may complete standardised scales given by clinicians who are gathering information from multiple informants in order to inform the assessment process. Miller, Martinez, Shumka, & Baker (2014) carried out a recent study with a community sample of 1039 school children aged 8-13 to investigate concordance between parent, teacher and child (self) reports of anxiety. Parent and teacher reports of children's anxiety were measured with the Behaviour Assessment System for Children (BASC) and the Strengths and Difficulties Questionnaire (SDQ) and children's self-reports of

anxiety were measured on the Multidimensional Anxiety Scale for Children (MASC). The findings showed that there was high agreement between parent and teacher reports but low agreement between teachers and children ($r= 0.28$) and even lower between parents and children ($r= 0.14$). They also observed a difference between genders, with girls more commonly self-reporting higher anxiety.

Layne, Bernstein, & March (2006) carried out a study in the USA to explore which anxiety symptoms are identified by teachers. Overall, 453 children aged 7-11 completed the Multidimensional Anxiety Scale for Children (MASC), and teachers nominated the three children they perceived to be the most anxious in their class. The findings indicated that children identified as anxious by their teachers had significantly higher levels of overall anxiety compared to non-nominated children. Specifically, children identified by teachers as anxious could be distinguished from non-nominated children based on total anxiety, physiological anxiety, social anxiety and separation anxiety. Children less likely to be identified were those scoring higher on the harm avoidance scale (e.g. perfectionism, concern about safety, striving to please others). The authors speculate this may be because these behaviours are conducive to appropriate behaviour in the classroom and may not be construed as a possible manifestation of anxiety.

Headley & Campbell (2013) investigated how teachers identify anxiety by sending 315 teachers, recruited from 27 primary schools in a large Australian city, a questionnaire developed by the researcher. As part of the questionnaire two open questions were posed, "What is anxiety?" and "How would you tell if a child in your classroom was excessively anxious?" Inductive, thematic analysis was used to identify codes and analyse themes. They reported that most teachers defined anxiety as an emotional response and many recognised that anxiety has cognitive, behavioural and emotional aspects. Teachers identified several of the key signs of excessive anxiety that have been outlined in the literature including avoidance behaviours, perfectionism, social problems, shyness, being upset over changes in routine, needing constant reassurance, separation issues, crying, and physical complaints. They also used more general

problem identification cues such as observing a change in a child's behaviour, academic deterioration, and social problems. These findings demonstrated that teachers had a good understanding of how anxiety problems may manifest but indicated that they had less awareness that anxiety existed on a continuum. This finding was reinforced in a different part of the questionnaire (Headley & Campbell, 2011) where the teachers were asked to rank five vignettes from 1-5 depending on how likely you were to refer him/her for counselling. Four of the vignettes showed internalising disorders of varying degrees of severity (with items from the DSM-IV-TR and the Spence's Children's Anxiety Scale added or excluded to represent levels of severity). One additional vignette was added to represent a child with minimal symptoms of anxiety. These findings showed that teachers could generally identify which children had the highest and lowest levels of anxiety but had difficulty in distinguishing between moderate anxiety symptoms and severe symptoms. One criticism of this research is the possible impact that demand characteristics may have had on the outcome e.g. it is possible that teachers did not comment on adaptive anxiety as participants may have been influenced by the 'anxiety as problem' bias of the research. This may not necessarily reflect their understanding of adaptive anxiety. Alternatively, it may give an indication of how the word 'anxiety' is construed. That is to say, it may be a result of anxiety being construed within an illness framework.

2.6.2. Summary of literature exploring staff's identification of anxiety problems

The research that has been carried out in this area reinforces the findings that teachers are more likely to identify and refer on externalised MH problems than internalised ones (Loades & Mastroiannopoulou, 2010; Merrell, 2008; Papandrea & Winefield, 2011; Percy, Clopton, & Pope, 1993; Rothì et al., 2008). The reasons offered for this included the fact that externalised behaviour was more likely to interfere with academic output as well as increasing teacher stress as a result of classroom disruption. The evidence is unclear as to the accuracy of teachers' identification of anxiety problems but the research suggests that it is under identified, particularly in comparison to MH problems

characterised by more externalised behaviour (Cunningham & Suldo, 2014; Papandrea & Winefield, 2011).

In studies comparing rating scales, teachers' and parents' scales tended to correlate strongly but there was not a strong correlation with the CYPs score (Miller et al., 2014). The studies found that teachers felt that they were expected and should be able to identify mental health difficulties associated with predominantly internalised behaviours such as anxiety (Papandrea & Winefield, 2011; Trudgen & Lawn, 2011). However, they did not feel they had the necessary mental health knowledge or support from mental health professions to do this adequately (Papandrea & Winefield, 2011; Rothì et al., 2008). The study by Headley & Campbell (2013) indicated that teachers did have an awareness of the types of behaviour that may indicate an anxiety problem but struggled to assess the severity of the problem. Studies also identified feelings of powerlessness and frustration felt by teachers in supporting MH problems in their pupils (Papandrea & Winefield, 2011; Rothì et al., 2008; Trudgen & Lawn, 2011). Finally, the system of referrals was examined in the study by Trudgen and Lawn (2011) and was found to be established on intuition and informal processes as opposed to any formal framework.

2.7. Research questions

- 1. How do staff in a girls' secondary school identify anxiety problems in their pupils?**
- 2. What are the perceived barriers and facilitators for identifying anxiety problems in a girls' secondary school?**

2.8. Theoretical background

This section discusses the rationale for adopting a systems approach to understanding the identification of anxiety problems in schools and critiques the Bronfenbrenner Bio-ecological System which is put forward as the proposed model for this research.

2.8.1. Identifying anxiety problems in schools; the importance of considering context

It is apparent from the literature review that the notion of anxiety problems is couched very much in the medical, scientific paradigm with the practice of collecting a cluster of behaviours seen in certain contexts and labelling them as a type of 'disorder'.

In the girls' school where the research is being carried out they have seen an increase in the number of girls presenting with anxiety problems. This had progressively increased to the levels where the school claimed it has an 'anxiety' epidemic hence the request for EP involvement. Girls were asking to leave their lessons due to feeling anxious and teachers, not wanting to make things worse, were allowing them to leave. The girls would go to the student support where they would wait on a sofa until a staff member was available to talk to them and offer reassurance. Concerned they were unwittingly encouraging this behaviour, they removed the comfy sofa from the student support area so girls had to stand whilst waiting, at the same time they had an assembly on resilience. The numbers immediately reduced to the normal amount of activity.

This example demonstrates the complex interactions between the girls' behaviour and their environment, including their peers, the staff (academic and pastoral) and the culture of the school. Given these findings, it seemed important for a theoretical model to be applied to this research to provide a framework for understanding these complexities.

2.8.2. Schools and systems theory

It is beyond the scope of this thesis to give a fully comprehensive account of the development and progression of organisational psychology, incorporating system theory. However, a brief overview will be provided and the theoretical models that will be drawn on within this thesis are discussed.

2.8.3. What is a system

A *system* can be thought of a set of elements that function as a whole to achieve a common purpose. A *subsystem* is a component of a larger system (Bateson, 1972). Thinking about systems developed in the 1940s largely based on a mechanistic view of organisations called cybernetics (Korzybsky, 1942, as cited in Fox, 2009). In addition, a second conceptualisation emerged in the 1950s which viewed organisations as biological systems which were seen to adapt and respond to the demands of the environment in which they were located, this was known as general systems theory GST (Fox, 2009).

2.8.4. Open and closed systems

Closed systems are theoretical systems that do not interact with the environment and are not influenced by its surroundings (Scott & Davis, 2015). Open systems are considered to be real world systems whose boundaries allow exchanges of energy, material and information with the larger external environment or system in which they exist. Social systems such as a school are generally regarded as open systems interacting and influenced by their immediate and wider environment (Scott & Davis, 2015).

In addition to openness, systems can be characterised by three concepts: hierarchy, homeostasis, and purposiveness (Banathy, 1991).

Hierarchy: A system's hierarchy refers to the number of levels within the system.

Homeostasis: A second characteristic is homeostasis, which refers to self-regulation through feedback mechanisms.

Purposiveness: Some systems have a single, clear goal. Other systems have many, sometimes even conflicting, goals; these are considered to be 'pluralistic' systems (Banathy, 1991).

2.9. Bronfenbrenner's Ecological/Bio-ecological Systems Theory

Bronfenbrenner's theory of human development (see Figure 1) was first conceived in 1979 (Bronfenbrenner, 1992) and built on the developments in cybernetics and GST as outlined above (Fox, 2009). It has subsequently been revised and embellished whilst maintaining its core premise of a nest of circles (Bronfenbrenner, 1992). It is an ecological model, stressing person-context interrelatedness (Tudge, Gray & Hogan, 1997). I.e. it assumes a child's development is best understood by examining the context of influential environmental factors. The rationale for using this systems model as a theoretical model to structure the findings in the discussion comes from the researcher's desire to take a wider view of the issues around identifying anxiety problems in school to consider the particular impact of the school context but also to attempt to capture the influencing factors on the school context, including the legislative and political climate.

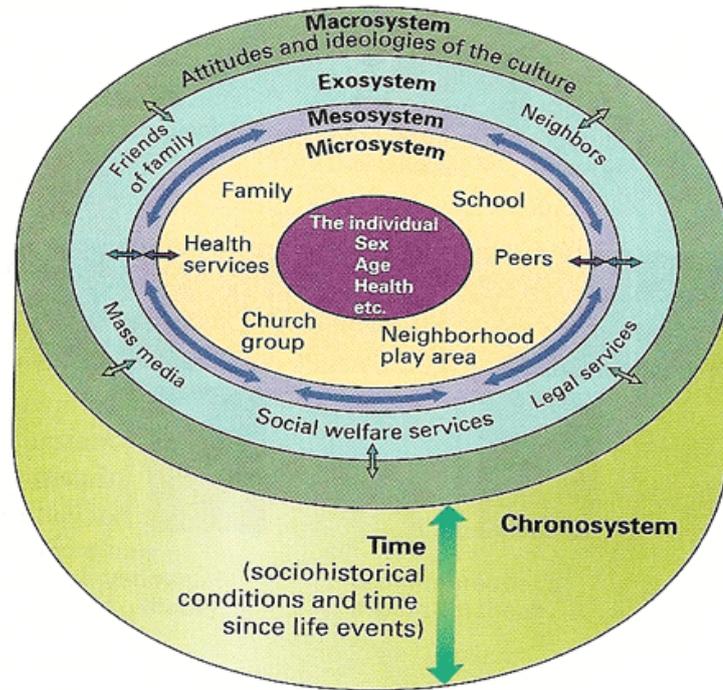


Figure 2: Bronfenbrenner's Bio-ecological System

- The Individual: This refers to the individual, their age, genes, gender, health etc.
- Micro-system: The child's immediate surroundings and who the child regularly interacts with, e.g. family, school, peers, neighbours
- Meso-system: The relationship between the different micro-systems
- Exo-systems: Environmental elements that have a profound influence on a child's development, even though that child is not directly involved with them.
- Macro-system: The cultural environment in which the child exists
- Chronosystem: The environmental events and transitions that occur throughout a child's life.

Bronfenbrenner later stressed the importance of reciprocal interactions between the individual child and the representatives from various external systems (Bronfenbrenner, 1992).

Burns (2011) and Burns, Warmbold-Brann, & Zaslofsky (2015) make a strong argument for this theory to underpin both psychology research and practice in schools. They argue that the diagnosis-driven focus on services for individuals rather than populations and the reactive rather than proactive practice (exacerbated by the first point), is creating a "mental health and education

pandemic” (p.464 Burns et al. (2015)), highlighting the need to examine the potential influences of context.

2.9.1. Critique of Bronfenbrenner’s Bio-ecological System Theory

One criticism of the concentric nested systems used to understand human development is its static nature; it is criticised for neglecting scrutiny over time and system change over time (Tudge, Mokrova, Hatfield, & Karnik, 2009). A further criticism is the perceived limited conception of blockages, displacement or even repression over time (Tudge et al., 2009). These deficiencies were intended to be addressed by Bronfenbrenner’s introduction of the ‘chronosystem’; however, it could be argued that this does not adequately capture these complex interactional processes and the multiple perspectives of the individuals who work within the system. In other words, it could be argued that it is too ‘hard’ and mechanistic.

2.10. Alternative theories considered

Soft systems methodology (SSM) was considered as a potential theoretical framework to adopt. In SSM the (social) world is taken to be very complex and problematic, characterised by differences of worldview which are continually being created and recreated by people thinking, talking and taking action (Fox, 2009) and, as such, it introduces processes with flexibility to capture the differences of opinion, tensions and different narratives. However, the researcher argues this model is more pertinent for research that is intending to implement organisational change by understanding the different viewpoints within an organisation. For this research, the aim was to capture the perceived situation but to place it in a wider context, hence the decision to use the Bronfenbrenner Eco-system Model in this instance.

It should be noted, however, that the researcher uses the rich picture method as used by soft systems methodology within the discussion. Checkland & Poulter (2006) state that a rich picture aims to capture the “main entities, structures and viewpoints in the situation” and the “processes going on”. As such, the

researcher felt it was an appropriate tool to deploy in the discussion to pictorially capture the process of identifying anxiety problems.

3. Design and Methodology

3.1. Epistemology and ontology

Social scientists carrying out research will do so underpinned by a philosophical position regarding the nature of what constitutes 'reality' (ontology) and how we know things about this 'reality' (epistemology). A thorough exploration of the ongoing debate in this discussion is beyond the scope of this thesis. However, an explanation as to the particular paradigm that underpins this piece of research is provided.

The philosophical underpinnings of this research adhere to a critical realist meta-theory of what constitutes reality. Critical realism lies between the two extreme views of the naïve realism position, which is associated with the positivist paradigm and assumes one fixed reality that can be objectively studied, and relativism which assumes no real world exists beyond ways chosen to describe it and is associated with the social constructivist paradigm (Robson, 2011).

As pointed out by Maxwell (2012, p.180):

Critical realism combines realist ontology (the belief that there is a real world that exists independently of our beliefs and constructions) with a constructivist epistemology (the belief that our knowledge of this world is inevitably our own construction created from a specific vantage point).

This philosophical position is congruent with the research questions we are attempting to address in this research. The research is being carried out within a 'real' girls' secondary school with the salient information being around elucidating the constructions of the staff members and pupils around the social practices that exist within that school. This 'critical realist' constructivism is argued to be more credible and have greater utility than other alternatives (Nightingale & Cromby, 2002).

In critical realism, there is no possibility of attaining a single, 'correct' understanding of the world. Critical realists try to know about reality by using

different methods (triangulation) which might lead to a certain level of agreement about reality (Robson, 2011).

3.2. Design

3.2.1. Rationale for adopting a qualitative methodology

Quantitative research, which is linked to positivist paradigms, focuses upon testing hypotheses through gaining numerical data in order to generalise findings to a wider population (Robson, 2011). Qualitative data, however, linked to constructivist paradigms, focuses upon the collections and analysis of usually non-numerical data gathered in order to facilitate a rich exploration of individuals' experiences of a phenomenon (Banister, 2011). A qualitative case study design is most appropriate when in-depth descriptors of human behaviour and circumstances in context are the primary phenomena being studied (Yin, 2008). This study aims to explore staff and pupil constructs of a phenomenon within a school context; as such, it is argued that it is appropriate to adopt a qualitative methodology.

Qualitative methods emphasise the importance of gaining the unique individual constructs of participants and, crucially, also acknowledge the influence of the researcher's own perspectives upon the nature of the research, the relationship with participants and the final interpretation of the data (Banister, 2011). The research participants are viewed as helping to construct 'reality' with the researchers. Values of the researcher and others are assumed to exist and subjectivity is an integral part of the research (Robson, 2011).

3.2.2. Critique of qualitative methodology

Robson (2011) identifies that quantitative methods are useful in determining a particular outcome, whereas qualitative approaches give more information about the processes underlying this. However, there are limitations and challenges inherent in adopting qualitative methodologies that need to be acknowledged and addressed. These include issues with generalisability, rigour, validity and reliability etc. (Robson, 2011). These points will be addressed later in this section.

3.2.3. Rationale for selecting a case study design

This research adopts a case study design. In case studies, the 'case' is the situation, individual, group or organisation (Robson, 2011) and, in this research, the 'case' refers to the girls' secondary school the study is carried out in.

Yin (2011, pp.16-17) provides a definition of the scope of a case study (see below):

- Investigates a contemporary phenomenon in depth and within its real-world context, especially when
- The boundaries between phenomenon and context may not be clearly evident.

This piece of research intends to investigate the effectiveness of a girls' secondary school in identifying anxiety problems in their pupils. Secondary school staff's identification of anxiety problems is the contemporary phenomenon in question and the real-world context is the school. The boundaries between the phenomenon and the context are not clearly evident, as the nature of the school context will impact on staff's abilities to identify anxiety problems.

Yin (2011) advocates considering three factors when considering which type of research method to deploy: a) the type of research question posed; b) the extent of control a researcher has over actual behavioural events; c) the degree of focus on contemporary as opposed to entirely historical events. He deduces that case studies are an appropriate method to use in research when there is no control required over behavioural events and when the focus is on a contemporary phenomenon. Both these criteria are met in this study.

It is proposed that the study will follow a single-case design. It is a single-case design as one 'case' is involved in the study, i.e. one school. This was selected over a multiple design, as, although having different schools to contrast would have been valuable, it was felt that a more comprehensive treatment of a single case would allow for a more in-depth and richer account and deeper understanding of the context and its influence.

3.2.3.1. Critique of case studies

Case study research has been criticised for its limitations including low generalisability and replicability, potential researcher bias, being open to selectiveness and subjectivity, and a lack of systematic organisation of data (Cohen, Manion, & Morrison., 2007; Robson, 2011 and Yin, 2008). Case studies have been deemed to have high levels of unreliability due to a lack of external control over variables; they are limited by a purported lack of generalisability outside the immediate study and are very context-specific. They are considered to be affected by researcher involvement, and it is suggested that researchers could be selective in what is reported, which may potentially omit information that contradicts the theoretical propositions (Cohen et al., 2007; Coolican, 2014). These criticisms will be addressed below.

3.2.3.2. Generalisability

Maxwell (1992) as cited in Robson (2011) makes a useful distinction between internal and external generalisability. Internal generalisability refers to how confidently conclusions can be generalised throughout a setting. External generalisability refers to being able to generalise beyond the setting. In the case of this research internal generalisation is being sought in order to make confident conclusions pertinent to the case, i.e. the secondary school. Case studies can be criticised for their limited contribution to the body of research in question, in this case the identification of anxiety problems in girls within a secondary school. Yin (2011) also makes another useful distinction between statistical and analytical generalisability. Statistical generalisability draws inferences from data to a population whereas analytical generalisability refers to the notion that findings from case studies can be generalisable to theoretical propositions.

Finally, the researcher would argue that, in the efforts to promote external generalisability, the predominant, more positivist research position has limited the enquiry around context and in doing so artificially emphasises the importance of within-child factors.

3.3. Description of the case

Given the objective of case study research is to provide a detailed descriptive picture of the experiences of participants within context, it is imperative that a thorough description of the context is given. A girls' secondary school in the South East of England was selected as the case in question. It was not selected randomly, but was an opportunistic case study which arose from the researcher being involved in a piece of commissioned work within the school. This piece of work increased the awareness and interest in the area of schools supporting anxiety problems in girls; it also provided an opportunity for connections to be established within the school which facilitated this research. There are recognised advantages and disadvantages that arise as a result of this sort of selection. The advantage being that the connections with the school facilitated the necessary logistical matters for data collection; the disadvantages was the potential lack of objectivity and bias that may have occurred as a result of involvement with the school (Robson, 2011). The measures detailed later in this section intend to address the issue of validity.

The secondary school in question is an all-girl secondary state school that takes girls from Year 7 (aged 11) to Year 13 (aged 18). There are currently 1259 pupils on the roll and the school converted to an academy in 2012 (school website, updated in Sept 2016).

Its last full Ofsted inspection was in 2008 where it obtained an 'outstanding' result. The key extracts from the Ofsted report are given below (see Appendix B for the full anonymised version):

The [school name] is outstanding in the main school. It is good in the sixth form. One of its most significant strengths is its specialist status as a Language College: students take full advantage of the numerous connections that have been forged with other countries and with the curricular activities linked with this. Parents are overwhelmingly supportive of the school and one wrote about the 'definite success culture where our daughter never feels she won't achieve every goal she sets and strives for'. The success of the school is due to the outstanding leadership given by the head teacher and senior staff and the

commitment of the whole staff. The school has a tangible sense of purpose. Staff are determined that their students should do as well as they can and because they know them well they ensure that they are given the individual support and guidance which they need.

This report was written several years ago (the last time the school was inspected!) but it is pertinent to point out that the senior management team, including the head mistress and the deputy head with pastoral responsibility, have remained the same and the performance data for 2016 continues to show a higher than national average and local authority average for KS4.

The researcher also studied the website for relevant information. There was a plethora of information about the school. It was noticeable that, despite the raft of policies provided, there was no information relating to mental health matters or the support services available in school around this. However, when discussed with the deputy head teacher the school was reported to offer the following support for mental health problems, including anxiety.

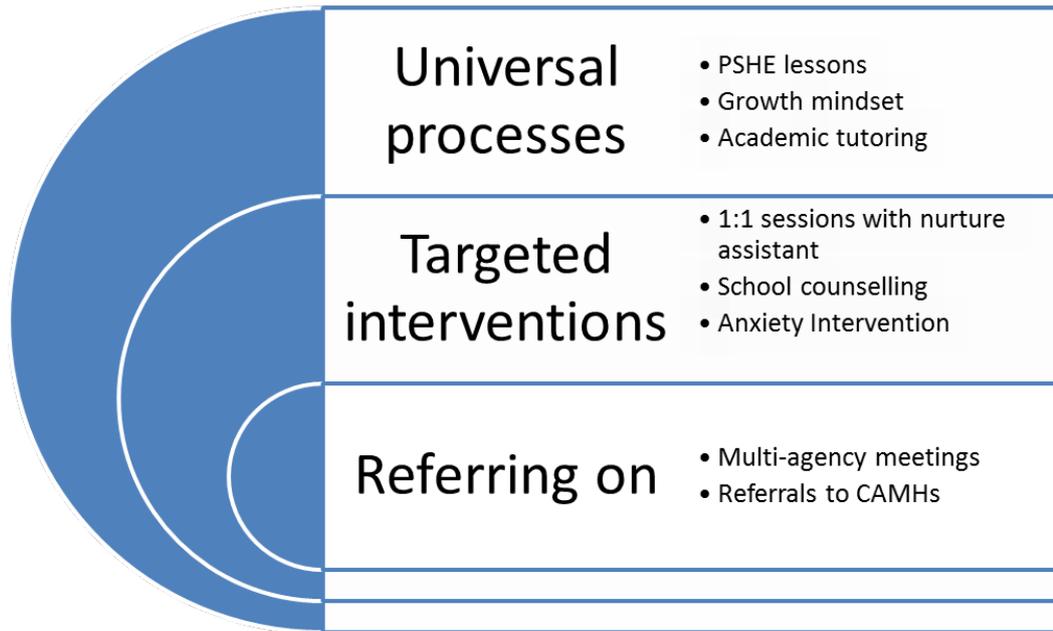


Figure 3: Graduated response of mental health support offered in school

3.3.1. Two-phased sequential design

The initial intention for data collection was to exclusively gather information from the staff across the school. However, after the staff interviews, it became apparent that this only captured a limited view of the situation. Staff were making assertions as to what the school had in place to support pupils and how they felt this was received by the girls (usually very positive). It became apparent to the researcher that in order to gain a more balanced account it was important to explore how the pupils perceived the situation in school. Consequently, the data collection ended up following a two-phased sequential design with the first phase exploring the perceptions of the issues from the perspectives of members of staff followed by the second phase exploring the situation from the pupils' perspective. In addition, the development of the interview schedule for the pupils was informed by the findings from the initial phase to establish pupils' views of areas that had emerged from the staff interviews (see section 3.5.1.1).

Research question 1: How do staff in a girls' secondary school identify anxiety problems in their pupils?

Research question 2: What are the perceived barriers and facilitators for identifying anxiety problems in a girls' secondary school?

Table 1: Data collection methods

Research question	Data collection methods	
	Phase 1	Phase 2
1	<ul style="list-style-type: none">Semi-structured interview/ group interview with staff members across the pastoral and academic system and at different levels of management	

	<ul style="list-style-type: none"> • Research diary entries 	
2	<ul style="list-style-type: none"> • Semi-structured interview/group interview with staff members across the pastoral and academic system and at different levels of management • Research diary entries 	<ul style="list-style-type: none"> • Group interview with Year 11 pupils from anxiety intervention group • Group interview of Year 11 pupils • Research diary entries

3.4. Phase 1: Group interviews and interviews with staff members

3.4.1. Participants and sampling procedure

The aim of this study was to acquire and understand information that captured the complexity, depth and variation across a girls' secondary school context. As such, the researcher sought to gain the views of staff from different roles, across different departments, different years and within different levels of the case school's hierarchy.

This can be viewed as a type of purposeful sampling approach. Patton (2015, p.265) provides the following description of purposeful sampling: "The logic and power of purposeful sampling lie in selecting information-rich cases for in-depth study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry...".

Therefore, the aim was to gain the views of staff members that were a representation of the whole school staff. As Yin (2011) identifies, the size of the sample for qualitative research is dependent upon the area of research, design and approaches used, with no specific criteria as statistical generalisability is not being sought. In this case study, there is a balance to be struck around ensuring there is an adequate representation across the staff and factoring the time required for a thorough analysis of the data obtained. The following recruitment procedure was carried out.

The researcher discussed the proposed piece of research with the deputy head teacher when visiting as part of the commissioned piece of work by the educational psychology service. The deputy head initially agreed verbally that the school would be willing to be involved with the research. This was verified via email after informed consent was gained from the head teacher.

- The researcher provided an information letter to be forwarded to prospective staff who may be involved with the research (see Appendix C). The researcher requested that participants represent the different staff roles in school, including pastoral support staff, nurture assistants, teachers, tutors, heads of year, senior leadership and the head teacher.
- The deputy head came back to the researcher with the email details of potential participants to be involved in the research.
- The researcher contacted the potential participants via email to confirm their involvement and to organise the time and location of individual interviews and group interviews. All but one of the names initially provided were able to be involved in the research which was due to the logistics in sorting out available times and dates with a competing busy schedule.

Table 2: Table of staff participants' roles

The tables below provide details of the participants involved in individual interviews and group interviews and the roles that they hold in school.

Staff participants' roles in school: individual interviews
Deputy head and pastoral lead, also safe guarding designated officer Some teaching responsibilities and overseeing school's pastoral support system
Head teacher Overall responsibility for the school
Head of Year 8 Oversees the pastoral responsibilities for Year 8 pupils; also has a teaching timetable

Staff participants' roles in school: Group Interview 1
Learning support assistant (LSA) and nurture assistant The LSA's role involves supporting girls with academic needs in class. The nurture role involves some group and 1:1 interventions including for anxiety problems
Head of Year 10 Oversees the pastoral responsibilities for Year 10 pupils; also has a teaching timetable
Student support staff member Student support is where girls are able to go as a first port of call for any issue, e.g. first aid issues, contacting home, to more serious wellbeing matters; exclusively a pastoral role

Staff participants' roles in school: Group Interview 2
Economic and business studies teacher from Year 10 to Year 13; form tutor for Year 12
Student support staff member (see description above)

Staff participants' roles in school: Group Interview 3
Deputy head of 6th form and head of Year 12 and 13 and a teacher of Spanish
Involved in strategic decisions for 6 th form, overseeing pastoral care for 6 th form pupils as well as teaching commitments
School Special Educational Needs Co-ordinator (SENCo) and teacher of English
Responsible for overseeing SEND pupils' support within school and having a teaching timetable
Sixth form learning mentor
Equivalent of student support in the sixth form; there to support pupils with all aspects of pastoral or academic concerns.

