

A qualitative exploration of reflective practice groups in British Red
Cross services

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ABSTRACT

Reflective practice is widely used in health and care disciplines, as an approach to professional learning and maintaining staff wellbeing. Clinical psychologists often have responsibility for supporting reflective practices in other professionals; a frequent approach to which is facilitating reflective practice groups (RPGs). Practices vary widely, and the supporting evidence for RPGs in general is limited. No published research to date has examined non-professionally trained staff using RPGs in any health, social care or support service.

The British Red Cross provides a team of psychosocial practitioners, supporting staff and volunteers in refugee support services with interventions including RPGs. This study used a Grounded Theory methodology to explore these RPGs in terms of key processes and impacts. Five focus groups were conducted with teams using RPGs, group facilitators, and the managers of refugee support services. Data analysis produced an original theoretical model of RPGs in British Red Cross services. Important processes were identified in which teams and facilitators reconcile the acknowledged potential benefits, with sources of anxiety and resistance around engaging with RPGs, to co-construct groups which contribute to workers' wellbeing and professional development, and contribute to a more reflective professional culture at a local and national level.

This research contributes a unique account of lay perspectives on RPGs in care professions, directly relevant to the practice of clinical psychologists facilitating RPGs with non-professionally trained staff. These findings are discussed in the context of previous research, theories of reflective practice and group processes. The implications for practice are discussed, and future directions for research are identified.

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1 INTRODUCTION

1.1 Overview of theoretical introduction and literature review

This section reviews the main theories of reflection and Reflective Practice (RP) relevant to health and care professions, and specifically to the discipline of clinical psychology. Theories around clinical supervision (CS), are considered in relation to group practices.

A systematic review of the evaluative literature around group reflective practices is presented. The term 'reflective practice group' (RPG) may be used to describe a variety of practices across a range of disciplines including groups given other titles (Kennard & Hartley, 2009a). To establish the evidence base for RPGs, the psychological, health and allied professions databases PsychINFO, CINAHL and MEDLINE were searched on 24/10/2017, for terms which may be interchangeable with RPG. The search terms "Reflective Practice Group", "Supervision Group", "Staff Support Group", "Consultation group", "Staff Consultation", "Staff Consultancy", "Personal Development Group" and "Sensitivity Group" produced a total of 314 results from peer-reviewed journals.

The abstracts were screened for relevance and for evaluative studies using qualitative, quantitative or mixed methodologies. After excluding those not meeting these criteria, 37 papers were retained. A further eight published articles and two unpublished doctoral theses meeting these criteria were obtained on the same day, using the same search terms in Google Scholar; making a total of 47 studies reviewed.

This section goes on to outline the provision of psychosocial support in British Red Cross (BRC) services and consider the provision of RPGs in terms of supporting evidence. On the basis of the literature reviewed here, this section establishes the justification and aims for this research, and the research questions are stated.

1.2 Theories of Reflection

The idea of learning through reflection was first formalised in educational philosophy by Dewey (1933), although in psychology, Freud used reflections on his clinical practice as the basis for developing theories (Priddis & Rogers, 2017). Various theoretical accounts of reflection have since been proposed, the most influential of which remain Kolb's (1984) model of experiential learning as a cyclical, four-stage process (see Appendix A), and Schön's (1983) distinct but interacting processes of reflection 'in action' and 'on action' (see Appendix B). Kolb and Schön's ideas have been criticised as simplistic approaches to learning in practice (Moon, 1999) and as failing to establish a definition of RP which is clearly delineated from other learning processes (Dallos & Stedmon, 2009). Eby (2000) addresses this by distinguishing reflection from related processes of critical thinking and self-awareness (see Appendix C), although the separation of these processes into distinct categories has been questioned by theorists such as Brookfield (1995), and Fooks, White and Gardener (2006). In response, a unified reflective process, incorporating all the elements of Eby's (2000) model, has been proposed, described as 'critical self-reflection' or, more commonly, 'reflexivity' (Finlay, 2003).

Conceptually distinct from 'reflection' and much emphasised in social sciences, systemic therapy practices and qualitative research, 'reflexivity' is defined as the practice of self-observation, especially in relation to others or to interpersonal practices; in contrast to reflection, which is concerned with

learning through examining established practices or events (Lay & McGuire, 2010). Dallos and Stedmon (2009) argued that reflexivity is essentially 'reflection on action'; in contrast to reflection, which occurs in the moment. This formulation essentially proposes that 'reflection' and 'reflexivity' are distinct but interacting and interdependent processes corresponding to Schön's (1983) model of reflection 'in' and 'on' action.

Although reflection is conceptually complex and contested in literature (Finlay, 2008), many professional disciplines emphasise learning through reflection as a key aspect of practice and professional development. (Finlayson, 2016).

1.3 Reflective Practice

The term RP signifies the use of reflection to think clearly and analytically about practice (Mann, Gordon & MacLeod, 2009). From conceptual roots in educational theory, RP has been incorporated into the theory and practice of disciplines including nursing, medicine, social work, occupational therapy, counselling and clinical psychology. Theoretical accounts propose uses of RP with individual professionals (eg, Moon, 1999), in one-to-one supervision (eg. Curtis, Elkins, Duran & Venta, 2016), in group practices or multi-disciplinary case reviews (eg. Beam, O'Brien & Neal, 2010), and at organisational levels, such as in management groups (eg. Boucher, 2007).

Definitions of, and approaches to, RP vary widely between and within disciplines, which complicates comparisons of theoretical accounts (Dallos & Stedmon, 2009). The literature review by Mann et al. (2009), however, identified two main dimensions of RP across the literature (see Appendix D). These iterative and vertical dimensions of RP (Mann et al., 2009) broadly correspond to processes of reflection and reflexivity, proposed by Dallos & Stedmon as constituting RP. Such theoretical syntheses of RP as a dialectical

process between reflection (iterative dimension/reflection-in-action) and reflexivity (vertical dimension/reflection-on-action) highlight essential commonalities across models of RP, which link theories of RP to the concepts proposed by Schön (1983), allowing practices and ideas around reflection to develop across many different professional disciplines.

1.4 Reflective Practice in Health and Care Professions

Although theoretical models vary, RP is recognised as an important element of practice in health and care professions, including nursing, social work, occupational therapy medicine, counselling and clinical psychology, as a means of developing clinical skills and expertise, delivering best practice, and maintaining job satisfaction and welfare in workers (Hargreaves, 1997; Department of Health, 1999; Sainsbury Centre for Mental Health, 2000; Priddis & Rogers, 2017). The Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) include practicing reflectively in their codes of conduct (NMC, 2015; GMC, 2013), and the Health & Care Professions Council (HCPC) sets out RP as an element of continuing professional development required of registered professionals (HCPC, 2011).

By practicing reflectively, professionals develop consciously-held knowledge based on structured thinking around clinical situations (Mantzoukas & Jasper, 2004), enabling professionals to integrate theory into practice (Klenowski & Lunt, 2008), deal with novel situations (Schön, 1987), and develop high-level technical skills (Roth & Pilling, 2007). RP helps clinicians to critically examine their practice, consider areas of strengths and deficit, develop practice-based theories (Driscoll & Teh, 2001), build skills and competencies around identified areas of need, and apply novel perspectives in understanding new situations in practice (Clouder, 2000). This reflective ability may be the most important factor in how professionals develop knowledge and practice-based skills (Bennett-Levy, 2003).

Furthermore, professionals working with distressed people are inevitably emotionally affected; RP is proposed as a means of acknowledging and mitigating professionals' work-related distress (Gardner, 2001; Roth & Pilling, 2007). Supervision incorporating RP is thought to reduce the impact of secondary trauma and increase resilience to secondary traumatic stress (Berger & Quiros, 2014). RP in health professionals has also been argued to reduce compassion fatigue and burnout (Dawber, 2013a), and promote and maintain staff wellbeing (Oynett, 2007).

In mental health services, RP is positioned as an essential element of practice for effective clinicians (Lindley, O'Halloran & Juriansz, 2001). RP has been incorporated into the Ten Essential Shared Capabilities framework for NHS mental health workers, as part of the commitment to PPD and continued learning (Hope, 2004; Mathieson & Forrest, 2011).

1.5 Reflective Practice in Clinical Psychology

While RP is established as an essential competence in most health and social care professions, it is particularly emphasised in disciplines practicing psychotherapies (Fisher, Chew & Leow, 2015). In these professions, self-reflection is recognised as an essential skill in understanding and managing the complex interpersonal process of therapy (Dallos & Stedmon, 2009).

In clinical psychology, RP is recognised as a necessary part of practice (Lavender, 2003) and has become integrated as an important aspect of PPD for clinical psychologists (Gillmer & Marckus, 2003; Sheikh, Milne, & MacGregor, 2007). RP is considered an essential element to the 'scientist practitioner' model, as reflective processes form the vital link between the two

aspects of the role. Critiques of the 'scientist-practitioner' model in clinical psychology (eg. Long & Hollin, 1997; Corrie & Callahan, 2000; Blair, 2010) frequently propose an increased emphasis on RP, or the idea of a 'reflective-practitioner', as a necessary development for the profession. In alternative models of clinical psychology such as the 'activist-practitioner' proposed by Zlotowitz (2013), 'public psychologist' (Chu et al., 2012), 'social materialist psychologist' (Cromby et al., 2012), 'researcher-activists' (Nelson, 2013), and 'psychologist in action' (Kinderman, 2013), RP remains an essential link between theory and practice and between the personal, relational and contextual elements of work with distressed people (Heneghan, Wright & Watson, 2014).

The role of RP is recognised in the British Psychological Society (BPS) practice guidelines (BPS, 2017), which specify RP as a necessary activity for any practicing psychologist, to help increase self-knowledge, reduce bias in decision-making, evaluate the effectiveness of their practice and help maintain wellbeing. Most clinical psychology training courses in the UK identify their PPD component as based on a reflective model (Stedmon, Mitchell, Johnstone & Staite, 2003).

Among health professions, clinical psychology may be seen as having a unique perspective on RP, since examining and evaluating practice in the context of internal and external experiences essentially deals with psychological processes (Dallos & Stedmon, 2009). Furthermore, essential elements of RP closely map on to the construct of 'psychological mindedness'; and increasing psychological mindedness has been proposed as a core beneficial process in RP (Nyklíček & Denollet, 2009).

'Psychological mindedness' is a rather broadly-drawn construct which is used more in practice than is clearly defined in literature. It describes an ability to accept and consider psychological ideas in examining cognitive and emotional processes in relation to the self (Grant, 2001). Psychological mindedness is

often viewed as a quality which is both embodied by clinical psychologists (CPs) and supported in others by CPs, thus representing a unique offer to allied professions (Nyklíček & Denollet, 2009). In studies which measure the construct in the context of RP, increased 'psychological mindedness' in MDT members has been linked to greater awareness of self and others (Beitel, Ferrer & Cecero, 2005) and positive outcomes around attachment and burnout (Hartley, Jovanoska, Roberts, Burden & Berry, 2016). On this basis, although RP originated outside the profession, CPs may claim reflective processes as falling within the profession's area of particular interest and expertise (Fisher et al., 2015). The construct of 'psychological mindedness', however, may alternatively be seen as describing a particular orientation in practicing reflexivity, which is a recognised aspect of reflective practices across many professional disciplines (O'Keeffe & James, 2014). As such, the strength of the claim that proprietary knowledge offered by CPs is essential to 'good' RP is highly contestable, although the centrality of RP to the practice of clinical psychology is much less in dispute (Dallos & Stedmon, 2009).

In practice, RP is a frequent aspect of clinical psychologists' work with members of other professions, as well as personal PPD. In public-sector services, clinical psychologists' roles are increasingly focussed on support and supervision of members of the multi-disciplinary team (MDT) rather than direct work with service users (Curtis et al., 2016). Aside from practicing reflectively themselves, clinical psychologists are often called upon to encourage and facilitate RP in workers from associated professions (Heneghan et al., 2014), through promoting and modelling reflexivity, and facilitating RP in informal contacts and formal practices of supervision (Knight, Sperlinger & Maltby, 2010).

1.6 Clinical Supervision and Reflective Practice

CS, similarly to RP, is widely considered part of best practice across health and care professions (Doley & Peyton-Lander, 2014) and is established as a

professional obligation by the Care Quality Commission (CQC, 2010) and the Health and Care Professions Council's Standards of Practice (HCPC, 2011). CS is broadly considered to be a means of "support and learning... enabling safe, competent practice and the provision of support to individual professionals who may be working in stressful situations" (Pollock et al., 2017, p1828).

The purposes of CS may be understood using the model of functional elements proposed by Proctor (2001). This model, developed in counselling supervision, describes three main functions for CS as 'normative', 'formative', and 'restorative' (Inskipp & Proctor, 2001). Normative functions are around ensuring best practices and standards are adhered to, taking account of local policies, specific professional and ethical guidelines, national policy frameworks and legislation (Abiddin, 2008). Formative functions address learning and professional development, building theoretical knowledge, professional competencies and skills, and practitioners' self-awareness (Taylor, 2014). Restorative functions focus on the wellbeing and self-care of the supervisee, acknowledging the emotional impacts of work and supporting coping strategies (Bager-Charleson, 2015). The Proctor (2001) model is comparable with functional models (eg. Hawkins & Shohet, 2006; Kadushin & Harkness, 2014), which use similar category descriptions and differ mainly in the perspective from which CS is viewed. The systematic review by Pollock et al. (2017) found that Proctor (2001) remains the most widely used model in research on CS.

Beyond the broad functional understanding offered by Proctor (2001), various models of CS are proposed in literature across health and care professions, and there is little consensus as to what constitutes CS, how it should be conducted and what the benefits are for the supervisee (Pollock et al., 2017). Theoretical accounts of CS generally incorporate reflective practices, however. Many studies (eg. Kavanagh et al., 2003; Argent, 2008; Weatherston, Weigand, & Weigand, 2010; Bateman & Fonagy, 2012; Schofield & Grant, 2013; Tomlin, Weatherston & Pavkov, 2014; Calvert, Crowe, & Grenyer, 2016)

explicitly cite personal and professional development aspects of RP as a principle means of achieving formative and restorative aims.

From a functional perspective, although there is significant conceptual overlap, CS is distinct from RP in having a 'normative' function. In the literature, the value of this normative aspect of the supervisory role is the subject of some debate (Burrow, 1995; Johns, 2009; Gilbert, 2001; Clouder & Sellars, 2004), around the effects of power differentials related to the supervisor's position as 'expert', and elements of surveillance and coercion in CS (Gilbert, 2001).

Joint reflective practices which de-emphasise the 'normative' functions may, to an extent, avoid tension between interpersonal factors related to power structures, and supportive collaboration (Beddoe, 2010). Group models of CS have the advantage of sharing the responsibility for all functions of supervision among the supervisor and supervisees; empowering supervisees to share skills, knowledge and experience and, while the supervisor retains 'expert' status, going some way to levelling the overt power differential (Fleming, Glass, Fujisaki & Toner, 2010). In group CS, normative functions may be enacted through discussion and forming consensus, in which case individuals' behaviour is modified through processes comparable to Foucault's (1979) "normalising gaze", as forces of influence are experienced as diffuse, originating from group rather than a single authority figure (Rolfe & Gardener, 2006). Formative and supportive functions of group CS may also be enhanced by being experienced as originating from multiple individuals, and integrating multiple voices and perspectives (Francke & de Graaf, 2012).

Furthermore, group CS has the advantage of a single supervisor providing simultaneous input to a number of practitioners, clearly an efficient way of investing the time of highly-qualified individuals, albeit at the cost of diluting the individual input each supervisee receives and potentially complicating the supervisory relationship by introducing complex group dynamics (Obholzer, 1994).

1.7 Group reflective practices

Although not always framed as CS, group reflective practices are common across many areas of practice (Heneghan et al., 2014). Dawber (2013a) defines RPGs as “a form of facilitated group supervision, where clinical narrative is explored”. In practice, an RPG may describe a range of group activities, while in literature the term may be applied to reflective processes in groups using names such as ‘supervision groups’ or ‘staff support groups’ (Heneghan et al., 2014). Kennard and Hartley (2009a), however, identify common features across RPGs; time and space outside the normal work routine or environment, a focus on sharing experiences and reflecting on work, providing a forum for acknowledging emotional responses associated with work, and being relatively structured by a facilitator who explicitly applies theories, evidence and policy to the experiences of group members.

RPGs are thought to have several benefits over reflecting individually (Dawber, 2013a). Some advantages may be explained by Bandura’s (1986) social learning theory; groups provide individuals with the opportunity to employ their ‘vicarious capacity’ for learning from the experiences of others as well as their own, to benefit from feedback on the otherwise difficult-to-observe details of their behaviour, and to model positive behaviours of the facilitator and peers. Alternatively, Cooperative Learning theory (Johnson & Johnson, 2005) proposes that processes such as ‘positive interdependence’ and ‘group processing’ facilitate learning in groups such as RPGs. From a psychodynamic perspective, group processes in RPGs may help contain members’ anxieties, explore and process the emotional aspects of work and uncover projective identification and unconscious defences in individuals (Johnston, 2010). Similarly, RPGs represent a forum in which to explore and work with group unconscious processes affecting the team, as described by Menzies (1960) and Bion (1961).

RPGs have also been proposed as helping professionals to learn and self-regulate, (Mann et al, 2009); think critically (Tanner, 2006); manage emotionally challenging experiences (Williams & Walker, 2002); integrate evidence with experience (Mantzoukas, 2008); enhance practice through improved clinical reasoning (Gilkerson, 2004); support team cohesion (Johnston & Paley, 2013); and improve motivation and job satisfaction in staff (Larriue & Dickson, 2009). Conversely, RPGs have been linked to negative outcomes such as causing distress in participants (Banks, Clifton, Purdy & Crawshaw, 2013) and increasing discomfort around power dynamics in professional environments (Park-Taylor et al., 2009), although these could be seen as necessary corollaries to increasing insight into practice. RPGs have also been argued to entrench power imbalances and support poor management practices, by constructing the 'problem' in stressful and challenging workplaces as intrinsic to the (presumed insufficiently reflective) practitioner. Here, RPGs offered as panacea to the concerns of professionals may serve to preclude discussion around structural or organisational change (Gilbert, 2001), although more systemically informed approaches to RPG may help to mitigate this possibility (Bradbury-Jones, Sambrook & Irvine, 2008).

Although there is an extensive literature around RP in general, the assumptions which underpin RPGs are backed by minimal research evidence (Mackintosh, 1998; Priddis & Rogers, 2017). This is partly because of challenges around assessing outcomes in RP. Hypothesised inter- and intra-personal effects are difficult to objectively assess, so most studies rely on self-report measures which may provide an incomplete picture of outcomes (Gustafsson, Asp & Fagerberg, 2007). These measures are often of (general or work-related) wellbeing; which are affected by numerous variables such as workplace culture, significant events, organisational changes, variation in workload demands (eg. fluctuating across the year, overall increase over time), workers' personal lives, etc., regardless of the effects of the RPG (Hargreaves, 1997). Priddis and Rogers (2017), attempting to address this, reviewed various theoretical accounts of RP and identified core aspects, from

which they developed the Reflective Practice Questionnaire (RPQ) as a means of measuring reflective capacity. The RPQ, tested initially with people from the general population, then with health professionals, appears to have some validity in the initial studies used to evaluate the measure, which positively correlate increased reflective capacity with formal reflective practices in health professionals. However, these represent initial findings and more research is needed to validate Priddis and Rogers' (2017) model before the RPQ is established as a reliable measure of reflectiveness. Furthermore, no studies to date have used the RPQ to monitor reflective capacity in teams using RPGs. Therefore, while the RPQ has the potential to usefully indicate the effectiveness (or otherwise) of RPGs, this has yet to be demonstrated in research.

Although reflection is difficult to measure as a specific construct, there are a variety of ways in which RPGs have been evaluated in research, in terms of effectiveness and reflective content.

1.8 Review of the Evaluative Literature on Reflective Practice Groups

Corresponding to the origins of the construct of RP in educational philosophy (Dewey, 1938; Schön, 1983), RPGs have been researched as an aspect of teacher training. Cady, Distad & Germundsen (1998), Farrell (1999) and Sibbald (2008) produced qualitative studies which considered the efficacy of RPGs, evaluating the role of the groups in enhancing learning processes. Cady et al. (1998) concluded that RPGs contribute to a supportive learning environment for new and experienced college teachers, but did not attempt to separate the observed effects of the groups with those of a mentorship programme which was started alongside them. Farrell (1999) similarly associated RPGs with improved critical reflective functioning in English as a Foreign Language teachers, but did not account for the effects of individual supervision offered alongside the groups. Sibbald (2008) linked reflective

practices to increased self-efficacy in teachers, in a study which examined multiple activities (self-study, lesson study, peer coaching and mentoring) without attempting to separate effects. Bartle & Trevis (2015) studied a supervision group provided by educational psychologists, for non-professional support staff in a specialist educational setting. Using thematic analysis of data from a focus group, they found that processes around communication between peers and being able to openly speak about their experiences of work led to positive outcomes around improved self-awareness, enhanced coherence and communication in the team, and solving problems within the groups. This study used a single small group of supervisees in a single setting, which alternated between four distinct models of group CS. As such, the generalisability of the findings is questionable, and the variety of models makes it especially hard to link processes to outcomes, as while outcomes are identified for the group in general, the processes in the group varied weekly with the changing model.

In allied health professions, Occupational Therapy (OT) literature also evaluates RPGs with a focus on their role in supporting clinical learning. Duggan (2005), using action research methodology, observed that participating in an RPG benefited four OTs in continued learning, understanding their work on multiple levels, and managing personal responses at work. This study used an extremely small sample, congruent with the action research methodology, and is therefore difficult to generalise outside the organisation in which it was situated. Somekh (2005) found that OTs' practice was more evidence-based following training in evidence-based practice and subsequent peer-led RPGs; groups helped to cement learning through empowerment to enact learning, supporting client-centred practice and increased awareness of systems. Vachon and LeBlanc (2011) focussed on more general professional learning in RPGs, finding that reflecting on critical incidents in groups improved OTs' sense of self-efficacy and ability to relate theory to practice. Both these last studies focus on narrow aspects of RP in groups and observe quite broad effects on practice, suggesting that the aspects studied (respectively reinforcing specific learning and analysing critical incidents) may account for only part of the effects observed.

Nursing literature also provides a number of studies around group reflective practices, but, in contrast to other allied medical disciplines, nursing studies using quantitative measures tend to focus more on aspects related to psychosocial support of staff than on learning in RPGs. Amaral, Nehemkis & Fox (1981) found that staff groups intended to reduce stress on an oncology unit were welcomed by staff but had no significant effect on measures of stress. Tyson, Lasky, Weiner, Caldwell, and Sumner (1984) similarly found that groups aiming to support nurses in an ICU had no impact on patient care. Likewise, Larson (1986) found that a group of oncology nurses reported high levels of satisfaction with a supportive group, but that this had no impact on measured levels of stress and burnout. Although these quantitative studies suggest that the constructs being measured, stress reduction and burnout, were not affected by group intervention, the studies do not consider other possible impacts of the groups which may have accounted for the participants' enthusiasm. Tommasini (1992) found that the clarity and control dimensions of the Work Environment Scale were enhanced, and conflict between staff was reduced, following a series of 12 supportive groups on a specialist medical unit.

More recently, Le Blanc, Hox, Schaufeli, Taris and Peeters (2007) found that measures of emotional exhaustion, and depersonalisation were reduced, albeit slightly, in oncology nurses following six months of a staff support group with a reflective element. These changes were significantly linked to the nurses' altered perceptions of their job characteristics, suggesting that some reflective processes contributed to these improvements. The group studied used an unusual model, however, developed by the authors based on a Participatory Action Research approach to stress reduction, which ran monthly three-hour sessions, an unusual length for any supportive or reflective group in healthcare settings.

Although aspects of the groups in these nursing studies correspond to RPGs, the groups did not explicitly focus on reflective practices. Caley et al. (2017), however, studied the effect of an RPG based on mindfulness practices in a team of oncology nurses, using the Mindful Attention Awareness Scale (MAAS), finding that mindfulness was enhanced by attending RPGs. Although mindfulness is considered a positive attribute in clinicians generally, this account of RPGs, like the above quantitative studies focussed only on one specific proposed impact of RP, which is subject to many intervening variables.

Quantitative studies are necessarily reductive in dealing with a broad construct such as RP, which touches multiple areas of a clinician's experience; research measuring specific aspects of practice may miss broader effects that could be captured by qualitative methodologies (Rosiek, 2003). Thomas (1995) addressed this by using questionnaires exploring what nurses in a large healthcare trust valued about staff support groups, finding that sharing experiences and cooperative problem-solving were reported as the main beneficial processes. Parish, Bradley and Franks (1997) found that ITU nurses primarily used an RPG for sharing experiences, which enhanced their ability to cope with the emotional demands of the job, although the group had no fixed agenda so the actual reflective content of group activities is unclear. When Platzer, Blake and Ashford (2000) studied a more structured RPG for registered nurses, they found changes in professional behaviour and attitudes towards greater confidence in their professional judgements, more autonomous decision-making and greater willingness to challenge established rules and routines. A qualitative study of a long-standing RPG for midwives by Hansom and Butler (2003) found similar benefits, while identifying that supporting attendance of the RPG was a major challenge, although the reasons for this are not explored in the research.

Jones (2003; 2006), in two studies of hospice nurses' experiences of supervision groups, found that benefits of the group, such as guidance, interpersonal learning and supporting altruistic practices, were considered less

important than emotional catharsis and improving group cohesion. Jones (2003; 2006) identifies that the supervisory elements of the groups, aimed at learning and influencing future practice through reflection, were challenging for the participants and that skilled facilitation is required to ensure that groups are 'safe' for participants to fully engage. Bailey and Graham (2007), evaluated an RPG for palliative care nurses, and identified benefits in terms of personal and professional development, but also emphasised the importance of structure, organisational support and conducting the group away from the usual work environment, in maintaining engagement with the group.

In a study of an RPG for nursing students by Holmlund, Lindgren and Athlin (2010), the emotionally supportive aspects of the group were valued equally with the benefits of gaining new insights into practice. By contrast, McVey and Jones (2012) found that experienced oncology nurses valued their RPG primarily as a safe space to share experiences with colleagues as a way of dealing with stress. This difference may reflect different priorities for professionals at different stages of their career; student nurses understandably prioritise their learning needs, while their qualified colleagues in oncology have considerably more responsibility, experience more stress and more frequently encounter death and loss in their jobs (Le Blanc et al., 2007).

Contrasts between learning through reflection and the use of RPGs for emotional support were noted by Dawber (2013a; 2013b), who evaluated a three-year programme of RPGs for hospital staff, facilitated by psychiatric nurses. While these groups were intended to support RP and improve care provision, acknowledging and containing emotional aspects of care were found to be vital in maintaining staff engagement with the groups. By maintaining a supportive facilitation style, Dawber (2013a; 2013b), found that the emotional and learning needs of staff could be balanced, and positive outcomes achieved in the clinical practice, self-awareness and resilience of staff. In this study, it should be noted that improvements in clinical practice were self-rated, and thus could represent an improved sense of wellbeing and positive view of the self rather than any actual changes to practice.

In accounts of RPGs in medicine, nursing literature's tendency to prioritise coping aspects over educational outcomes is inverted. Using the term 'sensitivity group' to describe a reflective group intervention, Dashef, Espey and Lazarus (1974) found that medical students could respond to themselves and others in a more emotionally sensitive way after a three-phase group process, although the explicit aim of the intervention was to improve students' performance during a rotation in psychiatric services rather than any wider personal development goals. More recently, Brandt and Nielsen (2008) evaluated a group intervention for junior doctors through a questionnaire, using qualitative and quantitative questions focussed on their competence in daily practice. The study concludes that the groups were successful, although self-rated competence and increased self-confidence were mentioned as separate effects; these constructs are not separable and confidence does not reliably correlate with objectively-measured competence (Davis et al., 2006). Likewise, Nielsen, Davidsen, Dalsted and Kousgaard. (2013) interviewed GPs about a supervision group and found that positive effects were framed in terms of improvements in clinical skills, although it was acknowledged that the group was also used for coping with challenges in their professional life. Again, while self-reported outcomes were positive, reported increases in competence were not verified.

The literature around RPGs used by medical multi-disciplinary teams (MDTs) is more mixed; understandably, given that RPGs will have different uses and functions in different disciplines (Mann et al., 2009). Nugent Moss, Barnes and Wilks (2011), using thematic analysis, analysed diaries around mindfulness-based RPGs in a hospital MDT and found that increased mindfulness reported by group participants was related to increased awareness of uncertain and uncomfortable aspects of practice, but had wide benefits for personal and professional development. Kuipers, Pager, Bell, Hall and Kendall (2013), in a larger quantitative study of health service staff involved in peer group supervision, evaluated groups using survey data and the Clinical Supervision Evaluation Questionnaire (CSEQ; Horton, de Lourdes

Drachler, Fuller & de Carvalho Leite., 2008). This study found that groups using a more structured approach to reflective activities achieved better outcomes around the impacts on practice and wellbeing of participants. Kometiani (2017) reported that art therapy groups supporting staff in a paediatric hospital had positive outcomes around self-reported emotional support and personal growth. Bullington and Cronqvist (2017) studied groups for a medical MDT supporting specific learning (around psychosomatic illness), and found that reflective groups are an effective means of achieving specific learning goals. Boucher (2007) found that RPGs for health service managers had the principle effect of improving people-management skills in participants. These studies are difficult to compare, given the very different aims and approaches to RP between the groups studied (although models of RP are not specified, methods of reflecting are quite different in eg. art therapy and mindfulness practices); reflecting the variance of needs and priorities between groups of professionals (Ghaye & Lillyman, 1997).

For professionals in mental health settings, group reflective practices may have a role in increasing understanding and empathy for patients. Olofsson (2005), interviewing nurses on an inpatient psychiatric unit about 'reflection groups' focussed on coercive practices, found that, as well as gaining new perspectives on their work and feeling supported through sharing experiences, group participants felt more able to relate to service users. Taylor (2014), using a combination of interviews and observation of practice, found that nurses on a mental health unit reported increased reflective insight following RPGs, which was associated with greater confidence when setting boundaries with service users and increased acceptance of limitations to their practice. Menon, Flannigan, Tacchi and Johnston (2015) established that a psychoanalytically-focussed RPG similarly increased participants' insight into their work in a Crisis Resolution Home Treatment Team, but studied the effect of this in terms of reduced burnout ratings (using the Maslach Burnout Inventory; Maslach & Jackson, 1986) rather than as impacting directly on practice.

Literature around counselling and counselling psychology tends to further emphasise the role of group RP as enhancing insight into the psychological processes of clients and counsellors, although insight is not directly measured. Kruger, Cherniss, Maher and Leichtman (1988) measured problem solving, participation in reflective practices, and satisfaction in CS groups; finding that when experienced supervisors were involved more in discussions, participants reported better outcomes from the groups across all categories. As there was no condition in which the self-reported problem-solving and reflective abilities were compared with counsellors not receiving supervision, this study does not speak to the value of the groups *per se*. Christensen and Kline (2000) examined trainee counsellors' accounts of the effects of group supervision, finding that reflecting on group processes increased theoretical and practical insights into counselling practice. In a mixed methods study of military counsellors, Jen der Pan, Deng and Tsai (2007), used a quantitative self-report measure of counselling competence (Counselling Competence Inventory; Liu & Wang, 1995) and a qualitative feedback questionnaire around learning experiences in the group, finding that learning experiences were positively reported and self-reported counselling competence was significantly increased. No control group was used with the quantitative aspects, however, making this result difficult to interpret. De Stefano et al. (2007), using a qualitative design, interviewed trainee counsellors, who reported valuing group reflective practices for support and validation from peers, and for addressing perceived points of impasse with clients. Lennie (2007), meanwhile, in a mixed-methods study found that group reflective practices had the effect of improving trainee counsellors' self-awareness, and that this was accompanied by varying levels of comfort and satisfaction with the group. These factors had no correlation with the degree of self-awareness, so the study does little to illuminate how this self-awareness was achieved or what effect comfort and satisfaction might have on outcomes of an RPG. Robson & Robson (2008) conducted thematic analysis of trainee counsellors' views on RPGs, finding that the perceived 'safety' or comfort within a supervision group was the trainees' main concern; again, identifying this as important without clearly relating it to an impact on participants beyond the group. Fleming et al. (2010) found that in trainee counsellors, the degree of comfort and safety

experienced within a supervision group directly impacted on their ability to learn from reflective processes within the group.

