Understanding anxiety in children with SEND

Many children experience anxiety, but children with special educational needs and disabilities (SEND) may show anxiety differently from their peers.

Anxiety can affect:

- Learning
- Behaviour
- Communication
- Relationships
- Attendance and participation

Recognising the signs early helps us provide appropriate support and prevent escalation.

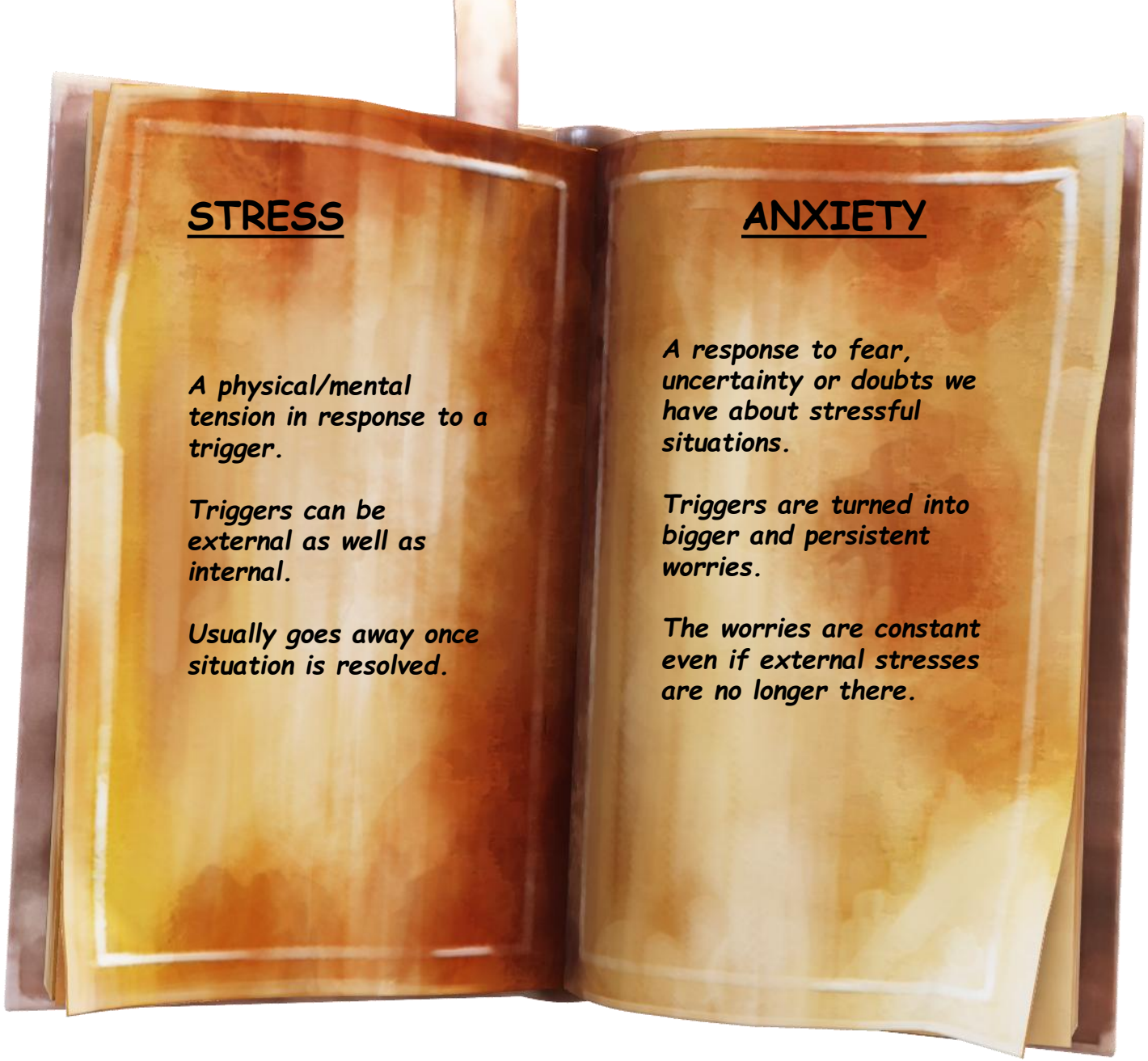
What is Anxiety?

