

**‘A Quiet Place’ project: an evaluation of early
therapeutic intervention within mainstream schools.**

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Abstract

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 which 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 pre and post the 6 week intervention period, producing an index of change on a bi-polar 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. The paper concludes that these overwhelmingly positive results needs 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.

A Quiet Place is a room within 7 primary schools on Merseyside and Croydon. It provides the base for a programme of short-term therapeutic support for children within the mainstream provision experiencing behavioural and /or emotional difficulties. Based on the concept of ‘holism’, the programme works to build on existent strengths and to discover inner resources to support the individual within the context of their 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 eclectic manner (Spalding 2000). It works to support the whole child (body, emotions, mind & 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 schools lie in areas which 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 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 et al 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" Consortium (Bennathan & Boxall 1996) 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, a layered approach to support and intervention. Stress and issues of self-esteem are assumed to be primary to lack of achievement in all areas of the child's life. A Quiet Place therapeutic support therefore aims to work on three levels:

1. Reduction of immediate stress and the acquisition of effective stress management strategies
2. Increasing self esteem
3. Case specific objectives.

While A Quiet Place is more than a room, the environment is prepared in a manner which offers a welcoming and relaxing environment, and 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).

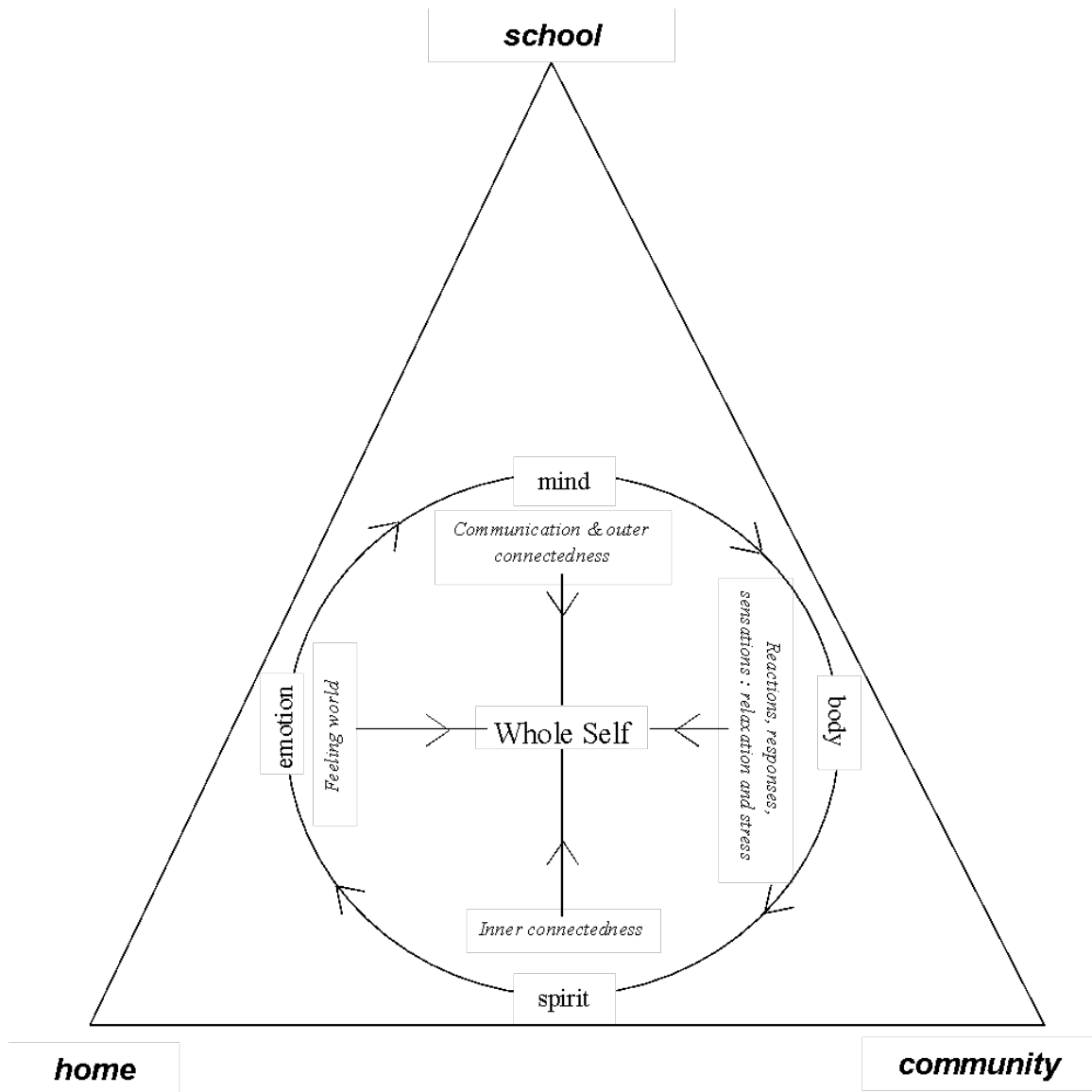


Fig 1: A Quiet Place Holistic Model

Project Methodology

The principles of Educational Therapeutics upon which the project are based are demonstrated in Fig 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.

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 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
 - to obtain permission from the parent for the child to participate on the project
 - data collection.
 - to 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
 - to offer therapeutic support to the teacher
 - data collection.
4. A therapeutic outcome and treatment protocol is established
5. The child comes to A Quiet Place 3 times a week for 6 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.
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 6 sessions after a break
 - child continues without a break for 6 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 on 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 (Bennathan, M & Boxall, M.1998) as measurement. 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.

