



Supporting young quiet, shy and anxious children in school

Research

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Audience	Head teachers; teachers; school staff; wider school staff e.g., school governors, educational psychologists, school consortia, policymakers.
Overview	This document reports on two targeted intervention programmes called 'Special Me Time' and 'Quality Me Time' which were carried out by teachers or teaching assistants in primary schools in Wales. These targeted programmes aimed to support quiet shy and anxious learners from reception to year 2 and learners in year 3 to 4 to become more confident and engaged in school.
Action required	This document is designed to inform readers about the programme and its implementation.
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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Executive summary

Defining quiet shy and anxious (QSA) learners

Quiet shy and anxious (QSA) learners are often viewed negatively in the school setting. Being quiet and shy is not an undesirable quality, nor should it be categorised as one. The ethos within schools however is focused on communication and pro-active participation in learning. Teachers are thus prone to favour responsive and pro-active children. Frequent school closures as a consequence of the Covid-19 pandemic have significantly limited opportunities for practitioners to support the development of children's communication and social skills. The effects of the pandemic on children in general were reported as being 'innumerable' Chawla et.al., (2021, p.294) and included aspects such as sleep problems, depression and anxiety. Thus, it was a 'perfect storm' for the children who were already quiet, shy or anxious in everyday situations. Quiet, shy, or anxious learners, often access learning in a reduced way, and are seen as being outside the norm. Research on shyness demonstrates that there is a risk factor for children's academic and social adjustment in their early years if these behaviours are not addressed.

Defining shyness

There are different levels of shyness, with some children being more socially withdrawn, or living in their own 'dream' world. Anxiety is often a resultant factor of shyness. QSA children who display as shy, or socially awkward, and present anxious behaviours are also likely to be observed by their peers as less attractive playmates and may be excluded from social and work-based activities as a result (Davis and Cooper, 2021). Shyness is self-perpetuating in that children then spend more time alone. It is important to set out that sometimes shy children enjoy their own company or being alone, and as educators, we should accept that as their choice. For some children however, shyness can be severe and may affect their access to learning, and therefore, further understanding, support, and nurture is vital.

The Study

This study employed two targeted six-week intervention programmes entitled 'Special Me Time' (SMT) for learners in the Early Years (ages 3-7) and 'Quality Me Time' (QMT) for learners in year 3 – 4 primary classrooms. The research is based on initial findings from earlier work by Davis and Cooper (2021). The interventions have been designed to support children, in relation to 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 follows a nurture-based approach. The SMT programme was conducted by school staff in both Welsh-medium and English-medium primary schools across Wales. Findings from the implementation of the programme via baselines, practitioner reflections and verbal feedback sessions highlighted that the intervention benefitted all children's personal and social development in a range of ways such as improving their confidence and self-esteem both within and outside the classroom environment.

In a previous round of this research study (see Davis and Cooper, 2021), there were noticeable improvements in the classroom responses of all children who participated in the programme. In particular, boys with English as an additional language (EAL) responded especially well. In this round, we will be interested to see if this is still the case. The results of this research study demonstrate the importance of using an intervention which was designed to understand and support quiet shy and/or anxious children and to develop their unique abilities, in a medium where they are seen, heard and can contribute. The focus of the current study is to increase awareness of quiet, shy, and anxious learners in the classroom and to provide a space for practitioners through the SMT and QMT programmes to recognise and support the quiet, shy and anxious children in their classrooms. The focus of the current study is to increase awareness of quiet, shy, and anxious learners in the classroom and to provide a space for practitioners through the SMT and QMT programmes to recognise and support the quiet, shy and anxious children in their classrooms.

1. Introduction and background

- 1.1 Quiet, shy and/or anxious (QSA) children are found in all classrooms and in all schools and by their nature, tend to go 'under the radar' (Coplan et al., 2011; Crozier, 2014; Davis and Cooper, 2021). For some children, their shyness can be severe and may affect access to learning, thus further understanding and support is needed. Emerging research suggests that the impact of Covid-19 upon children's mental health and wellbeing, because of prolonged periods of lockdown and uncertainty, is also cause for concern. Blanden et al., (2021, p.3) report that 'school closures were one of the most dramatic consequences of the Covid 19 pandemic on society for reasons relating to insecurities around familial circumstances such as parents' employment situations and anxieties about relatives' health and social isolation. This is further supported by studies looking at children's levels of anxiety during the pandemic, particularly amongst those children whose parents were essential workers or those who had to social distance from their parents (e.g., Garcia et al., 2020; Zengin et al., 2021). Consequently, children's mental health and wellbeing, significantly declined during this period somewhat due to parental anxiety which was then transferred onto them. Buchanan et al., (2021) also echo this saying that children's mental health has been severely and adversely affected by the pandemic.
- 1.2 The Welsh Parliament (2020) set out in its Covid-19 guidance, Children, Young People and Education Committee. Impact of Covid 19 on children and young people 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'. In this iteration of our research, we are looking at QSA learners post-covid and focusing on children with English as an additional language, multi-lingual, and bilingual learners (Welsh/English). We are working in collaboration with Show Racism the Red Card Wales (SRtRC) and have received funding from Welsh Government (WG) as part of their Covid recovery plan.
- 1.3 The WG Covid-19 Recovery plan (WG, 2021) suggests younger learners 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 fundamentally the case for QSA learners who struggle with socialising and playing in the school setting - in non-pandemic times. Research by Li et al., (2016) found a strong correlation between increased peer interaction and prosocial behaviours in

shy children following intervention programmes where structured opportunities were given to promote social interactions and play. Kalutskya et al., (2015) further highlight implications for educational practice on supporting QSA learners, and that special care and understanding needs to be employed when working with these children.

- 1.4 Research on shyness demonstrates that it presents a risk factor for children's academic and social adjustment in their early years (e.g., Zhu et al., 2019; Blankson et al., 2011). Taking the established research on QSA children, current indicators with regards to mental health and wellbeing among children and young people (e.g. Blanden et al., 2021; Imran et al., 2020); and applying it within a pandemic context, it follows that the numbers of QSA children will increase –more children will be considered as 'socially anxious' and withdrawn due to ongoing COVID uncertainties or disruptions to schooling and thus less prepared for the demands of learning, with potential long- term consequences.
- 1.5 There are some research studies on supporting QSA children in educational contexts have found that intervention programmes sustained for a short period of time can have longer term impact (e.g. Korem, 2019; Li et al., 2016) The premise of the approach is around the use of a targeted programme, which is designed to support young children who are deemed by their teachers to be quiet, shy and/or anxious. The intervention consists of small group interventions - a small group of children (6 max.) who are taken from the mainstream classroom for an hour per week over a six-week period. Sessions are facilitated by a trained practitioner. The programme follows a nurture-based, child focused approach, allowing time and space for children to feel comfortable in expressing themselves. Phase 1 results conducted in 2019 showed that children involved with the programme improved their confidence and self-esteem within the small groups and which then translated to whole class situations. The second iteration of this research (the first implementation of the research was in during the period March 2017 to June 2018) this round recruited 50+ schools from across Wales to implement the programme twice during the Spring term of 2022.
- 1.6 Phase 1 research findings from practitioners demonstrate the importance of using an intervention designed to understand and support QSA children and to develop their unique abilities in an environment where they are both seen and heard. The research identified that practitioners gained greater appreciation of the needs and

contributions of QSA learners in their classroom. This aligns with Crozier's (2014) hypothesis that quiet children, need specific small group intervention, to thrive. Time spent in small groups allowed for meaningful conversations and the nurturing of relationships between practitioner and learner, and learner with peers.

