AfC Virtual School
'Together we can achieve!'

Attachment Aware Schools Award

Therapeutic spaces in schools

Design to benefit care-experienced children and the adults who work with them

achieving for children

Foreword

Achieving for Children (AfC) Virtual School supports the education of all children and young people looked after who come into care in the boroughs of Kingston, Richmond, and Windsor and Maidenhead and all those who have been previously looked after. Every Virtual School headteacher must ensure that the educational achievement of children looked after and previously looked after children is seen as a priority by all those who have a responsibility for promoting their welfare.

AfC Virtual School supports school staff to develop their understanding of the impact of attachment issues and incidences of trauma in our children's early lives. We encourage schools to consider all aspects of the wellbeing of care experienced children while they are in school and this includes maximising the benefit they receive from therapeutic interventions and from the school environment.

In 2020/21, in partnership with AfC's Educational Psychology Service, we are running our first Attachment Aware Schools Award programme, with 45 of our schools participating. We are working towards an Attachment Aware School community where all our schools have had the opportunity to revisit their policies and practices in light of the Attachment Aware Schools agenda. We believe that this will promote better wellbeing, outcomes and behaviour for students and happier working environments for all.

This report has been divided into sections to enable you to use it to support your work with care experienced children. You might find it helpful to explore theories that underpin the research, such as attachment. Or, you may prefer to focus your attention on the themes that have emerged from the research and how they relate to your own school. However you choose to use it and whatever your role in school, we hope that you find our research useful and supportive of your work with care experienced children.

I would like to thank Sara Freitag and Emma Dyer for undertaking this research study for AfC.

Suzanne Parrott, Executive Headteacher, AfC Virtual School

Contents

Research completed and written by Dr Emma Dyer and Dr Sara Freitag

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Meadlands Primary School, Richmond: Claire Davies and Danielle Mace

What is this research about?

The places where therapies and counselling take place in schools are rarely formally designed. They are not always separate rooms, but may consist of a desk and chairs in a multi-purpose area or an ad hoc spot in a corridor. Sometimes they are imaginatively designed structures in the school grounds, such as a shepherd's hut, a yurt or a refurbished bus. In recognition of these variations, we have chosen to use the term 'therapeutic spaces' rather than 'therapeutic rooms' or 'therapy rooms' in this report.

This study looks to explore the following questions:

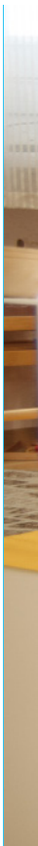
- What are the types and qualities of space currently being used in AfC schools to provide therapeutic interventions to children and young people?
- What are staff perceptions of the spaces in which they provide therapeutic interventions?
- What are the key factors of a therapeutic space that support the success of the interventions carried out in these spaces?

This research offers observations about why well designed therapeutic spaces in schools benefit children and young people, as well as suggestions for how to create or improve them in your school to enhance psychological safety within physically safe spaces.

If you are a headteacher or someone who manages staff that use therapeutic spaces, we suggest that a quick reappraisal of these spaces and some small, easy to implement changes may enhance the effectiveness of the therapies that are being carried out in them. This report will provide you with evidence to support the recommendations that we suggest.

If you are someone who regularly works with children in therapeutic spaces, perhaps an emotional literacy support assistant (ELSA) or equivalent, we present the experiences of staff in other schools and suggestions of ways to help you to make the best of your own therapeutic space.

Therapeutic spaces are places where a counsellor, therapist, emotional literacy support assistant (ELSA) or someone in an equivalent role delivers one-to-one or small group interventions to support emotional literacy, mental health and wellbeing



We also encourage all school staff to value the promotion of wellbeing and good mental health as a precursor to learning and to recognise the impact of where therapies and learning take place upon all those who work and learn there.

This study comprises four school case-studies, a survey of schools supported by AfC Virtual School and a comprehensive review of relevant research literature. The study has a particular focus on children and young people who are care and trauma experienced, but will be relevant to all children who use these spaces. If you are interested in taking part in future research with us or would like support to improve therapeutic spaces in your school, please contact emma.dyer@achievingforchildren.org.uk.

At the time of writing, schools in England have reopened to all children in the aftermath of the Covid-19 lockdown. Many children will have experienced heightened feelings of anxiety, loss and separation from friends and trusted adults during this time while others, who have felt particularly happy and comfortable at home, may have found the return to school difficult to manage. Consequently, the need for appropriately designed therapeutic spaces in schools is more pressing than ever. Health and safety considerations about the cleaning and ventilation of rooms and social distancing is also proving to be an added complication in terms of room design and availability.

Emotional literacy support assistants are responsible for planning and delivering emotional literacy based interventions within their school, which may involve individuals or small groups www.elsanetwork.org

Why are we interested in the design of therapeutic spaces?

The mental health of care experienced children and young people

Young people coming into the care of the local authority are likely to have already experienced trauma and difficulties over and above those experienced by most of their peers. Many will have experienced abuse or neglect (63%), family dysfunction (14%), being in a family in acute stress (8%), absent parenting (7%), or will have experienced bereavement, disability or serious illness in one or both parents (3%) (DfE, 2019).

Becoming looked after involves major and often traumatic upheaval and loss. Due to their experiences before and during care, care experienced children and young people are at far greater risk of experiencing social, emotional and mental health difficulties than their non care experienced peers. The last national survey of the mental health of children looked after was carried out in 2002 and identified that almost half of children in care aged 5 to 17 years had a diagnosable mental health difficulty (compared with 10% of their non care experienced peers), with more recent studies revealing a similar picture.

Educational outcomes for care experienced children and young people

Research over time has consistently identified a significant gap between the educational outcomes and attainment of care experienced children when compared to their non care experienced peers (Adoption UK, 2017, 2018, DfE, 2019, Sebba, Luke, and Berridge, 2018). Alongside poorer attainment outcomes, care experienced children have far higher rates of school exclusion, with adopted children being 20 times more likely to be excluded than their non-care experienced peers (Adoption UK, 2017, 2018).

Care experienced children have far higher rates of special educational needs than their non care experienced peers. At the end of key stage 4, 53% of looked after children had an identified special educational need, compared with 14% of their non care experienced peers (DfE, 2019), whilst over half of the 2,000 adopted children in Adoption UK's 2017 study, had an identified special educational need. Children with social, emotional and mental health (SEMH) needs are significantly overrepresented in these statistics.

In 2018, approximately 45% of care experienced children with special educational needs had social, emotional and mental health identified as their primary need. This compares with approximately 16% of their non care experienced peers (Adoption UK 2017, 2018, DfE 2019).

Supporting mental health in schools: the use of therapeutic spaces

The impact that unmet mental health needs can have on children's and young people's behaviour, learning and academic attainment has been widely documented and the need for an increased focus by schools to promote pupil wellbeing and positive mental health has been highlighted by many government initiatives (Children and Families Act, 2014, Department for Education and Department of Health, 2017, DfE 2018).

In 2018, the revised guidance for Virtual Schools (Promoting the Education of Looked After and Previously Looked After Children, DfE, February 2018) identified the responsibility of Virtual School headteachers to promote awareness in schools of the mental health, attachment and trauma needs of care experienced children.

Schools work hard to support the emotional wellbeing and mental health needs of their vulnerable populations, which include care experienced children and young people. Many schools put in place a wide range of interventions to support the emotional wellbeing and positive mental health of their pupils. Alongside whole school initiatives, this work often includes either one-to-one or small group therapeutic interventions such as working with an ELSA, school counsellor or therapist, which takes place beyond the classroom in alternative spaces in the school building or grounds.

The ELSA network (Bowerman and Davies, 2018) identifies that ELSAs primarily support care experienced children and young people in the following areas.

- Emotional literacy and managing angry feelings
- Social and friendship skills
- Resilience and self-esteem
- Giving time to talk and a safe person
- Appropriate behaviour and access to learning
- Transitions, changes and contact
- Relaxation and nurture activities

Recent research into the impact of ELSA interventions from the perspective of pupils (Krause, Blackwell and Claridge, 2020), identified that pupils engaging in ELSA interventions experienced an increase in positive emotions, such as happiness, focusing on the positives and feeling calm, alongside a reduction of negative emotions like anger and anxiety. Pupils also reported feeling more engaged with their school, having increased resilience and a sense of optimism and improved relationships with peers, family and the ELSA they worked with.