Staff participants' roles in school: Group Interview 4
Year 10 tutor and maths teacher
NB only male participant
Student support manager
Oversees student support (see description of student support above)

3.4.2. Methods used for data collection

As illustrated in the table above, 10 of the 13 participants were involved in one of the four small group interviews and the other three participants took part in individual interviews. In both the group interviews and individual interviews the researcher used an interview schedule to structure the process. It is necessary to make a distinction between the focus groups and group interviews as, although the terms are often used interchangeably, they have specific characteristics which distinguish them (Robson, 2011). A focus group is a way of observing a small group of people talking about a particular issue. The group discusses and develops the topic with some direction from a mediator, with the mediator in the background ensuring that the group boundaries are kept to and that the group stays on track (Coe, Waring, Hedges, & Arthur, 2017). This differs from a group interview where the interviewer or mediator has a more prominent role asking people specific questions (Coe et al., 2017). The process adopted for this research followed the convention for a group interview in that there were a small number of specific key questions that were asked in order to ensure the research questions were adequately covered. However, the intention was to be sufficiently flexible to allow the development of group conversations; therefore, the final process followed the group interview format with additional flexibility more traditionally associated with focus groups. As pointed out by Robson (2011) this hybrid of a group interview and a focus group is common in research.

3.4.2.1. The interview schedule

The aim of the researcher was to create the necessary conditions for a rich and full discussion to develop, as indicated by Robson (2011). The aim of the process was for interviewees to talk freely. In addressing the research questions the research aims to establish some factual information but also to explore beliefs and attitudes held by participants. Consequently, a semi-structured interview schedule was developed in order to allow for certain key questions pertinent to the research questions to be asked but also providing the necessary flexibility to allow for a rich development of the discussions. As described by Robson (2011) the schedule included a warm-up question, open questions to invite rich and in-depth descriptions and cool down questions. The original

interview schedule was piloted with the researcher's supervisors. Some of the questions were adjusted slightly to be more open and also the proposed order was changed with more abstract questions coming later in the interview. However, the researcher notes that the proposed order was only loosely adhered to and the researcher was guided by the flow of the interview in order to facilitate a thorough exploration of the topic. The researcher referred to the interview schedule during the procedures to ensure all the areas required to address the research questions had been covered. The researcher also used probes to extend and develop the responses given by participants.

3.4.2.2. Group interviews and individual interviews

The rationale for conducting group interviews was as follows. Firstly, group interviews are an efficient technique for gathering qualitative information (Robson, 2011) and the researcher wanted to investigate the perceptions from multiple perspectives from different staff across the school. Secondly, the researcher wanted to promote a rich discussion where staff members who had different roles and potentially different perspectives could interact, i.e. the researcher was also interested in exploring tensions and differences of opinion. However, one acknowledged disadvantage of group interviews over semi-structured interviews is the power imbalance that can conflict with the procedure (Robson, 2011). For this reason, semi-structured interviews were carried out with the head teacher and the deputy head teacher. In addition, the head of Year 8 was interviewed; however, this was more due to the logistics of organising a convenient time than potential conflict due to power imbalances. In addition, the head of student support was in different group interviews to the two members of staff that she line-managed to avoid the impact of power imbalances. The researcher made observational notes within the research diary after each interview and group interview, and power imbalances were not observed during the group interviews which were all lively with contributions from all parties; however, it cannot be guaranteed that imperceptible power imbalances were not influencing staff responses. The size of the group interviews was very small (two or three participants per group) and the researcher opted for higher numbers of groups as opposed to fewer groups with larger numbers. The rationale for this

decision was to facilitate the thorough exploration of all participants' views and to be able to make comparisons between groups.

3.5. Phase 2: Pupil group interviews

Having gained the views of staff around identifying anxiety problems in school the researcher felt it was imperative to gain the pupils' views around this issue. This process of triangulation is endorsed in qualitative design in order to try to capture the multiple perspectives of a given phenomenon (Robson, 2011). A group of pupils from Year 11 had already been identified who were involved in the anxiety intervention group that the researcher had been involved in developing. These girls had been identified by the school as being anxious, hence their invitation to be involved in the anxiety intervention. The table below provides information on how they came to the school's attention. Information about the research was provided and consent obtained (see Appendices D-G for parent and pupil information letters and consent forms).

Table 3: Table indicating identification of pupils in the anxiety group

Pupil participants from the anxiety group	Method by which pupils were identified by school (as reported by the nurture assistant running anxiety intervention)
1	School notified by parents that she was prone to anxiety and particularly struggled with tests and exam times; the nurture assistant reported that she was not a girl who had come to the attention of school for being anxious
2	Becomes easily 'wound up' and is reported to be quite vocal about struggling with feeling anxious; it is reported she can be quite rude to teachers in school
3	She came to the attention of the school because of avoidance behaviours including missing certain lessons

The researcher was interested in ascertaining if there were qualitative differences between the responses from these girls who had been identified as having anxiety problems compared with a group of girls who were perceived by the school to not have anxiety problems. Consequently, a group of Year 11 participants who were perceived to not have anxiety problems were recruited via the process below:

3.5.1. Participants and sampling procedure

- The deputy head provided verbal information to Year 11 pupils around the project and asked for volunteers. For girls that expressed an interest, further written information was provided and consent obtained. (See Appendices C-G for parent and pupil information letters and consent forms.)
- The deputy head organised for four Year 11 volunteers, who were not known by the school to have anxiety problems, to attend the group interview. The final selection was ultimately decided by the deputy head consulting the girls' timetables and the time scheduled for the group interview to ensure the least disruption to learning. Four pupils were involved; this number was selected to provide sufficient, dynamic conversation but also to allow for the quantity of information obtained to be manageable.

Given this selection procedure, the researcher acknowledges that the selection of the Year 11 pupils was not random given the voluntary nature of being involved and the deputy head's final selection of girls to be involved.

3.5.1.1. Interview schedule

The interview schedule that was used to structure the pupil group interview was informed by the findings in Phase 1 (see Appendix J) in order to gain the pupils' perspectives on the assertions that staff made in phase 1. The staff interviews revealed school pastoral systems including the student support centre where

girls could drop in if they had an issue and wanted help. They also discussed various school initiatives that staff purported were in place to support wellbeing and promote resilience, including topical assemblies and using a growth mindset (see Appendix P for definition). Consequently, questions were included in the pupil interview schedule to explore pupils' perceptions of these and how effective they felt they were. In addition, questions were included to establish the pupils' perspectives on seeking help at school and to explore the coping strategies they found useful. The interview schedule was piloted with the researcher's own adolescent children (aged 13 and 15), as, although the relationship between interview and interviewee is very different, the researcher felt they would give an honest young person's perspective on how the questions came across. Minor amendments to the language were made accordingly. As in Phase 1, the interview schedules acted as a prompt and reminder to the researcher to ensure the key points were covered but also promoted an organic and rich discussion.

3.5.1.2. Procedure for all group interviews and individual interviews

Prior to data collection: Recruitment of participants and organisation of a suitable time and date to conduct the individual interviews/group interviews was established via email communication with the deputy head and administrative staff.

Preparation on the day: The room was set up appropriately so all participants could be comfortably seated around a round table. Refreshments were offered and made available so participants could help themselves.

The following points were covered before the interviews began:

- The researcher checked all participants had read the information sheet and signed the consent forms. The researcher also reminded the participants verbally that their participation was entirely voluntary and they were free to withdraw at any time.
- The anonymity and confidentiality of all the data collected was re-iterated.

- The researcher's interest in understanding participants' own thoughts on the topic, with no right or wrong answers, was re-emphasised.
- In the case of the group interviews a reminder was provided about the researcher being interested in gaining all the participants' ideas and having a rich discussion.
- The participants were informed they would receive a summary of the research findings after it had been written up.
- The researcher checked if there were any questions before starting.

3.5.2. Research tools

Two iPads with recording apps were used to record each individual interview and the group interviews. This allowed for all participants to be clearly heard. A sound check was also carried out.

3.6. Issues of reliability and trustworthiness

Within quantitative research, reliability generally refers to the ability of the study to be replicated with similar results and the precision and accuracy with which it is carried out (Cohen et al., 2007). However, this may not be relevant and meaningful within the qualitative paradigm where the non-standardisation of many methods generating qualitative data precludes formal reliability testing (Robson, 2011). However, qualitative researchers do need to ensure the reliability of their methods and research practices, being careful, honest and thorough as well as keeping a careful audit trail of the process (Robson, 2011). The measures deployed to ensure reliability of data collection and trustworthiness in the research findings are detailed below.

Table 4: Table indicating actions to address trustworthiness

Actions to address trustworthiness of research	Details
Clarity of information regarding selection process for participants	<ul style="list-style-type: none"> • Information provided regarding selection criteria and recruitment process • Salient information about participants involved and their representation of the target population
Documentation of the procedures	<ul style="list-style-type: none"> • Comprehensive description of the research procedure provided within the methodology • Records of the actions kept within the research diary
Consistency of researcher's approach within individual interviews and group interviews	<ul style="list-style-type: none"> • Consistent researcher involved in all data collection • Scripts and written prompts used • Location the same for all interviews carried out
Clear recording of participant responses	<ul style="list-style-type: none"> • Sound checking prior to all interviews • Two recording devices situated in different places to ensure clear recordings of all participants involved
Member checking	<ul style="list-style-type: none"> • Feedback was gained from participants after Phase 1 of data analysis to ameliorate potential researcher bias
Peer audit	<ul style="list-style-type: none"> • One research peer coded samples of the transcription and compared with the researcher's coding; discussions of themes were discussed with researcher

Supervision sessions	<ul style="list-style-type: none"> • Regular supervision sessions were used as a forum to discuss necessary measures to ensure trustworthiness of research
Clear description of data analysis	<ul style="list-style-type: none"> • Clear description of the application of thematic analysis deployed to analyse data
Evidence of the development of themes	<ul style="list-style-type: none"> • Inclusion of vignettes from the data set to illustrate themes
Audit trail	<ul style="list-style-type: none"> • Availability of all anonymised raw data and anonymised transcripts • Research diary • Clear rationale and description of the process linking Phase 1 of the research to Phase 2.

3.7. Validity

Validity of research can be thought of as the extent to which research measures or reflects what it claims to (Frost, 2011). It is important that the qualitative methodology deployed facilitates a sufficient exploration in order to address the research questions, and the notion of ‘researcher-as instrument’ relevant to the qualitative data collection can pose issues of potential researcher bias and for ensuring trustworthiness (Robson, 2011). The strategies adopted in this research that address the threats to validity are detailed in the table below.

Table 5: Table of actions to address issues of validity

Actions to address validity of research	Details
Transparency around researcher's background, beliefs and values	<ul style="list-style-type: none"> • Information provided about the researcher's own beliefs, values, experiences and motivations for carrying out the research
Rigour in developing the interview schedules used in Phase 1 and Phase 2 of the research	<ul style="list-style-type: none"> • Development of the initial interview schedule supported by supervision sessions • Piloting initial interview schedule and making necessary amendments (see Appendix H) • Developing interview schedule for Phase 2 based on responses from Phase 1 of research
Member checking	<ul style="list-style-type: none"> • Obtaining feedback from participants in Phase 1 after initial data analysis
Triangulation of information	<ul style="list-style-type: none"> • Multiple sources of information were collected from academic staff, pastoral staff, senior leadership and pupils • Multiple interviews were carried out
Immersion in data	<ul style="list-style-type: none"> • Researcher fully immersed in the raw data via multiple exposures to audio files • Revisiting of data, analysis and themes and a later date
Using a systematic process of data analysis and providing explicit detail regarding this	<ul style="list-style-type: none"> • Details provided as to thematic analysis deployed

Negative case analysis	<ul style="list-style-type: none"> • Explicitly looking for exceptions to disconfirm emerging theories
Reflective practice	<ul style="list-style-type: none"> • Using research diary and supervision sessions to facilitate reflective practice and allow for exploration of potential researcher bias

3.8. Data analysis

During the planning stage, the researcher considered different options for methods for data analysis. Interpretative phenomenological analysis (IPA) was considered as a potential approach which posits that the meanings an individual ascribes to events are of central concern but are only accessible through an intensive interpretative process involving participants and researcher (Biggerstaff & Thompson, 2008). This was not practical with the number of participants involved. In addition, this research aims to explore themes that exist across participants and also aims to acquire more factual information in regard to the school, its layout and established processes and proceedings. Consequently, a more flexible technique was required that afforded a thorough and systematic analysis of the data allowing for facts to be gleaned as well as beliefs and values. Consequently thematic analysis was selected as a procedure to structure the analysis of the data. Braun & Clarke (2006) have done much to promote this technique as a flexible qualitative tool, compatible with a variety of epistemological positions, but one which can still be applied in a rigorous and systematic way. However, given this flexibility, it is necessary for the researcher to provide clear information regarding the rationale for decisions made throughout the analysis.

3.8.1. Inductive vs deductive analysis

Themes and patterns can be identified in either an inductive (bottom up) or in a theoretical (top down or deductive) way (Braun and Clarke, 2006). An inductive approach is data driven and strongly linked to the data itself (Patton, 2015);

consequently, it may bear little resemblance to the questions posed by the researcher. It is a coding process that does not try to fit the data into any pre-existing coding framework. In contrast, a deductive approach works from the top down direction and is driven by the researcher's theoretical or analytical interest (Braun and Clarke, 2006). This form of thematic analysis tends to provide a more detailed analysis of some aspects of the data with less of a rich picture of the overall data. As this research is essentially exploratory in nature, the decision was made to code the data using the bottom up, inductive approach so that the themes could be strongly linked to the data. It does need to be acknowledged, however, that even using inductive analysis, qualitative research cannot escape the theoretical and epistemological position of the researcher because the process of developing themes is unavoidably influenced by the researcher's judgment and decision making (Braun & Clarke, 2006).

3.8.2. Semantic or latent level of analysis

In this research, themes were identified at a semantic level, which involved identifying the explicit or surface meanings of the data. The alternative is analysing at the latent level which goes beyond what the participant has said and attempts to examine the underlying ideas, assumptions and conceptualisations that exist (Braun & Clarke, 2006). Analyses at the semantic level were deemed the most appropriate for this research as they allowed for a progression from a descriptive level to an interpretative level once the semantic content was organised into themes. These findings could then be compared and contrasted with the current literature.

Braun and Clarke propose a six-stage process of analysis as detailed below.

Table 6: Table showing stages of thematic analysis

Stage	Processes undertaken within the research
1. Familiarising yourself with the data	<ul style="list-style-type: none"> • Initial thoughts and reflections were made in the researcher’s reflective diary • Audio files from interviews were listened to repeatedly, and at different times (researcher immersion in data) • The audio files were transcribed and the resulting transcriptions were read and re-read many times (researcher immersion in data) • Initial ideas were jotted down
2. Generating initial codes	<ul style="list-style-type: none"> • The entire data set for each interview was systematically analysed; data extracts were coded for what was meaningful within it • Codes were written in a separate column adjacent to transcript • The codes were re-visited and checked to ensure they provided a clear picture of the data set without the data; this required re-working several times • Codes were re-visited on a separate occasion to provide the researcher the opportunity to consider data with fresh eyes
3. Searching for initial themes	<ul style="list-style-type: none"> • The codes for each interview were printed out; different font was used for each interview to enable the researcher to provide insight into the contributions to each theme

	<ul style="list-style-type: none"> • Each code was cut into separate strips and laid out on a floor to facilitate the organisation of codes into potential themes; this visual and kinaesthetic method of organising codes was favoured over electronic means (which the researcher had trialled) • Codes were sorted into potential candidate themes and sub-themes; this process requires considerable involvement with the material and in-depth thought regarding what themes and sub-themes best fit the codes
4. Reviewing themes	<ul style="list-style-type: none"> • Themes and sub-themes were revisited and re-worked following to ensure coherence within themes and distinction between themes • This involved first reviewing and refining the data extracts to check whether they formed a coherent pattern; for those themes that did not form a coherent pattern, the theme itself was reviewed to determine its appropriateness • Following this, the data extracts were reviewed to determine whether they would better fit in another theme, which resulted in the creation of new themes or the re-adjustment/collapsing of existing themes. If they did not form a coherent pattern, the researcher reviewed the entire data set to consider the validity of the individual themes in relation to the data set and made

	<p>adjustments where necessary</p> <ul style="list-style-type: none"> • Supervision sessions were utilised to discuss the development and refinement of themes • For Phase 1, a peer researcher coded different extracts of the data which were compared with the researcher's codes of the analyses; although not statistically measured, there was good agreement between researchers and subsequent discussions supported the researcher's refinement process
<p>5. Defining and naming themes</p>	<ul style="list-style-type: none"> • Thematic maps for the themes and subthemes that had emerged were drafted and refined using power point, to facilitate a better understanding of the relationship between themes and sub-themes • Member checking with three participants from the staff interviews (head teacher, deputy head, and student support manager) was done with the initial thematic maps; names of themes were refined accordingly • Supervision sessions helped to inform the labelling of themes
<p>6. Producing the report</p>	<ul style="list-style-type: none"> • Final thematic maps were produced showing themes and sub-themes • Themes were written into the thesis results section with illustrative vignettes from the documents and transcriptions from a cross section of sources which were identified

	<ul style="list-style-type: none"> • Themes were related to the research questions within the thesis results and discussion sections
--	---

3.9. Research diary

The researcher completed a research diary throughout the process to act as a vehicle to track the different stages and as a reflective tool. The following were included throughout the diary:

- Notes of things that had been read and thoughts pertaining to these, relevant references and how they had been accessed;
- Organisational matters including sorting out dates and times for key activities;
- Thoughts as to research developments and plans for next steps;
- Reflections of the researcher throughout the process.

As pointed out by Banister (2011), qualitative methods emphasise the importance of the influence of the researcher's own perspectives and therefore capturing personal reflections within the research diary is considered good practice (Robson, 2011). The researcher found the use of a research diary invaluable in preserving thoughts and views throughout the process and found it particularly useful in capturing initial thoughts and impressions immediately after the interviews which could then be reflected upon during the analysis. In order to promote transparency and trustworthiness in the analysis, the researcher has included a personal reflective summary of these diary excerpts within the results section. All personal reflections from the researcher are written in the first person and the font has been italicised to mark the difference in writing style.

3.10. Reflexivity

Reflexivity refers to a researcher's acknowledgement and engagement in terms of how their own beliefs, values, assumptions and biases impact upon the

qualitative research process. Consequently it is not possible, or indeed the goal of qualitative research, to remain entirely objective within this process but rather to be transparent about the researcher's position and have processes that facilitate the exploration of how this may influence the research decisions such as epistemological and analytical approaches (Coolican, 2014; Willig, 2008).

The researcher started a research diary (detailed above) at the beginning of the research where, in addition to including factual information and keeping a record of processes, the researcher included notes on personal reflections. In addition, the researcher kept a regular audio diary of her thoughts and impressions during the stages of the research. This process of self-talk facilitated an increased level of self-awareness which has also been found in literature in this area e.g. (Morin, 2005).

The researcher attended regular meetings with university supervisors which provided the opportunity for discussions and reflections as well as extending the researcher's thinking and scaffolding the research process. Finally, the researcher engaged in many informal and engaging discussions with fellow TEPs that facilitated reflections as well as prompting the researcher to consider different perspectives.

3.11. Researcher's beliefs and values

Given the clear rationale for reflexivity, it is important that I, the researcher, provide information on my beliefs and values which are pertinent to this research, as far I have access to them.

- *I believe that there is a dominant medical discourse in our society which promotes the within-child medicalisation parlance and does not capture the importance of contextual factors.*
- *I believe that there might be factors in our society that are increasing the likelihood of anxiety problems.*
- *I believe the increased pressures put on schools to obtain high grades impacts on their ability to support mental health needs in their pupils.*

- *I believe it is essential to gain pupils' viewpoints to understand what is important to them.*
- *I believe schools are well placed to deliver support to anxious young people if they are able to identify them.*
- *I believe EPs are well placed and have the necessary skills and training to support schools in this endeavour.*

3.12. Ethical Considerations

The proposed research was planned and carried out with regard to ethical considerations, in accordance with the British Psychological Society (BPS) 'Code of Ethics and Conduct' (2009), the Health and Care Professions Council's (HCPC) 'Standards of Conduct, Performance and Ethics' (2008) and UCL's Institute of Education ethical guidelines.

Ethical approval was sought and obtained from UCL's Institute of Education ethics committee in May 2016 for the initial proposal. It was later revised to include pupil interviews; consequently, amendments were made to the initial proposal which were checked and signed off by the researcher's supervisors. Ethical approval for the revised proposal was gained in December 2016 (see Appendix A for student ethical application).

Breakwell, Smith, & Wright (2012) highlight the importance of informed consent and the BPS ethical principles stipulate that researchers should inform participants in psychological research of all aspects that may influence their willingness to take part. Participants need to know that they can withdraw at any time and also that their contributions will remain anonymous unless there are any issues which may arise in relation to their welfare. As such the following provisions were made.

3.12.1. Informed consent

For both staff and pupil interviews, participants were fully briefed as to what to expect in the interview and the purpose of the research. This was done via information leaflets previously provided with associated consent forms to be

signed prior to the interview (see Appendices C-G for staff, pupil and parent information forms). Participants were also reminded verbally prior to starting the interviews that their involvement was entirely voluntary and they were free to withdraw at any stage.

3.12.2. Rapport building

Informal chat and refreshments were provided before commencing the interview. The intention throughout the interview was to create a comfortable and safe environment so potentially sensitive material being discussed could be safely contained. A quiet and private room was used for the interviews.

3.12.3. Risks to participants

It was important that participants felt they could express their views freely without any repercussions. It was necessary to explicitly state what would happen to the data collected and reassurance was provided around confidentiality and anonymity. All aspects of this study remained confidential; for example, the data collected was given a code and the participants' transcripts remained anonymous at all times. Participants were informed that the only exception to this was if a safeguarding issue arose, where the researcher would pass on the information to the designated safeguarding officer in the school.

3.12.4. Pupil participants

It was important to acknowledge the potential perceived power imbalance between the researcher and pupils, particularly as the group interviews were taking place in school. In addition, the pupils in the anxiety group had already been identified as being anxious. The following measures were taken to promote the safety and containment of the pupils during the interviews:

- Following the procedure given in Appendix J, checking in with participants prior to starting procedure;
- Clear information provided around the researcher being independent to the school and not part of the staff;

- Non-probing, warm and reassuring approach adopted by the researcher with a genuine curiosity and interest in the young people's perceptions;
- Reassurance around confidentiality and anonymity;
- Checking at the end of the process how they found the interview and if they had any questions or queries.

3.12.5. Feedback to participants

All participants were informed that they would receive a written summary of the findings from the research and were provided with the researcher's contact details in case they had queries regarding any stage of the process.

4. Results

4.1. Introduction

As detailed in the methodology section, for Phase 1 the staff individual interviews and group interviews were initially transcribed and thematically analysed. Five key themes emerged with associated subthemes. Informed by these findings, pupil group interviews were carried out, transcribed and thematically analysed, three key themes emerged that were common to both the anxiety group and the non-anxiety group. One theme emerged which was exclusive for each group. All the themes and sub-themes are presented and described in this section with accompanying vignettes taken from the transcripts to illustrate the theme being described. Each participant was given a code so it can be seen which role the staff member who has made a particular comment holds (see Appendix M for codes).

4.2. Main themes



Figure 4: Main themes for staff perceptions

4.3. Theme 1: Signs and symptoms

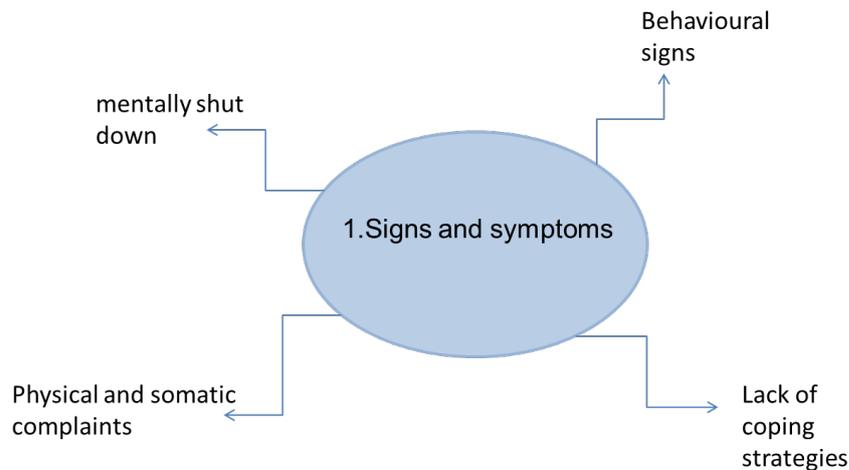


Figure 5: Signs and symptoms

This theme refers to the perceived signs and symptoms girls with anxiety problems within schools were thought to present. The theme was made up of the following sub-themes.

4.3.1. Sub-theme 1: Girls mentally shut down

This refers to the perceived propensity of some girls to mentally stop functioning and to ‘shut down’ when placed in stressful situations. In addition, it was acknowledged that communicating with girls in this state was difficult as they weren’t able to think clearly or process effectively. Participants discussed this sort of high anxiety impacting on girls during exams resulting in them not performing as well as they might. Indeed, there was an understanding that cognitive processes were impaired when the girls were in a highly anxious state.

...like girls seeming to just shut down. And you try and help them or make things a bit easier. I had a bad experience last year with a Sixth Former, who said, “I don’t get it.” And I say, “Okay, well let’s...” And I made it simpler and I said, “Well, how about this?” “Don’t get it.” Made it simpler, made it simpler and I should have stopped. I made it so simple that it pretty much came down to what’s two times two. And she still couldn’t...she left the room in tears... P11F4

4.3.2. Sub-theme 2: Somatic and physical factors

This theme refers to the staff's perceptions that feeling anxious can manifest in a number of somatic and physical ways. Many of the participants discussed witnessing pupils in a state of high anxiety/panic and how they could look scared, pale, "rabbit in the headlights", shaking, crying and sometimes hyperventilating. They also discussed various somatic complaints anxious girls presented with such as feeling dizzy, feeling sick and headaches. Participants discussed that some girls would complain about having these feelings in certain scenarios and not associating it with underlying anxiety; conversely other pupils would claim to be having these ailments because of anxiety which was sometimes doubted to be genuine.

...she cried for a week. She wouldn't come in and we knew she was anxious and we talked to her and that... P8F3.

...what I've seen in the corridors, a girl who is sat on the floor, hyperventilating or, you know, struggling to breathe P11F4.

4.3.3. Sub-theme 3: Behavioural signs

This sub-theme refers to the staff's perception of behaviour signs that may indicate a pupil is struggling with an anxiety problem. The main types of behaviours described were types of avoidance behaviours. Low attendance, missing certain lessons and active avoidance of activities such as delivering presentations in lessons, putting your hand up etc. were cited as examples of common avoidance behaviours.

You tend to notice it when a certain person is never there when you set a test, for instance. Those kinds of things; they've either been ill or you've noticed they'd been in school and then suddenly in your lesson they've gone home. P4F2

Changes of behaviour also were mentioned by several participants as a potential sign of an underlying anxiety problem.

Or it can be that the child's behaviours completely changed... P5S2.

4.3.4. Sub-theme 4: Lack of coping strategies

A strong sub-theme that ran through all the interviews was the notion that highly anxious pupils lacked the coping strategies to deal with everyday situations presented to them within school. It was perceived that these pupils weren't able to deploy useful strategies to prevent becoming highly anxious and to manage anxiety in the moment, so much so, that it would overwhelm them.

Participants discussed how pupils' lack of own agency and belief in their own ability to manage stress built up fear around potential situations in school, e.g. getting a detention.

They just saw it as the end of the world. They were going to get detention, "Oh my God, I'm going to get detention....". It just went on and on for simple things like forgetting their books. One girl would bring all of her books with her so she doesn't forget... P1F1

.... I try and tell them, you know, "If you're getting them all right I'm not asking the right questions," since I will be asking questions that are harder, but they've not really got the strategies to cope. P11F4

4.4. Theme 2: Perceived risk factors

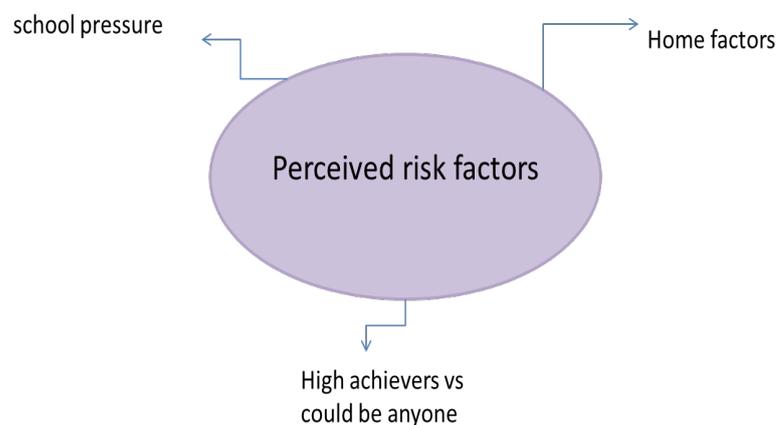


Figure 6: Perceived risk factors

This theme refers to the perceived factors that came up that were thought to increase the chance of pupils developing anxiety problems.