Studies using different methodologies produce contrasting accounts of the important elements of group supervision in counselling. Kaduvettoor et al. (2009) highlighted 'multicultural events' as an important factor in learning within RPGs, although how these events related to broader reflective processes is unclear. Hsu (2011), however, argues that more didactic elements of group supervision are crucial for learning, but acknowledges the importance of reflective processes alongside these. Moller and Rance (2013) conducted thematic analysis of trainee counsellors' views on groups reflective practices, highlighting the tension between the benefits of reflective learning around client work, and challenges around managing group processes within the supervision meetings.

This tension is also noted in clinical psychology literature on RPGs. Knight et al. (2010) developed the Reflective Practice Group Questionnaire (RPGQ) in a study of 124 trainee clinical psychologists, and identified two main constructs around RPGs; 'value' (the extent to which the group was experienced as useful) and 'distress' (the extent to which the group elicited feelings of discomfort and anxiety). In some trainees, the degree of distress was not linked to how much the group was valued, but both factors were positively related to skilled facilitation and smaller group sizes. Following this, Binks, Jones and Knight (2013) found that RPGs were important in trainee clinical psychologists' development of reflective skills, and that the experience of distress was related to challenging content in RPGs; trainees' commitment to experiencing these aspects of the reflective process may be important to learning in RPGs. The importance of the facilitator in ensuring a 'safe' learning environment was also emphasised. The authors go on to propose that because distress is experienced differently, and tolerated to varying degrees between individuals, RPGs may not be an effective approach to reflective learning for all trainees. This neglects the possibility that different models of RP could involve different degrees of distress to participants. Some

trainees could be unsuited to a particular way of conducting RPGs, rather than RPGs in general.

More commonly in clinical psychology practice, CPs will facilitate RPGs for multi-disciplinary teams, although there is very little research on this practice. Two unpublished theses (Collins, 2011; McAvoy, 2012) used qualitative methods to examine psychologist-facilitated RPGs on inpatient mental health units. Collins (2011) analysed interviews with MDT members on a ward, around RPGs focussed on single case-review, co-facilitated by a counselling psychologist and a psychotherapist. The study found that facilitation by psychologically-trained clinicians contributed to increasing psychological understanding of service users, and that the group helped to contain participants' emotional responses, explore practice, and develop reflective capacities. McAvoy (2012) used questionnaires to examine participants' reflections on seven RPGs on different wards, with separate facilitators, using different approaches, concluding that the ward staff benefitted from the groups in terms of their perceptions of workload, increasing insight into practice, and experiencing team cohesion. In this study, no differentiation is made between impacts of the four CP-facilitated groups and others run by medical/nursing staff, or between the contrasting approaches used across the groups. Only one published study around CPs facilitating RPGs was found. Heneghan et al. (2014) looked at the experience of CPs facilitating RPGs in inpatient mental health settings, using online questionnaires and follow-up interviews. This study identified common outcomes around wellbeing, staff influence on service culture and improved team dynamics. This study has clear methodological issues, not least that it surveyed only the facilitators of the RPGs, but crucially highlights the need for research in this area, especially around means of evaluating RPGs.

As is evident from this review (see Appendix E), most of the evaluative research on RPGs is based in the fields of nursing and medicine, with fewer originating from clinical psychology. Apart from a single published study, the

literature neglects team RPGs facilitated by CPs, which is increasingly a core part of the clinical psychology role in MDTs (Heneghan et al., 2014).

Of the studies reviewed here, eleven used quantitative methodologies, three mixed-methods and 32 used qualitative approaches (see Appendix E). The preponderance of qualitative methodologies may reflect difficulties with quantitatively measuring the complex processes and outcomes involved in RP (Priddis and Roger, 2017). In the reviewed quantitative studies, the main methodological flaws were around their measurement of RPGs' outcomes; most measured outcomes which are only partially affected by RP and subject to many confounding variables, such as wellbeing measures (Le Blanc et al., 2007; Menon et al., 2015; Kometiani, 2017), quality of care (Tyson et al, 1984), or staff conflict (Tommasini, 1992). Others used self-rating measures of participant's satisfaction with the group rather than addressing any process or outcome of the RPG in terms of support, learning and professional development (Amaral et al., 1981; Larson, 1986; Kuipers et al., 2013), and more studied specific learning such as mindfulness (Caley et al., 2017) or interpersonal skills (Jones, 2003), which capture only an element of the aims and functions of RPGs.

Qualitative and mixed-methods studies, meanwhile, tend to consider outcomes of RPGs by examining accounts of their benefits in relation to a specific model of group work in a particular setting. As such, these studies may serve to validate the practices being directly researched, although as with measures used in quantitative studies, constructs proposed as being affected by, or effected through, RPGs (eg. the experience of feeling supported, improved confidence, empathic stance, etc.) may be subject to numerous intra-and inter-personal variables unrelated to group activities. Even when directly linked to the RPG, outcomes can be determined as much by the participating team members, the facilitator and organisational and social context, as by the specific RPG model. Qualitative research may examine these group-specific factors, but it is difficult to differentiate their effects on outcomes from those of approach-specific factors (eg. model of RP, specific

activities, facilitation approach), which may be applicable in RPGs more generally. While qualitative studies generally report positive outcomes of RPGs, therefore, such findings are difficult to generalise to groups involving other teams, facilitators and professional settings.

Studies considering processes within RPGs have more potential to inform other professionals' reflective practices and further research, as processes may be transferred to other professional contexts through planning the structure and facilitation of RPGs. This attention to process in RPGs was found in only 13 of the 47 studies reviewed (see Appendix F). In these, four main processes occurring in RPGs were identified as connected to positive outcomes from the group; regular time away from routine work, validation and containment of emotional experiences, sharing experiences in a safe and supportive environment, and challenges to practice and cooperative problem-solving leading to development of new perspectives.

The processes identified represent rather broad categories, which could describe a range of specific practices or experiences within a group. Any non-work activity could provide time away from work; there are many formal and informal forums in which emotional experiences are shared, validated and contained; and a range of group practices (eg. team formulation; Onyett. 2007) could offer cooperative problem-solving and developing new perspectives on practice. As well as failing to make a convincing link between RPGs and their proposed outcomes, therefore, evaluative research does not provide evidence around the distinctive kinds of reflective practices, intrapersonal events, group processes and facilitator contributions, which produce the theorised effects of RPGs. The wide use of RPGs therefore presents a challenge for professions emphasising evidenced-based practice (Clouder & Sellars 2004).

For CPs in particular, the 'scientist-practitioner' model indicates that activities should be based in a positive engagement with research evidence (Fisher et al., 2015). CPs participation in RPGs as part of their own professional

development is minimally supported in literature (Knight et al., 2010; Binks et al., 2013), while facilitating RPGs for other professionals, is even less so (Heneghan et al., 2014). Furthermore, there are many settings (eg. residential care, charities, refugee support services) in which psychologists facilitate RPGs for groups of workers without professional training and with no previous familiarity with the principles of group work or RP (Hartley & Kennard 2009). A single study reviewed here (Bartle & Trevis, 2015) deals with psychology staff facilitating non-professionals, which concerns support staff in a school being supervised by educational psychologists. The reasons for this lack of research are unclear but, as supporting RP in colleagues is an increasingly significant part of the CP's role, there is a clear need for evidence around the role of CPs facilitating RPGs with both professionals and non-professional workers.

1.9 Reflective Practice Groups in the British Red Cross

The role of Clinical Psychologists, and other psychologically-trained professionals, within the BRC is an example of just such an emphasis on group reflective practices. The BRC provides a Psychosocial Team, mainly Clinical Psychologists, who offer support to staff and volunteers in Refugee Support and Restoring Family Links (RSRFL) services. The role of these psychosocial practitioners (PSPs), involves providing input to services, mainly one-to-one supervision and support, consultation on specific cases, and RPGs, for teams who provide client-facing services. RPGs are open to all workers in the services, with separate monthly groups for RSRFL managers. RPGs are intended to provide a reflective space for staff and volunteers to think about the emotional impacts of their work, develop competences in caring for vulnerable people, offer space for collaborative planning and problem-solving around areas of difficulty, support resilience in the workforce, reinforce the use of the CALMER framework (Davidson, 2010),

and contribute to an organisational culture in the BRC which values reflectiveness (Davidson, 2014).

RPGs in BRC services are facilitated by multiple practitioners across a range of service locations, and as such there is some variation in how they are delivered and engaged with. The groups all broadly follow a model in line with generic approaches to group reflective practices which have been supported in research (eg. Kuipers et al., 2013; Knight et al., 2010). However, as in many clinical settings, the groups are assumed to be useful based on literature around similar practices. Addressing the need to demonstrate efficacy of PSP input, the Psychosocial Team have monitored the wellbeing of those engaging with PSPs using the GHQ-28 (General Health Questionnaire: Bridges & Goldberg, 1986), a measure of general wellbeing, and ProQOL (Professional Quality of Life; Stamm, 2010), a measure of work-specific wellbeing. While measures of wellbeing proved useful for monitoring the population of workers, identifying distressed individuals and tracking broad changes in the wellbeing of the workforce, scores in these measures are affected by a vast range of factors affecting whole organisations, teams and individual workers. As such, they do not provide evidence around the usefulness and efficacy of any particular aspect of the PSPs work in services.

As noted above, while specific group approaches to RPGs have been supported by research (eg. Fisher et al, 2015; Dawber, 2013b; Jen der Pan, 2007, Olofsson, 2005), such findings are difficult to generalise, and evaluative research offers a scant account of the link between practices, processes and the presumed outcomes of RPGs. In the BRC, the Psychosocial Team have conducted wide surveys of the workforce receiving PSP input, involving managers and participants, which indicate that individual and group sessions are broadly appreciated and considered helpful by the workforce. However, regarding the RPGs specifically, the assumption that they are helpful to the workforce in the BRC is based in very little direct evidence. Furthermore, there is little research evidence around the inter- and intra-personal mechanisms which produce the theorised effects of RPGs in the BRC.

This study, therefore, aims to address the need for an evidence-base around RPGs, in the BRC and more broadly, by considering RPGs both in terms of their impact on the participating workforce and the processes within the groups which produce these outcomes. So doing, this study aims to establish the impacts of the model of RPGs used by the BRC Psychosocial Team; in terms of the direct experiences of workforce members, effects on how care is provided within services, and the impact on the wider organisation. The study further aims to link practices and processes within the RPGs to reported outcomes, to address broader issues of which elements of group reflective practices produce positive outcomes for participants. The following research questions were identified.

1.10 Research Questions

- 1) What processes in RPGs influence the impacts of attending the groups on the experience of work in the British Red Cross?
- 2) What process in RPGs influence the impact of attending the groups on how care is provided to vulnerable people in British Red Cross services?
- 3) What processes in RPGs influence how the groups are experienced by participants in relation to the organisational structures and culture of the British Red Cross?

2 METHOD

2.1 Methodology

2.1.1 Design

This research, rather than attempting to identify and measure specific factors, is concerned with examining RPGs as complex interpersonal phenomena. A qualitative design is therefore indicated (Willig, 2013), while the open character of the research questions suggests an exploratory approach (Barker, Pistrang & Elliott, 2002). Through analysing participants' subjective experiences of the contexts, processes and outcomes of RPGs and their impacts on the work of BRC services, this research aims to develop a rich, contextualised and theoretically coherent account of the subject (Smith, 2015).

Since RPGs are group experiences and this research concerns processes within these groups, eliciting participants' accounts of shared processes in the context of their established groups represents an ideal way of gathering data (Millward, 2006). While of limited use in empirical studies, focus groups offer the chance to access accounts of interpersonal phenomena such as RPGs, while observing the ways in which these subjective experiences are constructed between the individuals concerned (Wilkinson, 2015). As such, a qualitative research design, analysing data collected from focus groups, was identified as most suitable to address the aims of this research.

2.1.2 Methodology

Where, as in this study, no comprehensive theoretical account exists prior to the research, Grounded Theory (GT) offers a suitable methodological

framework to explore the subject area and develop theory directly from the data (Tweed & Priest, 2015). The GT methodology inverts the practice of using research to test hypotheses, relying on pre-existing variables and constructs to make sense of research findings; instead using exploratory research to produce theories which emerge from the data (Strauss & Corbin, 1990). GT represents both a method of conducting research and a theory of the products of the research (Willig, 2013). As a methodology GT represents a range of procedures and practices drawn together by a basic theoretical understanding and a set of distinctive characteristics such as the use of theoretical sampling, parallel collection and analysis of data, use of analytical codes which emerge from the data rather than being derived from an established theoretical framework, use of analytic notes referred to as 'memos' throughout the research process, constant comparison of data with emerging concepts, and the production of original theories to understand the phenomena being studied (Charmaz, 2015). As a theoretical framework, GT establishes categories of meaning, which are shaped into an explanatory framework through which the subject of the research may be understood (Urquhart, 2013). The approach to the production of theory, however, depends on the researcher's epistemological position within the GT framework (Tweed & Priest, 2015).

2.1.3 Epistemology

Although GT has been developed as for use with both qualitative and quantitative data, employing multiple epistemologies (Gibson & Hartman, 2014), GT as originally developed (or 'discovered') by Glaser and Strauss (1967), is rooted in the scientific tradition of logical positivism, reflecting a fundamentally realist epistemology. In elaborating on the approach, Strauss and Corbin (1990) moved GT further towards a more explicitly positivist stance, emphasising verification and developing a series of technical procedures for analysis (Charmaz, 2015). However, this approach was criticised by Glaser (1992) and subsequently by theorists such as Charmaz (2014) for being overly prescriptive and 'forcing' theory from the data rather

than allowing it to emerge. As Payne (2007) points out, GT is also rooted in the philosophical concept of 'symbolic interactionism', associated with pragmatist epistemological positions taken by theorists such as Mead (1934). Symbolic interactionism considers actions as based on shared meanings which are established through social interactions and which are influential in society. The development of 'constructivist' GT approaches (eg. Charmaz, 2014) reflects an emphasis on symbolic interactionism as a guiding theoretical perspective, as well as procedural concerns that theory should be genuinely 'emergent'. The theoretical split between epistemologically realist GT approaches and constructivist approaches which embed the methods of GT in a broadly relativist epistemological stance, is well documented in literature; though the methodological differences may be overstated (Tweed & Priest, 2015).

This research considers how RPGs are constructed between groups of people (workers, psychosocial practitioners, stakeholders), considers that RPGs are produced through interpersonal interactions and processes of shared meaning-making, and examines subjective accounts of RPGs as the primary source of data. However, as this research concerns RPGs in different teams situated within the wider organisation of the BRC, individuals involved in facilitating multiple RPGs and others who interact indirectly with the RPGs, the assumption of a shared fundamental reality also underpins this research. Like most research in psychology, therefore, this study will be based in a realist ontological understanding, underlying an essentially relativist epistemology (Willig, 2016). This assumption, that people interact with a reality existing independently of our perception and understanding, but that this reality is at best imperfectly accessible through the senses, can be characterised as 'critical realism' (Barker et al., 2002).

This epistemological position, emphasising that knowledge is constructed through intra- and interpersonal processes, is compatible with the assumptions around the co-creation of knowledge underlying the approach to GT outlined

by Charmaz (2014). This research therefore utilises a constructivist approach to GT, reflecting a critical realist epistemology,

2.2 Ethics

2.2.1 Ethics approval

The BRC does not have its own ethics board covering research within the organisation, therefore ethical approval was applied for through University of East London (UEL) on 8th February 2017 (see Appendix G). Ethical approval was granted by the School of Psychology Research Ethics Committee on 13th February 2017 (see Appendix H).

2.2.2 Confidentiality and Anonymity

As Morgan (1997) observes, focus groups present an inherent difficulty around confidentiality, as data from a group is necessarily shared by all participants. As this is unavoidable, the group began with a discussion on confidentiality and ensuring a 'safe space' for discussion.

Data from focus groups were anonymised during transcription, with members allocated a participant number and audio recordings subsequently deleted. On the consent forms, participants were asked to provide their own reference number, to label their contributions should they choose to withdraw from the study.

All paper records and electronic data are stored confidentially and protected in accordance with the UEL Research Data management policy (UEL, 2016).

2.2.3 Informed Consent

All participants were provided with information (see Appendix I) outlining the study and data handling, and advising them of their right to withdraw from the study at any time up until data analysis was completed in April 2018. No participants chose to withdraw their data from this study.

The Participant Information document (Appendix I) was provided electronically in advance of the focus groups, then distributed in paper form and verbally summarised at the start of the focus group sessions. Following this, participants were asked to sign consent forms (see Appendix J) before continuing.

2.3 Supervision

The Director of Studies was a faculty member at the UEL with associate supervision provided by a clinical psychologist from the Psychosocial Team in the BRC. Supervision was documented and coordinated using the UEL Online PhD research manager.

2.4 Participants

Participants were drawn from employees and managers from BRC refugee support services, and PSPs working across BRC services in the UK.

In line with GT methodology, participants were selected using theoretical sampling, (Urquhart, 2013). Theoretical sampling involves purposively selecting data sources which contribute to the emerging theory rather than aiming for a 'representative' sample (Payne, 2007). In this case, the first three focus groups were chosen to represent a diversity of perspectives from RPG participants, but subsequent focus groups were selected deliberately to build a richer theoretical understanding of RPGs from facilitator and stakeholder perspectives.

Focus groups with front-line staff consisted of whole staff teams from three RSRFL services, gaining the unique perspective of workers using the RPGs. These were selected in separate geographical locations across England, with distinct management structures and with RPGs facilitated by different PSPs, to consider factors which may be related to service culture and individual facilitator styles. Although the teams involved a variety of job roles and grades within the services, this represents a relatively small sample of the teams participating in RPGs across the organisation. However, the focus groups with PSPs and the Refugee Support Operational Managers (RSOMs) involved the perspectives of those facilitating RPGs, and those responsible for staff teams using RPGs in all teams receiving psychosocial support in the BRC at the time of the research.

In total, 50 members of BRC staff participated in focus groups for this research. Appendix K shows the participants in each group, by participant reference code.

2.5 Procedure

2.5.1 Focus Groups

Initially, three focus groups were arranged in RSRFL services, through the RSOM and PSP for the relevant services. For each service, the participant information document (see Appendix I) was emailed to the RSOM a week in advance, with the request that they distribute this to staff, to ensure they could make informed decisions about participating in the research. The focus group with the PSPs and RSOMs were arranged through the head of the BRC Psychosocial Team, with one-hour slots negotiated in their respective team meetings. All focus groups were conducted between June 2017 and January 2018 (see Appendix L).

Participant information was distributed in paper form at each focus groups. Consent forms were also distributed and collected from each participant.

2.5.2 Interview Schedules

Focus groups were planned as semi-structured group interviews (Willig, 2013). For the first focus group, an interview schedule was devised using exploratory prompts drawn directly from the research questions. Thereafter, in line with GT methodology (Tweed & Priest, 2015), a preliminary analysis of each focus group was conducted before the next, with interview schedules for each group developed in response to emergent theoretical content relevant to the research questions (see Appendix M).

2.5.3 Data Collection

The focus groups were electronically audio recorded at the time and subsequently transcribed. All transcriptions were anonymised with participant reference codes used as pseudonyms, and any other identifying data removed. The audio files were then deleted to preserve participant anonymity.

2.5.4 Data Analysis

Following transcription, the anonymised data were analysed using the software programme Nvivo 11 (QSR, 2015) and theories were generated in response to the research questions, in line with constructivist GT methods (Charmaz, 2014).

2.5.4.1 *Coding*

In the initial 'open coding' phase, the transcripts were considered line-by-line and individual units of meaning were considered and labelled, using 'in vivo' codes or labels close to the participants' words in order to preserve meaning (Charmaz, 2014). Following the advice of Charmaz (1996), while keeping the assigned codes close to the data, I endeavoured to be as specific as possible with code labels and also to keep codes active, in order to draw out implicit processes from the data. Initial coding generated 536 distinct open codes. Appendix N shows an excerpt of open coding.

Having generated a large number of codes, it was necessary to find a way to manage these. Although at this stage, Charmaz (2014) proposes moving to focussed coding, this can be difficult where open coding has produced a large number of diverse codes (Urquhart, 2013). Axial coding, as proposed by Strauss and Corbin (1990) is one approach to reducing large number of codes, by placing them along 'axes' representing relationships. However, examining the coded data at this stage of the analysis, clear relationships between the codes were not immediately obvious and to proceed with this seemed to risk 'forcing' the data. Strauss and Corbin (1990) alternatively propose the use of a 'coding paradigm' as an intermediary step between open and focussed categories, which offered a way forward which appeared to better fit the data. Overall categories proposed by Strauss and Corbin (1990) seemed to apply to the initial codes without being forced, so at this stage codes were sorted into main categories according to the aspects of the RPGs being referred to; corresponding to Strauss and Corbin's (1990) coding

paradigm (see Table 1). This process involved revisiting, re-evaluating and relabelling some of the initial codes, in line with developing theoretical insights, (Urquhart, 2013) recorded in memos (see Appendix Q).

Although the use of axial coding or specific coding paradigm is not generally a feature of constructivist methods, GT approaches allow a variety of analytical procedures in developing theory (Urquhart, 2013). In this case, the choice of using a coding paradigm as was a pragmatic one, using a set of categories as an analytic tool facilitating progress to the next stage of analysis, rather than a final representation of the data. As constructivist GT is deliberately non-prescriptive in approach to analysis (Charmaz, 2015), such tools may be used without necessarily compromising the epistemological position of the research.

Table 1. Assigned coding labels corresponding with Strauss and Corbin's (1990) coding paradigm

<i>Initial main category labels</i>	<i>Strauss & Corbin (1990) labels</i>
Service context	Contextual Conditions
Needs	Causal Conditions
Challenges	Intervening Conditions
Requirements	Interactions and Emotions
Processes	Strategies
Outcomes	Consequences

I then proceeded to focussed coding, following the procedure suggested by Charmaz (2014), establishing categories and sub-categories of codes within the main categories. Within each of the established main category labels, I attempted to categorise codes in ways which sprang from the data, first establishing clusters of codes which described similar themes, then reviewing these clusters and arranging coding clusters into sub-categories of meaning. These sub-categories were then further reviewed and categories were established which encompassed broader themes found in the data. During this process, utilising the established GT technique of constant comparison,

these new codes and categories were used to review the data and ensure 'fit' and relevance of the emergent theoretical content (Charmaz, 2014).

Finally, I moved on to theoretical coding of the core categories of meaning which constituted the emergent theoretical account (Urquhart, 2013).

Theoretical coding, in this case, involved removing the analysis from the framework of the coding paradigm (see Table 1.) to consider how the categories established in focussed coding fit together into core categories of meaning without being forced into an overall framework, in line with constructivist GT (Charmaz, 2014). During this process, many categories and sub-categories were revised and reduced in response to the emerging theory and a developing understanding of relationships between units of meaning. As the developing theoretical model emerged, the main categories were established in relation to related categories and sub-categories, towards a final hierarchy of categories (see Appendix O) informing the theoretical model. Appendix P illustrates the development from open to theoretical coding in one main category. The theoretical model reflects not only the main categories of codes, but also the relationships between units and categories of meaning identified in the data, documented in memos and represented in the way in which main categories, categories, sub-categories and clusters of codes are hierarchically organised (see Appendix O).

Throughout this process, as note above, theoretical memos were produced, recording ideas, concepts, relationships between units of data, and emerging theoretical elements arising from the process of analysis. These took a variety of forms, from brief notes on impressions while transcribing and coding, to more full reflections on emerging elements of theory (See Appendix Q).

2.5.5 Quality and Validity

During the analysis, a thorough audit trail was produced to ensure transparency and reflexivity. Appendix N shows an excerpt of text with initial

coding, and Appendix O shows a table representing the development of theoretical codes from open coding for the first of the main categories.

Throughout the process of analysis, I constantly made comparisons between codes at all levels, between codes and emergent theoretical content, and between elements of theory generated, to ensure that all theoretical content was thoroughly grounded in the data (Charmaz, 2014). This constant review focussed on what Glaser and Strauss (1967) refer to as 'goodness of fit'; ensuring that the emerging categories are applicable to the data, rather than being 'forced', and that generated theoretical content is relevant to the phenomena under investigation.

External validation may also be used in GT studies, although this may be viewed as an inherently positivist approach to validation, as it relies on the notion that the researcher is able to objectively observe a shared external reality, which is fundamentally at odds with the assumptions behind the constructivist approach to GT (Payne, 2007) and the epistemological position of this research. However, during the process of analysis, I met with my research supervisors to review my progress on three occasions, at the stages of open coding, focussed coding and theoretical coding, to ensure that my units of analysis credibly represented the data and that my approach to the analysis was consistent and robust.

2.5.6 Reflexivity

Any kind of qualitative research is subjective in nature, and the researcher is unavoidably present in collection, analysis and interpretation of data, (Bradbury-Jones, 2007). The imperative in qualitative research to be reflexive at all stages (Berger, 2015) is especially important in GT, in which the researcher's interpretations and choices in analysis will explicitly inform the interpretive framework from which a theoretical account will emerge (Payne, 2007). As such, I aimed to conduct all stages of the research using a

personally and epistemologically reflexive approach. As well as theoretical memos (see Appendix Q) produced during data analysis, I used a reflective research diary (Rolfe, 2006) to record my own subjective responses to the research and the processes involved in conducting the study (See Appendix R).

Considering my position in relation to the RPGs, I am a trainee clinical psychologist currently on placement with the BRC, which involves my co-facilitating RPGs with a PSP. Although I do not facilitate any of the RSRFL teams participating in this research, I am clearly able to identify with the position of the facilitators of RPGs and my attitude towards the groups may be influenced by assumptions held by PSPs around the inherent value and usefulness of RP and RPGs. Prior to my training, however, I worked as a psychiatric nurse and have been a participant in several variations on the theme of RPG, during which I encountered many of the issues and challenges with group attendance. I was therefore also able to identify with some of the more negative attitudes towards RPGs expressed in the focus groups, especially around the feelings of being uncomfortably exposed by group practices involving acknowledging emotional responses. Through personal reflexivity, transparent and reflexive research practices and open reflexive conversations with my supervisors throughout the research process, I have endeavoured to use these subjective positions to inform my understanding of the data and my role in the development of theory, and avoid interpreting data along the lines of my own assumptions (Tweed and Priest, 2015).

3 RESULTS

From the 536 codes generated during open coding, GT analysis produced five main categories, 13 categories and 28 sub-categories, with codes further grouped into clusters around these subcategories. Appendix O shows all categories and coding clusters, and Appendix P gives an excerpt of the full coding scheme.

The theoretical content of these will be discussed and illustrated with quotations from the transcripts demonstrating sub-categories of coding. Quotations are labelled with participant numbers to denote individual contributions and, in order to demonstrate areas of difference and similarity in perspectives between professional groups, participant numbers are prefixed as belonging to the focus groups with RSRFL teams (Pt. x), Psychosocial Practitioners (PSP-x) or Refugee Service Operational Managers (RSOM-x). The main categories and sub-categories are shown in Table 2.

Table 2. Grounded theory categories, and sub-categories

Main category	Category	Sub-category
Service context	Team experience of their service	Time and resources
		Direct work of the team
	Team experience of BRC	BRC approach to welfare of staff
		Experiences of BRC as wider organisation
Dilemmas around RPGs	Stress/distress vs anxiety	Addressing distress caused by work of the team
		Anxiety around engaging in RP

	Supervision needs vs preconception	Expert supervision of teams' practice
		RP as externally imposed and unwelcome
Conditions resolving the dilemmas	Co-production of RPG	Responsive group content
		Stable framework
	Facilitator requirements	PSP attributes
		Facilitation approach
	Group requirements	Approach to RP
		Attributes
Useful processes in RPGs	Learning and development of practice	Group review of casework
		Group facilitated in sharing knowledge
		PSP sharing knowledge and experience
	Developing a reflective approach to practice	Collaborative learning processes
		PSP skills supporting RP
	Reflecting on the impacts of practice on workers	Talking about emotional experience of work
		Talking about impacts of work in context
Impacts of RPGs	Impacts on experience of workers	Maintaining or improving wellbeing of workers
		Developing skills in managing impacts of work
		Reduced stress
	Impact on client work	Increased confidence and competence
		Improved insight and understanding
	Impact on service culture	Influencing team culture
		Influence BRC professional culture

3.1 Service context

Participants in all focus groups discussed the context of RPG provision, both in terms of the local service context, and the wider organisational context of the BRC.

3.1.1 Team Experience of their Service

In all five focus groups, the specific experiences of workers in Refugee Support services were reported as important context to RPG provision.

3.1.1.1 *Direct work of the team*

The frontline work of refugee support workers was acknowledged to be especially challenging and stressful in comparison to the work of others in the organisation, by the RSRFL workers themselves, and by PSPs and RSOMs.

I mean, it's refugee support...the role we play is quite, you know, different...because if you're dealing with people in crisis, there is a level of stress. (PT. 12).

Perspectives were subtly different between the different professional groups in this study; workers and RSOMs acknowledged the stressful nature of their work, but spoke less about the experience of feeling stressed, while PSPs' account was much more around emotions related to frontline work in RSRFL services.

I know that's the nature of the work... in terms of feeling de-skilled and abandoned and not knowing what to do. (PSP-A)

However, RSRFL staff in the focus groups tended to describe their own team as fundamentally able to cope with these difficulties, and resilient to the challenges of their work.

I think we all do deal with things, very very difficult things... it's just what we have to do to do the job. (Pt. 2)

All three teams of RSRFL workers participating in this research discussed seeing their jobs as intensely challenging, almost to the point of being unmanageable, but considered that they are able to cope through their dedication and commitment to service users. This level of commitment related to workers identifying with the particular values and ideals associated with the British Red Cross.

The workers further tended to explain this by talking about mutual support of colleagues and about the particular passion and dedication that workers bring to their roles.

I think we're fairly good at, um, like knowing when people are like having a really tough day or tough case (Pt. 19)

You know, because that is our passion, that's where, you know, that's why we're all here. (Pt. 2)

Although focus group participants acknowledged that the work of the teams is difficult and stressful, each team seemed keen to point out that they consistently meet these challenges successfully. This account of the workers as both aware of the challenges of their work and invested in their identity as able to manage these challenges established important context for the conflicting attitudes towards RPGs discussed below.

3.1.1.2 Time and resources

Time and resources were discussed in relation to RPGs, primarily around the uses of the PSP resource and the challenges for workers finding time for psychosocial support.

Workers across the three RSRFL teams participating in focus groups talked about the pressures of their workload and the difficulties presented in making time to attend an RPG.