Given what we know about the increased risk regarding the mental health and wellbeing of experienced children and young people, this is clearly important and valuable work. One hundred per cent of schools surveyed by AfC Virtual School confirmed that they currently have a member of staff in school whose designated role is to support the emotional wellbeing and positive mental health of children and young people through such interventions. This is a significant and positive investment in our children and young people.

However, only 25% of AfC schools who responded to our survey have a dedicated space for therapeutic interventions to take place in. Underpinning our investigation into the types of spaces that are currently used is our belief that the important work done by therapists and ELSAs is supported and even enhanced by suitable therapeutic spaces, but also potentially adversely affected by spaces that are not fit for purpose.

Where do therapeutic interventions take place in schools?

Providing a secure base for children and young people to manage angry and difficult feelings, to improve their self-esteem and give them an environment that enhances relaxation and nurturing activities is integral to supporting care-experienced children in school. As adults, we would not expect to share difficult feelings in a therapeutic context that is noisy, lacking in privacy or physically uncomfortable and this measure should also apply equally to children and young people in schools.

Through our work with designated teachers, ELSAs and support staff, we often come across anecdotal evidence that suggests that staff sometimes struggle to fulfil their role in effectively supporting the emotional needs of pupils because of the poor design of their working environment. This could mean that they are unable to access the resources they need or that it is a challenge to provide a consistently secluded and confidential listening space where difficult feelings can be openly expressed. Our research project seeks to explore this anecdotal evidence more rigorously with a survey of the range of therapeutic spaces being used in our schools.

We know that our schools are already working very hard to ensure that children's emotional wellbeing is prioritised. Schools have already invested money and time in training staff to do this important work. By ensuring that therapeutic practitioners have a good working environment, their own health and wellbeing needs are valued and supported. Conversely, if they are working in unsuitable conditions, their own wellbeing is likely to be affected, along with the quality and effectiveness of the interventions taking place, despite their own best efforts.

Why therapeutic spaces work, what the research tells us

Attachment theory

Attachment theory, first developed by Bowlby in the late 1950s, helps us to understand the importance of early relational experiences in shaping children's social, emotional and cognitive development. Everyone who works with children and young people has a contribution to make in establishing these positive relationships. Therefore, it is important that educators have an understanding of attachment theory and its implications for therapeutic spaces in schools.

> *"A lasting psychological connectedness between human beings."*
>
> *Bowlby, 1969, p.194*

Attachment is about relationships and our mental models of relationships, that is, how we view, think about and understand relationships. A child's first attachment is vitally important. The carer's ability to attune themselves to the infant's needs and to respond appropriately is important for the development of a secure attachment. This enables the child or young person to understand that the adults around them are able to meet their needs and that they can feel soothed by and safe in their presence. The aim of attachment behaviour is closeness or contact with the attachment figure with the associated feelings of security and safety. Therefore providing a space where this can occur is important.

Attachment and care experienced young people

Attachment theory offers a way of understanding the psychosocial needs and behaviour of children and young people who have experienced adverse life events and disruptions in their early care experiences. It provides a lens through which to consider strategies and spaces that foster the safety, security and trust needs of students in order to facilitate wellbeing and learning.

We know that many care experienced children and young people may have had early experiences that have led them to see relationships with others in a different way. They may not trust adults to provide the security, physical safety and emotional availability that they need. Many children in foster care have experienced early disruptions to their attachment relationships, for example, leaving their birth families and having changes of foster carers throughout their time in care. This can affect their confidence in new or anxiety-provoking situations, as they may not have had the early experience of an adult acting as their 'secure base'.

> *"I've gone through this journey [life] on my own. I've met people along the way. People come and people go. I've been on my own my whole life without support and guidance. I learn the hard way through mistakes and consequences."*
>
> *18 year old AfC care experienced young person, July 2020*

Internal working models: how we think about ourselves, others and the world around us

Bowlby's research helps us to understand the concept of an 'internal working model' of attachment that we all use as a template for understanding ourselves, other people and the world around us.

Through their early relationships, children construct an internal working model of what to expect from other people and how to measure their own 'lovability'. Stable and loving relationships create an internal working model that says 'other people are nice and I am lovable', whereas troubled and fragmented relationships create an internal working model that says 'other people are unkind, I am not lovable, the world is not a safe place'. Children and adults then think about the world and behave within it in line with the messages relayed to them by their own internal working model or 'inner voice'. This voice needs a suitably safe space in which to interact with a trusted adult to be reflected upon, developed or changed.

> *"Overthinking is a problem, I don't know when to stop, it's a constant cycle and I can't snap out of it."*
>
> *18 year old AfC care experienced young person, July 2020*

The secure base

A 'secure base' refers to the security that the attachment figure provides as a springboard from which children and young people can explore the world around them, safe in the knowledge that someone is there to comfort and support them in times of need. It can also be crucial in enabling them to settle to learn, as Louise Bomber suggests:

'The presence or absence of safety (perceived or real) will influence the pupil's ability to be in a position to settle to learn and to make optimum use of their exploratory system – our internal hormonal, neural and behavioural responses and processes, responsible for any of us being able to take the many risks required in learning.' (Bomber, 2011, p.44)

As Bomber notes, having a secure base enables children to leave their comfort zone and take risks - something that is required for successful learning within the classroom.

Children can form attachments to important adults in school, as well as their parents and carers and also to the school itself. Certain adults and particular spaces in school can act as a child's or young person's secure base, providing a sense of safety, emotional security, and promoting opportunities for positive relationships and social contributions.

> *"All of us, from the cradle to the grave, are happiest when life is organised as a series of excursions, long or short, from the secure base provided by our attachment figures."*
>
> *Bowlby, 1988*

Attachment and therapeutic spaces in schools

The spaces where we work with children and young people can have a significant impact on their sense of safety and security, as well as their ability to build positive relationships within these spaces. Care experienced children and young people can be hypervigilant to threat as a result of their early life experiences which have led their inner working model to tell them that the world is not always a safe place. Therefore, the success of the therapeutic intervention can be significantly influenced by how safe and containing the environment in which it takes place is perceived to be by children and young people. For Louise Bomber, access to the same, well designed space is also vital and she advocates for therapeutic spaces in schools that are 'protected', 'boundaried' and that retain 'a consistent focus and function' (2011, p.32).

> *"It is important to be aware that open plan formats are not that helpful for these pupils. Let's recognise how that kind of arrangement might be experienced by someone who has little or no trust, is suspicious of others' intentions, doesn't believe confidentiality exists and needs to constantly check out where threat might be coming from. What we're trying to do is communicate safety, security and stability; so let's be sensitive to the need for spaces that convey those feelings."*
>
> *Bomber, 2011*

Principles of spatial design for therapeutic spaces

1. Design is never neutral. A room or space has always been designed by a person or a group of people, even if this design has resulted in an accumulation of unwanted furniture or discarded equipment.
2. Spaces can always be transformed. It is often only the limits of our imagination that mean neglected or overcrowded spaces remain so. Similarly, it is easier to find time to transform a space if an investment is made in a positive outcome.
3. Spaces often reflect the values of those who have created them. With respect to schools, this may mean the values of individuals and of the school community. Burke and Grosvenor, in their highly recommended history of the school building 'School' characterise school buildings as 'designed spaces that in their materiality project a system of values' (2008, p.11). They describe the school building as an 'active agent', shaping and promoting 'a particular understanding of education' (ibid.). Your own school building will not only reflect the ethos and values of the original designer but also of those who have inhabited and shaped the building ever since.
4. Design for spaces that promote wellbeing and mental health must begin with the human and the relational aspects of the space.

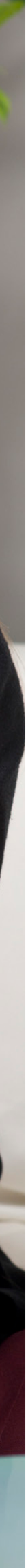
> *"School design matters to all children in education, including those with special educational needs and attending to their needs is not separate from, but an extension of a process of understanding how to enhance the lives of all pupils who study, rest and play in schools."*
>
> *Hrekow, Clark and Gathorne-Hardy, 2001*

In the next part of this report we share the findings of our survey, which we develop as a starting point for improving the design of therapeutic spaces in your own school. If you are interested in the methodology we used for this study, you can find more details in Appendix D, How we researched therapeutic spaces in schools.

Reflection points

Whether you are an ELSA, designated teacher or have another role in your school community, it will be helpful to think about how the values of your school are projected in the spaces where you work. As you are reading this report, it may be useful to keep three questions in mind.

- Are your therapeutic spaces havens of healing ie, thoughtfully designed places where you and the children you feel comfortable spending time?
- What does your response to the above suggest about your school's approach to the emotional and mental health support of children and young people, about your own wellbeing and that of your colleagues in the workplace?
- What resources might be available to you to improve the design of these spaces for example time, money, the expertise of others?