4.4.1. Sub-theme 1: Influences from home

Participants discussed the importance of pupils' home lives on whether or not girls were likely to develop anxiety problems. This came across in several ways including the common observation that it often came to light that parents of pupils with anxiety problems also tended to have anxiety problems or other mental health difficulties.

Often, I think, when you dig into it a bit, sometimes the parent will say, "I'm anxious as well" or "That was me in school". It does very often seem to follow.
P1F1

There also seemed to be some frustration expressed by participants, particularly the ones who dealt substantially with parents (heads of year and student support), around perceived unhelpful parenting styles. It was felt that, in some instances, parents were encouraging pupils to adopt the 'anxiety label' as a form of leverage so the school would make concessions for their child.

..I get more frustrated with the parents than with the children. Sometimes you speak to the children, you have a really good chat, you think you might have got somewhere and you know that they've gone home and the parents have just undone it all.... P6I1

Home environments that were unstable or where pupils had experienced stress and trauma were recognised to be a risk factor in the development of an anxiety problem. However, it was felt that these girls tended to be more on the radar anyway.

There are one or two I've got in my tutor group whose mum has been in hospital and you know why that might have triggered it... P4F2

Finally, pressure put on them from home to achieve academically was considered to be a risk factor for developing an anxiety problem.

The parents putting really heavy pressure on like, "You will go to university. You will be a doctor," when actually that's not the right thing... P10F3

4.4.2. Sub-theme 2: School pressure

The participants all acknowledged that the girls were presented with some pressurised and competitive situations at school but also that the school also put a lot in place to support girls to tackle the challenges presented. They commented that many of the girls cared very much about what grades they were getting and what group they were in and put themselves under pressure by the need to constantly excel.

...it's a lot of pressure, I think. The girls are aware of where they rank in the class, you know, which set's which. Who's the best in that set, who wants to go up and it is a social status thing. P11F4

It was noted that some girls took the grading from teachers personally and felt their teachers didn't like them if they did not get a good mark.

I think a lot of them think incorrectly that the teacher defines them by their grades. Well, I think, although they don't like to reveal it, I think they are really worried about what the teacher thinks of them and they have these weird misconceptions about it and I think the girls take it very personally. Everything is very personal. P11F4

4.4.3. Sub-theme 3: Perfectionist vs could be anyone

There were mixed reports as to whether high achievers had a natural propensity to be more anxious or whether it was something that could affect anyone. Several participants gave anecdotal stories around high achieving girls who had seemed to be fine, succeeding and appearing to cope but tipping into extreme anxiety nearing exam times.

I think it's high-achieving girls. I think, and I'm not blaming, but you can't get away from the fact that quite often, it comes from high-achieving parents. P12F4

...from the special needs students through to the girls who are high achieving, I think the anxiety is for different reasons, maybe, but it's still very much there.

P1F1

There were also accounts of less academic girls who were struggling with anxiety problems, and indeed it was commented that sometimes the pressure to try and keep up with their more academic peers could render them more vulnerable to developing anxiety problems.

She had been coming out of lessons a lot.... She said I don't want to be the one in my friendship group, who gets less than a four because I'm not going to be the thickest one in the group. P12F4

4.5. Theme 3: Perceptions of school culture and practices

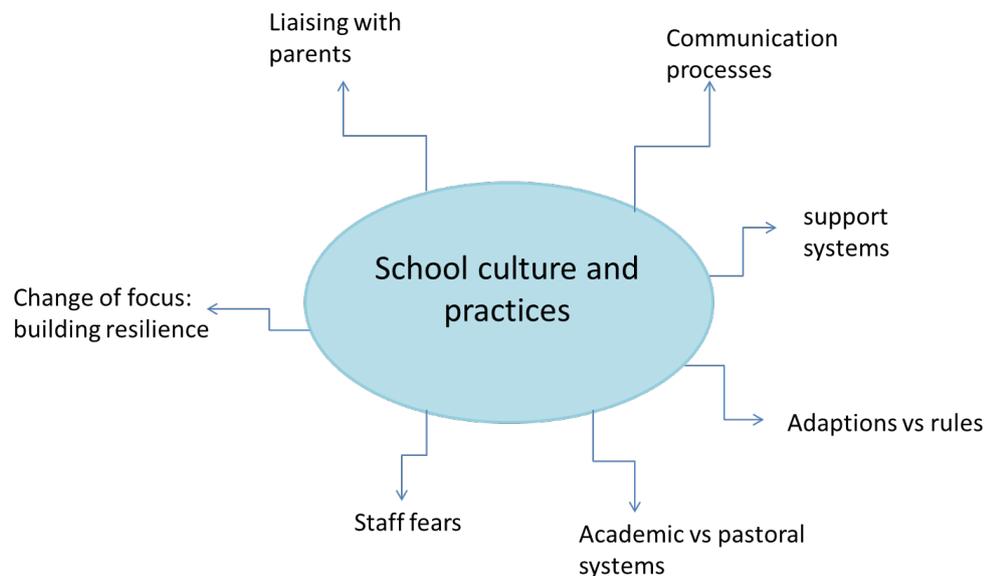


Figure 7: School culture and practices

This theme refers to participants' perceptions of the school culture and practices that existed and were considered to impact on the identification and management of anxiety problems in school.

4.5.1. Sub-theme 1: Liaising with parents

The perceived importance of the home-school relationship was apparent across focus groups and interviews. The standard practice was for school to contact home when a concern had come to light and there were many anecdotal accounts of both parents contacting school and school contacting parents to report and discuss concerns and how best to manage them. The staff that liaised with home would either be student support staff, heads of year or the deputy head. This close working relationship with parents was considered to be an important part of the pastoral role and duty of care towards the children to keep them safe and ensure transparency between home and school. Staff would inform pupils that they would be notifying home but there were no accounts of not informing home.

The researcher checked this general policy with school staff at a later date and confirmed this as the default position of the school unless there was a reason to believe that notifying home of a situation could be harmful for the young person.

So, I thought, "Well, if I can have a phone call with mum," yes, because you want kind of [to] have the family on-side, really. I think there isn't any, as a parent myself, I'd appreciate a phone call from the school saying, "We've noticed this."
P6/1

4.5.2. Sub-theme 2: Communication processes

Participants reported on quite clear and comprehensive processes for sharing information and concerns about girls and there appeared to be a general understanding of the processes in place and how they linked together.

Emails were frequently used as round robins to establish information regarding a pupil's behaviour across several contexts. The heads of year working with student support would co-ordinate data collection with each head of year having

a student support staff member at their disposal to contact parents, chase up issues, and to speak to individual pupils as and when. Student support would gather the relevant information and, in conjunction with the head of year, would make a decision as to how best to progress. Issues that were considered to be of a more serious nature would be escalated to the deputy head and, if required, a multi-disciplinary planning meeting would be scheduled to discuss the case and associated strategies. These meetings also usually involved other relevant professionals. The student support staff would be responsible for ensuring all the relevant paperwork was maintained.

Tutors and class teachers with concerns would contact the head of year and student support to pass on the concern that would then be followed up. Student support and heads of year would also communicate via email about pupil concerns, if there was any particularly information it was felt staff needed to be made aware of or if there were any adjustments they required teachers to make for that pupil.

...if something's happened at home and it's having an impact in school, we will send a round-robin; we'll send it to all... write the email to student support and then they go and look up the teachers and distribute it to all the teachers. P6I1

There was strong consistency across the staff in terms of their understanding of the communication processes. However, some class teachers commented that they often didn't then get to know the outcome of raising a concern and sometimes felt they didn't know things that perhaps they should in order to ensure they were aware of any important issues.

It doesn't affect what I do on a day-to-day basis; I just don't want to do something that makes it worse, particularly as a tutor. I don't want to say something that will make it worse. P4F2

4.5.3. Sub-theme 3: Change of focus: building resilience

Participants discussed the school's efforts to build pupils' resilience and how, recently, they had been working on the notion of facing challenges as opposed

to avoiding them. Many participants discussed the growth mindset ideology (see Appendix P) that had been embedded into all aspects of school life. Led by the deputy head, it came across that the school had spent considerable time in discussing and explaining growth mindset in assemblies and in Personal, Social and Health Education (PSHE). It was reported that there had been parent information evenings provided and the concepts and language were actively used in all parts of school life.

We do some on study skills, we've done one on anxiety, we've had growth mindset. We try and get parents on board as well, because it definitely is all about students, teachers and the parents to support them... P13113

Many participants discussed it without commenting on their opinion of how helpful it was; three participants from senior leadership commented on how useful they felt it had been to encourage the girls to have a go and that getting things wrong was part of the process.

...we were trying to encourage reflection and self-reflection, and it's alright to get something wrong. It's okay to have another go, and it doesn't have to be perfect straight away, and all those sorts of things. So, yes, we are trying to engrain it in the culture... P1313

All participants discussed the recent, deliberate shift from the start of the year when they believed they were dealing with an 'epidemic' of anxiety problems. It was reported that, at the time, student support were allowed to issue time out cards for students to use to leave lessons for ten minutes due to feeling over anxious. There was also a comfy sofa within student support where the girls would come and have a chat with a member of student support. Having consulted professional guidance from CAMHs, the deputy head changed this system so there were no time out cards and the sofa was replaced with normal chairs.

I think once we got rid of the sofa, which was all quite comfortable, and got rid of time out cards. Actually, we did an assembly about anxiety. I tell you, it's gone

right down again now, which is really good. The assembly was all about a bit of self-help on anxiety. P4F2

There were also several assemblies given on anxiety, discussing the notion of a degree of anxiety being useful and looking at strategies to manage the times when it became unhelpful. A professional from CAMHs was invited in and gave an assembly discussing the notion of grit and building resilience. The majority of participants agreed that the change of focus was more helpful to the girls, even student support staff, who had originally been against removing time out cards and taking away the sofa.

It was actually all about resilience, and grit and just let your kids get on with it. It was really to thrash out anxiety... P13I3

One participant, who was involved in nurture work, discussed the impact of one of the highly anxious girls who she worked with who, after hearing the assembly, refused to take any breaks under any circumstances and was experiencing more and more frequent panic attacks.

..You'll say you'll ring mum and she could be on her last leg and she'll be like, "Do not ring my mum, that man said I'm not allowed to go home". Trying to then say, "No, it's all right for you". It's hard... P1F1

4.5.4. Sub-theme 4: Adaptions vs rules

This sub-theme refers to the differences of opinions and tension that were evident across participants in terms of to what extent the school should apply rules consistently or make adaptions for pupils with anxiety problems. The vignettes below demonstrate the different views of staff around adaptions made for an anxious girl.

...but they would sit outside the lesson. What is that all about? They want the door open so the teacher can teach. It's ridiculous, but they are all quite indulged girls. They could go skiing. They could go and do that, but they couldn't sit in a lesson. Ridiculous. P13I3

Then, in the end, she said, well could she sit outside the lessons ... All I wanted to do was to try and get her in the classroom. So, she had psychology in the corridor outside your – you know, with the lesson going on. P10F3

Yes, one of the teachers is absolutely brilliant with one of my anxious girls and let her sit outside the classroom with the door open for the first five to ten minutes. P5F2

It was also commented on that individual teachers would manage situations differently. Staff discussed how some teachers would be very accommodating for anxious pupils, others would make some adjustments and others would not make any adjustments and did not feel it was part of their role to support anxiety problems, considering that they were exclusively there to teach their subject.

If we send an email saying, “This is what’s going on, please could you do this, this and this,” some staff will be brilliant at doing that and some staff won’t. P5F2

4.5.5. Sub-theme 5: Staff fears

There was also a perception that sometimes staff would allow pupils to leave their classroom or go along with adjustments as they were worried that they may make a situation worse or cause them to self-harm.

Also, I’m always very nervous of how you deal with an anxious person. Do they just need a bit of encouragement, “Come on, you’ll be fine” or will that really push them over the edge? P1F1

The last thing you want is, “Oh, yes, school were really awful. Girl commits suicide.” Actually, you worry about that, as well ...P13I3

4.5.6. Sub-theme 6: Academic vs pastoral

This theme refers to the pastoral and academic system that operates within the school and what the agenda for both systems sets out to be. It also looks at the occasions where there is perceived tension between the two systems.

All participants discussed the school being a high achieving school and noted for gaining excellent results (see Appendix B – Ofsted report).

However, it was also evident that there was an emphasis on pastoral support also within school with a strong message coming from the head teacher and senior leadership.

People still say, “Oh you’re such an academic school. You only care about grades.” Well every school cares about the grades that their students are going to get. We do want them to do well but people work very hard to help them do well. I don’t think we overdo it at all, but I do think we do what we would want for our own children. I think that’s got to always be that. Would you want your child to have that experience? P7I2

The deputy head discussed many areas that she was personally interested in and had researched independently. In addition, it was reported that they had allocated resources exclusively to support pupil’s wellbeing issues in the way of having the staffed student support centre, nurture assistants and independent school counsellors to work with some of the girls.

Members of student support were the key staff members who exclusively had a pastoral role and a few comments made did suggest that they felt they were less important than teaching staff.

...but whether that’s just because I’m low down the food chain, I don’t know...
P5F2

Indeed, the head teacher commented that the roles had been created as a result of an increasing burgeoning amount of work having to be managed by the heads of year and that they were cheaper to employ than staff with a teaching qualification.

One head of year, with a pastoral and academic part to her role, acknowledged that her teaching responsibilities took precedence.

Our priority is that we're teaching and the learning, so we have to go and teach.
P611

In addition, pupils were assigned academic mentors, who were there to discuss goals and next steps in regard to learning; it was acknowledged that sometimes well-being issues would come up but the purpose of the mentoring was around academic progress.

It's quite good because we do the academic mentoring, so once a term, theoretically, the tutors sit with their tutees and they have a chat. It's really to talk and other things might come to light there...P4F2.

4.5.7. Sub-theme 7: Support systems

Support staff and heads of year discussed the various different approaches for gathering information (see communication sub-theme) and then decided upon an appropriate support package. This ranged from girls checking in with student support, a referral to the school counselling service, some 1:1 nurture or group work, involvement in an intervention supported by the educational psychology service or, in cases which were deemed more serious, holding a multi-disciplinary planning meeting.

The heads of year don't work on their own. It's not like they're beavering away wondering, "What shall I do with this girl?" We try and share it and have different sort of pathways, depending on the situation. P13I3

In cases deemed very serious, parents are encouraged to go the GP for a CAMHs referral and, in some instances, school will also make a referral.

but we recommend that they do it through their GP as well, just so it's covered at both ends, really, again. Some parents aren't very good at doing that, or they go and they say, "The GP said it's nothing and sent us away." It's like, "You need to push, or go and see a different GP at the practice." Or we will just do it from school. P611

4.6. Theme 4: Barriers to identifying anxiety problems

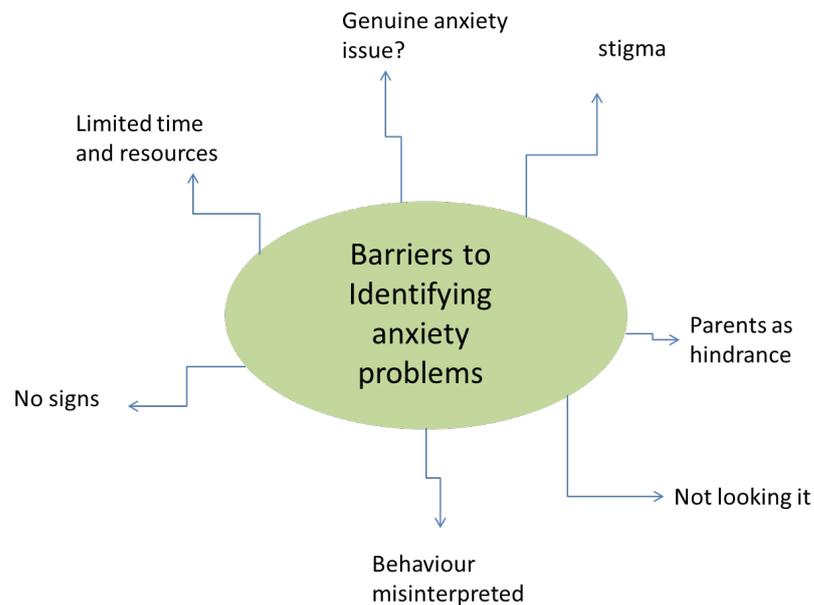


Figure 8: Barriers to identifying anxiety problems

This theme refers to the perceived factors that exist within the school context that participants consider to be barriers to identifying anxiety problems.

4.6.1. Sub-theme 1: Genuine anxiety?

A key sub-theme that emerged was the perception that some girls who were claiming to have anxiety problems were using this narrative for secondary gains and the difficulties this then presented in trying to establish when there was a genuine anxiety issue. There were many anecdotal stories of girls and parents who were making demands for special concessions based on not being able to cope with certain situations.

It's just more and more common, isn't it? Whether that is because people are pandering to it – not pandering, but you know what I mean. P4F2

And it's a fine line between saying, "Okay, at what point are we, you know, are we indulging this?" and at what point are we going, "Well, no. That's enough now. You need to go back because actually, you're going to get detention or, if you've forgotten something. P12F4

4.6.2. Sub-theme 2: Not looking for it

There was quite a lot of discussion around trying to spot things early in order to stop situations escalating to a serious level; however, it was also acknowledged that the school wasn't actively looking for anxiety problems in their girls. The discussions were, therefore, around what processes allowed anxiety problems to come to light.

We don't go out looking for them and ask them to tick a box. P13I3

Teaching staff were able to provide information about behaviours within a classroom that may indicate that a girl is anxious but acknowledged that in a busy classroom it was quite possible many of these would be missed.

The more subtle stuff really like not putting your hand up in lessons or the blushing or that kind of thing, it doesn't come across the radar in a sense because it's not problematic behaviour in the slightest because they're still doing their homework. P5F2

Several members of staff talked about the 'invisibles' who were actively trying not to draw attention to themselves, were doing all the work and therefore would not necessarily be noticed.

...the ones who are quiet and don't tell anyone, I don't know how you would necessarily catch them before there's a trigger and it all comes out. So, if they're ticking along at home, ticking along at school, and they're the quiet invisibles, that would be a really hard one to spot... P6I1

4.6.3. Sub-theme 3: Stigma

Participants acknowledged that even though the culture was promoted in school of being open about mental illness there were many girls who were not OK about coming forward and actively tried to hide the struggles they were having.

I think, as much as there is a, "It's okay to feel anxious and we recognise that", I still think a lot of them are frightened. I don't think they really put their hands up

and say, "Yes, I feel really anxious about this"... I think they try and control it but I don't think they feel it's okay. I think they feel they let themselves down. I don't know. There's just something about them that says it's not all right to say. They're fighting it, I think. P1F1

These girls were the ones that were considered to be the most genuine with regard to struggling with anxiety problems as they weren't using the label as an attention seeking strategy. It was acknowledged that these girls were difficult to identify as they didn't want to be identified.

For those who are genuinely anxious, who don't want people to know, I would say they're the ones who worry me more than the ones who are hyper-anxious, and start hyperventilating and acting out... P7I2

4.6.4. Sub-theme 4: Parents as hindrance

Several participants commented that sometimes parents were not helpful in supporting the school in identifying anxiety problems; they cited anecdotal stories of girls who were undergoing interventions outside school to treat anxiety problems and hadn't informed the school.

that was frustrating because, in the end, she had actually been seeking help for anxiety via her parents, outside of school, but we were kind of the last to know. P12F4

They also felt there were some cases when they had concerns which weren't taken seriously by parents.

Well, mum and dad, dad especially, will not accept that there's anything going on and he won't have any outside help or anything like that. P13I3

4.6.5. Sub-theme 5: Behaviour misinterpreted

Student support staff and the heads of year were alert to detecting avoidance behaviours such as missing lessons as signs of potential anxiety problems; however, they cited anecdotal stories where they initially misinterpreted

behaviour as being deliberately defiant and disruptive; however, with further unpicking it emerged that anxiety was the cause of it.

There was a real avoidance there and then she would be rude but, actually, with hindsight, she was being rude because she was trying to avoid the situation. We thought it was behaviour and not... It's also really hard to tease it apart. P2F1

4.6.6. Sub-theme 6: Limited time and resources

A consistent theme that emerged was school staff's limited time and resources for identifying and supporting girls with anxiety problems. It was evident that all the staff were extremely busy with their competing workloads. Heads of year, the deputy head and the SENCo particularly mentioned their competing workloads and the challenge of juggling the teaching aspect of their job with the other responsibilities. They discussed that some of the more serious concerns that arise were both unpredictable and could potentially take up a considerable amount of time.

If they were going to do their job as a head of year properly, they'd probably not do their teaching properly. If they do their teaching properly they wouldn't be able to fulfil their role as... P712

4.7. Theme 5: Facilitators for identifying anxiety problems in schools

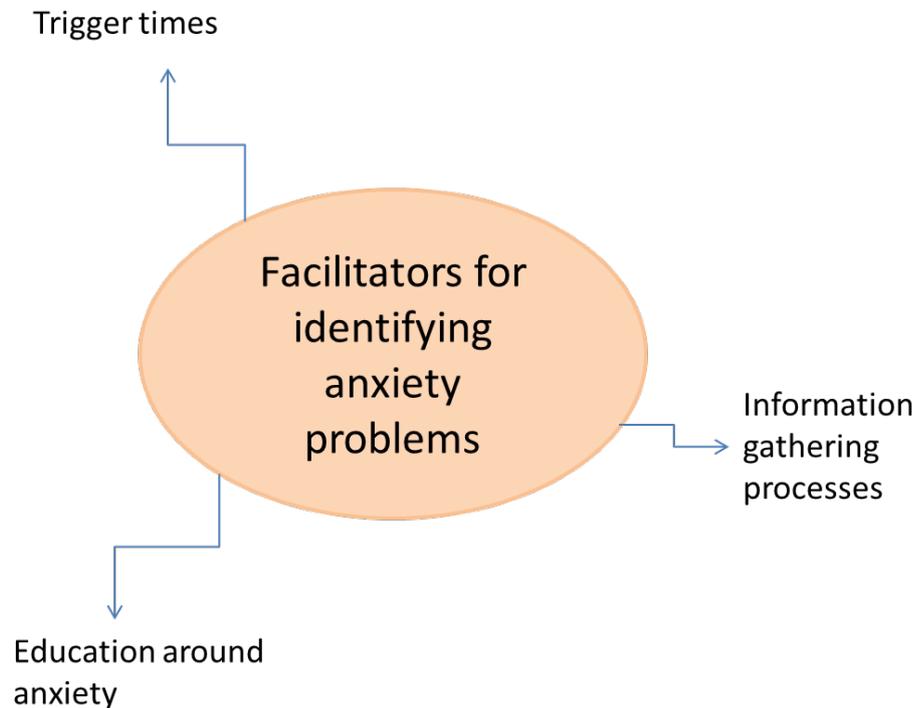


Figure 9: Facilitators for identifying anxiety problems

4.7.1. Sub-theme 1: Education around anxiety

The perception from participants was that the senior leadership team, led by the deputy head, had been proactive in organising training and professional support to aid staff in being able to recognise the signs and symptoms of mental health problems, including anxiety.

I'm doing a lot of work with [name] from CAMHS... he's certainly worked with a number of our girls. He came and did training for the whole staff because you don't want to do the wrong thing... P711

In addition, in a response to a perceived need, students and parents have had educational input from outside agencies including CAMHS and the EP around how to manage anxiety. This included trying to introduce ways to reduce stigma,

normalise a degree of anxiety and provide management strategies and signposting.

One of the things I do is assembly, as part of my role, and I do always try, especially with exams, it's normal to feel stressed and, if you weren't, then that would be a worry as well. P2F1

4.7.2. Sub-theme 2: Information gathering processes

Participants commented that having multiple potential informants, and being able to gather and monitor information over time, facilitated identifying pupils with potential anxiety difficulties.

...when you think the amount of teachers that see the girls. Tutors, I would imagine, have quite a good contact. There's academic mentoring going on. There's Student Support and parents ringing and girls will talk about other girls... P1F1

Student support staff commented that they were vigilant about who visited student support, for what reason and the frequency of visits. They commented that often the reason given for coming to student support might be different and often medical reasons are cited but that they would make further enquiries if a girl was coming frequently, or was missing certain lessons etc.

I've had a Year 7 in. Again, she came in right at the start of the year, she was in student support, hanging around a little bit... We kind of watched her and then she kind of got into the swing of things and she disappeared after a couple of weeks and we thought, "Okay." Recently, she's been back again, so I'm watching her again... P12F4

Monitoring pupils' attendance was a key way of collating pertinent information around anxiety problems. The pattern of attendance was seen as being particularly informative, e.g. if pupils were seen to be missing certain lessons such as languages.

So, attendance might drop, they might start to avoid some lessons. They won't go there. P6I1.

It was also discussed that there were several potential routes for the anxiety problems to come to the school's attention, including being noticed by school staff, parents as informants, pupils seeking to help themselves and a very common source was pupils' friends speaking to school.

Parents will ring us up and say, "They've started to self-harm or there's been a change of behaviour at home". They'll ask us to speak to them because they might open up to us more than the parents. P3F1

Sometimes girls are really good at telling us that they're worried about somebody. Sometimes I think girls deliberately present to their friends, because they don't want to say it but they're hopeful their friends will do it, so it's not them. P7I2

4.7.3. Sub-theme 3: Trigger points

Participants discussed cases of girls whose anxiety problems everyone was aware of but there was also a strong feeling that many girls with anxiety problems were not identified until a time when they were being put under particular pressure. These trigger points included exam times and particularly language orals. There were several anecdotal stories of pupils becoming highly distressed around these times and how difficult they could be to manage. In some instances, the school staff would acknowledge that there had been a few earlier signs but in other cases it was a total surprise.

One thing flares it up, triggers it. Coping, coping, coping – not coping. Sort of thing. P6I1

I brought the language example up because we've just had quite an extreme example actually. It was a girl that we didn't know there was any issue whatsoever ... looking back we realised that every time there was a period of absence it was linked to a language, to a languages mock exam. It was linked to an oral exam... P2F1

4.8. Researcher reflections from staff interviews

As stated in the methodology, the researcher used a research diary throughout the research process. After each interview, notes were taken recording initial thoughts and reflections. During the analysis process, the researcher reviewed and reflected upon the research notes made in the research diary. A summary of these personal reflections is detailed below. As these are personal reflections they are written in the first person and have been italicised to acknowledge the different writing style.

Looking back through my notes I recall that staff seemed more aware than I had anticipated as to how anxiety manifested itself and all seemed to show an awareness of potential behavioural signs. I felt that the staff all gave very consistent responses to the processes of communicating and sharing information. There seemed evidence of strong pastoral leadership from the deputy head, which I felt was not evident in the other secondary schools that they had worked in. In addition, I observed that the relationship between the head teacher and the deputy head seemed extremely close. Overall it came across as a very well organised school. I very much felt that all the school staff who were interviewed were committed to supporting the girls as much as possible but there were variations as to what this may look like with the more senior members of staff seeming to take a tougher stance. There also seemed a general feeling though that some girls were using anxiety as an excuse to get out of things but that these were probably not the girls that needed help. Overall I felt that the school would do what they could to support a girl if they had problems but did not see it as their role to look for problems. All the participants seemed vocal, relaxed and interested in discussing the issues. In the groups, there were the odd comment from support staff about disagreeing with senior staff on matters but generally the researcher felt the staff seemed to come across as a motivated and a united front.

4.9. Pupil main themes

As detailed in the methodology section, the interview schedule for the pupil themes and sub-themes was informed by the findings from the analyses from the staff interviews. The main themes that emerged for the non-anxious pupils and pupils in the anxiety group are shown below. Each participant was given a code so it can be seen whether any given comment was made by a pupil in the anxiety or non-anxiety group (see Appendix N).