I often think 'oh no, I have, you know, today's the group thing, I have so much else to do' (Pt.4)

I think for us it's always difficult to find time to do them... It always feel like, you know, I could have done so much in this hour. (Pt. 21)

Focus group participants from RSRFL teams and the group of service managers also acknowledged that PSP time in services is scarce.

Yeah, that's then the capacity issue because PSP-B is kind of restricted to her time, really. (Pt. 13)

We have [RPGs] one a month and he has people booked in for that day, so it's having the time and the capacity to do it, really. (RSOM-2)

This sense of time in the working day being a scarce resource for both the teams and the PSP facilitators appears to contribute to a sense of RPGs as both valuable, and difficult to engage with, which further contributes to the teams' often conflicted attitudes towards the groups.

Related to the limited nature of the PSP resource, focus group participants discussed different uses of PSP input. One-to-one sessions were identified as valuable across the RSRFL team focus groups. Some participants expressed that they find these more helpful than RPGs:

...Cause as you say, that one-to-one session is... Far better for doing that. (Pt. 10)

Other participants described RPGs and one-to-one sessions as having quite different functions from RPGs.

I think they serve very different purposes in a way, the one-to-ones and the groups. (Pt. 1)

Participants in all focus groups talked about the need for RSRFL services to offer psychosocial support to volunteers as well as paid staff, and the challenges of providing this support in view of volunteers' various working patterns and needs.

Everyone's talking about all the staff members, how they're feeling... but hang on, have you asked the volunteers? (Pt. 3)

I'd like to see more is that more volunteers were involved. I think there was an attempt in a lot of places to get more volunteers involved, but that seems to have slipped a little bit again in our areas. (PSP-C)

Another varying factor in the use of the PSP resources was the support offered to managers within the team. Although the extent to which they accessed PSPs varied by service, it was clear that managers have their own support needs.

The opportunity to be able to call... somebody within the psychosocial support team to support... has been very very positive. (RSOM-8)

The common theme in discussing time and resources, for workers and PSPs, was the challenge of fitting all the desired activities into limited working time. Across the focus groups, there was a range of view around how the time of workers and PSPs are best used. It was clear from all groups, however, that the pressures around time and workload experienced by workers, and the relative scarcity of the PSP resource, contribute to logistical challenges, anxiety and some negative attitudes towards attending reflective practice groups.

3.1.2 Team experience of BRC

Another major contextual factor was the teams' experience of being part of the wider BRC. Accounts of the BRC were marked by apparent tension between contrasting views of the organisation.

3.1.2.1 Experience of the BRC as wider organisation

Participants spoke of valuing the BRC and identifying with its humanitarian aims.

Looking the British Red Cross... I see it as a humanitarian organisation. (Pt. 12)

I mean, I think... having such a big organisation with, you know, their ultimate goal is to help people in need in whatever shape or form. (Pt. 14)

This attitude towards the BRC was demonstrated across the focus groups with RSRFL teams and RSOMs. The BRC is seen as representative of values which workers are inspired by, and aspire towards. This represents both a source of the motivation and commitment to work discussed above, and a cause of some additional stress and pressure on workers.

The PSP focus group particularly highlighted that workers identifying with the compassionate values of the BRC often feel pressure to constantly embody those values in offering care to a highly stigmatised population. Focus group participants from the RSRFL teams reflected this less, but also identified that the BRC can be an additional source of stress around factors such as centralised IT systems and a recent re-organisation of services.

It is a dynamic that comes through all... and people under huge stresses that are caused by the strapline. You know 'refusing to ignore people in crisis'. (PSP-M)

But there's also a level of stress trying to fit your work in the, sort of, society in which we live... the emotional stress of dealing with

people in crisis, while trying to maintain the image of the British Red Cross, a lot of stress there. (Pt, 12)

The organisational backdrop of the BRC therefore impacts of the provision of RPGs both in terms of increasing stress and pressure on workers and reinforcing their need to feel competent and resilient in their work, contributing to the need for reflective support and supervision of workers. Simultaneously, this identification with the compassionate values of the BRC may engender anxiety around RP, where reflecting on emotional responses to work which are experienced as being at odds with these values may represent a threat to workers' preferred professional identity.

3.1.2.2 BRC approach to welfare of staff

Similarly, contrasting accounts were given of ways in which the BRC approaches caring for workers, in view of the stressful and difficult roles they undertake.

Historically, a culture of neglecting the emotional welfare of workers was widely recognised. This was discussed by participants in all focus groups, but much more emphasised in the PSP and RSOM groups, and associated with BRC's humanitarian values and concern with its beneficiaries, which may take precedence above the needs of staff.

I was going to say macho and functional, rather than willing to reflect and being more emotional. That's perhaps exaggerating it, but it's...cultural. (PSP-D)

This professional culture appears to reinforce the workers' need to feel able to cope and to somewhat stigmatise acknowledgement of challenging emotional responses to work in RSRFL services. Again, this factor contributes to both the need for reflective support of workers, and negative attitudes and anxiety around reflective activities.

The task-oriented and fundamentally unreflective professional culture recognised across the focus groups, appears to be changing over time, however; towards a culture in which an organisational responsibility for the welfare of the workforce is increasingly recognised by workers and managers.

And so, you know, I think there is something about we've got to look after our staff and volunteers, haven't we? (RSOM-11)

This progressive change in professional culture was recognised across all focus groups and seems to indicate that attitudes towards RPGs are conflicted within the organisation, but becoming progressively more positive towards and accepting of activities focussed on the welfare of the workforce.

PSP support for services was talked about as an indication of this cultural shift, with PSP provision experienced as an acknowledgement of the difficulties faced by BRC's frontline workers, and an indication of concern and support.

...through having psychosocial... that acknowledges that the process of helping people is difficult...Which is great that it's there. Because... there are plenty of other places that I'm sure we've all worked in where they haven't got anything even close to that sort of level of acknowledgement or support. (PT. 14)

PSP input was talked about in all focus groups with RSRFL teams as welcome, although two individuals in separate focus groups stated that they did not engage at all with PSP input because they did not see the value in RP of any kind.

Overall, BRC organisational culture appears to contribute to both positive and negative attitudes and preconceptions around RPGs in RSRFL services. The impact on staff of the BRC, in terms of professional identity and organisational factors, seems to similarly contribute to both the need for, and difficulties in engaging with, RPGs

3.2 Dilemmas around RPGs

Accounts of service context showed a contrast between the teams' view of their work as exceptionally challenging, contrasted with a view of themselves as unequivocally able to cope; mirroring the conflicting positions around the support of workers in the BRC

These are reflected in larger dilemmas regarding RPGs in RSRFL services, in which support needs are widely recognised and benefits of PSP input are acknowledged, but RPGs are often experienced as unwelcome or a source of anxiety in workers, who therefore avoid engaging in RPGs.

3.2.1 Dilemma 1. Stress/distress vs anxiety

All focus groups discussed work-related stress and distress in RSRFL services, and there was wide recognition that RPGs present potentially useful support around this. However, engaging in RPGs was also associated with potential stress and anxiety.

3.2.1.1 Addressing distress caused by work of the team

Reflecting the view of the work done by RSRFL teams as difficult and stressful, the teams acknowledged that their work can cause them distress.

The most frequently identified source of distress in workers was the pressured and stressful nature of the work.

Because, believe me, we are working with most vulnerable people, you know, with refugee support. People been through

real difficult situations, homeless people, destitute people, disoriented people. (Pt. 11)

High workloads and the complexity of the casework clearly produce considerable stress; support in managing this was recognised as a major need in RSRFL services.

I've been a member of Red Cross like ten years. You've always seen odd situations here, which, like, you know, never come across before and you need some sort of emotional support (Pt. 11)

Reflecting the account of frontline work highlighted above, the RSRFL teams generally acknowledged that they experience stress and distress in relation to their work, and support in managing these is essential.

From the perspective of the PSP group, the degree to which frontline workers are committed to their work and identify with the needs of their beneficiaries appears to amplify the experience of stress.

Because I think it brings out the natural instinct for a lot of people who do the work is 'we want to help people, we care and this is unacceptable that you should be in this position' but the bottom line is that physically they can't. That's the thing that really is very difficult to cope with. (PSP-G)

Cultural influences on work-related stress and distress were described by PSPs as contributing to the need for reflective support of RSRFL workers.

Workers in RSRFL teams emphasised cultural factors less here, but relatedly identified help with identifying and accepting the limits of their capacity to help as a major support need.

So that you can't always think... 'we can always do more and more and more'...this is enough. You know, it has not worked, but that's your limit. (Pt. 6)

This account of support needs around recognising limits and boundaries is connected to the elements of BRC professional culture which influence workers to prioritise the expressed needs of service users above other considerations.

There was also a broad recognition of the continual impact on workers of the high degree of distress and complexity encountered in beneficiaries.

When I used to be in the team and that wasn't on offer and people used to say, friends would say, 'do you have anyone you can talk to about, you know, some of the things you experience or something, you know, things that you witness' (Pt. 10)

RSRFL workers spoke about the need for help with processing the emotional impacts of working with highly distressed people, reinforcing the need for support and supervision of their practice.

However, workers also described a tendency not to consider how they may be affected by this kind of work.

It's quite hard to realise on the spot what affected you and it's just... Well, where do you start? (PT. 18)

The need for support around recognising and managing the emotional impacts of work was highlighted by RSRFL workers and PSPs.

It's ongoing, you, know, we continuously, you know, dealing with difficult situations. So it's ongoing need. (Pt. 11)

Because I do think this is an organisational imperative, where people must need this because it's such difficult work (PSP-I)

RSRFL workers clearly experience stress and distress in relation to their work, and see this as part of their daily experience which establishes a need for help and support in managing and minimising these emotional responses. RPGs represent a major way of offering this support in RSRFL service. However,

RPGs were also identified as potential sources of anxiety and further stress for workers.

3.2.1.2 Anxiety around engaging with RPGs

Focus group participants also identified a number of ways in which RPGs may produce anxiety in workers, such as difficulties justifying the time spent attending to their own welfare, rather than the immediate needs of beneficiaries.

We're always thinking about the clients and what's best for the clients, we don't think about what's best for us. (PT. 18)

This was identified in the RSRFL workers' focus groups, and further accounted for by the PSPs.

I think guilt plays a huge part in them over-extending themselves, really. And then it's really difficult for them to take time out for themselves (PSP-A)

This experience of guilt around attending RPGs, seen by workers as attending to their own needs at the expense of time spent on those of service users, seems to be a source of discomfort and anxiety around engagement in RPGs.

RSRFL staff also described feeling uncomfortable with talking about emotional responses to work and potentially revealing personal vulnerabilities. This concern was raised around trusting the PSP facilitator.

...it's quite hard for someone, especially for me, to trust someone before I tell her what's going on with me. (Pt. 3)

Concerns about trusting the facilitator in RPGs appears to further contribute to the experience of anxiety around RPGs. However, the RSRFL workers' focus groups highlighted greater concerns about self-disclosure with groups of colleagues.

Because I think just coming in to a group and being expected to open up to a group we don't know. Because even like

colleagues, like you know people, but I don't really. That's not something I do in normal life. (Pt. 8)

This experience of anxiety around feeling emotionally exposed in front of colleagues was discussed across all the focus groups. The specific anxieties around this went largely unarticulated in the focus groups with RSRFL teams. However, being seen to be vulnerable or having difficulty coping appeared to be a significant worry.

Not everyone is used to sharing in that way or sharing in front of other people. And, yeah, I mean it's, like, with your colleagues, see somebody professional and not be too crazy. (Pt. 15)

The association of work-related distress and needs around emotional support with being unable to cope with the work was particularly present in FG1, but was echoed across all focus groups with RSRFL teams and RSOMs. As discussed above the BRC professional culture very much values coping and resilience. Correspondingly, vulnerability appears to be somewhat stigmatised, and disclosing ways in which they struggle with the work may be experienced as a threat to a valued identity and thus associated with considerable anxiety.

and somebody would say 'this is how I react' 'oh my gosh, we need, er, you need to look into that' I was kind of saying, maybe I need to get myself checked. (Pt. 6)

I'm a rescuer and a coper, that's not a great combination [laughs]. Um, but again to understand that in myself allows me to understand that there's something in me that, that there's a reason I do this job. (Pt. 2)

The discomfort around exposing emotional vulnerability was evident across the RSRFL staff focus groups and was talked about as a significant challenge to staff participating in RPGs, as well as a major source of anxiety around attending.

PSPs reflected that for some RSRFL staff, learning elements of the group can be experienced as threatening their professional identity.

I think I've got a couple of people in the group who I think find it difficult to say that they've done anything that might not be perfect.... their self-esteem is quite rooted in them being very very good at what they do and always having the right answer.
(PSP-D)

This further relates anxiety around engaging with PSPs with workers' preferred identities discussed above. Where workers' positive image of themselves as professionals is based on the assumption that dedication and coping are related to effectiveness, interventions associated with questioning these assumptions may be a source of considerable anxiety.

Anxiety around engagement in RPGs was also related to distress around reflecting on difficult aspects of the work.

I think there's so much avoidance about, actually if you're really with what this work's like, we'll never be able to keep it together... it'll be unbearable. (PSP-L)

The PSPs focus group proposed that another source of workers' anxiety around RPGs may be that the prospect of reflecting on their work is related to the risk of acknowledging the emotions which they doubt their own capacity to cope with.

For RSRFL staff, RPGs are not only associated with the offer of helping them cope with their extremely challenging work, but also with potential risks involved in confronting their emotional responses to these challenges, potentially endangering their sense of their own ability to cope, and their identity as highly effective and resilient.

3.2.2 Dilemma 2. Supervision needs vs preconceptions around RP

Another main dilemma seemed to come from the tension between an acknowledged need for external supervision, and accounts of workers' attitudes and preconceptions around psychosocial input and RPGs.

3.2.2.1 *Expert supervision of the team's practice*

The focus group participants identified needs related to the practice of RSRFL staff being supported by a professional with expert knowledge and skills.

This need for expert guidance was talked about in terms of dealing with specific challenging cases or issues with which the workers are unfamiliar, and more general support of learning.

Always you need some, like, guidance, advice and... You know, how to deal with this situation. (Pt. 11)

The experience of needing expert input in practice was identified as motivating RPG attendance across all three participating RSRFL teams and acknowledged in PSP and RSOM focus groups.

The need for guidance in practice was discussed across the focus groups in terms of support from someone with both professional expertise and a perspective from outside RSRFL services. The RSOM group discussed this as differentiating the supervision needs related to RPGs from management supervision functions.

But also to say that person... who is purely looking at it in terms of the clinical side, the emotional wellbeing and all that ... the psychosocial had a better distance from the operational need. (RSOM-17)

RPGs were discussed as a means by which this expertise and distinct perspective may be offered to the team, fulfilling an important supervision need.

The need for skilled supervision was partly related to the necessity of responding to differences in needs and between and within teams. The need for supervision which is sensitive and responsive to these varying needs was emphasised.

Inevitably every team within the Red Cross will be slightly different and... everybody, like, works in a slightly different way and group dynamics will always change so in that sense I guess it allows a bit of fluidity as well. (Pt. 18)

Across the focus groups, RPGs were seen as a potential forum in which these distinct supervision needs may be addressed.

A need for guidance around engaging with RP was also identified.

And there's a learning curve to, you know, having psychosocial sessions. (Pt.12)

RPGs were discussed in focus groups with RSRFL teams as fulfilling a need to introduce and reinforce concepts around RP to workers, who may not be familiar with practicing reflectively.

RSRFL staff and PSPs acknowledged the need for skills around engaging staff in RPGs, and for expert input to socialise workers to RP.

You know, coming in to know how you can engage to join the group... it can be a bit difficult. (Pt. 12)

looking back over my groups over the last year, so many of them have totally different members... So you're often having to start at the beginning again. (PSP-C)

The role of RPGs in introducing staff to RP was discussed as an important and ongoing need in RSRFL teams, due to the acknowledged importance of reflective approaches and continual staff turnover.

3.2.2.2 Preconceptions of RP as externally imposed and unwelcome

Participants in all focus groups talked about activities related to RP as viewed with suspicion by RSRFL workers and assumed that their default position is to resist attempts to engage them in RPGs. In two of the RSRFL team focus groups, individual staff members stated frankly that they were, or had previously been, unwilling to attend RPGs.

I was a person who didn't feel the need to take a part, to be honest... I mean, people have to be pushed into trying the session. (Pt. 6)

This tendency to resist engagement seems to be based in an assumption that RPGS are external to the work and professional life of the team. Teams may thus view RPGs as belonging to, and imposed by, organisational structures which do not reflect characteristics associated with the teams' self-perceived qualities of unique competence and efficacy.

I think some of the groups... it doesn't matter what the discussion is, you know, a feeling that they are not interested. (PSP-B)

The PSP focus group acknowledged this tendency toward resistance around engagement. This assumption, of an automatically negative view of RPGs may also, to some extent, reflect BRC professional culture described above.

Initially, you know, people are kind of nervous and there might be cultural reasons why people wouldn't want to go anywhere near it. (RSOM-10)

I came away yesterday just thinking a lot about the culture of people that help and helping professions and how it can be very alien to take time out for something, or to give yourself something that might be nourishing. (PSP-F)

PSP and RSOM focus groups reflected that workers in whom a tendency to focus on the needs of others to the detriment of their own is reinforced by service and organisational culture, often negatively experience activities which are seen as primarily for their own benefit.

Another factor behind this resistance to engaging with RPGs is that they represent an unwelcome addition to already demanding workloads.

I think if you leave it to an individual who's already say new and, and not necessarily trusting what this is for... I'm really busy and why the bloody hell does this manager keep making me go... (Pt. 2)

This attitude is associated with views of RPGs as unconnected to the core work of the team, and therefore an unnecessary extra burden on busy staff members.

In pressured and stressful working environments, reflective activities were sometimes seen as adding to these pressures.

I mean, for me I think I probably forget that we've got psychosocial ...then I'm trying to like frantically think what's happened in the last five weeks. (Pt. 20)

While this view was discussed across all focus groups with RSRFL teams, it appeared to be more the case in one team in which RPGs were discussed as less integrated into the teams' work routines.

A view of RPGs as an unnecessary extra burden was expressed by several RSRFL workers across two focus group, who considered that the demand they place on time is not rewarded with a useful experience, although workers expressing this view acknowledged that others find the groups useful.

Personally, don't get me wrong and no offence, it doesn't help me... It's very hard for me to come and ask advice from someone 'ok, I'm having this problem', for me it never worked. (Pt. 3)

The workers expressing views of RPGs as not useful to them, perhaps unsurprisingly, also stated their unwillingness to attend, as described above.

Participants in the RSOM group expressed views that RPGs have the same function as more informal processes of peer support.

I think the other thing, actually, that we probably don't acknowledge enough as well is that a lot of psychosocial support comes through informal ways, so, like, it's collegial and it can be in the pub after work, (RSOM-1)

This perception, that RPGs do not involve processes which are distinct from other non-facilitated conversations about work between colleagues, implies that they are unnecessary, which makes it harder for workers to justify the time required for RPGs.

Relatedly, RSRFL staff talked about group practices and the principles of RP being unfamiliar and therefore approached with suspicion.

I'm just trying to imagine volunteers who've not had the experience of... reflective group practice before are gonna be... reluctant to really get to the root of whatever it is they're concerned about or stressed about. (Pt. 14)

In a work environment in which RSRFL staff and volunteers are continually faced with challenging and unfamiliar situations, the uncertainty of engaging in another unfamiliar activity was talked about as an unappealing prospect. For RSRFL staff, this lack of familiarity with the RPG model also seemed to be associated with an assumption that the groups do not offer a useful contribution to their practice.

I've obviously got less experience of group sessions than everyone else but I don't feel like they're bringing anything unique to my abilities to do my job. (Pt. 5)

The teams being unfamiliar with approaches to RP appeared to be associated with resistance to engaging due to the experience of anxious uncertainty in RPGs, and a lack of understanding of the potential benefits of the groups.

3.3 Conditions Resolving the Dilemmas

While the dilemmas described above were recognised across all focus groups, staff in RSRFL services generally also talked about engaging with RPGs and finding the groups useful; except for individuals in two of the RSRFL team focus groups who stated that they did not attend. As such, these dilemmas are necessarily resolved within the teams. Distinct from the core processes of RPGs, focus group participants described attributes, attitudes and practices in both the RSRFL teams and PSP facilitators, which reduce resistance and anxiety around RPGs. These conditions were identified as necessary for RPGs to be successfully delivered in services.

3.3.1 Facilitator Requirements

Across all focus groups, participants discussed the attributes and approach required of the PSP facilitator to make RPGs viable in RSRFL services.

3.3.1.1 *PSP attributes*

Reflecting the concerns around groups as potentially exposing, participants expressed that it is important for the PSP to be seen as trustworthy and dependable.

So the first times that I met with PSP-A, I didn't feel like I could say anything because I didn't know her... It took me while to

realise how I could trust her and now, like, it's really important.

(Pt. 4)

This is partly related to the PSP being a regular and consistent presence in services.

It's just a few odd things people have said over time about the value of knowing that the practitioner's there, even if they've not accessed it that particular month. (PSP-A)

I mean I think... it's very valuable to offer some stability and consistence (Pt. 1)

A sense of the PSP as trustworthy also depends on their approach to the team members, being seen as honest and transparent, and prioritising the interests and welfare of the team, especially when team members may struggle with this themselves.

I think if ever she was, like really worried about one of us, she would just say it straight. (Pt. 1)

This perception of the PSP as trustworthy and reliable appears to be important in reducing anxiety around RPGs, and in reducing negative perceptions of psychosocial input, making it easier for team members to engage with the groups.

Another aspect of the teams' view of the PSP which was identified as important in all RSRFL team focus groups was that they are reliably oriented to the needs of the team.

I think the fact that she's got our welfare is a different angle to what we've all got, the clients' welfare and that beats everything else, whereas PSP-A's the only one organisationally who is purely looking at it. (Pt. 2)

This view of the PSP further contributes to reducing anxiety and negative pre-conceptions around engaging with RPGs.

Focus group participants also emphasised that the PSP is regarded as contributing a distinct perspective from those of the team.

I think it's valuable having someone who's not directly, like, working in, er, like, doing the same day-to-day as us. Like it's different to talking to a colleague or talking to a manager. (PT. 19)

Offering a constructively different view of the work of RSRFL teams is seen as making this external perspective valuable.

Often the natural thing we've said is to go back to, like, practicalities... so it's actually quite helpful, because what they can do is the emotional holistic side of things for us. (Pt. 19)

The professional status of the PSP was identified as lending this perspective value and credibility.

It's someone who is a professional in a different kind of context with all the different expertise (Pt. 19)

Across all RSRFL team focus groups, this view of the PSP as having valuable insights and perspectives were seen as making RPGs more attractive, therefore helping to resolve dilemmas around RP by reducing negative pre-conceptions and balancing associated anxiety with potential utility.

Relatedly, RSRFL staff also talked about the importance of the PSP having knowledge and skills around client work which are not held by the team.

And she does have good tips, um, when you talk about clients... Even though she, you know, she's not working with this client, she understands it really fast, when the issues are hard to deal with. (Pt. 21)

We don't have that, um, knowledge... like, you know, a professional would have. (Pt. 3)

Again, this perceived quality in the PSP supports a view of RPGs as potentially useful to participants, therefore helping to balance anxiety and resolve dilemmas around engaging. Furthermore, RSRFL staff tend to identify

as highly competent and effective in their uniquely challenging roles. While this identity clearly has a protective role, it is also associated with difficulty accepting external input around the work. The PSP's perceived 'expert' status seem to be important factors in enabling workers to accept support and guidance from outside their team without this threatening their identity, so helping to further reduce anxiety associated with RPGs.

Alongside this position as 'expert', the focus group participants acknowledged that the PSPs skills in facilitation were also important to making RPGs viable.

Having a group willing to do it and then having someone that knows what they're doing come in is... I think works well. (Pt. 9)

Here, participants in the RSRFL team focus groups identified that skilled facilitation contributes to groups which are helpful to participants, in which participants' anxiety is minimised, further contributing to the resolution of dilemmas around RPGs. This was reflected in the focus group with PSPs.

3.3.1.2 Facilitation approach

Reflecting both the attributes of the facilitating PSPs and decisions around responding to the needs of participants, the approach to facilitation also appears to have a role in encouraging participation in RPGs. No particular style of facilitation was identified, but RSRFL staff emphasised the importance of PSPs' flexibility and preparedness to respond to the changing needs of the team.

It's kind of flexible... Even though there is a structure, we can always navigate around it somehow. (Pt. 17)

Flexibility in facilitation style was seen as an important element which allows for the co-production of groups described below.

The team's sense of RPGs as being relevant and useful to them was bolstered by the PSP's ability to adapt to their needs and preferences in each session.

I think that because the aim is quite broad... we can then do whatever we want within that, whether that's getting tips, getting advice or, um, being specifically taught about something. (Pt. 20)

Again, this approach was identified as reinforcing the sense of RPGs as useful and worthwhile activities, justifying the potential experience of anxiety and reducing negative pre-conceptions.

RSRFL staff also described valuing PSPs skills in identifying and responding to needs in the sessions, even with individuals who may be reluctant to engage.

The conversation will be going, but I think that PSP-B does notice... And she doesn't hesitate to, just in a gentle way not in a forceful way at all... she'll engage that person (Pt. 10)

These elements of flexibility and responsiveness PSP facilitation style were discussed as crucial for the meaningful co-production of the RPGs described below.

3.3.2 Group requirements

Focus group participants identified fewer conditions which are required on the part of the teams involved in RPGs.

3.3.2.1 *Approach to RP*

Perhaps unsurprisingly, a positive attitude towards RPGs is needed, at least to the extent of acknowledging the potential positive effects. This was discussed as a necessary attitude for participation in the groups.

Our involvement, I mean, if I should say, from my point of view, we are involved in it because I think we see, er, some level of benefit. (Pt. 12)

Clearly, a positive approach on the part of the team was seen as important in countering negative pre-conceptions around RPGs and encouraging attendance.

Focus group participants also identified attitudes which are developed through involvement with RPGs; a willingness to engage beyond simply attending, and to invest effort and personal resources in the reflective processes.

I suppose you have to be quite participative. It doesn't work if you're just going to sit there and not say anything. You have to be open and ready to talk, which is quite a lot, quite a big ask sometimes, I think. (PT. 20)

Engaging meaningfully in the groups was associated with experiencing the groups as more useful which, as noted above, helps to resolve dilemmas around attending. As well as involvement in reflective activities, this meaningful engagement was talked about as participating in the co-production of the RPGs, described below.

Time and workload pressures were identified across all focus groups. In one RSRFL team focus group, and in several other teams discussed in the PSP focus group, RPGs are well integrated into the work routines of the team.

...it was a team decision. Because from their point of view it was a way of ring-fencing the time that they felt they couldn't justify giving to themselves unless they did that. (PSP-A)

Focus group participants identified that placing RPGs within the routine work structures reduces the sense of them adding to the workload, and helps teams maintain a positive approach to reflective practices, reducing anxieties and negative pre-conceptions around attending RPGs.

3.3.2.2 Attributes

Participants in RSRFL team focus groups discussed relationships within their teams as important conditions for meaningful engagement in RPGs, with open communication and accepting relationships between colleagues identified as reducing anxiety around sharing experiences in a group.

The relationships... because we do know we're supported by each other and we do support one another and it just helps... you would feel safe and ok with sharing (Pt. 9)

Members of the team holding skills around RP was also seen as important in the co-production of the RPGs.

to reflectively think about their own practice and how it's affecting you... it's quite different to kind of think 'and how did that make me feel?' or 'How has that affected me?' or 'Why did I respond in that way?' It's a quite different... um, way of thinking if you haven't been in that context before. (Pt. 20)

Positive relationships between team members and the individuals' skills in practicing reflectively were seen as helping to resolve dilemmas around RPGs by reducing anxiety associated with attending and negative pre-conceptions.

These skills were recognised as developed by individuals through experience of RP, although PSP and RSOM focus groups reflected that some members of the teams were apparently more able to reflect than others, regardless of experience.

I think the group sessions... I've found that the people I think who've needed that support the most, don't have that reflection in themselves to get it. (RSOM-17)

Clearly attitudes to RPGs vary among team members, along with skills and readiness to engage, which makes sense of the much greater emphasis placed on the facilitator's role in resolving dilemmas around RPGs.

However, the attitudes, attributes and approaches of the PSP facilitator and teams were discussed as being brought together in the co-production of RPGs in which dilemmas around engagement to be resolved.

3.3.3 Co-production of RPG

Facilitators and groups share responsibility for establishing a stable framework for the RPG. This, along with ongoing implicit and explicit negotiation around specific activities, encourage the team to view the RPG as useful, familiar and non-threatening, thus reducing the impact of anxiety and negative pre-conceptions around RP and maximising the usefulness of the groups.

3.3.3.1 *Stable framework*

A sense of the RPG as confidential and safe for workers to discuss their experiences was identified as important in reducing anxiety around engaging.

I think everybody contributing... We all feel like we are in a safe place... to share and talk to grieve to... Encourage you to feel, well, we are like a real team. (Pt. 11)

This experience of shared vulnerability, while challenging, contributed to a sense of team cohesion. Structural factors which enhance this sense of safety were talked about, such as smaller groups in RPGs feeling safer than larger groups.

If I have something to say in the sessions, I'm also not a big person to open up to like a big group of people. However, if it was a smaller group I'd probably feel a lot more comfortable to start talking. (PT. 16)

This was related to participants feeling more familiar and comfortable with immediate colleagues. Similarly, mixing teams in RPGs was viewed as making the RPG feel less safe.

Exactly, so in terms of mixing up the groups or having it separate, I think both parties would feel more comfortable having separate sessions rather than a mixed session. (Pt. 10)

Being able to negotiate the composition of the group seemed to be important in producing a sense of being able to safely engage with RPGs. This sense of safety and comfort in the groups clearly reduces participants' anxieties.

Various approaches to RPG sessions were described, but focus group participants broadly identified that having a familiar and regular structure is important; and that the structure of sessions is known in advance and the selection of themes follows a predictable pattern.

Having a set theme for the group was specifically talked about as being helpful in making the groups feel more purposeful and predictable.

It almost adds more of an end-goal to it as well, you know, having that theme and that purpose, working towards something, you know? (Pt. 14)

This was discussed as making the groups feel safer, by being more predictable, and reducing negative pre-conceptions around RPGs as not useful or relevant, by having an already-known theme with clear application to the teams' practice. Relatedly, the focus groups expressed that having defined aims for the RPGs, which the team and facilitator know about and agree on, is helpful.

and that's quite good then 'cause there's a kind of aim for each session. But obviously you can go off-topic if you want to and talk about other things, but it gives it kind of a bit of a structure as well. (Pt. 10)

Often the aims of RPGs are implicit, held in the minds of professionals who are familiar with the principles and practice of RP, but much less obvious to non-clinical staff without the same professional background.

I think the aims are probably quite general...but sometimes that can be quite vague as well, so when you don't know expectations of, um, what to expect or if there's expectations that we turn up with something to talk about. (Pt. 18)

Regularly discussing and agreeing on these basic principles can help the groups feel safer, more collaborative and more relevant to the work of RSRFL staff.

I think they get repeated explanations of the group... I try to kind of keep coming back to that (PSP-K)

RPGs with a shared sense of being a safe environment, a regular structure and established aims, provide a stable framework which enables the group to negotiate useful and relevant reflective discussions. Focus groups with RSRFL teams and PSPs discussed the importance of keeping the immediate relevance and utility of RPGs present in the minds of team members, thus balancing potential anxieties around engagement and reducing negative pre-conceptions of RP.

3.3.3.2 Responsive group content

The focus group participants reported that a feature of successful RPGs is content responding to the immediate and current concerns of the team, which will change over time.

