

SEND &amp; INCLUSION · GRADES 1–6

# Anxiety in the Classroom

What helps, what hurts

## What anxiety is

Anxiety is fear without an immediate threat. The body activates fight/flight/freeze in response to imagined or anticipated danger. For anxious children, the body's danger response is louder, more frequent, or harder to switch off. They're not 'making a fuss.' Their nervous system is genuinely telling them they're in danger. Anxiety is increasingly common in primary children. Estimates suggest 5-15% of primary-age children meet criteria for an anxiety disorder. Many more experience subclinical anxiety that affects learning.

## What anxiety might look like

<p><b>Avoidance</b></p> <p>Refusing to do tasks, missing school, hiding in the toilet. Often labelled 'lazy' or 'oppositional.' It's actually fear.</p>	<p><b>Physical symptoms</b></p> <p>Tummy aches, headaches, nausea. Often before tests, presentations, or specific lessons. Real symptoms — not faked.</p>
<p><b>Perfectionism / freezing</b></p> <p>Won't start work because they're scared of getting it wrong. Stares at the page. Erases everything.</p>	<p><b>Hyper-vigilance</b></p> <p>Watches the room constantly. Aware of every sound. Knows the schedule better than the teacher. Notices changes immediately.</p>
<p><b>Reassurance-seeking</b></p> <p>'Is this right?' 'Am I in trouble?' 'Did I do okay?' Asks 50 times a day. Reassurance helps for 30 seconds.</p>	<p><b>Anger</b></p> <p>Anxiety often surfaces as anger in younger children. The child who explodes when asked to read aloud isn't angry — they're terrified.</p>

## What helps



Strategy	Why
Predictability over reassurance	Reassurance treats symptom; predictability treats cause
Show the child what's coming	Rehearsal reduces fear of unknown
Quiet redirects, never public	Public attention amplifies anxiety
Choice when possible	Sense of control reduces anxiety
A 'safe person' they can go to	Knowing it exists is calming
Gradual challenge, not avoidance	Avoidance feeds anxiety; small wins shrink it
Naming feelings without judgement	'You're nervous. That's OK.'
Repair quickly after distress	Don't leave them alone with shame

### What hurts (even when well-intentioned)

What hurts	Why
'Don't worry, you'll be fine!'	Sounds dismissive; anxiety responds 'how do you know?'
'Just take a deep breath and stop'	Implies the feeling is wrong
Removing all challenge	Reinforces that the feared thing is dangerous
Public reassurance ('Look how brave!')	Spotlight worsens anxiety
Surprise tests, presentations, changes	No time to prepare; spike in fear
'Why are you crying about this?'	Anxiety doesn't need a logical reason
Compulsively answering reassurance-seeking	Trains the brain that reassurance is the fix

### What to do in the moment

When a child is acutely anxious: 1. **LOWER YOUR VOICE.** Whatever volume you were at — quieter. 2. **SLOW DOWN.** Slow movements. Slow speech. 3. **NAME WITHOUT FIXING.** 'I can see you're worried. That's OK.' 4. **REGULATE BEFORE REASONING.** The thinking brain is offline. Don't try to talk them out of it. 5. **OFFER, DON'T DEMAND.** 'Would you like to take 5 minutes? Or sit with me?' (Choice helps.) 6. **WAIT.** Anxiety eases. Often in 5-15 minutes. Don't rush them. 7. **RECONNECT, DON'T CONSEQUENCE.** 'You did really well to come back. Let's keep going.'



## When to refer

Most anxious children are supported well by good classroom strategies. Some need more.

**WORTH FLAGGING TO SENDCo / GP referral:**

- Anxiety preventing school attendance
- Frequent panic episodes
- Sleep severely affected
- Refusing to leave a parent
- Self-harm or talk of self-harm
- Anxiety persisting > 3 months despite good adjustments

Childhood anxiety responds well to evidence-based therapy (CBT in particular). The earlier the intervention, the better the outcome. Don't wait for it to 'pass.'

