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Evaluating the effectiveness of supporting young quiet, shy and/or anxious primary school children in Wales, using two targeted intervention programmes

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ABSTRACT

Quiet shy and/or anxious (QSA) children are often viewed negatively in primary school. This study employed two six-week intervention programmes entitled Special Me Time (SMT) for children in the Early Years (ages 3–7) and Quality Me Time (QMT) for children in years 3–4 (ages 7–9). Interventions were designed to support children: in vocalising feelings; accessing classroom opportunities; communication; and in developing friendships. Children were withdrawn from the mainstream classroom and sessions were led by practitioners in small groups. The programmes were delivered in primary schools across Wales. Findings evidenced benefits to children's personal and social development in improving confidence and self-esteem both within and outside the classroom environment. Our research suggests the value of addressing emerging QSA behaviours in children by providing space and time to develop relationships and self-expression. Research findings suggest a risk to academic and social adjustment if inhibiting QSA behaviours are not addressed.

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Shyness; quiet children; anxious children; primary school; intervention; social and emotional development

Introduction and background

Shyness is on a continuum with certain children being more socially withdrawn, or existing in their own 'dream world'. Anxiety is often a consequent factor of shyness. Quiet, shy and/or anxious (QSA) children who present as shy, or socially awkward, and display anxious behaviours are likely to be perceived by peers as less attractive playmates and are often excluded from social and class-based activities as a consequence. Shyness can be self-perpetuating, as children then spend more time alone in the vicinity of other children, subsequently inducing negative responses from peers. It is important to state that sometimes shy children enjoy their own company, or being alone, and that practitioners should accept this as individual choice. However, for some children shyness can be severe and may affect access to learning. In this context further understanding, support, and nurture is fundamental. QSA children can be found in every classroom and in every school, however, often they are 'under the radar' and not always noticed by practitioners (Coplan et al. 2011; Crozier 2014; Davis and Cooper 2021). Current research into the impact of the COVID-19 pandemic is uncovering emerging effects of prolonged periods of lockdown upon children's mental health and wellbeing. Blanden et al. (2021, 3) report that 'school closures were one of the most

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dramatic consequences of the COVID-19 pandemic on society' with children's wellbeing and mental health drastically declining during this period. Buchanan, Hargreaves, and Quick (2022) suggest that children's mental health has been severely and adversely affected by the pandemic. It remains to be seen whether the pandemic has had a specific impact on children who had previously demonstrated shyness or anxiety in classroom contexts.

The Welsh Parliament (2020, online) COVID-19 guidance noted that although children are less susceptible to the virus – 'there is little doubt that the wide effects of COVID-19 and the measures taken to manage it – have impacted their lives'. This project was developed in collaboration with Show Racism the Red Card Wales (SRtRC) with funding from the Welsh Government (WG) as part of their COVID recovery plan. The WG COVID-19 Recovery plan (WG 2021, online) advises that younger children need 'time and space to play and to socialise with one another, to support their wellbeing and help them adjust to the many changes taking place around them'. This is even more so the case for QSA children who, without the impact of a pandemic, struggle with socialising and playing in the school setting. Kalutskaya et al. (2015) emphasise that care and understanding need to be employed when working with these children, with implications for educational practice.

Research on shyness demonstrates that it may present a risk factor for children's academic and social adjustment in their early years (Poole and Schmidt 2019; Kopala-Sibley and Klein 2017). Taking established research on QSA children and applying it within a pandemic context, it follows that the numbers of QSA children will increase. Already anecdotal evidence suggests more children are presenting as 'socially anxious' and withdrawn either due to ongoing COVID uncertainties or disruptions to schooling (Sette et al. 2021; Young Minds 2020). As such they are less prepared for the demands of learning, with potential long-term consequences (Kopala-Sibley and Klein 2017).

Literature review

Research around quiet and shy individuals note typical behavioural characteristics such as wariness, anxiousness, inhibition, and self-consciousness particularly in novel social situations, although as Cheek and Buss (1981) state shyness and sociability are two distinct personality traits. Shyness is recognised as a relatively stable temperamental trait (Hassan, Poole, and Schmidt 2020; Coplan et al.2004). Shyness in young children may appear in response to environmental stimuli as relationships with peers develop. This in turn can foster emerging social reticence and impact upon adjustment on school entry (Kagan 1992). There is a negative association between shyness and peer interactions and the development of social skills. These connect with both peer and socio-emotional difficulties which suppresses the individual's ability to engage in classroom activities and discourse (Hassan, Poole, and Schmidt 2020; Hughes and Coplan 2010). Asendorpf's (1993) study on abnormal shyness in children identifies three distinct reasons for quiet and shy behaviours, namely: conflicted shyness, where there is a desire to interact with others, but feelings of anxiety or fear disable initiation of social interaction; social disinterest, where there is no strong motivation or desire by the individual to play with others; and active isolation whereby the child is alone as peers do not wish to interact with them. While active isolation is viewed as external to the child, both conflicted shyness and social disinterest are considered internal, located within the child. This indicates that while there is a desire to interact and socialise with others, such motivation is simultaneously inhibited by social fear and anxiety. This can be witnessed, for example, by the demonstration of onlooking or hovering behaviour around the peer group, and perhaps parallel play but without actual engagement or social interaction (Poole and Schmidt 2022).

