# SUPPORTING QUIET, SHY AND ANXIOUS CHILDREN IN THE PRIMARY SCHOOL USING A TARGETED NURTURING INTERVENTION PROGRAMME CALLED *SPECIAL ME TIME*

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## ABSTRACT

Quiet, shy and/or anxious children are found in every classroom and in every school and by their nature, tend to go 'under the radar'. These children present a variety of behaviours, such as being inhibited, lacking confidence, or appearing socially anxious. For some children, their shyness can be severe and may affect their access to learning, thus further understanding, support and nurture is needed. This study employed a targeted six week intervention programme entitled 'Special Me Time' (SMT) that supported the children with: vocalising their feelings; accessing classroom opportunities; communication, and developing friendships. The premise of the approach is that the children are withdrawn from the mainstream classroom and the session is led by a trained practitioner in a small group situation. The programme is aligned to and followed a nurture based approach. The SMT programme was conducted by school staff and Initial Teacher Education students in primary schools predominantly in South Wales, UK. Findings from the implementation of the programme highlighted that it benefited all children's personal and social development in a range of ways such as improving their confidence and self-esteem. Boys with English as an additional language (EAL) responded especially well to the programme. The results of this research study demonstrated the importance of using an intervention designed to understand and support quiet shy and/or anxious children and to develop their unique abilities in a medium where they were both seen and heard.

## INTRODUCTION AND BACKGROUND

Shyness and anxiety do not necessarily go hand in hand, but often one perpetuates the other. There is an established body of research into children's shyness, mostly from a psychological viewpoint (Beidel &Turner, 1999; Chen et al., 2006; Crozier, 2014, 2016). However, it seems that everyday issues and experiences of quiet, shy or anxious (QSA) children in primary school are less well documented, along with concrete findings relating to their educational progress. For instance, Egonu-Obanye (2013), an assistant head teacher in a London primary school, asked her colleagues to engage in a simple exercise; were they able to write down the names of their whole class, purely from memory? The premise being that teachers will normally forget between two and four of the children in their class. These children, she argued, are most likely to be the so called 'invisible children' who cause no trouble, may be quiet or introverted, and coast under the radar, because they make a minimum of fuss. In effect, they were the pupils who were most likely to be overlooked. For the purpose of the present study, the term 'invisible children' will be avoided as it has negative connotations, and instead the term quiet, shy and/or anxious (QSA) will be employed. Being quiet or shy is not an undesirable quality, nor should it be categorised as one. It is pertinent to highlight that not all shy children are introverts, as many people think that shyness and introversion are the same thing, and again, society often sees this as a negative (Zimbardo & Radl, 1981; Cain, 2016; 2020).

The term 'shyness' is most commonly used to

describe children who may be tentative in social situations, avoid participation in social interactions, or who could be perceived as being socially withdrawn (Beidel & Turner, 1999, Schmidt and Poole, 2018). Most young children are likely to experience some level of shyness or anxiety in their early years. Unfortunately, it seems that as part of this process of initial social participation, certain children may be reticent to engage with others and are thus labelled in a negative way. They may be thought of as 'anxious, quiet and behaviourally inhibited, particularly in unfamiliar social situations' (Schmidt & Tasker, 2000, p30). This may lead to people behaving differently towards them, and putting negative behavioural expectations on them. In an educational context, it is apparent that teachers' attitudes and beliefs can both directly and indirectly influence children's social, emotional and academic development (Fang, 1996; Vartuli, 1999). In their research on quiet children in elementary school, Coplan et al., (2011, p940) found that 'teachers were more likely to respond to exuberant/talkative children with high-powered, social learning strategies and to employ peer-focused and indirect strategies for shy/quiet children' targeting the talkative children, while engaging less directly with the quiet ones. More worryingly Coplan et al., (2011) also found that the teachers assumed that shy, quiet children were less intelligent and would achieve less academically than exuberant, talkative children. Another factor related to the involvement of other children in this equation, who diminished and marginalised quieter children. QSA children who display as shy, or what may be termed socially awkward, and anxious are more likely to be observed by their peers as less attractive playmates and may be excluded from social activities within and outside the primary school (Gazelle & Ladd, 2003; Chen et al., 2006). Also, as Coplan et al. (2013) found shy children, when compared to their peers, spent more time alone even while in the vicinity of other children, and tended to induce more negative responses from peers. Furthermore, research evidence (Kalutskya et al., 2015) highlights implications for educational practice. Research on shyness demonstrates that it is indeed a risk factor for children's academic and social adjustment in their early years. Such children may present as being socially withdrawn, sometimes unresponsive, uncommunicative or living in a 'dream world' (Brophy, 1996).

