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The use of action learning sets in developing a multiple lens view model with a charity's leadership team. An account of practice

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ABSTRACT

This paper outlines the outcomes from three rounds of action learning sets with a charity that supports vulnerable adults and those with learning disabilities in supported living and residential care. The action learning sets focused on safeguarding cases and how they had been managed by 11 leaders at various levels of the charity (the team). The findings demonstrate that using a reflective process and the 'fishbowl' model of action learning sets in this context is effective in evaluating the actions taken by the team in the safeguarding case, but also the awareness of the perspectives – or lenses – the team had used when reflecting on the roles of the various stakeholders included. We outline the development and application of the Multiple Lens View Model (Table 1) which was designed during the research and which helps to analyse the perspectives the participants were taking when focusing on the issues in each case. We conclude with an exploration of how this charity can more critically engage in debate around assumptions made in safeguarding incidents. We discuss how The Multiple Lens View Model can be developed further as a conceptual framework for this charity and for critical action learning in other institutions.

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Action learning sets; charity; safeguarding; lenses; critical action learning

Introduction

Purpose – a systemic change in the handling of safeguarding by charity leaders – from reactive to preventative

The Wilf Ward Family Trust offers support for adults with learning and physical disabilities and their families. They offer a range of short term and long term placements offering respite, day facilities and permanent living opportunities (www.wilfward.org.uk). The CEO of the charity contacted the university to request support with the leadership of safeguarding practice within the charity; focusing on the reduction of safeguarding incidents and improving the management of safeguarding cases. Two academics with extensive experience of safeguarding leadership took the opportunity to meet with him and

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Table 1. The multiple lens view model.

Lens	Perspectives	Assumptions
Primary lens used by managers and leaders of Wilf ward		
Regulatory	Decision-making is in line with regulations, and they are the main factor used in decision-making.	Regulatory powers and rules understand the human environment you work in.
Multiple lenses that were introduced during the ALS discussions		
Virtue	Decision-making is in line with the leaders' (managers') views.	The person in power's opinion is elevated because of their position in the organisation or because of their virtuous reputation.
Cultural	Responding in a fashion expected by the charity's policy, procedure or common practice.	The assumptions being made are due to the prevailing culture of an individual setting or the charity as a whole
Matriarchal	Like virtue, however, the view of the mother figure in the setting is sought out before decisions are made.	That the motherly figure is knowledgeable.
Charity model of disability	That decisions are made on a person's disability and not their ability	That people with a disability cannot or should not influence decisions around them. (We know best)
Care	Decisions are made that foreground care as the influencing factor.	This perspective forgives not considering other perspectives such as empowering the young person.
Patriarchal/ brotherhood	Decisions that are seen as manly, or ones that only lads understand, are made using maleness as an influencing factor.	The concern is that the male bonding between workers and young people alters the way we look at a situation.
Age-related	Decisions are made from an age point of view.	The concern here is that age is used to marginalise the other party.
Power	Decisions are made by the person or agency that holds the power/or is seen to by the participants in the safeguarding incident	The concern being that voices and ideas are silenced – thus the idea of creating a space within the ALS of 'talking to power'.

agree the process by which the safeguarding practice could be examined. The academics and CEO agreed on the use of Action Learning Sets (ALS) because this would involve the leaders in examining their practice in a supportive, but challenging, process. The CEO chose eleven leaders from different areas of the charity to take part in the process including himself; directors of the charity; service heads as well as regional and local leaders of the residential centres – these leaders are identified in this paper as 'the team'. In each ALS session one of the team members (identified as P1, P2 or P3) presented a safeguarding case study from their workplace to act as the focus of the ALS. One of the academics took on the role of facilitating the action learning sets. This included managing the iterative process as issues and safeguarding strategies emerged and steering the leaders towards an optimum model of ALS, so that they could take the approach forward with their own staff teams back in their workplace. The other academic had a research role to analyse the safeguarding discourse and evaluate the impact of action learning on the team and the emergence of critical action learning.