This may be achieved through direct negotiation between team and PSP facilitator.

Yeah 'cause it's very much led by us, like... we'll all just have a quick catch-up before we go in and say like 'oh, I'd like to talk about this... and then that guides the structure for that particular session. So it's useful every time, I guess. (Pt. 15)

The PSP focus group identified that, in response to specific issues, the group and facilitator may collaborate in a range of reflective activities.

Then again, it depends on what people are bringing as well... Or if it's that as a team they're finding particular things coming up, I think we respond in different ways to those things. (PSP-K)

This responsiveness in RPGs was discussed as resolving dilemmas around engaging, through reinforcing the groups' usefulness and relevance, and also scaffolding the useful reflective processes discussed below.

Within RPGs, RSRFL team focus group participants described a range of activities, but acknowledged that not all are helpful in all cases.

Er, group sessions, it depends on what we are doing, really...Some things are not for everyone I think, (Pt. 6)

However, being able to vary the activities within the RPG was recognised across all focus groups as an important way of responding to the shifting needs and preferences of individuals and teams.

It's more like well ok then we'll try this one, we'll try this one, we'll try that one and people will engage with one of them. With an aspect of them and then through that we'll see the value of, of it as a whole. (Pt. 1)

I think definitely that there needs to be, um, a variety of things, not just one way's gonna work, basically. (RSOM-17)

Being able to try different activities and approaches was discussed as allowing the PSP to respond to current issues relevant to the team, and to establish the ways of doing RPGs which most suit particular individuals and groups, thus supporting reflective practices which are useful to the team.

You know, every person is different and we all have different... I think it kind of let us respect those needs as well. (Pt. 17)

Offering varied and responsive content in RPGs seems to be an important way of addressing the challenge of differences in attitudes towards, responses to and preferences around RPGs within and between teams.

And I think it is that model of formulating, trying an intervention, reformulating and etcetera... finding what's working for each of our groups (PSP-I)

RSRFL staff identified that individuals' needs may change from one session to the next; the flexibility in the group to allow varying degrees of participation was important in maintaining overall engagement with RPGs.

I wasn't uncomfortable sharing, but it's just I'm maybe more reserved just in some times. So it was kind of nice to not feel pressured to participate... And then that kind of... made me feel comfortable enough to open up in the, er sessions. (Pt. 9)

The collaborative production of the RPG sessions appears to mitigate some concerns around participation and establish a sense of safe environment for reflective activities, which seem useful and relevant to the work of RSRFL staff. RPGs which offer a stable framework and flexible structure enable both the resolution of the dilemmas around engaging with RPGs, and the experience of useful reflective processes. Although the activities and focus of the RPGs will vary between and within groups, these activities were discussed across the focus groups as supporting a set of processes which were related to positive experiences of the groups as helpful and worthwhile.

3.4 Useful Processes in RPGs

For most RSRFL staff, the dilemmas described above seems to be successfully resolved through the use of facilitator and team attributes in co-producing the RPGs. Focus group participants described broad engagement with RPGs, with the exception of individuals in two RSRFL team focus groups, and those attending identified processes which were experienced as useful.

3.4.1 Learning and development of practice

The processes most identified as helpful in RPGs were around developing skills and knowledge that directly inform the practice of RSRFL workers; through directly learning from the PSP, sharing knowledge and skills held by the team and through the review and evaluation of casework episodes.

3.4.1.1 PSP sharing knowledge and experience

Related to the view of the facilitator as 'expert', learning directly from the PSP was valued.

So the purpose is to share, debrief, but also to learn from, er, you know, whoever is conducting this reflective practice. (Pt. 12)

Here, the PSP's facilitator role appears to incorporate elements of consultancy, with direct guidance around practice offered in the groups.

One way of learning from the PSP was through their introducing different perspectives into discussions.

she's also got this... presence of being able to say 'well actually why don't you think about doing it this way' or 'this is why I think you should do it that way' and that helps you to think about it. (Pt. 18)

This alternate perspective reflects the knowledge and experience of the PSP.

She's, like, perceptive about our behaviour as well... where a client has acted in a particular way, she's good at explaining why they've acted like that (PT. 20)

On the basis of this knowledge and experience, direct advice and guidance offered by the PSP is apparently highly valued in the context of RPGs.

Because it's a profession, you know it's real... Always you need some, like, guidance, advice and... You know, how to deal with this situation. (Pt. 11)

Ad-hoc input from the PSP around areas of specific concern that arise during RPGs were clearly valued. The teams also discussed more structured learning activities, in which the PSP uses part of the group to deliver teaching around a specific topic of interest.

I think at certain points in the past we had... We came up with a few different topics, we sent them to PSP-C and she was preparing for the session a particular topic. (Pt. 17)

Although these more didactic elements were described as incorporated into an overall reflective discussion of the topic, some teams were reportedly keen to emphasise this aspect of the groups.

So I think that they've tried to steer it in that direction, so it's become more of a training response (RSOM-1)

This tendency, effectively reducing the reflective content of sessions, could be seen as avoidance, considering the dilemmas around RPGs discussed above. However, incorporating elements of consultancy into RPGs may also promote engagement by 'justifying' involvement in the groups for workers who feel challenged by the more personal reflective elements. In either case, this offer of guidance and advice was discussed in RSRLF team focus groups as having direct positive impacts on their client work, through informing the practice of RPG participants.

3.4.1.2 Groups facilitated in sharing knowledge

As well as learning directly from the PSP, focus group participants identified that RPGs involved RSRLF workers sharing their own knowledge and experience.

I'm happy to hear... what issues they might have or. You always learn by just listening. (Pt. 21)

Teams recognise that their colleagues have very different knowledge and experiences, so being facilitated in sharing these different perspectives is reportedly seen as very beneficial.

I think it kind of makes us stronger, in a way, as a team because you're seeing how everybody's reacting to something and because we all have very different perspectives on how we look at things, (Pt. 20)

And it's only when I actually heard my colleagues saying exactly that I was like 'oh, so I'm not the only person who thinks that' (Pt. 17)

Focus groups with RSRFL teams also reported that identifying similarities in their own practice to that of colleagues offers alternative ways of thinking about their work, as well as validation of their experiences.

Sharing experiences in RPGs was also described as helping workers understand their colleagues and the challenges they may be facing.

Yeah, I think it's quite important to know what the other persons are going through, because... if we want to support each other, you know, it's quite important to have this space where you know what's going on for the others. (PT. 21)

Learning from peers was identified as an important process in RPGs, not only when sharing knowledge and experiences, but also in specific casework discussions. As with learning from PSPs, the insights and understandings gained from peers were discussed as directly informing the teams' practice. Recognition and validation of share experiences are also important aspects of this, contributing to workers' confidence and satisfaction in their professional roles.

3.4.1.3 Group review of casework

Casework review appears to be the aspect of practical learning in RPGs which depends least on the PSPs knowledge or facilitation skills, representing a

collaborative approach to discussing and resolving quandaries and queries from practice.

I think there's a big value in the team helping each other solve a problem as well... the one who's got a problem and the rest of the team can help with that, that's phenomenal. PSP-D

The PSP focus group reflected on the advantages of providing a form for the teams to share their knowledge, experience and insights. The RSOM and RSRFL team focus groups also recognised that directly discussing casework enables workers to collaboratively problem-solve.

And also it enhances the culture of being solution-focussed, you know that discussion ... it's like no we've all got to work this out together. (RSOM-17)

This was acknowledged as a way of learning from peers in RPGs. Aside from problem-solving, discussing casework also provides a forum for workers to share positive experiences, to recognise and learn from successful practices as well as difficulties, allowing them to celebrate successes.

But again, this particular session... in the end we sort of realised that actually there is success in what we do. (Pt. 6)

This was discussed as helping workers' confidence and promoting a sense of efficacy which is grounded in reflected-upon experiences.

Focus group participants acknowledged that learning related to their practice is a major part of RPGs, and as impacting on their practice through developing understanding and theoretical insights, resolving challenging issues, building confidence and improving competencies in practice. This learning was discussed as quite task-oriented, a means of discovering more ways to help beneficiaries. These elements of the group seem to occur alongside the more supportive aspects, which focus on helping workers understand their colleagues and practice in terms of their personal experiences and the impacts of the work.

3.4.2 Reflecting on the impacts of practice on workers

Teams and PSPs reported that an important aspect of RPGs is considering the impacts of the work in RSRFL services on the workers themselves, although this aspect was slightly less emphasised in the RSOM focus group.

...to addresses the emotional impact of our work. For me that's really the main objective. (PT. 11)

Where learning may take place in a range of situations, conversations about emotional impacts of work were largely talked about as specific to PSP-led interventions such as RPGs.

I think we can talk a bit more about emotional wellbeing. I think in the office we talk a lot about, like, practical needs of clients... But in that space you can talk about what that person needs emotionally, what we need emotionally (Pt. 15)

Processes around reflecting on the emotional impacts of work were talked about in RSRFL team focus groups as being distinct feature of psychosocial team practices such as RPGs, much less experienced in other settings.

3.4.2.1 *Talking about emotional experience of work*

Acknowledging that the work of RSRFL teams has an emotional impact was discussed as a significant part of the reflective conversations in RPGs.

Yeah, I agree that it's, er, part of kind of your wellbeing and acknowledging that what we do can be difficult and that that's ok. (PT. 9)

Acknowledging that the daily work with vulnerable and distressed people has a chronic emotional impact was acknowledged as difficult for RSRFL staff, but important in maintaining their emotional wellbeing. Drawing out these conversations was therefore identified as an important skill for the PSP facilitator.

I think it's the skills she's got... that no matter how we lead the conversation she somehow brings the conversation to... you and your feelings, it's not about the client, it's how it's affecting you. (Pt. 17)

Talking about the effects of specific difficult experiences was similarly regarded as important.

You probably had a hard day. New experiences or difficult experience and you just need to come and share. (Pt. 12)

This sharing of experiences was talked about as protective of workers' wellbeing and as helping to mitigate stress.

Reflecting on the emotional impacts of the work was acknowledged as involving listening to others as well as simply venting emotions. Workers described having their own responses validated by hearing the similar accounts from others.

And it's also hearing your colleagues because... it's only when I actually heard my colleagues saying exactly that I was like 'oh, so I'm not the only person who thinks that or who...' you know. (Pt. 17)

RSRFL staff also described feeling validated in experiencing particular areas of difficulty, such as setting boundaries on their work.

As general comments saying... On this particular case, I think you did enough'... So, you know, that's the difference for me. (Pt. 6)

This validation of experiences was discussed as impacting on stress and wellbeing, by helping workers feel connected to each other and realising that their struggles are not unique to them, reflecting the difficulties of the work and not personal shortcomings.

Acknowledging the impacts of working in RSRFL services was also described as opening up explicit conversations around self-care, a subject which otherwise tends to be neglected by staff.

...we discuss with each other, like, everyone's different ways of coping so we kind of learn new ways and-. To help you help yourself which is really helpful (Pt. 9)

Here, reflective discussions were identified as directly informing ways in which workers safeguard their own wellbeing against the challenges of their work.

Having conversations about the emotional impacts of the casework was discussed an important part of the work in RPGs, enabling acknowledgement and validation of experiences as well as directing workers' attention to the need to maintain their own wellbeing

3.4.2.2 Talking about impacts of work in context

Not all discussions around emotional impacts of work were related to casework. Acknowledging that the experience of work is affected by team dynamics, organisational factors, and personal experiences outside work, was also seen as a valuable use of the RPG.

But sometimes... we didn't talk about the clients, we talked about how the service, you know... it affected everyone in the same way, (Pt. 21)

As with reflective discussions about casework, these conversations were discussed in RSRFL team focus groups as functioning to relieve stress, increase a sense of connectedness in the teams, and encourage a more reflective approach generally to the challenges associated with working in the BRC.

Overall, being able to talk more broadly about their emotional wellbeing as part of their experience of work was regarded by focus group participants as being

a useful and distinctive feature of RPGs, with the effect of reducing stress, supporting wellbeing and encouraging a reflective approach to work outside the groups.

3.4.3 Developing a reflective approach to practice

Elements of RPGs which develop the participants as reflective practitioners, scaffolding a reflective approach to practice outside the groups and developing workers' skills in practicing reflectively, were also identified as important and useful aspects of the RPGs.

3.4.3.1 *PSP skills supporting RP*

RSRFL workers talked about PSPs using skills around engaging workers in RP, and demystifying the process of having supportive conversations.

I think the other thing is PSP-A... has got the ability to draw out of each individual or in a group, conversation out, but I do think that is a really important skill. (Pt. 2)

PSPs were also recognised as modelling skills as reflective practitioners while facilitating reflective conversations in RPGs.

... the way she asks the questions makes you think of things in a different way that maybe you might have not seen them from that angle before and then it's like a lightbulb goes off... she digs a bit deeper. (Pt. 10)

These reflective skills were seen as useful in RPGs, in supporting useful conversations about casework and emotional experiences. In a similar way, PSPs were described as scaffolding peer support functions outside RPGs.

So the conversations... will be linked to what we share here. Some might be professional, some might be social because we are connected to indiv- one another on different, for different reasons. (Pt.12)

Focus group participants reported that learning reflective skills is important, in enabling workers to have meaningful reflective conversations which enable learning and emotional support of workers in the RPGs and informal support outside the groups, as well as informing an overall reflective approach to practice. In the RPGs, this learning is facilitated by the PSP, but is a shared process in the groups.

3.4.3.2 Collaborative learning processes

Participants described learning skills in RP through the experiences of reflecting with their peers.

Practicing reflective skills together was acknowledged as a shared learning process.

I guess if someone's maybe never been in a context where they have to reflectively think about their own practice ...it's quite a different skill, quite a different thing to, like, way of processing (Pt. 20)

The challenges of this shift in orientation were acknowledged by RSRFL teams and RSOM focus groups. PSP facilitators highlighted that RPGs involve a shared process of learning how the group can best use the reflective space.

And this was a place... that we could work our way through... to a more positive appreciation of where they were going to go, how they were going to handle it and the best decisions for themselves. (PSP-J)

Empowering the group to use the RPG in the ways that best suit their needs was discussed by the PSPs as scaffolding a process of group learning around practicing reflectively. Related to this, in RSRFL team focus groups, maintaining a safe and comfortable reflective space was also described as a skill which teams learned together in RPG settings.

*I think it's, erm, a good opportunity for us all to just think about...
the options for people to open up if they want to. (Pt. 10)*

Focus group participants described quite practical ways of maintaining the safe reflective space, developed by different teams.

*But even just going round the room and just, like, saying one
word to say how you're feeling that day... and then everyone can
maybe gauge what mood other people are in and then you can
suss out the dynamic. (Pt. 15)*

In this focus group, the team discussed developing reflective skills together as enabling them to take more responsibility for the content of the RPGs, further supporting engagement in and usefulness of the groups.

As well as developing skills within the groups, the practice of paying thoughtful attention to colleagues, both expressing and experiencing support, was considered useful in developing peer support outside the groups.

*The relationships, kind of, outside when we're working come back
in here because we do know we're supported by each other and
we do support one another and it just helps, (Pt. 9)*

Learning reflective skills as a group was talked about by participants in all focus groups as supporting an overall more reflective approach to the work of RSRFL teams, which was considered to have a positive impact on the work of the teams, the wellbeing of workers, and the professional culture within services.

3.5 Impacts of RPGs

Participants in all focus groups talked about the impacts of RPGs on workers in terms of the experience of working in RSRFL services, how RPGs directly influence frontline client work, and how the organisational culture of the BRC is affected by RPG provision.

3.5.1 Impacts on Experience of Workers

RPGs were reported to have most impact on how RSRFL staff experience their work and themselves as professionals, in terms of reducing stress, increasing reflectiveness and promoting overall wellbeing.

3.5.1.1 *Maintaining or improving the wellbeing of workers*

All focus groups identified that RPGs help to maintain or improve overall wellbeing in the teams. This was reported as happening in several ways. Increased awareness of the emotional impacts of the work was a major impact of the RPGs. Reflective discussions were described as enhancing insight into the ways in which work with distressed individuals can impact on professionals.

Even that you're just aware... I think you're just more aware of what's going on and how it can affect other people and then you can sort of... deal with it if it's affecting you as well. (Pt. 15)

This identifies reflecting on the impacts of work in RPGs as improving workers' ability to emotionally respond to challenging experiences at work. Along with this, focus groups reported that more generally, increased self-awareness was another effect of reflecting on their own experiences and responses in RPGs.

So understanding, reflecting back on myself, understanding why I am the way I am about how I feel about different things. (Pt. 2)

Focus group participants associated this awareness, developed through reflection, with an improved sense of wellbeing. RPGs involve not just exploring their emotional experiences, but also these being heard and validated.

Yeah, I agree that it's, er, part of kind of your wellbeing and acknowledging that what we do can be difficult and that that's ok. (Pt. 9)

In all focus groups with RSRFL teams, being able to acknowledge the challenges of their work was talked about as associated with improved wellbeing. In the RSOM focus group participants talked about observing RPGs' impact on their general sense of wellbeing at work, reporting feeling energised and more motivated in their work following sessions.

I'd maybe use the analogy of a phone charger. Your battery's critically low and then I've just spotted it with some staff where both knowing that it's going to happen and then afterwards they just perk up. (RSOM-10)

This idea of being energised was echoed by participants in all the RSRFL team focus groups, who also talked about feeling more resilient to the challenges of their work as a result of RPGs.

just in the way that it helps us do our job or we're less likely to just go out and 'I've had enough of this I'm going to go' (Pt. 5)

In contrast to RSOMs, however, the RSRFL teams tended to talk more about RPGs as maintenance, helping them to keep a steady state, rather than being energising. This impact, often framed in terms of enhancing resilience to challenging situations, is associated with improved self-care resulting from work in RPGs.

I think they felt they had permission to say 'I can't cope', and took themselves out of it, which, I can't say for certain, but they may not have done before. (PSP-1)

The PSP focus group correspondingly talked about impacts on resilience, associated with being able to reflect on challenging situations and in their impacts on workers.

3.5.1.2 Reduced stress

Along with general improvement in their wellbeing, focus group participants talked about the effects of RPGs in reducing their experience of stress.

Some participants in the RSRFL groups talked about finding the RPGs themselves as calming and relaxing experiences.

I just think that it makes us, erm... Well, by making us more relaxed, we're also more effective at our jobs. (Pt. 1)

Others reported that RPGs helped them manage the stress in their work generally, by helping them to acknowledge the stressful nature of their work, proactively manage stress, and think more reflectively about difficult situations.

I'm here to... lessen the impact of the stress (PT. 11)

RPGs as having a directly relaxing or stress-reducing impact was talked about across all by RSRFL team focus groups, but much less emphasised in PSP and RSOM groups.

3.5.1.3 Developing skills in managing the impacts of work

Reduced stress and improvements in workers' sense of wellbeing were associated with an improved ability to think reflectively about work situations and their impacts.

Focus group participants described themselves as becoming more comfortable and skilled in reflecting within the RPGs.

But that might just be because we're quite a new group... once we've done it a few times... we can just jump in and talk about anything. (Pt. 20)

Regular engagement in RPGs was associated with an improved experience of the RPGs themselves. More importantly, focus group participants described feeling more skilled in reflecting on their emotional states outside the RPGs, and in supporting others through reflective conversations.

Or similarly if it's not even my client, like I'm listening to other people, I feel like I'm learning a way of thinking that is really useful and, yeah, definitely benefits me. (Pt. 15)

Increased reflectiveness in general was this seen as an important outcome of RPGs, enhancing practice and the experience of working in RSRFL services by better equipping workers to manage challenging situations and emotional impacts of their work on a daily basis.

3.5.2 Impacts on client work

Focus group participants described several direct impacts of RPGs on the care offered to beneficiaries of RSRFL services

And even when you're at the front line, providing support to the service user, it will affect them as well. (Pt. 3)

Across all the focus groups, participants discussed RPGs as enhancing practice through two main mechanisms related to learning aspects of RP; improving confidence and competence in practice, and developing insight and understanding around client work.

3.5.2.1 *Increased confidence and competence*

Focus group participants reported that the learning processes associated with RPGs directly inform their interactions with beneficiaries, which helps to continually improve the quality of their work.

And I really think it is a key part because that's where we're going to spot things... to improve the quality of our casework (RSOM-14)

The RSOM focus group discussed general improvement in casework related to RPGs. RSRFL workers tended to emphasise the specific processes of case review and collaborative problem-solving in directly producing solutions to difficulties encountered by RSRFL staff in their work.

we said 'right so how would you deal with this case?' and you know we started discussing... and say 'hang on, maybe you should consider this next time, (Pt. 6)

Here, reflective discussions were seen as directly leading to enhanced competence in dealing with situations in practice. Focus group participants also talked about RPGs helping them to develop skills around maintaining sustainable professional relationships.

.... to be able to maintain the quality of a relationship... And having that ability to work through some of the emotional, er, how do you maintain that emotional relationship. (RSOM-13)

This aspect was particularly highlighted in PSP and RSOM focus groups. RSRFL workers also reported that RPGs help improve their confidence in decision-making.

You do it with more confidence if you know that... that's the decision process sort of for everybody... if you thought that they were just your concerns, you wouldn't have as much certainty. (Pt. 1)

RSRFL workers talked about reflective discussions as both informing decisions, and supporting their confidence in decision-making.

Overall, RPGs were reported to impact on client work through the learning of new knowledge and skills which directly apply to the practice of RSRFL staff.

Because then when you're faced with somebody in front of you and you can kind of go 'ah I recognise that from my own experiences'. So I think yes... that improves the support we give to clients. (RSOM-15)

These knowledge and skills were seen by participants in all focus groups as enhancing workers' competence in practice, and particularly emphasised in by RSRFL workers as helping them feel more confident in their professional roles.

3.5.2.2 *Improved insight and understanding*

Focus group participants also acknowledged that activities around learning and developing practice in RPGs increase insight and understanding around the ways in which workers relate to clients.

Taking a more reflective approach to work was identified as helping workers to set boundaries with beneficiaries.

Things like emotional over-involvement... it teaches you to try and draw a limit and say 'this is what I can do, if it's going beyond then you know what... I don't think I can help'. (Pt. 6)

Developing insights and understanding of their practice was seen by RSRFL workers as impacting on their practice through informing their management of relationships with clients

Being more able to accept the limits of their ability to help beneficiaries was another reported impact of RPGs, identified by PSPs and RSOMs as helping RSRFL staff have more sustainable professional relationships with beneficiaries.

I think the team is learning to talk about it and to say out loud that it's ok, that we're not, like, superheroes, that's, that helped a lot, I think. (RSOM-12)

Focus groups with RSRFL teams also acknowledged workers' tendency to struggle with the boundaries in their relationships with clients and their self-expectations around work. RPGs were seen as helping with these, through the developments of insight and understanding around work in reflective discussions.

3.5.3 Impact on service culture

Focus group participants reported that engaging in RPGs impacts on their professional culture, at the local team level, and, to a lesser extent, in the wider organisation.

3.5.3.1 *Influencing team culture*

A major impact of RPGs identified by focus group participants was improved team-working and cohesiveness in the RSRFL teams.

I think that helps to build the team spirit. You know, much more beyond maybe what was in existence. (Pt. 12)

The impact of building team cohesiveness was reported by all three RSRFL team focus groups. The mechanism for this was identified as regular reflective discussions in the team, helping workers understand their colleagues and the challenges they face.

But I suppose the bonus for me is that I can kind of judge how it's affecting them, and like, just going to understand everyone in the team better, if that makes sense? (Pt. 16)

Developing a greater understanding of their colleagues was seen by RSRFL workers as positively impacting on relations within their teams.

I've found there's much more understanding ... bust ups are less likely to occur the next time around because they understand why that person was there... and even reflecting with each other, I think, is a very healthy thing. (PSP-N)

PSPs identified that developing reflective skills appears to enable workers to communicate with colleagues and helps develop a supportive team culture. RSRFL teams also acknowledged that workers' developing skills in RP contributes to more reflective professional cultures within teams.

It definitely adds to the culture of the service, I think. Because we don't usually give ourselves that space (Pt. 15)

Across all focus groups, participants reflected that RPGs impact on team culture by contributing to a professional environment in which workers are more reflective and supportive of colleagues.

As RSRFL services are integrated into a national framework of BRC services, this also has an impact on the overall organisational culture.

3.5.3.2 *Influencing BRC professional culture*

RSRFL staff described activities in RPGs as helping them develop a perspective on the wider BRC as a supportive organisation.

I value for that is like supportive environment. You feel like, you know, the environment and we all feel like we are supported from the organisation and from each other. (Pt. 11)

RSRFL staff using RPGs talked about being able to use the groups to develop different perspective on the BRC overall. RPG participants also interact with the wider organisation, helping to influence the whole BRC towards a more reflective culture.

So I think there is a change definitely happening... the younger people coming to the organisation who haven't got this image that it's got to be like this... it will change. (Pt. 7)

Focus group participants in all groups acknowledged this as part of a wider shift in professional culture across the BRC. As RPG provision grows, focus group participants described these practices becoming increasingly embedded in the organisation.

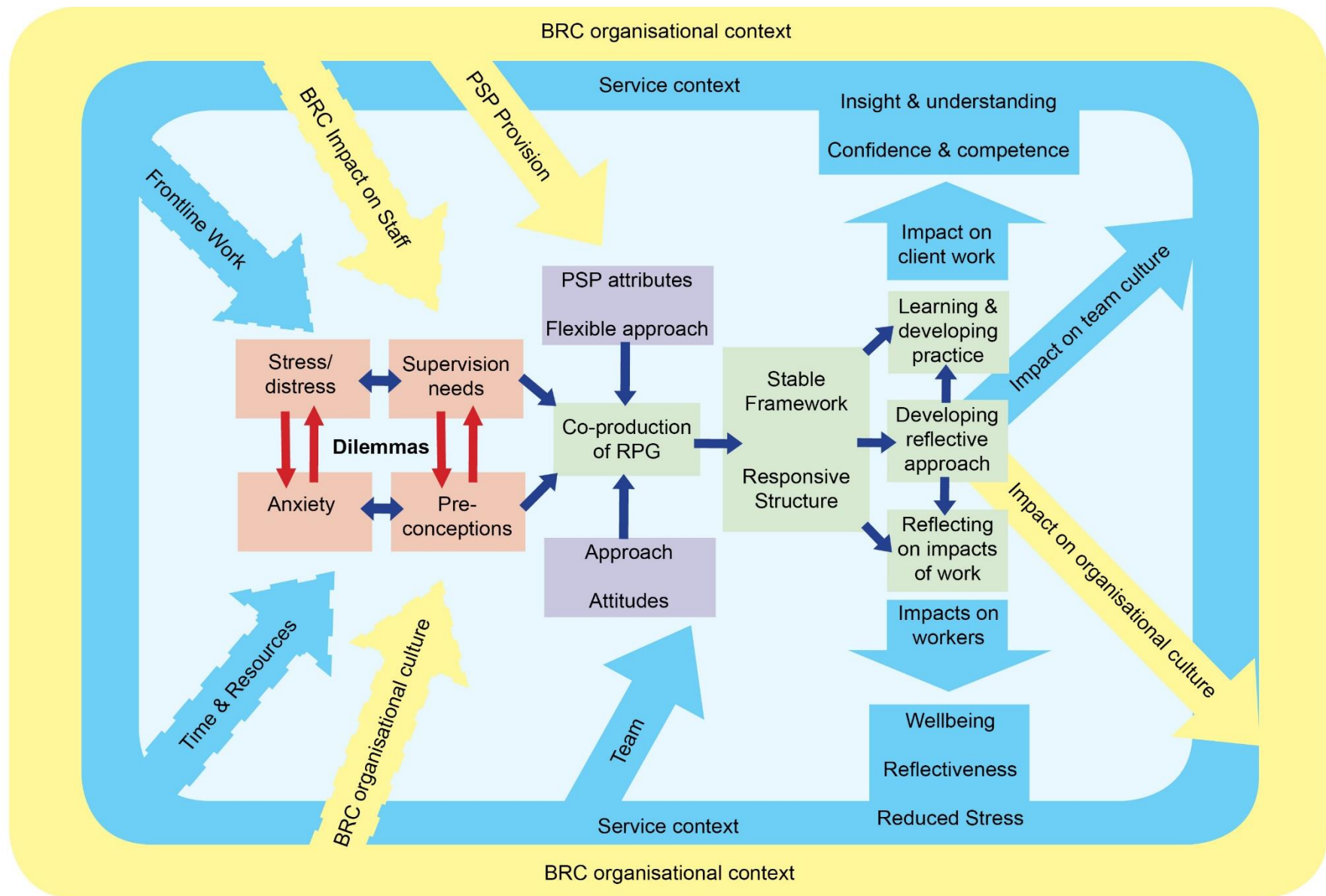
I think I have noticed a shift over the last year... that it is now a part of the core work (PSP-L)

RPG provision at a local level thus appear to have a gradual but definite influence on the professional culture of the wider organisation, towards greater acceptance of reflective practices such as RPGs and increased recognition of the needs related to RPGs discussed above.

3.6 Theoretical model

From the analysis detailed above, a theoretical model of RPGs in the BRC was formulated. Figure 1. shows a diagram of the proposed model. Contextual influences, represented by large arrows on the left side of the diagram, are shown to influence factors which produce dilemmas around RPGs. These dilemmas are resolved through approaches and attributes of the teams and PSP facilitators, which enable co-production of RPGs in which a stable framework and responsive structure make the groups viable and productive. This enables useful reflective processes to take place, which impact on the work and experience of the teams. These impacts influence the context in which RSRFL services are provided, and further impact on professional culture at both a service and organisational level. The linked factors, influences and processes represented in Figure 1. are cyclical, but occur simultaneously and continuously in the provision of and participation in RPGs.

Figure 1. Theoretical model of RGP in the BRC



3.7 Summary of Results

3.7.1 Service Context: Impacts and conflicting influences

This study found that the service context of the BRC affected the ways in which RPGs are delivered and experienced in services and approached by teams. Several conflicting views of the work of the teams in the context of the BRC were expressed, which are reflected in the dilemmas around RP represented in Figure 1. Due to the impacts of challenging frontline work, with limited time and resources (represented in Figure 1.), the team members tended to see themselves as intensely challenged in their roles, in terms of sheer volume of work, and the practical, psychological and emotional demands of the work of RSRFL services. Workers simultaneously identified their teams as exceptionally effective in their roles and able to cope without difficulty. The BRC was found to influence workers, in terms of the impact on staff of the demands and difficulties related to the larger organisation. The BRC organisational culture was also found to impact on staff, as workers identified with the compassionate values of the organisation, but found that enacting these values adds to the difficulty of their roles. The BRC was also experienced as both caring for the wellbeing of the workforce, especially through the provision of PSP support, and simultaneously having a professional culture which often fails to recognise the struggles of the workers in their jobs.

Necessary contextual conditions for RPG provision were also established; time and space set aside from routine work and protected by the team and management; adequate PSP supervision to provide RPGs as well as the valued one-to-one support; acknowledgement of the need for RPGs on the part of the team, reflecting recognition and support from the wider organisation.

3.7.2 Dilemmas around RPGs

Tension between forces of influence on teams is reflected in their dilemmas around engaging in RPGs. RSRFL workers experience stress and distress in relation to their work, but also report anxieties, established values and identities, around addressing these in a group setting. The teams acknowledge a need for supervision of their practice and potential for learning and development from an external professional. Workers also report finding it difficult to accept support from outside the team, due to attitudes and assumptions around RP, based in service culture and preconceptions around RP.