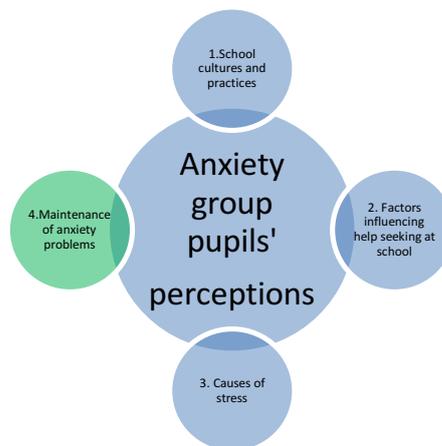


Figure 10: Main themes for anxiety group pupils

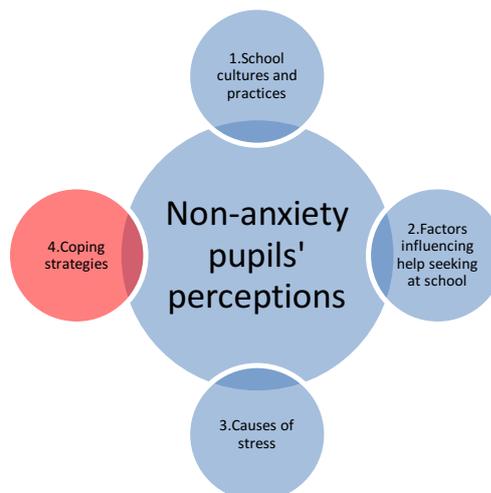


Figure 11: Main themes for non-anxiety group pupils

4.9.1. Theme 1: Pupils' perceptions of school culture and practices

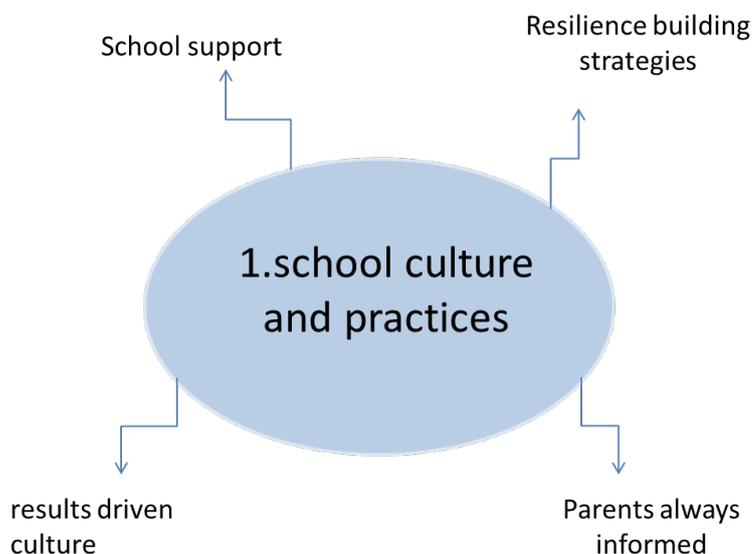


Figure 12: Pupil perceptions: school culture and practices

4.9.2. Sub-theme 1: School support

Pupils from both groups discussed their opinions on the perception of the support systems at school including student services and the academic mentoring that went on. There were mixed opinions regarding how these services were perceived; several girls commented on how nice and friendly the student support staff were but that they would only go to them for medical issues or if they needed to contact home. Most girls from the anxiety and non-anxiety group said that they would not go there with anxiety problems (linking to stigma sub-theme). Some girls did not comment at all on this.

To be honest, the only time I've actually gone to student support is to sign out to go to the dentist. I don't really take much account. People go there if they're hurt, or want to skip a lesson because they haven't got their home learning or something. G1NA

They're nice, but I wouldn't go... G5A

There was also a perception that school support staff got involved and offered only when the situation had hit a crisis point.

I think they're good for...I don't know, I know if my friend had a big issue...I think if it's something really big, like a tragedy or something, they're good with you.

G1NA

But, I'm just always like "Is my problem enough to go there? No". G4NA

The perception of a reactionary approach over a proactive approach extended to the support all staff offered.

...there was this one time where it was just a PE lesson and this one girl was being really horrible to my friend and she was like "Why are you being so upset?" and then I just got really angry and I just started crying, and then it was just like suddenly they were all coming in and "Oh are you okay?" and the teacher was like "I'll talk to you" and she talked to me...but it was just kind of that one moment... But for me, that moment, happens all the time, it's just they saw that moment. G2NA

They also had an awareness of the counselling services that exist at school.

They have people – I can't remember the name of the company but they come in from outside of school and they run these sessions and you can just go and talk to them. G2NA

Academic mentoring was mentioned and they commented that they asked you more general questions about wellbeing, although some pupils commented that they felt that nothing would happen if you reported that you did have an issue so there seemed little point mentioning anything.

And then, after my mentoring, which was like a couple of months ago, she was like "Are you alright?" and I was like "Yes, I'm alright, sometimes it's too much, but I'm okay" and she was like "Oh right" and moved on... so, I don't think they really care... I had to cope with it myself with no help from them and they say they give you pastoral care, but you know... G4NA

4.9.3. Sub-theme 2: Parents always informed

All girls discussed the school's policy of informing parents (linked to importance of anonymity sub-theme).

Suppose you go and talk to your form tutor about something that's really private, and you haven't spoken about it at home, and you say it to them, but the teacher thinks it's necessary to tell the parents, "Well, I would have told the parents if I wanted to have told them in the first place. I wouldn't have come to you." YP1F1

4.9.4. Sub-theme 3: Results-driven culture

There was a strong theme across both groups that the culture of the school was highly academic and results-driven. There was a lot of discussion around the pressure that was put on them to succeed academically. Both the anxiety and the non-anxiety group talked about the pressure put on them by the high expectations, quantity of work and competing demands of school life.

Then it's like the next year has to do better than the year before. G6A

However, the non-anxiety group also spoke positively about the fact that they realised that this was why the school did so well and understood it was a means to an end. They seemed to have a pride in being part of a highly successful school.

I understand, the school workload, you have to do it; I do moan about it, but at the same time, I wouldn't want them to change it... G3NA

There was also a lot of discussion from both groups about the school only caring about results and exclusively focusing on this without regard to how much effort girls have to put in. They felt they only got affirmation by getting good grades.

Yes, my mum says, "If you do your best and you get zero, that's fine," but the teachers are like, I don't know, they just want everyone to do really well, where not everyone can. G5A

They mostly go on your score, because they think you don't try, but you do. G6A

4.9.5. Sub-theme 4: Resilience-building strategies

Pupils' perception of the school's efforts to promote resilience were somewhat mixed. Some pupils acknowledged that the school was trying to support pupils to develop helpful strategies:

...I think they are trying to make it better; they've now started doing in form times – we have form time, each morning for 20 minutes – mindfulness, I think they call it... G2NA

Most of the comments were about the growth mindset work that the school had been doing. Some girls commented that it had been useful but all girls commented on how now they were finding it not so helpful as it had been overdone.

Maybe at the start, if I first heard the assembly I could have been like, "Oh, yes," but then it got so much. G5A

In addition, there seemed to be a perception that the approach, once again, was about getting the girls to do more and more.

They tend to focus on the same things again and again, and again, it's always, what you can do. G1NA

4.10. Theme 2: Factors influencing help-seeking at school

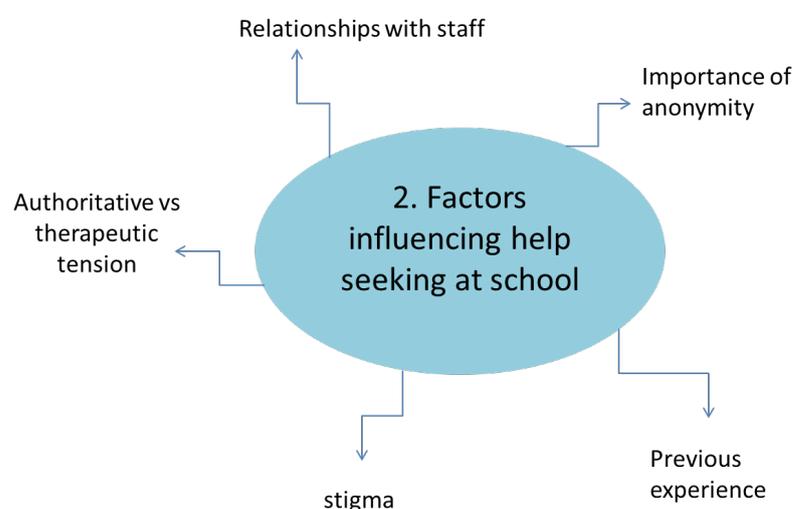


Figure 13: Pupil perceptions: Factors influencing help seeking at school

4.10.1. Sub-theme 1: Relationships with staff

This came across as important for all girls. All the girls seemed to care what staff thought about them and would make an effort to try and please them. In the case of the anxiety group they seemed fearful of disappointing staff by getting things wrong and being judged for it.

I might try really hard for it, but I'm not naturally good at Spanish, and my teacher might think I've just thought, "Oh, it's a waste of time. I'm not going to bother," But I try really hard. I just, sometimes I just get nervous before, and I can't deliver it, and then she'll be like, "Well you didn't try. It's your fault," but I did, and I don't think they see that.

The non-anxiety girls discussed that for the staff they admired, they would work particularly hard because they wanted to please them.

She's more inspiring; like I really don't like Maths and I never have, but I'll work because I want to impress her. G4NA

There were mixed views expressed about whether or not you would be more likely to tell a teacher that you were very familiar with that you were having anxiety problems. One girl said she was more likely to talk to a teacher she knew well, as opposed to going to student support who she didn't know at all.

You don't see the teachers anywhere else. I don't know, I feel like if I had a problem I'd talk to the teachers that teach the subjects that I like. G4NA

But another girl commented that she wouldn't want to talk to teachers because they would then think of her differently.

Suppose, let's say I was depressed, and I wanted to speak to someone about it, I wouldn't go to someone that I meet on a regular basis, unless it's my really close friend. I would not go to my form tutor to tell her that, "I have this problem at home," because she'd look at me differently. I don't want to be looked at differently. G1NA

4.10.2. Sub-theme 2: Stigma

The girls did not explicitly discuss that there was stigma around talking about anxiety problems in school. However, it was implied by comments that they made.

...the problem of it (student support), is they go, "That's where you go if you've got problems". G5A

I haven't really felt that I needed to go to them (student support staff), but I felt, that if I would I would almost not want to go because everyone would know... G2NA

4.10.3. Sub-theme 3: Therapeutic vs authoritative role

Although it was acknowledged that school was making some effort to promote wellbeing, there was a perceived tension around roles in that pupils saw the teachers in an authoritative role which was perhaps not congruent with the therapeutic approach they were trying to deliver.

... because the teachers who deliver them (resilience assemblies) are always the ones telling you off... G6A

4.10.4. Sub-theme 4: Importance of confidentiality

A key theme that emerged was the importance of having people you can talk to who won't tell anyone else.

They'd speak to their friends because they know that their friends won't tell anyone else. That's the reason they'd speak to their friends. G1NA

I've never been, but I think they're (school counselling service) quite good because they're like "We're here, we're not your teacher, and we're not going to talk to anyone or tell anyone". G4NA

Several girls commented that the perceived lack of opportunity to talk in this way to someone at school was a shame.

...it'd be nice to have somewhere where I could say anything, but you can't do that... G7A

4.10.5. Sub-theme 5: Previous experiences

Several girls discussed previous situations when they felt school hadn't fully understood a scenario or were critical of the school's response to a situation. This was perceived to be a barrier to them approaching school staff if they had an anxiety problem.

I think if they have seen it, they need to look into it and stuff. That's why, probably, people don't go to them, because they don't look enough ... G3NA

One girl in the non-anxiety group provided an example of a time when she was going through a stressful period and her mum contacted the school.

...my mum emailed the school because she was like "There's only so much one person can take" and [teachers name] was like "We'll speak to you" but she never did. G4NA

4.11. Theme 3: Causes of stress

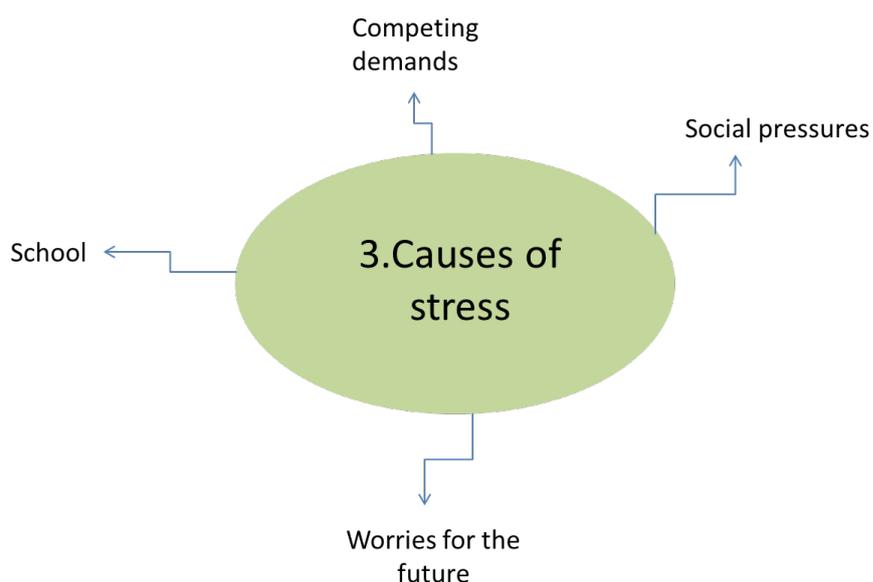


Figure 14: Pupil perceptions: Causes of stress

4.11.1. Sub-theme 1: Competing demands

Both the girls from the anxiety group and the non-anxiety group discussed the notion of competing demands being a source of stress for them.

...Having to fit everything in, in the time you have in the day. G3NA

All the demands from different places. G7A

4.11.2. Sub-theme 2: Social pressures

Both groups discussed the social pressures they felt as a source of stress.

I get really self-conscious about how I look and how I act, and compared to everyone else. G5A

...so much more out there. "Oh, you need to do it, and everyone else is doing it, and I should be doing it too." I shouldn't have any problem in doing it... G4NA

4.11.3. Sub-theme 3: School pressures

Both groups discussed school work and the pressure applied to them at school as a source of stress.

...The GCSEs are harder, and everything's harder... G5A

There's a lot more pressure with GCSEs and... G2NA

One girl suggested that schools actively tried to make you stressed to motivate you to work harder.

Sometimes I find different techniques work for different people. Sometimes they try to make you work in my sets by making you stressed... G4NA

4.12. Non-anxiety group theme: Coping strategies

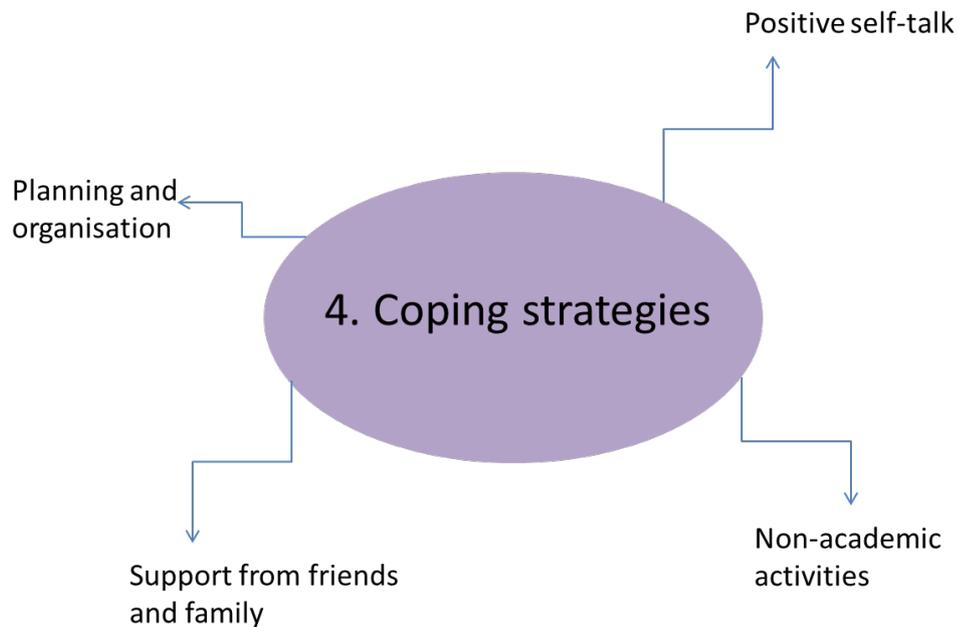


Figure 15: Non-anxiety pupil perceptions: Coping strategies

4.12.1. Sub-theme 1: Planning and organisation

All the girls from the non-anxiety group were able to provide strategies for how they managed the competing demands they had.

Well, when you do have a test, it's stuff that comes up in lessons. If you do pay attention when you're being taught the first time, it usually sticks. You need to just read through it once or twice after that to make it settle in. I do that. G1NA

I'm always busy on Mondays and Tuesdays, so I know anything that's due in Monday, Tuesday or Wednesday, it has to be done on the weekend. G3NA

4.12.2. Sub-theme 2: Support from friends and family

The non-anxiety girls also all discussed talking to members of their family (sisters, parents, cousins) and friends to support them and help them manage stress.

I find talking to my mum really helps... Just telling her all my problems, because it's nice to have an outside perspective on my life. G3NA

I'd probably then talk to my friends and see how it goes... G1NA

4.12.3. Sub-theme 3: Agency

A key theme that came up in the non-anxiety group was the girls' sense of agency in that, although they were experiencing stresses similar to the anxiety group, they could provide information on strategies they adopted to manage the situation. Significantly, they demonstrated belief in their own abilities to manage the situation.

If it's something like I don't get it, or I'm stressed about some tests or something, I might go and see the teacher personally... G1NA

Those breaks are just as important, I think, as actually working. G3NA

Positive self-talk seemed to be an aspect that facilitated this agency:

I'd first probably have one night where I'm just lying awake thinking of what to do, and then I'll just be like, "What am I supposed to do?" Then, I'd be like, "Okay, I need to do this," and then I just do it. G1NA

...sometimes getting up early and doing things, but also telling yourself that it's okay not to... G3NA

4.12.4. Sub-theme 4: Balance of activities

The non-anxiety group also discussed having activities and interests there were independent of school and seemed to have established a work-life balance.

... I find dancing really helps me, because you're really active and you're with your friends and you just forget about it for a while... G4NA

I'm going to do an hour of this an hour of that, and then I'm going to go to my friend's house... G2NA

4.13. Theme from anxiety group: Lack of coping strategies

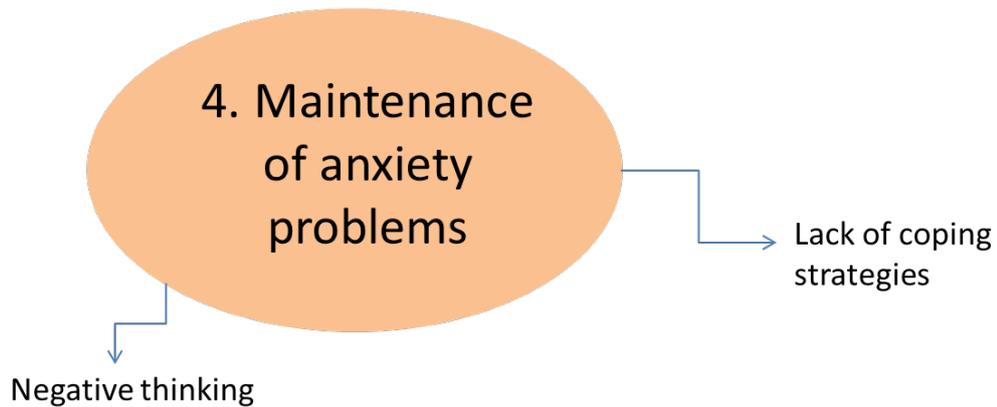


Figure 16: Anxiety group: Maintenance of anxiety problems

4.13.1. Sub-theme 1: Lack of coping strategies

In contrast to the non-anxiety group, the anxiety group struggled to provide any strategies to support them in managing their feelings of stress, despite having explicit teaching of strategies in the anxiety group. One participant commented that she found practising meditation helpful which she had learnt in the group but the other participants were quick to be quite negative about these strategies.

I find meditating helps, just if I'm really stressed I just, in the evening, dedicate ten minutes or something. Just sit down and try and lose all my thoughts, and stuff. G7A

I'm, like, I try to get into meditating and I just can't do it. G5A

It's all temporary. G6A

4.13.2. Sub-theme 2: Negative thinking

The group's narratives were very problem-saturated with negative thinking patterns associated with anxiety demonstrated such as catastrophic thinking and irrational fears.

When you've, kind of, been building up something else, and then, like the other day I just spilled a cup of tea, and then I couldn't stop crying about it, because there was everything else happening that week, as well. G6A

4.14. Researcher reflections from pupil interviews

After each pupil group interview, notes were taken on initial thoughts and reflections. During the analysis process, the researcher reviewed and reflected upon the research notes made in the research diary. A summary of these personal reflections is detailed below. As these are personal reflections they are written in the first person and have been italicised to acknowledge the different writing style.

There was a noticeable difference between the energy in the group with the anxiety pupils and the group with the non-anxiety pupils. I found the non-anxious groups lively, lots of laughing, girls talking over each other keen to say what they thought. They seemed to really enjoy the experience and they all said how they had found it had helped them talking about their stresses and knowing they were in the same boat. The anxiety group seemed very quiet and I felt I had to work hard and talk more than I wanted to in order to encourage engagement (or perhaps I was struggling to manage the quietness of the room). I felt they became more animated when they had the opportunity to give their opinions on what was going on at school which they were highly critical of. They did comment that they were finding the group helpful but struggling to transfer strategies to real life. One of the girls seemed particularly vulnerable which made me reflect on how difficult it was for school staff working with her.

4.15. Summary

This chapter synthesises the main findings from thematic analysis presenting the main themes and the sub-themes that have emerged from the staff group and individual interviews and the pupil group interviews.

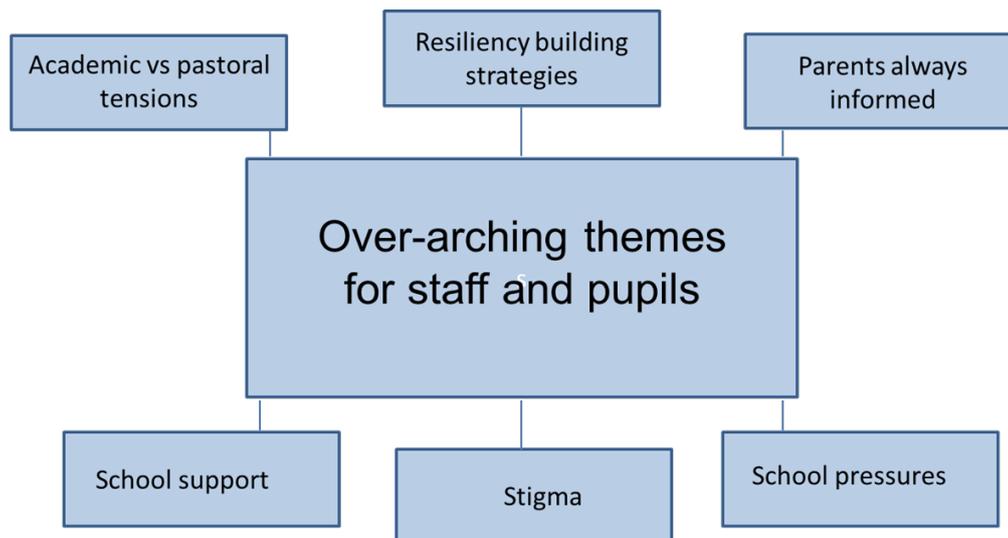


Figure 17: Over-arching themes for staff and pupils

There was consistency between the staff and pupil views with regard to school pressures that the girls are under, although the researcher felt that perhaps it was more important to the girls than some of the staff realised. Staff perceived the practice of informing parents as good practice; however, for the pupils it was a key deterrent to them coming forward. Staff and pupils both discussed the notion of some girls using anxiety as a reason for getting out of things as well as the stigma associated with coming forward, and all the pupils interviewed (including the ones attending the anxiety group) talked about ‘those girls’ who went to student support. The pupils and staff both discussed the efforts the school had made to promote resilience-building but the pupils expressed frustrations around the perceived excessive use of the growth mindset rhetoric. Tensions between the academic and pastoral system were discussed by both staff and pupils with pupils. Both staff and pupils discussed the school support systems that were in place with staff demonstrating the awareness of the process and girls discussing their experiences of them. The researcher felt that the staff perceived that the support strategies in place were more effective than the girls perceived them to be.

These findings will be discussed and interpreted in the upcoming discussion section; they will be integrated with the available pertinent literature in order to address the research questions.

5. Discussion and Conclusions

5.1. Introduction

This chapter aims to synthesise and interpret the findings in the results section with the current available literature, in order to address the research questions. Additional observations beyond the research questions are also discussed. The researcher attempts to consider the barriers and facilitators to identifying anxiety disorders (research question 2) within a wider context as structured using the Bronfenbrenner Bio-ecological System Model as a framework.

The strengths and limitations of the study are analysed and the possible next steps considered. The implications of the research for the case school, and more widely for the practice of educational psychology, are discussed.

5.2. Research question 1

How do staff in a girls' secondary school identify anxiety problems in their pupils?

This question was addressed via the group interviews and individual interviews carried out with school staff and they can be divided into how the school staff perceived anxiety problems to be presented by the girls and the school processes in place for identifying anxiety problems.

5.2.1. How school staff perceive anxiety problems to present

Overall, school staff showed a good awareness about how anxiety problems may present in pupils which was congruent with the literature. They discussed a range of somatic complaints that have been associated with feelings of anxiety including headaches, stomach aches and bodily pains (Meesters, Muris, Ghys, Reumerman, & Rooijmans, 2003). They also discussed more acute manifestations of anxiety which may be associated with panic such as dizziness and hyperventilating (Asselmann, Wittchen, Lieb, Höfler, & Beesdo-Baum, 2014).

They were able to provide information about behavioural factors characteristic of anxiety problems including avoidance behaviours and changes in behaviour (Merrell, 2008). In addition, they demonstrated awareness that not only internalised behaviours may be associated with anxiety, and discussed the importance of unpicking the function of a girl's behaviour in order to inform the situation. They discussed psychological factors that were associated with anxiety problems including the detrimental impact on cognitive functioning that being in a highly anxious state can cause (Owens, Stevenson, Hadwin, & Norgate, 2012b) as well as the notion of negative thinking patterns, particularly around lack of coping strategies.