- 1.7 Furthermore, the findings from practitioners revealed that that small group sessions foster increasing levels of confidence further empowering QSA learners to become interactive participants in the mainstream classroom (Davis and Cooper, 2021). It provides a safe space for more reticent learners to voice concerns and frustrations, enabling practitioners to adapt teaching practices to better accommodate all learners in the classroom. Practitioners valued the opportunity to develop relationships with these learners and there was a growing recognition of the valuable contributions QSA learners can make to the classroom when given the opportunity.
- 1.8 This report will reflect on phase 2 of the research and the implementation of the SMT and QMT programmes with a wider range of learners, such as bilingual learners (English/ Welsh in Welsh medium schools), learners from diverse backgrounds, learners with English as an additional language and asylum seeking and refugee children. It will suggest ways to support such children who are quiet, shy, and anxious to navigate the complex social dynamic of the school classroom and help them to reach their potential.

2. Review of literature

- 2.1 Being quiet or shy is acknowledged as a relatively stable temperamental trait characterised by wariness, anxiety, and self-consciousness in social situations (Hassan et al., 2020; Coplan et al., 2004). The development of shyness can happen in response to environmental stimuli which can impact upon emerging peer relationships, foster emerging social reticence and subsequent adjustment at school entry (Kagan, 1992). Shyness is negatively associated with peer interactions, the development of social skills and associated with peer and socioemotional difficulties suppressing engagement in classroom activities and discourse (Hassan et al., 2020; Hughes and Coplan, 2010). Asendorpf (1993) identifies three reasons for being quiet or shy, namely, conflicted shyness, where the child wishes to interact with others but is too anxious or fearful to initiate the social interaction; social disinterest, where the child plays alone because they do not have a strong motivation to play with others, and active isolation, whereby the child is alone because others do not wish to interact with them. While the active isolation is deemed to be external to the child, the former two reasons are considered internal, located within the child. This indicates that while there is a desire within the child to interact and socialise with others, this motivation is simultaneously inhibited by social fear and anxiety.
- 2.2 There is some confusion and misunderstanding around the terminology used to describe quiet and shy children and misconceptions around the practicalities of definition. Often individuals who are introverted can be seen as shy, lacking in sociability and confidence. These are traits which can, but do not necessarily co-exist with shyness. While introversion can look like shyness, it is important to recognise that shyness tends to come from nervousness about being accepted by others, a fear of making mistakes, apprehension about saying the wrong thing. Individuals who are introverts tend to be quiet for other reasons, they are listening carefully or taking time to process information or do not feel a need to contribute (rather than feeling unable to participate). Individuals who are introverted enjoy socialising but do it on their own terms rather than feeling inhibited or unable to socialise. Shyness can inhibit individuals from socialising and can hinder the process of developing healthy interpersonal relationships with others, with long-lasting implications. Another term used to describe solitary behaviour among young children in both unfamiliar and familiar environments is social withdrawal. It is

considered that, in general, this behaviour does not change over time (Wonjung et al., 2008). Anxiety is considered a part of normal childhood development (Bhatia and Goyal, 2018) as young children must learn responses to and perceptions of danger. It is considered a problem when anxiety becomes out of proportion and impairs everyday life or aspects of development or learning.

- 2.3 Understanding the reasons behind being quiet, shy, and anxious are complex. Kagan (1992) identifies that the development of the temperamental trait of shyness happens in response to environmental stimuli. However, recent research by Zeytinoglu et al., (2022) notes that there is connection between maternal shyness and shyness in infancy and an association with both social and general anxiety. Henderson and Zimbardo (1998) identify that shyness is on a continuum, ranging from mild social awkwardness to totally inhibiting social phobia. Despite a consistent behavioural trajectory, Kirkpatrick et al., (2020) note that children who are fearful of social interaction withdraw from their peer groups and as a result are at an increased risk of a range of negative outcomes. These include internalising problems, social competence deficits, negative peer experiences, and academic challenges, which can affect individuals on a cognitive, behavioural, and physical level (Afshan, Askari and Manickam, 2015). Traits of shyness are therefore crucial in the development of adolescent personality and can have lifelong implications, particularly if towards the extreme end of the continuum (Baardstu et al., 2019; Karevold et al., 2009).
- 2.4 The sensitivity of teachers in engaging and encouraging learners who are quiet, and shy is paramount in enabling them to engage and be full participants in the classroom. Sette et al. (2018) study investigated the connection between shyness, inhibitory control (a cognitive ability to inhibit an automatic response or desirable action) and children's adjustment in preschool. Children with greater inhibitory control are better at suppressing socially undesirable responses and are better able to delay gratification for later long-term goals (Gusdorf et al., 2011). Sette et al.'s (2018) sample of preschool-aged children found that, in a school context, there was a negative association in those children with higher levels of inhibitory control and shyness with teacher-reported prosocial behaviours and popularity. In contrast, children with lower levels of inhibitory control, shyness was positively associated with regulated school behaviours. They concluded that there is evidence to suggest that a combination of shyness with inhibitory control may contribute to a rigidity in

children's behaviours, which in turn has an impact upon how they adjust to social and school demands.

2.5 Buhs et al.'s (2015) study found that there was a correlation between shy children and peer rejection which had an impact on teacher sensitivity. This indicates that shy and withdrawn children tend to have fewer interactions and close relationships with peers and teachers. Buhs et al., (2015) surmise that these interaction patterns demonstrate less engagement with, and support from teachers, which subsequently impacts negatively upon learning. However, practitioners who were sensitive and responsive to the needs of quiet and shy children in their classroom tended to create supportive environments conducive to better engagement of children and improved learning.

2.6 Buhs et al.'s (2015) model below visualises the typical behaviours noted in response to shy children in the classroom.

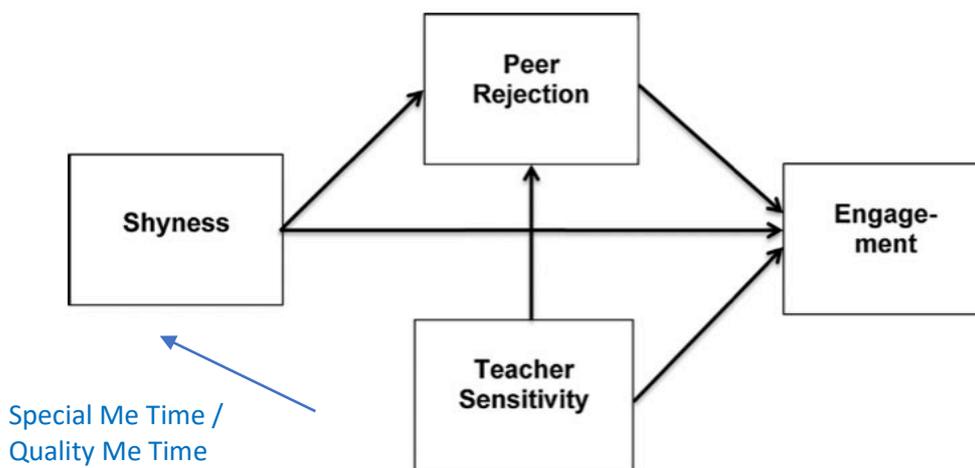


Figure 1. Conceptual /Structural Model of SMT / QMT intervention (adapted from Buhs et al., 2015)

2.7 The focus of the current study is to increase awareness of quiet, shy, and anxious learners in the classroom and to provide a space for practitioners through the SMT and QMT programmes to recognise and support the quiet, shy and anxious children in their classrooms, thus being aware of this dynamic and then addressing the gap in the figure above (highlighted in blue).