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 which 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 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 head-teachers of the schools associated with A Quiet Place (DfEE 1999). A decrease in this type of behaviours 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 changes 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
and

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 7 schools has been collected, showing that a total of 3466 individual sessions were delivered by Quiet Place staff in line with the principles and protocols described. Evaluation of stated outcomes as part of the internal treatment protocol suggest that improvement has occurred in 86% of cases. Further qualitative data on satisfaction with effectiveness of the Quiet Place intervention were commissioned and provided by Piper (2000), whereby 19 children, staff and parents were interviewed regarding their experience of A Quiet Place. In all instances the response was favourable, with the most frequent comment being in terms of a desire for 'more of the same'.

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 & attitudes of the profile itself. Observers were trained using video footage in the use of the scales, and the reliability of the scales was assessed using inter-rater reliability correlation ($r=0.808$ with $p<0.01$). The observation scales were piloted, and revised, to produce the scales from which data for this study were obtained.

Observation data were collected using time interval sampling. Each child was observed for a span of 90 minutes pre- and post- intervention. For each observation 3 different settings were sampled:

1. Child engaged in a teacher led activity
2. Child engaged in an activity where independence was required
3. Child observed in an unstructured situation.

The scales consist of 15 bi-polar items in 5 categories as follows:

1. **Attention** (*positive* : focussed and on task; *negative* : distracted / disengaged)
2. **Self-awareness / self esteem** (*positive* : good level of confidence / self esteem : asks for help; expresses him/ herself appropriately, interacts with others appropriately; *negative* : poor self confidence, expressed by 'overcompensation' - bullying / no empathy for others or by withdrawing & avoiding contact, struggles without asking for help etc.)
3. **Impulse control** (*positive* : obeys instructions; waits & takes turn; accepts disappointment / adversity, not getting own way; moves / sits appropriately; *negative* : ignores or disobeys instructions; demands, grabs & goes out of turn; angry / distressed when can't get own way; inappropriate movements or sounds)
4. **Interpersonal skills** (*positive* : joins in group activities, whether directed or own choice; communicates without difficulty & touches & responds to touch appropriately; *negative* : disruptive / provokes / withdraws from group; no communication / ignores (blanks); inappropriate touch : hits / hurts / avoids)
5. **Socialisation** (*positive* : co-operative & abides by rules; uses materials / environment appropriately; *negative* : uncooperative; breaks rules; destructive use of materials)

A simplified teacher rating scale was devised, offering generalised ratings based on the behaviours observed on the scales and replaces the Boxall Profile as part of internal monitoring procedures.