Safeguarding adults in supported living and residential services focuses on ensuring physical and mental wellbeing; supporting the clients in their personal development and creating a safe and supportive environment; ensuring clients do not experience abuse. Key related legislation includes the Mental Capacity Act 2005 and the Care Act 2014. The principles of the Mental Capacity Act include the requirement for all efforts to be made to ensure those who can make their own decisions do so. The Care Act 2014 focuses on safeguarding adults and enabling them to act with an appropriate level of autonomy within their capacity. The action learning sets were designed to explore how leaders negotiated these expectations in their handling of safeguarding

incidents and how far being regulated by legislation informed their decision-making. The team were told that the value of ALS as an approach was that this type of discussion could be effectively implemented in leadership development of safeguarding initially, but then could be utilised more generally in leadership development of other issues and more widely with their own teams across the charity.

This paper explores the first three rounds of action learning sets using safeguarding cases experienced within the charity as a focus. There were no pre-conceived plans for how the action learning sets would progress and the facilitator worked with the CEO to ensure that the development of the ALS practice continued to meet the charity's needs. The researcher met with each presenter after their case was addressed in the ALS to discover how they had used the suggestions offered by the rest of the team during their presentation and whether they had used the approach with their teams and any ways in which the ALS process could be enhanced.

Method

Process – the fishbowl technique

Action learning was developed by Revans (1982) for work colleagues to address operational issues together. Managers in Revans' study reflected on their position and how they felt about the decisions they had made (Revans 1982). This correlates well with our team as the presenter (P1, P2, P3) of each case was asked to reflect on their handling of the case, but also feedback at the next ALS how they had responded to the suggestions from the others in the team. The CEO and facilitator recognised that there needed to be a 'degree of comfort and openness with which the "unspeakable" is discussed' (Clifton and Gentle 2015, 68) which was achieved through what Miller and Benz (2008) described as a 'fishbowl' approach. In the fishbowl approach the presenter was considered to be the one on the inside by being the focus of attention; the others in the team were the 'out' group, viewing the case dispassionately and objectively. The fishbowl approach was used for all three rounds of ALS which operated in three cycles – in the first cycle the presenter outlined the safeguarding case; in the second cycle the team asked questions for clarification which were answered by the presenter and, in the third cycle, the team proposed suggestions for how the presenter could approach a similar situation in the future – the presenter did not comment on the suggestions at this point but in the beginning of the next ALS once they had time to reflect on them. It was recognised from the first ALS that the team was responding from particular perspectives. Therefore, in ALS 2 and 3 the fishbowl was enhanced by using a tool for examining the perspectives or lenses being used (Multiple Lens View Model, Table 1) in the three cycles of the ALS as explained later in the article.

Part of the role of the facilitator was to reflect on the level of challenge from the team in their questioning and suggestions which in the first ALS were described as *too kind* focussing on policy and regulations and a charity model of disability (see Table 1). However, the process was an iterative one which resulted in more challenging multiple view questioning as the rounds of ALS progressed. As ALS 2 and 3 occurred, further lenses emerged (see Table 1) which enabled the presenters (P2 and P3) to reflect on the assumptions they had made about the case they had chosen. The rest of the team

also started to use the Multiple Lens View Model to reflect on the incidents and their assumptions about the staff, clients and families in each situation. By using these lenses to reflect on the handling of the case the team's leadership skills in addressing safeguarding issues could be developed. In addition, they could reflect on how to use ALS effectively in their own settings. The team demonstrated a strong sense of social justice, and a desire to give voice to their clients, to their teams and themselves in developing the confidence to challenge senior leadership (speaking truth to power) and develop practice across the charity. The facilitator was conscious that with the CEO, directors and regional managers in the team there may be some members who would be reluctant to challenge those with a more senior role than themselves. This was reflected back to the group, so after the first ALS session the challenge of addressing safeguarding issues without the usual acquiescence to the hierarchy of leadership within the organisation was encouraged, as it was recognised that greater examination of assumptions held by the whole charity was important to ongoing organisational and leadership development. This speaking truth to power was facilitated and commented on favourably by the team as the sessions continued. This would lead to deeper analysis of the assumptions being made about clients and leadership of safeguarding cases. As outlined in Coghlan and Rigg (2021) 'Accounts of Practice offer a way of practical theorising in the sense of cogenerating actionable knowledge' (251) from the beginning the team understood that this was not just a temporal process, but ALS were being designed to make longer term, practical changes to policy and practice in safeguarding and then more broadly.