Clarification is required in ascertaining what is meant by quiet and shy as there is some confusion and misunderstanding in the terminology used and around practicalities of definition. While the terms introversion and shyness may be used interchangeably in day-to-day language, it is important to recognise that they are conceptually distinct constructs (Afshan, Askari, and Manickam 2015). Shy individuals experience feelings of nervousness around being accepted by others, are fearful of making mistakes and apprehensive about social situations whereas introverts may appear shy for

other reasons: a limited desire to interact with others; attending carefully to information being relayed; taking time to process information; or simply do not feel the need to contribute (rather than feeling unable to participate). Introverts enjoy socialising but do so on their own terms rather than feeling that they are unable to socialise. Shyness, however, can hinder individuals from socialising and prevent the development of healthy interpersonal relationships with others, both of which have long-lasting implications (Kopala-Sibley and Klein 2017). Social withdrawal is another term used to describe consistent solitary behaviour when encountering familiar or unfamiliar peers in a range of situations such as social interactions or playing (Zarra-Nezhad et al.2014). As Chen, Wang, and Wang (2009) note it is pertinent to consider shy behaviour within a cultural context as it is likely to be seen as maladaptive in societies where assertiveness or self-expression is actively encouraged. Consequently, consideration needs to be given to cultural norms in terms of what is meant by socially competent behaviour and the approaches that might be taken to support individuals. In general, it is considered that this behaviour does not change over time but can be supported or nurtured (Grose and Coplan 2015; Wonjung et al. 2008). While anxiety is considered a normal part of childhood development, as children need to be able to respond and perceive danger (Bhatia and Goyal 2018). Anxiety becomes more problematic when it is out of proportion with normal expectations and impacts upon everyday life or aspects of development or learning.

Identifying why QSA behaviours occur is complex. Kagan (1992) proposes that conflicted shyness happens in response to environmental stimuli. Shyness can be considered on a continuum, ranging from mild social awkwardness to totally inhibiting social phobia (Henderson and Zimbardo 1998). Recent research suggests an association between maternal shyness and shyness in infancy, and a general correlation with both social and general anxiety (Zeytinoglu et al. 2022). Kirkpatrick et al. (2020) state that despite a consistent behavioural pattern, socially anxious children withdraw from their peers and, as a result, are more likely to suffer from a range of negative outcomes. These include internalising problems, social competence deficits, negative peer experiences, and academic challenges, all of which can affect an individual's cognitive, behavioural, and physical development (Afshan, Askari, and Manickam 2015). Consequently, shyness plays a crucial role in the development of adolescent's personality with potential lifelong implications (Baardstu et al. 2019; Karevold et al. 2009).

Practitioner sensitivity and their response to young children who present with QSA behaviours are paramount in enabling engagement and participation in the mainstream classroom. In a recent study, Sette et al. (2018) examined the relationship between shyness, inhibitory control (a cognitive ability to inhibit an automatic response or desirable action) and children's adjustment to preschool. The ability to delay gratification for long-term goals is better in children with greater inhibitory control (Gusdorf et al. 2011). The sample of preschool children in Sette et al.'s (2018) study found a negative association, in a school context, in children with higher levels of inhibitory control and shyness with teacher-reported pro-social behaviour and popularity. Conversely, children with lower levels of inhibitory control, shyness was positively associated with regulated school behaviours. Sette et al. (2018) concluded that a combination of shyness with inhibitory control may lead to rigidity in children's behaviours, which has an impact on how they adjust to social and school demands. Furthermore, according to Buhs et al. (2015) shy children are more likely to face peer rejection which in turn impacts upon teacher sensitivity, indicating that shy and withdrawn children tend to have fewer social interactions and close relationships with their peers and teachers. From these findings, Buhs et al. (2015) surmise that fewer opportunities for engagement with, and support from teachers, can have a subsequent impact upon learning and participation. Practitioners who were sensitive and responsive to the needs of QSA children tended to create supportive environments conducive to better engagement in the classroom. Buhs et al.'s (2015) model below provides a conceptualisation of the impact of shyness within the classroom environment. It recognises the classroom as central to the development of children in industrialised countries. The model examines the potential of contextual effects of peer interactions and teacher sensitivity upon children's academic engagement. In adapting Buhs et al.'s (2015) model, the Special Me Time (SMT)/Quality Me Time (QMT) intervention programmes seek to engage teacher sensitivity

in supporting young children in overcoming reticence or reluctance to participate in whole-class activities. By allowing time and space within short, focussed sessions, practitioners can develop a better understanding of the individuals within a small group and encourage greater engagement with activities and peers.

The focus of our study was to provide support for children experiencing conflicted shyness by providing space and time through a short-term intervention programme for them to overcome feelings of anxiety or fear which prevent them from participating in day-to-day classroom activities. Another focus was to address Buhs et al.'s concerns around teacher sensitivity by developing an intervention programme for delivery over a six-week period involving both teacher/teaching assistant and a small group of children identified by the practitioner as being QSA. The programme will therefore address the gap as identified in the figure above, by raising practitioner awareness of QSA children and providing a resource to support QSA children (Figure 1).

Aims of the research

Recognising that the culture within schools is focused on pro-active participation in communication and learning and teachers are disposed to favour responsive, talkative children (Coplan et al. 2011), the aim of this research study was to examine the implementation of two targeted programmes, Special Me Time (SMT) for children aged three to seven (nursery to year 2) and Quality Me Time (QMT), for children aged seven to nine (school years 3–4) recognised as being, quiet, shy and/or anxious by their class teachers. The following research questions were posed to evaluate the effectiveness of the intervention:

1. How does the SMT/QMT programme support QSA children in mainstream classrooms?
2. Does the SMT/QMT programme encourage engagement from QSA children in the mainstream classroom?