Anxiety is a feeling of worry, fear, or unease that can affect a child's thoughts, emotions, physical wellbeing, and behaviour.

For children with SEND:

- Anxiety may be more frequent or intense.
- They may struggle to communicate their feelings.
- Their anxiety may be expressed through behaviour rather than words.

As many of us know behaviour is a form of communication of an unmet need.


STRESS
A physical/mental tension in response to a trigger.
Triggers can be external as well as internal.
Usually goes away once situation is resolved.
ANXIETY
A response to fear, uncertainty or doubts we have about stressful situations.
Triggers are turned into bigger and persistent worries.
The worries are constant even if external stresses are no longer there.

Why Are Children with SEND More Vulnerable?

Children with SEND may experience anxiety due to:

- Difficulties with communication
- Sensory sensitivities
- Changes to routines
- Social challenges
- Academic pressures
- Uncertainty and unpredictability
- Previous negative experiences

Common groups affected include children with:

- Autism Spectrum Condition (ASC)
- ADHD
- Speech and Language Needs
- Learning Disabilities
- Social, Emotional and Mental Health Needs (SEMH)

Emotional Signs of Anxiety

A child may:

- Appear worried or fearful
- Become tearful easily
- Show low confidence
- Seek constant reassurance
- Become unusually clingy
- Express feelings of dread or panic
- Show irritability or frustration

Some children may repeatedly ask:

- "What happens next?"
- "Are you sure?"
- "What if I get it wrong?"

