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Short Article

A promising change

Sarah Deeley^a & Kyle Fleming^b

^aCELCIS, ^bCrossreach

Abstract:

In this paper we aim to explore how, together, an education workforce introduced a change in the way they approached and participated in reflective practice through a Reflection and Action Learning Sessions model. Using quality improvement theory and methodology to aid implementation, they explored individual and collective motivation for change, what it meant for them, and what it meant for the children and young people they were caring for and educating.

Introduction

In Scotland, we are committed to providing all our children and young people with opportunities to learn in an environment that best meets their individual needs (Scottish Government, 2009).

Some children or young people who face a barrier or barriers to learning, may be offered the opportunity to learn in an alternative environment to mainstream education, where they are supported to achieve their full potential through a highly personalised curriculum, based on their strengths, skills and interests. The requirement for additional support can arise from a number of distinct and often unseen needs, including but not exclusive to; being looked after by a local authority, not attending school regularly, having emotional or social difficulties, or living with parents who have mental health difficulties or are abusing substances (Scottish Government, 2010). It is crucial to note that this is not an exhaustive list, nor is it pre-destined or assumed that a child or young person who falls into one of the example categories will be deemed as requiring additional support, or that it will be necessary.

Children learn and grow best in relationally rich environments where they feel safe and cared for by stable, predictable, loving adults (Biermeier, 2015; Bomber, 2020). They need adults to be relationally and emotionally attuned, and able to manage their own reactions and responses to a variety of behaviours, including ones that are potentially or actually harmful, in the event of a child or young person becoming distressed (Furnivall & Grant, 2014).



For the adults working alongside, caring for and educating children and young people in the complex environment of a specialist education setting, their day is busy, fast paced and often unpredictable. Providing the right support at the right time for children and young people can be particularly complex and challenging when working to support children with additional support needs, due to the additional vulnerabilities that they may have experienced, or continue to experience, in their lives (NES, 2017). To offer the most effective, high-quality support to children and young people, it is crucial that adults working in this space are themselves offered support to understand the behaviours and systems which are most effective in helping and responding (Scottish Government, 2023).

Acknowledging the aspirations of the Promise to hold the hands of those holding the hands of the child (Independent Care Review, 2021), safe spaces to reflect and learn are necessary for individuals to effectively challenge themselves, their practice, and their organisations, thereby improving outcomes for children and young people. Unfortunately, providing space and opportunity for reflection can be challenging, often becoming sidelined by other more immediate tasks or demands (Hepburn, 2023). Yet it is an individual's capacity to reflect that is one of the key components of good practice (Oelofsen, 2012). High quality reflection can support practice improvement, improve reflective and reflexive problem solving, and contribute towards improving outcomes for the children and young people we are working to help and support.

Both research and feedback from those in direct practice tell us that when practitioners are given the opportunity to engage in regular quality reflective practice with a skilled facilitator, their reflective and reflexive capabilities increase outwith these sessions, resulting in better responses and experiences for the children and young people they are caring for (Mann et al., 2009).

This paper explores how one organisation, as part of their journey towards embedding a culture of reflective practice within their specialist education setting, embarked on a change project to introduce a different approach to reflection for the workforce through implementing Reflection and Action Learning Sessions. Their theory of change was that by creating conditions that enable a shift in reflective capacity within individuals, reflexive capacity in practice would be increased, resulting in a better educational experience for their children and young people.

What are Reflection and Action Learning Sessions?

Reflection and Action Learning Sessions were first developed by members of the Scottish Physical Restraint Action Group (SPRAG)¹ as one part of its overall work to positively influence practice related to physical restraint in residential child

¹ For more information about SPRAG, please see A Final Note in Appendix 1.



care. Combining and balancing the complimentary purposes of Action Learning Sets and reflective practice, this model provides a reflective space, a space for learning through the sharing of good practice examples, and the opportunity to think together about specific challenges. They offer a structured, facilitated space that uses reflective processes to challenge and creatively expand members' perspectives and problem-solving capabilities, enabling them to choose to respond differently to future scenarios. Group members are not given advice during these confidential sessions, but rather the opportunity and capability to develop new ways of thinking.

Action Learning is a structured, reflective group process offering the opportunity for members to share a scenario or problem, and to reflect upon and review actions and learning points. This process guides future decision making, reactions and responses (Action Learning Associates, 2023). This part of the session is adapted from the structure set out by Theadon (2018), promoting the ethos and value that there is no expert member within the group, and rather that through recognition of the power of collective knowledge and shared understanding, opportunities and outcomes will be improved for both young people and the adults around them.