3. Methodology

Research Context

- 3.1 The SMT and QMT programmes were developed as a result of a doctoral study by Davis (2012) which looked at how Initial Teacher Education (ITE) students could facilitate a nurture intervention within their placements. SMT was initially devised and used as the initial early years' intervention and the QMT programme followed this. The importance of supporting QSA learners who are often overlooked within a busy classroom was also at the heart of this research and it became more apparent during the disruption as a result of Covid-19, that QSA children were being doubly disadvantaged in classrooms in a pandemic situation and beyond.
- 3.2 The original study by Davis and Cooper (2021) highlighted that learners with English as an additional language and multi-lingual learners benefitted especially from the SMT / QMT interventions. It was therefore pertinent in light of the new Curriculum for Wales, which has a strong diversity and equity focus, that the research should build on these initial findings and specifically look at the experiences of QSA learners from diverse backgrounds or asylum-seeking backgrounds. (However, subsequently in this iteration of the research, the number of children from ethnically diverse backgrounds who took part in the research, was not statistically significant). The addition of 'Show Racism the Red Card Cymru' (SRtRC) colleagues to the research team, was seen as being a seamless partnership here. SRtRC brought a wealth of knowledge and understanding in relation to the experiences of diverse learners in the primary school and also in being able to identify those schools with a higher percentage of diverse learners, especially those with asylum seeking children and families. Dr Rhiannon Packer was responsible for the inclusion of a Welsh-medium focus in this iteration of the research.

Ethics

- 3.3 Ethical approval was sought through Cardiff Metropolitan University, School of Education and Social Policy, ethics group. Information letters, consent and withdrawal forms were created for practitioners and for parents. Once practitioners had completed their consent forms, parent information letters, consent and withdrawal forms were distributed by the participating schools, signed, and returned to researchers.

Participant recruitment

3.4 Schools were recruited via emails using SRtRC's existing school database and via social media. Practitioners responded by completing a Qualtrics questionnaire which outlined school details and whether practitioners wished to undertake SMT or QMT programmes. The table below illustrates the location of schools according to responses from practitioners indicating an interest in taking part in the project according to local authority and designated language. The delivery of both programmes was pan-Wales and a total of 68 schools (both Welsh and English medium) signed up to the research study:

Local Authority	English-medium schools	Welsh-medium schools
Ynys Môn	0	5
Blaenau Gwent	2	0
Bridgend	1	1
Caerphilly	4	1
Carmarthenshire	0	0
Ceredigion	0	2
Swansea	1	0
Cardiff	2	3
Conwy	2	0
Denbighshire	3	0
Flintshire	7	1
Gwynedd	0	6
Merthyr Tydfil	1	2
Monmouthshire	2	0
Neath Port Talbot	1	0
Newport	2	0
Pembrokeshire	0	0
Powys	5	2
Rhondda Cynon Taf	2	1
Swansea	2	0
Torfaen	0	0
Vale of Glamorgan	2	0
Wrexham	4	1
Total number of schools involved	43	25

Table 1: Location and language of schools recruited to project. Schools' self –selected to be part of the research project. This table sets out the areas within Wales where schools were located.

3.5 Practitioners were then contacted via email and sent information about the project which included an information letter and consent form, both SMT and QMT programmes and a short bilingual film clip explaining the purpose of the project: [Link to Youtube video](#). They were invited to an online question-and-answer session

after school on Wednesday, January 5th, and again on Wednesday, 12th January 2022. Contact details of research assistants and researchers were made available to practitioners should they need to ask questions or advice about the project.

3.6 Practitioners were sent a timeline of events with information about when to submit data from their intervention to the project team.

Activity	Date / Dyddiad	Gweithgaredd
Round 1 SMT/QMT 6 weeks Complete baseline on participating pupils (4-6 pupils per group)	14.01.22	Cylch 1 AAM/AGM 6 wythnos Cwblhewch y gwaelodlin ar gyfer pob disgybl sy'n cymryd rhan (4-6 disgybl y grwp)
SMT/QMT sessions. Reflection sheets to be completed for each session (copy in handbook)	14.01.22- 18.02.22	Sesiynau AAA/AGM. Llenwch y ffurflenni adfyrio ar ôl bob sesiwn (copi yn y llawlyfr).
Feedback/Q&A to research team	09.02.22 4- 5pm	Adborth/ Holi ac ateb gyda'r tîm ymchwil.
End of Round 1 – second baseline for each pupil.	18.02.22	Diwedd Cylch 1 – llenwch yr ail waelodlin ar gyfer pob disgybl.
Collate information and send to researchers.	04.03.22	Anfonwch yr holl wybodaeth at yr ymchwilwyr
Introduction session for Round 2 Join here	15.02.22	Sesiwn cyflwyno Cylch 2 Ymunwch yma
Round 2 SMT/QMT 6 weeks Complete baseline on participating pupils (4-6 pupils per group)	28.02.22	Cylch 2 AAM/AGM 6 wythnos Cwblhewch y gwaelodlin ar gyfer pob disgybl sy'n cymryd rhan (4-6 disgybl y grwp)
SMT/QMT sessions. Reflection sheets to be completed for each session.	28.02.22- 08.04.22	Sesiynau AAA/AGM. Llenwch y ffurflenni adfyrio ar ôl bob sesiwn.
Feedback/Q&A to research team	30.03.22	Adborth/ Holi ac ateb gyda'r tîm ymchwil.
End of Round 2 – second baseline for each pupil.	08.04.22	Diwedd Cylch 1 – llenwch yr ail waelodlin ar gyfer pob disgybl.
Collate information and send to researchers.	29.04.22	Anfonwch yr holl wybodaeth at yr ymchwilwyr.
Practitioner feedback forum (small groups)	Date to be confirmed/ Dyddiad i'w gadarnhau	Fforwm adborth cyfrangowyr (grwpiau bach)

Table 2: Practitioner timeline

3.7 The SMT / QMT programmes were delivered to 87 children. The SMT programme was delivered to children aged between 3–7 years old (Nursery to year 2) and children aged 7-9 (Year 3/4) received the SMT Programme. Schools self- selected

to be involved with research project and were recruited primarily via direct emailing or via twitter. The research period was from January – May 2022 and delivered over two iterations of six-week blocks (school choice). A practitioner in each setting facilitated the programme; practitioners were either teachers or teaching assistants. All practitioners received mandatory training in the form of video input on the SMT / QMT approach, and an opportunity to meet with the research team prior to delivery of the programme. Feedback sessions were also organised at the end of each iteration and practitioners were encouraged to maintain contact with the research team throughout the project.