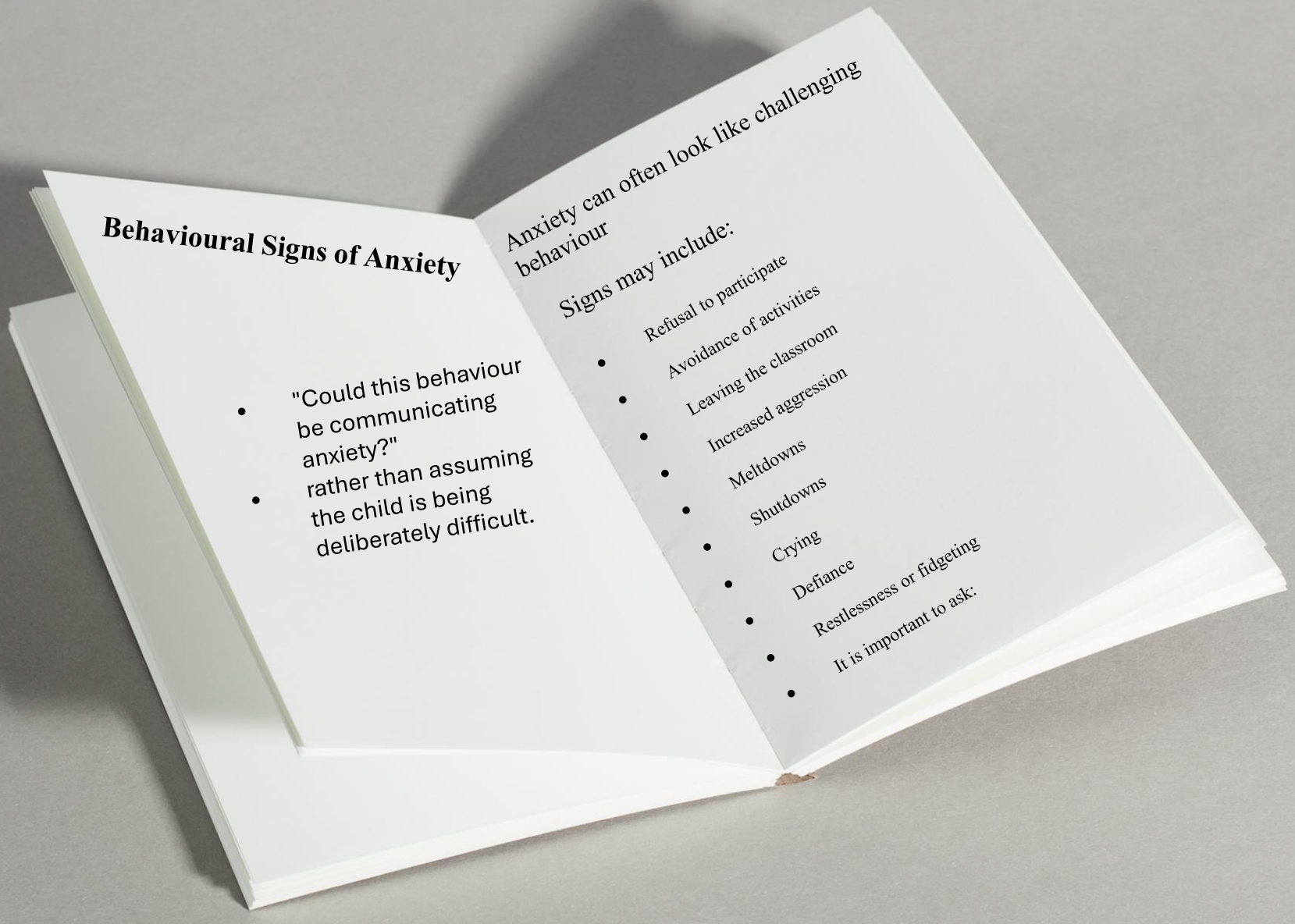
: Physical Signs of Anxiety

Children often experience physical symptoms before they can explain their emotions.

Look for:

- Headaches
- Stomach aches
- Nausea
- Rapid breathing
- Sweating
- Trembling
- Increased heart rate
- Tiredness
- Difficulty sleeping

Some children may regularly visit the school nurse with unexplained symptoms.


Behavioural Signs of Anxiety
"Could this behaviour be communicating anxiety?"
rather than assuming the child is being deliberately difficult.
Anxiety can often look like challenging behaviour
Signs may include:
Refusal to participate
Avoidance of activities
Leaving the classroom
Increased aggression
Meltdowns
Shutdowns
Crying
Defiance
Restlessness or fidgeting
It is important to ask:

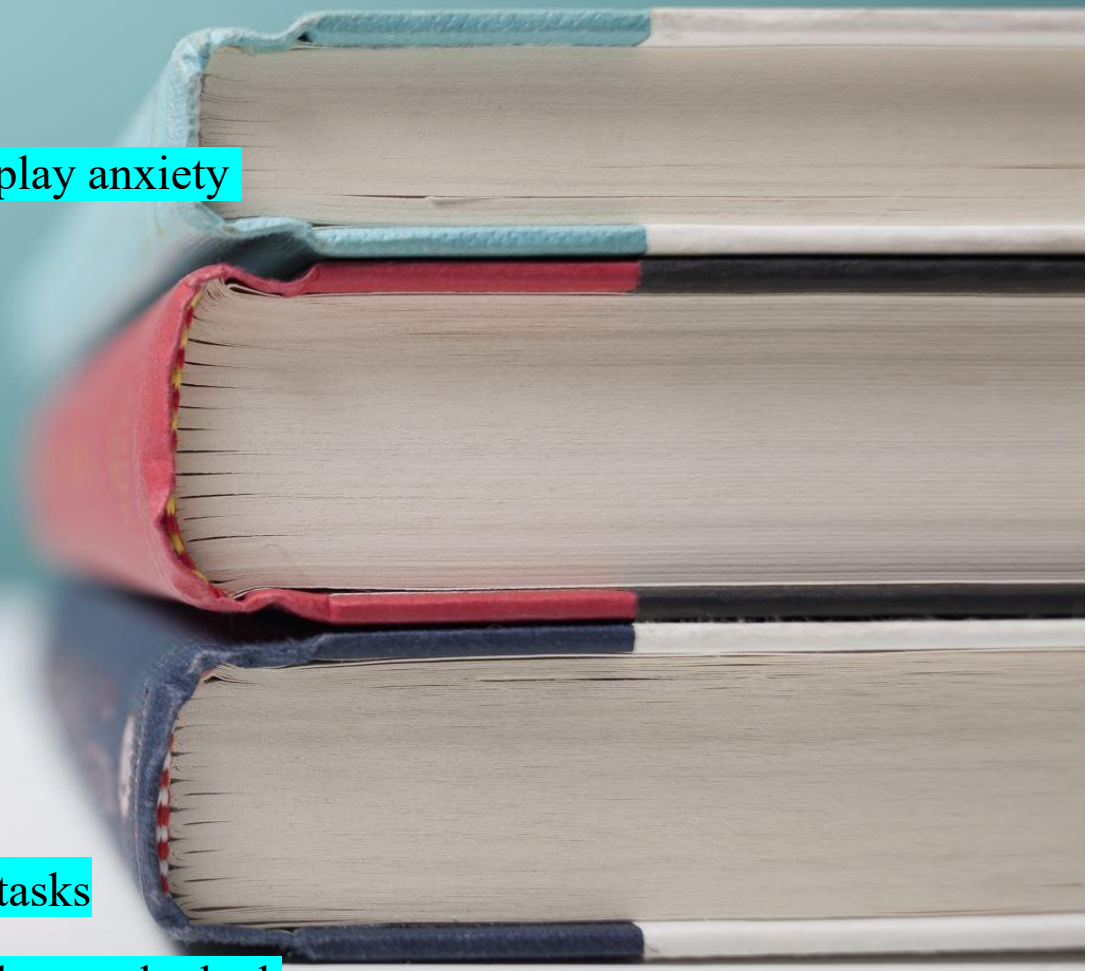
Autistic children may show anxiety through:
Increased stimming
Repetitive questioning
Greater need for routines
Distress during transitions
Sensory overload
Withdrawal from activities
Refusal to engage