Evans (2010) worries about the 'unique' academic and social challenges faced by shy children, and Leary and Kowalski (1995) have suggested that shy and anxious children, performing everyday classroom activities can experience additional stress due to their negative self-perception. Developing self-esteem and self-confidence has its roots in our earliest engagement with others. Young children build their own self-view, and world view, mostly from the interactions they have with others and the extent to which these are positive or negative experiences. It is therefore, particularly important for QSA children to possess well-developed self-esteem (Siraj-Blatchford, 2006). Supporting children in building their confidence can help all children, but this is especially so with QSA children. Sensitive practitioners working with these children, in a caring and nurturing setting is key. The central principle of the 'Special Me Time' (Davis, 2012) programme employed in the present study is that it is designed to specifically support QSA children and nurture their confidence. The programme is aligned to The Six Principles of Nurture (Lucas, Insley and Buckland, 2006). The use of a nurturing approach is a central tenet of the research, especially in relation to offering a safe space for the children and the importance of nurture for the development of wellbeing. Consequently, the aims of this study were to explore the benefits of employing this six-week intervention programme for QSA children and the implications for teaching pedagogy in this area.

## METHODOLOGY

### Research design and context

The Special Me Time (SMT) programme was developed as a result of doctoral study (Davis, 2012) looking at how Initial Teacher Education (ITE) students could facilitate a nurture intervention within their placements. SMT was devised and used as this intervention. Through networks within ITE partner schools practitioners were also keen to undertake the intervention, so the research participants became student teachers, school staff and children. The importance of supporting QSA learners who are often overlooked within a busy classroom was also at the heart of this research. The SMT programme was delivered to 24 children between the ages of three to seven years (nursery to year 2) in South East Wales and a year 1 classroom in England. The SMT programme was a six week long intervention and the research was implemented in five different settings within a time period from March 2017 to June 2018. A practitioner in each setting facilitated the programme, practitioners were either early years teachers or ITE students. All practitioners were trained in the SMT approach prior to delivery of the programme. Data collection involved undertaking a baseline pre and post intervention and then scrutinising the QSA children's involvement during the SMT sessions; looking at research output such as lesson evaluations; reflective diary entries and practitioner observations. Over the course of the programme, children took part in the specific taught sessions that had a child-focused, social and emotional emphasis.

**Table 1:** *SMT programme activities (Davis, 2012, pp287–303)*

| Activities (6 in total) | Area of development | Brief explanation of activity |
|---|---|---|
| '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. |
| '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. |
| 'Tent adventure' | | The emphasis here on taking a tent outside or making a den, reading stories and eg toasting marshmallows or drinking hot chocolate while talking about journeys and experiences etc. |
| 'Special me' | Wellbeing | Developing a positive self image/sense of belonging. The children will be making a display/year book/other medium to celebrate eg their pets; favourite food; book etc. |
| 'I'm proud of you' | | Being able to celebrate their own achievements and that of others in the group. Awarding each other rosettes they have made. |
| 'What's in the box' | Social development | Developing a positive self image. The children will explore a range boxes containing various items. One contains a mirror to 'reflect' on their achievements – and also finding something 'special' inside. |

All activities had an emphasis on taking place outdoors where possible. Activities focused on making children feel 'special'. Sessions were designed to be flexible and practitioners had autonomy in relation to delivery and length of session/materials used etc.