3.7.3 Resolving Dilemmas around RPGs

As shown in Figure 1., these dilemmas are resolved through the use of specific attributes on the part of the PSP and a flexible approach to RPG facilitation, along with positive attitudes and approaches to RPGs on the part of the team, which enable meaningful co-production of the RPGs.

PSPs contribute to resolving RPG dilemmas through use of interpersonal skills around engagement, a perception of the PSPs as having valuable skills, knowledge and insights to offer, ensuring that content of the RPGs can directly inform practice through a flexible and responsive facilitation style, and the perception of the PSP as trustworthy and reliable. Teams contribute by taking a positive approach to RPGs which includes taking responsibility for setting the agenda, and ultimately by the teams acknowledging the potential benefits of RP. This combination allows for RPGs to be mutually co-constructed between the teams and facilitators. As Figure 1. shows, this co-production of RPGs enables the group and facilitator to collaboratively produce a stable framework and flexible structure for the groups. RPGs with a stable and reliable framework are experienced as containing and reliable, reducing participants' anxiety around RP. Flexibility in the group structures,

enabling reflective activities to be continuously negotiated between the group and facilitator, ensure that RPGs content is experienced as useful and relevant to the work of teams.

3.7.4 Useful Reflective Processes and Outcomes

Figure 1. shows that the useful reflective processes in RPGs are underpinned by the teams and PSPs navigating contextual conditions, logistical challenges, supervision needs, work-related distress, anxieties and negative pre-conceptions around RPGs. This enables teams and facilitators to co-produce the groups using facilitator and team resources, maintaining a balance between stability and reliability in the groups and enough flexibility and responsiveness to the needs of team to ensure RPGs are relevant and useful. These conditions act to resolve dilemmas around RP and enables workers to meaningfully engage in RPGs. Although the activities and forms of reflective conversation may vary between teams and facilitators, common reflective process were identified which link to the main identified outcomes of RPGs. Table 3. details these processes and outcomes.

Associations between useful reflective processes and outcomes from the group are shown in Figure 1. Learning and developing practice, through peer learning, facilitator input and group case review, is associated with workers reporting increased confidence, insight and understanding of their practice. Reflecting on the emotional impacts of their practice was reported to help improve workers' overall psychological wellbeing, manage stress and develop their skills around managing the emotional impacts of work. The team learning and developing skills in RP was associated with changes to the professional culture of teams towards being more supportive and reflective around practice, and to a lesser extent influencing the professional culture of the BRC overall towards being more accepting of the need to care for the psychological wellbeing of the workforce.

Table 3. Processes and associated outcomes in RPGs

<i>Processes</i>	<i>Outcomes</i>
<i>Organisational support</i> Setting aside time and space away from regular work Providing PSP facilitation Support from team/management	<i>Support offered</i> RPGs provided in services
<i>Resolving anxieties and resistance around RP</i> Group and facilitator co-producing group structure Negotiating reflective activities Facilitators' use of interpersonal skills Acknowledging 'expert' status of facilitator Using responsive facilitation style Team negotiating agenda Team agreeing on value of RP	<i>Willingness to meaningfully engage with RPG</i> Facilitator seen as trustworthy, skilled and having valuable insights RPG seen as useful Teams willing to engage in RPGs Active participation in reflective processes
<i>Reflecting on the experience of work</i> Acknowledging impacts of daily work Acknowledging specific distressing experiences Validating emotional reactions to the work Talking explicitly about self-care Talking about emotional wellbeing	<i>Wellbeing of workers</i> Improved sense of wellbeing Recognising and accepting the impacts of work Increased resilience Improved self-awareness More attention to self-care Reduced stress RPGs felt as calming

Discussing team dynamics	<p><i>Developing reflective skills</i></p> <p>Improved recognition of emotional responses in RPGs and in work</p>
<p><i>Reflective learning around casework</i></p> <p>PSP offering direct guidance around practice</p> <p>PSP sharing a different perspective</p> <p>Using structured learning activities</p> <p>Offering/accepting advice and guidance from peers</p> <p>Identifying with the experiences of others</p> <p>Sharing different perspectives</p> <p>Reviewing specific case or incident</p> <p>Collaborative problem solving</p> <p>Discussing positively experienced aspects of the work</p>	<p><i>Improvements in casework performance</i></p> <p>Improved quality of care</p> <p>Developing directly applicable solutions and strategies</p> <p>Building confidence</p> <p>Greater sense of competence</p> <p>Developing skills in managing relationships with clients</p> <p><i>Improved insight and understanding of casework</i></p> <p>Improved boundaries with clients</p> <p>Managing worker self-expectations</p>
<p><i>Developing a reflective approach to practice</i></p> <p>PSP using interpersonal skills around engagement</p> <p>PSP scaffolding peer support in the team</p>	<p><i>Influence on team culture</i></p> <p>Improved team working</p> <p>More reflective team culture</p> <p><i>Influence of organisational culture</i></p> <p>Developing perspective on wider organisation</p>

PSP modelling skills as reflective practitioner Teams expressing and experiencing peer support Experience of maintaining safe reflective space Experience practicing reflective skills	Contributing to changes in BRC professional culture
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4 DISCUSSION

4.1 Overview

This section will revisit the aims of this study and consider the findings in terms of the research questions. The findings will then be discussed in the context of the existing literature around RPGs and more widely. Implications for policy and practice will be considered, and potential future research directions identified. Personal reflections on the process and outcomes of the research will be given, before a final summary of conclusions which may be drawn from this study.

4.2 Aims and summary of findings

This study aimed to examine RPG provision in the BRC, as experienced by the workforce, Psychosocial Team and service managers, with a view to exploring the approach in terms of the processes involved in RPGs, and their impacts on workers, service delivery, and the organisational structures and culture of the BRC.

The research has produced an account of the contextual factors, qualities and processes that enable groups and facilitators to co-construct RPGs which are both tolerable and useful for RSRFL staff; as well as of the reflective processes impacting on the work experiences and service conditions of the teams. The theoretical model developed in this research (Figure 1.) represents a unique account of the contextual factors, processes and outcomes involved in CPs delivering RPGs with groups of non-professionally trained staff in caring roles.

4.2.1 Research Questions

The findings of this study address the research questions as follows.

1) What processes in RPGs influence the impacts of attending the groups on the experience of work in the British Red Cross?

A substantial proportion of the findings of this research relate to the direct experiences of the workforce attending RPGs. Figure 1. shows the two distinct categories of dilemma experienced by workers around RPGs; stress/distress vs anxiety, and supervision needs vs preconceptions. Table 3. shows important processes related to the co-production of RPGs (see Figure 1) which relate to how these dilemmas around RP are solved, distinct from the core reflective processes which link directly to positive impacts of attending RPGs.

The 'stress/distress vs anxiety' dilemma was resolved through processes of negotiating the RPG framework and activities between the group and facilitator, as well as interpersonal processes related to the facilitators' skills in engaging and forming trusted relationships with workers. The 'supervision need vs preconceptions' dilemma, meanwhile, was resolved through in-group processes by which the facilitators respond to the needs of the team and the team take responsibility for setting the priorities for discussion, by the PSP providing valuable and relevant guidance, and through the group processes around accepting and acknowledging the benefits of external input into the work of the team.

Overall, as shown in Figure 1., the resolution of these dilemmas essentially involved the co-production of RPGs. This produces groups which offer a stable framework, and are therefore experienced by workers as safe, dependable and containing, while enabling content to be minimally

threatening and highly relevant to practice. This co-production of RPGs also produces a responsive structure to the groups, enabling RPGs to be experienced as relevant, useful and addressing the team's needs. This justifies the extra effort and potential for anxiety related to attending, without presenting an intolerable threat to workers' identities as independent and highly effective.

These processes serve to scaffold the reflective activities of teams in RPGs. Figure 1. shows that the process of reflecting on impacts of work has impacts on the direct experience of work in RSRFL services, in terms of wellbeing, reflectiveness and experience of stress. These reflective processes are identified as; acknowledging the impacts of daily work, acknowledging specific distressing experiences, validating emotional reactions to the work, talking explicitly about emotional wellbeing and self-care, and discussion of team dynamics (see Table 3). These processes were linked to workers experiencing an improved sense of wellbeing, more recognition and acceptance of the impacts of their work, increased psychological resilience, improved self-awareness, improved skills in recognising the emotional impacts of work both in RPGs and outside them, improved self-care, greater self-awareness, and reduced stress (see Table 3).

2) What process in RPGs influence the impact of attending the groups on how care is provided to vulnerable people in British Red Cross services?

The theoretical model developed in this study (Figure1.) shows processes related to learning and developing practice as related to impacts on client work, around insight and understanding, and confidence and competence. Table 3. shows specific processes in RPGs which directly impact on the provision of care to beneficiaries of RSRFL services, which mostly relate to learning and skills development. Facilitators offering direct guidance on practice and sharing their professional perspective during structured learning activities and in case discussions, was reported as impacting on care provision. Processes around peers sharing advice, guidance and alternative perspectives on practice, and sharing experiences, were also seen as

influential in the care of beneficiaries. Reviewing challenging cases or critical incidents, collaborative problem-solving and sharing positive experiences were also identified as directly informing care of beneficiaries (see Table 3.).

These processes were reported as leading to outcomes, shown in Table 3., related to improved quality of care overall, through the development of better strategies and solutions to problems and workers being more confident, especially in decision-making. RSRFL staff were also reported to have improved skills in managing their relationships with clients and maintaining boundaries, as well as managing their own self-expectations around care of beneficiaries.

3) What processes in RPGs influence how the groups are experienced by participants in relation to the organisational structures and culture of the British Red Cross?

As shown in the theoretical model (Figure 1.), processes around developing a reflective approach to practice were found to impact on team culture, and also to impact on organisational culture in the BRC. Table 3. Shows the specific processes which were identified as relevant to impacts on the organisational structures and culture of the local RSRFL teams and the BRC overall.

Processes around teams expressing and experiencing peer support in RPGs, practicing maintaining a safe reflective space and becoming experienced in using reflective skills were seen as impacting on service culture (see Table 3.). These processes were identified as being scaffolded by PSP facilitation, especially using interpersonal skills to engage workers in reflective conversations, and modelling skills as a reflective practitioner.

At the level of local services, these processes were reported as improving team cohesion and promoting a more reflective team culture. These

processes also provided workers with a perspective on the wider organisation which enabled workers to contribute to an overall shift in the professional culture of the BRC towards valuing a reflective approach to work and being more attentive to the welfare of the workforce.

4.3 Findings in the context of literature

4.3.1 Contextual factors

The practical contextual requirements for RPGs identified in this study (eg. time and space set aside for the groups, provision of an external facilitator) correspond to some of the necessities for a successful RPG identified by Kennard and Hartley (2009b).

The teams' apparent difficulty with acknowledging needs around RPGs is related to tension between views of their work as presenting almost insurmountable challenges, and of the teams as possessing exceptional coping abilities. This is comparable to the concept of "normal psychological injuries at work" (Hirschhorn, 1993, p26) describing work environments, especially in caring professions, in which distress caused by work is normalised. This phenomenon can have a paradoxical effect. The teams acknowledge psychological impacts of work, potentially opening discussion around these; while simultaneously seeing these impacts as normal and routine to the point where they are not talked about, so individuals assume their colleagues are successfully coping, potentially leading to feelings of shame in individuals who feel they are less able to cope (Hartley & Kennard, 2009). This effect contextualises the teams' accounts of the work as both virtually unmanageable and as being consistently managed. This also speaks to some of the anxiety around engaging in RP; a dominant narrative of coping in a team may lead to stigma around individuals who admit to feeling less able to manage than their colleagues (Hartley & Kennard, 2009).

The importance of RPGs being supported by service management is recognised in literature (Walsh, McAllister & Morgan, 2004; Mann et al., 2009), and was highlighted in this study as legitimising the use of workers' time in RPGs. While PSP provision was seen as representing the BRC's recognition and validation of teams' need for support, ambiguities were identified around the BRC service culture, and organisational responsibility for the welfare of staff. Halton (1994) argues that insights from child psychoanalysis can be of use in considering organisational life; teams of workers can be seen in the role of children relative to the caregiver represented by management and the governing organisation. For a child, part of the attachment relationship is the caregiver's ability to identify, interpret and respond to needs and emotions that the child is unable to process for themselves (Winnicott, 1960). Comparably, the teams apparently depend on the governing organisation to recognise and respond to needs which the workers struggle to consciously process. In children, an inconsistent approach to caregiving may result in an ambivalent attachment relationship (Bowlby, 1988). Where a teams' needs around work-related stress and distress are responded to by the organisation (BRC) with recognition and appropriate caregiving in the form of PSP provision, while simultaneously the same needs are stigmatised, this inconsistency may be reflected in the teams' ambivalent relationship with the organisation. Such dynamics can be reflected in conflicted attitudes towards RPGs (Bolton & Roberts, 1994), of the sort which manifest in dilemmas around RPGs identified in this study.

4.3.2 Distress vs anxiety

The impacts of caring roles with vulnerable and distressed people are established in the literature (Newell & MacNeil, 2010). Work with refugee populations, with high levels of trauma and the impacts of social and cultural dislocation, may be particularly distressing for professionals in refugee support services (Fegert, Diehl, Leyendecker, Hahlweg, & Prayon-Blum,

2018). Simich, Beiser, Stewart & Mwakarimba, (2005) acknowledge that the highly complex needs of refugees and limited resources open to them, as well as high workloads in support services, represent significant sources of stress for refugee support workers. Awareness of this gap between the vulnerability of refugees and the limited social resources available to them may increase the motivation of workers in support services, compounding the stress associated with the work and leading to difficulties in setting boundaries on the caring role. Roberts (1994) points out that helping professionals tend to be consciously motivated by idealistic values and goals, which obscure an unconscious drive to make reparations around feelings of guilt originating in early childhood. The 'self-assigned impossible task', of making absolute reparations by providing perfect and limitless care, is a common motivator for caring professionals. Experiencing additional guilt around service users who are particularly disadvantaged can increase this motivation, and make it harder for those in supportive roles to maintain limits and boundaries; compounding fatigue related to constantly striving for the impossible, and increasing the guilt and distress associated with the inevitable experience of failure (Roberts, 1994).

Distress related to working with refugees can therefore be understood as partly originating from the work itself, and also from the work in relation to workers' conscious and unconscious motivations in their roles (Payne, Leavey & Century, 2007). However, RPGs as interventions offered to mitigate this distress, are themselves recognised as potentially causing anxiety. Moll (2014) identified that in professional cultures which emphasise resilience and correspondingly stigmatise vulnerability in workers, there may be considerable distress and anxiety associated with admitting work-related distress to colleagues.

Knight et al. (2010), corresponding to the dilemmas identified in this study, formulated the main dimensions of RPGS as 'value' and distress', and found that distress in RPG attenders understandably leads to anxiety around attending. As in this study, Knight et al. (2010) found that this anxiety was

partially related to the size of the groups, which echoes Hartley and Kennard's (2009) observation that RPGs may be associated with feeling exposed and vulnerable, so the group setting itself can be a source of anxiety. Enyedy et al. (2003) identified multiple sources of anxiety in a supervision group setting, including concerns about being negatively evaluated by the facilitator, feeling unsafe, feeling pressured to disclose personal information, and feeling sensitive to 'constructive' criticism.

Unconscious motivations related to the 'self-assigned impossible task' can also directly produce anxiety around RPGs. Malan (1979) identified 'helping profession syndrome', where carers unconsciously wish to give others the care that they desire for themselves, to the detriment of their own needs. Wojciechowska (2009) similarly refers to 'Superwoman syndrome', in which professionals in caregiving roles are motivated towards feelings of (illusory) control and potency related to ideas around 'saving' people. In either case, RPGs offer an important opportunity to explore the motivations and assumptions behind the work of the team, which could be attended by considerable distress (Wojciechowska, 2009), albeit as a necessary condition for workers to find ways to excuse themselves for not ultimately achieving the impossible (Roberts, 1994).

4.3.3 Need vs preconception

In response to the particular challenges of work supporting refugees, the need for adequate supervision is well established in literature (Lansen & Haans, 2004; Payne et al., 2007; Pross & Schweitzer, 2010) and was clearly recognised by focus group participants. Group approaches in which the facilitator is active in offering advice and guidance, have been established as useful in multiple studies (eg. Nathan & Poulsen, 2004; Brown, Lutte-Elliot & Vidalaki, 2009; Knight et al., 2010). While RPGs are not identical to supervision groups (Kennard & Hartley, 2009a), most models of CS involve RP as central elements (Priddis & Rogers, 2017), and RPGs are recognised

as an effective way of supervising groups of professionals in practice (Dawber, 2013b).

The teams in this study also recognised a need for expert input around RP itself. While reflective ability can be measured in a general population who engage in no formal RP, the literature recognises that effective RP is built on knowledge and skills which may be taught and learned (Priddis & Rogers, 2017). Such 'expert' input is not always welcome, however, and although literature around RP identifies some sources of resistance to RPGs, theoretical accounts discuss factors which contribute to this (Brooks, Patterson & McKiernan, 2012). Cleary and Freeman (2005) describe resistance based on doubts that supervision offers any distinct benefit, echoing some objections voiced in this study. Launer (2007) observes that fast-paced and pressured environments tend to produce a professional atmosphere of independence which can be incompatible with accepting external input on practice. Gilbert (2001) identifies resistance as related to power in RPGs, arguing that engaging in externally-facilitated RPGs may be resisted where they are seen as imposing disciplinary and normative power, and undermining professional autonomy.

4.3.4 Co-producing RPGs

The co-production of RPGs ensures that negotiated aims and activities are directly relevant to practice. Research suggests that where RPG activities are not negotiated, participants may withdraw or develop negative attitudes to the group (Nitsun, 1996; Fiener, 1998). Collaboratively negotiating structures and activities in supervision is an established feature of most models (Matthews & Treacher, 2004). However, in group settings, this negotiation is subject to complex group processes. As well as 'overt' aims, the group may unconsciously bring 'covert' aims and priorities (Bolton & Roberts, 1994). Since a group will judge the successfulness of an RPG on

how it meets both conscious and unconscious expectations, and this judgement will predict their future engagement, facilitators are required to discern and respond to both covert and overt aims (Bolton & Roberts, 1994). This reflects the emphasis in this study on both explicit negotiation of the RPGs, and the ability of the PSP to notice and respond to changing needs of the team.

In this study, the requirement that the PSP be responsive to the groups' needs, is tied to a desired perception of them as trustworthy, and as holding particular skills and knowledge. Dawber (2013a) identified this 'facilitator credibility' as a necessary condition for participation in RPGs. The facilitators' interpersonal skills around engaging team members in RPGs were particularly highlighted in this study, but this aspect of facilitation is reflected very little in the literature. This may be related to most literature being concerned with RPGs in groups of professionally-trained workers. Training in any health or social care profession would usually involve specific experience and learning around RP (Mann et al, 2009), however many RSRFL workers encounter RP for the first time in RPGs. The only published study concerned with RPGs for non-professionally trained workers (Bartle & Trevis, 2015) identified that workers 'struggle' with some reflective processes, but did not report any related unwillingness to engage. However, in an educational setting, RP as an approach to learning would be congruent with the daily practices of support staff, which may explain the ready acceptance of RPGs by participants in Bartle & Trevis' (2015) study. Other studies (Clouder & Sellars, 2004; Bradbury-Jones et al., 2008; Fejes, 2008; Beddoe, 2010), do identify resistance to RPGs and consider how it may be addressed; however, these focus on the theoretical approaches to RP rather than the use of interpersonal skills in engaging workers in the groups.

Brooks et al. (2012) found that the facilitator's skill level was a major factor in overcoming resistance to supervision practices. Beinart (2004) similarly argues that major factors in engagement with supervision are requirements that the supervisor be 'expert', 'attractive' and 'trustworthy'; with

trustworthiness being the most important of these, founded on ideas of the facilitator having 'integrity' and 'special knowledge'. These attributes apparently invest the PSP with the necessary authority to facilitate RPGs. Obholzer (1994) identifies three types of authority; 'authority from above', 'authority from within', and 'authority from below' which concerns the extent to which people in subordinate positions accept and cooperate with power structures and decision-making processes. In RPGs, the requirements placed on the facilitator could be preconditions for being granted 'authority from below', enabling the team to comfortably vest authority and decision-making responsibility in the PSP.

Although Priddis and Rogers (2017) argue that RP is best conducted in groups with no identified authority figure, work environments are rarely free of power structures. Teams attributing authority to the facilitator may help to maintain a stable and containing group structure (Maher, 2009). Bion (1952) identified authority and leadership in groups as boundary-regulating qualities which enable a group to contain the anxieties of its members; an important basic function of the RPG (Kennard & Hartley, 2009a). Menzies-Lyth (1988) identifies that a way anxiety is contained in workplaces is through the redistribution of responsibility. In an RPG, a facilitator holding authority is able to legitimately absorb some responsibility from the group members; although this may lead to the group looking to the facilitator for 'magical solutions' to their problems and can contribute to basic assumption mentalities associated with 'flight from task' (Bolton & Roberts, 1994). Furthermore, pressured and stressful service environments foster the urge to 'be right' identified by de Bono (1971), which represents a need to feel safe and secure through a sense of knowledge and understanding, even if this is not reflective of reality. This urge can produce a resistance to activities such as RPGs which involve a ceding of authority to the facilitator, but equally, a facilitator who can share responsibility for 'being right' can produce a powerful sense of safety and containment.

Teams' need for a sense security and safety in the RPG is further reflected in the requirement identified in this study for cohesive relationships between colleagues. Working through difficult team dynamics is recognised as an important role of RPGs (Kennard & Hartley, 2009a). However, Smith, Youngson and Brownbridge (2009) acknowledge that group development processes require a basic ability to work together based on positive relationships. Such relationships can mitigate anxiety in groups which may otherwise be experienced as exposing (Hartley & Kennard, 2009), and the importance of supportive relationships to group reflective processes is well established in literature around RP (Priddis & Rogers, 2017).

Within the teams, positive views of RP and skills around reflecting were identified as requirements for the groups to resolve dilemmas associated with anxiety around RPGs. Perhaps because, again, previous research concerns professionals who are already well-socialised to RP, this is very little reflected in literature around RPGs. However, the willingness to engage in RP represents, in part, a preparedness to tolerate anxiety (Knight et al., 2010) and this will be predicated on an understanding that the exercise is beneficial enough to justify tolerating this anxiety. Davidson and Patel (2009) highlight the need in professional practice for someone to facilitate reflection by challenging practices, beliefs and assumptions; and while this may be uncomfortable, especially around issues of power and difference, professionals must approach this with a commitment to engage in the process of professional development. Smith et al. (2009) hypothesise that this commitment is likely to be based on individual factors, as well as those related to the group and the group's environmental setting; which is supported by accounts of within-group differences in engagement in this study.

4.3.5 Reflective Processes

The categories of reflective processes shown in the theoretical model (Figure 1.) broadly correspond to Eby's (2000) model of reflective practice (see

Appendix C), with learning and developing practice as 'reflection', reflecting on the impacts of work as 'self-awareness', and developing a reflective approach as 'critical thinking'.

Corresponding to specific reflective practices identified in this study (see Table 3.), previous research by De Stefano et al. (2007), Dawber (2013a; 2013b), and Bartle and Trevis (2015), identified processes of validating and containing emotional experiences as key processes in RPGs, while Thomas (1995), Olofsson (2005), Bailey and Graham (2007), Robson & Robson (2008), Fleming et al. (2010) and McVey & Jones (2012) suggest that sharing experiences in a safe and supportive environment is important. These findings fit with the broader literature in which workers identifying their experiences with those of their peers is considered a central benefit of staff support groups (Kennard & Hartley, 2009b). Processes identified in this study around reflecting on the experiences of work, broadly correspond with these accounts, although this study expands on the importance of sharing, validation and containment processes, further identifying processes such as acknowledging the impacts of work, and explicit discussion of personal wellbeing and self-care, which produce positive outcomes around wellbeing.

This study identified key processes concerned with reflective learning around casework, which support improvements in performance and increased insight and understanding of casework. These correspond with processes around challenging practices and cooperative problem-solving, identified in studies by Thomas (1995), Kruger et al. (1998), Christensen & Kline (2000), Olofsson (2005), Bailey & Graham (2007), De Stefano et al. (2007), Kaduvettoor et al. (2009), and Binks et al. (2013). Again, the processes identified in this study expand on those described in previous research, covering the sharing of knowledge, guidance and alternative perspectives by peers and the facilitator, structured learning activities, and reviewing successful as well as challenging incidents and experiences. In contrast to much of the literature around RP, which identifies processes around developing practice as ideally occurring collaboratively between peers

(Priddis & Rogers, 2017), this study highlights processes of learning directly from the PSP as expert facilitator, as well as from sharing knowledge among peers. This may be related to the nature of the work of RSRFL services. RP is essentially a process of integrating theory with practice (Heneghan et al., 2014), however refugee support services do not have a distinct discipline of theoretical knowledge or established professional training. To integrate theoretical knowledge with practice-based experience, therefore, theory must be imported from outside the professional environment. The emphasis placed on the expert status of the facilitator at all stages of the account of RPGs may reflect this specific role in contributing a theoretical perspective to the reflective process.

This research also identified processes around developing a reflective approach to practice, a category of process which has not been identified in evaluative studies of RPGs; although research by Thomas (1995), Farrell (1999), Jen der Pan et al. (2007), and Dawber (2013b), do identify improved reflective ability as positive outcomes of RPGs. Theoretical models of RP generally assume that developing reflective abilities is one of the major functions of any reflective activity (Moon, 2004). Schön's (1983) model (see Appendix B) links the processes of reflecting *on* action to reflecting *in* action; suggesting that reflecting on practice will contribute to a reflective approach to practice in the future. Priddis and Rogers (2017) propose that this occurs through group participants developing understanding and awareness of 'parallel processes', unconscious processes which arise in one situation but impact about the person's response to another. This enhanced insight then informs future practice, in an ongoing dialectic between reflections *in* and *on* action.

In contrast to most models of RP, Rolfe and Gardner (2006), separate processes around facilitated reflecting on practices from those involved with developing reflective ability. These processes are described respectively as ontological and epistemological projects, and have distinct aims and outcomes. This may be reflected in the apparent separation of the processes

in this study, although findings emphasise the role of facilitator guidance in developing a reflective approach to practice rather than the purely exploratory process proposed by Rolfe and Gardner (2006). O’Keeffe and James (2014) emphasise the role of the facilitator in groups which aim to increase psychological mindedness through processes of peer support. This study similarly highlights processes around developing reflective practice being supported by both the facilitator and peers.

4.3.6 Outcomes of RPGs

The three main categories of RPG outcomes identified in this study broadly correspond to the three functional elements of the Proctor (2001) model of supervision. Impacts on the experience of workers were identified as broadly restorative in being focussed on maintaining wellbeing and coping with stress/distress. Impacts on client work were identified as largely formative, around increased confidence and competence, building skills and improving practices. Impacts on service culture were identified as around increasing reflectivity in the local teams and across the BRC organisation, which may be seen as a bi-directional normative function.

The individual outcomes within these categories correspond to those found in previous evaluative studies described in the literature review section (see Appendix E). Some specific outcomes identified include improvements in areas corresponding to elements of RP measured by Priddis and Rogers (2017) in the RPQ; ability to reflect in and on action, ability to reflect with others, self-appraisal, desire for improvement, confidence, managing uncertainty, experience of stress and job satisfaction. This would seem to support the finding that engaging in RPGs improves reflective skills, along with other benefits of RP related to personal and professional development which are well established in the literature (Dallos & Stedmon, 2009).

The identified impacts on service and organisational culture of a more reflective workforce are also indicated in literature. Heneghan et al., (2014) and Cavanagh, Masson and McDowell (2011) identify RPGs as directly contributing to a more open, reflective service culture, while Chu (2014) describes unprocessed 'toxic' emotions and ineffective supervision as impacting negatively on service culture. Stokes (1994), suggests that organisations with fewer suppressed or unconscious emotions hold less anxiety associated with suppressing such emotions, so will be less prone to basic assumption mentalities and non-task activities. RPGs which help to process workers' emotions will therefore contribute to services which are more effective and less prone to conflict, as well as more reflective and able to learn.

4.4 Implications for policy and practice

This study supports RPG provision in BRC services in terms of direct benefits to the workforce, benefits to the organisation around workforce development and resilience, and contribution to the evolving organisational culture.

Beyond this, the development of the theoretical model shown in Figure 1. may inform the facilitation, evaluation and future study of RPGs, in the BRC and more widely. The theoretical model developed in this study is potentially applicable in any setting in which CPs facilitate RPGs with teams who are not professionally trained, or trained to a lower level. Given the general move in UK service provision towards CPs taking an increased role in staff support and consultancy (Heneghan et al., 2014), this may increasingly be the case in NHS services and social care settings. As social enterprises and charities are increasingly involved in providing care to vulnerable people, necessitating professional support and supervision of staff and volunteers across a range of services and charities, professionally-facilitated RPGs represent a potential method of providing such support. This study provides a theoretical model which is applicable in such settings, and which supports the use of

RPGs by setting out potential benefits, as well as challenges and dilemmas, likely to be associated the groups.

The theoretical model shows teams' dilemmas between stress and distress related to their work and anxiety around engaging in RPGs in the context of the organisational culture. This clearly presents a challenge to RPG facilitators, to use the groups to explore experiences of stress and narratives of coping in teams, potentially reducing stigma experienced by workers who find it difficult to cope (Hartley & Kennard, 2009). Facilitators may further consider using RPGs to directly address phenomena related to the 'self-assigned impossible task' or 'Superwoman syndrome' as sources of both work-related distress and anxiety in RPGs. Validating and normalising these experiences may be important in reducing distress and enabling meaningful engagement with RPGs, for staff in caring roles (Roberts, 1994).

The dilemma between supervision needs and preconceptions has further implications around RPG facilitation. In most theoretical accounts, RP is conceived as a tool for learning about practice, integrating theory and supporting the development of skills (Priddis & Rogers, 2017). However, the theoretical model developed in this study highlights the role of RPGs in supporting emotional wellbeing in the workforce, as well as practice development aspects, although the balance of these priorities appears to shift between parts of the model. Accounts of PSPs as skilled facilitators refer to practices of subtly incorporating discussion of emotional responses to work into learning activities. In accounts of RPG outcomes, impacts around emotional wellbeing are more emphasised than learning outcomes, suggesting that emotional needs are important, but difficult for participants to explicitly address. While no specific set of practices were identified as most successful, this study indicates that RPGs which are structured around learning and guidance (eg. case review, focussed discussions), but which incorporate elements supporting the reflective processing of emotional experience, are likely to encourage engagement and produce positive outcomes.

At an organisational level, RPGs will tend to be commissioned on the basis of potential improvements to service provision rather than staff wellbeing (Oelofsen, 2012). This study suggests that, similarly, when persuading workers of the value of attending RPGs, the potential benefits to clients may be more compelling than potential improvements in personal wellbeing, especially in the context of a professional culture of which encourages prioritising service user needs over those of workers. The theoretical model (Figure 1.) provides a potentially useful illustration of both sets of benefits.

Another implication of this study is the importance of the facilitator in determining engagement with RPGs. RSRFL workers' engagement in RPGs appears to be predicated partly on what Dawber (2013b) calls 'facilitator credibility'; their professional role, position as external to the service, and presumed knowledge and expertise. In this study, facilitator credibility appears to depend partly on recognition of their expert status as CPs, as well as the teams' direct experience of them as skilled and knowledgeable. This study shows that successful RPG facilitation necessitates the use of interpersonal skills around engagement, and the ability to respond to unspoken (possibly unconscious) needs and issues in the teams, which demands considerable specialist knowledge, skills and experience aside from those around RP and group-facilitation (Bolton & Roberts, 1994). This supports the model of RPGs being facilitated by PSPs with extensive clinical knowledge and experience, rather than by management or peers. These demands of facilitating RP correspond to the skill-set associated with clinical psychology (Fisher et al., 2015), further suggesting that RPG facilitators being trained CPs may be an important factor in their success.