The academic in the role of researcher was evaluating the language being used during the sessions and interviewing the presenters after a few weeks to reflect on their experience of the ALS and what they had gathered from the questioning and suggestions. This offered another level of action learning where the team could consider their assumptions and the lenses they were using to view their roles. This was leading towards critical action learning which would impact on their practice more widely than safeguarding because they were analysing their practice as leaders, not just how they managed one particular incident. This also influenced the team's use of the Multiple Lens View Model that they were adopting in the ALS.

Results

Impact

There were two key outcomes from the action learning sets: the development of the Multiple Lens View Model and awareness of key issues that were arising from the safeguarding cases and how these would influence the team's leadership more broadly. Each round of action learning sets (as seen in Diagrams D1–D3) became more challenging with the facilitator explaining the assumptions being made in the evaluation of each safeguarding case. These assumptions were the starting point for the Multiple Lens View Model which informed the questioning and suggestions in ALS 2 and 3. Participants also reflected on the emerging themes with the researcher and how these may be affecting their professional understanding of key issues and how these impact on their practice and their clients. The themes were:

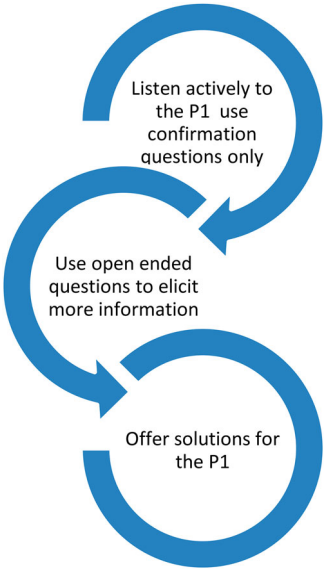


Diagram D1. Action Learning Set 1.

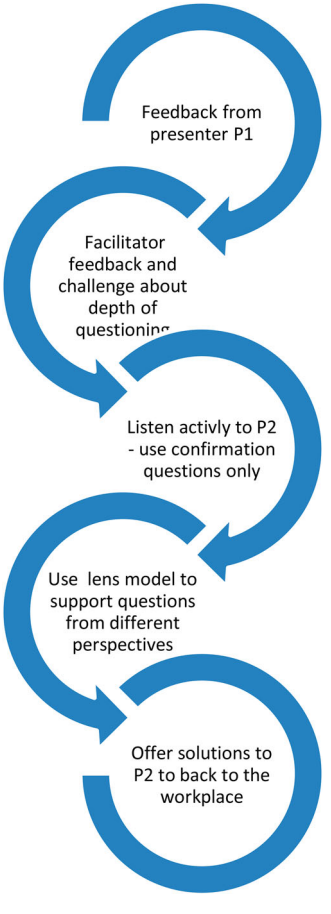


Diagram D2. Diagram D2. Action Learning Set 2.

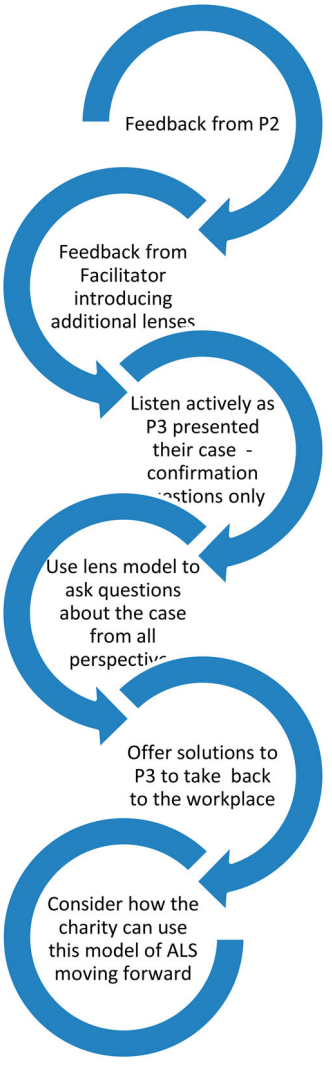


Diagram D3. Diagram D3. Action Learning Set 3.