Data Collection

3.8 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 and semi-structured interviews with practitioners. Over the course of the programme, children took part in the specific taught sessions which had a child-focused, social, and emotional emphasis.

3.9 The table below outlines the activities which form the ‘Special Me Time’ intervention for learners in Foundation Phase (ages 3-7)

Activities (6 in total)	Area of development	Brief explanation of activity	Links with Curriculum for Wales*
‘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’	Personal development / Social skills/ friendship	The emphasis here on taking a tent outside or making a den, reading stories and e.g., toasting marshmallows or drinking hot chocolate while	Health and Wellbeing

		talking about journeys and experiences etc.	
'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'	Well-being	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

Table 3: SMT programme activities (Davis, 2012, pp.287 -303)

*Progression steps are outlined in the SMT handbook.

3.10 The table below outlines the activities as part of the 'Quality Me Time' programme aimed at learners in Key Stage 2 (ages 6-11)

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'	Personal development / Social skills/ friendship	In raising awareness of nature and the world around them, the children will be encouraged to gather	Health and Wellbeing Languages, Literacy and Communication

		materials from their environment to create pictures	
'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	Well-being	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

Table 4: QMT programme activities

- 3.11 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.
- 3.12 Session content was based on the Welsh Government Foundation Phase framework (2015). The SMT programme was designed specifically to help the children to:
- vocalise their feelings and needs,
 - support them in accessing general classroom opportunities,
 - help them to engage with everyday communication,
 - develop and maintain friendships.
 - Connections were also made with the new Curriculum for Wales and identified according to progression steps. Evidence of this can be seen at the end of each activity in the intervention booklets provided to practitioners.
- 3.13 The sessions were delivered to small groups (maximum six children). Practitioners selected which children would participate in the intervention, and practitioners told us they chose children who displayed quiet, shy and/ or anxious behaviours within

their classrooms. Criteria for inclusion was discussed during the online Q&A session held in January and practitioners were encouraged to consider group dynamics in selecting children to participate. Each practitioner/group facilitator was given a handbook of planned activities which had a social and emotional dynamic and activities were related to developing a range of personal and social developmental skills, e.g., planning a ‘tea party’ for peers.

- 3.14 The use of baseline assessments was 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. As part of the project, teachers were asked to score their pupils pre- and post-intervention.
- 3.15 An example of a completed child baseline assessment proforma is set out in the table below.

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 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 5. 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. The QMT proforma was the same as this example

4. Presentation and analysis of data

- 4.1 Qualitative research data were gathered from practitioner evaluations and observations and an evaluation of the implementation of the SMT and QMT programmes over two iteration points. The research study adopted a mixed qualitative and quantitative approach, using: pre- and post SMT intervention baseline assessments which were completed by the group facilitator (Welsh Government, 2007).
- 4.2 Ethical approval was granted by the authors' University and ethical considerations were adhered to throughout. Participants were recruited through purposive opportunity sampling, which was asking teachers who were interested in the research topic (following mail shots and information to schools) and included teachers or teaching assistants. Permission was also sought from parents / guardians for their children to take part in the research and forms returned to the researchers via school practitioners.
- 4.3 Qualitative data were the subject of thematic analysis (Braun & Clark, 2006), The qualitative data gathered consisted of practitioner observations, reflections, and opinions. A Grounded theory approach was employed (Glaser and Strauss, 1967) and the use of a framework was employed as a justification for the use of qualitative research to expand theoretical analysis, extracting meaning from data gathered in a systematic and integrated way. 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.
- 4.4 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.
- 4.5 The resultant process of interpretation of data looked at regular or reoccurring patterns, within the findings, which were then organised into themes.
- 4.6 Themes were designed to give an overall view of the way that children responded to and engaged with SMT / QMT 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.

5. Research design

- 5.1 At each school, the lead practitioner had responsibility for the implementation of the SMT programme. They decided on the children that were to 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.
- 5.2 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 between an hour and an hour and a half.
- 5.3 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).
- 5.4 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.

6. Limitations

- 6.1 The pandemic impacted on this research study in a number of ways. We recruited well initially to the research project, in respect of schools taking part. However, as the research progressed, schools who had initially signed up, either dropped out of the research, or did not send in complete data sets. The research project began in January 2022, at a time when there was significant uncertainty about the impact of the new highly contagious Omicron variant and some ambiguity as to whether schools would have to return to remote learning (New Scientist, 2022). Levels of staffing fluctuated consistently throughout the period of the project (January-April 2022) and only began to stabilise somewhat towards the final weeks of March. This had an impact on ensuring consistency during the interventions. In ascertaining the impact of Covid-19 in the context of sustained periods of remote learning and social restrictions upon young children all practitioners commented on the negative effect this had upon the development of social and communication skills in young children.
- 6.2 Generalisability may have been an issue – as there may have been bias in relation to how practitioners assessed and scored children. To negate this going forward, it could be that school staff discuss the inclusion of children onto the programmes and decide as a team, rather than individual staff making the decisions. Bias in how practitioners assessed and scored children.
- 6.3 It might be pertinent in future that the research team, look more robustly at the training programme for practitioners. We found that teachers who may have been more emotionally literate or perhaps shy people themselves, had a greater understanding of the QSA children, they submitted the most detailed and comprehensive observational data. Stressing to practitioners that they should report on individual child participation and development, rather than superficial findings on e.g., enjoyment of sessions, would also be useful.
- 6.4 Lack of direct input from children was seen as a limitation, as we did not get their unique insights or thoughts on the programmes. It will be useful in future to extend the research to take into account children's experiences.

7. Main findings

- 7.1 It became apparent that schools engaged with the programme at different ways, some were really engaged and enthusiastic and provided more nuanced data and insight into the learners. Whilst other schools, were hesitant in submitting data and engaged at a surface level. It was also evident that staff engagement and quality of their assessment of QSA learners on the programme was variable. There was much interest and engagement with the SMT/QMT training and school staff were initially very receptive to and complimentary of the SMT/QMT resources. It became apparent that schools faced significant challenges during the pandemic and staff absences, which reduced and slowed down responses during the research period.
- 7.2 Sixty-eight schools initially signed up to take part in the research – but we only had completed data sets submitted from 11 schools, by the cut-off date for submission given to them at the outset of the project.
- 7.3 Some initial data has been received from schools who took part in the first round of the programme. This was analysed along with data from round 2. As previously mentioned, the programme is a six-week intervention designed around a typical six-week half term. Due to uncertainty at the beginning of January 2022 because of an increase in the rate of Covid infections and potential teacher shortages, most schools decided to participate in the second round of the programme, from February half term to the Easter break.

