This paper discusses the nature of the therapeutic intervention provided by A Quiet Place project, outlining its aims, objectives, philosophy and intervention protocol. In line with the requirements of the action research paradigm according to which the project was established, this article evaluates the changes and developments that have occurred since its inception. Noting the strengths and weaknesses of the pilot study, the present study reports on the internal and external monitoring procedures, extending the latter via the development of observation scales specific to the nature of the intervention. Participants (N = 54) were matched with a non-participant control group on variables of gender, age and background. Data were collected before and after the six week intervention period, producing an index of change on a bipolar scale of positive and negative behaviours. An independent samples t-test revealed that the overall change observed was statistically significant (p<0.001), while analysis by behaviour category, gender, age and reason for referral provided greater detail for the meaningful interpretation of results. Fran Renwick, a lecturer at the University of Liverpool Department of Education, and Bob Spalding, senior lecturer at the University of Liverpool Department of Education, conclude that these overwhelmingly positive results need to be treated with cautious optimism, pending longer-term follow-up data to determine the degree to which gains are maintained over time.

Introduction: what is A Quiet Place?
A Quiet Place grew out of the work of the Liverpool Early Years Behaviour team, a city-wide service whose brief was to support the families of children identified as having emotional and/or behavioural difficulties – usually within the context of the home environment. A Quiet Place was a natural extension of this concept, but designed to support the children and families by the provision of a room within the school or community which provides not only holistic therapeutic support, but also an environment specifically designed to generate feelings of calm and well-being. It was hoped that this would help overcome the difficulty encountered when parents do not wish to co-operate or accept the support of the team.

Within each of 17 primary schools on Merseyside and Croydon there is a room designated as A Quiet Place. Each room provides the base for a programme of short-term therapeutic support for children within mainstream provision experiencing behavioural and/or emotional difficulties. Based on the concept of ‘holism’, the programme works to build on existing strengths and to discover inner resources to support the individual within the context of the social, familial and educational environment. Avoiding the deficit model of psychotherapy, A Quiet Place has developed a system called ‘educational therapeutics’ which acknowledges and works with the educational aims of the school and offers therapeutic support from an extensive skill base in an integrated manner (Spalding, 2000). It works to support the whole child (body, emotions, mind and spirit) within the context of their whole life (self, home and school).

The aims of A Quiet Place concur with those of the social inclusion agenda as outlined by the Department for Education and Skills in England in their Excellence in Cities programme (DfES, 2001). All the participating schools lie in areas that are high on indicators of social deprivation and the programme has been specifically designed to offer immediately accessible provision for families who are very much at risk of social exclusion and have children who exhibit lack of control and pre-criminal tendencies. A prime anticipated outcome is the raising of parental confidence and empowerment in handling children within the family, as well as within the school and wider community. Other anticipated outcomes include the facilitation of a greater openness to learning, increased engagement with learning and improved school attendance.

Some early intervention initiatives have focused on extrinsic approaches which deliver training programmes with the significant players in the child’s development, parents, peers and teachers (Walker, Kavanagh, Stiller, Golly, Severson & Feil, 1998; Tankersley, Kamps, Mancina & Weidinger, 1996). A Quiet Place differs from these in so far as it is rather more concerned with healthy emotional development and a focus on the child’s inner world. In this respect it shares similar aims to the ‘Nurture Group’ approach (Bennathan & Boxall, 1996; Cooper, Arnold & Boyd, 2001; Doyle, 2001) and is a response to concerns expressed by the Mental Health Foundation (Kurtz, 1996) about the poor levels of support available for children and young people who experience mental health problems.

A Quiet Place offers a short-term (six-week) intervention programme and a layered approach to support and intervention. Stress and issues of self-esteem are assumed to have a primary influence on a lack of achievement in all areas of the child’s life. The therapeutic support offered in A Quiet Place therefore aims to work on three levels:
• reduction of immediate stress and the acquisition of effective stress management strategies;
• increasing self-esteem;
• case-specific objectives.