Session content was based on the Welsh Government Foundation Phase framework (2015). The SMT programme was designed specifically to help the children to:

i) vocalise their feelings and needs,
ii) support them in accessing general classroom opportunities,
iii) help them to engage with everyday communication,
iv) develop and maintain friendships.

The sessions were delivered to small groups (maximum six children). Each group facilitator was given a handbook of planned activities that had a social and emotional dynamic and activities were related to developing a range of personal and social developmental skills, eg planning a 'tea party' for peers. The use of baseline assessments were employed, based on the Welsh Government's Foundation Phase (for children aged 3-7) Personal Social Development/Wellbeing and Cultural Diversity, Foundation Phase Skills (2007). Children were scored on the baselines from 0-5 (with 5 being the highest score); baseline assessments were taken at the start and on cessation of the programme. An example of a child baseline assessment proforma is set out in Figure 1. below.

## Data collection and analysis

Qualitative research data were gathered from practitioner evaluations and observations and an evaluation of the implementation of the SMT programme. The research study adopted a mixed qualitative and quantitative approach, using: pre- and post-SMT intervention baseline assessments (Welsh Government, 2007), semi-structured interviews with school staff and student teachers; lesson evaluations and observation material were also scrutinised. Ethical approval was granted by the authors' University and ethical considerations were adhered to throughout. Participants were recruited through purposive opportunity sampling, and included teachers or teaching assistants, ITE students or children at an ITE placement school. The settings selected were located in a variety of areas in South East Wales, within areas of both socio-economic disadvantage and more affluent areas. One setting, a year 1 class, was located in London as the teacher (a newly qualified teacher) was a former PGCE student from the researchers' university who had expressed an interest in being involved in the study.

Qualitative data were the subject of thematic analysis

**Table 2:** *Information on involvement and data collection SMT.*

| Settings involved | Numbers of children | Gender | | Children with EAL | Practitioners (staff or ITE student) | Data collection/Research outputs |
|---|---|---|---|---|---|---|
| | | Male | Female | | | |
| Nursery 1F | 6 | 4 | 2 | 3 | 2 | Pre and post intervention baselines. |
| Nursery 2G | 4 | 2 | 2 | 2 | 2 | Practitioner observations/field notes |
| Nursery 3W | 6 | 5 | 1 | 4 | 1 | Audio interviews recordings with staff/ students |
| Reception class 1 | 4 | 1 | 3 | 2 | 1 | |
| Yr 1 class 1 | 4 | 2 | 2 | 0 | 1 | Session evaluations and programme evaluations |

**Figure 1:** *An example of a completed pre- and post-SMT intervention baseline proforma, showing improvement in a range of areas following engagement with the 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) Date: 06.03.18 | Final baseline score (out of 5) Date: 17.04.18 |
|---|---|---|
| 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 cooperatively | 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 wellbeing and to the wellbeing 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 |

(Braun & Clark, 2006), The qualitative data gathered consisted of practitioner observations, reflections and opinions, thus a robust method of analysis was needed to reach justifiable conclusions. The approach to analysis was grounded (Glaser and Strauss, 1967) as the data process, analysis and further development of any theories happened after the data was collected. The use of a framework was used as a justification for the use of qualitative research to expand theoretical analysis, extracting meaning from data gathered in a systematic and integrated way. Thus a 'practical analysis framework' (Braun & Clark, 2006) was used for data interpretation. This framework worked to offset some of the difficulties of quantifying qualitative data, as it helped to identify a range of patterns and themes within the data. The data was used reflectively and then ultimately reflexively (Warin et al., 2006), in relation to practice. An example here being it was found that SMT especially suited boys and EAL learners, this was not something that was originally hypothesised or was considered by the researchers prior to commencement of the study. Triangulation of data was a key consideration and methodological triangulation (Denzin, 1970) was employed in relation to reflections on and use of several data collection methods such as baseline data, observations and lesson evaluations. The

resultant process of interpretation of data looked at regular or reoccurring patterns, within the findings, which were then organised into themes, as table 3 below shows:

**Table 3:** *Five point analysis system used to analyse qualitative SMT data gathered*

| Numercial code | Pre-determined themes | Colour Code | No. of references to themes |
|---|---|---|---|
| 1 | Vocalise feelings and needs e.g 'I want to' ' Give me that' | Yellow | |
| 2 | Confidence/autonomy, eg Doing this on their own; taking charge of situations | Blue | |
| 3 | Changes/growth, eg speaking without being prompted. Giving opinions and suggestions; | Brown | |
| 4 | Self-esteem/self worth, eg pride in achievement; pointing out achievements | Pink | |
| 5 | Other / miscellaneous | Black | |

Themes were designed to give an overall view of the way that children responded to and engaged with SMT activities and sessions. Thematic analysis was based on practitioner feedback and reflections within these areas. Because of the ordinal nature of the pre and post baseline scores, statistical analysis

of a quantitative nature was achieved by employing the Wilcoxon signed-rank test (Wilcoxon, 1945). This was employed in analysis of pre and post baseline scores.

## RESEARCH DESIGN

At each school the lead practitioner had responsibility for the implementation of the SMT programme. They decided which children should be included, based on their own criteria reflecting the aims of the study. Many of the children were selected by the practitioners to participate in the SMT programme as they often played alone, or were deemed to be QSA children. Practitioners ran the SMT sessions and undertook the pre- and post-SMT programme baseline assessments, observations and session evaluations. Each SMT session was unique in that the practitioners were able to tailor the session material to their own and the children's needs. Each session lasted approximately one and a half hours. The student teachers were overseen by a permanent member of staff at each school and by their university tutor.

Two further sources of data supplemented the research design. These included audio recordings of interviews with staff/students involved in the delivery of the project. These were unstructured and used purposive sampling (Palinkas et al., 2015). Practitioner observations were used along with lesson evaluations and feedback acquired from the children to help enrich and inform the pre- and post-intervention quantitative baseline assessments collected.

## RESULTS AND DISCUSSION

Rich and varied data were gathered as a result of the SMT implementation. As well as generic findings, the data also revealed individual progress, gained from child participation in the programme. For example, the baselines results in Table 3 identified that following their involvement with the SMT programme Child A1 was more able to 'Express & communicate different feelings and emotions – their own and those of others' having been initially scored as a 0 in this category, but reaching a score of 3 by the end of the programme. Indeed, child A1 demonstrated improvement in a range of descriptors, as a result of SMT programme engagement. Again, the results showed that child A1 had also improved from 0 to 3 in relation to item 10 (Respond to ideas and questions enthusiastically, sensitively, creatively and intuitively). While these changes cannot unequivocally be evidenced as being the result of the SMT intervention alone, the data does point to the potential for individual change over a short period of time (six weeks). This individual progress was noted more widely. For instance, a Nursery Teacher in Nursery 1F noted that:

*Evidence from baseline scores at the beginning of the*

*programme and at the end showed that every child had become more confident and was becoming more curious to develop and explore. They were more able to work cooperatively rather than on their own.*

It became apparent that the children involved in the SMT programme did become more confident during the SMT implementation. Students and staff involved with the programme also received input from parents on changes in the home environment. The parents of child A1 in Nursery 1F thanked practitioners for their support and reported on him talking more. Child A1 was the youngest in a large family, where siblings 'talked for him'. He became more confident and vocal as a result of his SMT sessions and this transferred to his home life.