It was surmised that implementation of targeted programmes would support QSA children in developing self-esteem and self-confidence. It was also important to highlight to teachers that with a small amount of support QSA children are more likely to become more involved with whole classroom-based activities and peers, with longer term impact on academic achievement and engagement.

Research context and methodology/methods

SMT and QMT programmes were initially developed as part of a doctoral study (Davis 2012) and designed to support trainee teachers to facilitate and assess a nurture-based intervention as part of their PGCE studies into young children's social and emotional development. Davis (2012) found

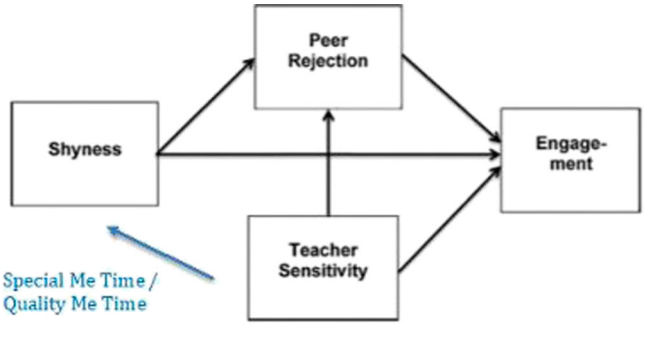

Figure 1. Conceptual/structural model of SMT/QMT intervention (adapted from Buhs et al. 2015).

that students did not appreciate the importance of supporting QSA children, who are often overlooked within a busy classroom environment (Davis and Cooper 2021; Crozier 2014).

A qualitative and quantitative methodology was used during the research process. The SMT and QMT programme research is based on targeted interventions, which are designed to be carried out with QSA children in small groups of children (max. 6). The SMT or QMT sessions were delivered for an hour a week outside the mainstream classroom over a six-week period. Sessions were facilitated by a trained practitioner (all practitioners attended an online training session, which featured a training video, designed, and presented by the research team, there were also research drop-in sessions for practitioners to share and discuss practice). Online sessions were organised towards the end of each iteration of the programme for practitioners to provide feedback and ask questions. Practitioners were able to contact researchers via email during the implementation of the programmes. All practitioners who were involved in the implementation of the SMT/QMT programmes, were also asked to assess children's engagement and development over the six-week period of the programme delivery. Assessment was in the form of completing a baseline (pre-and post-implementation – see Table 1) lesson observation, teacher notes and teacher input onto focus groups. The project was located in schools across Wales as Table 2 sets out.

A handbook was distributed via email to participants which included detailed step-by-step guidance on each session with suggestions to extend sessions if necessary. Links were made to the Curriculum for Wales (Welsh Government 2008) and new Curriculum for Wales (Welsh Government

Table 1. Example of completed pre- and post-SMT intervention baseline proforma, showing improvement in a range of areas following engagement with SMT programme.

Welsh government – PSD/WB/CD skill (FP framework, 2007) Child's name: Child A; Age: XX years	Initial baseline score (out of 5)	Final baseline score (out of 5)
Express & communicate different feelings and emotions – their own and those of others	0	3
Show curiosity and develop positive attitudes to new experiences and learning	1	3
Take risks and become confident explorers of their indoor and outdoor environment	1	3
Experiment with new learning opportunities, including ICT	0	2
Become independent thinkers and learners	0	2
Develop an awareness of what they are good at and understand how they can improve their learning and use feedback to improve their work	0	2
Value the learning, success and achievements of themselves and other people	1	2
Form relationships and feel confident to play and work co-operatively	1	2
Develop an awareness of different cultures and the differing needs, views and beliefs of other people in their own and other cultures	0	2
Respond to ideas and questions enthusiastically, sensitively, creatively and intuitively	0	3
Communicate about what is good and bad, right and wrong, fair and unfair, caring and inconsiderate	0	3
Respond personally to simple imaginary moral situations giving reasons for decisions made	0	2
Use stories or situations to raise questions about why some things are special	1	3
Express ideas and feelings creatively, explaining why they are significant	0	2
Talk about choices available to individuals and discuss whether the choices available make a decision easier or more complex	0	1
Ask questions about how and why special things should be treated with respect and respond personally	1	3
Ask questions about what is important in life from a personal perspective and from the perspective of others	1	2
Value and contribute to their own well-being and to the well-being of others	1	2
Be aware of their own feelings and develop the ability to express them in an appropriate way	0	3
Develop a growing interest in the world around them and understand what their environment has to offer when playing alone and with others	1	2
Ask for assistance when needed	1	2
Total	10	49

Table 2. Demographics of participating schools.

School	Local authority	Programme	Number of children
PS 1*	Wrexham	SMT	5 (M = 3, F = 2)
PS 2 #1	Ceredigion	SMT	4 (M = 2, F = 2)
PS 2 #2	Ceredigion	QMT	5 (M = 1, F = 4)
PS 3 #1	Flintshire	SMT	4 (M = 4, F = 0)
PS 3 #2	Flintshire	QMT	6 (M = 4, F = 2)
PS 4	Rhondda	QMT	6 (M = 3, F = 3)
PS 5	Newport	QMT	8 (M = 2, F = 6)
PS 6 #1	Vale of Glamorgan	SMT	6 (M = 0, F = 6)
PS 6 #2	Vale of Glamorgan	SMT	6 (M = 2, F = 4)
PS 7	Swansea	QMT	5 (M = 2, F = 3)
PS 8	Flintshire	SMT	7 (M = 2, F = 5)
PS 9	Merthyr	SMT	6 (M = 2, F = 4)
PS 9	Merthyr	QMT	6 (M = 3, F = 3)
PS 10 #1	Powys	QMT	5 (M = 2, F = 3)
PS 10 #2	Powys	QMT	4 (M = 2, F = 2)
PS 10 #1	Powys	SMT	4 (M = 2, F = 2)
PS 11	Powys	DNA	DNA

*PS = Primary school.
** Did not provide data. School did not disclose which programme they delivered nor the number of participating children.