Improving therapeutic design in your school

This section is intended to help you to think about the design of therapeutic spaces in your own school. We appreciate that every school building is unique, as are the needs of each school community, but nevertheless strong themes and common experiences have emerged throughout this project that we hope will inform your own plans for improvements. We have organised these themes into six key areas and these are also reflected in the audit tool we have provided for you in Appendix A. This may help you to identify the changes that could make a difference in your school. Appendix B is a flow chart that maps out a possible process for evaluating therapeutic spaces.

In this phase of our research study, we have focused on practitioners' experiences of spaces, recognising that the needs of children in schools vary widely according to age, demographic and cohort. However, when you consider possible design improvements to your own rooms, we would also encourage you to work closely with the children who regularly visit these spaces. This may include surveying other spaces in the school with them (perhaps by taking a tour of the school together) to discover qualities of spaces that they particularly like or dislike. We have included a prompt sheet in Appendix C to help you do this.

We begin with three different categories of design features: architectural features, interior design features and ambient features. Although these three inevitably overlap, we have found it helpful to distinguish between them to highlight the challenges that they might raise and the opportunities they could present to you.

The second of the three areas relates to the human and relational aspects of design for therapeutic spaces. The designation of the space, ie how it is perceived and used by the school community is followed by a discussion on privacy. Finally, we highlight the wellbeing of practitioners in the space, a theme which emerged as significant with respect to the effectiveness of therapies and interactions in the space.

We hope that the examples and voices of practitioners, drawn from our survey and case studies, will resonate with you as you read. At the end of each subsection, we suggest some reflection points that may encourage you to think about how these examples might relate to your own spaces.

We appreciate that designing a room necessarily involves prioritising different values to achieve the best balance of qualities for its different functions and that the room where you work may not only be used for therapies. This may mean that certain other qualities have been valued above the ones that we discuss below. It is for this reason that we encourage you to consider the qualities of design that will be of most benefit to you as a therapeutic practitioner and to the children you work with.

Architectural features

Architectural, or structural features in this context refer to features that are fixed and difficult to alter, for example, the size and shape of rooms or the arrangement, proportions and design of doors and windows, including the placement and frequency of windows. These features are structural and, consequently, expensive and difficult to change. However, being aware of these features will allow you to reflect upon whether they have any significant, negative effect on the work taking place in the room.

Windows

An absence of windows in a room might benefit its inhabitants by increasing privacy or could be detrimental if it feels claustrophobic or airless. Our growing understanding of airborne viruses, post Covid-19, also means that ventilation of spaces with fresh air has become a necessity and this should be taken into account when designating and designing therapeutic spaces.

In our survey, having a view through a window to a green or tree lined space was highly valued by participants, while an absence of windows was cited as a weakness of a room. However, you might feel differently: it is important to design for the needs of you, the children you work with and your school rather than to follow general principles.

You may also have windows that look onto a corridor, rather than an outdoor view. If that's the case, then using smoked or frosted glass, or stickers, can help you to let in light while maintaining privacy.

> *"We've got a window that's half smoked and half open so you can see there are people in there, but you can't necessarily see who it is."*

Room size

Although two practitioners in our survey noted that their room felt too large to provide the protected, cosy space that they hoped to offer, many more staff reported that their room was not sufficiently large to work with small groups of children, meaning that some children could miss these interactions. Making a commitment to investing in therapeutic practitioners should, as far as possible, include making a commitment to a consistent space that is of an appropriate size for them to work in.

Storage

Room size can also influence the volume of storage space available. A number of practitioners pointed out that they were unable to store resources, such as paints or puppets, in the room where they worked, thus limiting their range of interactions with children. It is always worth investigating whether items that are not directly related to therapies, for example, music stands or sports equipment, could be stored elsewhere. Alternatively, shelves or small cupboards could be fitted into the space to maximise the potential to keep necessary objects close at hand.

Reflection points: architectural features

If you are already using architects to refurbish another area of your school, might you also consult them for advice about how you might make minor structural changes to small rooms in the school, for example, using partition walls?

If you work in a new school building, you may also face the challenge of significantly fewer therapeutic or small-group rooms due to the government guidelines for school buildings, introduced in 2014 (DfE), that substantially reduced their footprint or space allocation. Some schools have invested in creative solutions to cope with a small or overcrowded school building by installing weather-proof yurts, shepherd's huts or even, in one case, a converted bus in their school grounds although, of course, these structures can also bring their own challenges of acoustic privacy, temperature and maintenance. Might any of these solutions work for you?

If you are working in, or managing staff who are working in, an inappropriately sized or windowless space that is not fit for purpose, are there other places in the school where a therapy room might be better located?

Are there rooms that are currently designated as offices or large cupboards, which already meet or could be adapted to meet health and safety standards for ventilation, lighting and temperature and offer privacy, comfort and security?

Interior design features

Looking beyond the educational sphere, there is a body of evidence to demonstrate that interior design changes can substantially improve wellbeing in hospitals, counselling rooms and other healing environments (Smith, Metcalfe and Lommerse, 2012), and this suggests that therapeutic spaces in schools might also improve wellbeing through their design as well as the interactions that take place within them. The good news is that interior design features are far easier to alter than architectural features. Unfortunately, in institutional buildings such as schools, they can also have an annoying habit of seeming just as fixed and difficult to change.

Interior design features include lighting, materials, plants and colours, along with the thoughtful arrangement of these elements within the space. Changes to these features can usually be made at a relatively low cost or at no cost at all. Finding advice about how to improve these features of therapeutic rooms and of your school as a whole is also inexpensive, especially as schools inevitably have staff members (or their talented and willing relatives) who are excited by the idea of using their creativity in this way.

> *“Obviously I thought about how it could be different to what they’re experiencing in the classroom. That’s a key thing. It just feels like they’re comfortable when they come in here.”*

In our case studies, interviews with practitioners revealed a confident and enthusiastic approach to designing a space that was comfortable and homely, rather than institutional.

> *“It was about not having anything in the room that was too clinical. I’ve tried to make it so that when you sit in here, you don’t think you’re in school and I think that’s really important.”*

Furniture and lighting brought in from home was a key feature of differentiating the space from the rest of the school and a consensus emerged about ensuring that there were no academic posters on the walls (eg, times tables, spellings, etc), as you might find in a learning space. Practitioners also reflected on the benefits of talking with children about their preferences and letting things settle in the space rather than rushing to decorate and furnish it immediately.

> *“I wanted to make it as clutterless as possible because I feel that if your head’s full then you don’t want lots of fullness in a room.”*

Comfort was important to all respondents to our survey, with 88% strongly agreeing and 12% agreeing with the statement that the physical comfort of the space was a priority for them.

Good interior design can also enhance a sense of belonging in a room, encouraging children to feel that this is their own special, protected space to share feelings and where they are welcomed not only by the practitioner, but also by the comfort of the room itself.

> *We've got toys in here, we've got the (therapy) dog in here. It's just somewhere that is quite different from the rest of the school. A lot of the other rooms would have learning aids and times table things on the wall and they're nice spaces but they're definitely to do with learning. So I think there is a different feeling when you come in somewhere that's got none of that.*

Although fidget toys may be banned from classrooms, or even from the whole school, some therapists offer them to children to be used specifically in this space as they can encourage self-regulation.

> *It just feels like they're comfortable when they come in here and what's really important is that there are things to fiddle with all the time like magnets and fiddly toys because talking one-to-one is quite daunting. And, not giving it to them, but playing with them yourself, so they can pick it up.*

Posture and positioning

Allowing children the opportunity to choose where and how they sit, stand, lie, move or sprawl on the floor can bring a sense of comfort, confidence and freedom of movement that can also encourage conversation.

> *They can relax in here. If they're in class and you went up to them, they wouldn't talk. They'd just stand and stare at you. If I bring them up here, they'll lie on their stomachs.*

> *I was going to bring in another armchair, but they actually quite like to choose between the armchair or beanbag.*

The celebrated school architect, Mary Medd, observed that very young children seek out places to 'curl up under a table or a rug, in a box or a barrel, along a wide, low window ledge with a cushion or two' (Medd, 1976, p. 27). Medd's designs offered a variety of spaces in which children could rest quietly (Burke and Grosvenor, 2008, p. 132) with plenty of freedom to move as they chose.