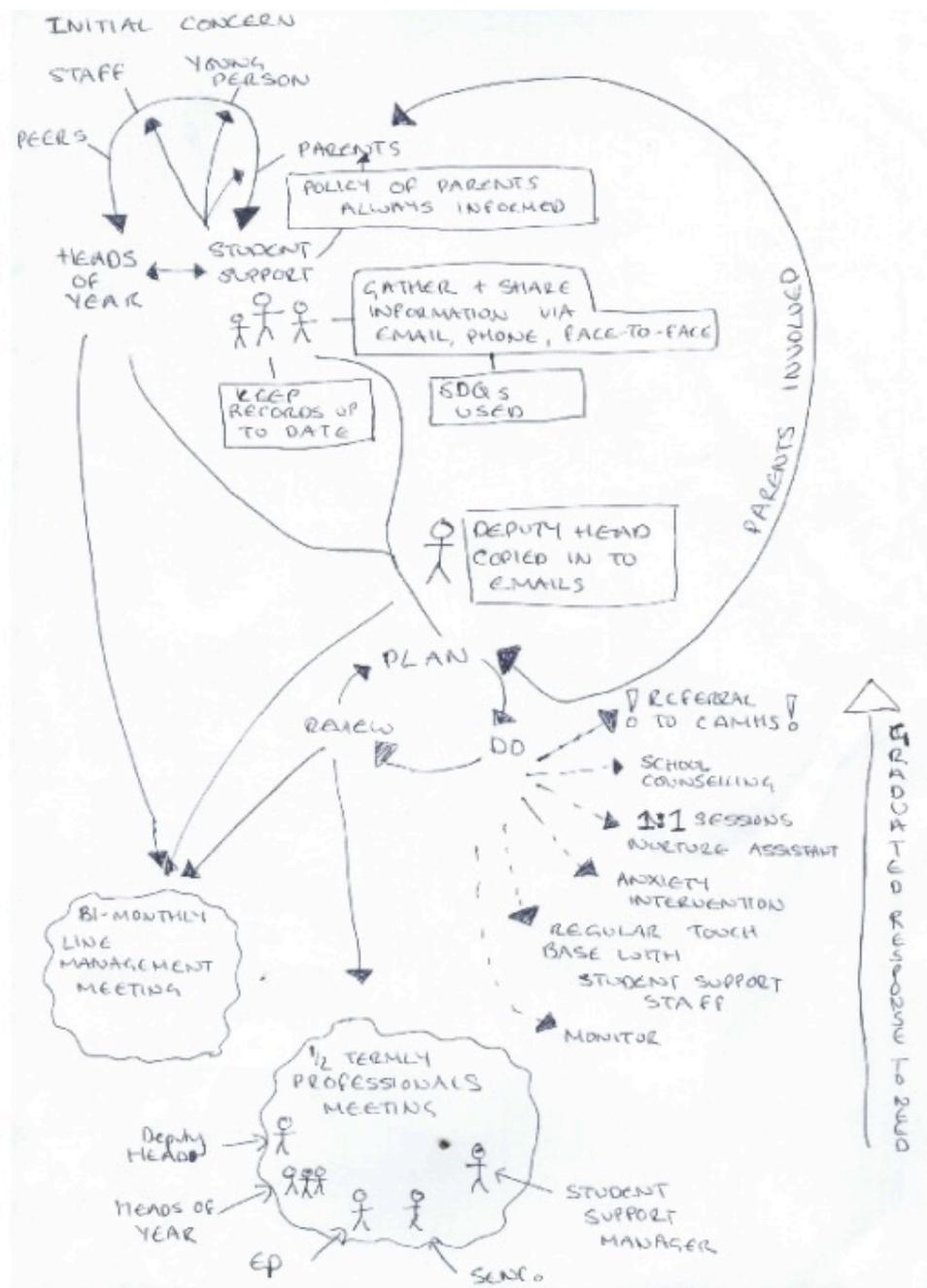
Comparing these findings with the existing literature, they are congruent with the findings from Headley & Campbell, (2013) and Trudgen and Lawn, (2011) which indicated that teachers did have an awareness of the types of behaviour that may indicate an anxiety problem. However, counter to the Headley and Campbell (2013) study the staff at the school discussed the notion of an optimum amount of anxiety being helpful and talked about the work they had done at school in trying to normalise a degree of anxiety. This may have been the result of the large amount of educational input the school had received around anxiety education from CAMHs to school staff and pupils in response to attempting to address the 'epidemic' of anxiety problems at the beginning of the school year.

5.2.2. School processes for identifying anxiety problems

The school processes for identifying anxiety problems were discussed. There was strong consistency across staff interviews and group interviews about the process of identification, including the methods of communication and clear role definition. When a concern came to light, the school would attempt to ascertain the severity of the problem via a coordinated process and put a plan in place accordingly. From the analysis, the researcher developed a rich picture to depict the perceived processes for identifying anxiety problems and forming a support plan. This was checked with staff participants via email and minor adjustments were made accordingly. It should be noted that these processes weren't included in school policies or documents. Evidence from the literature indicates that

teachers find it difficult independently to ascertain the severity of anxiety problems in their pupils (Loades & Mastroyannopoulou, 2010; Trudgen & Lawn, 2011). However, these studies are examining how teachers independently would identify anxiety problems. This research highlights the need to consider the collaborative processes that occur within a secondary school to identify and understand anxiety issues.

Figure 18: Rich picture



5.3. Research question 2

What are the perceived barriers and facilitators for identifying anxiety problems in a girls' secondary school?

5.3.1. Framing the research findings using the Bronfenbrenner Bio-ecological System Model

The themes that emerged from the staff and pupil group interviews have been synthesised and interpreted in order to ascertain the perceived facilitators and barriers for identifying anxiety problems in girls. These findings have been compared and contrasted with the current available literature in this area. The findings have been framed using an adaptation of Bronfenbrenner's Bio-ecological System (see literature review), in an attempt to capture the immediate and wider contextual influences that impact on the process. The focus of this research was exploring the identification of anxiety in schools and thus examining the individual and micro-system. However, the researcher has attempted to integrate the findings from the research with some of the wider influences from the exo-system and macro-system that are likely to be influencing the situation. Therefore, the information shown in the diagrams for the exo-system and macro-system has not been informed by themes or findings from the research but from reviewing the current literature in the area (see later in discussion). The researcher hopes that inclusion of the potential wider factors acknowledges the importance and potential impact of the wider context and highlights the need to consider the findings of the research within the appropriate context.

5.3.1.1. Colour codes for Bronfenbrenner concentric circles shown in Figure 20 and Figure 21

The Individual	This refers to the individual, their age, genes, gender health etc.
Micro-system and meso-systems	The child's immediate surroundings and who the child regularly interacts with, e.g. family, school, peers, neighbours and the relationship between the different micro-systems
Exo-systems	Systems that influence the individual indirectly through micro-systems
Macro-system	Social ideologies and values of cultures and subcultures

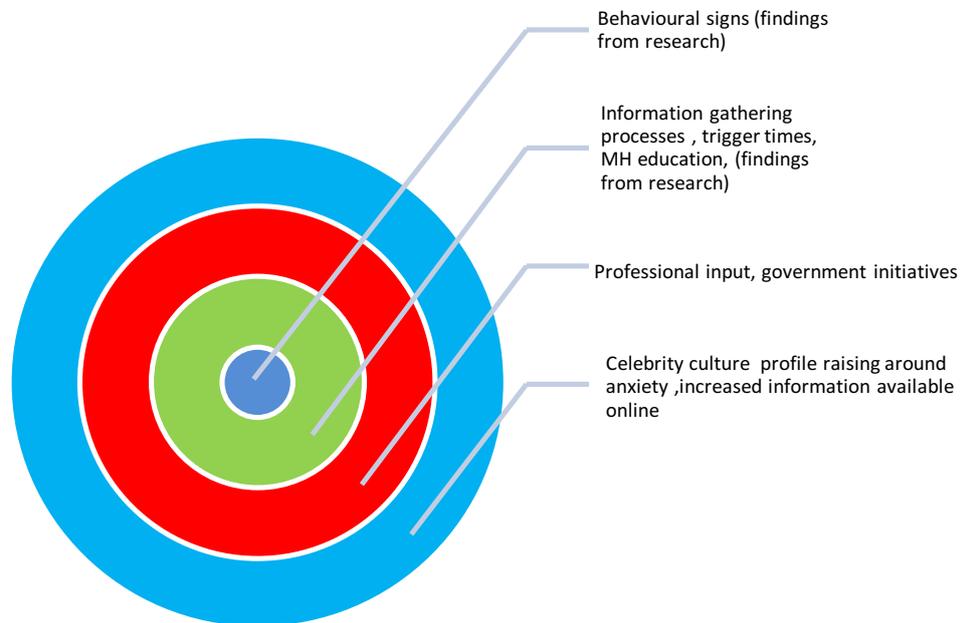


Figure 19: Adaption of Bronfenbrenner's Bio-ecological System illustrating the potential facilitators for identifying anxiety problems

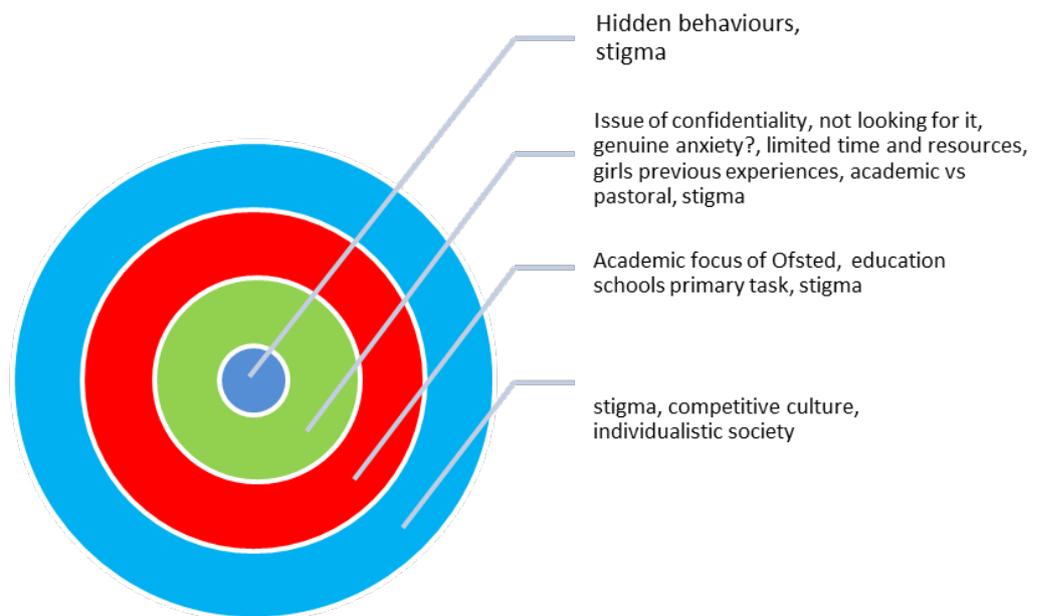


Figure 20: Adaption of Bronfenbrenner’s Bio-ecological System illustrating the potential barriers to identifying anxiety problems

5.4. The individual level

Despite teachers’ awareness of signs and a well understood process of collecting and sharing information, it was evident that identification of pupils with anxiety problems was reactive as opposed to proactive. When a concern came to light via one of the routes identified, it was always followed up and decisions were made about an appropriate course of action but, as stated by the deputy head, “We’re not looking for it”. At the same time, staff acknowledged that many girls would not show any signs and would actively try and hide their anxiety problems, perceiving it to be not socially acceptable. This observation is congruent with the literature around the perceived stigma associated with mental health problems (Leavey et al., 2011; Yap et al., 2013a).

Given this apparent reactive stance to the identification of anxiety problems, and the acknowledged possibilities for girls with anxiety problems to go undetected, it is unsurprising that many girls’ difficulties only come to light when faced with a situation which is particularly exposing and pressurised such as an oral examination. In addition, it can be assumed that there will be girls with anxiety

problems that are never detected but could have difficulties which potentially could cause problems at a later date. The observations from this research are congruent with the existing literature that suggests teachers under-identify anxiety problems (Cunningham & Suldo, 2014; Papandrea & Winefield, 2011).

As discussed above, staff demonstrated a good awareness of how anxiety problems may present in girls, which is likely to have been supported by the mental health education that had been delivered by school. In addition, staff commented that they were able to monitor behaviour over time. However, it was acknowledged that girls may not show any overt behaviour indicative of anxiety problems and may actively try and conceal the fact that they are struggling. This chimes with the literature showing a tendency for young people not to want to report that they are having problems, particularly to professionals (Leavey et al., 2011; Yap et al., 2013a, 2013b). It was also acknowledged that, in a busy class, more subtle signs of anxiety may go unnoticed and this difficulty was compounded by the fact that staff saw such a large volume of girls over the course of a week. This challenge for secondary school teachers to form supportive relationships with pupils given the infrequent amounts of time they see them for has also been identified in the literature (Lendrum, Humphrey, & Wigelsworth, 2013).

5.4.1. Implications for the case school

Numerous studies and systematic reviews attest to the fact that high-quality, well-implemented, school-based mental health interventions can effect meaningful change for young people (Cane & Oland, 2014; Higgins & O'Sullivan, 2015; Stallard, 2009, 2013) and support the rationale for early identification and early support. However, given the often hidden nature of anxiety problems, a proactive approach to identifying anxiety problems would need to be taken. For this reason, the recommendation for the case school is for them to take more proactive measures such as using universal screening methods to identify issues at an early stage (Humphrey & Wigelsworth, 2016).

5.4.2. Implications for educational psychology practice

There is a clear role for EPs to support schools in the process of actively identifying young people with anxiety problems as part of a wider wellbeing strategy. A key strand of the educational psychology training is the adoption of the scientist practitioner model which endorses EPs to adopt evidence-based practice as well as allowing their experiences during applied practice to shape their future research. EPs have a clear role in providing information on the current advice with regard to robust evidence-based practice for gathering information on pupils' wellbeing. The paper by Humphrey & Wigelsworth, (2016) entitled "Making the case for universal school-based mental health screening" provides a good starting point for this involvement as it reviews the current literature from the perspective of the UK educational system and suggests a model of what universal screening might look like. In addition, a school toolkit developed by Public Health England and the Anna Freud clinic endorses universal screening approaches and provides information around potential screening tools that are available (PHE, 2017).

5.5. The micro-system

When an anxiety problem is identified the school's processes follow the recommendations in the literature which adopt a multi-method approach for assessment (Huberty, 2012; Whitcomb & Merrell, 2013); this ensures a thorough and comprehensive picture of the situation which informs what support should be put in place. This is at odds with the literature which suggested that school systems of referral tend to be established based on intuition and informal processes (Trudgen and Lawn, 2011). The researcher would postulate that a reason for this could be because of the well organised processes that had been put in place to ensure the pastoral and academic subsystems interface successfully. This is overseen by a proactive and reflective deputy head who has the power and influence to ensure the operationalisation of these processes.

However, a key theme that emerged was the notion that the school was not looking for anxiety problems making the assumption that as long as girls were continuing to perform academically then it would be assumed that girls were

coping; this is in line with the findings from Roth, Leavey, & Best, (2008) which indicated that teachers felt a duty of care to their pupils when it was recognised that the MH problems were a barrier to optimising educational attainment. It is, therefore, perhaps not surprising that anxiety problems often came to light during times of particular stress such as orals and exams.

The researcher postulates several reasons why the case school is not looking for anxiety problems which includes the impact of wider contextual factors (see exo-system section) including government policies and school funding. The academic focus and limited time and resources came up as themes which impacted upon the school's capacity.

A key theme was the perceived predominant academic focus of the school, sometimes at the expense of the mental health of the CYPs. Schools can be thought of as being "pluralistic" systems (Banathy, 1991) in that they have more than one goal, and sometimes the goals can be conflicting. This was particularly apparent when comparing the exclusively pastoral staff with teaching staff where pastoral staff felt more adaptations should be made for anxious girls. There were also some indications of the hierarchical nature of the school, in that it was commented that the staff in pastoral support were paid less and one pastoral school staff member commented that she was "lower down on the food chain" than teaching staff.

There was a strong consensus amongst the girls interviewed that a key source of their stress was the pressure applied to them at school to get good grades, again congruent with the literature (Byrne, Davenport, & Mazanov, 2007; IPPR, 2016) and the teachers also acknowledged the pressures girls had, from school, home, peers and themselves, to achieve. The perception of the pupils was that there was a perceived culture of "your best is not good enough" which had been reinforced by the work around growth mindset (see Appendix P). The pupils acknowledged that for some individuals pressure motivated them to work hard but for others it could increase their anxiety to levels at which it actually detrimentally impacted on their cognitive abilities. There is evidence that suggests that a degree of anxiety can improve educational outcomes (De Feyter et al., 2012), Indeed, Martin & Marsh, (2003) suggest that a 'fear of failure' can

motivate individuals to succeed. However, they also state that the anxiety could render them vulnerable to setbacks and make the path to academic success strewn with self-doubt and uncertain control.

As well as the school's focus on the academic side of education, it was evident that this was the focus for the pupils as well. They reported having limited time to deal with demands and, when asked about the PSHE programme, it seemed very unimportant to them. In addition, they were somewhat suspicious when teachers attempted to introduce more therapeutic approaches, finding it incongruous with the normal authoritative role assumed.

The school's blanket policy to always inform parents when an issue came to light was identified by pupils as a barrier to them disclosing information. The importance of confidentiality came across as extremely significant for pupils and this is congruent with the findings from the literature (Leavey et al., 2011; Yap et al., 2013a, 2013b). Indeed in the study by Leavey et al. (2011) the importance of trust came across as the strongest theme for Year 10 pupils (aged 14-15) around disclosing mental health problems and I posited that a reason for this is the tendency for adolescents to be "profoundly self-conscious and hypervigilant" (Leavey et al., (2011) p. 692). Certainly, a theme that came across from the pupil interviews was how much they cared about what the teachers thought of them and how keen they were to gain positive affirmation from them.

There was lots of discussion from school staff about the difficulty of unpicking whether or not a girl had a genuine anxiety problem or was using the narrative for secondary gains, e.g. to avoid consequences if homework wasn't completed etc. The pupils also discussed this notion of certain girls using this narrative to avoid the demands being placed on them. Indeed, this had been the reason behind some of the mental health input from outside agencies which had been organised by school staff, pupils and parents. This issue about how to unpick what was a genuine anxiety and the severity of an anxiety problem chimes with the literature that indicates that teachers struggled to identify the severity of anxiety issues (Cunningham & Suldo, 2014) and the difference between normal teenage angst and something more serious (Trudgen & Lawn, 2011). In addition, several participants discussed their worries and fears around doing the 'right'

thing and not making situations worse. There was a general acknowledgement that some of the girls were vulnerable and had histories of self-harm. It was felt that some teachers would not challenge pupils due to this fear.

A theme that emerged from the pupil group interviews was their past experiences of school managing situations and their general feeling that the school were quick to over react to 'dramatic' situations but didn't notice most of what was going on. These previous experiences were given as reasons why they may not want to disclose to school staff that they had an issue. This was in line with the literature around adolescents seeking help from professionals, in that they are less likely to disclose a problem if they lack confidence in the ability of the professionals to be helpful to them (Yap et al., 2013b).

5.5.1. Implications for the case school

The most significant recommendation to be made as a result of the findings is for the school to adopt a more proactive approach to identifying anxiety problems which would hope to address a number of the barriers that were identified. The researcher would argue that this would be most effectively tackled by adopting universal wellbeing screening methods which the EPS can support the school with in terms of selection of assessment tools and operationalisation. The rationale for adopting this approach is multi-fold, as discussed below.

- The literature indicates that anxiety problems negatively impact on educational outcomes (Owens et al., 2012b; Putwain et al., 2010). Early identification and intervention work would hopefully increase girls' performance so they reach their potential and reduce the number of girls coming to light and needing to be supported at pressure times.
- Gathering information over time with regard to wellbeing would allow staff to be better informed about determining whether anxiety issues are genuine or not. It would facilitate staff to manage situations more confidently and deter avoidance of dealing with a situation due to staff fear.

- It would form part of information gathering that informs appropriate assessment work and supports building a comprehensive picture that informs next steps and onward referrals.
- It would allow for a consideration of wellbeing across the school in order to plan for intervention work.
- This proactive approach would allow for a better use of resources with the reduction of crisis cases that require high levels of staff time.
- This proactive approach would increase the confidence amongst the pupils in the school that it understands and deals with issues appropriately.

Additional recommendations derived from the findings would involve reviewing the school's strategies for supporting mental health problems with the following changes recommended and to be supported by the EPS.

- Develop a more comprehensive wellbeing policy, with a graduated response to need informed by appropriate universal screening approaches. This needs to be documented and disseminated to pupils, staff and parents.
- Re-consider the blanket policy of informing parents when issues come to light; consider setting up systems whereby pupils are able to share their views in confidence, e.g. pupil surgeries, peer mentoring etc.
- Review the growth mindset (see Appendix P) rhetoric and ensure there are regular opportunities for feedback regarding the school's strategies for supporting wellbeing from key stakeholders, especially pupils.
- Ensure that resilience-building strategies are incorporated into the wellbeing policy, with a focus on developing coping skills and personal agency. It may be fruitful for outside agencies, such as the EPS and others, to be involved in delivering these.

5.5.2. Implications for the practice of educational psychologists

This research highlights that EPs have a role in providing information to school about the importance and benefits of a proactive approach including the

educational implications (Owens et al., 2012b; Putwain et al., 2010) as well as the wider societal ones (Goodman, Joyce, & Smith, 2011; Green et al., 2005; Kim-Cohen et al., 2003). In addition, the researcher would argue that EPs are extremely well placed to support schools in establishing systems for identifying anxiety problems having had training in working in a systemic way (Fox, 2009) which takes into account the potential barriers identified in this research. In addition, EPs have had training in therapeutic approaches and are well placed to either deliver interventions directly or support schools in this endeavour (Mackay, 2006, 2007). They also have information and can support schools in terms of the screening tools that are available (Humphrey & Wigelsworth, 2016; Silverman & Ollendick, 2005). Therefore, they are well placed to support schools in establishing whole school wellbeing which follows a graduated response to need as advocated by the recent guidance as well as the SEN Code of Practice (DofE, 2014).

5.6. Exo-system

As Glatter (2012) points out, new legislation brought in by the coalition government in 2010 has seen the adoption of free-market capitalist approaches being applied to the education system. These changes have focused on autonomy and accountability, in the form of educational attainment and an increase in academies and free schools managing their own affairs. Bonell et al. (2014) make the argument that education policy increasingly promotes academic achievement ignoring personal, wellbeing and health. In addition, Ofsted (The Office for Standards in Education), the body which assesses public sector services relating to children and young people, focuses primarily on academic attainments with the mental health of pupils being viewed through an educational lens. Ofsted guidance endorses schools educating pupils around physical and mental health but there is no mention of the requirement to identify mental health problems and provide early interventions (Ofsted, 2016). In addition, Personal, Social, Health and Economic Education (PSHE) is a non-statutory subject and it is for schools to decide how this work is delivered. This greater emphasis on academic attainment, which schools and teachers are judged on, promotes a more a subject-focused ethos.

Additional factors identified as impacting on schools was the limited time and resources available for this type of work. The placement borough is one of the 10 most poorly funded in the country receiving on average £4,208 per pupil in 2015-2016, compared with schools in the 10 best-funded areas who receive grants of £6,297 per pupil. This funding problem came across as a key issue for schools and the head teacher discussed her challenges around this at length during the interview. Indeed, the researcher has been informed that the school is seriously considering getting rid of the school counsellors due to cost. This is despite the increased profile-raising and recognition of mental health problems in CYPs, e.g. royal endorsement of the mental health campaign, Heads Together. Indeed, Theresa May, the current prime minister, announced a series of mental health reforms including training packages for teachers and pledges for investment in a press release in June 2017 (PMO, 2017). However, reports from the Public Accounts Committee state that “funding per pupil is reducing in real terms” and that they are “facing the most significant financial pressure since the mid-1990s”. (22nd March 2017, HC890 p3). Given, this situation, it seems likely that mental health support is more likely to be reduced at the expense of prioritising funding academic endeavours.

5.6.1. Implications for the case school and the educational psychology practice

The current climate places pressure on schools for high academic achievement but also to support CYPs mental health. This is all in a climate of financial pressures. In order for the school to be able to operationalise effectively any wellbeing implementation plan it will need to be cost effective. The EPS can support schools in providing information around evidence-based screening techniques that are straightforward to implement. The EPS can also be involved in supporting schools to increase their capacity to deliver cost effective, in-house interventions such as the anxiety group being implemented in the case school. They can be involved in supporting schools to select evidence-based interventions that are most appropriate for their needs as well as being cost effective. They can also provide an important role in offering supervision to staff members delivering interventions.

Given the current climate of mental health concerns in CYPs having a high profile at the same time as austerity measures, EPs also have an important role in raising the profile of the importance of early identification and interventions for anxiety problems to policy makers as well as their important role in this process.

5.7. Macro-system

The current concerning situation in children's mental health could be argued to be related to problems associated with societal inequality. Wilkinson and Pickett (2010) highlight international evidence of the inverse relationship between child wellbeing and income inequality with the UK having high levels of income inequality, juxtaposed against child wellbeing levels that were the lowest recorded among 21 developed countries in 2007 (UNICEF, 2007).

In addition, the language around mental health and anxiety impacts on how it is construed. It is argued that the language of disease and disorder perpetuates the within-child medical model and can be seen as negative and stigmatising (Graham et al., 2011); it also reinforces social exclusion of marginalised individuals and groups (Link and Phelan, 2006).

5.7.1. Implications for case school and educational psychology practice

The researcher would argue that the role of the educational psychologist is important in raising the importance of contextual factors in supporting mental health in CYPs. Specifically, EPs challenge the medicalised language that perpetuates the stigma associated with mental health problems.

5.8. Additional findings

The types of pressure and stresses felt by both the anxiety group and the non-anxiety group were congruous with school being cited as the biggest cause of stress. The notable difference between the groups was around the coping strategies, with the anxiety group having a very negative rhetoric around their ability to manage and deal with pressures and stresses of life. The non-anxiety group, on the other hand, were able to provide different coping strategies for supporting and managing the different stresses and pressures that they felt

which included having friends and family to go to that they trusted and were able support them, a trend observed in the literature (Yap et al., 2013a). Most notably they demonstrated a self-belief that they were able to cope with the pressures and demands that they felt and gave several anecdotal accounts of positive self-talk being deployed when they were feeling under stress.

This research supports the notion of supporting girls to build their own agency but also the importance of trusting relationships and social support. There is much schools can do to actively support these processes, but the researcher would argue that often the dominant pedagogical stance deployed in schools which focuses on teaching towards an exam, are counter to developing these problem-solving skills.

5.9. Post study critical reflections

5.9.1. Reflections on strengths of the study

One strength of the study was the inclusion of staff members who were representative of the staff population within the school and at all levels of the hierarchy. The inclusion of the head mistress, deputy head, heads of year, heads of department and tutors, classroom teachers as well as pastoral staff allowed for a rich picture to be constructed of the school systems and how anxiety problems were identified in the girls. This allowed for the tensions and differences of opinion to be illuminated across the staff as well as the consistencies and shared thinking. In addition, the decision to interview the head and the deputy head separately and to consider carefully the balance of staff in the group interviews allowed staff to express views hopefully ameliorated for power balances and allowed staff to express views freely. Certainly, the researcher felt that the contributions made and the energy in the staff interviews and group interviews suggested staff felt comfortable to express themselves, although it cannot be guaranteed that there weren't power issues impacting that were undetectable to the researcher.

An additional strength of this study was gaining the views of the girls within the school which provided an extremely important perspective on the findings and

observation from the staff interviews and the researcher believes allowed for a far more balanced view of the barriers and facilitators to identifying anxiety problems in school.

The choice of methodology in using a semi-structured interview schedule in group interviews and individual interviews allowed for a rich exploration of the pertinent issues.

5.9.2. Reflections on limitations of the study

A limitation of any research with a case study design can be the lack of generalisability to a wider population (Coolican, 2009). As the study was undertaken within one school, transferability of the findings to other schools, particularly in other LAs, is problematic. However, the researcher argues that analytical generalisability of theoretical constructs rather than wider populations is possible (Yin, 2008). So, although the findings are not intended to be generalised they are informative in identifying potential barriers and facilitators and highlight the importance of context when addressing the issue of identification within girls' schools.

The researcher also acknowledges the decision to use a girls' school as a case study instead of considering a co-ed or boys' schools. However, the researcher would argue that the evidence around gender differences in how anxiety presents and the emerging evidence of anxiety problems increasing in girls justifies this decision (Van Oort, Greaves-Lord, Verhulst, Ormel, & Huizink, 2009).

The researcher had initially hoped to gain data to provide an indication of how accurately the school identified anxiety problems in their girls but this proved not to be straightforward. It was intended that this would be done deploying a screening tool such as the Spence Children's Anxiety Scale (SCAS) to be used with a year group and then by asking tutors to complete the teacher version in order to make comparisons. However, it was clear from the thematic analyses that the method of identification involved a process of gathering information from different viewpoints and multiple informants. It was felt that one teacher

completing the assessment for each pupil may have provided a misleading picture. Despite this, the researcher would have liked to have completed a universal screening process with the year 10 girls to have gained some information on the level of anxiety problems at school. However, there were time and logistic restraints as well as the ethical issue of what was being put in place to support girls identified with anxiety issues if a universal screening technique was used and parents were informed of this.

The researcher acknowledges that the pupil sample size was extremely small. The pupils came from Year 11 which was selected so as to compare and contrast the views of the girls attending the anxiety group. However, the researcher acknowledges that Year 11 is a time of particular stress and pressure with the girls preparing for their GCSEs at the end of the year and not necessarily representative of the views of all girls within the school. In addition, the selection procedure was not random, with pupils being involved on a voluntary basis and the deputy head ultimately making the final selection for the group interview. However, the general congruence between the anxiety group and non-anxiety group lent weight to the findings as well as the findings being supported by the current literature around help-seeking. A possible alternative methodology would have been to have requested a greater number of pupils across different year groups to complete a questionnaire; however, the researcher believes the group interview allowed for a richer exploration that could not have been gained via questionnaires.