2022). Both programmes were developed to draw upon a child-focused, nurturing approach, allowing time and space for children to feel comfortable in expressing themselves. The study initially recruited 68 schools from across Wales to implement either programme twice during the Spring term of 2022 (using the six-week teaching blocks on either side of the February half-term). Once practitioners had agreed to participate in the research study (by reading the participant information letter and signing consent forms), they received further information about the study, their chosen intervention programme (SMT or QMT), baseline information, lesson evaluation plans and parental consent forms. Table 3 outlines the activities which form the SMT intervention for children in Welsh Foundation Phase (ages 3–7).

The activities designed as part of the QMT and SMT interventions correspond to the newly introduced curriculum for Wales (2022) in Health and Wellbeing Areas of Learning and Experience (Progression Steps 1 and 2 (PS1/PS2)). The SMT and QMT handbooks were used as guides to carry out the sessions. Although it was important to allow practitioners to be flexible in how they implemented these sessions as a way of being responsive to children's needs. Activities for the SMT and QMT sessions differed slightly while the targeted area of development remained consistent throughout the programme, as seen in the second column of Tables 3 and 4. The difference in these activities are age related, so the SMT activities are more suited to younger children, with the QMT activities, targeted towards older children.

Recruitment

Primary schools across Wales were recruited using snowball sampling, drawing upon a collaborative partnership with Show Racism the Red Card (SRtRC). Emails were sent to the schools on the database outlining the aims and purpose of the study with a request for practitioners to contact SRtRC if they were interested in participating. The research study was also promoted via social media, specifically targeting both Welsh and English medium primary schools. The recruitment process took place between November and December 2021.

COVID-19

Despite initial enthusiasm for the project, most schools opted to deliver the SMT and QMT activities during the second phase of study, citing COVID-related concerns such as school

Table 3. SMT intervention programme for children aged 3–7 years old.

Special Me Time activities (6 in total)	Area of development	Brief explanation of activity	Links with curriculum for Wales/progression steps
'Quietly appreciating beautiful things'	Moral and Spiritual development/emphasis on calm/quiet times.	The children will be given a beautiful object and questions will be posed to learn their responses. They can touch and hold the object. To experience quiet times and develop creativity in their reflections.	Health and Wellbeing Humanities Languages, Literacy and Learning
'Jam sandwich tea party'	Personal development/ Social skills/friendship	The children will be asked to make 'jam sandwiches' for a tea party. They will then be allowed to 'invite' friends from their class to the party. An emphasis on sharing and social activities.	Health and Wellbeing Languages, Literacy and Communication
'Tent adventure'		The emphasis here on taking a tent outside or making a den, reading stories and e.g. toasting marshmallows or drinking hot chocolate while talking about journeys and experiences etc.	Health and Wellbeing
'Special Me'	Well-being	Developing a positive self-image/sense of belonging. The children will be making a display/yearbook/other medium to celebrate e.g. their pets; favourite food; book etc.	Health and Wellbeing Humanities
'I'm proud of you'		Being able to celebrate their own achievements and that of others in the group. Awarding each other rosettes which they have made.	Health and Wellbeing Languages, Literacy and Communication
'What's in the box'	Social Development	Developing a positive self-image. The children will explore a range of boxes containing various items. One contains a mirror to 'reflect' on their achievements – and also finding something 'special' inside.	Health and Wellbeing Humanities Languages, Literacy and Communication

closures and staff absences following an increase in the Omicron variant during January 2022 (Hughes 2022). It became apparent after commencing the research that the COVID-19 pandemic had an adverse effect on both schools' and practitioners' ability to deliver and complete the programmes. Some schools found it difficult to deliver the SMT/QMT sessions, and consequently several primary schools withdrew from the study. A primary reason for withdrawal was staff absence due to COVID-19 sickness. The context in which this study was undertaken and the various challenges that practitioners and schools faced because of the COVID-19 pandemic needs to be taken into consideration as it had an impact upon the number of schools able to complete the programmes. While a higher proportion of schools initially agreed to deliver these activities, only 11 schools were able to complete all sessions, we believe that this was due to either staff illness or schools pooling resources elsewhere. Only complete data sets have been included in the analysis of the findings for this paper. This refers to the completion of all baseline documents in addition to practitioners' feedback forms. Additional schools did return baseline data and feedback from practitioners to the research team during the research period. However, as the QMT/SMT programmes were unfinished, quantitative information gathered from these schools has been omitted from analysis due to non-completion, but qualitative data has been used.

Schools and participants

SMT/QMT programmes were delivered to a total of 87 children across 11 primary schools in Wales (Welsh- and English-medium schools). Some schools ran both QMT and SMT sessions while others

Table 4. QMT intervention programme for children aged 7–9 years old.