This need for specialist facilitation may be partially related to the refugee support workers' distinct position of professionally caring for vulnerable people with complex needs, without established professional training or qualifications which would develop a familiarity with, and acceptance of, concepts and practices associated with RP. The PSP is therefore in the

position of trainer and mentor around RP, as well as group facilitator. The lack of an established discipline of knowledge around refugee support work also indicates a need for facilitators to consciously import and integrate systematic knowledge in RPGs. These imperatives reflect the increasing clinical leadership role of CPs in practice, around RP and more generally (Curtis et al., 2016) and highlights the potential of psychological knowledge to influence diverse professional environments.

The theoretical model shows the importance of teams' attitudes and approach to RP in determining engagement with RPGs, which suggests that particular attention to establishing RPGs as safe and non-threatening forums for discussion may be required. Furthermore, by incorporating explanations of the aims and rationales underpinning practices in RPGs, facilitators can reduce anxiety around attendance and encourage meaningful engagement. Alternatively, specific guidance and information around RP could be offered to teams, which could help engagement with RPGs and generally support workers in practicing reflectively.

Despite broad variation in specific practices, the theoretical model of RPGs (Figure 1.) identifies categories of reflective processes associated with positive outcomes. The identified processes (see Table 3.) could be used in practice by facilitators, to inform negotiated RPG content, and when planning reflective activities around specifically-identified needs of a team. The theoretical model could also be of use in providing information around the potential benefits of participating in RPGs, to commissioners and workers in the BRC workforce and similar organisations.

The theoretical model shown in Figure 1. also shows the potential for reflective processes in RPGs to not only influence outcomes for the teams involved, but to also impact on service and organisational culture. Where CPs aim to influence the organisations in which they work towards incorporating psychological perspectives into service planning and delivery at

all levels (Skinner et al., 2010), this study suggests that RPG provision may have a role in achieving this.

Within the Psychosocial Team, the findings of this study may also be of use in inducting new PSPs to the key features of RPGs, and used in appraisal and evaluation of how RPGs are facilitated, potentially informing Key Performance Indicators for PSPs. Within and beyond the BRC, the theoretical model of RPGs could be used in planning and evaluating RPGs in comparable groups. In a range of settings (eg. charities and voluntary organisations, social care services, residential care), CPs provide RPGs for non-professionally trained staff. In any of these contexts, the theoretical model shown in Figure 1. could act as a template for the processes involved, to explicitly consider the mechanisms by which the RPGs functions, establish areas of need and identify and problems or blockages. Further research around the theoretical model may strengthen this application and potentially inform the practices of CPs facilitating RPGs in a wider variety of clinical contexts.

4.5 Strengths and limitations

This study has developed an original model of RPGs which incorporates the perspectives of participants, facilitators and management stakeholders. The model represents data from multiple teams, service contexts and facilitators, utilising a variety of approaches and specific practices, suggesting that core elements of the RPGs have been identified. Links are made between the contextual influences, processes and outcomes in the RPGs, producing a coherent theoretical model, which is grounded in data and coherent with existing theories around RP and CS.

This study explores facilitated RPGs provided for a non-professionally trained population providing care to vulnerable people. While the remit and professional structures of RSRFL services are distinct to the BRC, many professional settings involve lay professionals as part of MDTs (eg. healthcare, social care, teaching) or as principle providers of services (eg. residential care, probation services) who may receive supervision and support in the form of externally-facilitated RPGs. While some studies have focussed on MDTs with a mix of trained and non-trained professionals (eg. Kuipers et al., 2013; Heneghan et al., 2014; Kometian, 2017), and a single study (Bartle & Trevis, 2015) considered support staff in an educational setting, no published research to date has examined RPGs primarily supporting non-professionally trained staff in any health, social care or support service. As such, this research contributes a unique account of lay perspectives on RPGs in care professions which, although dealing with many experiences specific to BRC services, offers a first step in exploring this area of study.

4.5.1 Limitations

4.5.1.1 *Participants*

Two of the three focus groups with RSRFL staff used the established groups participating in RPGs, with focus groups conducted at times in which RPGs generally run in the services. As such, members of these teams who choose not to attend RPGs may have been inadvertently excluded from the study, raising the possibility that some less positive accounts of the RPGs were not heard. For the third focus group, workers across several services were invited to attend; those with an interest in RPGs, which may be associated with a positive view of them, may have been more motivated to attend. Focus groups with PSPs and RSOMs both included the entire teams, drawing perspectives from services in which RPGs are successfully provided, and in which they are not. However, no perspectives were included from frontline RSRFL workers in services not currently using RPGs.

4.5.1.2 Methodology

Qualitative research is generally more concerned with processes than outcome (Atieno, 2009). While this study was intended to fill a gap in literature around processes in RPGs, it is important to understand outcomes, and their links to processes, to evaluate RPGs and estimate their effectiveness. While this study identified outcomes from the accounts of participants, these represent the participants' subjective views of the impacts of RPGs, and are not empirically verified or necessarily conceptually coherent. Furthermore, while these outcomes are linked to processes in RPGs in the participants' accounts, this study does not yield direct evidence that the identified constructs (eg. resilience, reflective ability, confidence) are significantly different in members of the BRC workforce attending RPGs compared with non-attenders. Further research utilising a comparative design would be required to establish this.

4.5.1.3 Generalisability of results

Qualitative research approaches generally gain richness and depth of understanding of the subject of study, at the cost of generalisability (Willig, 2013). In examining RPGs provided within BRC services, this study represents the subjective accounts of a specific group of workers in a single service-line in a unique national organisation. As such, the theoretical model should be generalised to RPGs provided in other settings with some caution. The extent to which the theoretical model produced here is applicable outside the services examined is not clear from this research. However, further comparative studies could potentially shed light on which aspects of the model apply more broadly to RPGs outside the BRC.

4.6 Future research directions

As an exploration of the interlinked contexts, processes and outcomes in RPGs, this study offers an original theoretical model of group reflective practices. While elements of this model correspond with previous research (specific processes and outcomes; see above) the dilemmas around RPGs and the processes which resolve these have not been identified elsewhere. This suggests several ways in which the research could be taken forward.

Verification of the model could be sought within BRC services; the theoretical model could be used to develop questionnaire measures based on the processes identified, which could then be used with all BRC workers in services with PSP input, offering potential verification of the model using a broad and varied population.

Furthermore, a battery of established measures of constructs identified as outcomes in this study could be developed; eg. reflective ability measured with the RPQ (Priddis & Rogers, 2017), GHQ (Bridges & Goldberg, 1986) measuring wellbeing, etc. These could be used across the BRC workforce, to investigate relationships between the different outcomes; eg. correlations between reflective ability, emotional wellbeing and resilience; or to compare with other constructs related to RP, eg. psychological-mindedness, empathy, etc. This battery could also investigate correlations between outcomes and RPG provision, measuring effect sizes and related variables, to compare between services receiving and not receiving RPGs, compare different approaches to PSP provision, or to track changes in measured outcomes against the number of RPGs attended by workers.

Further research might also concentrate on processes, in particular looking at the aspects of the theoretical model involved with resolving dilemmas around RP. Further research exploring these in more detail could shed further light on the factors which produce and resolve such dilemmas. While focus groups are useful in obtaining a range of views in research, individuals may be more forthcoming about personal experiences in individual interviews

(Lyons, 2015); qualitative research using semi-structured interviews could therefore be used to explore these processes in more depth. Alternatively, an ethnographic research methodology could elaborate on processes, interpersonal dynamics and power relations in groups (Foster, 2015).

This research could also be expanded upon by replicating the methodology, but researching services in which RPGs are not delivered or are poorly attended, to establish a broader range of views on RPGs. Further research could also investigate the theoretical model outside the BRC, considering how these findings relate to other professional areas. Replicating this study, and/or using any methodologies outlined above, with other groups of trained and lay professionals using RPGs, could help to identify which aspects of the theoretical model apply across different disciplines and work environments. The effects of different professions as facilitators could be similarly investigated.

4.7 Personal reflections

This study has been my first experience of so large a research project and my first experience of using a qualitative methodology.

I had been drawn to the subject of this research because of my own experiences of participating in RPGs at various times in my pre-training career. I had often enjoyed these experiences, but at other times had been bored or frustrated in groups that seemed to achieve very little. Occasionally, the groups offered powerful emotional experiences, radically new insights into my practice and, even more rarely, transformative experiences of connection with my colleagues. All of which left me wondering why some the groups I attended could produce these dramatic effects, while others failed by comparison.

My pre-training professional background was in nursing, a profession which very much emphasises research and evidence-based practice, but in which positivist assumptions dominate and the RCT is the considered the research ideal. While a qualitative approach to research fits far more with my own personal philosophical outlook and epistemological assumptions, I was wary of this unfamiliar and, frankly, ephemeral-seeming set of approaches when planning this research. In the process of working up a research proposal, therefore, I explored all possible ways of using quantitative, or at least mixed-methods, means to achieve my research goals. Eventually, I concluded that if I wanted to know what happens when people participate in RPGs, I was going to have to find a way to ask them, and then pay careful attention to their answers. I found the simplicity of this insight, which overlays the huge complexity of qualitative research approaches, both liberating and decidedly intimidating.

At the time I conducted my first focus group, I had no experience of the BRC beyond planning the research, and only my pre-training experience of RPGs by way of insight into the subject. At the point of writing up, I have been on placement with the Psychosocial Team in BRC for over six months and my perspective has shifted radically, partly through the experience of conducting this research and partly through having participated in and facilitated RPGs across multiple RSRFL services (although none in which focus groups were conducted for this study). From both experiences, I have developed huge admiration and respect for the BRC refugee support workers. This group of workers, without professional training or recognition, constantly draw on remarkable reserves of kindness, empathy, dedication, courage and thoughtfulness to work with a stigmatised and hugely complex population. I find their work deeply impressive and am continually aware of the importance of the support they receive in these roles. The hope that this research can contribute to informing or improving this support has very much grown over the course of conducting it.

At the start of this research, I was unsure what to expect in terms of theoretical output. While I was keen to avoid simplistically evaluative research, but to look at processes and meanings within the groups, I still had in mind that I would somehow produce a simple theoretical insight along the lines of 'element *a* influences element *b* using process *c* to produce effect *d*'. With hindsight, this reflected assumptions from quantitative research rather than a realistic expectation of what could or should be achieved in this study. In fact, what I encountered in the data was a rich and complex interplay of contexts, personal characteristics, tensions, dilemmas, processes and outcomes, and there were times when I struggled to see how this could be resolved into any comprehensible theory. GT methodology provided something of a useful roadmap through this, although I found that attempting to rigidly adhere to Charmaz (2014) constructivist approach initially left me somewhat lost after the open coding stage, with a bewilderingly large number of initial codes and little idea of how to make sense of them all. Integrating an analysis tool (coding paradigm; Strauss & Corbin, 1990) from more realist approaches to GT, although a pragmatic choice, presented a much-needed way forward at this point and enabled me to progress in a way which, I hope and trust, reflects an epistemologically consistent and genuinely constructivist approach to analysis and the generation of theory. I had not expected Grounded Theory analysis to offer the quick gratification of an SPSS output complete with *p*-value, but I was surprised by the sheer time and depth of immersion in the data required to uncover, connect and comprehend the theoretical elements which build a coherent model that rigorously reflects the data.

The model of RPGs produced here represents, I hope, a small step towards the understanding of a large and complex subject. I have personal experience of the power of RPGs to transform practice and drive change and I am gratified to have the chance to contribute even a very little to this area of study.

4.8 Summary and conclusions

This research has produced an original theoretical model of the contextual factors, processes and outcomes involved in RPGs as delivered in services within the BRC. The processes in RPGs which impact on the work of teams have been shown to depend on the resolution of conflicting forces of supervision needs and work-related distress, with anxieties and preconceptions around group reflective practices. Resolving these involves teams and facilitators drawing on skills to collaboratively produce RPGs. Reflective processes in these groups act to improve wellbeing and scaffold self-care in workers, improve care delivery through developing knowledge, skills and insights, and to influence organisational culture at a local and national level, towards services which are more reflective and concerned with the impacts of work with vulnerable people on those who care for them.

Although this study represents an account of RPGs involving a specific category of service within a unique organisation, it offers an account which has direct applications to clinical practice for CPs facilitating RPGs. The model also represents a potential direction for further research to challenge, verify, adapt or expand the model, through research in BRC services or any other context in which RPGs are delivered.

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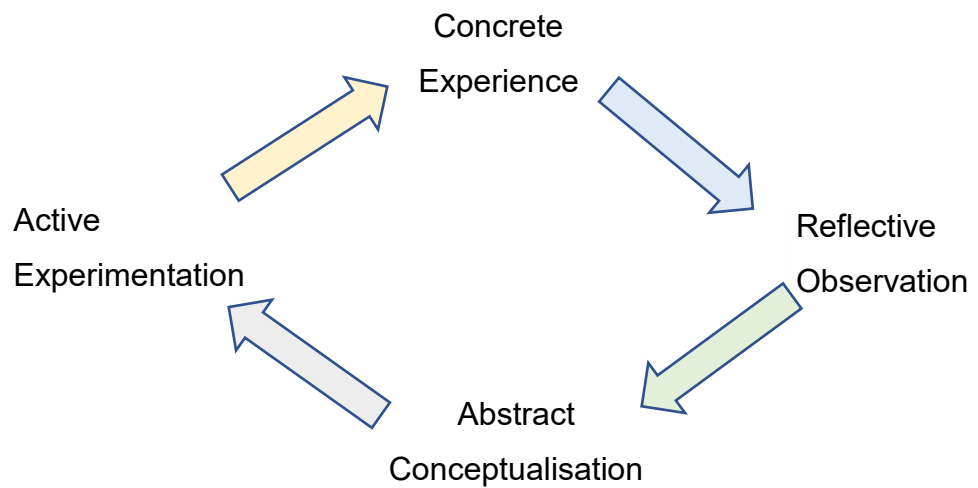
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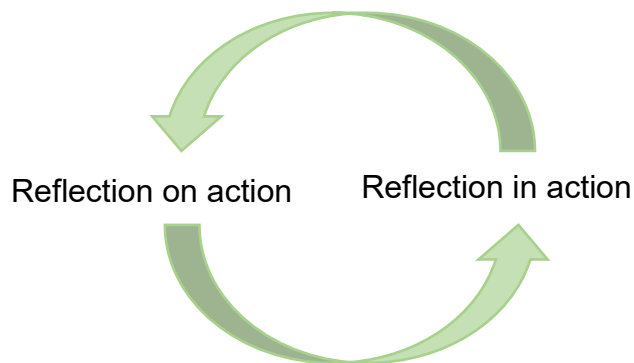
APPENDIX A: CYCLE OF EXPERIENTIAL LEARNING (KOLB, 1984)

Kolb (1984) developed a model of a four-stage learning cycle, in which 'concrete experience', 'reflective observation', 'abstract conceptualisation' and 'active experimentation' are linked in a cyclical process, through which knowledge is developed by reflecting on experience and modifying behaviour in response.



6 APPENDIX B: HOW PROFESSIONALS THINK IN ACTION (SCHÖN, 1983)

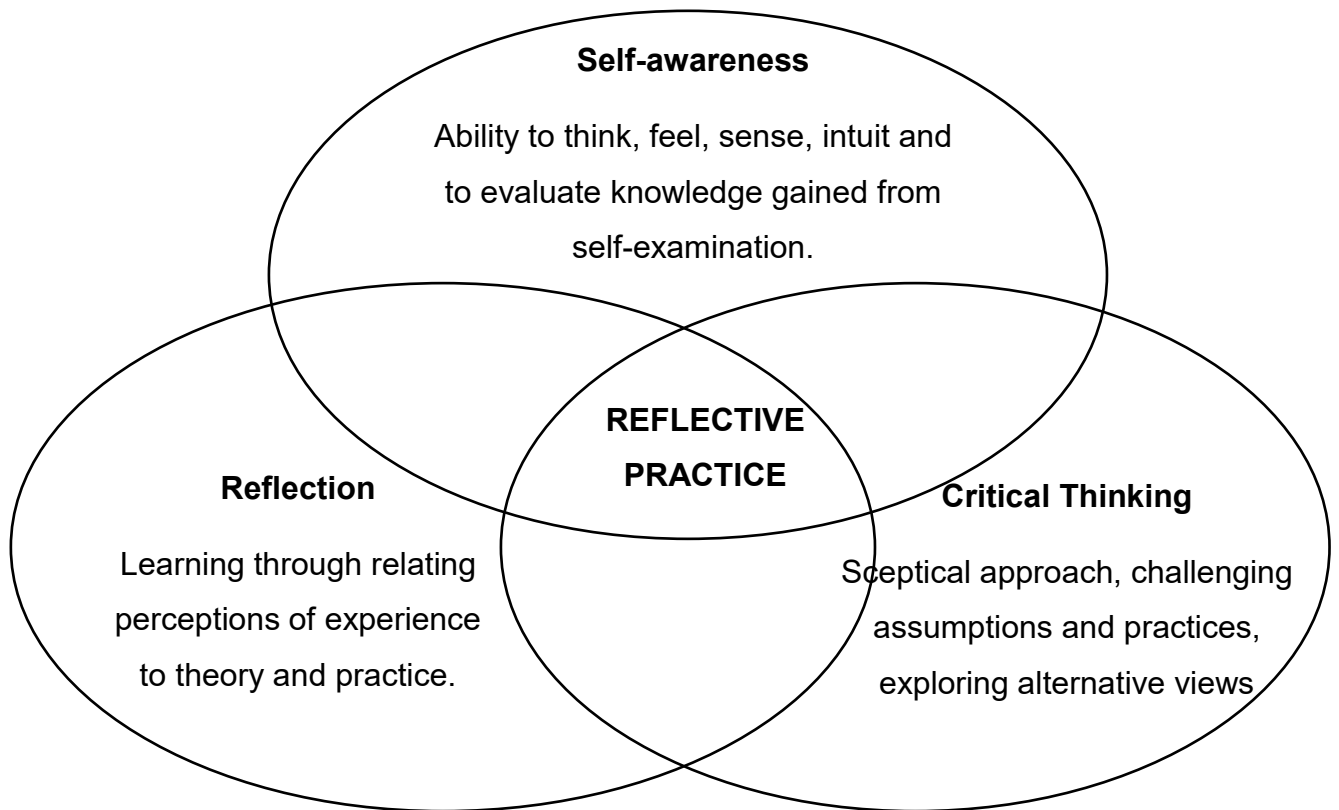
Schön (1983), proposed two distinct but interacting process involved in reflection, emphasising the distinction between reflection 'in action' and 'on action'.



Reflecting *in* action, professionals use expertise and knowledge which may appear implicit or intuitive to produce creative responses to unique situations, as an important counterpoint to what he called 'technical rationality'.

Professionals then reflect *on* action; reviewing experiences, evaluating outcomes and modifying practices accordingly

7 APPENDIX C: CONSTITUENT PROCESSES OF REFLECTIVE PRACTICE (EBY, 2000)



APPENDIX D: DIMENSIONS OF REFLECTIVE PRACTICE (MANN ET AL., 2009)

<i>Dimension</i>	<i>Iterative</i>	<i>Vertical</i>
<i>Description</i>	<i>Process of Reflection:</i> Directly reflecting on experience produces understanding and the commitment to adapting practices	<i>Levels of Reflection:</i> The individual reflects at a number of levels from the descriptive to deeper analysis and critical synthesis
<i>Examples in literature</i>	Kolb (1984) Boud, Keogh & Walker (1985)	Dewey, (1933) Hatton and Smith (1995) Moon, (1999) Johns (2009)

APPENDIX E: SUMMARY OF STUDIES IN SYSTEMATIC LITERATURE REVIEW

<i>Study</i>	<i>Participants</i>	<i>Facilitation</i>	<i>Design</i>	<i>Main process(es) identified</i>	<i>Main outcome(s) identified</i>
Amaral et al. (1981)	Nurses medical	Peer	Quantitative	–	Expressed satisfaction with group, but did not equate to stress reduction
Bailey and Graham (2007)	Nurses Palliative care	Senior staff	Qualitative	Regular time away from routine work Sharing experiences in a safe and supportive environment Challenges to practice and cooperative problem-solving leading to development of new perspectives.	Understanding RP Insights into practice

Bartle & Trevis (2015)	Teaching support staff	Educational Psychologists	Qualitative	Sharing experiences in a safe and supportive environment	Improved self-awareness, Enhanced coherence and communication in the team Solving problems within the groups
Binks et al. (2013)	Clinical Psychology trainees	Clinical psychologist	Qualitative	Developing reflective skills Learning about practice	Challenges to practice and cooperative problem-solving leading to development of new perspectives.
Boucher (2007)	Health service managers	External consultant	Qualitative.	–	Improved skills, especially around people management
Brandt and Nielsen (2008).	Medics (junior doctors)	Medic	Qualitative	–	Improved confidence and self-reported competence
Bullington & Cronqvist (2018)	MDT Medical	Main researcher	Qualitative	–	Aided specific learning around practice

Cady, et al. (1998)	Teachers	Peer	Qualitative	–	Supportive professional environment
Caley et al. (2017)	Nurses oncology	Mindfulness supervisor	Quantitative	Mindfulness activities	Mindfulness intervention rated as positive
Christensen & Kline (2000)	Counselling trainees	Counsellor	Qualitative.	Challenges to practice and cooperative problem-solving leading to development of new perspectives.	Improved anxiety Learning around practice
Collins (2011)	Mental health	Clinical Psychologist	Qualitative	–	Increased psychological understanding Development of theory-practice links Validation. Improved mentalization, More compassionate and empathic stance
Dashef (1974)	Medics (students)	Medic	Qualitative	–	Increased capacity for sensitivity to selves and others

Dawber (2013a; 2013b)	Nurses medical, midwives	Liaison nurses	Mixed Methods	Validation and containment of emotional experiences	Improved clinical practice Increased self-awareness Improved resilience
De Stefano et al. (2007)	Counsellors trainees	Counsellors	Qualitative	Validation and containment of emotional experiences Challenges to practice and cooperative problem-solving leading to development of new perspectives.	Overcoming clinical impasse Increased self-awareness
der Pan et al. (2007)	Military counsellors	Counselling supervisors	Mixed Methods	–	Improved skills Changes to thinking processes Personal growth
Duggan (2005)	Occupational therapists	Occupational therapists	Qualitative.	–	Personal development More client-centred practice
Farrell (1999)	Teachers	Teachers	Qualitative	–	Improved reflectivity

Fleming et al. (2010)	Counselling psychology Trainees	Counselling psychologists	Qualitative	Sharing experiences in a safe and supportive environment	Learning from RPG
Hansom & Butler (2003)	Midwives	Senior midwives	Qualitative Group evaluations	–	Group positively evaluated
Heneghan et al. (2014)	MDT – inpatient mental health	Clinical psychologist	Qualitative.	–	Improved staff wellbeing Impact on service culture Improved teamwork.
Holmlund et al. (2010)	Nurses Students	Nurse preceptors	Qualitative	–	Satisfaction with group New understanding and insights Hesitation Discomfort
Hsu (2011)	Counselling trainees	Counsellors	Mixed Methods	–	Developing clinical skills Emotional support
Jones (2003)	Nurses	Researcher	Quantitative	–	Learning in the group

	Hospice				Emotional catharsis Group cohesiveness Improved self-understanding
Jones (2006)	Nurses Hospice	Researcher (nurse)	Mixed Methods (small <i>n</i>)	–	Helpful examining professional practice
Kaduvettoor et al. (2009)	Counselling psychologist	Counselling psychologist	Qualitative	Learning in RPGs	Development of new perspectives.
Knight et al. (2010)	Clinical Psychology trainees	Clinical psychologist	Quantitative	–	RPGs found to be valuable for personal and professional development
Kometiani (2017)	MDT Peadiatrics	Art therapist	Quant	Use of art therapy	Improved professional quality of life (ProQOL) scores
Kruger et al. (1988)	Counsellors	Supervising counsellors	Qualitative	Challenges to practice and cooperative problem-solving leading to development of new perspectives.	Problem solving Participation in RPGs Work satisfaction

Kuipers et al. (2013)	MDT Medical	Peers	Quant.	–	Formal practices more highly rated than informal support
Larson (1986)	Nurses Hospice/ oncology	Peer	Quantitative	–	Satisfaction with groups (not statistically significant)
Le Blanc et al. (2007).	Nurses Oncology	Counsellors	Quantitative.	–	Reduced emotional exhaustion, and depersonalisation
Lennie (2007)	Counselling trainees	Counsellors	Qualitative	–	Improved self-awareness
McAvoy (2011)	MDT – inpatient mental health	Clinical psychologist	Qualitative	Group processes Intrapersonal process Moderating processes	Improved perceptions of workload Greater insight into practice Team cohesion
McVey and Jones (2012).	Nurses Oncology	Various	Qualitative	–	Reduced stress and burnout Improved clinical skills
Menon et al. (2015)	MH service MDT	Psycho- analyst	Quantitative	–	Reduced burnout scores

Moller and Rance (2013)	Counsellors Trainees	Counsellors	Qualitative	–	Developing counselling Healthy group dynamics
Nielsen et al. (2013)	Medics, GPs	Senior medics	Qualitative	–	Learning focus – Improved skills in MH work
Nugent et al. (2011)	Medical MDT	External consultant	Qualitative	Mindfulness practices	Personal and professional development Improved critical reflection
Olofsson (2005)	Nurses	Nurse supervisor	Qualitative	Sharing experiences in a safe and supportive environment	New perspectives on work Staff more able to relate to service users Feeling validated
Parish et al. (1997)	Nurses ITU :	External consultant	Qualitative	–	Improved coping
Platzer et al. (2000)	Nurses	Peer	Qualitative.	–	Increased professionalism

					<p>Greater decision-making autonomy</p> <p>More self-confidence</p> <p>Less rule-bound approach to practice</p>
Robson and Robson (2008)	Counselling psychologist trainees	Counselling psychologist	Qualitative	Sharing experiences in a safe and supportive environment	Safety and comfort in RPG
Sibbald (2009)	Teachers	Mixed	Qualitative	–	Improved to self-efficacy
Taylor (2014)	Nurses Oncology	Senior nurses	Qualitative	–	Enhanced effectiveness Persona and professional development
Thomas (1995)	Nurses	Peer	Qualitative	<p>Sharing experiences in a safe and supportive environment</p> <p>Challenges to practice and cooperative problem-solving</p>	<p>Solving problems in the groups</p> <p>Benefits of shared experience</p>

				leading to development of new perspectives.	
Tommasini (1992)	Nurses Medical	Liaison nurse	Quantitative	–	Improvement in staff conflict Increased clarity and control
Tyson et al. (1984)	Nurses Medical	Psychiatrist	Quantitative	–	Quality of care measured. No effect of groups
Vachon & LeBlanc (2011)	Occupational therapists	Occupational therapists	Qualitative	–	Improved to self-efficacy Relating theory to practice
Vachon et al. (2010)	OT	Peer	Qualitative.	–	Improved deliberateness, client-centeredness and system mindedness

APPENDIX F: PROCESSES LINKED TO OUCOMES IN EVALUATIVE LITERATURE ON RPGs

<i>Studies</i>	<i>Process</i>	<i>Outcome</i>
Bailey & Graham (2007) Dawber (2013a; 2013b)	Regular time away from routine work	Improved clinical practice Improved resilience Increased self-awareness Insights into practice Understanding RP
Stefano et al. (2007) Dawber (2013a; 2013b)	Validation and containment of emotional experiences	Improved clinical practice Improved resilience Increased self-awareness Increased self-awareness Overcoming clinical impasse
Thomas (1995) Olofsson (2005) Bailey & Graham (2007) Robson & Robson (2008) Fleming et al., (2010) McVey & Jones (2012) Bartle & Trevis (2015)	Sharing experiences in a safe and supportive environment	Benefits of shared experience Enhanced coherence and communication in the team Feeling validated Improved clinical skills improved self-awareness, Insights into practice Learning from RPG New perspectives on work

		<p>Reduced stress and burnout</p> <p>Safety and comfort in RPG</p> <p>Solving problems in the groups</p> <p>Staff more able to relate to service users</p> <p>Understanding RP</p>
<p>Thomas (1995)</p> <p>Kruger et al. (1998)</p> <p>Christensen & Kline (2000)</p> <p>Olofsson (2005)</p> <p>Bailey & Graham (2007)</p> <p>Stefano et al. (2007)</p> <p>Kaduvetoor et al. (2009)</p> <p>Binks, Jones & Knight (2013)</p>	<p>Challenges to practice and cooperative problem-solving leading to development of new perspectives.</p>	<p>Benefits of shared experience</p> <p>Development of new perspectives.</p> <p>Feeling validated</p> <p>Improved anxiety</p> <p>Improved skills</p> <p>Increased self-awareness</p> <p>Insights into practice</p> <p>Learning around practice</p> <p>New perspectives on work</p> <p>Overcoming clinical impasse</p> <p>Participation in RPGs</p> <p>Solving problems in the groups</p> <p>Staff more able to relate to service users</p> <p>Understanding RP</p> <p>Work satisfaction</p>

APPENDIX G: UEL ETHICS APPLICATION

School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

FOR BSc RESEARCH

FOR MSc/MA RESEARCH

**FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL,
COUNSELLING & EDUCATIONAL PSYCHOLOGY**

*Students doing a Professional Doctorate in Occupational & Organisational Psychology and PhD candidates should apply for research ethics approval through the University Research Ethics Committee (UREC) and not use this form. Go to:
<http://www.uel.ac.uk/gradschool/ethics/>

If you need to apply to have ethical clearance from another Research Ethics Committee (e.g. NRES, HRA through IRIS) you DO NOT need to apply to the School of Psychology for ethical clearance also.

Please see details on www.uel.ac.uk/gradschool/ethics/external-committees.

Among other things this site will tell you about UEL sponsorship

Note that you do not need NHS ethics approval if collecting data from NHS staff except where the confidentiality of NHS patients could be compromised.

Before completing this application please familiarise yourself with:

The *Code of Human Research Ethics* (2014) published by the British Psychological Society (BPS). This can be found in the Ethics folder in the Psychology Noticeboard (Moodle) and also on the BPS website
http://www.bps.org.uk/system/files/Public%20files/code_of_human_research_ethics_dec_2014_inf180_web.pdf

And please also see the UEL Code of Practice for Research Ethics (2015)
<http://www.uel.ac.uk/gradschool/ethics/>

HOW TO COMPLETE & SUBMIT THIS APPLICATION

Complete this application form electronically, fully and accurately.

Type your name in the 'student's signature' section (5.1).

Include copies of all necessary attachments in the **ONE DOCUMENT SAVED AS .doc** (See page 2)

Email your supervisor the completed application and all attachments as **ONE DOCUMENT**. INDICATE 'ETHICS SUBMISSION' IN THE SUBJECT FIELD OF THIS EMAIL so your supervisor can readily identify its content. Your supervisor will then look over your application.

When your application demonstrates sound ethical protocol your supervisor will type in his/her name in the 'supervisor's signature' section (5.2) and submit your application for review (psychology.ethics@uel.ac.uk). You should be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this.