While A Quiet Place is more than a room, the environment is prepared in a manner that offers a welcoming and relaxing environment and that acts as a stimulus for the exploration of relevant issues on a psychological level. Aesthetically pleasing, it provides an oasis of beauty in a world often perceived as hostile and barren by clients. It provides a richness of sensory stimulation, supporting the often damaged sensory pathways of traumatised children (Spalding, 2001).

Project methodology
The principles of educational therapeutics upon which the project is based are demonstrated in Figure 1. Educational therapeutics is seen to relate to the child as individual, physically, emotionally, mentally and spiritually, as well as to the child within her/his environment. Thus the therapeutic methodologies offer holistic support to the child as primary client, to the teacher and other staff, and to the parents or carers.

Figure 1: A Quiet Place holistic model

Treatment protocol
Therapeutic intervention in respect of the child is as follows:

1) The child is identified and referred according to specific criteria – usually by the school, but sometimes via the parent or by self-referral.
2) The parent attends a semi-formal interview, the purpose of which is to:
   - inform the parent of the project and explain the nature of the interventions;
   - obtain permission from the parent for the child to participate in the project;
   - collect data via the completion of a series of forms, providing information on background, perception of problem and the statement of a desired outcome for the child;
   - offer therapeutic support to the parent.
3) The teacher is interviewed in order to:
   - ensure their understanding both in general terms and in terms of how the child’s participation will impact on them;
   - offer therapeutic support to the teacher;
   - collect data which define reason for referral, a desired outcome for the child, as well as giving the teacher a Boxall Profile (Bennathan & Boxall, 1998) for completion.
4) A therapeutic outcome and treatment protocol is established.
5) The child comes to A Quiet Place three times a week for six weeks for:
   - one psychotherapy session;
   - one session of therapeutic touch;
   - one session of relaxation training.
6) The parent pays a return visit to evaluate progress.
7) The teacher evaluates progress and completes a second Boxall Profile.
8) The therapeutic outcome is evaluated.
9) Evaluation is done via the research procedures.
10) A decision is made according to the needs of the child:
    - all outcomes are achieved – child exits the programme;
    - child returns for further six sessions after a break;
    - child continues without a break for six more weeks.

The evaluation
The project was established according to an action research paradigm whereby monitoring is carried out both internally, via the treatment protocol, and externally. The internal monitoring relies predominantly on the parental and teacher reports regarding progress at the end of the programme and assessment of the achievement of the therapeutic outcome formulated at the commencement of the treatment protocol. External monitoring initially took the form of a pilot study (Spalding, 2000), but has now been expanded upon in the current study.

The pilot study
A sample of the first 22 children to complete the programme was compared to a control group with similar parameters. A pre/post design was employed, using the Boxall Profile as measurement (Bennathan & Boxall, 1998). Although there was a marked improvement in scores for those children in the experimental group, a t-test analysis did not yield significant results. Exploratory data analysis and interview data suggested a variable effect in terms of result, based in part on the reason for initial referral. The children who experienced most gains were those whose emotional need was most clearly linked to low self-esteem, anger management and transition from one school to another (Spalding, 2000).
Further research was indicated, both to clarify these findings and to provide follow-up data on the longer-term effect of the intervention.

The present research brief seeks to further explore whether the standard and type of intervention has a positive impact on the objectives of the project. Specifically, this would entail the reduction in behaviours that are likely to put a child more at risk of exclusion from school and disengagement with learning. The overall aim of the intervention is to keep children in school and to enhance their ability to benefit from their educational experience.

Unacceptable behaviour in terms of harm or danger to self or persistent misbehaviour of the type that tends to undermine general discipline are the main reasons for exclusion of pupils, as reported by headteachers of the schools associated with A Quiet Place (and see DfEE, 1999). A decrease in this type of behaviour would tend to decrease the likelihood of exclusion. While at school, the quality of the educational experience of the child is dependent on many factors. The more the child pays attention to what is going on in the classroom, and maintains a positive attitude to the process of learning, the greater are the potential benefits that may accrue from attending school.