Triggers may include:
Unexpected changes
Loud environments
Social demands
Unclear instructions

Children with ADHD may display anxiety through:

- Increased impulsivity
- Difficulty concentrating
- Emotional outbursts
- Restlessness
- Overthinking mistakes
- Perfectionism
- Avoidance of challenging tasks

Their anxiety may sometimes be overlooked because behaviours are attributed solely to ADHD.



Not all anxious children appear worried.

Some may:

- Become very quiet
- Mask their emotions
- Withdraw socially
- Avoid eye contact
- Refuse to speak
- Become overly compliant
- Seem "fine" at school but struggle at home

These children can easily go unnoticed.

Common School Triggers

Anxiety may be triggered by:

- Transitions between lessons
- Changes in routine
- Assemblies
- Break and lunch times
- Group work
- Tests and assessments
- Sensory overload
- Unstructured activities
- Unclear expectations

Understanding triggers helps us plan su

How Staff Can Help

Predictability

- *Visual timetables*
- *Advance warning of changes*
- *Clear routines*

Relationships

- *Consistent adults*
- *Positive reinforcement*
- *Active listening*

Communication

- *Calm, clear instructions*
- *Processing time*
- *Checking understanding*

Environment

- *Quiet spaces*
- *Sensory supports*
- *Reduced demands during periods of high anxiety*