Your supervisor should let you know the outcome of your application. Recruitment and data collection are NOT to commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (See 4.1)

ATTACHMENTS YOU MUST ATTACH TO THIS APPLICATION

A copy of the invitation letter that you intend giving to potential participants.
A copy of the consent form that you intend giving to participants.
A copy of the debrief letter you intend to give participants (see 23 below)

OTHER ATTACHMENTS (AS APPROPRIATE)

A copy of original and/or pre-existing questionnaire(s) and test(s) you intend to use.

Example of the kinds of interview questions you intend to ask participants.

Copies of the visual material(s) you intend showing participants.

A copy of ethical clearance or permission from an external organisation if you need it (e.g. a charity or school or employer etc.). Permissions must be attached to this application but your ethics application can be submitted to the School of Psychology before ethical approval is obtained from another organisation if separate ethical clearance from another organisation is required (see Section 4).

Disclosure and Barring Service (DBS) certificates:

FOR BSc/MSc/MA STUDENTS WHOSE RESEARCH INVOLVES

VULNERABLE PARTICIPANTS: A scanned copy of a current Disclosure and Barring Service (DBS) certificate. A current certificate is one that is not older than six months. This is necessary if your research involves young people (anyone 16 years of age or under) or vulnerable adults (see Section 4 for a broad definition of this). A DBS certificate that you have obtained through an organisation you work for is acceptable as long as it is current. If you do not have a current DBS certificate, but need one for your research, you can apply for one through the HUB and the School will pay the cost.

If you need to attach a copy of a DBS certificate to your ethics application but would

like to keep it confidential please email a scanned copy of the certificate directly to Dr Mary Spiller (Chair of the School Research Ethics Committee) at m.j.spiller@uel.ac.uk

FOR PROFESSIONAL DOCTORATE STUDENTS WHOSE RESEARCH INVOLVES VULNERABLE PARTICIPANTS: DBS clearance is necessary if your research involves young people (anyone under 16 years of age) or vulnerable adults (see 4.2 for a broad definition of this). The DBS check that was done, or verified, when you registered for your programme is sufficient and you will not have to apply for another in order to conduct research with vulnerable populations.

Your details

Your name:

Alex Wall

Your supervisor's name:

Ken Gannon (DoS), Sarah Davidson (Second supervisor)

Title of your programme: (e.g. BSc Psychology)

Professional Doctorate in Clinical Psychology

Title of your proposed research: (This can be a working title)

Evaluating the effects of Reflective Practice Groups on the workforce in British Red Cross services

Submission date for your research:

May 2018

Please tick if your application includes a copy of a DBS certificate

☐

Please tick if you need to submit a DBS certificate with this application but have emailed a copy to Dr Mary Spiller for confidentiality reasons (Chair of the School Research Ethics Committee) (m.j.spiller@uel.ac.uk)

☐

Please tick to confirm that you have read and understood the **British Psychological Society's Code of Human Research Ethics (2014)** and the **UEL Code of Practice for Research Ethics** (See links on page 1)

☒

2. About the research

The aim(s) of your research:

The British Red Cross provides a team of Psychosocial Practitioners, who offer support to employees and volunteers across the organisation in England and Wales. As well as providing one-to-one supervision, this role involves providing Reflective Practice Groups, which take place in the individual services and are available to all staff, volunteers and managers. The aims of the groups are to give support to staff around emotional impacts of their work, support the development of competences in caring for vulnerable people and to contribute to an organisational culture in the Red Cross which supports and values reflectiveness. These groups follow a distinctive model, the specific benefits of which are assumed based on accounts of comparable practices but have not yet been directly demonstrated in research. This study will consider the impact of these groups on staff members, their care of service users and the overall organisation.

Research Questions:

What are the effects of attending reflective practice groups on the experience of people working in the British Red Cross?

What are the reported effects of attending reflective practice groups on the how care is provided to vulnerable people in British Red Cross services?

How are reflective practice groups experienced by participants in relation to the organisational structures and culture of the British Red Cross?

Likely duration of the data collection from intended starting to finishing date:

May 2017 to May 2018 (twelve months).

Methods**Design of the research:**

(Type of design, variables etc. If the research is qualitative what approach will be used?)

This will be an exploratory study using a grounded theory approach, incorporating qualitative data from focus groups, open-ended survey questions and individual interviews.

12. The sample/participants:

(Proposed number of participants, method of recruitment, specific characteristics of the sample such as age range, gender and ethnicity - whatever is relevant to your research)

Participants in this study will be drawn from volunteers and employees from the British Red Cross services across England and Wales. Initially, this will be a small number of participants compared to the total number of employees. Staff in two specific services will be approached to participate in focus groups, with the aim of assembling groups representing a cross-section of grades and professional roles. A group of service managers will also be approached, with the intention of gaining their unique perspective. The second phase of the research will include all employees of the services in which the Reflective Groups are provided. In the third phase relevant individual staff will be approached to participate in in-depth interviews.

13. Measures, materials or equipment:

(Give details about what will be used during the course of the research. For example, equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. If you are using an interview schedule for qualitative research attach example questions that you plan to ask your participants to this application)

This research will require access to digital audio-recording, a computer with password protection, transcribing equipment and access to staff contacts at the British Red Cross.

See Appendix A for interview schedule for focus groups.

14. If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?

N/A

15. Outline the data collection procedure involved in your research:

(Describe what will be involved in data collection. For example, what will participants be asked to do, where, and for how long?)

For the initial phase of the research, three focus groups will be arranged, to two of which workers from specific services provided by the BRC will be invited and a third focus group inviting a group of service managers from across the BRC organisation. The focus groups will last approximately 90 minutes and will be held in the location and time-slot in which these workers would usually attend the reflective practice groups, so no additional time away from other duties will be requested. The focus groups will be audio recorded and the recordings transcribed.

In line with the grounded theory method, transcribed focus group data and will be analysed and theories generated in response to the research questions. Questionnaires will then be designed, using open questions around the theories generated, aiming to validate and expand on these theories with regard to the wider BRC workforce. For example, if grounded theory analysis suggests that a barrier to engagement in RP groups is that reflexivity is not valued by BRC staff, the questionnaire will ask employees in the wider workforce about to what extent they value reflexivity and why. Likewise, if analysis of the focus group data suggests that the RP groups function to enhance team cohesion, the questionnaires will ask the wider workforce about what factors they feel influence cohesion in their own teams.

These questionnaires will then be electronically circulated to the entire BRC organisation in England and Wales.

Theories and processes identified on the basis of the grounded theory analysis of the questionnaire data will then be explored in greater detail by means of individual interviews lasting one hour and following a semi-structured interview schedule. Transcribed audio recordings from these interviews will then be analysed in line with grounded theory method.

3. Ethical considerations

Please describe how each of the ethical considerations below will be addressed:

16. Fully informing participants about the research (and parents/guardians if necessary):

Would the participant information letter be written in a style appropriate for children and young people, if necessary?

All participants will be provided with a participant information document outlining the purpose of the study, how data is collected, stored and analysed, and advising them of their right to withdraw from the study at any time. In focus groups and individual interviews, this document will be given in paper form (See Appendix 2) and verbally summarised at the start of the sessions. When using online questionnaires, the information (See Appendix 3) will appear prior to the questions and participants will be asked to confirm that they have read the information before continuing.

17. Obtaining fully informed consent from participants (and from parents/guardians if necessary):

Would the consent form be written in a style appropriate for children and young people, if necessary? Do you need a consent form for both young people and their parents/guardians?

In focus groups and individual interviews, the participants will be asked to sign a consent form (See Appendix 4) after receiving the study information. When using online questionnaires, participants will be presented with information on consent (see Appendix 5) and advised that continuing constitutes consent for their data to be used.

18. Engaging in deception, if relevant:

(What will participants be told about the nature of the research? The amount of any information withheld and the delay in disclosing the withheld information should be kept to an absolute minimum.)

No deception will be used.

19. Right of withdrawal:

(In this section, and in your participant invitation letter, make it clear to participants that 'withdrawal' will involve deciding not to participate in your research and the opportunity to have the data they have supplied destroyed on request. This can be up to a specified time, i.e. not after you have begun your analysis. Speak to your supervisor if necessary.)

On the consent form, each participant will be asked to give a four-digit number, known only to themselves, which will be attached to the individual's data when anonymised and by which can be identified. Participants will be advised that they can contact the researcher and withdraw from the study at any time before the data is processed.

20. Anonymity & confidentiality: (Please answer the following questions)

20.1. Will the data be gathered anonymously?

(i.e. this is where you will not know the names and contact details of your participants? In qualitative research, data is usually not collected anonymously because you will know the names and contact details of your participants)

NO

21. If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

(How will the names and contact details of participants be stored and who will have access? Will real names and identifying references be omitted from the reporting of data and transcripts etc? What will happen to the data after the study is over? Usually names and contact details will be destroyed after data collection but if there is a possibility of you developing your research (for publication, for example) you may not want to destroy all data at the end of the study. If not destroying your data at the end of the study, what will be kept, how, and for how long? Make this clear in this section and in your participant invitation letter also.)

Data from focus groups and interviews will be anonymised during transcription. On the consent forms (see Appendices 4 & 5), participants will be asked to provide a reference number, which will be attached to their transcript, in order to allow individual's contributions to be later identified and removed if they choose to withdraw from the study. Online survey data will be gathered anonymously and, similarly, participants will be asked to provide a reference number for use if they later wish to withdraw.

22. Protection of participants:

(Are there any potential hazards to participants or any risk of accident or injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants in your debrief sheet, particularly if the research is of a sensitive nature or potentially distressing?)

N.B: If you have serious concerns about the safety of a participant, or others, during the course of your research see your supervisor before breaching confidentiality.

All data will be gathered from participants in their regular places of work. No hazards associated with participation are anticipated.

No distress to participants is anticipated during any stage of this work.

However, all participants, as workers with the British Red Cross, have access to confidential support from the Psychosocial Support workers. The contact details for the relevant worker will be provided by the researcher should any group member become distressed or express the wish for support around anything that has arisen during this study.

23. Protection of the researcher:

(Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury to you? If interviewing participants in their homes will a third party be told of place and time and when you have left a participant's house?)

Focus group/interview data will be gathered from participants in their regular places of work. The research supervisors will be informed in advance of the date, location and timing of all focus groups and interviews. Questionnaires will be completed electronically. No risk to the researcher is anticipated.

24. Debriefing participants:

(Will participants be informed about the true nature of the research if they are not told beforehand? Will participants be given time at the end of the data collection task to ask you questions or raise concerns? Will they be re-assured about what will happen to their data? Please attach to this application your debrief sheet thanking participants for their participation, reminding them about what will happen to their data, and that includes the name and contact details of an appropriate support organisation for participants to contact should they experience any distress or concern as a result of participating in your research.)

Following focus groups and interviews participants will be debriefed, on how they feel after the discussion and whether anything has been brought up that requires further discussion (see interview schedule, Appendix 1). Sources of support for any difficult issues raised will be discussed. Participants will then be given the opportunity to ask any final questions about the study. Written debrief information (See Appendix F) will also be provided in focus groups as well as to participants completing questionnaires, including contact details for the researcher should they have any further concerns or wish to withdraw, with information on the process of withdrawing their data.

25. Will participants be paid?

NO

If YES how much will participants be paid and in what form (e.g. cash or vouchers?) Why is payment being made and why this amount?

26. Other:

(Is there anything else the reviewer of this application needs to know to make a properly informed assessment?)

No.

4. Other permissions and ethical clearances

27. Is permission required from an external institution/organisation (e.g. a school, charity, local authority)?

NO

This research is being carried out in collaboration with the British Red Cross, with the head of Psychosocial Services in that organisation, Dr Sarah Davidson, acting as second supervisor. The research questions addressed in the study have been agreed with Dr Davidson as representing important issues for the organisation.

If your project involves children at a school(s) or participants who are accessed through a charity or another organisation, you must obtain, and attach, the written permission of that institution or charity or organisation. Should you wish to observe people at their place of work, you will need to seek the permission of their employer. If you wish to have colleagues at your place of employment as participants you must also obtain, and attach, permission from the employer.

If YES please give the name and address of the institution/organisation:

Please attach a copy of the permission. A copy of an email from the institution/organisation is acceptable.

In some cases you may be required to have formal ethical clearance from another institution or organisation.

28. Is ethical clearance required from any other ethics committee?

NO

If YES please give the name and address of the organisation:

Has such ethical clearance been obtained yet?

N/A

If NO why not?

If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation is acceptable.

PLEASE NOTE: Ethical approval from the School of Psychology can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committees as may be necessary.

29. Will your research involve working with children or vulnerable adults?*

NO

If YES have you obtained and attached a DBS certificate?

N/A

If your research involves young people under 16 years of age and young people of limited competence will parental/guardian consent be obtained.

N/A

If NO please give reasons. (Note that parental consent is always required for participants who are 16 years of age and younger)

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children see www.uel.ac.uk/gradschool/ethics/involving-children/

30. Will you be collecting data overseas?

NO

This includes collecting data/conducting fieldwork while you are away from the UK on holiday or visiting your home country.

* If YES in what country or countries will you be collecting data?

Please note that ALL students wanting to collect data while overseas (even when going home or away on holiday) MUST have their travel approved by the Pro-Vice Chancellor International (not the School of Psychology) BEFORE travelling overseas.

<http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

IN MANY CASES WHERE STUDENTS ARE WANTING TO COLLECT DATA OTHER THAN IN THE UK (EVEN IF LIVING ABROAD), USING ONLINE SURVEYS AND DOING INTERVIEWS VIA SKYPE, FOR EXAMPLE, WOULD COUNTER THE NEED TO HAVE PERMISSION TO TRAVEL

5. Signatures

TYPED NAMES ARE ACCEPTED AS SIGNATURES

Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name: Alex Wall

Student's number: 0816708

Date: 3/2/17

Declaration by supervisor:

I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.

Supervisor's name:

Date:

YOU MUST ATTACH THESE ATTACHMENTS:**PARTICIPANT INVITATION LETTER(S)**

See pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This can be adapted for your own use and must be adapted for use with parents/guardians and children if they are to be involved in your study.

Care should be taken when drafting a participant invitation letter. It is important that your participant invitation letter fully informs potential participants about what you are asking them to do and what participation in your study will involve – what data will be collected, how, where? What will happen to the data after the study is over? Will anonymised data be used in write ups of the study, or conferences etc.? Tell participants about how you will protect their anonymity and confidentiality and about their withdrawal rights.

Make sure that what you tell potential participants in this invitation letter matches up with what you have said in the application

CONSENT FORM(S)

Use the pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This should be adapted for use with parents/guardians and children.

PARTICIPANT DEBRIEF SHEET**OTHER ATTACHMENTS YOU MAY NEED TO INCLUDE:**

See notes on page 2 about what other attachments you may need to include – your debrief

document for participants? Example interview questions? A questionnaire you have written yourself? Visual stimuli? Ethical clearance or permission from another institution or organisation?)

SCANNED COPY OF CURRENT DBS CERTIFICATE

(If one is required. See notes on page 3)

APPENDIX H: ETHICS APPROVAL CONFIRMATION

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates

REVIEWER: Dr Davide Rivolta

SUPERVISOR: Dr Kenneth Gannon

COURSE: Professional Doctorate in Clinical Psychology

STUDENT: Alex Wall

TITLE OF PROPOSED STUDY: Evaluating the effects of Reflective Practice Groups on the workforce in British Red Cross services

DECISION OPTIONS:

APPROVED: Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

APPROVED

Minor amendments required (for reviewer):

Major amendments required (for reviewer):

ASSESSMENT OF RISK TO RESEARCHER (for reviewer)

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

IUM

X

Reviewer comments in relation to researcher risk (if any):

Reviewer (Typed name to act as signature): Davide Rivolta

Date: 13/02/2016

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (Typed name to act as signature):

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: <http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

APPENDIX I: PARTICIPANT INFORMATION FORM



UNIVERSITY OF EAST LONDON

School of Psychology

Stratford Campus

Water Lane

London E15 4LZ

Consent to Participate in a Research Study

Principal Investigator:

Alex Wall

u0816708@uel.ac.uk



The purpose of this letter is to provide you with the information you need in deciding whether to participate in a research study. The study is being conducted as part of a Professional Doctorate in Clinical Psychology (DclinPsy) at the University of East London.

Project Title:

“Evaluating the effects of Reflective Practice Groups on the workforce in British Red Cross services”

Project Description

This research project is looking at the Reflective Practice Groups provided by the psychosocial practitioners in the British Red Cross. The aim is to establish what impact these groups have on individual members of the workforce, the work they do with vulnerable people and on the wider organization.

To achieve this, the study will ask members of the British Red Cross workforce about their insights and experiences around group reflective practice in focus groups based in British Red Cross services across the country.

You are invited to participate in a focus group. This will take around 60-90 minutes and will involve a group discussion, facilitated by the researcher, centred on the Reflective Practice Groups and how they affect you, your work and your experience of the service/organisation you work in. You are not expected to have any special knowledge of the subject or particular insights beyond your own thoughts, feelings and experiences; your personal perspective is what is important.

The group discussion will involve hearing the views of different people on the subject, some of which may disagree with your own; all group members are asked to be respectful of difference and allow everyone the chance to be heard. It is not anticipated that what is discussed will cause distress, but there is a chance that parts of the conversation could be challenging or painful for some members of the group. If you find that you are uncomfortable in any way during the focus group, please make the researcher aware, or feel free to leave the group. If you would like to talk about further about anything that arises during the focus group, please approach the researcher at the end, get in touch later using the contact details above.

Confidentiality of the Data

The discussion in the focus groups will be audio-recorded. These recordings will be transcribed with all participants anonymised and the recordings deleted as soon as transcription is complete. Data analysis will be done using these transcriptions.

On the consent form, you are invited to choose a four-digit number, which can be used to identify your data at a later time if you choose to withdraw from the research. (Please avoid numbers which are likely to be duplicated, like '0000' or '1234'). Using this number, you are free to contact the principle investigator and withdraw all your data from the study at any time up to the start of data analysis around November 2017, after which it will not be possible to completely separate your individual contribution.

All recordings and transcripts will be transported and stored securely by the principle investigator, who will then collate and analyse focus group data in combination with the other parts of this research. If you would like to see the

overall results from the study, you are welcome to leave contact details with the researcher, or contact Alex Wall (details above) at a later time to request a copy. Individual data cannot be released, however, for reasons of confidentiality.

Location

This focus group will be carried out in the space where you would normally participate in Reflective Practice Groups.

Please note

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Should you withdraw after data-analysis has begun, the researcher reserves the right to use your anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor; Ken Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ. 0203 8223 4576 K.N.Gannon@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,

Alex Wall (Trainee Clinical Psychologist)
16/11/17

Date:

APPENDIX J: PARTICIPANT CONSENT FORM

UNIVERSITY OF EAST LONDON



Consent to participate in a research study

“Evaluating the effects of Reflective Practice Groups on the workforce in British Red Cross services”

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that, should I withdraw after data-analysis has begun, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Number

.....
Please choose a four-digit number. Your data will be anonymised, so this number can be used to identify your data at a later time if you choose to withdraw from the research. (Please avoid numbers which are likely to be duplicated, like '0000' or '1234')

Confirmation of Consent

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

**APPENDIX K: PARTICIPANTS IN ALL FOCUS GROUPS BY
PARTICIPANT REFERENCE CODE**

<i>Focus Group 1</i>	<i>Focus Group 3</i>	<i>Focus Group 3</i>	<i>Focus Group 4</i>	<i>Focus Group 5</i>
Refugee Support service	Refugee Support service	Refugee Support service	Psychosocial team	RSOM managers
<i>n</i> = 7	<i>n</i> = 7	<i>n</i> = 8	<i>n</i> = 15	<i>n</i> = 13
<i>Pt. 1</i>	<i>Pt. 8</i>	<i>Pt. 15</i>	<i>PSP-A</i>	<i>RSOM-1</i>
<i>Pt. 2</i>	<i>Pt. 9</i>	<i>Pt. 16</i>	<i>PSP-B</i>	<i>RSOM-2</i>
<i>Pt. 3</i>	<i>Pt. 10</i>	<i>Pt. 17</i>	<i>PSP-C</i>	<i>RSOM-3</i>
<i>Pt. 4</i>	<i>Pt. 11</i>	<i>Pt. 18</i>	<i>PSP-D</i>	<i>RSOM-4</i>
<i>Pt. 5</i>	<i>Pt. 12</i>	<i>Pt. 19</i>	<i>PSP-E</i>	<i>RSOM-5</i>
<i>Pt. 6</i>	<i>Pt. 13</i>	<i>Pt. 20</i>	<i>PSP-F</i>	<i>RSOM-6</i>
<i>Pt. 7</i>	<i>Pt. 14</i>	<i>Pt. 21</i>	<i>PSP-G</i>	<i>RSOM-7</i>
		<i>Pt. 22</i>	<i>PSP-H</i>	<i>RSOM-8</i>
			<i>PSP-I</i>	<i>RSOM-9</i>
			<i>PSP-J</i>	<i>RSOM-10</i>
			<i>PSP-K</i>	<i>RSOM-11</i>
			<i>PSP-L</i>	<i>RSOM-12</i>
			<i>PSP-M</i>	<i>RSOM-13</i>
			<i>PSP-N</i>	
			<i>PSP-O</i>	

APPENDIX L: RESEARCH FOCUS GROUPS

<i>Focus Group</i>	<i>Participants</i>	<i>n</i>	<i>Date</i>
FG1	Refugee support staff	7	22 nd June 2017
FG2	Refugee support staff	7	5 th September 2017
FG3	Refugee support staff	8	23 rd November 2017
FG4	Psychosocial Practitioners (PSPs)	15	15 th December 2017
FG5	Refugee support operational managers (RSOMs)	13	15 th January 2018

APPENDIX M: FOCUS GROUP INTERVIEW SCHEDULES

Focus Group 1 Interview Schedule

Introduction – before turning on recorder

- Introduce facilitator and study aims
- Go through the participant info sheet verbally
- Go through consent form & sign
- Discussion of confidentiality and ensuring 'safe space' in the group
- [Audio recording begins]

Focus Group Question

What is your experience of reflective practice in the British Red Cross?

Prompts

Do reflective practices have an effect on people in the BRC workforce?

- If so, what are the effects and how do you notice them?
- How does the facilitator support these effects?

Do reflective practices have an effect on the people the BRC supports?

- If so, what are the effects and how do you notice them?
- How does the facilitator support these effects?

Do reflective practices have an effect on the BRC as an organisation?

- If so, what are the effects and how do you notice them?
- How does the facilitator support these effects?

What do you think stakeholders in BRC services would say/think about reflective practice?

Debriefing:

[End audio recording]

- How do group members feel after their conversation?
- Has anything been brought up that needs to be discussed further/elsewhere?
- Talk about sources of support for any difficult issues raised.
- Any final questions about the study?
- Ensure all group members have contact details for the researcher.
- Thank all participants.

Focus Group 2 Interview Schedule

Introduction – before turning on recorder

- Introduce facilitator and study aims
- Go through the participant info sheet verbally
- Go through consent form & sign
- Discussion of confidentiality and ensuring 'safe space' in the group

[Audio recording begins]

Focus Group Question

What is your experience of reflective practice in the British Red Cross?

Prompts

What are the purposes and aims of the reflective practice groups?

- How well are those aims achieved
- How does the PSP go about fulfilling these aims?
- What skills are necessary for the PSP?

What does the team value about the RP groups?

- Are these features of Reflective Practice or the skills of the PSP?
- What aspects are less valued?

What factors might prevent workers from engaging with the RP groups?

- How are these factors overcome?

How do Reflective Practice groups fit with the professional culture...

- ...of the team?
- ...of the British Red Cross?

Debriefing:

[End audio recording]

- How do group members feel after their conversation?
- Has anything been brought up that needs to be discussed further/elsewhere?
- Talk about sources of support for any difficult issues raised.
- Any final questions about the study?
- Ensure all group members have contact details for the researcher.
- Thank all participants.

Focus Group 3 Interview Schedule

Introduction – before turning on recorder

- Introduce facilitator and study aims
- Go through the participant info sheet verbally
- Go through consent form & sign
- Discussion of confidentiality and ensuring 'safe space' in the group

[Audio recording begins]

Focus Group Question

What is your experience of reflective practice in the British Red Cross?

Prompts

What are the purposes and aims of the reflective practice groups?

- How well are those aims achieved?
- How clear are the aims and ground rules for groups made to staff?
- Does the team prefer having clear structure and goals for sessions to more free-form discussion?

What makes it possible for the RPGs to be of value to the team?

- Are the valued aspects of RPGs around the reflective space or the knowledge/skills brought by the workers/PSP?
- What knowledge/skills does the PSP use?
- What knowledge/skills do the team use?
- How important are these skills/knowledge to the success of the group?

What factors might be challenging or less valued about RPGs?

- Are there times when the groups are less easy to engage with?
- Are some people more comfortable in the groups than others?
- How are these factors overcome?

How do the RPGs reflect the culture of the teams?

How do provision of RPGs reflect the attitude of the BRC towards services?

Do the provision of RPGs represent sufficient input around supporting reflective practice?

Debriefing:

[End audio recording]

- How do group members feel after their conversation?
- Has anything been brought up that needs to be discussed further/elsewhere?
- Talk about sources of support for any difficult issues raised.
- Any final questions about the study?
- Ensure all group members have contact details for the researcher.
- Thank all participants.

Focus Group 4 (Psychosocial team) Interview Schedule

Introduction – before turning on recorder

- Introduce facilitator and study aims
- Go through the participant info sheet verbally
- Go through consent form & sign
- Discussion of confidentiality and ensuring 'safe space' in the group

[Audio recording begins]

What are the aims and objectives of RPGs delivered in BRC services?

- To what extent are these achieved?
- How do you achieve them?
- To what extent do workers understand the aims and objectives?

What impact do RPGs have on the services?

- Direct impact on workers?
- Impact on beneficiaries?

What informs the way you deliver RPGs?

- What knowledge/skills are required?
- How do you adapt your model to the needs of particular teams?

What are the barriers to workers engaging with RPGs?

- Does anything make an individual worker more/less easy to engage?
- Does anything make a team more/less easy to engage?

Could anything about RPGs be changed to make them more useful?

Debriefing:

[End audio recording]

- How do group members feel after their conversation?
- Has anything been brought up that needs to be discussed further/elsewhere?
- Talk about sources of support for any difficult issues raised.
- Any final questions about the study?
- Ensure all group members have contact details for the researcher.
- Thank all participants.

Focus Group 5 (RSOMs) Interview Schedule

Introduction – before turning on recorder

- Introduce facilitator and study aims
- Go through the participant info sheet verbally
- Go through consent form & sign
- Discussion of confidentiality and ensuring 'safe space' in the group

[Audio recording begins]

What is your experience of Reflective Practice Groups in the British Red Cross?

Prompts

Who here has the RPGs in services in their area?

- What are your impressions of the groups?

What do you understand by the term "Reflective Practice group"?

- What do you understand by "reflective practice"?
- What do you think happens in the groups?
- Do you feel members of the workforce share this understanding?

What do you think RPGs are intended to offer staff?

- What do you think they *do* offer staff?
- If they did what they are supposed to, how would you notice?
- Have you noticed any impacts of the groups in services where they run?
- Do you think the groups impact on care of beneficiaries?

Have you any worries or concerns about RPGs?

- What would help allay these concerns?
- Could anything in particular be improved about the groups?

How do Reflective Practice groups fit with the professional culture of RSRFL services/BRC as a whole?

- Are the groups affected by the professional culture in the BRC?
- Do the groups impact on the professional culture in the BRC?

Debriefing:

[End audio recording]

How do group members feel after their conversation?

Has anything been brought up that needs to be discussed further/elsewhere?

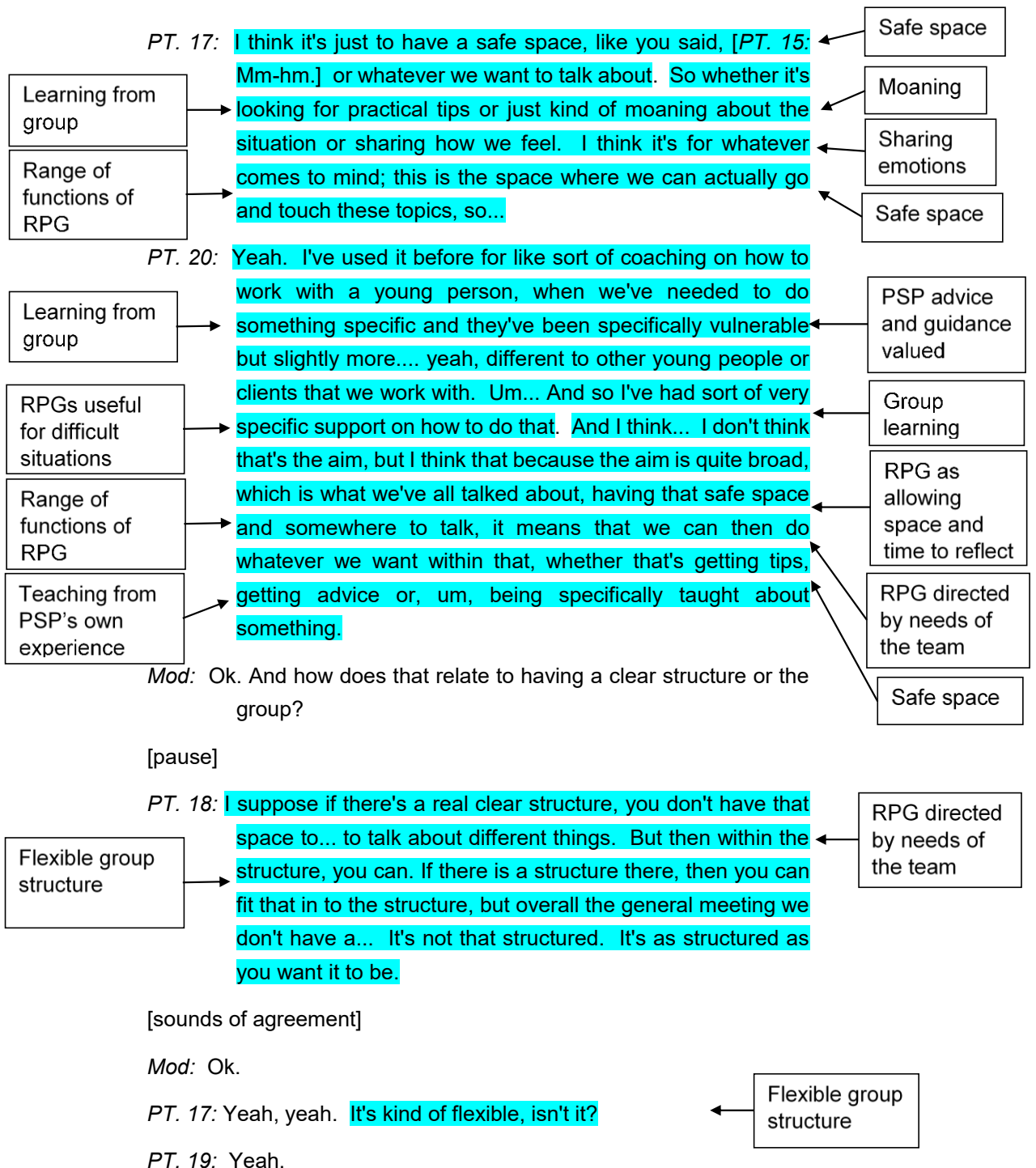
Talk about sources of support for any difficult issues raised.