Quality Me Time Activities (6 in total)	Area of development	Brief explanation of activity	Links with Curriculum for Wales
'Sound postcards'	Moral and Spiritual development/ emphasis on calm/ quiet times.	Encouraging children to listen to the sounds around them and to record them using visual representations.	Health and Wellbeing Languages, Literacy and Communication
'Making and sharing chocolate crispy cakes'	Personal development/ Social skills/friendship	Children need to work with others in preparing the cakes and then share with others in a tea party scenario.	Health and Wellbeing Languages, Literacy and Communication Connections with Mathematics and Numeracy, Science and Technology and Expressive Arts
'Outdoor junk pictures'		In raising awareness of nature and the world around them, the children will be encouraged to gather materials from their environment to create pictures	Health and Wellbeing Languages, Literacy and Communication
'This is me'	Well-being	Fostering a sense of self, building self-esteem, and encouraging discussion, pupils are asked to create badges which give key details about them.	Health and Wellbeing Humanities Connections with Expressive Arts
'I am proud of you' mat		Encouraging children to identify positive experiences and to vocalise them. An opportunity to recognise one's own positive achievements.	Health and Wellbeing Languages, Literacy and Communication
'Board games/ Homemade games'	Social Development	Providing children with an opportunity to work with others and to reflect on this.	Health and Wellbeing Languages, Literacy and Communication Connections with Mathematics and Numeracy and Expressive Arts

chose one programme. A total of eight SMT programmes were delivered across 7 primary schools, targeting children aged between 3 and 7 years old, while eight QMT programmes were delivered across seven primary schools to children aged between 7 and 9 years old. In relation to gender, 51 children were female and 36 were male. Table 2presents information relating to the participants and schools involved in the study.

Limitations

It is worth acknowledging some of the limitations of the study. The COVID-19 pandemic impacted on the number of schools that were able to deliver the SMT and QMT interventions. Several schools withdrew from the study as a result. Feedback was based primarily on practitioners' observations and their assessments of the interventions. Additionally, practitioners may have been biased in their reporting of baseline assessments, including how they scored children.

Data collection, analysis and presentation

Data generated from the study included both quantitative and qualitative findings. Quantitative aspect of the data included pre- and post-SMT/QMT intervention baseline assessments adapted from the Welsh Government Foundation Phase Personal and Social Development milestones (WG 2007) was used. Data was collected pre- and post-intervention. Scrutiny of the QSA children's involvement during the SMT/QMT sessions was observed via lesson evaluations, reflective diary entries, and practitioner observations, and verbal feedback sessions from practitioners.

Repeated observations of the children via baseline measures pre-and post-intervention meant that statistical analysis of the baseline data was performed by employing the Wilcoxon signed-rank test (Wilcoxon 1945). An interpretivist paradigm informed the study given its emphasis on

interpreting and understanding, in-depth, the subjective meanings that participants assign to phenomena

A Grounded Theory approach (Glaser and Strauss 1967) was used as the research methodology for the qualitative data. A thematic analysis approach (Braun and Clarke 2006) was employed to explore and examine the qualitative components of the research. Qualitative analysis was primarily centred around identifying regular patterns or themes based on the way in which children responded to and engaged with the SMT and QMT activities, as well as practitioners' experiences of carrying out these activities. Thematic analysis was done manually, with colour coding used to signpost and denote a particular theme and categorise data extracts. Upon identifying these initial themes, further in-depth analysis of individual themes was conducted. Five key themes emerged from the data (see Table 5). These are discussed in the analysis section.

To maximise children's wellbeing, it was important that all activities should take place outdoors where possible. Each activity focused on making children feel 'special'. There was a flexible element to sessions with autonomy given in relation to delivery and length of session and materials used. Session content was linked to the WG Foundation Phase framework (2007) and new Curriculum for Wales and identified according to progression steps (WG 2022). The SMT programme was designed specifically to help children to:

– vocalise their feelings and needs,
– feel supported in accessing general classroom opportunities,
– engage with everyday communication,
– develop and maintain friendships.

Small group (max. six children) delivery was a feature of both programmes. Practitioners selected children to participate in the intervention, and were asked to identify children who displayed quiet, shy and/or anxious behaviours within their classrooms. Practitioners were supported with the criterion for inclusion during online Q&A sessions prior to programme implementation. Each practitioner was given a programme handbook of planned activities which had a social and emotional emphasis and activities related to developing a range of personal and social developmental skills, e.g. planning a 'tea party' for classmates (see Tables 3 and 4 for a breakdown of the activities undertaken). Baseline assessments constructed from the WG's Foundation Phase (for children aged 3–7) Personal Social Development/Wellbeing and Cultural Diversity, Foundation Phase Skills (2007) were used as a way of measuring change before and after the intervention. Practitioners completed baselines (from 0 to 5, with 5 being the highest score) for each participating child. An example of a completed child baseline assessment proforma can be seen in Table 1:

Ethical considerations

Ethical approval was sought through the participating University's Ethics Committee. Information letters, consent and withdrawal forms were created for practitioners and for parents. Practitioners sought parental approval before commencing the intervention and forms were completed and sent to the researchers. Participation by children was voluntary. We also worked closely with schools to ensure that ethical standards were in line with BERA's (2018) guidance.

Table 5. Themes identified from data analysis.

Theme 1	Better interaction
Theme 2	Reduced anxiousness
Theme 3	Increase in positive emotions and growth in confidence
Theme 4	Increased practitioner awareness
Theme 5	Impact of lockdown/COVID-19 on children

Analysis

This section presents key findings of the study. Findings are presented via themes, as outlined in Table 5.