In contrast to the Action Learning Sets the reflective practice space provides an opportunity for all members of the group to reflect together on the impact of their work on them. This is an unstructured space where people have the opportunity to process and digest some of the emotional experiences, resonances and distress evoked by their work. This type of group experience can be difficult and may include uncomfortable silences, but it can also be very powerful in transforming experiences and emotions, that can feel, at their extreme, almost intolerable, into something much more bearable (Taylor, 2011).

The role of the facilitator is to hold the boundaries of the group and provide emotional safety and containment. Participants should avoid inadvertently blaming, shaming or rescuing each other. It is a place where people can be honest and own difficult or uncomfortable feelings without being judged. Confidentiality is essential and the detail of what is talked about in the group should not be discussed outside, even between group members.

How the team explored their change idea

Opportunities for reflection already existed within this setting through, for example, supervision, training and debriefs, yet feedback from the workforce showed that they would value additional or different opportunities to reflect. The leadership team recruited a cross-section of representatives from different areas and roles within the education system, who became known as the implementation team, to consider introducing Reflection and Action Learning Sessions.



Implementing change across a full team is difficult (Ewenstein et al. 2015; Fixsen et al., 2019) with many change programs failing (Percy, 2019) as a result of the poor implementation of change ideas. To aid this process the group utilised the Quality Improvement Model for Improvement. This framework offered key questions to ask about the change the team wanted to make, a framework to follow, and tools to aid the planning and testing of change ideas (Langley et al., 2009). The team found tools such as the driver diagram and forcefield analysis exercises helpful in considering specific issues.

Completing a driver diagram aided consideration of the potential for introducing Reflection and Action Learning Sessions to the current system structure. The driver diagram is used to help plan improvement project activities and to ensure team engagement (Langley et al., 2009). It visually presented the team's theory of how their improvement goal of increased reflective capacity could be achieved. It articulated what parts of the system needed to change, and in what way, and included ideas to make that happen.

A forcefield analysis is a decision-making aid that helped the team consider all those forces that were both driving and resisting the change (Langley et al., 2009). The aim of this exercise was to identify ways to amplify enabling factors that would strengthen or remove restraining factors that might be acting as barriers to progressing with the implementation of Reflection and Action Learning Sessions.

Change ideas are based on existing theory, knowledge and evidence. One of the key pillars of quality improvement is the understanding that individual practitioners are the ones who know their part of the system best and it's therefore crucial to have a range of individuals from across the system leading input to the change process (Kotter, 2012). Full team engagement sessions encouraged and empowered every member of the education team to contribute and offer input and feedback on the change idea. The team worked together to agree an operational definition of reflection, thereby ensuring shared understanding of the improvement goal and the language used to describe it.

While the education team had a collective improvement goal, there was recognition that individual team members' motivations for implementation might differ. A reflective exercise offered the opportunity for self-reflection and connection with personal values and workplace motivations (Lipmanowicz & McCandless, 2013), after which the team created a word cloud with their answers to the question, 'what would it feel like as a learner if their [education] adults had more access to reflective space?'. Responses included descriptions such as 'safe', 'valued', 'accepted', and 'cared for'. Offering space for each member of the team to individually connect with and attribute personal value to the project aided buy-in and support (Cooperrider et al., 2008).



How did the team know change would lead to improvement?

The leadership team had committed to changing how they offered space for structured, facilitated reflection. They were also open to finding the right model and wanted to ensure that their Reflection and Action Learning Sessions model was actually an improvement and not just a change to the current system. During the initial phase of the project the implementation team participated in ten Reflection and Action Learning Sessions. Qualitative and quantitative data was collected throughout to inform adaptations and to determine if the change idea could be considered successful enough to be implemented into daily practice. The results of both data forms are outlined below.

Qualitative data

Plan Do Study Act (PDSA) cycles offered a model which could be used to test if the change idea was actually an improvement. These small-scale iterative testing cycles are fundamental to quality improvement (Langley et al., 2009), and to support this approach the team initially piloted the project within a small cohort. Each session offered an opportunity to complete a PDSA cycle and test changes and enabled ongoing learning. This approach provided a foundation for growing internal capacity, and offered opportunities for practice, role modelling and coaching, as well as allowing the implementation team to adapt and hone their change idea before scaling and spreading this across the wider team.

Feedback is a key aspect of any change project (Syed, 2020) and at the end of every session the team were invited to anonymously contribute. This qualitative data was reviewed and thematically analysed. The highest scoring category related to positive experiences was group dynamics (31%):

Very open reflection, emotional for all involved. It showed how trusting the group are of each other.

The highest scoring categories of what might be improved were related to practice of the model (40%) and participation (34%):

Only one person wanted to share today, it does work best when there are more people sharing.