Research Design

A controlled pre-post research design was employed, using the observation scales outlined above. A sample of 54 children from 3 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 bi-polar data of increase in positive behaviours and decrease in negative behaviours for the 5 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.

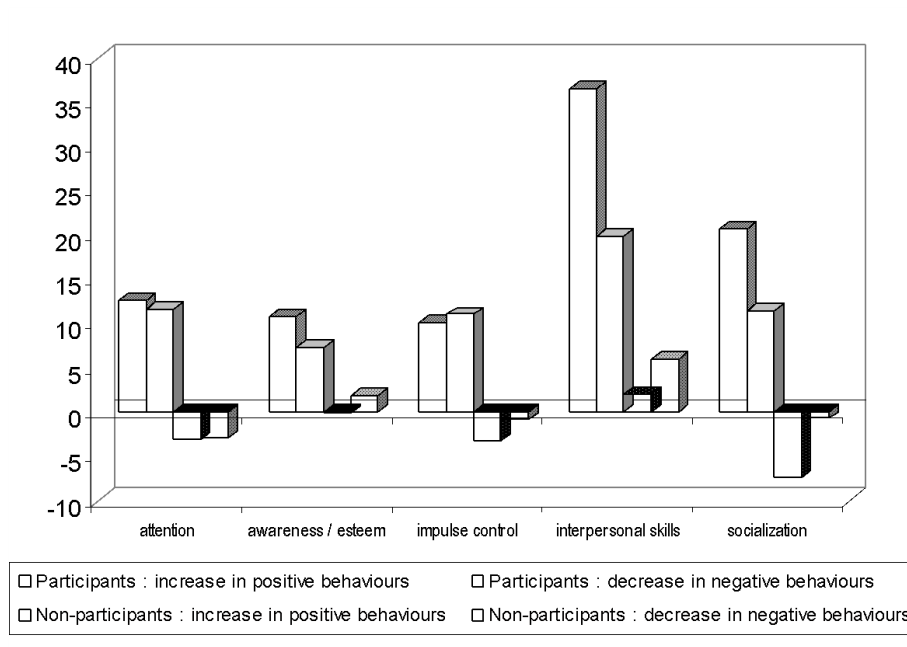


Fig 2: Average increase in positive behaviours and decrease in negative behaviours for participant and non-participant groups over a six-week period

Statistical analysis of the data was conducted using the t-test for independent samples (see table 1). A Quiet Place participants show a mean increase in positive behaviours of 93.35 (SD=86.48) as opposed to the non-participants, whose mean increase in positive behaviours is -14.48 (SD=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 (SD 92.6), while non-participants show a mean decrease of 0.67 (SD=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 $t=6.83$, $DF=106$, $p<0.001$ for increase in positive behaviours and $t = 3.58$; $df = 106$, $p<0.001$ for decrease in negative behaviours). 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.

	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Total Inc Pos	6.83	106	.000	107.83	15.79	76.52	139.14

Total Dec Neg	3.58	106	.001	61.22	17.09	27.33	95.11
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Table 1 : Independent samples t-test for equality of means: total increase and decrease in behaviours

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 & Y3).