Overall number of schools taking part

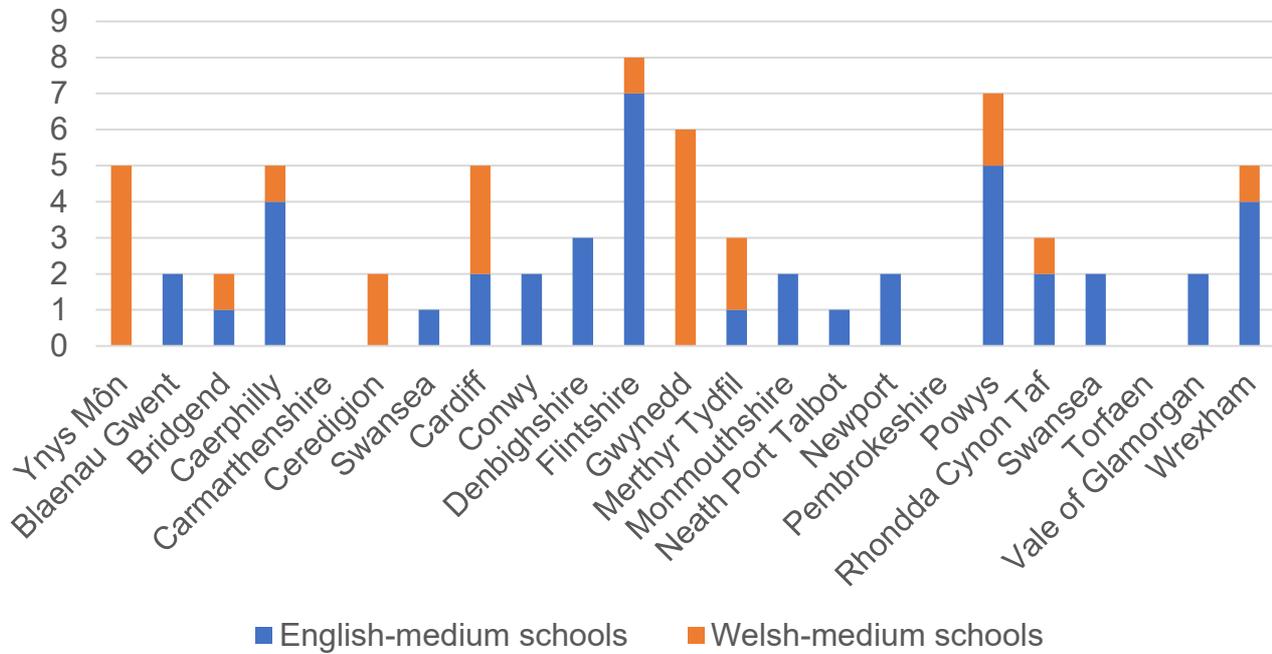


Figure 2: Graph to demonstrate overall number of schools who took part in SMT/QMT from both English- and Welsh- medium schools across Wales.

7.4 The total number of children to take part in both rounds of the programme (early January / February 2022 round and February half term round) where schools have provided full data sets, n=87 pupils. With a divide of female children being 51 and male children being 36. There were some anomalies with regards to schools submitting data sets.

Number of children per school on SMT Programme by gender

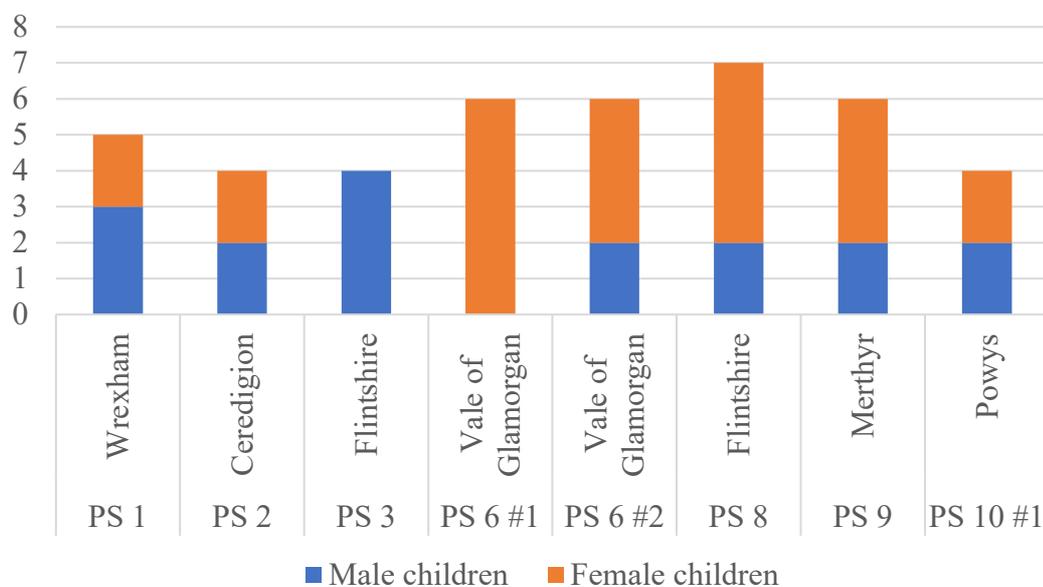


Figure 3: Number of children per school by gender on SMT programme. (# = number of interventions of the SMT programme at school).

7.5 Across both programmes, more girls participated in the interventions than boys.

Number of children per school on QMT Programme by gender

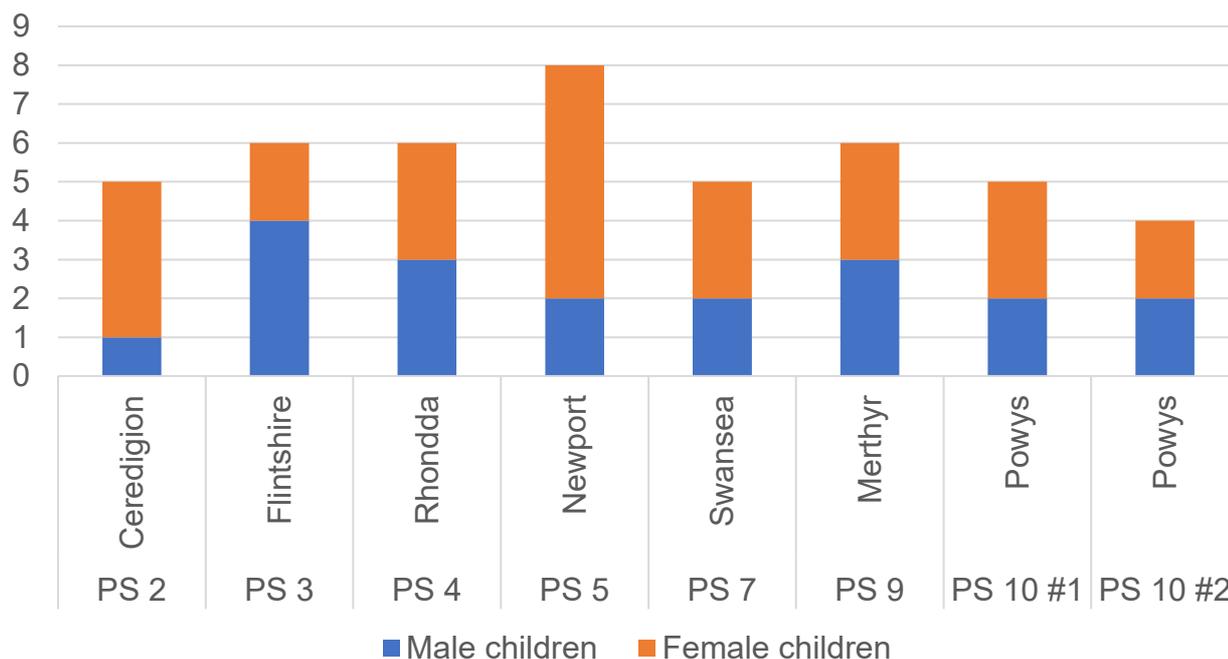


Figure 4: Number of children per school by gender on QMT programme

7.6 Baseline scores were taken at the beginning of the interventions and at the end (Baseline 1 and Baseline 2) First and second baselines scores for both the SMT

and QMT programmes are presented below from Primary Schools (PS) who returned data:

SMT	Baseline 1	Baseline 2	Change - /+
PS 2	61.0	64.8	+3.8
PS 6 #1	36.7	71.0	+34.3
PS 6 #2	31.8	*DNP	*DNP
PS 3	73.3	81.5	+8.3
PS 9	48.3	60.7	+12.3
PS 1	50.4	68.0	+17.6
PS 8	54.3	74.9	+20.6
PS 10 #1	41.5	51.5	+10.0
AVERAGE	52.2	67.5	+15.3

*Table 6: Baseline scores from schools SMT * # = group 1 or group 2.*

QMT	Baseline 1	Baseline 2	Change - /+
PS 2	54.4	61.8	+7.4
PS 7	51.2	63.2	+12.0
PS 3	56.5	69.7	+13.2
PS 4	57.0	64.2	+7.2
PS 5	62.6	*DNP	*DNP
PS 10 #1	41.8	66.2	+24.4
PS 10 #2	38.8	48.8	+10.0
AVERAGE	49.9	62.3	+12.4

*DNP = School did not provide data * # = group 1

Table 7: Baseline scores from schools QMT

Findings from data

7.7 Findings from the data collected will be discussed according to the main perceived themes (numerical ordering of themes is not indicative of importance). It must be noted that data is still being submitted by schools, therefore, this is an incomplete data set as 68 schools initially signed up to be part of the programme. The themes discussed here are based on data collected from 11 schools who submitted their feedback on time.

7.8 Some children identified as having shy behaviours in the classroom were in fact quite forthcoming when taken out of the classroom and placed in small groups. It was reasoned that this was due to being unfamiliar with talking to adults other than their parents and therefore either lacking in confidence or unsure of how to communicate appropriately. It was also suggested that the young learners were unfamiliar with the classroom environment and therefore unsure as to how to

conduct themselves. Once in a small group, the learners found it far easier to express themselves (Practitioner, Primary School 12, Oral Feedback 30.03.22).

Theme 1: Better interaction

7.9 Research conducted has highlighted that quiet, shy and anxious children are often hesitant or reluctant participants in classroom discussions and interactions (Hassan et al., 2020; Hughes and Coplan, 2010). Responses from practitioners undertaking both SMT and QMT programmes noted changes in pupil behaviour as they became more confident in expressing themselves within the safety of a small group, and the inclusive environment. This is reflected in the baseline data gathered, as seen below, where one can see an improvement across the board in relation to baseline 1 and 2 scores in both SMT programme input and QMT programme input.

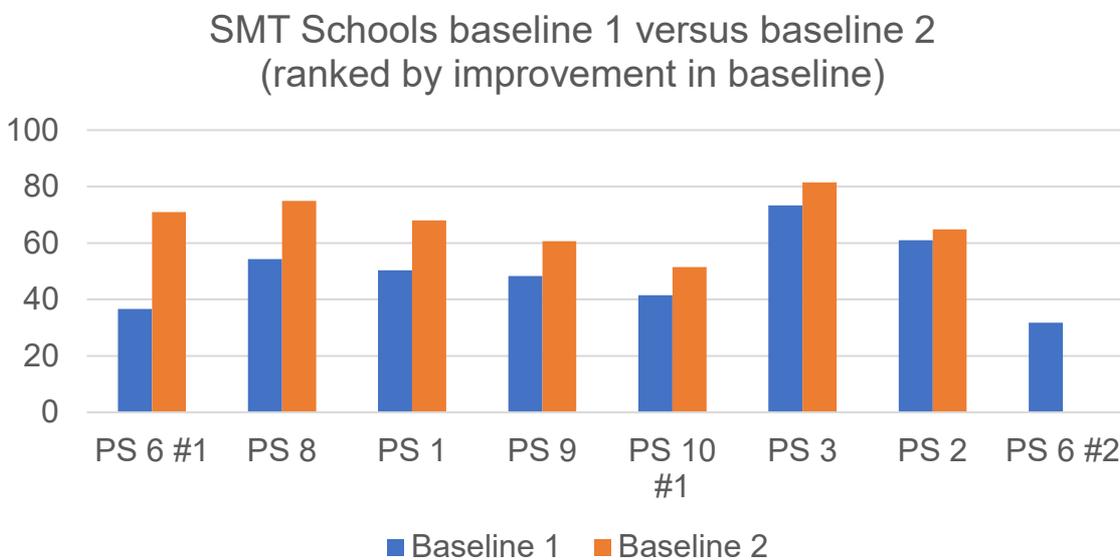


Figure 5: SMT schools’ baseline 1 v baseline 2. Ranked by improvement

7.10 This figure demonstrates that Primary school 6 has the lowest starting baseline and has also improved the most. The more scope a school has to improve, it seems that they improve. Primary schools 2 and 3 had the highest initial baselines, but only had a marginal improvement.

QMT Schools baseline 1 versus baseline 2
(ranked by improvement in baseline)

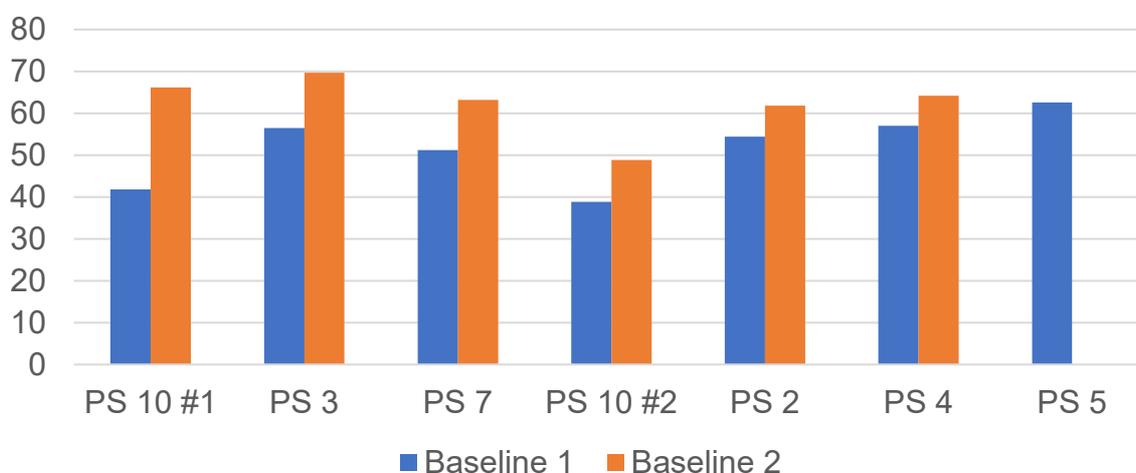


Figure 6: QMT schools' baseline 1 v Baseline 2. Ranked by Improvement

7.11 In the QMT data there is less of a pattern. The schools start with similar initial baseline scores. Once again, Primary school 10 had the two lowest initial baselines, but only one cohort (# 1) had a substantial improvement. Further investigation is needed to establish why one cohort within the same school, improved to a much lesser degree. What factors influenced this are something for further study.