Hypotheses

Breaking these concepts down to their smallest, measurable component parts, this research seeks to measure the increase in positive behaviours and decrease in negative behaviours such that inclusion and learning are promoted. Two hypotheses were therefore proposed:

- **Hypothesis 1**: There would be an increase in the positive behaviours of children attending A Quiet Place as compared with those who have not.
- **Hypothesis 2**: There would be a decrease in the negative behaviours of those attending A Quiet Place as compared with those who have not.

Internal monitoring

During the academic year September 2000 to July 2001, case data for 172 children in seven schools has been collected, showing that a total of 3,466 individual sessions were delivered by A Quiet Place staff in line with the principles and protocols described. The evaluation of stated outcomes as part of the internal monitoring process, obtained from formal pre- and post-intervention teacher and parent structured interviews, suggests that improvement has occurred in 86% of cases. The improvements were gauged by comparison of the anticipated outcomes to the outcome actually achieved. A sample drawn from these data, illustrating the kinds of post-interventions categorised as ‘improvements’ or ‘non-improvements’, is given in Table 1. Further qualitative data on satisfaction with effectiveness of A Quiet Place intervention were commissioned and provided by Piper (2001), whereby 19 children, staff and parents were interviewed regarding their experience of A Quiet Place. In all instances, the responses were favourable, with the most frequent comment being in terms of a desire for ‘more of the same’.

**Table 1: A selection of anticipated therapeutic outcomes and related post-intervention evaluations illustrating outcomes categorised as ‘improvements’ and ‘non-improvements’**

<table>
<thead>
<tr>
<th>Anticipated outcome pre-intervention</th>
<th>Actual outcome post-intervention</th>
</tr>
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<tbody>
<tr>
<td>control anger &amp; feel calm</td>
<td>more aware of feelings &amp; able to control his emotions</td>
</tr>
<tr>
<td>more confidence</td>
<td>feels better about herself</td>
</tr>
<tr>
<td>mix more socially; build self-esteem; control anger</td>
<td>takes longer to have anger outburst</td>
</tr>
<tr>
<td>control temper</td>
<td>some improvement</td>
</tr>
<tr>
<td>self-confidence</td>
<td>slight improvement at home; big improvement at school</td>
</tr>
<tr>
<td>communicate &amp; build self-esteem</td>
<td>become more talkative, great improvement</td>
</tr>
<tr>
<td>build self-esteem</td>
<td>less dependent, more confidence</td>
</tr>
<tr>
<td>calm down</td>
<td>not much change</td>
</tr>
<tr>
<td>unruly behaviour</td>
<td>some awareness of how behaviour affects others</td>
</tr>
<tr>
<td>insecure, not coping, frightened, difficulties at home</td>
<td>situation can’t change – learnt coping skills</td>
</tr>
<tr>
<td>temper tantrums</td>
<td>hardly any temper tantrums now</td>
</tr>
<tr>
<td>more positive attitude to school and teacher</td>
<td>happier, less shy, less crying</td>
</tr>
</tbody>
</table>

The evaluation of internal monitoring procedures has indicated the need for some changes. The use of the Boxall Profile has been discontinued because of the additional pressures it places on teachers, and the consequent loss of data resulting from non-completion. Instead, more structured teacher, parent and child interviews are being used for more comprehensive internal monitoring.