Theme 1: Better interaction

It has been well documented in prior research that quiet, shy and anxious children are often hesitant or reluctant participants in classroom discussions and interactions (Hassan, Poole, and Schmidt 2020; Hughes and Coplan 2010). Practitioners delivering the SMT/QMT programmes reported significant changes and improvement in pupil behaviour during the six-week interventions. Anecdotal feedback from practitioners noted that children were more confident in expressing themselves in small group interactions and from being in a warm and inclusive environment. Baseline assessment data gathered pre- and post-intervention demonstrate clear improvements across all schools (see Figures 2 and 3). However, it must be noted that baseline assessments are based on individual practitioner observations and that there may be variation and inconsistencies in interpretation of behaviours.

The small group environment, integral to both programmes, allowed children time, opportunity, and space to become more confident and comfortable in expressing themselves. This tended to be more marked as sessions progressed, with practitioners observing changes and growth in pupil behaviour on a weekly basis (recorded on feedback sheets). Pupils showed increased levels of communication, more enthusiasm, and greater control over anxiety. One practitioner noted that a child had 'really come out of her shell and seems much more confident and happier', and that another child's 'anxiety is more controlled' (PS3).[1] There was also a marked increase in pupil interaction. For example, a practitioner commented on how: 'The children are now talking freely during these sessions. They also listen to each other and express simple opinions' (PS9).

Children's anxiety levels and shyness were frequently observed to have reduced during these sessions. One practitioner expressed: 'They've really taken to the group activities, and I've been taken aback with how talkative they've been within this small group' (PS2). There was a clear consensus amongst practitioners in relation to improved confidence levels among pupils because of the intervention and evidence of a cross-transfer of skills and behaviours into the mainstream classroom with a greater willingness to participate and engage. One practitioner noted that a child in the group now 'interacts with more peers in her classroom' (PS6) with another commenting that 'they are all now responding with more volume and expressing their feelings' (PS13). Evidence from practitioner feedback reports a positive increase in interaction and verbal engagement from pupils, however, the long-term impact of the intervention has yet to be explored.

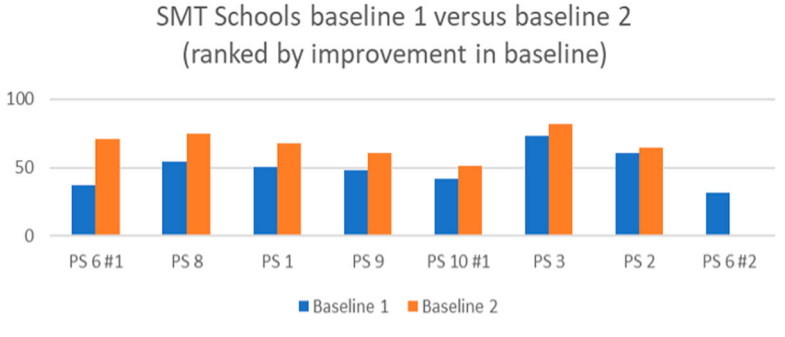

Figure 2. SMT programme pre- and post-intervention baseline assessments (by school).

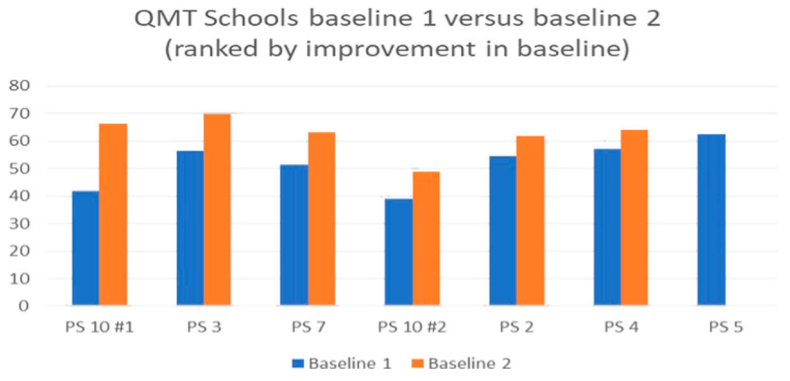

Figure 3. QMT programme pre- and post-intervention baseline assessment (by school).

Theme 2: Reduced anxiousness

A notable theme emerging from practitioner feedback was a reduction in children's levels of anxiety, and in the expression of negative thoughts and emotions during sessions. Practitioners reported how some children initially became anxious, apprehensive, nervous, shy, and hesitant about being put into a group environment, reflecting what could be considered typical behaviours amongst QSA children (Zhu et al. 2019). This was not initially met with concern amongst practitioners, rather they expressed that there was some expectation that the children would be somewhat reserved in a newly formed group. Most reserved behaviour and concerns tended to subside over the course of activities, with many practitioners observing clear changes in behaviour as children became comfortable and settled within groups. One practitioner commented: 'Before we started this – K would often be upset and anxious about coming into school … she now skips into school with a big smile on her face and has found her place within a lovely friendship group' (PS2).

It was evident from the children themselves, that many preferred being in smaller groups rather than in the main classroom. SMT/QMT activities allowed children to immerse themselves in a warm, safe, and comforting environment which had a direct impact on the reduction of negative emotions. As one practitioner noted: 'I think all the children have become more confident and less anxious in the small group dynamic' (PS7) and another: 'I was pleased with how today's session went, I ensured I asked the children how they were feeling during the activity with 'calm' being the most common answer' (PS13).