- how charity workers measured the capacity of clients and how this influenced safeguarding practice;
- meeting the needs of clients and empowering them within their capacity;
- the role of action learning sets in leadership development and in the improvement of quality of care across the charity;
- the perspectives or lenses being used and how this impacted on the team's approach to clients' safeguarding needs.

In the first round of action learning sets, the group was guided through the fishbowl process (see D1). Prior to the first meeting one of the leaders (P1) had agreed to present a case from her setting. The facilitator provided a brief outline of how the fishbowl approach worked at the beginning of the ALS and emphasised that each member of

the group was equal in the process. This reiterated the fact that the CEO, line managers, regional leaders and setting leaders all had a voice and there was the potential to challenge current assumptions within the organisation. Action learning could provide the charity the opportunity to improve their practice in safeguarding, but also create an effective leadership team – across the leadership hierarchy – that was able to *speak truth to power* and be heard.

In this first ALS, P1 was not given a specific focus or way of presenting the safeguarding case, P1 chose what to say and included the decisions that had been made and why. The facilitator advised the group that they were not to interrupt the presentation of the case in order not to influence how it was being presented, but that they would be able to ask questions in the next part of the fishbowl technique. Once P1 had addressed the questions, the team would offer suggestions for potential improvements to practice in the case; but P1 would not respond to these. At the beginning of the next ALS P1 would inform the group what had been done as a result of the team's suggestions and any analysis they had made of their practice in the given case. They also described any actions that had been taken with their own team of care workers.

The first case focused on a young adult with learning disabilities who had joined a dating site and had been persuaded to send money. This was described as *financial abuse* by the presenter. However, what also emerged was the use of labels such as capacity, responsibility and consequences. The view here appeared to suggest that adults who had learning disabilities – even if they had been declared as having capacity – should be protected and not face the consequences of their actions. The presenter had described their role as *we want our individuals to have an ordinary life* (P1). However, if this client was not seeing the impact of their decision-making they were left with the opportunity to act in the same way again expecting, once more, for the pieces to be picked up by others if things went wrong. Two key themes emerged – firstly capacity and what that means in terms of clients also taking responsibility for their actions and secondly the power dynamic between the care workers and the clients. In a charity model of disability – within which this case had operated – the clients were being viewed with sympathy and the role of the leaders was to protect them. The challenge of the ALS was to reflect this back to P1 so that actions in the case presented could be evaluated but, maybe more importantly, to consider how P1 could lead more effectively in the future in areas broader than just safeguarding.

After the rounds of questions and suggestions P1 expressed the feeling that the ALS session *challenged me to think about the incidents because, at the time, we felt that we did deal with them really, really well* (P1). P1 noted that *you do try to naturally defend what you've already done* (P1). It was apparent from these statements that even though P1 was an experienced leader, there had been some complacency in the handling of safeguarding issues. When the researcher interviewed P1 after the ALS session, P1 reflected on the experience. In terms of the safeguarding case P1 recognised that *we've made it all lovely and safe for him (the client). So, he has no repercussions. So, it doesn't matter. He can continue to engage in unsafe practices* (P1). This was at the root of the issue for this case – the client had engaged in unsafe usage of websites and had experienced financial loss as a result. However, on raising this with the care workers he had his money returned. It resulted in him having the impression that *he hadn't done anything wrong and he got a reward (by having the money returned) because he has a learning*

disability (P1). This led to the first debate about what 'capacity' means in safeguarding cases and how far the charity workers viewed their role in holding clients to account if they were perceived to have capacity. As far as the ALS process was concerned P1 had taken on board the suggestions of the group and reflected on different ways to respond which was passed onto the staff in the setting.