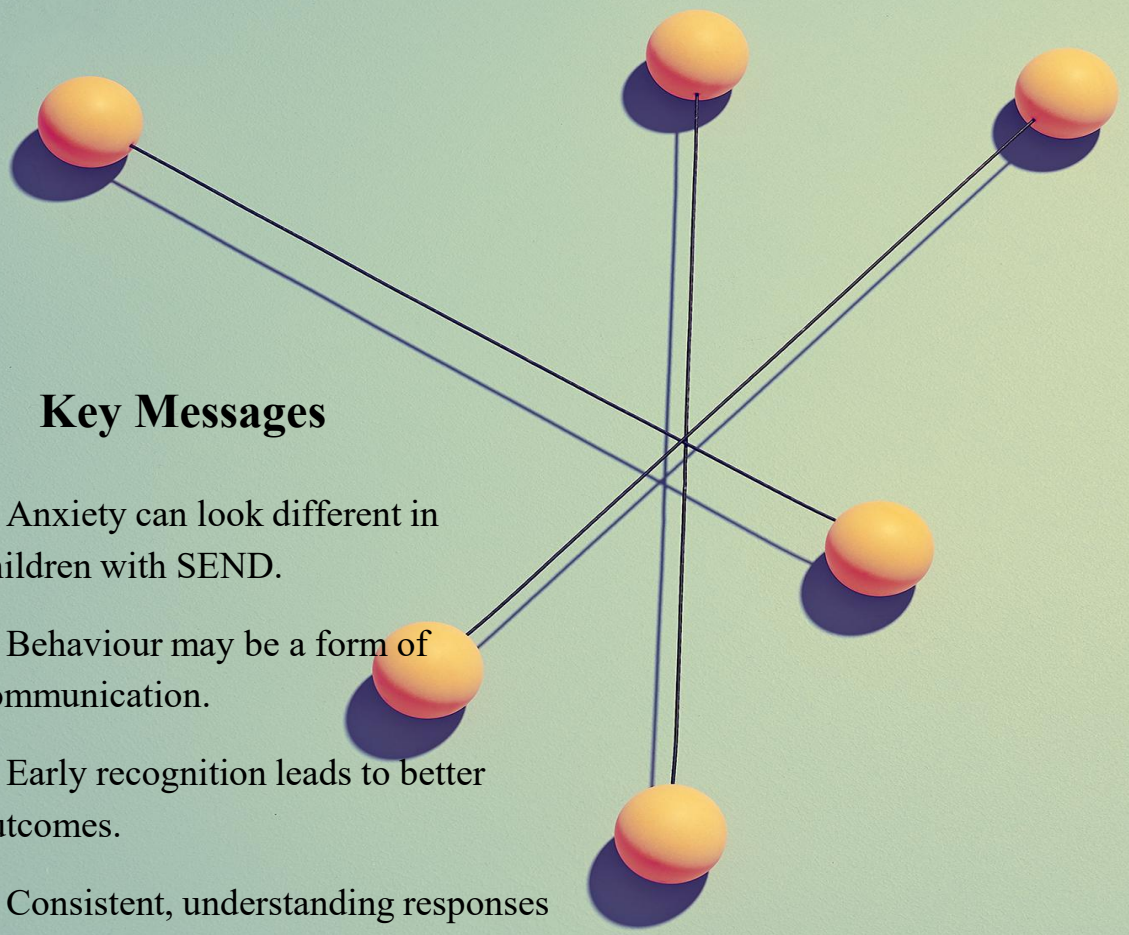
What to Avoid

Avoid:

- Forcing eye contact
- Publicly challenging anxious behaviour
- Using punishment for anxiety-based responses
- Dismissing worries as "silly"
- Making assumptions about behaviour

Remember:

Behaviour is often communication.



Key Messages

- ✓ Anxiety can look different in children with SEND.
- ✓ Behaviour may be a form of communication.
- ✓ Early recognition leads to better outcomes.
- ✓ Consistent, understanding responses from staff make a significant difference.

✓ Building trusting relationships is one of the most effective ways to reduce anxiety