Quantitative data

Prior to participation in the first, and then at the end of each subsequent, session each member of the implementation team completed the Reflective Capacity Scale (RCS), a 16-point reflective capacity sub-scale of the Reflective Practice Questionnaire (RPQ) (Gustaffson, 2021). This was selected based on Priddis and Rogers' (2018) analysis identifying the RCS as a useful means of research, evaluation and learning across a number of settings, and Rogers et al.'s (2019) assertion that it was a reliable measure of reflective capacity in medical students. The aim of this particular data measure was to identify any



changes to members' self-perception of their reflective capacity. Individual measures were collated, averaged, and then input into a run chart, which enabled us to study collective shifts in reflective capacity over time (Provost & Murray, 2011). This run chart data showed a positive increase of 10% in the average reflective capacity of the implementation team over the 10 pilot sessions, also it further suggested that the team's collective reflective capacity was influenced by the time of year and connected to points of transition and change.

In response to concerns that this project would be excessively time consuming, a balancing measure was introduced that offered the opportunity to measure participants' perceptions of the impact on their daily workload, and thereby to provide an indication of how accessible and sustainable the project was. Balancing measures help to ensure that the changes made to one part of the system don't negatively impact another part of the system or practice (Provost & Murray 2011). Over the 10 pilot sessions 95% of responses indicated that taking part in the project did not negatively impact ability to complete overall work tasks. One occasion where an impact was recorded was following a participant's first time participating in a session. Participants were not required to provide any identifiable details for this portion of data collection, such that further analysis or clarification was untenable with regards to whether there was, for example, a potential shift in value attributed, or if there was preparation required for attendance at the first, that was not required in subsequent, sessions.

Conclusion

Scotland has been at the forefront of many innovative and forward-thinking approaches to care and education (Scottish Government, 2020), with national political support through frameworks including Getting It Right For Every Child (GIRFEC) (Scottish Government, 2022) and The Promise (Independent Care Review, 2021). We are also undergoing a period of reform within both the education and care landscapes with proposed changes to the SQA and Education Scotland, as well as the possible introduction of the National Care Service.

We would contend that for Scotland's ambitions to be truly transformational, as we collectively strive to implement new ways of working to ensure we are doing all we can to keep The Promise, our systems must also adapt to support the needs of our workforce. This should be done via evidence-based tools, improvement methodology, and interventions to aid change and ensure that any change is the right fit for each unique system and setting. Systems must be understood from the perspective of those working in them, and the complex reality of specialist settings that offer care, education and support to children and young people must be incorporated into any change programme.

Our systems must provide our workforce with the space required for reflective thinking and create and protect relational spaces where we can reflect critically



and at depth with our colleagues. Spaces that allow us to develop skills that benefit the children and young people we are educating and caring for and aid us to respond or react differently are important. How adults respond to children and young people influences relationships; the strength of a relationship between an adult and a child influences the child's learning experience, influences how they feel, how they learn, and how they react and respond to the adults around them.

This project has the potential to be truly transformational across the education team, building new ways of thinking and reflecting in adults, and building additional relational skills with respect to teaching and caring for children and young people. With individual and collective aspirations, this team stepped into an uncertain space and made a commitment to each other to try something different. A recorded 10% increase in reflective capacity across the implementation team evidences a positive shift, however the benefits to the team of collective action and collaboration for change, while unmeasured, will have their own separate powerful impact and aid the successful scale and implementation of the next phase of the project.

The more fully we support Scotland's adults through Reflection and Action Learning and effective implementation of change, the greater are the wide-reaching positive impacts and outcomes for Scotland's children and young people.

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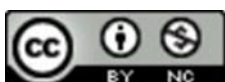
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About the authors

Sarah Deeley is a consultant with the Improving Care Experiences Hub, based at CELCIS at the University of Strathclyde. Sarah works with local authorities, care providers and other stakeholders at local and national levels to support the implementation of complex change programmes and to improve the experience of care experienced children, young people and those who care for them. Sarah is a quality improvement leader and a qualified social worker with practitioner and management experience across local authority and residential child care settings.

Kyle Fleming is a head of education leading Erskine Waterfront Campus, part of Crossreach, Children and Families. Kyle and his team run the school provision at Erskine: an all-through school for complex additional support needs. All the pupils have impacted learning journeys and struggle with pain-based behaviours. Many are looked after. Kyle has 26 years' experience in the small school sector and 15 years as a headteacher.



Appendix 1

The Scottish Physical Restraint Action Group (SPRAG) is a member-led group of over 70 organisations and individuals working towards the common vision of:

bringing about more effective, empathic, loving ways of holding children, young people and the adults who care for them in residential child care – in relationally rich environments, populated by adults who are properly equipped with requisite skills, knowledge and ways of being with children in the way that children need.

[SPRAG] will work towards making coercive forms of holding less or even unnecessary and, when children are restrained, ensuring that it is carried out relationally and with care. (SPRAG's Vision Statement)