External monitoring – observation scales

The observation scales used in this study were initially based on the items of the Boxall Profile, adjusted to account for observed behaviour as opposed to the ‘reflected upon’ behaviours and attitudes of the profile itself. The observation scales were piloted and revised to produce the scales from which data for this study were obtained. Observers were trained in the use of the scales using video footage, and the reliability of the scales was assessed using inter-rater reliability correlation (r = 0.808 with p<0.01). An index of validity for the scales was obtained by extending the period of observation on the same child to six continuous hours and then correlating a series of randomly selected half-hour periods with overall observations. This yielded correlations in the range of r = 0.86 to r = 0.96 with p<0.01.
Observation data were collected using time interval sampling. Each child was observed for a span of 30 minutes pre- and post-intervention. For each observation, three different settings were sampled:

- child engaged in a teacher-led activity;
- child engaged in an activity where independence was required;
- child observed in an unstructured situation.

The scales consist of 15 bipolar items in five categories as detailed in Table 2. The teacher evaluation of behaviour is obtained via an interview in which the teacher uses these categories and descriptors to rate the child’s behaviour on a scale of 1 (positive pole) to 5 (negative pole). These rating scales replace the more time-consuming Boxall Profile.

Table 2: The categories and positive and negative descriptors of the revised observation scale

<table>
<thead>
<tr>
<th>Behaviour category</th>
<th>Positive items</th>
<th>Negative items</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTENTION</td>
<td>focused and on task</td>
<td>distracted/disengaged</td>
</tr>
<tr>
<td>SELF-AWARENESS/ SELF-ESTEEM</td>
<td>good level of confidence/self-esteem; asks for help; expresses himself/herself appropriately; interacts with others appropriately</td>
<td>poor self-confidence, expressed by ‘overcompensation’, bullying/no empathy for others or by withdrawing and avoiding contact; struggles without asking for help etc.</td>
</tr>
<tr>
<td>IMPULSE CONTROL</td>
<td>obeys instructions; waits and takes turn; accepts disappointment/adversity, not getting own way; moves/sits appropriately</td>
<td>ignores or disobeys instructions; demands, grabs and goes out of turn; angry/distressed when can’t get own way; inappropriate movements or sounds</td>
</tr>
<tr>
<td>INTERPERSONAL SKILLS</td>
<td>joins in group activities, whether directed or own choice; communicates without difficulty and touches and responds to touch appropriately</td>
<td>disruptive/provokes/withdraws from group; no communication ignores (blanks); inappropriate touch: hits/hurts/avoids contact</td>
</tr>
<tr>
<td>SOCIALISATION</td>
<td>co-operative and abides by rules; uses material/environment appropriately</td>
<td>uncooperative; breaks rules; destructive or inappropriate use of materials</td>
</tr>
</tbody>
</table>

Research design

A controlled pre-post research design was employed, using the observation scales outlined above. A sample of 54 children from three schools with A Quiet Place were matched by gender and age with a control group of children from schools without A Quiet Place, but with similar socio-economic backgrounds and similar needs. As far as possible, non-participant children were selected to match the type of emotional or behavioural difficulty of the participant child. In all instances non-participant subjects fulfilled the referral criteria of A Quiet Place and would have been referred had such a facility been available to them.

Results

Descriptive procedures were applied to the change in frequency of the observed behaviours, yielding bipolar data of increase in positive behaviours and decrease in negative behaviours for the five observation scale categories. From this, a total increase in positive behaviours and decrease in negative behaviours across categories was obtained for both participants and non-participants, yielding two levels of measurement for two matched but independent groups. These changes are illustrated in Figure 2.

Figure 2: Average increase in positive behaviours and decrease in negative behaviours for participant and non-participant groups over a six-week period

Statistical analysis of the data was conducted using the t-test for independent samples (see Table 3). A Quiet Place participants show a mean increase in positive behaviours of 93.35 (Standard Deviation = 86.48) as opposed to the non-participants, whose mean increase in positive behaviours is -14.48 (Standard Deviation = 77.39), producing a mean difference between the two groups of 107.83. In terms of decrease in negative behaviours, A Quiet Place participants show a mean decrease in negative behaviours of 61.89 (Standard Deviation = 92.6), while non-participants show a mean decrease of 0.67 (Standard Deviation = 84.87), producing a mean difference between the two groups of 61.22. Both these differences fall within the respective confidence intervals. In both instances it is shown that such differences are highly unlikely to be due to chance (with t-test value = 6.83, for 106 df (degrees of freedom), p<0.001 for increase in positive behaviours and t = 3.58; df = 106, p<0.001 for decrease in negative behaviours – see Table 3). It can therefore be concluded that both the increase in positive behaviours and the decrease in negative behaviours observed in the children who attended A Quiet Place is as a result of that intervention.