In the literature of counselling, it is also recommended that clients have a choice of seating (Pearson and Wilson, 2012) and that if clients in counselling rooms have some control over furniture, such as moveable chairs, they experience a high degree of comfort, autonomy and equality (Pressley and Heesacker, 2001). This could usefully be applied to furniture in your own spaces.

Reflection points: Interior design features

Consider a space in your own home where you feel relaxed, comfortable and safe. What have you done to make that space feel personal to you and somewhere that you enjoy spending time? What sort of mood does your choice of furniture and furnishings reflect? Is the lighting soft or bright? What do you like about the decor?

Now think about the therapeutic spaces in your school. What are the main differences between these spaces and your own favourite space? And what might you be able to do to bring some of those qualities of home into these places in your school?

Does your school give staff the resources they need to design their own space and choose furniture that is appropriate and comfortable for them, as well as the children they work with?

Note: Of course, post Covid-19, decisions about furniture and furnishings will need to take into account the viability of the virus on different surfaces and materials and how they can be cleaned. Even in these circumstances, however, it is still possible to signal to children entering this room that they are in a safe, homely space where their physical comfort is respected. The removal of all school furniture has proved very successful in enhancing the atmosphere of homeliness and safety, according to many practitioners, while the softness of a chair or beanbag can demonstrate to a child that this is a place where they are physically, as well as psychologically cared for.

Ambient design features

While interior design features are important communicators of an atmosphere or intention for a room, ambient features, by contrast, can have a significant, negative impact on learning and wellbeing in schools (Woolner and Hall, 2010). Ambient features in the context of therapeutic spaces in schools are notably primarily acoustics and ventilation. Lighting can also be considered as an ambient feature, but poor lighting can often be more easily remedied and in non-learning spaces, such as therapy rooms, softer or natural lighting from a lamp or window is often advantageous.

There is a wealth of research about the ambient features of school buildings and the DfE offers guidance and recommendations about minimum standards for them all. Crucially, these standards and regulations are predicated on the assumption that classrooms and small group rooms, where standards are higher, are the only spaces used for learning or wellbeing interactions in schools. Consequently, there is little direct advice or guidance given to schools about how to ensure that children who are engaged in activities in the precious, in-demand spaces beyond the classroom are not disadvantaged by poor acoustics, lighting or ventilation to the detriment of their learning or their wellbeing.

Within the overarching category of ambient features, research literature can offer useful insights into specific subdivisions of environmental elements with respect to the designed features of therapeutic spaces. As Woolner (2010) points out, the advantages of one feature might prove disadvantageous to another, for example, good soundproofing in a room may come at the expense of fresh air. This is an aspect of design that you will need to consider in terms of your own school building to find a balance that works for you.

Ventilation through windows

The large windows we often associate with Edwardian schools reflect an early 20th century belief that fresh air and light could mitigate against disease, in particular, TB. Unexpectedly, the effectiveness of ventilation through windows has once again become significant in our buildings as we attempt to deal with the current pandemic. An absence of windows that can easily be opened may currently be cause for concern in some of the smaller therapeutic spaces in schools.

Lighting

Natural light from windows or skylights is an important issue, if not currently quite such a pressing one as ventilation. The DfE recommends that ‘the school designer should assume that daylight will be the prime means of lighting when it is available’ (DfE, 2014). However, reductions in the size of school buildings in recent years have left fewer opportunities for large windows for ventilation or natural light.

https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm

There is also some evidence to suggest that natural light is beneficial for therapies. Pearson and Wilson (2012) whose research centres on the design of spaces for counselling, suggest that sunlight can have a positive effect on stress and feelings of anxiety while soft and natural lighting can support self-disclosure and reduce the risk of depression (Dijkstra, Pieterse and Pruyn, 2008).

Acoustics

Noise is unwanted sound. Acoustics are regulated in schools and controlling the level of noise, for example from traffic or aircraft, when children are studying is crucial in supporting learning.

Studies of acoustics in schools demonstrate that children who are already disadvantaged, for example those with auditory disorders (Nelson and Soli, 2000) or special educational needs (Shield and Dockrell, 2003, Ljung, Israelsson and Hygge, 2013), will be further disadvantaged by noisy conditions. Children with needs related to attachment, trauma and loss, may find concentration especially difficult if they are disturbed by loud or sudden noises.

The experience of poor acoustics in therapeutic settings in schools provoked a high level of comment in our survey and case studies. One hundred percent of respondents to our survey very strongly (88%) or strongly (12%) agreed with the statement that it was important not to be interrupted by noises from outside the space during sessions.

Noise is more difficult to control than lighting and a soundproof room was seen by several respondents as a high priority for their work. Noise control and elimination of distractions from an area where someone is waiting to go into a counselling space is also desirable (Pearson and Wilson, 2012).

> *“Some children quite like noise so they’ll come in and put the record player on because they like that sound and don’t like it to be too quiet.”*

Noisy interruptions from outside of the therapy room are also relevant here, but will be discussed in the context of privacy and the designation of the room in the next section.

Reflection points: Ambient design features

Are the therapeutic spaces in your school subject to noises that interrupt your work or distract the students you work with?

How well ventilated are the rooms you work in and is this important to you?

Is the lighting in your spaces easily controllable? Is it soft or bright? Do you have alternative sources of light to strip or fluorescent lighting?

Are any of the ambient qualities of your room adversely affected by other qualities?

Designation of the room

Design is about human relationships and behaviour as much as it is about materials and furnishings. Having explored some of the qualities of design that contribute to a sense of physical wellbeing in a therapeutic space, our focus moves to emotional and psychological safety and comfort and the ways in which members of the school community define a space and how they behave in and around that space.

In our survey, 22% of respondents indicated that there was at least one space in school that was used for the sole purpose of providing therapeutic support, whilst the remaining 78% indicated that these rooms or spaces were multi-purpose, for example, sometimes used for therapeutic support and sometimes for teaching or another activity. This indicates that over three-quarters of therapeutic support in schools is currently being delivered in rooms that are multi-purpose and used for a range of different functions.

> *“I cannot stress enough the importance of a dedicated space to do my work in. As a full time ELSA, my day is spent constantly trying to find somewhere to do my sessions, not always knowing how a session will go. I also don’t always have all the correct equipment with me, ie puppets, worry teddies, therapeutic putty, strategy books. I take what I can and know I’ll need, but sometimes a session doesn’t go the way I planned and then I have to quickly run to where my things are kept to get them. Also if a student is having a bad day and needs some time, they never know where I’m going to be.”*

Having a designated room that is ‘known to all pupils as a safe space, a trusted space’, as one participant in our study acknowledged, means that every child knows where to go if they are in need of emotional support. Another participant talked about a system that had evolved whereby children could subtly indicate to their class teacher that they needed to visit the welfare room and that their teacher would be able to allow them to leave the classroom knowing that the same member of staff would be there in that room all day, every day.

> *“If they are in class and feeling upset, they will ask to come down. As long as they’ve seen me and they might just want to say ‘so and so really annoyed me today because they couldn’t get in the front of the queue’ or it could be something from home. So every time I go to that door, there’s someone outside. But it makes them feel better. And coming here they feel safe. If I’m not here, it’s panic stations.”*

All respondents to our questionnaire very strongly (73%) or strongly (27%) agreed that a therapeutic space should be consistent in its usage, ie a dedicated space. The benefits of having a consistent space for ELSAs and therapists to work in was also highlighted by practitioners in our case study schools and they gave several reasons why this was important, including the offer to children who were having a challenging day to return to the same space that they had found helpful earlier in the day.

“It’s my room and I try and leave it open so that children can just pass, so it’s not like the secretive room where certain children disappear because it can be a bit like that. I try to keep the door open so that children can wander in and talk to me, just general chit-chat so it’s not like they don’t know where they’re going… They all love coming to the room, but you don’t ever want it to be something where it’s a bit secretive.”

“Just making sure that they know that I’m there all the way through the day if they need to come, so that they know they’ve got a choice if they want to come back, they can. This relies, as well, on staff who understand that.”

“They like the familiarity of coming to the same place and I try my best to do it the same time, same day so that they know within reason that they’re coming at a certain point. They like to come to a certain place, well it feels like it at least. If you’re moving around constantly, you don’t feel settled.”

Multi-purpose usage of the room

Bearing in mind that only 44% of respondents to our survey are in ELSA or equivalent roles, it is interesting to note that all respondents strongly or very strongly agreed with the statement that practitioners should have priority of access to the space to accommodate ad hoc as well as planned work.