5.9.3. Reflections on using group interviews

The decision was made to carry out group interviews with most of the staff members and the pupils. This was to attempt to capture the views of a greater number of individuals as well as to facilitate a rich discussion amongst the participants. However, the researcher acknowledges that this approach may inhibit individuals in disclosing personal views and experiences. This was most poignant when interviewing the pupils because the nature of these interviews was potentially more personally exposing. In addition, the pupil group who had been previously identified as having anxiety problems were involved in an intervention together, and as such came to the interview with pre-established

group dynamics. These issues potentially limited the breadth of the discussion as well as preventing opportunities for a further exploration of each individual's experiences. Indeed, it was observed that when one girl within the anxiety group offered comments around mindfulness being helpful, another girl in the group was quick to dismiss this and prevented the line of discussion from developing further. On reflection, it may have been more fruitful to have interviewed these girls individually in order to have attempted to elucidate further the individual experiences and to have the flexibility to tailor questions according to the individual responses. However, in choosing the group interview, the researcher was also considering the sensitive nature of the subject matter and the fact that the researcher-interviewer did not have an opportunity to form a relationship over time with the pupils. It is therefore, somewhat unclear whether a richer picture would have been gathered with individual interviews or whether pupils felt they could disclose more within a group context.

5.9.4. Reflections on research paradigms

This research aimed to explore the issue of identification of anxiety problems within a school context. As demonstrated within the literature review, the prevailing literature resides within the medical paradigm whereby anxiety problems are considered as a within-child issue. The researcher argued that this position fails to adequately capture contextual issues. However, the researcher acknowledges this position appears to set up a paradigm paradox within this research with the notion of identifying anxiety problems within pupils (within child) via school processes (considering context). The researcher would argue that both perspectives are necessary and aren't necessarily paradoxical, rather that they focus on different levels of the Bronfenbrenner model, whilst acknowledging influence and interactions at all levels. One of the recommendations as a result of the research is using universal screening techniques with all pupils in order to gather information and monitor individuals. This recommendation initially appears very within-child and medicalised but the researcher would argue this strategy provides some information, not only about individual pupils, but also the whole school population e.g. what are the themes and patterns emerging regarding wellbeing across the school. It is also

acknowledged that this screening only provides some information which needs to be integrated with other sources of information. The overall aim is to have a wider understanding of wellbeing issues, including anxiety problems, at the school level and the child level in order to place appropriate support following a graduated response to need model.

5.9.5. Reflections on using the Bronfenbrenner Eco-systemic model as a psychological framework

The rationale for using Bronfenbrenner's Eco-systemic model as a framework to structure the findings in the discussion comes from the researcher's desire to consider the notion of exploring anxiety problems within a school context and beyond. The particular focus of this research was to explore how the school identified pupils with anxiety problems within the school and, therefore, the findings relate to the individual, micro-system and meso-system of the Bronfenbrenner model. However, using the Bronfenbrenner framework allowed for an acknowledgement and consideration of the wider contextual issues (exo-system and macro-system) and therefore a consideration of the bigger picture. Having completed the analysis, the researcher felt that the Bronfenbrenner model was helpful in exploring staff and pupils' individual experiences of anxiety and how it is identified, as well as for considering how these experiences were impacted by the context of school and the processes that existed within that school. However, the researcher acknowledges that, in attempting to capture the bigger picture with the wider context, it became more challenging to comprehensively cover the complexities, discrepancies and interactions of the individual, micro-system and meso-system which were the focus of the research. The simplicity of the concentric circles of the Bronfenbrenner model makes it appealing and easily accessible; however, it is this simplicity that does not allow for a more accurate representation of the complexities that exist within real life contexts over time. Consequently, the researcher acknowledges that this model would not have been adequate if the goal of the research was to make changes within the school system. In addition, the researcher acknowledges that the other relevant environments, particularly the home environment, were not explored in the research. Finally, the research does not comprehensively address all levels

of the Bronfenbrenner model; rather it integrates the findings from some of the current literature pertinent to the exo-system and macro-system. It could be argued that a different systems model that focused exclusively on the individual and immediate school level may have been more suitable for this research than the ambitiously wide Bronfenbrenner model and may, therefore, have been more appropriate. However, the researcher felt strongly that, in the current political climate with the prolific flow of government publications related to CYPS and mental health, it was important to relate this research to the wider context which the Bronfenbrenner model affords. The Bronfenbrenner model also provided a helpful framework for considering recommendations based on the findings of the research pertinent at different levels.

5.10. Directions for further research

This research has identified perceived barriers and facilitators within a girls' UK secondary school for identifying anxiety problems and has highlighted the importance of considering contextual influences. It has been exploratory in nature and there are several areas where the researcher would recommend further enquiry. These include:

- Further action research within the case secondary school which attempts to address the barriers to identification and to monitor outcome is highly recommended (see implications for case school below). One method for evaluating this would be monitoring the number of girls for whom difficulties presented at pressure times.
- The findings of this study could be used to devise a questionnaire to gain views from pupils across the school and/or in different schools to allow for comparisons to be made. It would also be important to establish the views of the parents.
- Questionnaires to be used across different schools to establish what processes for identification they deploy, including establishing the prevalence of the use of screening tools and the perceived effect of these.

- Further case studies of this nature to give more examples of different processes within different contexts and their impact on the identification of anxiety issues.

5.11. The distinctive contribution of the current research

This research makes a distinct contribution to the identification of anxiety problems in pupils by exploring the impact of the context on this issue. It goes beyond examining how teachers are able to identify behaviours in their pupils as anxiety-related and considers the potential impact of the context as well as the processes that exist within that context for identification. Despite the increasing expectations for schools to be identifying anxiety problems and implementing interventions, there is a paucity of research in this area particularly in UK secondary schools. The researcher posits that this research makes a distinct and valuable contribution in that it explores the potential barriers and facilitators to this issue within the real-life context.

5.12. Conclusion

This research study has aimed to address the paucity of research around identifying anxiety problems in a UK girls' secondary school. Specifically, it has explored this issue within the context of a school and has examined how different aspects of school policies and processes impact on identification. The research highlights the importance of schools having processes for identifying girls who are at risk of anxiety problems as opposed to taking a reactive stance. It also highlights an important role for the school in supporting girls to develop coping strategies, problem-solving skills and agency to prevent anxiety problems developing during periods of pressure. The findings, congruent with the literature, identify the importance for pupils of confidentiality in help-seeking.

More widely, there are increased expectations on schools to be involved in identifying and dealing with anxiety problems but, at the same time, being faced with external pressures from Ofsted, a new curriculum and tightening budgets. The research highlights a key role for EPs in working with schools in having a

clear wellbeing strategy, robust systems for the identification of anxiety problems and clear processes for supporting girls with anxiety problems.

6. References

- Asselmann, E., Wittchen, H.-U., Lieb, R., Höfler, M., & Beesdo-Baum, K. (2014). Associations of fearful spells and panic attacks with incident anxiety, depressive, and substance use disorders: A 10-year prospective-longitudinal community study of adolescents and young adults. *Journal of Psychiatric Research*, *55*, 8–14. <https://doi.org/10.1016/j.jpsychires.2014.04.001>
- Association, A. P. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (5th edition). Washington, D.C: American Psychiatric Publishing.
- Association of School and College Leaders (2015). *Gap between best and worst-funded schools equivalent to 40 teachers*. ASCL. https://www.ascl.org.uk/news-and-views/news_news-detail.gap-between-best-and-worst-funded-schools-equivalent-to-40-teachers.html
- Atkinson, C., Corban, I., & Templeton, J. (2011). Educational psychologists' use of therapeutic interventions: issues arising from two exploratory case studies. *Support for Learning*, *26*(4), 160–167. <https://doi.org/10.1111/j.1467-9604.2011.01496.x>
- Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of therapeutic interventions: findings from four site visits. *Educational Psychology in Practice*, *29*(1), 54–68. <https://doi.org/10.1080/02667363.2012.748650>

- Banathy, B. H. (1991). *Systems Design of Education: A Journey to Create the Future*. Educational Technology.
- Banister, P. (2011). *Qualitative Methods in Psychology: A Research Guide* (2nd edition). Maidenhead: Open University Press.
- Bateson, G.(1972). *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology*. University of Chicago Press.
- Bateson, A., Brilot, M. D., & Nettle, D. (2011). Anxiety: An Evolutionary Approach. *The Canadian Journal of Psychiatry* 56, no. 12 (n.d.): pp707–15.
- Beesdo, K., Pine D. S., Lieb R., & Wittchen H. (2010). Incidence and risk patterns of anxiety and depressive disorders and categorization of generalized anxiety disorder. *Archives of General Psychiatry*, 67(1), 47–57. <https://doi.org/10.1001/archgenpsychiatry.2009.177>
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretative Phenomenological Analysis (IPA): A Qualitative Methodology of Choice in Healthcare Research. *Qualitative Research in Psychology*, 5(3), 214–224. <https://doi.org/10.1080/14780880802314304>
- Blakemore, S., & Choudhury, S. (2006) Development of the Adolescent Brain: Implications for Executive Function and Social Cognition. *Journal of Child Psychology and Psychiatry* 47, no. 3–4: 296–312. doi:10.1111/j.1469-7610.2006.01611.x.

- Bonell, C., Humphrey, N., Fletcher, A., Moore, L., Anderson, R., & Campbell, R. (2014). Why schools should promote students' health and wellbeing. *BMJ*, g3078. <https://doi.org/10.1136/bmj.g3078>
- Bor, W., Dean, A. J., Najman, J., & Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *Australian and New Zealand Journal of Psychiatry*, 0004867414533834. <https://doi.org/10.1177/0004867414533834>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Breakwell, G., Smith, J. A., & Wright, D. B. (2012). *Research Methods in Psychology*. London: SAGE Publications. Retrieved from <http://public.eblib.com/choice/publicfullrecord.aspx?p=1046508>
- Bronfenbrenner, U. (1992). Ecological systems theory. *Six theories of child development: Revised formulations and current issues* (pp. 187–249). London, England: Jessica Kingsley Publishers.
- Buchmann, C., DiPrete, T. A., & McDaniel, A. (2008). Gender Inequalities in Education. *Annual Review of Sociology*, 34(1), 319–337. <https://doi.org/10.1146/annurev.soc.34.040507.134719>
- Burns, M. K. (2011). School Psychology Research: Combining Ecological Theory and Prevention Science. *School Psychology Review*, 40(1), 132–139.

- Burns, M. K., Warmbold-Brann, K., & Zaslofsky, A. F. (2015). Ecological Systems Theory in School Psychology Review. *School Psychology Review, 44*(3), 249–261. <https://doi.org/10.17105/spr-15-0092.1>
- Cane, F. E., & Oland, L. (2014). Evaluating the outcomes and implementation of a TaMHS (Targeting Mental Health in Schools) project in four West Midlands (UK) schools using activity theory. *Educational Psychology in Practice, 0*(0), 1–20. <https://doi.org/10.1080/02667363.2014.975784>
- Checkland, P., & Poulter, J. (2006). *Learning for action: a short definitive account of soft systems methodology and its use for practitioner, teachers, and students*. Hoboken, NJ: Wiley.
- Coe, R., Waring, M., Hedges, L. V., & Arthur, J. (2017). *Research Methods and Methodologies in Education* (2nd edition). Thousand Oaks, CA: Sage Publications Ltd.
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education* (6th edition). London:, New York: Routledge.
- Cole, D., Martin, J., Peeke, L., Seroczynski, A. D., & Fier, J. (1999). Children's Over- and Underestimation of Academic Competence: A Longitudinal Study of Gender Differences, Depression, and Anxiety. *Child Development, 70*(2), 459–473.
- Coolican, H. (2014). *Research methods and statistics in psychology* (6th edition). London, New York: Psychology Press, Taylor & Francis Group.

- Copeland, W. E., Angold, A., Shanahan, L., & Costello, E. J. (2014). Longitudinal Patterns of Anxiety From Childhood to Adulthood: The Great Smoky Mountains Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 21–33. <https://doi.org/10.1016/j.jaac.2013.09.017>
- Costello, E. J., Egger, H. L., & Angold, A. (2005). The Developmental Epidemiology of Anxiety Disorders: Phenomenology, Prevalence, and Comorbidity. *Child and Adolescent Psychiatric Clinics of North America*, 14(4), 631–648. <https://doi.org/10.1016/j.chc.2005.06.003>
- Cunningham, J. M., & Suldo, S. M. (2014). Accuracy of Teachers in Identifying Elementary School Students Who Report At-Risk Levels of Anxiety and Depression. *School Mental Health*, 6(4), 237–250. <https://doi.org/10.1007/s12310-014-9125-9>
- Davidson, K., & Scott, J. (2009). Does therapists' competence matter in delivering psychological therapy? *The Psychiatrist*, 33(4), 121–123. <https://doi.org/10.1192/pb.bp.108.020214>
- De Feyter, T., Caers, R., Vigna, C., & Berings, D. (2012). Unravelling the impact of the Big Five personality traits on academic performance: The moderating and mediating effects of self-efficacy and academic motivation. *Learning and Individual Differences*, 22(4), 439–448. <https://doi.org/10.1016/j.lindif.2012.03.013>
- Department of Education. (2015). *Mental health and behaviour in schools: Departmental advice for school staff*. London.

Department of Health. (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. London.

Eysenck, M. W., Derakshan, N., Santos, R., & Calvo, M. G. (2007). Anxiety and cognitive performance: Attentional control theory. *Emotion*, 7(2), 336–353. <https://doi.org/10.1037/1528-3542.7.2.336>

Fallon, K., Woods, K., & S Rooney, S. (2010). A Discussion of the Developing Role of Educational Psychologists within Children's Services. *Educational Psychology in Practice* 26, no. 1 (March 1, 2010): 1–23. doi:10.1080/02667360903522744.

Fink, E., Patalay, P., Sharpe, H., Holley, S., Deighton, J., & Wolpert, M. (2015). Mental Health Difficulties in Early Adolescence: A Comparison of Two Cross-Sectional Studies in England From 2009 to 2014. *Journal of Adolescent Health*, 56(5), 502–507. <https://doi.org/10.1016/j.jadohealth.2015.01.023>

Fonagy, P., Cottrell, D., Phillips, J., Bevington, D., Glaser, D., & Allison, E. (2014). *What Works for Whom?: A Critical Review of Treatments for Children and Adolescents*. Guilford Publications.

Fox, M. (2009). Working with systems and thinking systemically – disentangling the crossed wires. *Educational Psychology in Practice*, 25(3), 247–258. <https://doi.org/10.1080/02667360903151817>

Frost, N. (2011). *Qualitative research methods in psychology: combining core approaches*. Maidenhead: Open Univ. Press.

Glatter, R. (2012). Persistent Preoccupations: The Rise and Rise of School Autonomy and Accountability In England.” *Educational Management Administration & Leadership* 40, no. 5: 559–75. doi:10.1177/1741143212451171.

Gogtay, N., Giedd, J.N., Lusk, L., Hayashi, K.M., Greenstein, D., Catherine Vaituzis, C.A., & Nugent, T.F.(2004) Dynamic Mapping of Human Cortical Development during Childhood through Early Adulthood. *Proceedings of the National Academy of Sciences of the United States of America* 101, no. 21 : 8174–79. doi:10.1073/pnas.0402680101.

Goodman, A., Joyce, R., & Smith, J. P. (2011). The long shadow cast by childhood physical and mental problems on adult life. *Proceedings of the National Academy of Sciences*, 108(15), 6032–6037. <https://doi.org/10.1073/pnas.1016970108>

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (eds). (2005). *Mental health of children and young people in Great Britain, 2004*. Basingstoke, New York: Palgrave Macmillan.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic

review. *BMC Psychiatry*, 10, 113. <https://doi.org/10.1186/1471-244X-10-113>

Headley, C., & Campbell, M. (2013). Teachers' Knowledge of Anxiety and Identification of Excessive Anxiety in Children. *Australian Journal of Teacher Education*, 38(5). <https://doi.org/10.14221/ajte.2013v38n5.2>

Headley, C., & Campbell, M. A. (2011). Teachers' recognition and referral of anxiety disorders in primary school children. *Australian Journal of Educational & Developmental Psychology*, 11, 78–90.

Higgins, E., & O'Sullivan, S. (2015). "What Works": systematic review of the "FRIENDS for Life" programme as a universal school-based intervention programme for the prevention of child and youth anxiety. *Educational Psychology in Practice*, 31(4), 424–438. <https://doi.org/10.1080/02667363.2015.1086977>

Huberty, T. J. (2012). Assessment of Anxiety. In *Anxiety and Depression in Children and Adolescents* (pp. 193–218). New York: Springer. https://doi.org/10.1007/978-1-4614-3110-7_8

Humphrey, N., & Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. *Emotional and Behavioural Difficulties*, 21(1), 22–42. <https://doi.org/10.1080/13632752.2015.1120051>

- Kessler R. C., Berglund P., Demler O., Jin R., Merikangas K. R., & Walters E. E. (2005). Lifetime prevalence and age-of-onset distributions of dsm-iv disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
- Khan L., (2016) *Missed opportunities: children and young people's mental health* (2016).The Centre for Mental Health, <https://www.centreformentalhealth.org.uk/missed-opportunities>
- Kim-Cohen J., Caspi A., Moffitt T. E., Harrington H., Milne B. J., & Poulton R. (2003). Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry*, 60(7), 709–717. <https://doi.org/10.1001/archpsyc.60.7.709>
- Layne, A. E., Bernstein, G. A., & March, J. S. (2006). Teacher Awareness of Anxiety Symptoms in Children. *Child Psychiatry and Human Development*, 36(4), 383–392. <https://doi.org/10.1007/s10578-006-0009-6>
- Leavey, G., Rothi, D., & Paul, R. (2011). Trust, autonomy and relationships: The help-seeking preferences of young people in secondary level schools in London (UK). *Journal of Adolescence*, 34(4), 685–693. <https://doi.org/10.1016/j.adolescence.2010.09.004>
- Legerstee, J., Verhulst, F., Robbers, S., Ormel, J., Odehinkel, A., & Van Oort, F. (2013). Gender-Specific Developmental Trajectories of Anxiety during

Adolescence: Determinants and Outcomes. The TRAILS Study. *Journal of Canadian Academic Child Adolescent Psychiatry*, 22(1).

Lendrum, A., Humphrey, N., & Wigelsworth, M. (2013). Social and emotional aspects of learning (SEAL) for secondary schools: implementation difficulties and their implications for school-based mental health promotion. *Child and Adolescent Mental Health*, 18(3), 158–164. <https://doi.org/10.1111/camh.12006>

Liber, J. M., Van Widenfelt, B. M., Utens, E. M. W. J., Ferdinand, R. F., Van der Leeden, A. J. M., Gastel, W. V., & Treffers, P. D. A. (2008). No differences between group versus individual treatment of childhood anxiety disorders in a randomised clinical trial. *Journal of Child Psychology and Psychiatry*, 49(8), 886–893. <https://doi.org/10.1111/j.1469-7610.2008.01877.x>

Loades, M. E., & Mastroyannopoulou, KF. (2010). Teachers' Recognition of Children's Mental Health Problems. *Child & Adolescent Mental Health*, 15(3), 150–156. <https://doi.org/10.1111/j.1475-3588.2009.00551.x>

Manassis, K., Mendlowitz, S. L., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M.,Monga, S., & Owens, M. (2002). Group and Individual Cognitive-Behavioral Therapy for Childhood Anxiety Disorders: A Randomized Trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(12), 1423–1430. <https://doi.org/10.1097/00004583-200212000-00013>

- Martin, A. J., & Marsh, H. W. (2003). Fear of Failure: Friend or Foe? *Australian Psychologist*, 38(1), 31–38.
<https://doi.org/10.1080/00050060310001706997>
- Maxwell, J. A. (2012). *A realist approach for qualitative research*. Thousand Oaks: SAGE Publications.
- McIntosh, K., Goodman, S., & Bohanon, H. (2010). Toward True Integration of Academic and Behaviour Response to Intervention Systems Part One: Tier 1 Support. In *National Association of School Psychologists. Communique* (Vol. 39, p. 1,14-16). Bethesda. Retrieved from <http://search.proquest.com.libproxy.ucl.ac.uk/docview/762986882/abstract/BCE8B81631664AFCPQ/1>
- McLoone, J., Hudson, J. L., & Rapee, R. M. (2006). Treating Anxiety Disorders in a School Setting. *Education and Treatment of Children*, 29(2), 219–242.
- Meesters, C., Muris, P., Ghys, A., Reumerman, T., & Rooijmans, M. (2003). The Children's Somatization Inventory: Further Evidence for Its Reliability and Validity in a Pediatric and a Community Sample of Dutch Children and Adolescents. *Journal of Pediatric Psychology*, 28(6), 413–422.
<https://doi.org/10.1093/jpepsy/jsg031>
- Merrell, K. W. (2008). *Helping Students Overcome Depression and Anxiety: A Practical Guide* (2nd edition). New York: Guilford Press.

- Miller, L. D., Martinez, Y. J., Shumka, E., & Baker, H. (2014). Multiple Informant Agreement of Child, Parent, and Teacher Ratings of Child Anxiety within Community Samples. *The Canadian Journal of Psychiatry*, 59(1), 34–39. <https://doi.org/10.1177/070674371405900107>
- Morgan, N.(2013). *Blame My Brain: the Amazing Teenage Brain Revealed*. Walker.
- Morin, A. (2005). Possible Links Between Self-Awareness and Inner Speech Theoretical background, underlying mechanisms, and empirical evidence. *Journal of Consciousness Studies*, 12(4–5), 115–134.
- Muris, P., & Meesters, C. (2002). Symptoms of anxiety disorders and teacher-reported school functioning of normal children. *Psychological Reports*, 91(2), 588–590. <https://doi.org/10.2466/pr0.2002.91.2.588>
- Neil, A. L., & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, 29(3), 208–215. <https://doi.org/10.1016/j.cpr.2009.01.002>
- Nightingale, D. J., & Cromby, J. (2002). Social Constructionism as Ontology Exposition and Example. *Theory & Psychology*, 12(5), 701–713. <https://doi.org/10.1177/0959354302012005901>
- Owens, M., Stevenson, J., Hadwin, J. A., & Norgate, R. (2012a). Anxiety and depression in academic performance: An exploration of the mediating

factors of worry and working memory. *School Psychology International*, 33(4), 433–449. <https://doi.org/10.1177/0143034311427433>

Owens, M., Stevenson, J., Hadwin, J. A., & Norgate, R. (2012b). Anxiety and depression in academic performance: An exploration of the mediating factors of worry and working memory. *School Psychology International*, 33(4), 433–449. <https://doi.org/10.1177/0143034311427433>

Papandrea, K., & Winefield, H. (2011). It's Not Just the Squeaky Wheels That Need the Oil: Examining Teachers' Views on the Disparity Between Referral Rates for Students with Internalizing Versus Externalizing Problems. *School Mental Health*, 3(4), 222–235. <https://doi.org/10.1007/s12310-011-9063-8>

Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods: Integrating Theory and Practice* (4th edition). Thousand Oaks, California: SAGE Publications, Inc.

Pearcy, M. T., Clopton, J. R., & Pope, A. W. (1993). Influences on Teacher Referral of Children to Mental Health Services Gender, Severity, and Internalizing Versus Externalizing Problems. *Journal of Emotional and Behavioral Disorders*, 1(3), 165–169. <https://doi.org/10.1177/106342669300100304>

Prime Minister's Office, 10 Downing Street. (2017). *PM: mental health training for teachers will "make a real difference to children's lives* [press release]. Retrieved from <https://www.gov.uk/government/news/pm-mental-health-training-for-teachers-will-make-a-real-difference-to-childrens-lives>

- Public Accounts Committee (2017) *Financial sustainability of schools*, 22nd March 2017, HC890 2016-2017: <https://publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/890/890.pdf>
- Public Health England (2017): A toolkit for schools and colleges. Anna Freud centre. <http://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf>
- Putwain, D. W. (2007). Test anxiety in UK schoolchildren: Prevalence and demographic patterns. *British Journal of Educational Psychology*, 77(3), 579–593. <https://doi.org/10.1348/000709906X161704>
- Putwain, D. W., Connors, L., & Symes, W. (2010). Do cognitive distortions mediate the test anxiety–examination performance relationship? *Educational Psychology*, 30(1), 11–26. <https://doi.org/10.1080/01443410903328866>
- Robson, C. (2011). *Real World Research 3e* (3rd Edition edition). Chichester: John Wiley & Sons.
- Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, 24(5), 1217–1231. <https://doi.org/10.1016/j.tate.2007.09.011>
- Scott, W. R., & Davis, G. F. (2015). *Organizations and Organizing: Rational, Natural and Open Systems Perspectives*. Routledge.
- Silverman, W. K., & Ollendick, T. H. (2005). Evidence-Based Assessment of Anxiety and Its Disorders in Children and Adolescents. *Journal of Clinical*

Child & Adolescent Psychology, 34(3), 380–411.
https://doi.org/10.1207/s15374424jccp3403_2

Spence, S. H. (2003). Social Skills Training with Children and Young People: Theory, Evidence and Practice. *Child and Adolescent Mental Health*, 8(2), 84–96. <https://doi.org/10.1111/1475-3588.00051>

Stallard, P. (2009). Review: school based prevention and early intervention programmes reduce anxiety. *Evidence Based Mental Health*, 12(4), 116–116. <https://doi.org/10.1136/ebmh.12.4.116>

Stallard, P. (2013). School-based interventions for depression and anxiety in children and adolescents. *Evidence Based Mental Health*, 16(3), 60–61. <https://doi.org/10.1136/eb-2013-101242>

The Children's Society (2015) The Good Childhood Report 2014. London: The Children's Society.
<https://www.childrenssociety.org.uk/sites/default/files/TheGoodChildhoodReport2015.pdf>

Thorley C (2016) *Education, education, mental health: Supporting schools to play a central role in early intervention mental health services*, IPPR, <http://www.ippr.org/publications/education-education-mental-health>

Trudgen, M., & Lawn, S. (2011). What is the threshold of teachers' recognition and report of concerns about anxiety and depression in students?: An exploratory study with teachers of adolescents in regional Australia. *Australian Journal of Guidance and Counselling*, 21(2), 126.

- Tudge, J. R. H., Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and Misuses of Bronfenbrenner's Bioecological Theory of Human Development. *Journal of Family Theory & Review*, 1(4), 198–210. <https://doi.org/10.1111/j.1756-2589.2009.00026.x>
- Vallance, A., & Garralda, E. (2008). Anxiety disorders in children and adolescents. *Psychiatry*, 7(8), 325–330. <https://doi.org/10.1016/j.mppsy.2008.05.014>
- Van Oort, F. V. A., Greaves-Lord, K., Verhulst, F. C., Ormel, J., & Huizink, A. C. (2009). The Developmental Course of Anxiety Symptoms during Adolescence: The TRAILS Study. *Journal of Child Psychology and Psychiatry*, 50(10), 1209–1217.
- Whitcomb, S., & Merrell, K. W. (2013). *Behavioral, Social, and Emotional Assessment of Children and Adolescents* (4th edition). Routledge.
- Willig, C. (2008). *Introducing qualitative research in psychology: adventures in theory and method* (2nd edition). Maidenhead: Open University Press.
- Yap, M. B. H., Reavley, N. J., & Jorm, A. F. (2013a). Associations between stigma and help-seeking intentions and beliefs: Findings from an Australian national survey of young people. *Psychiatry Research*, 210(3), 1154–1160. <https://doi.org/10.1016/j.psychres.2013.08.029>
- Yap, M. B. H., Reavley, N., & Jorm, A. F. (2013b). Where would young people seek help for mental disorders and what stops them? Findings from an

Australian national survey. *Journal of Affective Disorders*, 147(1–3), 255–261. <https://doi.org/10.1016/j.jad.2012.11.014>

Yin, R. K. (2008). *Case Study Research: Design and Methods* (4th edition). Los Angeles, Calif: SAGE Publications, Inc.

Yin, R. K. (2011). *Applications of Case Study Research*. SAGE.

7. Appendices

Appendix A: Ethics application form

Anyone conducting research under the auspices of the Institute (staff, students or visitors) where the research involves human participants or the use of data collected from human participants, is required to gain ethical approval before starting. This includes preliminary and pilot studies. Please answer all relevant questions in terms that can be understood by a lay person and note that your form may be returned if incomplete.

For further support and guidance please see accompanying guidelines and the Ethics Review Procedures for Student Research <http://www.ucl.ac.uk/srs/research-ethics-committee/ioe> or contact your supervisor or researchethics@ioe.ac.uk.