## PRACTITIONER FEEDBACK

More general findings were obtained from practitioner reflections and observations aimed at demonstrating how the implementation of the SMT programme benefited pedagogy, the QSA children's classroom experiences, and development that aligns with the research aims of this study. It also provides evidence on how the programme supported children in relation to boosting their levels of engagement and confidence, and their ability to access classroom opportunities and in developing friendships. For example a teacher in Nursery 2G noted that:

*The sessions were really 'special' it gave the children time to chat with each other and staff… they were very engaged and enthusiastic. The children were asking…when is it SMT?*

This is supported by Student C in Nursery 3W who noted that:

*All children contributed at their own level. R was confident and quite chatty in the small group – where he is not in whole class. P was giggling and hiding the shells with and wanted to put the shell to her ear. N was relatively quiet, but did contribute. All children engaged and discussed the features of the shells to varying levels of confidence and sharing. N was more reserved, and chose to leave the session first. The rest of the children really enjoyed the session and stayed longer than required. N is probably the most quietest and shy of all the children. N had chosen to stay with the other children to talk and play. I need to encourage him to talk more openly, in front of peers and other adults. He seemed uncomfortable to talk in front of me. Targets for their learning would be to share more of what is important to them with the rest of the class. Daily show and tell for all to talk about special things.*

This illustrates that all children were more confident in the small SMT group than in a whole class

situation and all contributed well at their respective level.

Similarly a newly qualified teacher in Reception class 1 reported:

*I have 13 children in the class, some were very shy. Mainly girls. Many of them would play alongside others and not join in or were led by others. Two children are EAL – K was the child that I noticed got the most out of SMT. After the programme, she played with other children in the class much more. Now she will initiate, eg games with the others, where she would not do this before. She really bonded with E (also EAL) during the SMT programme – they had not in any way been friends before, but they both grew in confidence, due to the programme.*

From this statement, following SMT input, children were seen to engage more fully and also initiate games with others, where previously this was not the case. The two children who had forged a firm friendship within the group, transferred this friendship to a whole class situation. They had not been friends pre-intervention.

## QUANTITATIVE RESULTS: PRE-SMT INTERVENTION VS POST-SMT INTERVENTION

The tables presented below summarise the pre- and post-SMT intervention baseline data collected during the study (see Figure 1). The purpose was to establish whether there were statistically significant differences between the group pre- and post-intervention scores that might provide specific information with which to quantitatively monitor and assess the effect of implementing the SMT programme and to gauge its effectiveness.

**Table 4:** *Nursery 1F pre- and post-SMT intervention stats from baseline data*

| Pupil (sex) | Pre-SMT | Post-SMT | Difference (post-pre) | Observations |
|---|---|---|---|---|
| A1 (♂) | 33 | 46 | 13 | EAL |
| B1 (♀) | 32 | 39 | 7 | EAL |
| C1 (♂) | 29 | 37 | 8 | |
| D1 (♂) | 27 | 38 | 11 | EAL |
| E1 (♂) | 8 | 15 | 7 | |
| F1 (♀) | 33 | 39 | 6 | |
| Median (η) | 30.5 | 38.5 | 7.5* | |

**Key:** SMT = special me time programme; ♀ = girl; ♂ = boy; η (eta) = median value; EAL = English as an additional language; * = test of the null hypothesis ($H_0$): $\eta_{diff} = 0$ using Wilcoxon's signed-rank test $(W_n) = W_6 = 21.0$, P = 0.036.

This result sets out that the median score (η = eta) for the group differences ($\eta_{diff} = 7.5$) between the pre-SMT intervention measurement and the post-

SMT intervention measurement was statistically greater than zero (computed P < 0.05). We can therefore reject the $H_0$: $\eta_{diff} = 0$ and accept the alternative hypothesis ($H_1$: $\eta_{diff} \neq 0$). Thus, the SMT programme produced a small but statistically significant improvement in Nursery 1F children's overall personal and social development (PSD). Indeed, this set of results also supports wider research on the benefits of nurture interventions for QSA children (Brophy, 1996; Aaron, 2015), where boys improved the most from this intervention, with one EAL boy improving by a difference of 13.