This demonstrates an understanding by those who manage as well as those who work in therapeutic spaces that planned and agreed priority of access for practitioners is crucial. Seventy eight percent of staff surveyed indicated that the rooms or spaces used were multi-purpose ie, sometimes used for therapeutic support and sometimes for teaching or another purpose.

If an ELSA only works part-time, then this is understandable. We also recognise that there is often a high demand for private spaces in schools by staff, however, some practitioners described some of the difficulties caused by these sharing arrangements and made it clear that they did not have priority of use.

Interruptions can mean that a therapist and child might need to relocate, sometimes with little notice and not always with somewhere else to go.

> *“It is a shared space so you are limited to how much you can rearrange the room, leave resources there, etc. Occasionally, is used for a spare ‘exam space’ in emergencies.”*

> *“The room itself is … also used for storage and a printer is in there which means staff sometimes enter.”*

Interruptions can mean that a therapist and child might need to relocate, sometimes with little notice and not always with somewhere else to go.

> *“Sometimes (people) need to use it for other things, meetings, etc. We struggle to find a space when that happens.”*

Of course, no school design is perfect and it is not unusual for priorities to clash when it comes to the use of rooms. However, if constant interruptions are not able to be resolved by a sign on the door or by asking staff not to enter unless absolutely necessary, you may find it useful to make a note of the times or days when the room is used for other purposes and consider whether those interruptions could be managed in a different way.

If you are a practitioner experiencing problems with privacy, you may have to call on your Senior Leadership Team to support you with this. We have heard throughout this research study from practitioners how important it is for children to have a safe, trusted space and how much they value the consistency of this space. We cannot expect children to share difficult, complex feelings when someone unexpectedly or repeatedly enters their space.

It can also be problematic if an ELSA is required to share a space with a colleague. The perceived safety of a space for a child or young person can be easily compromised by other adults or their peers occupying the same space. If there is more than one ELSA working in a school with only one room available, their capacity to offer therapeutic interventions to children will be reduced and potentially halved. It may be possible to share a space if it is sufficiently large and visual and aural boundaries are put in place, but this is not always ideal as children's privacy may be compromised by their peers being in the same room at the same time.

Reflection points: Designation of the room

Design is about time as well as space. In schools where there is an unavoidable pressure on the use of rooms, consider making a note of the times when the room is available for therapies and how else it currently functions.

It can also be helpful to assess when the spaces around your room are being used, particularly if this is likely to cause noise and interruption, remembering that many of the children and young people who work with practitioners will be hypervigilant and easily distracted or disturbed by noise or interruption.

If you are a practitioner who shares a space with other staff members or who is not always able to use a consistent space, how do you feel when you are interrupted or have to find somewhere else to work? Does this influence your ability to do your work? And how do the students that you work with feel about interruptions or having to move? Ask them for their views and discuss with your managers.


Family Support Centre

Privacy

Privacy can be a difficult concept in school buildings, especially as it can often be conflated with confidentiality. Children are no different from adults in being highly aware of who might be listening to their conversations or watching them and it is important to remember that children, like adults, are unlikely to feel safe to talk about their feelings if they perceive that the space where they are doing so is not private. If they have experienced trauma in their early lives, children are likely to be hypervigilant within their environment and to have a heightened sense of factors that may compromise their privacy within therapeutic spaces.

If you can signal through the design of a space that it is private and protected and that there are barriers against intrusion and other people listening into conversations, then the space is more likely to provide the support needed. 100% of our participants very strongly or strongly agreed that privacy was crucial to the success of any therapeutic interaction.

> *“Sometimes they just need to get it all out and be able to cry in a safe space where they know people aren’t looking and they know that maybe if they don’t want people to find out. Just sitting here in the quiet and even having 10 or 15 minutes and often they’re ready to go back (to class).”*

Therapeutic intervactions are about relationships and within the mandatory safeguarding procedures adhered to by all schools, a level of privacy is necessary for a child, as it would be for an adult, to give them the confidence to share difficult feelings with a trusted adult. Ensuring that therapeutic spaces in schools are designed to protect the privacy of the child represents an ethos of care and understanding for the child by the school.

Two ELSAs who had been working in a busy corridor in one of our case study schools, managed to initiate a relocation to their own therapy room. This move had a noticeable and immediate effect on children’s willingness to share their feelings.

> *“The main thing we’ve got from this is how much more open they are. Most children are far more open and open up more quickly. You don’t have to have a few sessions building up to it. It kind of saves time almost having a good space because they do feel comfortable and it is a nice space.”*

> *“I think the children were more comfortable speaking to us quicker. Within 5 to 10 minutes of their first session, they’d be talking about their feelings. Before we had to go round the houses. It could sometimes take several sessions before they felt comfortable talking.”*

In another case study school, the ELSA also recognised the vital importance of privacy from the gaze of others.

> *I just feel it's so important for a child to feel safe and not to be looked at by other children. No matter what age, you're embarrassed, you still have feelings. From a tiny age even if you have feelings that 'someone's looking at me', ok, you don't understand a lot of them until you get older, but it's really important to have somewhere to come.*

In a third case study school, the welfare mentor had ensured that although the figures of people inside the room could be seen from the outside, the identity of the child was also protected.

> *You need to be able to look in and see that there's two figures because otherwise it's just, it's not very suitable so you can't have a very solid closed door, but I think it's really important that if a child is crying or very distressed, they feel they can be away from the public gaze.*

The design of therapeutic spaces isn't only about the room itself, but also the area around the room and whether children can enter without being watched by other children.

> *There was no confidentiality (privacy) really because the children were seen coming in, you know, … they didn't feel free to talk.*

> *Students are able to access without their peers seeing them going into the room.*

Theories of attachment and trauma remind us that many of our children will be ready to flee or shut down emotionally in a place where they don't feel both physically and emotionally safe. One therapist commented on the wariness of children coming into a new therapeutic space and their attentiveness to who else might be inside it:

> *As we open the door to come into the room ... you can see the children's eyes flickering around, looking at who else is in the room. So they are very aware of other kids and what they will say.*

Interruptions

Interruptions during therapeutic sessions can negatively impact the success of these sessions. As we discovered from our research, these interruptions are more likely to come from adults than from children and that staff members, even headteachers, are not always sensitive to the disruption that they caused when entering a therapeutic space mid-session.

> *Understanding of privacy at times has been difficult with staff as well … they're not actually realising how confidential our work is and they're going up and speaking to the child. I don't think they really realise what we do. … And then, you know (the children) forget what they were going to say.*

As two other participants told us:

> *The constant interruptions when with a child is an issue also. I have tried putting signs up on the door saying 'Do not disturb', I'm constantly telling people not to interrupt when I have a child with me, but invariably they will still knock and say 'sorry but...'*

> *Sometimes people will come in and interrupt even if there is a sign on the door.*

If there is a clash of priorities, we would strongly recommend that consideration be given to whether the other activity could take place elsewhere. If not, could adequate notice and support be given to relocate the therapeutic work to another suitable safe space?

As an ELSA in a case study school explains, it is crucial that our most vulnerable children have a space and a time that is protected:

> *We've got to find somewhere they need to feel safe, they've got to feel safe to talk about what they want to talk about, anything, and make sure that no-one comes in at certain times. It's so important for them to have their time.*

Reflection points: Privacy

Emphasise to all staff how vital it is that the space where you work with children is quiet and protected.

Enlist the support of other, sympathetic members of staff who understand that it will feel embarrassing or uncomfortable for students to be interrupted while they are talking about difficult issues.

If you are a practitioner, you are employed by your school to provide a valuable service to children and young people. Could you do any more to communicate the importance of your therapeutic role to staff? If you are a manager, have you taken every opportunity to explain the significance of this work to as many colleagues as possible during CPD or personal meetings? And is your investment in highly trained staff reflected in the design and use of their room?

How is privacy communicated to other people who use the space? Would a timetable ensure that no-one enters when you are using the room or is more action needed?

If you don't have access to a room, how disruptive is a lack of privacy to your work and to the children you work with? Ask them how they feel about it.

Can students be seen going inside the room and how do they feel about this? If there is a waiting area, is this also as protected as possible?

Plot the frequency of interruptions and consider whether equipment or resources needed by others could be moved elsewhere.

Wellbeing of practitioners in a therapeutic space

> *Since a counsellor will generally be in the room many more hours than a client, the room needs to provide them with an intellectually and emotionally nourishing, physically comfortable space.*

Pearson and Wilson, 2012

When staff work in poor conditions, they often feel undervalued, as well as potentially affecting their health. This may also have a negative effect on their ability to deliver their therapies to the maximum potential. The previous five subsections are all pertinent to the wellbeing of staff and students and demonstrate how important it is to have a well designed room for therapies that is fit for purpose.