When to Seek Additional Support

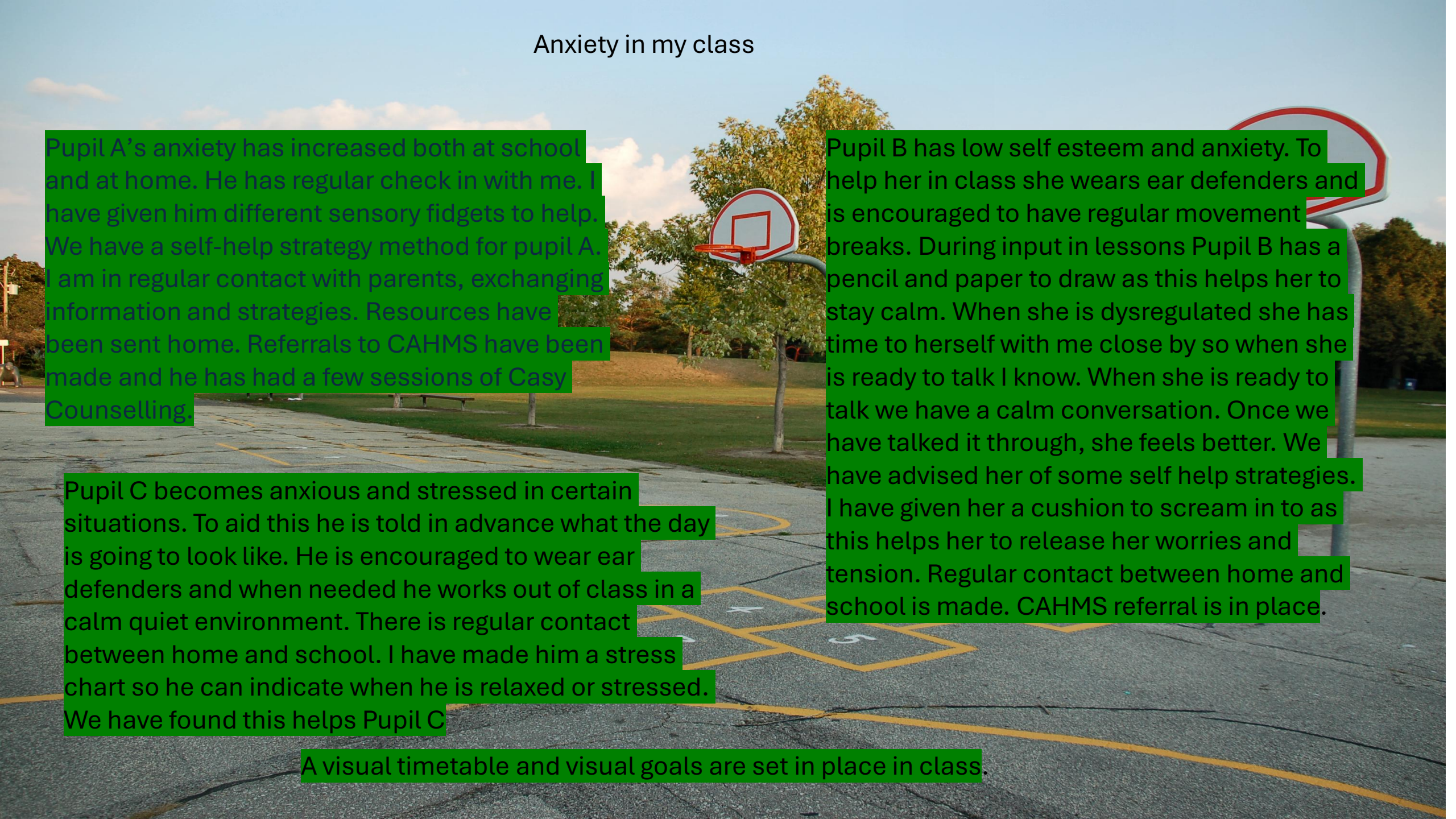
Further support may be needed when anxiety:

- Significantly affects learning
- Impacts attendance
- Causes regular distress
- Leads to self-harm concerns
- Results in frequent meltdowns or shutdowns
- Affects family life

Support may involve:

- SENCO
- Pastoral teams
- Educational psychologists
- School mental health services
- Parents and carers

Anxiety in my class



Pupil A's anxiety has increased both at school and at home. He has regular check in with me. I have given him different sensory fidgets to help. We have a self-help strategy method for pupil A. I am in regular contact with parents, exchanging information and strategies. Resources have been sent home. Referrals to CAHMS have been made and he has had a few sessions of Casy Counselling.

Pupil B has low self esteem and anxiety. To help her in class she wears ear defenders and is encouraged to have regular movement breaks. During input in lessons Pupil B has a pencil and paper to draw as this helps her to stay calm. When she is dysregulated she has time to herself with me close by so when she is ready to talk I know. When she is ready to talk we have a calm conversation. Once we have talked it through, she feels better. We have advised her of some self help strategies. I have given her a cushion to scream in to as this helps her to release her worries and tension. Regular contact between home and school is made. CAHMS referral is in place.

Pupil C becomes anxious and stressed in certain situations. To aid this he is told in advance what the day is going to look like. He is encouraged to wear ear defenders and when needed he works out of class in a calm quiet environment. There is regular contact between home and school. I have made him a stress chart so he can indicate when he is relaxed or stressed. We have found this helps Pupil C

A visual timetable and visual goals are set in place in class.