**Table 5:** *Nursery 2G pre- and post-SMT intervention stats from baseline data*

| Pupil (sex) | Pre-SMT | Post-SMT | Difference (post-pre) | Observations |
|---|---|---|---|---|
| A2 (♂) | 19 | 38 | 19 | EAL |
| B2 (♂) | 13 | 40 | 27 | EAL |
| C2 (♀) | 10 | 47 | 37 | LAC |
| D2 (♀) | 17 | 36 | 19 | |
| Median (η) | 15 | 39 | 23* | |

**Key:** SMT = special me time programme; ♀ = girl; ♂ = boy; η (eta) = median value; EAL = English as an additional language; LAC = looked after child; * = test of the null hypothesis ($H_0$): $\eta_{diff} = 0$ using Wilcoxon's signed-rank test $(W_n) = W_4 = 10.0$, P = 0.100.

The median score for the group differences ($\eta_{diff} = 23$) between the pre-SMT measurement and the post-SMT intervention measurement was not statistically greater than zero (computed P > 0.05) in this setting. We can therefore accept the $H_0$: $\eta_{diff} = 0$. In Nursery 2G, while there were large improvements in PSD scores across the board, it is likely that because of the small group size, the differences that the SMT programme made were statistically non-significant. However, the girl who was looked after (LA) showed an exceptional gain, when compared to the rest of the group. This demonstrated that for some children, the SMT engagement really resonated with them and they especially benefited from it. As this pupil was a LA child, discussion with the practitioner who facilitated the intervention, suggested that individual care and attention, particularly supported this particular girl's needs. (Vartuli, 1999; Olsen Laney, 2005).

**Table 6:** *Nursery 3W pre- and post-SMT intervention stats from baseline data*

| Pupil (sex) | Pre-SMT | Post-SMT | Difference (post-pre) | Observations |
|---|---|---|---|---|
| A3 (♀) | 21 | 36 | 15 | EAL |
| B3 (♂) | 34 | 71 | 37 | |
| C3 (♂) | 19 | 51 | 32 | |
| C4 (♂) | 27 | 54 | 27 | EAL |
| C5 (♂) | 10 | 31 | 21 | EAL |
| C6 (♂) | 52 | 62 | 10 | EAL |
| **Median (η)** | **24** | **52.5** | **24*** | |

**Key:** SMT = special me time programme; ♀ = girl; ♂ = boy; η (eta) = median value; EAL = English as an additional language; * = test of the null hypothesis ($H_0$): $\eta_{diff} = 0$ using Wilcoxon's signed-rank test ($W_n$) = $W_6$ = 21.0, P = 0.036.

The median score for the group differences ($\eta_{diff}$ = 24) between the pre-SMT programme intervention measurement and the post-SMT programme measurement is statistically greater than zero. We can therefore reject the $H_0$: $\eta_{diff} = 0$ and accept the $H_1$: $\eta_{diff} \neq 0$ (computed P < 0.05). The scores from this nursery saw bigger PSD improvements, but from a higher overall pre-SMT programme intervention baseline. Interestingly, Nursery 3W was the most multicultural of the educational settings in this study and the children were also used to working in small groups. As a consequence they engaged well with the SMT approach. Once again boys, and EAL boys in particular, gained most effectively from intervention. It is also noteworthy that boys were over-represented in this group; this was because boys in this nursery boys were seen by practitioners as especially needing support.

**Table 7:** *Reception class 1 pre- and post-SMT intervention stats from baseline data*

| Pupil (sex) | Pre-SMT | Post-SMT | Difference (post-pre) | Observations |
|---|---|---|---|---|
| Ar (♀) | 55 | 77 | 22 | EAL |
| Br (♀) | 48 | 61 | 13 | |
| Cr (♂) | 56 | 77 | 21 | EAL |
| Dr (♀) | 32 | 48 | 16 | |
| **Median (η)** | **51.5** | **69** | **18.5*** | |

**Key:** SMT = special me time programme; ♀ = girl; ♂ = boy; η (eta) = median value; EAL = English as an additional language; * = test of the null hypothesis ($H_0$): $\eta_{diff} = 0$ using Wilcoxon's signed-rank test ($W_n$) = $W_4$ = 10.0, P = 0.100.