Theme 2: Improvement in feeling less anxious

7.12 It was often noted that children initially felt anxious, apprehensive, nervous, shy and hesitant about engaging with other members of the group. There was a consensus among practitioners that this was expected as it was a newly formed group, with a degree of unfamiliarity. Most reserved behaviours tended to subside as the intervention progressed, with many practitioners observing clear differences in terms of children feeling more comfortable and settled within the groups. Children expressed that they preferred being in smaller groups compared to the main class environment and enjoyed being in a calm and quiet environment. As one practitioner noted, 'I think all the children have become more confident and less anxious in the small group dynamic...' (Practitioner, Primary School 7). Also reported was an emerging confidence amongst individuals within the group in vocalising thoughts and opinions during the sessions, as another practitioner noted, 'It's been encouraging to see the pupils who are very quiet in whole class situations really coming alive during these sessions' (Practitioner, Primary School 2).

Theme 3: Improvements in children expressing themselves

- 7.13 Reports from schools noted that many children began to use the space provided to express themselves and that changes in pupil behaviour was seen on a weekly basis with increased levels of communication, more enthusiasm, more control over anxiety. The value of a safe environment for children to express themselves was highlighted by practitioners as it allowed children to express themselves and share ideas with other children. Throughout the duration of the activities, practitioners observed a continued reduction in the children's anxiety levels and shyness. They became less nervous when working in the group and were less reserved and withdrawn. For example, 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' (Practitioner, Primary School 3). A practitioner noted that one parent had informed her that her son could not wait for Thursdays as 'that was the QMT time'. (Practitioner, Primary School 13, Oral Feedback 30.03.22).

Theme 4: Increase in positive emotions

- 7.14 As levels of negative emotions decreased this was counterbalanced by an increase in the expression of positive emotion by children. A practitioner observed that by Activity 4 of the QMT programme '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' (Primary School 7). These feelings were also expressed directly by the children themselves. For example, upon asking the children how they felt during the first activity, many responded positively using words such as 'peaceful', 'relaxed', 'helps with my anger', 'happy', 'quiet' (Primary School 3). The data indicates therefore that the sessions help children to feel at ease and comfortable around their peers.
- 7.15 It appears that being able to openly express thoughts, feelings and opinions in a small group can facilitate an individual in being able to vocalise in a larger group environment such as the general classroom. One practitioner commented that a child in the group now 'interacts with more peers in her classroom' (Primary School 6).

Theme 5: Increased confidence / development of social skills / self esteem

- 7.16 There was consensus amongst the responses during the course of the intervention, children became more confident, and demonstrated a strong willingness to engage and participate in the activities, and with the other children in their group. Growth in

children's personal and social development was frequently cited during these activities. Two salient aspects were identified, namely a reduction or decrease in children's negative emotions and an increase in their positive emotions.

- 7.17 Working in the small group over a sustained period served to increase their confidence. Practitioners observed a clear change in how talkative the children had become during the course of the intervention, for example, one practitioner observed that the children were talking freely with each other during one of the latter activities and that they were listening to each other and responding appropriately (Primary School 9). This was primarily in relation to responding and answering questions directly from practitioners, alongside being able to interact with and partake in discussions with their peers. Feedback from practitioners note children talking and laughing with each other (Primary School 6), individual children becoming very confident and talking a lot with others (Primary School 6, Primary School 4) The environment in which the activities take place is instrumental in enabling the space for children to feel confident and able to communicate with both peers and practitioners, compared to whole-class situations.

'It's been encouraging to see the pupils who are very quiet in whole class situations really coming alive during these sessions' (Practitioner, Primary School 2)).

'They've really taken to the group activities and our TAs have been taken aback with how talkative they've been within this small group'. (Practitioner, Primary School 2. QMT)

- 7.18 One practitioner observed how a child's confidence in being able to vocalise in front of his peers and to contribute to discussions of his own volition within the small group sessions has been a major achievement during the course of the activities (Practitioner, Primary School, 9). She commented on how the pupil, who would whisper during the initial sessions, would now speak clearly and confidently in the group:

'T's confidence in joining in with activities and sharing information amongst the group increased significantly over the six-week period. During the first session he spoke in whispers to myself, only answering questions with one word answers. By session four he's been volunteering information and confidently joining in with group discussions' (Practitioner, Primary School 9).

- 7.19 Providing young children with space and time to participate in discussions within a safe environment enables opportunity for them to express themselves and to develop confidence in doing so. Fostering confidence in the small group sessions has allowed for the transfer of confidence into the mainstream classroom with several practitioners commenting on a new willingness among these children to talk and contribute to discussions and noted that this has been an encouraging development over the course of these activities. It became apparent as the SMT/QMT programmes progressed so did the children's confidence. People other than teachers in school began to notice an increased engagement and willingness to participate for example, a teacher at Primary School 6, told us that a parent had informed them, that one of their friends had commented on the increased confidence of their child and how they appeared far more willing to participate in group activities than previously.
- 7.20 The development of social skills and growth of self-esteem was a feature of the SMT/QMT programmes. One practitioner noted that while on yard duty some of the children involved in the QMT project were actively engaged in group games, something that he had not witnessed before (Primary school 13, Oral Feedback)

Theme 6 (additional themes): Increased practitioner awareness

- 7.21 School staff welcomed opportunities to reflect on how to engage and work with children who are QSA – 'these past five weeks have really opened my eyes and have amazed me' (Practitioner, Primary School 8). They reflected on how the activities supported the children and also how they could facilitate better engagement and encourage greater interaction among those who perhaps are more reluctant to participate. They suggested that practitioners needed greater understanding of individual children's needs and to respect that not all children are keen to participate immediately. The importance of providing time and space for QSA children was also mooted e.g., one practitioner reflected after an activity 'I feel some children in the group would have responded better if given the rosette whilst sitting in a group rather than standing in front of the group' (Practitioner, Primary School, 9). Another practitioner commented that she was more aware of subtle changes in behaviour, noticing that a child who had participated in the SMT programme had regressed since the school holiday and had become more unwilling to participate compared to her behaviour prior to the break (Primary School 6).

- 7.22 Practitioners highlighted the Importance of support from the senior leadership team / head teacher to deliver the programme. Some HTs saw the value of the programme and encouraged repetition with different children (Practitioner, Primary School 7, Oral Feedback)
- 7.23 Practitioners also liked the flexibility in interpreting the programme to the needs of the pupils/time of year (one practitioner linked the rosettes to Mother's Day – how they had been helpful and kind on Mother's Day and then another rosette to describe the type of person they are). Sharing of positive experiences with each other and being positive about each other.