It appeared at first that this round of action learning sets had met their objective of questioning leaders over their decision-making and leadership of their teams in safeguarding incidents. Although the CEO had acted as one of the team during the ALS, he did discuss the progress of the action learning sets with the facilitator and researcher to ensure that they were meeting the needs of the charity. Therefore, after each ALS, a discussion between the three was held. After ALS1 it was agreed that the session had not been sufficiently challenging, and this was raised with the group in the second round of ALS. The team had not been conscious of the preconceptions they were using in safeguarding and caring for those with disabilities. They also appeared wary of saying too much in front of the other leaders and the CEO. This was – according to one participant – because they were with their CEO and they had not experienced *speaking to power* in this way previously. They were taking the risk that their current reputation as a leader might be judged negatively if they were open about the potential mismanagement of the safeguarding cases or the questions that they asked. There was a politeness and reticence in front of each other that had influenced the questions and the suggestions. For action learning sets to have the strongest impact there needed to be an examination of the power dynamics across the various relationships – the relationship between the team and the CEO; charity leaders and their care workers; care workers and the clients; staff and client families.

At the beginning of the second round of action learning sets (see D2), P1 reflected on the experience of the first ALS and how their team had responded. P1 stated that *we considered his capacity again* (P1) and the staff decided he did have capacity; however he was experiencing an unmet need in terms of relationships, which they may not have recognised had they not returned to the case. Rather than *doing to* the client, the team adopted a *doing with* approach where they are educating him on safe practices regarding online communication and the consequences of not being safe. Even though the ALS had not been as challenging as was intended by the CEO and facilitator, the team of leaders had grown in confidence with the process. To enhance the second round of action learning sets, the facilitator spoke about how to ask more focused questions; how to address assumptions being made by the presenter and reflection on their role in leading safeguarding and the potential impact on the charity's practice. This was the first insight into the Multiple Lens View Model (Table 1). The facilitator described the emerging conceptual model as the different perspectives the group was using to view the clients and the situations related to the safeguarding cases they discussed. By reflecting the different lenses back to the team, the facilitator encouraged them to recognise their perspectives in their questioning and the suggestions they offered. To further support the development of the Model, the researcher presented the key themes and language that had arisen in the first ALS included capacity; consequences and that those working with clients were initially adopting a charity model of disability (Table 1), which potentially could result in clients being protected from developing an awareness of harmful situations. The recommendation to the team was that they needed to balance their care responsibilities

with encouraging vulnerable adults to enjoy autonomy and independence within their capacity or risk clients developing learned dependency, even if they have the capacity to make decisions for themselves. The team entered into the second round of ALS bearing in mind these reflections from the facilitator and researcher.

In the second round of action learning sets there were two main aims – to offer more challenge in the questioning and suggestion cycles of the ALS and to identify the perspectives or lenses being used by the team that impacted on their actions at the time. In this ALS the case's focus was on a care worker from P2's staff team – who was also a new manager for the setting – and the handling of the support plan of a client without capacity, with poor communication and profound learning needs. In this case, the dilemma was how far the care worker had deviated from the support plan and why it had been allowed. The care worker's actions had potentially put themselves as well as the client in an unsafe situation. This occurred when the care worker took the individual out of the living facility one to one rather than following the client's support plan that stated at least two staff were required. The care worker was ignoring the professional distance that needed to be maintained with clients and believed that their good, friendly relationship with them would be sufficient to keep the individual safe and no other carer would be needed. P2 highlighted that boundaries between the care worker and the client's family had become blurred because the care worker had extended their casual relationship with the client to the client's family. However, the family ended up expressing concern about their son's care as they found out more information. P2 had to re-establish an appropriate relationship with the family and reviewed why the situation had occurred. This issue was a learning point for P2's whole team in terms of following the guidelines, but what P2 picked up in terms of leadership development was that the charity needed to be vigilant with the induction of new managers. P2 reflected on the ALS process, saying that *we're improving manager induction and … making it even more robust and … [make sure] that we hold them [new managers] to account to carry that out* (P2). P2 stated that the ALS suggestions had identified a *closed culture* within the service and needed to consider *how to address this*, sharing the learning across the charity.