Before completing this form you will need to discuss your proposal fully with your supervisor(s). Please attach all supporting documents and letters.

For all Psychology students, this form should be completed with reference to the British Psychological Society (BPS) Code of Human Research Ethics and Code of Ethics and Conduct.

Section 1 Project details

a.	Project title	Exploring identification of anxiety problems in an all-girl secondary school			
b.	Student name	Anna Barrett			
c.	Supervisor/Personal Tutor	Amelia Roberts and Frances Lee			
d.	Department	Psychology and Human Development			
e.	Course category (Tick one)	PhD/MPhil	<input type="checkbox"/>	EdD	<input type="checkbox"/>
		MRes	<input type="checkbox"/>	DEdPsy	X
		MTeach	<input type="checkbox"/>	MA/MSc	<input type="checkbox"/>
		ITE	<input type="checkbox"/>		

		Diploma (state which)	<input type="checkbox"/>	
		Other (state which)	<input type="checkbox"/>	
f.	Course/module title		Doctorate in Professional Educational, Child and Adolescent Psychology	
g.	If applicable, state who the funder is and if funding has been confirmed.			
h.	Intended research start date		May 2016	
i.	Intended research end date		July 2017	
j.	Country fieldwork will be conducted in <i>If research to be conducted abroad please check www.fco.gov.uk and submit a completed travel insurance form to Serena Ezra (s.ezra@ucl.ac.uk) in UCL Finance (see guidelines). This form can be found here (you will need your UCL login details available): https://www.ucl.ac.uk/finance/secure/fin_acc/insurance.htm</i>		UK	
k.	Has this project been considered by another (external) Research Ethics Committee?			
	Yes <input type="checkbox"/>	External Committee Name:		
	No X⇒ go to Section 2	Date of Approval:		
<p>If yes:</p> <ul style="list-style-type: none"> – Submit a copy of the approval letter with this application. – Proceed to Section 10 Attachments. <p>Note: Ensure that you check the guidelines carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES) or Social Care Research Ethics Committee (SCREC). In addition, if your research is based in another institution then you may be required to apply to their research ethics committee.</p>				

Section 2 Project summary

Research methods (tick all that apply)

Please attach questionnaires, visual methods and schedules for interviews (even in draft form).

- | | |
|--|---|
| <input checked="" type="checkbox"/> Interviews | <input type="checkbox"/> Controlled trial/other intervention study |
| <input checked="" type="checkbox"/> Focus groups | <input type="checkbox"/> Use of personal records |
| <input type="checkbox"/> Questionnaires | <input type="checkbox"/> Systematic review ⇒ <i>if only method used go to Section 5.</i> |
| <input type="checkbox"/> Action research | <input type="checkbox"/> Secondary data analysis ⇒ <i>if secondary analysis used go to Section 6.</i> |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Advisory/consultation/collaborative groups |
| <input type="checkbox"/> Literature review | <input type="checkbox"/> Other, give details: |

Please provide an overview of your research. This should include some or all of the following: purpose of the research, aims, main research questions, research design, participants, sampling, your method of data collection (e.g., observations, interviews, questionnaires, etc.) and kind of questions that will be asked, reporting and dissemination (typically 300-500 words).

Aim of this research

The aim of this research is to explore secondary school staff's understanding of anxiety and how it is identified within the secondary school context.

Research Questions

1. What are the experiences of staff in a girls' secondary school for identifying anxiety problems in their pupils?
2. What are the perceived barriers and facilitators for identifying anxiety problems in a girls' secondary school?

Research Design and associated Methodological approaches

It is proposed that semi-structured interviews are an appropriate methodology to explore these experiences in a two phased sequential design.

It is proposed this research will be a case study carried out in a Secondary girl's School in the local authority that I am currently working in whilst on placement as part of the DEdPsy course. This school requested input from the Local Authorities Educational Psychology Service (EPS) to develop an intervention that can support their anxious pupil, which pastoral staff can run. The proposed research is hoped to be complementary to this work. The research is designed to improve the school's capacity in identifying and supporting pupils with anxiety problems in their school. It is intended to contribute to the wider literature on teacher's ability to identify anxiety problems in CYPs.

Phase 1: The experiences and understanding of school staff's perceptions of anxiety and how it presents in CYPs will be ascertained via semi-structured interviews. The transcriptions from the semi-structured interviews would then be thematically analysed.

Phase 2: The findings from the thematic analysis in phase 1 will inform the development of an interview schedule to be used with some of the girls that attend the school. This will involve interviewing the girls already involved in the anxiety programme running at the school who are in year 11 and an alternative group of girls not involved in the programme. The focus of these groups will be looking at coping strategies they find useful.

Section 3 Participants

Please answer the following questions giving full details where necessary. Text boxes will expand for your responses.

a.	Will your research involve human participants?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> ⇒ go to Section 4
b.	Who are the participants (i.e. what sorts of people will be involved)? Tick all that apply.		
	<input type="checkbox"/> Early years/pre-school <input type="checkbox"/> Ages 5-11 <input checked="" type="checkbox"/> Ages 12-16 <input type="checkbox"/> Young people aged 17-18	<input type="checkbox"/> Unknown – specify below <i>X Adults please specify below</i> <input type="checkbox"/> Other – specify below	
<p>NB: Ensure that you check the guidelines (Section 1) carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES).</p>			
c.	<p>If participants are under the responsibility of others (such as parents, teachers or medical staff) how do you intend to obtain permission to approach the participants to take part in the study?</p> <p>(Please attach approach letters or details of permission procedures – see Section 9 Attachments.)</p> <p>By providing a letter providing information regarding the nature of the study for parents and young people with an associated permission form.</p>		
d.	<p>How will participants be recruited (identified and approached)?</p> <p>Participants to be recruited from the secondary school that has approached the Educational Psychology Service (EPS). The deputy head has the role of pastoral lead for the school and is the key contact person between the school and the researcher. The process of recruitment is proposed as follows</p> <ul style="list-style-type: none"> • The key contact person will be provided with an information sheet on the research to be disseminated to pastoral staff across each year group and the school’s students support service. They will provide the list of key pastoral staff to be contacted and invited to participate. • Identified pastoral support staff are then emailed and invited to be involved in the study, with the voluntary nature of the study being made explicitly clear. Potential participants will have the opportunity to discuss any questions or concerns they may have prior to making a decision. • Participants who have agreed to take part will be contacted via email to organize a convenient time to carry out the study. Informed consent forms will be attached for them to complete and sign before the interviews take place. The number of participants being involved is anticipated to be between 10-15. • The student participants will be recruited in two ways: 1. The participants currently involved in the anxiety study running at school will be informed of the nature of the study and invited to be involved in interviews(they are in year 11). 2. An additional group of year 11 students will be 		

recruited; this will involve liaising with the deputy head to organise a group of year 11 pupils who have consented to engage in a focus group.

e. Describe the process you will use to inform participants about what you are doing.

In the case of staff participants: An initial information leaflet will be distributed (see attachment) including researchers contact details if any potential participants have queries regarding the research. As part of the interview script, the nature and purpose of the study will be re-iterated with the invitation for any further questions before commencing study.

In the case of young people in focus group: Information around the study will be disseminated via explanations delivered by deputy head.

f. How will you obtain the consent of participants? Will this be written? How will it be made clear to participants that they may withdraw consent to participate at any time?

See the guidelines for information on opt-in and opt-out procedures. Please note that the method of consent should be appropriate to the research and fully explained.

Consent will be gained in the following ways:

- Initial consent gained from the Head Teacher and a link school contact person identified as the deputy head to disseminate research information to potential participants (staff and pupils).
- Written information provided regarding the purpose and the nature of the study, included in this it will be explicitly explained that participants can withdraw from the study at any point.
- For participants willing to be involved, a consent form will be provided to be read and signed. This will also explicitly state that the participant is fully entitled to withdraw from study at any time. This will be further re-iterated verbally as part of the script prior to interviews commencing.

g. **Studies involving questionnaires:** Will participants be given the option of omitting questions they do not wish to answer?

Yes x No

If **NO** please explain why below and ensure that you cover any ethical issues arising from this in section 8.

h. **Studies involving observation:** Confirm whether participants will be asked for their informed consent to be observed.

Yes No

If **NO** read the guidelines (Ethical Issues section) and explain why below and ensure that you cover any ethical issues arising from this in section 8.

i.	<p>Might participants experience anxiety, discomfort or embarrassment as a result of your study?</p> <p>Yes X No</p>
	<p>If yes what steps will you take to explain and minimise this?</p> <p>The nature of the study is initially to explore with staff anxiety and how it presents in young people. The types of questions are not intended to be personally unsafe in anyway. There are no right or wrong answers. However, in discussing the topic of anxiety, there is a possibility that some of the discussion may be emotionally evocative. To minimize for this the following steps will be taken:</p> <ul style="list-style-type: none"> • Ensure the interview is carried out in a quiet an appropriate environment • Some initial rapport building to promote a contained and safe environment • Clarity to participant that they do not have to answer any questions that they do not wish to. • Clarity that the participant is able to withdraw from the study at any time. • Offer a debrief afterwards. • Provide signposting to appropriate services if necessary. <p>The following interviews with the young people in the anxiety group are intended to gain their thoughts regarding the experiences from the anxiety group, their thoughts around the systems in school and the coping strategies they find useful. Once again, the questions are not intended to be personal or probing, however this group of girls have been identified as anxious by virtue of them being in the group hence particular caution will be required. The above strategies will be adopted and in addition the following will be provided:</p> <ul style="list-style-type: none"> • Reassurance that it is absolutely fine to stop the session if they would like and that I am not a teacher and am independent of the school. • Regularly checking in with girls throughout session they are comfortable with continuing and exercising professional judgement to discontinue a line of questioning or stop interview if participant appears distressed. <p>All of the above will also apply for the year 11 focus group, in addition the following step will be taken:</p> <ul style="list-style-type: none"> • Liaising with the deputy head to ensure balance of group is appropriate with no obvious conflicting personalities. • Prior to the interview schedule initial discussion around the rules of the group i.e. confidentiality, respectfully listening to each other even when views may differ.
j.	<p>Will your project involve deliberately misleading participants (deception) in any way?</p> <p>Yes <input type="checkbox"/> No X</p>

	<p>If YES please provide further details below and ensure that you cover any ethical issues arising from this in section 8.</p>
k.	<p>Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?</p> <p>Yes X No <input type="checkbox"/></p> <p>I will offer a debrief session for each participant explaining what the next steps are for the research and give them the opportunity to feedback on their experience and ask any questions. If any issues do arise in the process I will follow up accordingly e.g. signposting to services.</p>
	<p>If NO please explain why below and ensure that you cover any ethical issues arising from this in section 8.</p>
l.	<p>Will participants be given information about the findings of your study? (This could be a brief summary of your findings in general; it is not the same as an individual debriefing.)</p> <p>Yes X No <input type="checkbox"/></p>
	<p>If no, why not?</p>

Section 4 Security-sensitive material

Only complete if applicable

Security sensitive research includes: commissioned by the military; commissioned under an EU security call; involves the acquisition of security clearances; concerns terrorist or extreme groups.

a.	Will your project consider or encounter security-sensitive material?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
b.	Will you be visiting websites associated with extreme or terrorist organisations?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
c.	Will you be storing or transmitting any materials that could be interpreted as promoting or endorsing terrorist acts?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

* Give further details in **Section 8 Ethical Issues**

Section 5 Systematic review of research

Only complete if applicable

a.	Will you be collecting any new data from participants?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
b.	Will you be analysing any secondary data?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

* Give further details in **Section 8 Ethical Issues**

*If your methods do not involve engagement with participants (e.g. systematic review, literature review) and if you have answered **No** to both questions, please go to **Section 10 Attachments**.*

Section 6 Secondary data analysis Complete for all secondary analysis

a.	Name of dataset/s	
b.	Owner of dataset/s	
c.	Are the data in the public domain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If no, do you have the owner's permission/license?</i> Yes <input type="checkbox"/> No* <input type="checkbox"/>
d.	Are the data anonymised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Do you plan to anonymise the data?</i> Yes <input type="checkbox"/> No* <input type="checkbox"/>
		<i>Do you plan to use individual level data?</i> Yes* <input type="checkbox"/> No <input type="checkbox"/>
		<i>Will you be linking data to individuals?</i> Yes* <input type="checkbox"/> No <input type="checkbox"/>
e.	Are the data sensitive (DPA 1998 definition)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>

f.	Will you be conducting analysis within the remit it was originally collected for?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
g.	If no , was consent gained from participants for subsequent/future analysis?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
h.	If no , was data collected prior to ethics approval process?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
<p>* Give further details in Section 8 Ethical Issues</p> <p>If secondary analysis is only method used and no answers with asterisks are ticked, go to Section 9 Attachments.</p>			

Section 7 Data Storage and Security

Please ensure that you include all hard and electronic data when completing this section.

a.	Confirm that all personal data will be stored and processed in compliance with the Data Protection Act 1998 (DPA 1998). (See the Guidelines and the Institute's Data Protection & Records Management Policy for more detail.)	Yes X
b.	Will personal data be processed or be sent outside the European Economic Area?	Yes <input type="checkbox"/> * No X
<p>* If yes, please confirm that there are adequate levels of protections in compliance with the DPA 1998 and state what these arrangements are below.</p>		
<p>Who will have access to the data and personal information, including advisory/consultation groups and during transcription?</p> <p>I will have access to the raw data and will know who the transcriptions correspond with but the actual transcriptions will be anonymised. My supervisors may also look at the transcribed interviews. There may be excerpts of the transcription used within the final write up but it will all be anonymised. I hope to transcribe the data myself depending on time but it is possible a transcription service may be used. The audio files will be anonymous. The transcriptions will be coded as part of thematic analysis process.</p>		
<p>During the research</p>		
d.	Where will the data be stored?	
<p>On my laptop and hard copy of the transcriptions will be printed off. The laptop is password protected with a password only I know; data will be stored in an encrypted file that only I will have password to.</p>		

	Hard copies will be kept securely in a locked cabinet.	
	Will mobile devices such as USB storage and laptops be used?	Yes X * No <input type="checkbox"/>
e.	* If yes, state what mobile devices: Laptop	
	* If yes, will they be encrypted?: Yes	
After the research		
f.	Where will the data be stored? On my laptop	
g.	How long will the data and records be kept for and in what format? The transcriptions will be kept as word files on my computer possibly until I complete my doctorate in the Summer of 2017.	
h.	Will data be archived for use by other researchers?	Yes <input type="checkbox"/> * No X
	* If yes, please provide details.	

Section 8 Ethical issues

Are there particular features of the proposed work which may raise ethical concerns or add to the complexity of ethical decision making? If so, please outline how you will deal with these.

It is important that you demonstrate your awareness of potential risks or harm that may arise as a result of your research. You should then demonstrate that you have considered ways to minimise the likelihood and impact of each potential harm that you have identified. Please be as specific as possible in describing the ethical issues you will have to address. Please consider / address ALL issues that may apply.

Ethical concerns may include, but not be limited to, the following areas:

- | | |
|---|--|
| <ul style="list-style-type: none"> - Methods - Sampling - Recruitment - Gatekeepers - Informed consent - Potentially vulnerable participants - Safeguarding/child protection - Sensitive topics | <ul style="list-style-type: none"> - International research - Risks to participants and/or researchers - Confidentiality/Anonymity - Disclosures/limits to confidentiality - Data storage and security both during and after the research (including transfer, sharing, encryption, protection) - Reporting - Dissemination and use of findings |
|---|--|

Methods: The methods employed in this study are low risk. The semi-structured interview is a non-invasive or overly probing method.

Recruitment: Recruitment is based on participants agreeing to be involved in the study when provided with details about what the study entails. However, they have been asked by a senior member of staff if they are willing to be involved and it is possible they may feel it is expected of them to take part. This is particularly pertinent as this research is running alongside and complementing an anxiety programme being developed for the school at request from the school. It will be important that it is made explicitly clear that involvement is voluntary and choice to participate or not will have no impact on the development of the anxiety programme.

Informed Consent: The participants will have a form to sign to give informed consent with explicit information indicating they can withdraw at any time and for any reason.

Potentially vulnerable participants: **As this study involves interviewing anxious pupils as well as staff and other year 11 pupils it will be necessary to put in place the steps listed in section i** to ameliorate any potential problems that may arise. It is hoped the process will be enjoyable and empowering it is not designed to evoke discomfort or being overly probing.

Safeguarding/child protection: It is not anticipated that safeguarding issue would arise as a result of this research; however in the unlikely event of something concerning being mentioned in any of the interviews or focus group it will be necessary to follow the safeguarding procedures of informing the designated safe guarding officer and ensuring correct processes have adhered to.

Sensitive topics: The intention throughout the interview and focus group will be to have a comfortable and safe environment so if sensitive material is brought up by choice it is contained. If concerns regarding participant's own anxiety occur this can be discussed in a safe and confidential environment. If necessary, I will sign post participants to appropriate agencies to access support.

Risks to participants: Participants may feel concerned about expressing their view with certain questions, particularly if it is critical view. Participants may want to make critical points regarding their own school management. It will be necessary explicitly state what will happen with the information i.e. it will be transcribed but it will be anonymised. No names or personal information will be used. It will also be necessary to explicitly state in the information that the transcription is only viewed by myself and supervisors (who do not know who has been involved) to inform the report writing. Permission will be asked to use anonymised excerpts from the interviews.

Risk to researchers: The interviews are to be carried out within school premises and are being recorded. It is possible sensitive material may be brought up. Supervision will be useful to support this possibility.

Confidentiality/anonymity: To ensure confidentiality and anonymity the following steps will be taken:

- In the information provided prior to the interview it will be stipulated about not using names or personal details if discussing a particular case. If they are used accidentally, then they will be erased from the

recording directly after the interview.

- The recordings will be numbered and these numbers correlated with a description of particular pastoral role. No names, locations or other information that could identify the school and therefore potentially the participant, will be used. As above, if any information of this nature is disclosed it will be erased immediately after the session.
- Excerpts of the transcript will be used in the body of the report as part of the analysis. These will be totally anonymous.

Disclosures: This is unlikely to be an issue with the nature of this type of study. It is possible participants may discuss a child or young person making a disclosure, in which case it will be important to ascertain appropriate steps were made. If they have not been it will be necessary to discuss the situation supervisor to decide appropriate action. It is also possible one of the young people may make a disclosure, in these instances it will be necessary to ensure the correct safeguarding procedures have been adhered to.

Data Storage: The audio files will be deleted after they have been transcribed. The transcriptions will be stored in encrypted file on a password protected laptop. I will be the only person who can assess this information. Hard copies will be kept securely and shredded at the end of the research project and the data from the laptop will also be removed (post viva in 2017).

Reporting: The finding of the research will be fed back to all the participants in the study via an executive summary; a pupil version and staff version will be developed for this purpose. My email details will be provided if any participants have follow up questions regarding the research.

Dissemination and use of findings: The research will be written up for my thesis that contributes to the successful completion of the Doctorate in Professional Educational, Child and Adolescent Psychology. A presentation of the findings will be given to the other trainees on the UCL IOE course. It is possible, that the findings are presented to a wider audience.

Section 9 Further information

Outline any other information you feel relevant to this submission, using a separate sheet or attachments if necessary.

Section 10 Attachments Please attach the following items to this form, or explain if not attached

a.	Information sheets and other materials to be used to inform potential participants about the research, including approach letters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b.	Consent form	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<i>If applicable:</i>		
c.	The proposal for the project	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Approval letter from external Research Ethics Committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Full risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 11 Declaration

	Yes	No
I have read, understood and will abide by the following set of guidelines.	X	<input type="checkbox"/>
BPS <input checked="" type="checkbox"/> BERA <input checked="" type="checkbox"/> BSA <input checked="" type="checkbox"/> Other (please state) <input type="checkbox"/>		
I have discussed the ethical issues relating to my research with my supervisor.	X	<input type="checkbox"/>
I have attended the appropriate ethics training provided by my course.	X	<input type="checkbox"/>
I confirm that to the best of my knowledge:		
The above information is correct and that this is a full description of the ethics issues that may arise in the course of this project.		
Name	Anna Barrett	
Date	27/10/16	

Please submit your completed ethics forms to your supervisor.

Notes and references

Professional code of ethics

You should read and understand relevant ethics guidelines, for example:

[British Psychological Society](#) (2009) *Code of Ethics and Conduct*, and (2014) *Code of Human Research Ethics*

or

[British Educational Research Association](#) (2011) *Ethical Guidelines*

or

[British Sociological Association](#) (2002) *Statement of Ethical Practice*

Please see the respective websites for these or later versions; direct links to the latest versions are available on the Institute of Education <http://www.ioe.ac.uk/ethics/>.

Disclosure and Barring Service checks

If you are planning to carry out research in regulated Education environments such as Schools, or if your research will bring you into contact with children and young people (under the age of 18), you will need to have a Disclosure and Barring Service (DBS) CHECK, before you start. The DBS was previously known as the Criminal Records Bureau (CRB). If you do not already hold a current DBS check, and have not registered with the DBS update service, you will need to obtain one through UCL.

Ensure that you apply for the DBS check in plenty of time as will take around 4 weeks, though can take longer depending on the circumstances.

Further references

The www.ethicsguidebook.ac.uk website is very useful for assisting you to think through the ethical issues arising from your project.

Departmental use

If a project raises particularly challenging ethics issues, or a more detailed review would be appropriate, you may refer the application to the Research Ethics and Governance Administrator (via researchethics@ioe.ac.uk) so that it can be submitted to the Research Ethics Committee for consideration. A Research Ethics Committee Chair, ethics representatives in your department and the research ethics coordinator can advise you, either to support your review process, or help decide whether an application should be referred to the Research Ethics Committee.

Also see 'when to pass a student ethics review up to the Research Ethics Committee':

<http://www.ucl.ac.uk/srs/research-ethics-committee/ioe>

Reviewer 1

Supervisor name

Supervisor comments

Supervisor signature

Reviewer 2

Advisory committee/course team
member name

Advisory committee/course team
member comments

Advisory committee/course team
member signature

Decision

Date decision was made

Decision

Approved

Referred back to applicant and supervisor

Referred to REC for review

Recording

Recorded in the student information system

Once completed and approved, please send this form and associated documents to the relevant programme administrator to record on the student information system and to securely store.

Further guidance on ethical issues can be found on the IOE website at <http://www.ucl.ac.uk/srs/research-ethics-committee/ioe> and www.ethicsguidebook.ac.uk

Appendix B: Anonymised Ofsted report

Introduction

The inspection was carried out by one of Her Majesty's Inspectors and one Additional Inspector. During a one-day visit, the inspectors evaluated the overall effectiveness of the school and investigated the following issues: standards and achievement in the sixth form; the impact of the specialist status and the curriculum offered and how far it suits the needs of learners. Evidence was gathered from the school's self-evaluation form (SEF); national published assessment data and the school's own assessment records; curriculum and planning documents; observation of the school at work in lessons and break times; discussions with staff and students and three members of the governing body and scrutiny of the parents' questionnaires. Other aspects of the school's work were not investigated in detail, but the inspectors found no evidence to suggest that the school's own assessments, as given in its self-evaluation, were not justified, and these have been included where appropriate in the report.

Description of the school

The school is a larger than average girls' school which is oversubscribed. It attracts students from in excess of thirty feeder primary schools. Attainment on entry is above the national average. The school has specialist status as a language college and gained the International School's Award in 2005. The proportion of students eligible for free school meals is well below the national average. The proportion of students with learning disabilities and/or difficulties is also well below average: the largest groups of such students have speech and language difficulties, moderate or specific learning difficulties or autistic spectrum disorders. Most students are of White British heritage but there is a small representation from other ethnic groups. Very few students have English as an additional language.

Key for inspection grades

Grade 1	Outstanding
Grade 2	Good
Grade 3	Satisfactory
Grade 4	Inadequate

range of extra curricular opportunities on offer, and students participate enthusiastically in these.

The care, guidance and support, which the school provides for its students, are outstanding. The school is a highly inclusive community and places a premium on equality of opportunity. Students' academic progress is tracked carefully and through regularly reviewed target setting students know how well they are achieving and how they can improve their work. Very rigorous systems identify and provide support to those who are underachieving. Students with learning difficulties are given exceptional support, which is tailored to their needs. High expectations are set which promotes students' self-esteem. The school has developed a highly effective student support centre that nurtures and guides those who need help. It has good links with external agencies and uses their services to good effect. There is a very low and declining rate of fixed term exclusions. Transition arrangements provide excellent support to new students joining the school. Taster days and links with primary schools are enhanced by the use of a transition page on the school web site.

The head teacher is fully involved in everything that goes on in school and she is highly respected by students, staff and parents. Many echo a comment from one parent that 'the school is very well run with excellent leadership'. The school knows its own strengths and areas for development and its monitoring and self-evaluation procedures are very well structured, thorough and accurate. There is an effective programme of continual professional development and the senior leadership team is a good role model in the way it coaches, mentors and supports staff. A particularly innovative feature is the 'assistant head teacher development' post that not only allows for professional enhancement for the postholder but also allows the school to pursue new projects. The governors take their responsibilities very seriously and fulfil their duties very conscientiously. They are fully involved in all facets of the school's life and hold it to account very tightly questioning and not being prepared to allow 'second best'. Procedures for safeguarding meet current guidelines and the systems in place are very robust. As a result of excellent leadership and management and strong teamwork coupled with a desire for continuous improvement. the school possesses an outstanding capacity to improve further.

Effectiveness of the sixth form Grade: 2

The sixth form is part of a wider Wokingham Federation of Schools, which provides a mainly traditional academic curriculum. The school is aware that it does not provide a full range of post-16 courses. Standards are above average. Students benefit from the introduction of more rigorous tracking systems that ensure that early support is provided for those not working to their potential. Achievement is good. Teaching and learning are also good. The vast majority of students who begin courses complete them.

Students learn in a secure and positive environment. A Year 13 student stated, 'our teachers are always there to guide and praise us'. Students participate eagerly in a very full enrichment programme and are actively involved in the life of the school through leadership of the Houses and the Student Council. They are also effective

peer mentors and counsellors who provide a supportive listening ear for younger students. This contributes to the excellent relationships that exist within the sixth form and in the wider school community. The sixth form is led effectively and strategies for monitoring the quality of teaching and learning are developing well.

April 20

What the school should do to improve further

- Broaden the scope of the sixth form curriculum to include a wider range of courses
- Ensure that the quality of teaching and learning is of a consistently high standard across the school

Inspection judgements

Annex A

Key to judgements: grade 1 is outstanding, grade 2 good, grade 3 satisfactory, and grade 4 inadequate	School Overall	16-19
--	-----------------------	--------------

Overall effectiveness

How effective, efficient and inclusive is the provision of education, integrated care and any extended services in meeting the needs of learners?	1	2
Effective steps have been taken to promote improvement since the last inspection	Yes	Yes
How well does the school work in partnership with others to promote learners' well-being?	1	1
The capacity to make any necessary improvements	1	1

Achievement and standards

How well do learners achieve?	1	2
The standards reached by learners	1	2
How well learners make progress, taking account of any significant variations between groups of learners	1	2
How well learners with learning difficulties and disabilities make progress	1	

Personal development and well-being

How good is the overall personal development and well-being of the learners?	1	1
The extent of learners' spiritual, moral, social and cultural development	1	
The extent to which learners adopt healthy lifestyles	1	
The extent to which learners adopt safe practices	1	
How well learners enjoy their education	1	
The attendance of learners	2	
The behaviour of learners	1	
The extent to which learners make a positive contribution to the community	1	
How well learners develop workplace and other skills that will contribute to their future economic well-being	1	

The quality of provision

How effective are teaching and learning in meeting the full range of learners' needs?	2	2
How well do the curriculum and other activities meet the range of needs and interest of learners?	2	2
How well are learners cared for, guided and supported?	1	1

¹ Grade 1 - Exceptionally and consistently high;

Grade 2 - Generally above average with none significantly below average;

Grade 3 - Broadly average to below average;

Grade 4 - Exceptionally low.

All white boxes must be completed.

The grey boxes are used wherever the inspection team has sufficient evidence to come to a secure judgement.