The qualities of privacy, comfort and a sense of belonging in a safe space are not always recognised by schools, even when therapeutic interventions themselves are highly valued. In a literature review of research into early childhood spaces and the people who work in them, Benchekroun, Cameron and Marmot acknowledge as a basic principle that 'the physical environment has a significant impact on individuals' wellbeing, making this a central consideration for many architects" (2020, p.7). Citing Smith et al. (2012) they add that 'the physical environment can affect the emotions and spirits of people [...] either in constricting, negative ways or in positive, therapeutic ways, or a mix of both' (ibid: 4).

Their emphasis, like ours, is to seek out the positive ways in which the school environment can be supportive to the human beings that inhabit it and, like them, we also acknowledge that it is vital to ensure the wellbeing of adults as well as children within the school building. As Løvgren notes, 'low' wellbeing of practitioners will have an effect on their ability to work effectively and on the children in their care (Løvgren 2016, p. 164). In support of this, Benchekroun et al. (2020) suggest that 'it is not only qualifications and skills that shape practitioners' abilities and motivation to nurture and educate young children' but that their 'communicative, caring and teaching skills are also shaped by their commitment and wellbeing at work' (p. 2).

This research project additionally aims to address the significance of design in contributing to the wellbeing and the consequent effectiveness of staff who work with children in therapeutic spaces in schools. Although there is little research on this topic, we know from studies of workplaces in general that employees have greater job satisfaction if they are able to have some control over the rooms in which they work, eg, to modify the temperature or to open a window (Leaman and Bordass, 1999, Benchekroun et al, 2020).

There is a body of research that investigates the lack of agency that children in schools have over their environment (Parnell and Procter, 2011; Fleet and Britt, 2011), the latter describing institutional spaces inhabited by young children as "places of adult control over children's experiences, bodies and movement; of surveillance and regulation, informed by discourses of suspicion, supervision, protection and normalisation (2011, p.144).

However, as our survey and case studies reveal, some staff members also feel that they have very little autonomy over the quality of the spaces where they work, or even consistent access to those spaces, leaving them feeling as if their work is less valued than it should be. This can adversely affect their ability to perform their roles to the best of their abilities.

Our research evidence demonstrates that staff working in therapeutic spaces in schools highly value a comfortable, well-designed space with good ventilation, temperature control and lighting and find it more difficult to do their work well when they do not have a dedicated space in which to work.

> *“It was always like we weren’t that important because we were stuck in a corridor and therefore the children felt that, I think. It was really difficult to do our ELSA role, almost practising in a way that you’re told not to. We almost felt that we were doing a disservice to the children whereas now (that we have our own room), I think we are doing our ELSA job properly.”*

Our research demonstrates that staff are imaginative in their plans for therapeutic spaces, even if there are barriers to overcome in achieving them and that they value the opportunity to do this work with children and young people even when conditions are not ideal. Given the chance, it is clear that staff have ambitions to create comfortable, healing spaces in schools and that with support, these ambitions can be realised.

> *“I would like to have a wellbeing department, offering different therapeutic measures run by members of staff and external agencies, making it similar to any other department in a secondary school.”*

Reflection points: Wellbeing of practitioners in a therapeutic space

Do you or the staff you manage who work in therapeutic spaces derive a sense of self-worth from the space? If not, how can this be changed?

Summary and recommendations

There is no doubt that AfC schools have a strong commitment to investing in the emotional wellbeing of children and young people: there is at least one trained member of staff employed in a therapeutic role (full or part-time) in every school that responded to our survey or took part in our case study research. It is also evident from our research that school staff recognise the need for and are ambitious for well designed, comfortable and suitable spaces for therapies.

However, while over half of respondents (56%) agreed or strongly agreed with the statement that their space was fit for purpose, 28% had a neutral view and 16% disagreed or strongly disagreed with the statement. This suggests that there is currently significant variance in the quality of the spaces being used to deliver therapeutic interventions in schools, highlighting room for improvement.

Staff who strongly or very strongly agreed that their therapeutic spaces were fit for purpose in their own schools particularly valued features such as good ventilation and lighting, soundproofing, calming views and the ability to change the space to meet the needs of different groups and individual children.

Practitioners who disagreed with the statement that their rooms were fit for purpose were as eager as their peers to find ways to make improvements and had imaginative ideas about how to do so if impediments to improvement could be removed. While it is always helpful to keep the highest aims in mind for therapeutic spaces, it is also valuable to consider small, impactful changes that can be made to improve the features listed above.

There was a very high level of agreement amongst survey participants, whatever their role in school, that therapeutic spaces should be private, calm (uninterrupted by outside noise), appropriately sized, physically comfortable and available to practitioners consistently and as a priority.

> *“Organisation does not just happen. It has an organiser. Often a space-organiser is not an official architect.”*
> *Adam Wood, 2018*

RECOMMENDATION ONE: **audit and evaluate the features of therapeutic spaces in your own school**

The audit tool for the evaluation of therapeutic spaces in your school (Appendix A) and the flow-chart (Appendix B) can help you to evaluate the therapeutic spaces in your school and consider the different aspects of design that are likely to have an impact on the success of therapies in the particular environment in which you work. You can use this audit tool individually or as a team and not only will this help you in identifying strengths and weaknesses of spaces, it can also be a useful starting point for exploring next steps in improving your spaces.

If you have any questions about the process or the results of your audit, you can contact emma.dyer@achievingforchildren.org.uk

RECOMMENDATION TWO: **gather the views and experiences of the practitioners using the therapeutic spaces**

Address the specific points that have come up in the audit, ensuring that practitioners are included. The essential questions to be addressed here are whether staff feel that they are able to perform their roles to the best of their abilities in the spaces, that the spaces enhance rather than detract from the therapeutic work and that spaces are comfortable to work in for long periods of time. Gathering their perspectives on the strengths and weaknesses of different spaces in the school, including those that might be used as an alternative to current spaces, will give you a better understanding of the needs of staff in your school in this role.

RECOMMENDATION THREE: **talk to children and young people about their experiences of using these spaces**

Appendix C offers a series of prompts that you might find useful when talking to children or young people about how they feel in these spaces. We are conscious that in our study we haven't included the voices of children and young people, partly because their responses to spaces will be particular to their own experiences of specific school buildings. This work is crucial when designing spaces and we suggest that you invite them to take you on a tour of your school, seeing it from their perspective and stopping at places where they might take part in therapeutic interactions. It will also be useful to encourage them to point out other places where they feel particularly safe and comfortable or unsafe and uncomfortable. Taking photographs of these spaces can help them to feel more comfortable and to articulate their feelings after the tour.

A: An audit tool for the evaluation of therapeutic spaces in your school

Name of school or setting:						
Who completed the audit:						**Date of audit:**
Key 1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree						Evidence and comments