When presenter 2 (P2) fed back in round three of the action learning sets the emerging themes were holding managers to account but also P2 reflected that because this is a caring profession, sometimes individuals will want to flex the rules to appear more caring or nurturing of the individual and it can lead to unsuitable situations. By the end of the second ALS the facilitator identified with the group a list of lenses that had emerged during their discussions. This focused, conceptual approach – the Multiple Lens View Model (see Table 1) – was designed to enable the participants to understand their perspectives, biases and assumptions about the issues being discussed.

These lenses were working hand in hand with the models of disability – medical, social, charity, functional – that the charity workers and leaders were working within. By the end of the third ALS the group would discuss whether viewing the case through a different lens would alter actions in the future.

In ALS round three (see Diagram D3), the facilitator guided the team towards consciously reflecting on the different lenses that were being used. Two considerations were encouraged: firstly the team's own individual lenses; but also the lenses being adopted by those included in the safeguarding case study – so the lenses used by care workers about clients and clients' families. As well as their own perspectives, the team

was encouraged to ask questions and offer suggestions that may come from other lenses in the model. This then would provide a more holistic analysis of the case and its outcomes. In addition, the use of the Multiple Lens View Model would produce further insight into the values and perspectives of the charity as a whole and, therefore, how leadership, policy and practice could be further improved. This would be the final round where the ALS was fully facilitated by the university academic, as the team was going to take over the facilitation in order to be able to use ALS effectively across the charity and a range of issues beyond safeguarding. One of the outcomes would be to reflect on action learning that had taken place and move into critical action learning for longer term development.

This time the case revolved around an older client who had made a disclosure about experiencing abuse from a care worker. In presenting the case P3 stated that the client and another client with whom they lived in supported provision '*were pretty active in their own w*ay' (P3). However, the client did not have good verbal communication skills and had periodically responded negatively to care workers for no discernible reason, including a previous complaint about abuse. It was stated that care workers had tried to work *around his anxieties and how he worries about who's coming on* (P3) duty. The suggestion was that the care workers had adopted an approach that met the client's needs initially, finding ways for them to prepare for the particular member of staff providing their care through sharing timetables for example. However, over time the care workers had moved into a position of pacifying the client and accepting the client's behaviour without challenging the client's misconceptions about maltreatment. Ultimately, after an investigation, the care workers and P3 concluded that the incident the client had reported had not taken place.

P3 was using the regulatory lens of a manager initially when presenting the case, as P3 had been new to the role at the time and wanted to reassure the team that protocol had been followed. However, the perspective of the client was not used – this was challenged in the learning set as it appeared that P3 had made assumptions about the client's capacity based on the client's ability to answer some direct questions. This assumption led to P3 believing that the client had a full understanding of the investigation and its outcome. The notions of capacity and responsibility again emerged as they had done in the previous cases. Did the client have the capacity to make reasoned complaints or was he trying to express a different, maybe unmet, need in relation to feelings about their carers? Once the investigation had closed, there were no consequences for the client in terms of having to acknowledge any falsehood. P3 suggested that *the upset for a staff member could have been much less or even avoided and the processes could have been in place following the previous allegation* (P3). Whilst the regulatory lens had been very strong in this case initially, P3 began to evaluate the case through a charity lens that had been subliminal in the way the client's lack of capacity had been assumed and their perspective potentially ignored. In this case, the historical acceptance that this was *just what this client did* (P3) resulted in the false allegation being dismissed without the findings being fully presented to the client, so accepting that this may happen again. Using a parental lens, P3 was indicating that – like parents – the situation had moved away from the client taking responsibility, which resulted in the client having a potentially inaccurate awareness of their culpability and expectations for interactions with care workers.

ALS 3 demonstrated that the team was now able to recognise the innate lenses that they had been using in their initial reflections on the safeguarding cases. They were also able by this point to employ different lenses when analysing the roles of the different participants in the cases including themselves as leaders, the care workers, the clients and the clients' families. For the charity, there were plans after ALS 3 for ongoing development using ALS with the team and then for the team to take this wider across the charity with their own teams. Potentially the approach would then be applied to the work of trustees to inform the strategic as well as operational leadership of the charity. The value of the action learning set approach was that, although the cases referred to a specific location within the charity, the learning that emerged was applicable across the institution.