The median score for the group differences ($\eta_{diff}$ = 18.5) between the pre-SMT intervention measurement and the post-SMT measurement is not statistically greater than zero (computed P > 0.05) and we can therefore accept the $H_0$: $\eta_{diff} = 0$. Even though in Reception class 1, we see the biggest improvements in PSD scores from the two EAL children, but while the changes appear large, the

non-significant result is, once again, likely due to the small sample size. Another interesting aspect is that the two EAL children in this sample, became firm friends during the SMT intervention and the class teacher reported that their progress was then 'in tandem' with them supporting each other. They had not been friendly pre-intervention.

**Table 8:** *Year 1 class 1 pre- and post-SMT intervention stats from baseline data*

| Pupil (sex) | Pre-SMT | Post-SMT | Difference (post-pre) |
|---|---|---|---|
| Ay1 (♂) | 34 | 68 | 34 |
| By1 (♀) | 36 | 62 | 26 |
| Cy1 (♂) | 31 | 57 | 26 |
| Dy1 (♀) | 34 | 57 | 23 |
| **Median (η)** | **34** | **59.5** | **26*** |

**Key:** SMT = special me time programme; ♀ = girl; ♂ = boy; η (eta) = median value; EAL = English as an additional language; * = test of the null hypothesis ($H_0$): $\eta_{diff} = 0$ using Wilcoxon's signed-rank test ($W_n$) = $W_4$ = 10.0, P = 0.100.

This data set shows the best overall PSD improvements recorded in any of the educational settings investigated. However, the median score for the group differences ($\eta_{diff}$ = 26) between the pre-SMT programme intervention measurement and the post-SMT measurement was not statistically greater than zero (computed P > 0.05), and so we have to accept the $H_0$: $\eta_{diff} = 0$. Once again, the non-significant result is likely due to the small sample size. It is interesting to note however, that the year 1 teacher responsible for this class, and who facilitated the implementation of the SMT programme in this school, was a mature PGCE student teacher and was particularly receptive and knowledgeable in relation to the SMT ethos, as her own child was QSA.

Generally, across the study, while the statistical Wilcoxon analyses were often disappointing, overall consideration of the observed scores shows that in all individual pupil cases, the SMT programme input did have a positive impact on the QSA children in relation to improving a range of PSD factors. To clarify, if we view this through a 'human lens' a particularly noteworthy example would be in relation to child C4 at Nursery 3W who was an EAL boy, and showed an exceptional change as a result of following the SMT intervention programme. This is demonstrated in the reflection recorded by student teacher D who noted that:

*Child C was an elective mute. He was the youngest child in a family of 8 and the other children did the talking for him. At the beginning of the SMT programme, he would only speak to me in a whisper, if at all. As the weeks went on he became more confident, other practitioners commented on this.*

*In the last week, he was playing with some other children in the yard, a group of boys threw a teddy bear over the nursery wall, C went and found the caretaker and explained what had happened and that he wanted the bear back. Staff and his parents were amazed at his progress. Also, at the end of the SMT programme, he did not talk to me in a whisper anymore.*

## CONCLUSION

In relation to child development and wellbeing, it became apparent that the SMT programme employed in this study led to positive outcomes for the QSA children's social and emotional development. It supported the QSA children, either by improving their engagement and confidence or enabling them to access activities both in and out of the SMT group, it also helped them to forge friendships. The practitioners interviewed, explained that as a result of the intervention, children were more able to vocalise feelings and needs. For example, Teacher A reported that: '*Prior to SMT, T barely spoke in nursery. As the programme went on, he became more vocal.*', and Student B identified that: '*D was reserved and shy and had a negative attitude to her abilities, SMT gave her confidence and showed her that her contributions were valid.*'. It became apparent that SMT especially supported boys. Over the whole study, it also became evident that EAL boys particularly, showed improved social and emotional skills. However, girls and non-EAL children improved, but less markedly.