Table 3: Independent samples t-test for equality of means: total increase and decrease in behaviours

<table>
<thead>
<tr>
<th></th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
<th>Mean Difference</th>
<th>Std. Error Difference</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Inc. Pos.</td>
<td>6.83</td>
<td>106</td>
<td>.000</td>
<td>107.83</td>
<td>15.79</td>
<td>76.52 - 139.14</td>
</tr>
<tr>
<td>Total Inc. Neg.</td>
<td>3.58</td>
<td>106</td>
<td>.001</td>
<td>61.22</td>
<td>17.09</td>
<td>27.33 - 95.11</td>
</tr>
</tbody>
</table>
Further analysis by gender and by age, using the same procedures, suggest a slight increased effectiveness in boys over girls, and in older children (Y4, Y5 and Y6) over younger children (N, Y1, Y2 and Y3).

**Figure 3**: Average change in frequency of behaviours by reason for referral (N for Behaviour = 27; N for Support = 27)

Analysis by reason for referral produces two distinct categories – children with acting-out type behaviours which interfere with learning and classroom management, and conditions that require support on emotional and psychological levels. Behaviours in the former category include anger management, violent and destructive behaviours, and bullying behaviours. Reasons for support include poor self-esteem, difficult home circumstances, bereavement and victimisation behaviours.

**Figure 4**: Change in different behaviour types for children referred for problems with behaviour and for those referred for emotional and psychological support

The variations in results by gender and by age need to be considered in relation to sample size. This factor is particularly significant in terms of age, whereby N = 13 for the younger group and N = 41 for the older group. Should future research support these differential effects, however, the outcome-based nature of the intervention could be considered alongside the differing needs and skills of the two age groups. The vital importance of very early intervention in the prevention of antisocial behaviour as identified by Walker et al. (1998) underlines the need for further development and research in this area.

**Durability of change**

While one of the primary aims of the present research was the development of a method of quantitative data collection suited to the nature and objectives of A Quiet Place intervention, an unequivocal measure of the efficacy of this intervention is dependent upon proof of the durability of the observed change.

**Conclusions**

The strength of the results, both quantitative and qualitative, indicate that A Quiet Place interventions have a significant impact on the short-term behaviour of children with emotional and behavioural difficulties. The fact that short-term intervention of this nature is capable of
generating such a significant change in a short period of time calls for continued scrutiny and longer-term monitoring and an evaluation of the wider-ranging implications of these effects in terms of cost, benefit and social impact.

The full effectiveness of the provision in terms of the increased chances of long-term inclusion of those children experiencing emotional and behavioural difficulties can only be gauged by long-term follow up and an identification of the further interventions required by some children to maintain the improvements shown after the initial six weeks. We are currently monitoring the progress of this cohort six months after the end of the initial intervention and are scrutinising the internal monitoring data of all the children who have experienced the intervention to gain further insights into long-term implications.

A Quiet Place project is an initiative that introduces both psychotherapists and body workers into the broader team of support workers in school. The success of the intervention relies not only upon their expertise, but also on the degree to which staff as a whole are sympathetic to and understand the philosophy and approaches associated with it. This study suggests that the introduction of such approaches can enhance the school’s ability to work with children who experience difficulties with their emotional life and behaviour and hence make a significant contribution to their continued inclusion in mainstream education.

References


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