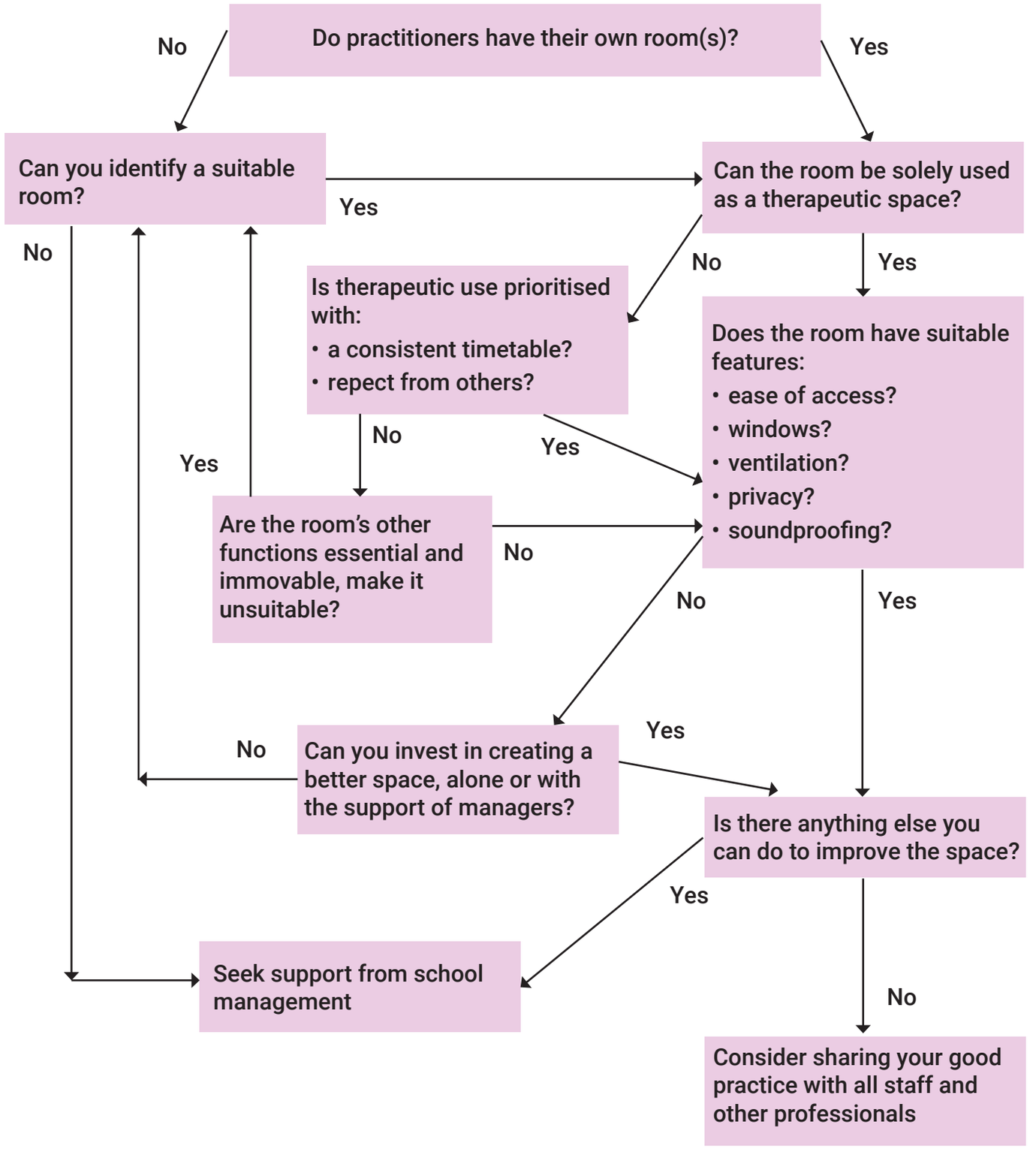
Architectural features	**1**	**2**	**3**	**4**	**5**	**Comments and evidence**
1. The space has windows						
2. The space is appropriately sized for the purpose (ie, one-to-one or group work)						
3. The space has room to store necessary therapeutic resources (ie, puppets, paints etc)						
Interior design features	**1**	**2**	**3**	**4**	**5**	**Comments and evidence**
4. Seating is comfortable for both adults and children						
5. Children are free to move and change position in the space						
6. The space feels different to other parts of school (ie, furniture does not feel institutional, eg, school tables and chairs. Decoration or pictures on the walls are wellbeing focused rather than learning focused)						
7. Children perceive the space to be comfortable and relaxing (ie, a place where they belong)						
8. Despite Covid-19 restrictions, the space feels homely						

Ambient design features	1	2	3	4	5	Comments and evidence
9. The space is well ventilated with fresh air						
10. The temperature can be controlled inside the space						
11. There is natural lighting from windows						
12. Lighting can be controlled inside the space and is appropriate for purpose						
13. The acoustics are good (ie, no loud noises from outside the space)						
Designation of the room	**1**	**2**	**3**	**4**	**5**	**Comments and evidence**
14. ELSAs and other therapeutic practitioners have priority of access to the space						
15. Practitioners are consistently able to work in the same space						
16. All staff members are aware of the designation of the space as a therapeutic space						
17. There is an effective mechanism in place to communicate the designation of the space at different times (ie, a timetable for the space is displayed) outside, which is adhered to by staff)						
18. If the space is required for another purpose, this is requested in advance with provision made for another suitable therapeutic space						
19. Spaces are available for both planned and adhoc therapeutic work						
20. Care experienced children are able to access the space when they need to						
21. Senior management understand and support the designation of the room as a therapeutic space						

Privacy and access	1	2	3	4	5	Comments and evidence
22. The therapeutic space is sufficiently private so that children cannot be overheard						
23. Access to the space is sufficiently private, so that children cannot be observed waiting for or entering the space						
24. Children or young people using the space perceive it to be a safe space where they can talk openly about their thoughts and feelings						
25. The whole school staff team understands the privacy structures of the room when in use (eg, not entering when an ELSA session is in place)						
Wellbeing of practitioners using the room	**1**	**2**	**3**	**4**	**5**	**Comments and evidence**
26. The space is sufficiently comfortable to work in for prolonged periods						
27. The design of the space reflects the important work taking place						
28. Practitioners feel that they can work to the best of their abilities within the space						
29. Practitioners are able to make improvements to the space						
30. There is a budget for improvements to the space						

Summary of audit
Strengths of space(s) identified:
Areas for development of the space(s) identified:
Ideas for developing the space(s) in these areas:
Next steps or agreed actions:

B: Enhancing therapeutic spaces: a flow chart



C: Involving children and young people in design choices

Gathering the perspectives of children and young people

The following questions are designed to be helpful prompts to support discussions with children and young people in order to gather their perspectives about the therapeutic spaces they use in schools. It is hoped that by understanding how children and young people perceive and experience the spaces in which they work, schools will be better placed to make informed decisions regarding the design of these spaces. The ultimate aim is to increase the effectiveness of the therapeutic interventions that take place within these spaces.

It is important that the children and young people are able to show you the spaces where they work, and to be within these spaces when the focused discussion takes place. It is therefore suggested that children and young people are invited to take you on a tour of the school and the spaces they work in (either individually or in small groups). From our experience, those children who find it difficult to articulate their views and perspectives, are often supported by taking photographs of a part of the space or room that they like or don't like or are important to them, which can be used as a further prompt for discussion. It can also be helpful to provide children and young people with maps of the space(s) they visit and the areas around these, to support them to indicate how they feel about these.

Prompts

1. Can you take me to where you go in school to work or meet with [insert name of ELSA or equivalent]?
2. I'd like to find out a little about what you think about this…
    - How do you feel when you come to this space or room?
    - What thoughts go through your head when you come to this space or room?
    - What do you like about it? Why?
    - What don't you like about it? Why?
    - Are there any times when you prefer to work here? Why?
    - Are there any times that you don't like to work here? Why?
    - If you could change anything about this space or room what would you change? Why?
3. Is there another space in the school that you would prefer or like to work with [insert name of ELSA or equivalent]. Can you show me?
    - What is it about this space that makes you want to come here with [insert name of ELSA or equivalent]?

D: How we researched therapeutic spaces in schools

Research questions

- What are the types and qualities of space currently being used in AfC schools to provide therapeutic interventions to children and young people?
- What are staff perceptions of the spaces in which they provide therapeutic interventions?
- What are the key factors of a therapeutic space that support the success of the interventions carried out in these spaces?

Method

We used a mixed research methods approach, incorporating four individual case studies of schools and a survey designed to elicit insights from staff directly supporting children and young people in therapeutic spaces.

Survey

A questionnaire was designed to explore how therapeutic spaces are currently being used in schools. Perspectives regarding the strengths and development opportunities for existing spaces were gathered alongside views on a range of relevant design factors, using open and closed questions and Likert scales.

Sampling

The questionnaire was sent to all designated teachers (DTs) across AfC Kingston, Richmond, Windsor and Maidenhead, as well as emotional literacy support assistants (ELSAs) in Kingston and Richmond who had received ELSA training through the Kingston and Richmond Educational Psychology Service (EPS). A self-selecting sample of designated teachers volunteered their school's participation in the case study element of the research, following an overview of the research project during a networking forum run by AfC Virtual School during the autumn term of 2019.

Participants

Responses were obtained from 52 people. Of the respondents to the electronic survey, 50% worked in schools in Kingston, 36% in Richmond and 14% in Windsor and Maidenhead.

Forty four percent of respondents held a pastoral role, such as ELSA or equivalent, 25% of respondents were designated teachers and 17% held the role of SENCo or inclusion manager. Six percent were headteachers or other senior leaders. The remaining 8% indicated that they held more than one relevant position within school eg, Senior Leadership. SENDCo and/or DT.

Case studies

Four schools took part in the case study element of the research.