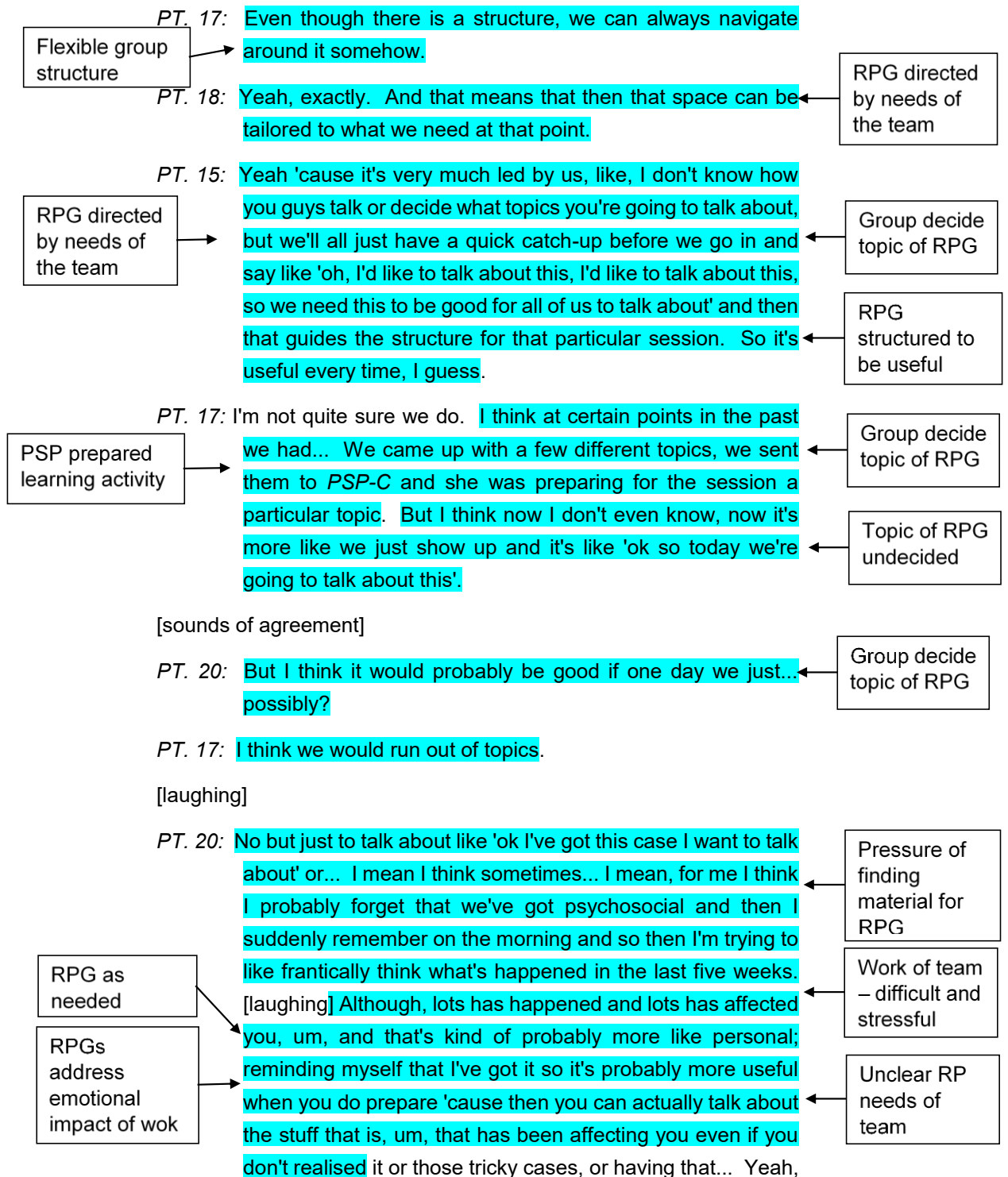
Any final questions about the study?

Ensure all group members have contact details for the researcher.

Thank all participants.

APPENDIX N: EXCERPT OF OPEN CODING





APPENDIX O: ALL CATEGORIES AND CODING CLUSTERS USED TO DEVELOP THE THEORETICAL MODEL

<i>Main category</i>	<i>Category</i>	<i>Sub-category</i>	<i>Coding cluster</i>
Service Context	Team experience of their service	Time and resources	Use of limited PSP resource
			Lack of worker time for RPG
		Direct work of the team	Challenges of frontline work
			Team as resourceful, coping
	Team experience of BRC	BRC approach to welfare of staff	BRC demonstrates care for frontline workers
			BRC culture of neglecting welfare of workers
		Experiences of BRC as wider organisation	Valuing the BRC
			BRC causes stress to team
Dilemma around RPGs	Acknowledged needs	Addressing distress caused by work of the team	Impact of stress
			Recognising and accepting limits of caring role
			Emotional impacts of client work
		Expert supervision of teams' practice	Being able to respond to changing needs of service
			Group experienced as helpful
			Understanding RP
			Guidance around practice
		Difficulties	RP as externally
			Assumption of resisting RP

	accepting RP	imposed and unwelcome	Perception of RP as unnecessary extra task
			Lack of understanding of RP
			Group experienced as unhelpful
		Anxiety around engaging with RPGs	Client needs prioritised over worker wellbeing
			Psychosocial input feels unsafe
			Resilience valued, vulnerability stigmatised
Conditions Resolving the Dilemma	Co-production of RPG	Responsive group structure	Explicit negotiation between team and facilitator
			Managing differences within and between groups
			Multiple activities in the group
		Stable framework	Defined aims of group
			Established group structure
			Safety & confidentiality
	Facilitator requirements	PSP attributes	PSP as having unique perspective and insights
			Seen as trustworthy and reliable
			Skills held by PSP
		Facilitation approach	Responsive facilitation
			PSP as external to team
	Group requirements	Approach to RP	Commitment to RPG
			Positive attitude to RPG
		Attributes	Relationships in the team
			Skills held by team
	Learning and	Group review of	Review specific case or

Useful Processes in RPGs	development of practice	casework	incident
			Collaborative problem solving
			Discussing positively experienced aspects of the work
		Group facilitated in sharing knowledge	Advice and guidance from peers
			Identifying with the experience of others
			Sharing different perspectives
		PSP sharing knowledge and experience	PSP direct guidance around practice
			Structured learning activity
			PSP sharing different perspective
	Developing a reflective approach to practice	Collaborative learning processes	Expressing and experiencing peer support
			Maintaining safe reflective space
			Practicing reflective skills
		PSP skills supporting RP	Skills around engagement
			Scaffolding peer support in the team
			Skills as reflective practitioner
	Reflecting on the impacts of practice on workers	Talking about emotional experience of work	Acknowledging impacts of daily work
			Acknowledging difficult experiences
			Validating emotional experiences
			Talking explicitly about self-care

Impacts of RPGs		Talking about impacts of work in context	Talk about emotional wellbeing
			Discussion of team dynamics
	Impacts on experience of workers	Maintaining or improving wellbeing of workers	Improved sense of wellbeing
			Recognising and accepting the impacts of work
			Increased resilience
			Improving self-awareness
			Improving self-care
		Developing reflective skills	Skills used outside group
			In-group skills
		Reduced stress	RPGs helpful in managing stress
			RPGs calming
	Impact on client work	Increased confidence and competence	Improved quality of care
			Developing solutions & strategies
			Building confidence
			Developing client work skills
		Improved insight and understanding	Managing worker self-expectations
			Maintaining boundaries
	Impact on service culture	Influencing team culture	Improved team working
			Reflective team culture
		Influencing BRC professional culture	Changing BRC organisational culture
			Developing perspective on wider organisation

APPENDIX P: DEVELOPMENT OF THEORETICAL CODES FROM OPEN CODING TO MAIN CATEGORY

<i>Main category</i>	<i>Category</i>	<i>Sub-category</i>	<i>Coding cluster</i>	<i>Codes</i>
Service Context	Team experience of their service	Time and resources	Use of limited PSP resource	Volunteer support One-to-one sessions valued Scarcity of PSP resource Support for managers Questionnaire measures as service requirement
			Lack of worker time for RPG	Ending RPG discussions Keeping to time Workers too busy for RP RPGs not prioritised when busy Justification of time spent in RPG Volunteers lack time for RP Difficulty making time for RPG Workload pressure Logistical challenges
		Direct work of the team	Challenges of frontline work	Work of team - difficult and stressful Casework (refugee support) uniquely challenging Work of team - responsibility Work of the team = potentially damaging to individuals Work of team - sense of importance and responsibility Work of team compared to other Red Cross work Service as 'beneficiary led' = problem Work of team = unpredictable Staff turnover Work of team - rewarded less than other sectors

				Service as 'beneficiary led'
			Team as resourceful, coping	<p>Team Attributes</p> <p>Team deserves acknowledgement or reward skills</p> <p>Team distinct from BRC</p> <p>Team as having unique positive characteristics</p> <p>Workers as tough, resilient, independent</p> <p>Workers able to cope with more difficulty than most people</p> <p>Team as doing a good job - achieving beyond expectations</p> <p>Team as mutually supportive</p> <p>Team as particularly supportive of each other</p> <p>Team values worker and SU wellbeing equally</p> <p>compassionate values</p> <p>Whole team creates supportive environment</p> <p>Team as welcoming</p> <p>Team = communicative</p> <p>team = close</p> <p>Team values</p> <p>Workers are passionate, dedicated</p> <p>RP fits with service culture</p> <p>Workers tend to be outcome-focused in view of work</p>
	Team experience of BRC	BRC approach to welfare of staff	BRC demonstrates care for frontline workers	<p>BRC culture</p> <p>BRC as learning organisation</p> <p>BRC as organisation welcoming feedback</p> <p>BRC professional culture - provision of care for staff</p> <p>BRC professional culture - changing over time</p> <p>BRC recognises emotional needs of staff</p>

				<p>Less acknowledgement of need for emotional support in other organisations</p> <p>Organisational responsibility for worker welfare</p> <p>BRC responsible for welfare of volunteers</p> <p>BRC responsible for workforce welfare and resilience</p> <p>Organisational responsibility for welfare of workforce</p> <p>Through PSP provision</p> <p>Individual sessions with PSP valued</p> <p>Just over half of services have RPGs</p> <p>Less support of staff in other organisations</p> <p>Locally-based workforce support valued over centralised initiative</p> <p>Organisational recognition of emotional impact of work</p> <p>Perception of BRC organisation</p> <p>PSP - expensive</p> <p>PSP input on offer = valued</p> <p>PSP provision better than NHS</p> <p>PSP support in wider BRC context</p> <p>PSP telephone support availability</p> <p>Psychosocial support appreciated</p> <p>Psychosocial support as recent development in BRC</p> <p>RPGs delivered in various service contexts</p>
			<p>BRC culture of neglecting welfare of workers</p>	<p>BRC - heroic self-image</p> <p>BRC - large, varied organisation</p> <p>BRC cost saving</p> <p>BRC lack of acknowledgement of service</p> <p>BRC lack of awareness of demands on the service</p>

				<p>BRC management out of touch with frontline services</p> <p>BRC neglecting welfare of volunteers - no PSP input</p> <p>BRC organisation unfamiliar</p> <p>BRC prioritises SU wellbeing over worker wellbeing</p> <p>BRC professional culture - historically militaristic</p> <p>BRC professional culture - task-focussed</p> <p>BRC professional culture does not account for emotional needs of workforce</p> <p>Difficult terminology in questionnaire measures</p> <p>Telephone support offered by BRC - negative view</p>
		Experiences of BRC as wider organisation	Valuing the BRC	<p>BRC - need to protect reputation</p> <p>BRC distinct position as charity</p> <p>BRC humanitarian organisation</p>
			BRC causes stress to team	<p>BRC frustration with organisation</p> <p>BRC humanitarian values at odds with wider society</p> <p>BRC recent organisational changes</p> <p>BRC work of organisation = stressful</p> <p>Coping with BRC recent organisational changes</p> <p>Impact of external factors on the team</p>

APPENDIX Q: EXAMPLES OF THEORETICAL MEMOS

This table contains a selection of the theoretical memos made during data analysis, to illustrate the development of the theoretical model.

Date	Title	Memo
13/07/2017 13:49	Uncertain role of RP groups	<p>The team spoke positively about RP activities being tailored to the needs of the team, being made to fit their needs and expectations.</p> <p>This might indicate a lack of regard for RP on its own merits, for its own sake. RP is something that must be changed to be relevant to them.</p> <p>Another playing out of the 'Big Dilemma'?</p>
19/07/2017 14:50	RP groups as team-building rather than psychosocial intervention	<p>Lots of stuff about the groups as bringing the team together, team building, activities, etc.</p> <p>Benefits related to team cohesion more than the actual reflective practice.</p> <p>Similarly, making a break in a busy day. No psychological skills involved there!</p>
21/07/2017 15:13	Conflicting attitudes to RP help simultaneously (doublethink)	<p>There is a real narrative of 'I would benefit from reflective practice, but you have to trick or entice me into it'.</p> <p>Possibly that resistance is an artefact of an organisation at the mid-point of a shift in professional culture. Everyone knows that they need it, but it's still not ok to admit that they need it. This dilemma seems to be being played out in lots of the talk about RP.</p>
25/07/2017 15:14	Barriers to engaging in RP	<p>There is a lot of the talk here are about the barriers to engaging with reflective practice</p> <p>Psychological barriers / barriers embedded in the organisational culture.</p> <p>And a lot of the talk is around how these barriers are overcome - psychologically (by PSP-A) and within the organisational culture.</p> <p>So a lot of talk is ultimately about how that dilemma (I want RP input and I know it's important, but I am unable to admit this because doing so would be a sign of</p>

		weakness/inadequacy) is resolved.
27/07/2017 15:20	The Big Dilemma	<p>The teams seem to be in a dilemma that goes a bit like...</p> <p>I understand the value of RP, from a personal and professional perspective. I feel the effects of my job and would like help in dealing with these. I understand that it is ok to need support with my job because of the emotional demands of what I do.</p> <p>BUT</p> <p>If I need help with the emotional fall-out from my work, that is an admission that I cannot cope. This makes me weak and unequal to the challenges of my work, and inadequate compared to the members of my team who cope without apparent effort. I see myself as a survivor, someone strong and independent. I value the care and support of my team, but I am ultimately more comfortable with supporting others than being supported (and I secretly feel that this makes me stronger/braver/better than others). I cannot admit that need or would benefit from help with coping. Because coping is what I do - what is valued within this organisation.</p>
31/07/2017 16:35	Adding to the workload	Clearly, any activity which adds to the workload is not welcomed. There's a very clear sense of 'don't we have enough to do?'
01/08/2017 16:59	Changes in BRC professional culture, one worker at a time	<p>The professional culture of an organisation is made up of the individual attitudes of its workforce. PSPs changing the minds of the people they work with represents a gradual cultural shift. Top-down policy-led changes are always going to be less effective at changing attitudes than the experience of individuals at work.</p> <p>Relatedly, reflective practitioners are more effective practitioners. Cultural changes towards reflexivity in the workforce benefit the organisation. Cultural changes towards self-care and wellbeing interventions benefit the workforce. That the two are interlinked, certainly in the minds of the team, represents an opportunity for all involved.</p>
01/08/2017 17:05	Reflexivity and wellbeing	The discourse around PSP input doesn't separate the aims of reflexivity and staff welfare. The two aspects are talked about

		<p>separately, but there doesn't seem to be an acknowledgement that you can consider one without the other. Reflective practice = self-care.</p> <p>Reflective practitioners are more effective practitioners. Reflexivity in the workforce benefit the SUs and organisation, self-care and wellbeing interventions benefit the workforce. That the two are interlinked, certainly in the minds of the team, represents an opportunity for all involved.</p> <p>Or, this could represent an organisational culture in which the two things simply aren't separated. What benefits the SUs benefits the workforces, because that is how they are accustomed to evaluating the 'good' in things.</p>
01/08/2017 17:42	Skills required to support staff members	<p>Although there's some talk of peer support being what is most important, when it comes to talking about the need for volunteers to be psychologically supported, there's universal agreement that there are particular skills needed for this kind of work, that the members of the team do not have. But that the PSPs do.</p>
05/08/2017 18:16	Personalisation of PSP	<p>Related to the insistence of the team that only someone who knows/understands them and the work intimately could possibly be able to help them with the work, is the personalisation of the PSP provision. Because it can ONLY be PSP-A that helps them, it is to her as a person and not to her professional role that they turn to for help.</p> <p>Which understandably leads to anxieties about depending on this help. Because PSPs come and go - so when you lose PSP-A, PSP-B comes along and does the same job. But if it's personalised, then the person (as opposed to the job) is irreplaceable. So, dependency is dangerous.</p>
05/08/2017 18:35	PSP relating to workers assumed to be = to workers relating to clients	<p>Workers assume that supporting people can only be done one way - the way they know how. Therefore, the kind of relationship that PSP-A has with them must be equivalent to their relationship with clients.</p> <p>Putting workers in the position of clients... You can see how that would be both edifying and uncomfortable for them. This might</p>

		explain some of the resistance. It might also explain some of the value.
15/1/18 16:52	Structure or groups – focussed topic vs unstructured ‘free’ reflection.	<p>Pre-set topic seems to help people feel safer with the groups. Possibly depersonalises the reflection, at least when they contemplate it in advance.</p> <p>Agreeing a case in advance with colleagues seems to serve a somewhat similar function, although with somewhat less depersonalisation... More established RPGs seem to be able to just go with the flow. So, structure contains anxiety. But structure also constrains free reflection. And decreasing amounts of structure are required by groups as they become established as a group and gain confidence in the reflective process. To the presumed end-point where they can simply freely reflect with the facilitator and group of colleagues containing that anxiety and no need for artificial structures which restrict as well as contain.</p>
30/01/2018 12:59	Influences of/on BRC culture	<p>The question of culture in BRC – I may have been thinking about this backwards. My assumption was that the engagement with the groups and the way they are used would reflect the BRC organisational culture.</p> <p>However, what if the groups are a forum in which BRC culture is propagated and passed on. They would potentially act as a form of surveillance, a place in which the normalising gaze of the whole team can influence individuals’ behaviours, attitudes and beliefs about the organisation.</p>
06/03/2018 13:29	Problem-solving	<p>Seems like there's a connection between the ideas of RPGs as a cooperative endeavour, emphasis on learning as part of them, and then talk about the need for them in relation to daily activities. Which indicates that a key activity is shared problem-solving. The RPG represents the meeting point of the team's experience and the knowledge and skills of the PSP. So the key process is in combining those elements to produce a positive outcome - whether that's processing difficult emotions or solving a practice dilemma, what seems to be important is combining resources to solve a problem.</p>
06/03/2018 15:59	Processes different for each team	<p>Multiple mentions that different members of staff will engage in different RPG sessions in different ways. What happens in the sessions will vary in the whole group</p>

	member in each group	depending on the topic under discussion, exact reflective activity etc. But more commonly, individuals will use the same group in different ways. One will be venting emotions, another using the team for case-specific problem-solving, another peer learning, another validating experience, etc. More commonly each team member will be using the group in their own unique combination of all these!
06/03/2018 17:24	Differences and similarities with informal peer support	Peer support outside of the RPGs seem to have similar qualities, but have clear differences. Focus, time & space, structure, whole team involvement, reflective depth, expert facilitation, collaborative learning. Crucially, in groups, all team members are party to discussions, so members can learn from problem-solving around other's challenges.
06/03/2018 18:07	BRC as care-giving	Psychosocial input in general - and the groups as part of that - seems to be experienced as caregiving on the part of the BRC. Analogous to parental caregiving; the BRC as parent provides a base in which workers feel supported (loved) and cared for, making the difficult and stressful work of 'refusing to ignore people in crisis' feel safe and possible. It's an attachment relationship. But what kind? Secure? Anxious-avoidant? Disorganised? Probably depends on the team and how they experience the acts of caregiving on the part of the organisation.
08/03/2018 13:08	Positivity in support of workers	There seems to be a repeated thing where teams want RPGs to be about more than helping them do their jobs - they want to be helped with their emotional wellbeing, have team-building input, have the good work they do recognised. They want their wellbeing cared for beyond the functional considerations of being able to do their jobs. They want the BRC to care for them for their own sakes. They want to be loved.
08/03/2018 15:26	Interpersonal skills of PSP	It does seem like there is a number of skills used by the PSP that are not directly referred to be are present by inference. The facilitation of the discussion is clearly valued and seen as important by the workers, but they don't really think about what the PSP is

		<p>doing. So, they refer to having someone helping the conversation along, but they don't give any account of how that happens. I suspect that some of the most valuable contributions on the part of the PSP are more or less invisible.</p>
12/03/2018 12:37	Participation in groups	<p>Interesting that the managers' group sees varying participation in groups as a problem, where the accounts of workers is that sometimes speaking and sometimes listening more is a positive thing and allows them to learn from others, as well as addressing their own issues when they have them.</p>
13/03/2018 11:15	Shift in BRC culture	<p>The professional culture of an organisation is made up of the individual attitudes of its workforce. PSPs changing the minds of the people they work with represents a gradual cultural shift. Top-down policy-led changes are always going to be less effective at changing attitudes than the experience of individuals at work.</p> <p>Relatedly, reflective practitioners are more effective practitioners. Cultural changes towards reflexivity in the workforce benefit the organisation. Cultural changes towards self-care and wellbeing interventions benefit the workforce. That the two are interlinked, certainly in the minds of the team, represents an opportunity for all involved.</p>
24/03/2018 13:36	Co-creation of groups	<p>Positive outcomes from the groups seems to be to some extent based on their continual co-creation with the PSP. There is a great deal of both this is how we need it to be' and 'we need you to tell us how it is going to be' and there is quite a dance between the two positions. I think there are several things going on there, firstly there's the common-sense interaction where the PSP has expertise, but the team know what they need. There's also, I think, a reflection of the thing about what the team needs to make it ok to be vulnerable and engage with RP activities</p>
31/03/2018 10:12	Parallel narratives	<p>Looking across the data, there seems to be two main threads to the links between all the categories.</p> <p>There's the fairly obvious stuff about RPGs - their explicit function, service context, purpose and gains in terms of the well-established benefits of RP (formative,</p>

	<p>normative, restorative).</p> <p>But alongside that, there is a narrative about the team's identity, what it means to be in the caring role in the context of a big organisation, how it feels to want to help people and not be able to, and how being encouraged to reflect on that can make you vulnerable, make you feel the powerlessness and despair that you spend your working life pushing back against, on behalf of your clients so they don't give up, for your colleagues, for yourself.</p> <p>The unreflective practitioner copes by denying it; brave face, stiff upper lip, chin up so you don't look down at the tightrope you're walking, just carry on as if everything is hopeful and anything is possible, try not to wobble. Keep working, because if you work hard enough, maybe anything will be possible.</p> <p>The reflective practitioner looks down, sees their situation and themselves as they are and finds reasons to carry on, reasons to hope. Because they can see the rope, they can find ways to keep their balance</p> <p>But how does the unreflective practitioner know what they will see if they dare to look down? Can they be sure there's even a rope there? It's an act of bravery to walk the rope, but it's braver still to think clearly and critically about what that means. So there's a complex back-and-forth, within and between staff and with the PSP - establishing what the team need, what they can tolerate, how to make the unbearable seem bearable but in a way that is bearable to contemplate.</p> <p>How to integrate the ideas of practicing reflectively with the established identity of teams and individuals, when those identities are protective factors.</p>
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APPENDIX R: EXCERPTS FROM REFLECTIVE RESEARCH DIARY

<i>Date</i>	<i>Diary entry</i>
2/9/16	<p><u>First supervision meeting at BRC</u></p> <p>The meeting felt incredibly fast-paced. There's so much to think about and so much to assimilate. I'm going to have to look seriously into what research methods are possible...</p> <p>Sarah seems fairly sure that qual will be the way to go; but it seems to me that if we want to measure the effects of something, a quant measure is the best way to do that. It will be a question of what I measure and how. So, before I figure that out, I'll have to research what the groups are and what they are intended to do. Looks as though I have some reading to do!</p>
1/11/16	<p><u>Follow-up meeting with Sarah.</u></p> <p>On the upside, I have a <i>lot</i> of information on measures relevant to reflective groups to report on. On the downside, none of the established measures fit the bill for this research. So, my idea for a multi-stage, mixed-measures study seemed solid: start with focus groups, follow-up with in-depth interviews, use the qualitative data to develop a quantitative measure of the effectiveness of the groups and then use that across the entire workforce alongside an established measure to check validity. And, as Sarah pointed out, that would be great, if I was doing a PhD, or possibly several PhDs. Scaling back my ambitions is clearly the name of the game; I have been so caught up in the possibilities, I lost sight of the feasibilities. This is where supervision comes in, of course; not just the expertise (she was certainly right about the methodology!), but also the perspective. (Seems like that might be relevant to the research somehow.) The corollary of this is that scaling back means abandoning the quantitative</p>

	<p>elements. I've certainly looked for other ways to do this, but everything I've read and researched points me to qual for this study. Still, quite a lot of the training so far has consisted of getting out of my comfort zone and having a good look around, but this feels like a major step into the dark. We were talking about Grounded Theory for a mixed methods study and it seems like that's still the best way to go, though. That at least seems like a bit of solid ground to work from.</p>
21/4/17	<p><u>Supervision meeting with Sarah & Ken</u></p> <p>A lot has moved on since my last meeting with Sarah. Registration and ethics approval completed. Next stage is to execute research. Luckily (for all sorts of reasons), the psychosocial practitioner posts in BRC have been made permanent, so service will definitely be a going concern for the duration of the study. Phew!</p> <p>Considering the surveys recently done in the BRC. my research should fit nicely with this. We discussed my idea of tweaking the research aims to more directly think about the processes in the groups, for wider relevance outside the BRC. I'm pleased Sarah and Ken agreed; I have a nagging worry that if I'm just evaluating these particular groups, then I'm producing an over-elaborate SRRP rather than a doctoral thesis.</p> <p>With that in mind, the research will use focus groups in three BRC services, the RSOM group and the group of psychosocial practitioners – in approximately that order. Interview schedule will be adapted for each group in line with GT methodology, towards developing a model of the psychological processes involved in the reflective practice groups.</p> <p>Lots of useful discussion around focus groups and research procedure... I think I'm getting a sense of what this will look like in practice.</p>
22/6/17	<p><u>First focus group.</u></p>

	<p>Well, that seemed to go well. They were a little slow to warm up in the group (fair enough really, they've never met me before), but I came away with a lot of data to go through and, whether or not because of my constant checking and re-checking of it, the recording equipment didn't let me down! And some really very interesting discussion there. Certainly some interesting threads that I hope to be able to pull on as I move forward.</p> <p>BRC professional culture is fascinating. There's a sense of the team being embattled and there's a real heroic narrative within the team, of them constantly struggling against the odds without support from the outside, etc. Reference is made to the Red Cross coming out the WW2 mentality of heroes on the battlefield and the team seem to view this part of the culture as very much in the past. But that seems to be exactly how they do see themselves. The team could clearly identify these elements of BRC culture, and identified <i>with</i> a lot of it, but distanced themselves at the same time. I hope to hear more about this in future groups.</p>
14/7/16	<p><u>Transcription and initial coding</u></p> <p>The joys of transcribing focus groups! Why does everyone have to keep talking over each other? It seemed like quite an orderly, polite group at the time, but now I come to listening back and writing it all down... I'm just really glad I kept a note of who was who and where they were all sitting – just having that diagram has been so helpful in keeping it all straight in my head.</p> <p>Still, that's one down and four to go.</p> <p>I'm surprised by how much content there was that I didn't pick up on at the time, though. Shows how much you do miss when you're listening at the same time as trying to run the group, keeping to the interview schedule, making sure everyone gets a say, worrying about recorders, etc. There was a whole conversation that might be important, about</p>

	<p>equating the need for psychosocial support with illness and seeing psychosocial practitioners referred to as like going to the doctor.</p> <p>A lot of the talk here are about the barriers to engaging with reflective practice – the psychological barriers and the barriers embedded in the organisational culture. I know it's not really the focus of the research, but it like it might be important to find out more about this.</p>
5/9/17	<p><u>Second focus group</u></p> <p>Again, that seemed to go pretty well, and more interesting material to consider. I'm conscious that there's a quite hazy understanding about what the Reflective Practice groups are for; the way the team speak about reflective practice is at odds with the mainstream clinical psychology understanding of the construct. This might be just because I've been so involved with the RP literature recently, but I had to resist an impulse to go off on a tangent on this and start explaining the groups to the team – exactly the opposite of what I was there for! But very interesting that the idea that reflective practice could directly make them better at their jobs did not really feature. Which is strange because they went to some lengths to justify looking after their wellbeing as in the interests of the service users, in terms of clinicians being more confident and relaxed, less staff attrition etc. I wonder what prevents that connection from being made in terms of the actual aims of the group?</p>
23/11/17	<p><u>Third focus group</u></p> <p>Somewhat more challenging group – a couple of people coming and going during, and they seemed a little reserved at the beginning. But fortunately, they warmed up and, although there were a few 'off at a tangent' moments, I think I've come away with some good material. This was my most involved interview schedule, so I'm just glad we got through everything. Looking ahead to the group with PSPs, I need to keep to a</p>

	much simpler schedule, given the much bigger size of the group.
15/12/17	<p><u>Fourth focus group</u></p> <p>This was much harder to manage than the previous groups; partly because of the sheer size of the team, but also because it was the group of PSPs... There's a power/status dynamic there which I'm definitely on the wrong end of. There's a bit of tension between my role as trainee in the team and role as researcher there. Still, I think it was a good exercise in facilitating without any possibility of being 'in charge'. And once they got warmed up, there was very little that I needed to do except interject the odd question. They all certainly had a lot to say in the end!</p>
15/1/18	<p><u>Fifth focus group</u></p> <p>I was surprised just how much interest and insight there were into the RPGs. Again, here was a little tension between my roles as researcher and as member of the psychosocial team. Where managers were questioning the value of RP and the role of PSPs in delivering the groups, it took an effort to stay in my researcher role, neutral and curious, rather than adopt my PSP role and start explaining theories and practices. But staying in the questioning stance seems to have paid off anyway. I certainly have a lot of data to work with. I would be surprised if I need to gather more material for this study, once I've got the analysis done.</p>
26/2/18	<p><u>Process of initial coding</u></p> <p>Coding is so slow! I thought I was getting up close and personal with my data when I was transcribing it all, but this is a different level altogether. At this point, it seems hard to see how a bigger picture is going to emerge from all this fine-grained detail. But, well, I suppose I have to trust to Cathy Charmaz that this will lead me somewhere!</p>
16/3/18	<u>Supervision meeting - review of open coding</u>

	<p>Having been so immersed in the process, it's just a relief to find that what I've been doing seems coherent and logical to someone else. I still have a long way to go, but it has been helpful to think about my overall coding scheme and how this might start to fit together into some kind of big picture. But I think I can start to see how patterns and relationships emerge – I only hope they come together into something solid.</p>
18/4/18	<p><u>Drawing out the of theoretical model</u></p> <p>Finally, a picture of my big picture. Looking at the diagram of my theoretical model, it's hard not to feel that it's a vast over-simplification of all that data I've analysed. All that time and effort, to produce lines and boxes on a single side of paper! Of course, alongside that feeling is the thought it's bordering on miraculous that I was able to pull something comprehensible enough to call a model out of all that. The model represents the main thrusts of my findings at least – it may lack some nuance, but I hope it will lead people to finer-grained details. And if not, at least I hope it's a little useful in itself. It will be interesting to share this with the PSP team and see what people think! And writing my discussion section, it has been gratifying to go back to the literature, and find that, while there are links there and some pleasing areas of overlap, a lot of the findings do seem to be new and original to this study. It's a fantastic thought that this might represent something genuinely helpful to people planning and facilitating RPGs in the future.</p>