Theme 7 (additional themes): Impact of lockdown/Covid 19 on children

- 7.24 There was a clear consensus among practitioners during the general feedback sessions of a need to support several children to develop confidence and to give them time and space to verbalise thoughts and feelings and the SMT/QMT intervention provided a means for them to facilitate this. One practitioner felt that the SMT intervention had a significant impact upon the children's social interaction and development. She highlighted how the Covid-19 pandemic had disrupted school children's ability to interact and socialise with their peers. This, in her view, had particularly affected the younger children in terms of their social skills and understanding of how to interact with others. The practitioner viewed this intervention as one means of redressing the issue, commenting after completing one activity, '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' (Practitioner, Primary School 8).

8. Conclusion

- 8.1 It is apparent that SMT/QMT intervention, does support the social and emotional development of quiet shy and / or anxious learners in the primary school setting in Wales. One of the most apparent findings from practitioner's feedback is the growth in children's confidence over the course of these interventions. This was also demonstrated via the baseline data, with for example: Primary School 6, seeing a 34.3 improvement in social and emotional development baseline scores in SMT and Primary School 10, seeing an improvement of 24.4. in QMT baseline data scores. It was disappointing for the research team, that we signed up an initial total of 68 schools and we had issues with schools continuing engagement with the programmes and in submitting data in a timely manner, thus our overall research sample is relatively small, and any findings reflect the size of the sample.
- 8.2 However, we know that the QSA children in Welsh schools did benefit from the programme. It was often observed that some of the children were initially feeling anxious, apprehensive, nervous, shy, and hesitant about engaging with the SMT/QMT group, particularly during the first activity, which demonstrates the issues that they already had. The practitioners did not indicate any concerns regarding this, and there was consensus that this was perhaps expected given that this was a newly formed group of QSA children and in an unfamiliar setting. Most of these negative feelings subsided as the activities went on, with many practitioners observing a clear difference in terms of children feeling more comfortable and more settled within the groups.
- 8.3 Some children expressed that they preferred being in smaller groups compared to the whole class and enjoyed a calmer and quieter environment, this is something that we knew to be the case and something that needs to be considered more widely by practitioners. As a research team, we often stressed to the practitioners in schools, that the programmes themselves (SMT/QMT) were designed to be the vehicle used, to spend more quality time with the QSA children in small groups. The practitioners highlighted the importance of having a safe and quiet environment for children to express themselves and to share ideas and engage with other children, on their own terms.
- 8.4 As a research team, we consider it a privilege to have undertaken research in relation to further understanding and supporting QSA children. The research has shown that improvements in practitioner understanding and in celebrating the

unique contribution that QSA children make to the primary classroom makes a significant difference. The SMT and QMT programmes are not complex. The activities are simple and indeed, the activities themselves are not important, the key to this is just spending time with children, who need a little time, a listening and nurturing ear – and a little peace and quiet in the hectic primary classroom. Thus, the activities themselves were not the driving factor, the time spent listening to and talking with the children in the small group situation really helped to support the QSA learners. This small intervention makes a big difference to them and to their distinct learning journey.

9. Recommendations for practitioners / schools

- 9.1 Several settings recommended a warmup activity before commencing the intervention sessions to serve as an 'ice-breaker' with the other children in the group and the practitioner. One practitioner (Primary school 6) noted that these pre-activities were useful in encouraging children to engage with each other and helped to develop a sense of group cohesiveness.
- 9.2 It is pertinent to explain more clearly to QSA children about why they have been chosen (and why others have not been chosen) This was done particularly well by some schools but not all schools. Future research undertaken in this area, also needs to elicit views from children themselves on their individual journeys during the SMT/QMT programme.
- 9.3 Time for reflection is important for practitioners, when undertaking a programme such as SMT/QMT. Time needs to be dedicated to working with the children outside the main classroom and needs to be done, weekly, over the 6-week period. We found that the most detailed data sets came from practitioners who really understood the nuances around a QSA dynamic. Those practitioners commented on the children's actual 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 more robust training of staff to appreciate and unpick how their observations and findings are central to research outcomes.
- 9.4 Following the research, there was an improvement in a range of social and emotional skills in all children who took part in the SMT or QMT programmes. Most change was seen within the small group situation, with evidence of this transferring on into the whole class situation. It would seem pertinent to continue research longitudinally on SMT/QMT child participants, to see if there is a change over a longer period of time, and with 'top-up' SMT/QMT sessions.
- 9.5 Implications for practitioners are that it is not a negative to be quiet or shy (Cain, 2016; Davis and Cooper, 2021) and thus we need to ensure that QSA children are not being negatively labelled by staff or other children. Teaching staff need to understand the importance of working sensitively with QSA children and pro-actively engage with them, in order for them to thrive. It is also pertinent to ensure that trainee teachers in Initial Teacher Education are also aware of the unique needs of QSA children in inclusive practice pedagogy.

- 9.6 We found that quiet, shy and / or anxious children appreciate quiet and calm environments and need time out of the 'busy and noisy' primary classroom.
- 9.7 Further research and input are needed in relation to developing a programme for Year 6/7 QSA children. Transition can be a time of challenge for some learners, particularly those who are QSA, the leap from the relative safety of the primary school, into a larger secondary setting will be a daunting prospect and one that needs careful management and support.

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Appendices

Appendix 1

School* *Code - PS = primary school then numbered	Local Authority	Programme	Number of children
PS 1	Wrexham	SMT	5 Male = 3 Female = 2
PS 2 #1	Ceredigion	SMT	4 Male = 2 Female = 2
PS 2 #2	Ceredigion	QMT	5 Male = 1 Female = 4
PS 3 #1	Flintshire	SMT	4 Male = 4 Female = 0
PS 3 #2	Flintshire	QMT	6 Male = 4 Female = 2
PS 4	Rhondda	QMT	6 Male = 3 Female = 3
PS 5 [1]	Newport	QMT	8 Male = 2 Female = 6
PS 6 #1	Vale of Glamorgan	SMT	6 Male = 0 Female = 6
PS 6 #2 [2]	Vale of Glamorgan	SMT	6 Male = 2 Female = 4
PS 7	Swansea	QMT	5 Male = 2 Female = 3
PS 8	Flintshire	SMT	7 Male = 2 Female = 5
PS 9	Merthyr	SMT	6 Male = 2 Female = 4
PS 9 [3]	Merthyr	QMT	6 Male = 3 Female = 3
PS 10 #1	Powys	QMT	5 Male = 2 Female = 3
PS 10 #2	Powys	QMT	4 Male = 2 Female = 2

PS 10 #1	Powys	SMT	4 Male = 2 Female = 2
PS 11	Powys	DNA	DNA
			=87 pupils Female = 51 Male = 36

Table to demonstrate participating schools and number of learners

Notes:

[\[1\]](#) No feedback was provided by PS 5 and only first baseline data is available.

[\[2\]](#) PS 6 Group 2 of the SMT has only provided first baseline results.

[\[3\]](#) PS 9 NO baseline data or feedback for QMT.

Appendix 2

Location of Setting according to Local Authority	Type of school and area e.g. South Wales – English medium (EM) or Welsh Medium (WM)	SMT / QMT implemented	Number of children involved
Wrexham	Prim school 1. (EM)	SMT	5
Newport	Prim school 5 (EM)	QMT	8
Vale of Glamorgan	Prim school 6 (EM)	SMT	6
Powys	Prim school 11 (EM)	SMT	8
Merthyr Tydfil	Prim school 9 (EM)*	SMT	12

Phase 1 Schools (January-March 2022)