² IE - denotes that insufficient evidence was available to inspectors for a judgement to be made

Leadership and management

How effective are leadership and management in raising achievement and supporting all learners?	1	2
How effectively leaders and managers at all levels set clear direction leading to improvement and promote high quality of care and education	1	
How effectively leaders and managers use challenging targets to raise standards	1	
The effectiveness of the school's self-evaluation	1	1
How well equality of opportunity is promoted and discrimination tackled so that all learners achieve as well as they can	1	
How effectively and efficiently resources, including staff, are deployed to achieve value for money	2	
The extent to which governors and other supervisory boards discharge their responsibilities	1	
Do procedures for safeguarding learners meet current government requirements?	Yes	Yes
Does this school require special measures?	No	
Does this school require a notice to improve?	No	

Appendix C: Research information sheet

Who is conducting the research?

My name is Anna Barrett and I am currently a third-year student studying for a Doctorate in Professional Educational, Child and Adolescent Psychology (DEdPsy) at UCL Institute of Education. I am inviting you to take in part in my research project, 'Identifying students with anxiety problems in an all-girl secondary school', and I very much hope that you would like to take part. This information sheet will try and answer any questions you might have about the project, but please don't hesitate to contact me if there is anything else you would like to know.

Why are we doing this research?

The aim of this research is gain an understanding around how school staff at your school identify anxiety problems in their students

Why am I being invited to take part?

The first step of the research is to explore how staff understand anxiety problems experienced by young people. You have been invited to be involved as a staff member within school.

What will happen if I choose to take part?

The research will either involve you on your own, or in a small group of staff, being interviewed by myself within your school. I will ask some open questions intended to explore your views on this topic. There is no particular answer I am looking for; I am interested in your reflections from your own experiences. I hope the interview is enjoyable for you, but if there are any questions you would rather not answer, that is fine. The interview should take around 30 minutes.

I will record the interview and transcribe the content. The themes that emerge from all the interviews will be used to help answer the research questions around what the barriers and facilitators are in schools to identifying anxiety problems in their pupils.

Will anyone know I have been involved?

This research will be conducted at school; however, the content of the interview is private. The hope is you feel comfortable to answer the questions as freely as possible. All the transcripts will be entirely anonymized.

In my final research write up all names are entirely anonymized, including the name of the school. I will discuss the transcripts with my research supervisors and these will also be anonymized.

In my final report, I will use some direct quotations from the interviews but these will also be anonymized.

When the research is finished, both the audio files and the hard copies of transcriptions will be destroyed.

What will happen to the results of the research?

The whole research project will be written up for my thesis that contributes to the successful completion of the Doctorate in Professional Educational, Child and Adolescent Psychology. All staff members who have been involved in the research will be invited to a presentation of the findings. The findings will also be presented to the other trainees on the UCL IOE course and possibly to a wider, academic audience.

Do I have to take part?

It is entirely up to you whether or not you choose to take part. I hope that if you do choose to be involved then you will find it a valuable experience. If you decide you want to take part I would be grateful if you could sign the consent form provided.

If you have any further questions before you decide whether to take part, you can reach me at

Anna Barrett

UCL Institute of Education
University College London
20 Bedford Way
London WC1H 0AL

abarrett14@ucl.ac.uk

07517239979

Research supervisors: Frances Lee (f.lee@ucl.ac.uk) and Amelia Roberts (a.roberts@ucl.ac.uk)

Thank you very much for taking the time to read this information sheet.

Appendix D: Parent and pupil information letter

Dear [Parent and pupil name],

I am a year 3 Trainee Educational Psychologist studying at UCL Institute of Education and on placement at Wokingham Borough Council. As part of the training we complete a piece of research that makes a valuable contribution to the profession. My area of interest has been looking at how schools identify anxiety problems in their pupils as this has been recognised to be a growing area of importance for schools.

As part of this research I am really interested in gaining some of the girls' views at [school name], particularly around the coping strategies they find useful. To this end I am hoping to run focus groups of girls from year 10 within school to discuss this topic. The groups will comprise of no more than 5 pupils and there are no right or wrong answers, rather I am interested in hearing their views and experiences. The focus group would last around 30-45 minutes and would be arranged in school at a time that did not interfere with their learning. It is intended to be very relaxed and hopefully an enjoyable experience for the girls.

The discussions from the focus group are recorded and then transcribed. At this stage the transcription is totally anonymised and the audio recording is then deleted. No record of any pupil's involvement is kept. The transcriptions are then analysed to look for themes and points of interests. These findings are combined with the findings from the staff interviews to provide an informative picture around this topic. The final results of the project are written up in a thesis and the findings are presented within the university and possibly to other wider audiences. All pupils that take part will receive an update of the findings from the research.

Year 11 pupils have been invited to be involved in this research and participation is entirely voluntary. If you/your daughter are willing to be involved in this research I would be very grateful if you could complete the consent forms attached. Please don't hesitate to contact me if you/your daughter have any queries regarding any aspect of this valuable research.

Yours sincerely,

Anna Barrett

UCL Institute of Education
University College London
20 Bedford Way
London WC1H 0AL

abarrett14@ucl.ac.uk

07517239979

Research supervisors: Frances Lee (f.lee@ucl.ac.uk) and Amelia Roberts (a.roberts@ucl.ac.uk)

Appendix E: Consent form staff

Consent form: Staff

I have read the information leaflet about the research. (please tick)

I agree to be part of the focus group as part of this research. (please tick)

Name _____

Signed _____ date _____

Researcher's name _____

Signed _____ date _____



Appendix F: Consent form parents

Consent form: parent

I have read the letter providing information about the research. (please tick)

I consent to my daughter being involved in the focus group as part of this research. (please tick)

Name _____

Signed _____ date _____

Daughter's name _____

Appendix G: Consent form pupils

Consent form: Pupil

I have read the information leaflet about the research. (please tick)

I agree to be part of the focus group as part of this research. (please tick)

Name _____

Signed _____ date _____

Researcher's name _____

Signed _____ date _____

Appendix H: Draft interview schedule

Warm up question:

1. Could you please give me a brief outline of what your role involves in school?

Main Interview questions:

2. Could you explain to me what anxiety is?
3. How can you tell if pupils are experiencing anxiety problems or not?
4. Could you describe any whole school approaches that are in place to support pupils manage their anxiety?
5. Could you describe how pupils with anxiety problems are identified and supported in school?
Probe: what are the facilitators for this?
Probe: what are the barriers for this?

Cool down question:

6. Is there anything else you would like to mention that I haven't asked about ?

This draft schedule was piloted in a supervision session. It was decided that the question about anxiety was too abstract, too early and more building up to it was required. In addition, it was suggested that there should be a question that aims to explore any tensions that may exist within school as to the identification and management of anxiety within school. Adjustments were made accordingly and the final schedule is given in appendix...

Appendix I: Staff interview schedule

Warm up question:

7. Could you please give me a brief outline of what your role involves in school?

Main Interview questions:

8. Could you tell me how, in your role, you support young people who have anxiety problems?
9. How can you tell if pupils are experiencing anxiety problems or not?
10. Do you always agree on who is anxious in school and the best way to support them?
11. Could you explain to me what anxiety is?
12. Could you describe any whole school approaches that are in place to support pupils manage their anxiety?
13. Could you describe how pupils with anxiety problems are identified and supported in school?
Probe: what are the facilitators for this?
Probe: what are the barriers for this?

Cool down question:

14. Is there anything else you would like to mention that I haven't asked about ?

Appendix J: Interview schedule for girls

1. What sort of things do you find helpful in managing stressful times in your lives?
2. What would you do at school if you were feeling stressed about things?
3. What do you find helpful that the school does to support you managing stressful times?
 - -assemblies?
 - -growth mindset?
 - -student support?
4. What things can create stress in your life?
5. Who are you most likely to go to at for support? Why?
6. Is there anything else you would like to say?

Appendix K: Interview procedure and checklist

1. Set up environment appropriately i.e. suitable seating arrangements and some light refreshments, sound check of audio equipment.
2. Thank participant to agreeing to be involved and use rapport and attunement skills to promote a relaxed and safe environment.
3. “Before we start just a few things to clarify...”
 - Reminder of what I will be doing with the audio data and why.
 - The information sheet has been read and consent forms signed
 - Assurance of anonymity and confidentiality.
 - Re-emphasise, I am interested in their thoughts on the topic and there are no right or wrong answers.
 - Re-emphasise participants right to not answer a question or to withdraw from study at any point
 - With the pupil focus groups clarify that researcher is independent to the school
 - Check if there are any questions before we get started.
4. Carrying out interview according to schedule.
5. At the end of the interview thank participants again for being involved and enquire as to their experience of being involved. Check as to whether anything needs to be followed up e.g. safeguarding issues etc.

Appendix L: Excerpts from reflective diary

12th April 2016

Focus group 2 at case school

Overall seemed like good energy and both participants talking freely. Pastoral support lady took a while to warm up and seemed to be checking in with other participant but became more vocal later on. Pastoral support lady seemed to think they were quite good at identifying girls but as they are located in one place and don't ever meet any of the girls I don't know how they could capture everyone.

13th April

Deputy Head Interview

DH seemed rather nervous; when she was telling me about what they were doing she seemed to be checking in regarding my opinion about things. It got better when I stopped looking at my schedule and had a conversation with her... although felt I talked too much myself.... She seemed to be really interested and informed about Psychology, she had been proactive in finding out information from all sorts of sources and was telling me about local initiatives going on at the nearby University. She also seemed fed up with dealing with girls saying they were anxious and dealing with demanding parents... she gave several anecdotal accounts of difficult parents who had taken up lots of time and caused a good deal of stress.... I really liked her as a person but need to be mindful to be honest with her when I feedback and not just say nice things.

January 19th 2017

Non-anxious group

This was a very vibrant discussion. Felt like I didn't have to do much prompting as girls had plenty to say and had clear opinions. There were lots of laughter and anecdotal stories.... They had a clear idea of what was right and wrong and pointed out various injustices they felt regarding the school report system etc. They all seemed to be extremely committed to doing well and although complained about the school pressure also showed pride in being member at the school.... They spoke genuinely warmly about certain teachers who inspired them...

Directly after the interview the head teacher and deputy head came in to find out how it had gone. I felt rather caught off guard and a bit of tension as felt unethical to discuss what we had talked about. Gave some general statements and discussed needing to analyse the data before I gave feedback to both pupils and staff.

January 20th 2017

Such a contrast to the other group...this was hard work. Really quiet participants and it felt tense, I felt I over compensated by being over the top bubbly and chatty; I was feeling anxious (possible transference).... Tried very hard to be containing going into kind mum mode seemed to help. The girls did seem to relax and warm up and expressed opinions as to school policies. They were far more negative than the previous group and only really became more animated when talking about how unjust they thought the detention system was. One of the girls tried to say something about mindfulness being useful but the other girls were quick to comment that hadn't helped them.

Appendix M: Table showing codes for staff participants

Staff participant's role in school	Focus group or Interview	Code for participant
Learning support assistant (LSA) and nurture assistant.	Focus group 1	P1F1
Head of year 10	Focus group 1	P2F1
Student support staff member	Focus group 1	P3F1
Economic and business studies teacher from year 10-year 13 and form tutor for year 12	Focus group 2	P4F2
Student support staff member	Focus group 2	P5F2
Head of year 8.	Interview 1	P6I1
Head teacher.	Interview 2	P7I2
Deputy head of 6 th form and head of year 12 and 13	Focus group 3	P8F3
School Special Educational Needs Co-ordinator (SENCo) and teacher of English.	Focus group 3	P9F3
Sixth form learning mentor.	Focus group 3	P10F3
Year 10 tutor and maths teacher.	Focus group 4	P11F4
Student support manager.	Focus group 4	P12F4
Deputy head and pastoral lead	Interview 3	P13I3

Appendix N: Table showing codes for pupil participants

Pupil participants	Anxiety/Non-anxiety focus group	Participant code
1	Non-anxiety group	G1NA
2	Non-anxiety group	G2NA
3	Non-anxiety group	G3NA
4	Non-anxiety group	G4NA
5	Anxiety group	G5A
6	Anxiety group	G6A
7	Anxiety group	G7A

<p>Interviewer: You don't know with the pastoral, you could get thrown something and then you've got other stuff to...</p> <p>Respondent: Completely, yes. Our priority is that we're teaching and learning so we have to go and teach. We can't just say, "I'm not teaching a lesson." So, it's making sure we refer to student support or if it needs to be escalated up with [name of deputy head].</p> <p>Sometimes it can wait two hours, something's happened, it can wait two hours, it's not... You feel like it's got to be dealt with then but actually if it happened a week ago it can wait two hours. So, it's managing that.</p> <p>Interviewer: Would you email them or contact them? What's the process?</p> <p>Respondent: For parents?</p> <p>Interviewer: For within school.</p> <p>Respondent: Within school. Round-robin. It all depends what it is. Generally, if something's happened at home and it's having an impact in school, we will send a round-robin, we'll send it to all... Write the email to student support and then they go and look up the teachers and distribute it to all the teachers.</p> <p>Interviewer: As regards to anxiety issues, how do they come to your attention in the Years that you look after?</p> <p>Respondent: It can either be people noticing... It can sometimes be staff being really good at noticing changes and flagging it. It can</p>	<p>Teaching taking priority over pastoral duties.</p> <p>Process of escalation- will refer to student support if in lesson</p> <p>Gathering information processes – round robin (email). Send to student support and teachers</p>	<p>Academic vs pastoral systems</p> <p>Communication processes</p> <p>Communication processes</p>	<p>School culture and practices</p> <p>School culture and practices</p> <p>School culture and processes</p>
---	---	---	---

<p>be parents ringing in and saying, “My child’s really anxious. They’re not wanting to come to school.” Often, then, we don’t see that straight away because often they’re just masking it, they’re coming in and they’re doing the right things.</p> <p>Or it can be that the child’s behaviour’s completely changed and we... It can either be there, just trying to get on with it and the parents are telling us, “Look, you need to know, she may seem fine but she’s not.” Or their behaviour changes and it becomes quite obvious that something’s going on.</p> <p>Interviewer: What kind of behaviour do you associate with anxiety issues? Obviously if they say they’re anxious or parents say they’re anxious, you’ve got that information, but what does that look like?</p> <p>Respondent: Attendance. So attendance might drop, they might start to avoid some lessons. They won’t go there. They can be tearful. They sometimes change friendship groups. It can be a variety of things.</p>	<p>Changes of behaviour can be noticed by staff</p> <p>Parents as informants</p> <p>Girls will hide anxiety problems</p> <p>Behaviour changes</p> <p>Parents as informants</p> <p>Avoidance behaviours-attendance dropping</p> <p>Upset, crying-external behaviours</p>	<p>Behavioural signs</p> <p>Information gathering process</p> <p>Stigma</p> <p>Behavioural signs</p> <p>Information gathering process</p> <p>Behavioural signs</p> <p>Behavioural signs</p>	<p>Signs and symptoms</p> <p>Facilitators for identifying anxiety problems</p> <p>Barriers to identifying anxiety problems</p> <p>Signs and symptoms</p> <p>Facilitators for identifying anxiety problems</p> <p>Signs and symptoms</p> <p>Signs and symptoms</p>
---	---	---	---

Appendix P: What is growth mindset ?

Information taken from *Mindset - Updated Edition: Changing The Way You think To Fulfil Your Potential Paperback* (Dweck, 2017)

The concept of a **growth mindset** was developed by psychologist Carol Dweck and popularized in her book, *Mindset: The New Psychology of Success*. In recent years, many schools and educators have started using Dweck’s theories to inform how they teach students including the school in question.

Dweck’s work focuses on the distinction between “fixed” and “growth” mindsets. According to Dweck, when people have a fixed mindset, they think their basic qualities, like their intelligence or talent, are fixed traits. They spend their time documenting their intelligence or talent instead of developing them and they also believe that talent alone creates success—without effort. Dweck suggests that students who have adopted a fixed mindset learn less than they could and actively avoid challenges (since poor performance might either confirm they can’t learn) Dweck’s findings also suggest that when students with fixed mindsets fail at something they tend to tell themselves they can’t or won’t be able to do it (“I just can’t learn Algebra”), or they make excuses to for the failure (“I would have passed the test if I had had more time to study”).

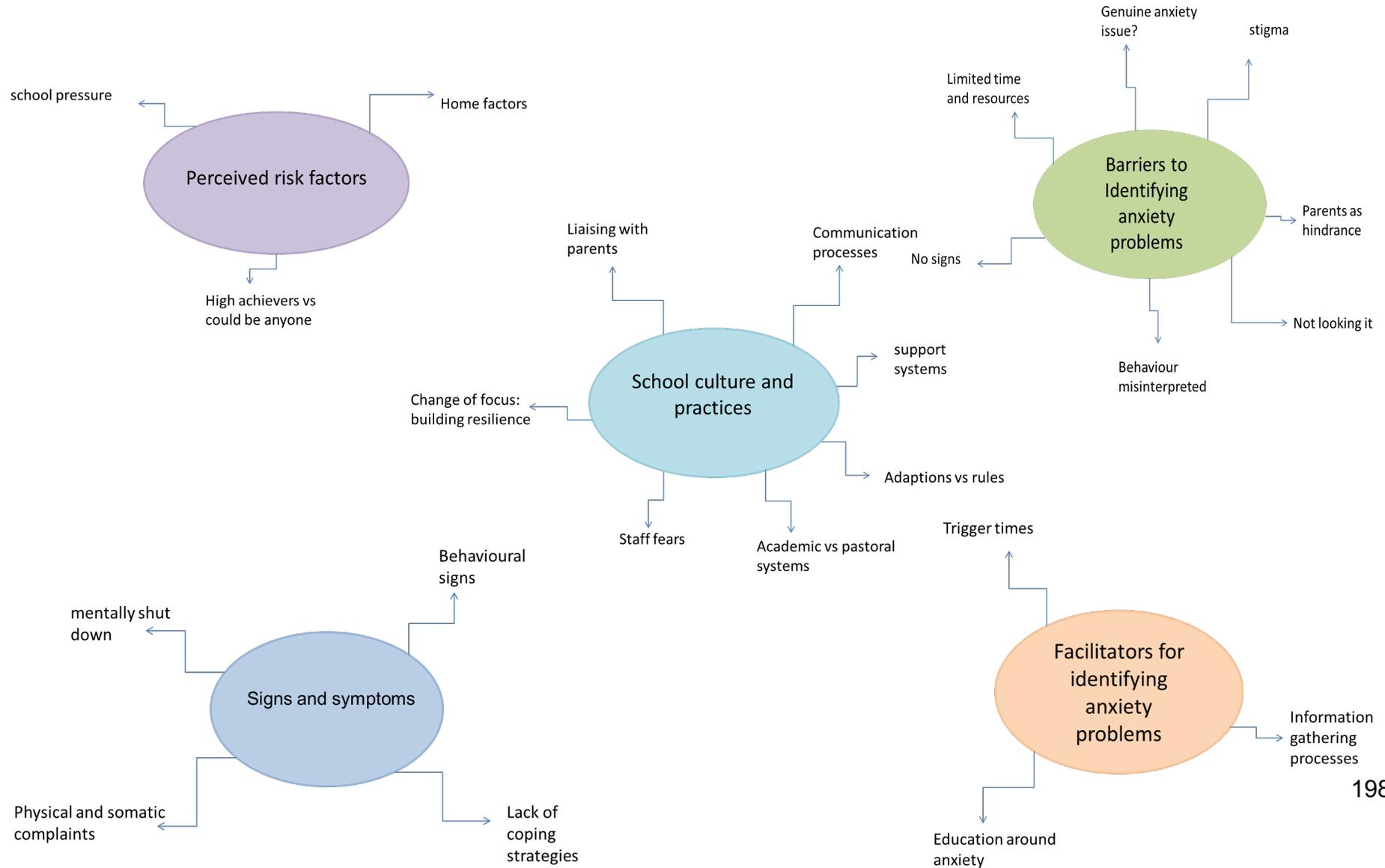
Alternatively Dweck suggests that in a growth mindset, people believe that their most basic abilities can be developed through dedication and hard work. Dweck endorses this view as creating a love of learning and a resilience that is needed to succeed. Students who embrace growth mindsets—the belief that they can learn more or become smarter if they work hard and persevere—may learn more, learn it more quickly, and view challenges and failures as opportunities to improve their learning and skills.

Appendix Q: Recent publications pertinent to mental health in the UK

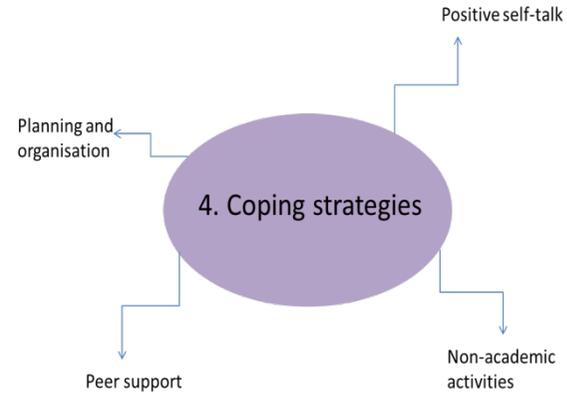
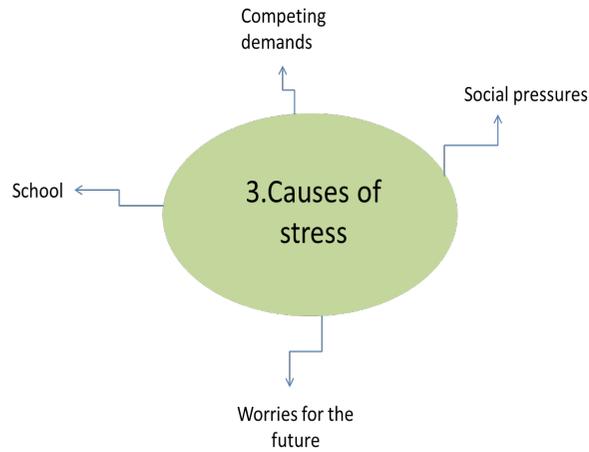
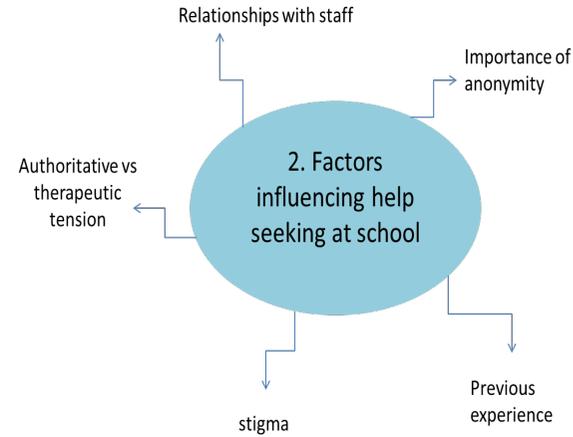
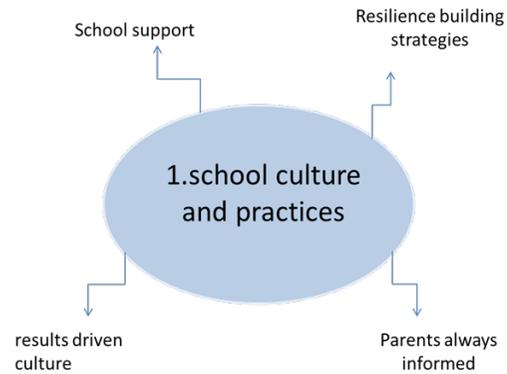
Name of Report and commissioning body	Over view
<p>Future in mind (2015)</p> <p>The Department of Health, National government.</p>	<p>This report presents the findings from an in-depth look at mental health for CYPs which was carried out by the CYPs Mental Health Taskforce. The report proposes a national ambition to promote resilience, prevention and early intervention for the mental wellbeing of children and young people with recommendations for substantial change to the current status quo.</p>
<p>Mental health and behaviour in schools (2016)</p> <p>Department for Education, National government</p>	<p>This non-statutory advice gives information around mental health difficulties for schools, giving details of their responsibilities in prevention, early intervention and referrals for mental health difficulties.</p>
<p>Better Mental Health for All (2016)</p> <p>Faculty of Public Health (FPH) and Mental Health Foundation. FPH is a registered charity</p>	<p>This report is a resource for public health practitioners to support the development of knowledge and skills in public mental health in order to promote change and improvement in the health provision for MH across all age ranges.</p>
<p>Lightning Review: Access to Child and Adolescent Mental Health Services, (2016)</p> <p>Children's commissioner (statutory role) and associated organisation</p>	<p>Reports on the findings of research carried out to establish the access to support services for CYPs with mental health problems</p>
<p>Education, Education, Mental Health: Supporting secondary schools to play a central role in early intervention mental health services (2016)</p> <p>Institute for Public, policy research</p>	<p>The report summaries the current status quo regarding MH and CYPS and makes a case for the importance of secondary schools involvement. Recommendations around national and local policy to support this process are suggested.</p>
<p>Missed opportunities: children and young people's mental health (2016)</p> <p>The Centre for Mental</p>	<p>This report seeks to piece together the evidence about children and young people's mental health and wellbeing in the UK, based on the most recent high quality research. It breaks down findings into four age groups: pregnancy to age 4; children aged 5-10; 11-15 year olds; and young adults</p>

Health (a charity that carries out research around mental health)	aged 16-25.
---	-------------

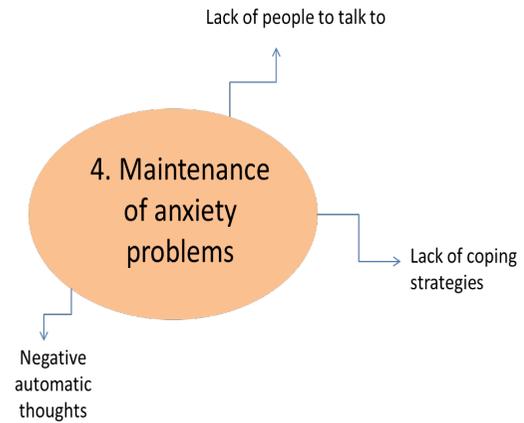
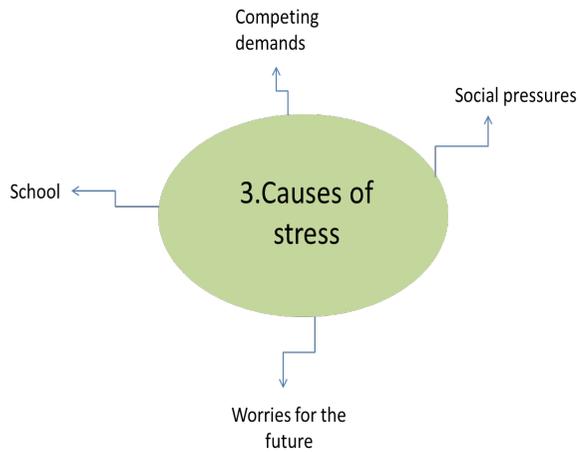
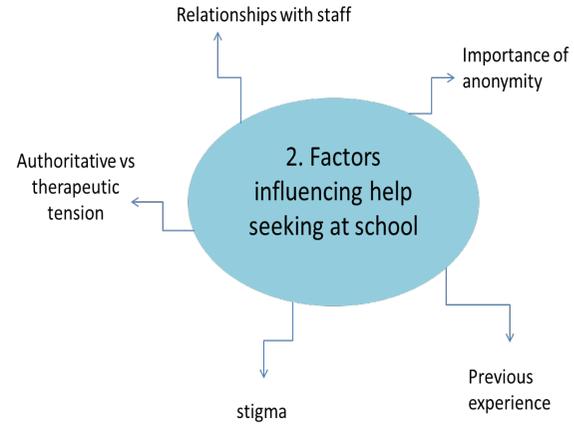
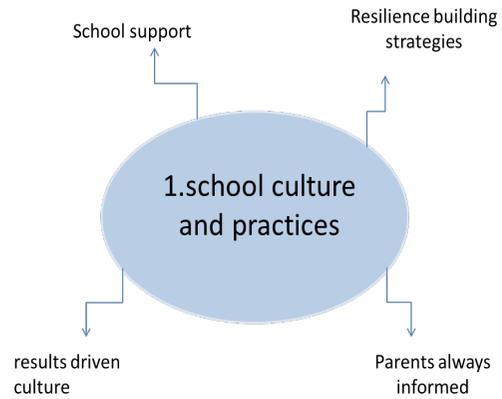
Appendix R: Themes and sub-themes showing staff perceptions of identifying anxiety problems in school



Appendix S: Themes for non-anxiety group pupils: Pupil's perceptions of...



Appendix T: Themes and sub-themes for anxiety group pupils: Pupil's perception of...



Appendix U: Amalgamation of themes and sub-themes for all pupils: Pupils perceptions of...