With a reduction in negative emotions, there was an emerging confidence amongst children within their group in vocalising thoughts and opinions during sessions. Children became more expressive and talkative both to practitioners and peers. One practitioner felt that: 'It's been encouraging to see the pupils who are very quiet in whole class situations really coming alive during these sessions' (PS2). Another commented: 'I was really pleased and quite surprised with the progress of one child in particular who went from not responding at all inside to using his loud voice when we were outside' (PS13).

Theme 3: Increase in positive emotions and growth in confidence

A reduction in children's anxiety was evident along with an increase in the expression of positive emotions. These changes became more marked as the sessions progressed. Practitioners felt the interventions had a significant impact and benefit on children's general wellbeing and allowed children to flourish and be themselves. For example, a practitioner felt that by the fourth activity of the QMT intervention there were significant changes in the group, commenting: 'The whole group is

now more confident. We have come together as a group, fostering a trusting and positive ethos. The children are engaged and more confident and communicative' (PS7). Such comments were also expressed by children themselves and reported on practitioner observation sheets. Many used positive connotations to describe how they felt during one of the QMT activity, including words such as 'peaceful', 'relaxed', 'helps with my anger', 'happy', 'quiet' (PS3). It seems that positive emotions expressed by children not only refer to their own personal feelings, but also to relate to their relationships with their peers, clearly demonstrating being comfortable around others and feeling at ease.

One of the most notable changes observed by practitioners while delivering both programmes was the growth in children's confidence. Pupils showed a greater willingness to engage and participate in activities, as well as interacting with other children in their group. It seems that targeting confidence as part of these activities had a significant impact on children's personal and social development. Two principal aspects were identified – notably a reduction in children's negative emotion, and an increase in their positive emotions. The growth in children's positive emotions led to the development of social skills, self-esteem, willingness to participate and engage within small group settings, being comfortable around others, and the ability to vocalise and express thoughts and feelings. It also strengthened children's relationship both with their peers and practitioners.

The environment in which the activities take place was instrumental in enabling the children to feel confident and to communicate with both peers and practitioners, compared to whole-class situations. As one practitioner noted: 'It's been encouraging to see the pupils who are very quiet in whole class situations really coming alive during these sessions' (PS2).

Theme 4: Increased practitioner awareness

Practitioners welcomed the positive changes observed in children's behaviour over the course of these sessions. The interventions were highly commended and there was a clear sense that they had benefited the children. As practitioners commented: 'These past five weeks have really opened my eyes and have amazed me. It really is a brilliant programme and really does benefit the children and is so needed right now' (PS8) and 'It just shows that little interventions like this on a small scale really do work' (PS5).

It was apparent that delivery of the SMT/QMT programmes, resulted in increased teacher awareness and sensitivity towards children presenting QSA behaviours in the classroom. Comments were made by practitioners reflected a new awareness of subtle changes in behaviour. For example, one practitioner observed that a child's behaviour in the SMT programme had regressed since the school holidays, becoming more unwilling to engage with the group compared to her behaviour prior to the break (PS6). Feedback sessions with practitioners also led to reflective discussions on how to facilitate better engagement amongst children, particularly those who showed some degree of reluctance to engage and participate during sessions. Many practitioners felt they had benefitted from the programme as it enabled them to gain an understanding of individual children's needs, and to respect that not all children are keen to participate immediately. Practitioners explained how a more tailored approach based on individual children's needs and circumstances resulted in an increase in willingness to engage. Potential ways to increase and facilitate engagement within, and because of, these interventions are discussed in the recommendations section later.

Practitioners highlighted the importance of garnering wider support from the schools and Senior Management Team to deliver the interventions (PS7, Oral Feedback). Also worth noting is that even amongst practitioners and schools unable to deliver or complete the SMT/QMT programmes for a variety of reasons, there was strong support for its implementation and the potential benefits for children involved. In fact, many of these schools had also expressed an interest to deliver the interventions later, and many participating schools communicated a desire to continue delivering the interventions after the current study. One practitioner for example commented, 'what a difference this programme has made, and we've noticed these changes in the mainstream classroom. Fantastic.

We love it – and will certainly continue with these sessions in September [next academic term]' (PS12).

Theme 5: Impact of lockdown/COVID-19 on children

Many practitioners expressed a need to support children in terms of developing confidence and providing space and opportunities to verbalise thoughts and feelings. Practitioners felt that the SMT intervention enabled them to facilitate this. It was noted that the SMT intervention had a significant impact on improving children's social interaction and social skills, the development of which had been disrupted by lengthy absences from the school environment due to the COVID-19 pandemic. Upon completing session four of the SMT programme, one practitioner commented how it was an important intervention in providing extra support for children as they returned into the classroom post-pandemic, and to redress issues and concerns brought about because of the pandemic:

> We had a fantastic session, really enjoyed hearing the children's discussions and seeing them thrive in confidence. Shame we are coming to the end of the sessions as the children and myself are really enjoying them. It is definitely what some children need, especially the ones who perhaps don't have siblings and have only had adults surrounding them during the pandemic. (PS8)

Reflecting on the SMT/QMT programme during sessions with practitioners, PS8 welcomed changes observed in greater interactions with peers and staff, as well as the development of social skills within the group. She praised the SMT/QMT intervention for improvement in these behaviours:

> The outcomes we have seen have been amazing and are definitely needed at this point within education especially after the pandemic. I know for the age range that we have used this programme for, have missed a huge amount of social interaction and have only had immediate family to develop those skills … this is where we feel we have seen the biggest difference with our children. (PS8)

Table 6 provides a summary of changes in behaviours observed by practitioners in the classroom following the interventions. These provide an overview of how aspects of SMT/QMT programmes transferred into the mainstream classroom.