In considering why this might be, the evidence supports Crozier's (2014) notion that small intervention groups are especially effective for QSA children. Indeed, all practitioners mentioned the fact that the QSA children seemed to thrive in the small group situations and the small groups also enabled the children to become more confident and vocal. This was also apparent when the children transitioned back into their whole class situations, with many children taking friendships made within the SMT setting into the wider classroom. Children were also able to use oracy skills developed in the SMT group into the main stream classroom with practitioners noting that the children were able to engage, eg in circle time sessions, putting across ideas, whereas before they would have remained silent.

In addition, time was an important factor as practitioners consistently reported the importance of time and space to undertake the programme. They especially highlighted the benefits of focusing on quiet and calm within the sessions, supporting the work of Benson et al., (1994, 2000) and Foret

et al., (2012). This suggests the importance of QSA children needing quiet calm spaces. It is imperative that staff are sensitive to the QSA children's needs and appreciate the fact that they do not always like working in large groups. Cain (2016, 2020) echoes this and suggests that grouping can cause anxiety to quiet learners and there is nothing wrong with facilitating solo projects within the classroom and this will in fact benefit QSA children. We suggest that the provision of an SMT context, using a nurturing small group approach leads to social and emotional benefits, skills and attributes such as self-esteem and confidence for QSA children. We acknowledge however, that this is not always possible, due to staff or budgetary constraints to provide continual small group teaching. However, it should be a feature where possible. Practitioners also need to be aware of how to deal with highly sensitive QSA children in the classroom. Aaron (2015) suggests that QSA children can be exceptionally responsive to their environments, picking up on visual and non-visual cues, noise and the moods and behaviours of others. Thus QSA children easily home in on adult conversations. Adults need to be mindful of this, and especially so when discussing anything in relation to children's performance or abilities within the classroom, or when comparing them to others. A limitation of the SMT approach is that it didn't employ a 'control group' of children, who were QSA and were not included in the SMT programme and activities. In this first research round, it was felt that this would be detrimental to leave out any children thus identified. However, this is acknowledged as a limitation and the use of a 'waiting group' as a way of identifying 'control group' data will be looked at during roll out of phase two of this research. Further input relating to the longitudinal study of research participants is also envisaged.

We suggest that the role of the teacher is paramount, both in understanding the QSA child and supporting them and this was highlighted during the research. This is also echoed by

Sette et al., (2021) who suggest that shyness in young children results in less social play. It is vital therefore, that practitioners understand the needs of the children who display quiet, shy or anxious behaviours. This is especially important now in light of the current COVID pandemic, with children's anxiety and mental health being affected. (Ritz, O'Hare and Burgess, 2020; Waite et al., 2020). The provision needed may be as simple as taking the time to listen and explain; employing strategies that give them access to classroom groups/peers' games. Allowing them quiet time, eg in the book corner of a classroom, letting them work alone or in pairs rather than in large groups. If a QSA child

is in a classroom where practitioners are unaware of, or unresponsive to, their specific needs, or their teachers provide only low levels of social and emotional support, it is unlikely that the QSA child will thrive. Whereas in a supportive classroom, with a high level of emotional support and with an intuitive and emotionally literate practitioner, this study suggests that the QSA child will flourish.

Although this study was small-scale and geographically limited, it suggests that it is important to underpin young QSA children's early learning experiences within a supportive emotional context, and to appreciate the holistic aspects of their needs. Maslow (1943) indicated that the ability to find self-fulfilment and to realise one's own potential, could not occur until various other physiological and psychological needs were met. QSA children may still find navigating their course in the complicated social world of the primary school, or nursery, more difficult than other children, and may need a little more help, nurture and targeted support. Phase two of the research is currently ongoing and will also gauge the additional dynamic of the subsequent effects of COVID 19 on young children's anxieties. Thus, we reiterate that the key concepts of the SMT programme, that is, small groups, time, quiet calm spaces and an emotionally literate teacher, will continue to provide them with significant support on their learning journey.

## ACKNOWLEDGEMENTS

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