Discussion

Potential

You will need to coach someone through that moment of discomfort or that moment of vulnerability, because it is only by going through those that you can create change (P2). This statement in the third round of ALS demonstrated that P2 had understood the purpose of the ALS in the team's development. The team needed to recognise emotion when it impacted on decision-making, but more profoundly, to address the fact that there may be other, more successful and appropriate ways to lead the organisation, whether that be in terms of safeguarding or wider issues. P1 stated that *our safeguarding of individuals, sometimes leaves them more vulnerable, to continue to put themselves at risk* (P1). This thread has run through the action learning sets and was explored further in the analysis of outcomes.

By undertaking the ALS process, the team had recognised that perspectives on safeguarding adults with learning and physical disabilities had needed evaluation and the action learning sets had been used to analyse issues with responses to policy and practice. In the team's desire to be caring it had allowed situations to arise that had presented issues in relation to capacity, care and consequences. It was apparent that the team was comfortable identifying capacity within the clients, but once the client had received a label of having capacity, the team was less sure about how far to offer care and support and how far independent decision-making by clients should also include consequences for the clients' decisions. There were also issues with accurately evaluating the client's perspective. This led to discussion around the rights of those involved. The client has the right to be heard and have their needs met. The members of staff have the right to a safe working environment and fair treatment. In all three cases presented, the balance of rights and responsibilities had caused questions to be asked. The value of the action learning sets was that the presenters were being open to critique from the rest of the team and were prepared to examine their motivation for the leadership actions taken. Going forward, recognising the importance of voice in all levels of the charity and the need for reflective practice more generally would help develop an acceptance of continuous improvement beyond just safeguarding practice.

The most significant element of the ALS in informing this potential for continuous improvement had been the way in which the facilitator had challenged the team to

identify their own lenses and those of their staff and clients and the impact of these on people's actions. Using the Multiple Lens View Model had challenged the assumptions being made by the presenters and any staff in the case and helped the team recognise any potential complacency about practice. At the end of ALS 1 the team had recognised that clients were viewed through different lenses and that this influenced the decisions being made, even to the point of staff ignoring charity policy and allowing clients to avoid consequences when the client had been judged as having capacity. At the end of ALS 3, the team discussed how the charity could take ALS approach further. The team agreed that the approach had value in extending leadership decision-making beyond safeguarding practices and in helping all charity staff evaluate policy and practice in the range of settings. The Multiple Lens View Model would be facilitated further through materials developed by the academic facilitator to act as a conceptual framework for questioning and analysis. This would also be developed further to use with different institutions to facilitate their own development.

At the end of ALS 3 the academic researcher presented an analysis of the language and experiences of the action learning sets from throughout the process, including the evaluation of the interviews with the presenters. This additional layer of critical action learning 'argues for the need to deconstruct the discourse of policy and practice' (Monder and Trehan 2009, 306). So, although initially the ALS was insufficiently challenging, this had gradually changed. The roles of leaders, staff members, clients and families had all been examined in the sessions and it had become evident that the team was more able to use the ALS as a reflective and penetrative tool. The next step was for the team to facilitate action learning sets in their individual workplaces so that the charity staff can challenge charity wide issues in a non-hierarchical fashion. By implementing a more bottom up, democratic approach to charity organisation, policy development and practices with clients and families, a more consistent approach would be possible. It had taken the team some time to feel comfortable talking *truth to power*, so if this approach was going to be rolled out to other layers of the institution, the team had to be able to facilitate the ALS independently. The facilitator is working with them to use the conceptual framework of the Multiple Lens View Model and the fishbowl technique for action learning sets to support this process. The response to the evaluation of the use of action learning demonstrated that any initial concern had been overcome and the team were keen to continue the journey as a leadership team but, also, with the wider charity workforce. As P2 stated

> Naturally, and I know that I've been pre warned … don't take it as a criticism. But you do try to naturally defend what you've already done … But when you think about it, in hindsight, and when I was explaining it to the manager of the service … you know, the experience, and the feedback that we got. Actually, it was really helpful. (P2)

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

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