School A is a four form entry infant and junior school. At the time of writing this report, the school had two part time staff with a dedicated role in delivering therapeutic support to children. Both were interviewed as part of the research. For the start of the academic year 2019/20, a new dedicated space had been created for the delivery of therapeutic support, having previously been undertaken in a partitioned corridor.

School B is a community first school, built in 1961, catering for children from Nursery to Year 4, with 45 children per year group in nine classes. A full time member of staff with ELSA and reading expertise works in a dedicated therapeutic room available exclusively to them.

School C is an infant and junior school with 400 pupils arranged into 13 classes and 52 part-time pupils in the nursery. It was originally founded in 1903. An additional, second site was completed a hundred years later as the original school building was being refurbished. A part time wellbeing mentor has her own room for ad hoc and planned therapeutic activities with the use of a second room for nurture activities for larger groups, which every child in the school takes part in.

School D is a one form entry primary school, built in 1952. The pastoral lead has redesigned her own room as a therapeutic space. Describing therapeutic support as child-led, she meets with safeguarding leads each week to assess which children would benefit from extra support. One term of therapy is initially offered to each child as needed, either in small groups or one-to-one.

E: About us

I'm **Sara Freitag**, a senior educational psychologist in Achieving for Children's Educational Psychology Service based in Kingston and Richmond. I have been working specifically with care experienced children and young people since 2013, initially as part of a multi-agency team for children in care in Richmond Council, working with looked after children since 2014 and with AfC Virtual School from its creation in 2016. In this role, I have the privilege of working directly with care experienced children and young people as well as their teachers, support staff, foster carers and social workers and have seen first-hand how truly transformative the right support from the right person at the right time can be for children and young people.

Through my role as an educational psychologist in local schools, I provide supervision to a number of ELSAs. This enabled me to see the importance of ELSAs (and those in equivalent roles) in providing a safe haven and secure base for children and young people, enabling them to develop their emotional literacy skills and ultimately, to improve their social, emotional and academic outcomes.

I also work as an academic and professional development tutor on the educational and child psychology doctorate at University College London. Through these different roles, I have developed a keen interest in the benefits of applying what we learn from theory and research directly in schools. My main interests lie in how our understanding of attachment theory and developmental trauma can be applied in schools to effectively support the emotional and academic development of children and young people whose current success is impacted by their attachment or trauma-based experiences.

I'm **Emma Dyer** and I have been working with AfC Virtual School since January 2019, working with families and schools to advocate for equality of educational opportunities for previously looked-after children. Our AfC Virtual School website for teachers and families of previously looked-after children can be found at www.afcvirtualschoolpreviouslylookedafterchildren.org.uk

My career has taken me from BBC Radio to working with a national reading charity and then to primary teaching, specialising in literacy education and as a Reading Recovery teacher in the London Borough of Tower Hamlets. My research interests include addressing disadvantage through design: the design of spaces beyond the classroom in schools, therapeutic spaces and design for reading. While completing a doctorate in architecture and education, I worked with architects, furniture manufacturers and schools to create reading nooks for beginner readers.

I also co-host a website (with Dr Adam Wood from UCL) that aims to bring architects, designers and educators from around the world together to share their knowledge, skills and experiences of school design and its impact on the school community: https://architectureandeducation.org

F: References

Adoption UK (2017). Adoption UK'S Schools and Exclusions Report. www.adoptionuk.org/FAQs/adoption-uks-schools-exclusions-report

Adoption UK (2018). Bridging the gap: giving adopted children an equal chance in school. www.adoptionuk.org/our-research

Bowerman E., and Davies, L. (2018). The impact of the Emotional Literacy Support Assistant. (ELSA) www.elsanetwork.org/wp-content/uploads/2017/11/Impact-of-ELSA-on-Children-in-Care-Spring-2018.pdf

Benchekroun, R., Cameron, C. and Marmot, A. (2020). Practitioner wellbeing and the physical environment in early childhood education and care (ECEC) settings: Literature review. Institute of Education/UCL.

Bomber, L. (2011). What about me? Inclusive strategies to support pupils with attachment difficulties make it through the school day. London: Worth Publishing.

Bowlby, J. (1969). Attachment and Loss: Volume 1: Attachment. The International Psychoanalytic Library, 79, 1-401. London: The Hogarth Press.

Bowlby, J. (1988). A Secure Base: Clinical Applications of Attachment Theory. London: Routledge.

Burke, C. and Grosvenor, I. (2008). School. London: Reaktion Press.

Children and Families Act (2014). www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Department for Education/Education Funding Agency (2014). Area guidelines for mainstream schools: BB103. www.gov.uk/government/publications/area-guidelines-and-net-capacity/notes-on-area-guidelines-for-mainstream-schools-bb103

Department for Education and Department of Health (2017). Transforming children and young people's mental health provision: a green paper. www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

Department for Education (2018). Mental health and behaviour in schools. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

Department for Education (2019). National Statistics: Children looked after in England (including adoption), year ending 31 March 2019. www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019

Dijkstra, K., Pieterse, M. and Pruyn, A. (2008) Stress-reducing effects of indoor plants in the built healthcare environment: the mediating role of perceived attractiveness. Preventative Medicine, 47(3), 279-283.

Fleet, A., and Britt, C. (2011). Seeing spaces, inhabiting places: hearing school beginners. In D. Harcourt, B. Perry and T. Waller (Eds.), Researching young children's perspectives: debating the ethics and dilemmas of educational research with children (pp. 143-162). London: Routledge.

Hrekow, M., Clark, H., and Gathorne-Hardy, F. (2001). Inclusive school design: accommodating pupils with special educational needs and disabilities within mainstream schools: Building Bulletin 94. London: Department for Education and Employment, Architects and Buildings Branch.

Krause, N., Blackwell, L. and Claridge, S. (2020) An exploration of the impact of the Emotional Literacy Support Assistant (ELSA) programme on wellbeing from the perspective of pupils, Educational Psychology in Practice, 36:1, 17-31, Available at: 10.1080/02667363.2019.1657801

Leaman, A., and Bordass (1999). Productivity in buildings: the 'killer' variables, Building Research and Information, 27 (1), 4-19. Available at: 10.1080/096132199369615

Ljung, R., Israelsson, K., and Hygge, S. (2013). Speech intelligibility and recall of spoken material heard at different signal-to-noise ratios and the role played by working memory capacity. Applied Cognitive Psychology, 27, 198-203, Available at: 10.1002/acp.2896

Løvgren, M. (2016). Emotional exhaustion in day-care workers, European Early Childhood Education Research Journal, 24(1), 157-167. Available at: 10.1080/1350293X.2015.1120525

Medd, M. (1976). A right to be children: designing for the education of the under fives. London: RIBA Publications.

Nelson, P., and Soli, S. (2000) Acoustical barriers to learning: children at risk in every classroom. Language, Speech and Hearing Services in Schools, 31(4), 356-361.

Parnell, R., and Procter, L. (2011). Flexibility and placemaking for autonomy in learning. Educational and Child Psychology, 28(1), 77-88.

Pearson, M., and Wilson, H. (2012). Soothing spaces and healing places: Is there an ideal counselling room design? Psychotherapy in Australia, 18(3), 46 – 53.
Pressly, P. K., and Heesacker, M. (2001). The physical environment and counseling: A review of theory and research. Journal of Counseling and Development, 79(2), 148–160. Available at:
https://doi.org/10.1002/j.1556-6676.2001.tb01954.x

Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I., and O'Higgins, A. (2015). The Educational Progress of Looked After Children in England: Linking Care and Educational Data. Nuffield Foundation.
www.nuffieldfoundation.org/educational-progress-looked-after-children

Shield, B., and Dockrell, J. (2003). The effects of environmental and classroom noise on the academic attainments of primary school children. Journal of the Acoustical Society of America, 123(1), 133-144.

Smith, D., Metcalfe, P. and Lommerse, M. (2012). Interior architecture as an agent for wellbeing, Journal of the HEIA. Available at:
https://espace.curtin.edu.au/bitstream/handle/20.500.11937/21296/191140_79861_PUB73619_Paper.pdf?sequence=2and isAllowed=y

Virtual School Guidance

Wood, Adam (2018) A Useful Definition of Architecture.
https://architectureandeducation.org/2018/11/27/a-useful-definition-of-architecture

Woolner, P., and Hall, E. (2010) Noise in schools: a holistic approach to the issue. International Journal of Environmental Research and Public Health, 7(1), 3255-3269

Woolner, P. (2010) The Design of Learning Spaces. London: Continuum.

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