Discussion/conclusion

It is apparent that SMT/QMT interventions do support the social and emotional development of quiet shy and/or anxious children in primary schools in Wales. A specific finding from practitioner feedback being the progression in children's confidence over the period of interventions. This was also proven via baseline data, for example, PS6, saw an average 34.3 improvement in social and emotional development baseline scores in SMT and PS10, seeing an average improvement of 24.4 in QMT baseline data scores. It was disappointing, that despite 68 schools signing up to the

Table 6. Transferred behaviours observed in the classroom by practitioners.

Behaviours observed	Evidence in the mainstream classroom
Consideration of others	Demonstrating an increased awareness and concern for other children. Consideration of the feelings and emotions of others. Questioning how others feel about events/participation in group work etc.
Participation in classroom-based activities	Willing to take charge or have a specific role within a group. Being assertive and willing to stand their ground.
Engagement	More agreeable to work with others. Better demonstration of a range of skills linked to working with others: listening, negotiation, turn taking and decision making.
Self-confidence	Improvement in self-confidence in the smaller group sessions transferred to the mainstream classroom.
Trust	Increased willingness to share confidences and experiences with others on a one-to-one basis and in small groups.
Social skills	Better engagement with others in the classroom who are outside the individual's usual group of friends. Evidence of more spontaneous interaction with peers.

research study, not all completed interventions and returned data. This can be attributed to several reasons, mainly due to the ongoing pandemic, with schools having significant staff absence and disruption to teaching. Some schools reported issues with ensuring consistency in the delivery of the programme over a period of six weeks and returning data (observation sheets and baseline assessment data) by the research deadline. Thus, the overall research sample is smaller than we would have wished. While there is evidence of gains in terms of self-confidence, improved engagement, and interaction among QSA children from the study, increased data return would have ensured greater validity of the dataset.

Our findings suggest that QSA children may feel anxious and hesitant about engaging with an intervention such as the SMT or QMT programmes, particularly during the first activity. However, providing time and space reduced negative feelings. Activities conducted in a quiet and gentle way encourage QSA children to participate. Some children told practitioners that they preferred the small groups rather than whole class, due to the calm and quiet environment. A quieter classroom environment is an explicit requirement for QSA children, as it enables them to engage with other children, on their own terms (Davis and Cooper 2021). There was an improvement in a range of social and emotional skills in all children who took part in the SMT or QMT programmes. The most change was seen within the small groups, with evidence of this transferring into the main classroom sometime during the programme. It would be pertinent to continue research longitudinally on SMT/QMT child participants, to see whether the impact of the programme is lasting and whether there is a need to revisit the programme.

It is vital that QSA children do not feel stigmatised by school staff and that practitioners recognise that being quiet or shy is not a negative (Cain 2016; Davis and Cooper 2021). Teaching staff need to understand the importance of working sensitively with QSA children and pro-actively engage with them, for them to thrive (Buhs et al., 2015). It is also pertinent to ensure that trainee teachers in Initial Teacher Education are aware of the unique needs of QSA children and can address them appropriately within the mainstream classroom.

Time for practitioner reflection should be factored in for practitioners who facilitate SMT/QMT programme. This is in addition to the time dedicated to working with the children outside the main classroom on a regular basis over the six-week period. QSA children need routine and the best outcomes from the interventions, came from regular scheduled SMT/QMT sessions. It is interesting to note that most detailed data sets came from practitioners who particularly understood the nuances of a QSA dynamic, and who were perhaps QSA people themselves. Those practitioners were able to comment on the children's development on the programme from a basis of understanding, rather than practitioners who relayed information which was skewed towards the session itself. Any future iteration of this research should ensure practitioners are able to appreciate and unpick how their observations and findings are central to research outcomes. This could be done with increased engagement and training with the study group prior to the implementation of the programmes.

Recommendations

This research study has found that a short-term intervention focused on providing time and space for a small group of children to work closely with a practitioner, helps to mitigate conflicted shyness in individuals and encourage greater participation in the mainstream classroom. While acknowledging that being quiet and shy is not a negative attribute, some children need more time to develop confidence within a busy classroom environment. Practitioner responses support that SMT/QMT programmes allow this opportunity. It has also drawn practitioner attention to these learners and has allowed for an understanding of their needs. Recommendations from the study are that it is important to plan and tailor sessions to the needs of the identified group. It is also important to explain to the group why they have been chosen to participate. Feedback from practitioners questioned how to explain to children why they were being taken out of the classroom for sessions. In addition, some

children who had not been chosen were also curious as to why they were not part of the group. Some practitioners told the group that it was an opportunity for the practitioner to get to know the children better as well as for them to get to know each other. Future research might need to encompass this in relation to the sensitivity of QSA children (Aron 2015) and to elicit their views on their own SMT or QMT journeys. Practitioner feedback was positive but there was a call for a future programme to be extended to children transitioning from primary to secondary school. Transition can be a challenge for some children (Packer et al. 2021) particularly for those who are QSA. The leap from the relative safety of the primary school to a larger secondary setting can be a daunting prospect and one that needs sensitivity in supporting and careful management.

Note

1. PS3 = Practitioner, Primary School 3.

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