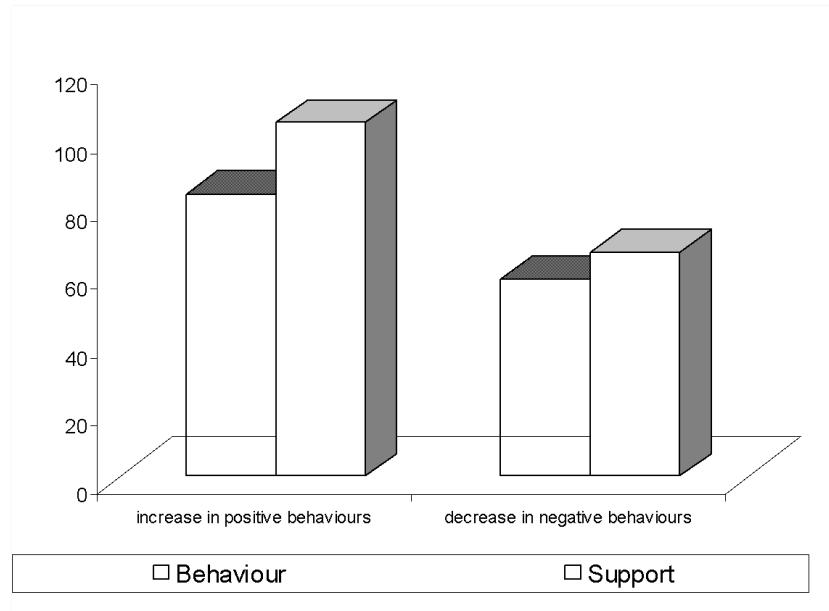


Fig. 3: Average change in frequency of behaviours by reason for referral (N for Behaviour = 27; N for support = 27)

Analysis of reason for referral produces two distinct categories – children with acting-out type behaviours which interfere with learning and classroom management, and conditions which 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.

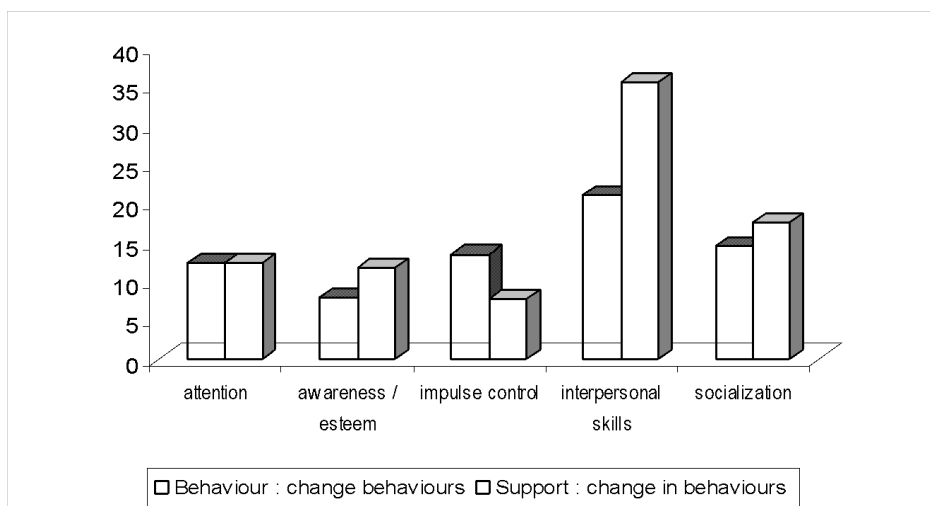


Fig 4: Change in different behaviour types for children referred for problems with behaviour and for those referred for emotional and psychological support

Fig. 3 illustrates the difference in overall behaviour change by referral category, and fig. 4 shows the change in behaviour by referral group in terms of specific types of behaviour.

Discussion

Observation data indicates a clear and significant improvement in the behaviour of children receiving A Quiet Place interventions. Comparison with a matched control group provides statistically significant results, supporting the hypothesis that the observed change is in fact due to the intervention. Results further suggest that interventions may be slightly more successful in the case of boys than of girls, and that younger children may show slightly less improvement in some areas than older children. When behaviour change is analysed by reason for referral, a slightly greater improvement is seen for children referred for support and poor self esteem than for those referred for behaviour problems. While this difference is not statistically significant, it does support the trend identified by the pilot study (Spalding, 200). Further analysis by category reveals an interesting pattern of change (fig. 4). Gain in attention across the two groups is very similar, but there are clear differences in terms of increase in self-esteem and improved impulse control. Those referred for support and the improvement of self-esteem show greater gains in self esteem than those referred for behavioural difficulties, while those referred for behavioural difficulties show the greater improvement in impulse control. While these findings could be considered self-evident, their presence provide supportive evidence both for the effectiveness of the targeted interventions of A Quiet Place, and an index of the validity of the behavioural classification of the observation categories. It is of further interest that the greatest gain across all categories, namely the increase in positive socialisation behaviours (fig. 2), appears to be as a result of the large increase in self-esteem as evidenced in fig.4.

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.

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