Using the Model for Improvement to support the development of Mindfulness based approaches within a learning community

Charlotte Murray, Alison Boyd & Rachel Whitby
Stirling Educational Psychology Service

Introduction

Children's health and wellbeing has been an increasing focus of national priorities in Scottish education in recent years. Nationally, there is also developing recognition of the importance of evidencing improvements as a result of change in schools.

There is growing evidence that mindfulness based interventions (MBIs) in schools have the potential to improve emotional wellbeing of young people, and can contribute directly to the development of cognitive skills (Weare, 2012; Zenner et al, 2014). It has been suggested that mindfulness meditation includes at least three components that interact closely to constitute a process of enhanced self-regulation:

- enhanced attention control,
- improved emotion regulation and
- altered self-awareness (diminished self-referential processing and enhanced body awareness) (Tang, Holzel & Pozner, 2015)

However, a recent review concluded that while MBIs in schools have small, positive effects on cognitive and socio-emotional processes, there is no evidence of a significant effect on behavioural and academic outcomes (Maynard et al, 2017). It seems that children and young people may not benefit from MBIs in the same ways or extent as has been found in adults (Maynard et al, 2017). Maynard et al (2017) recommend that caution should be used in the widespread adoption of MBIs and advise that schools adopt rigorous evaluation of these interventions.

The model for improvement (MFI) is a quality improvement tool used in healthcare improvement and is the methodology used by the Children and Young People Improvement Collaborative (CYPIC). The MFI is a simple tool which promotes successful and sustainable change, by testing and refining any change to a system or process within the context where it will be implemented. Practitioners must first address three fundamental questions ('the thinking part'), and then use a plan-do-study-act (PDSA) cycle to test and implement the changes ('the doing part') (see figure 1). The PDSA cycle guides the test of a change to determine if the change is an improvement. This means that a small change can be tested, refined and retested several times until a change is reliable. Once the improvement has been identified, practitioners are encouraged to scale up the approach.
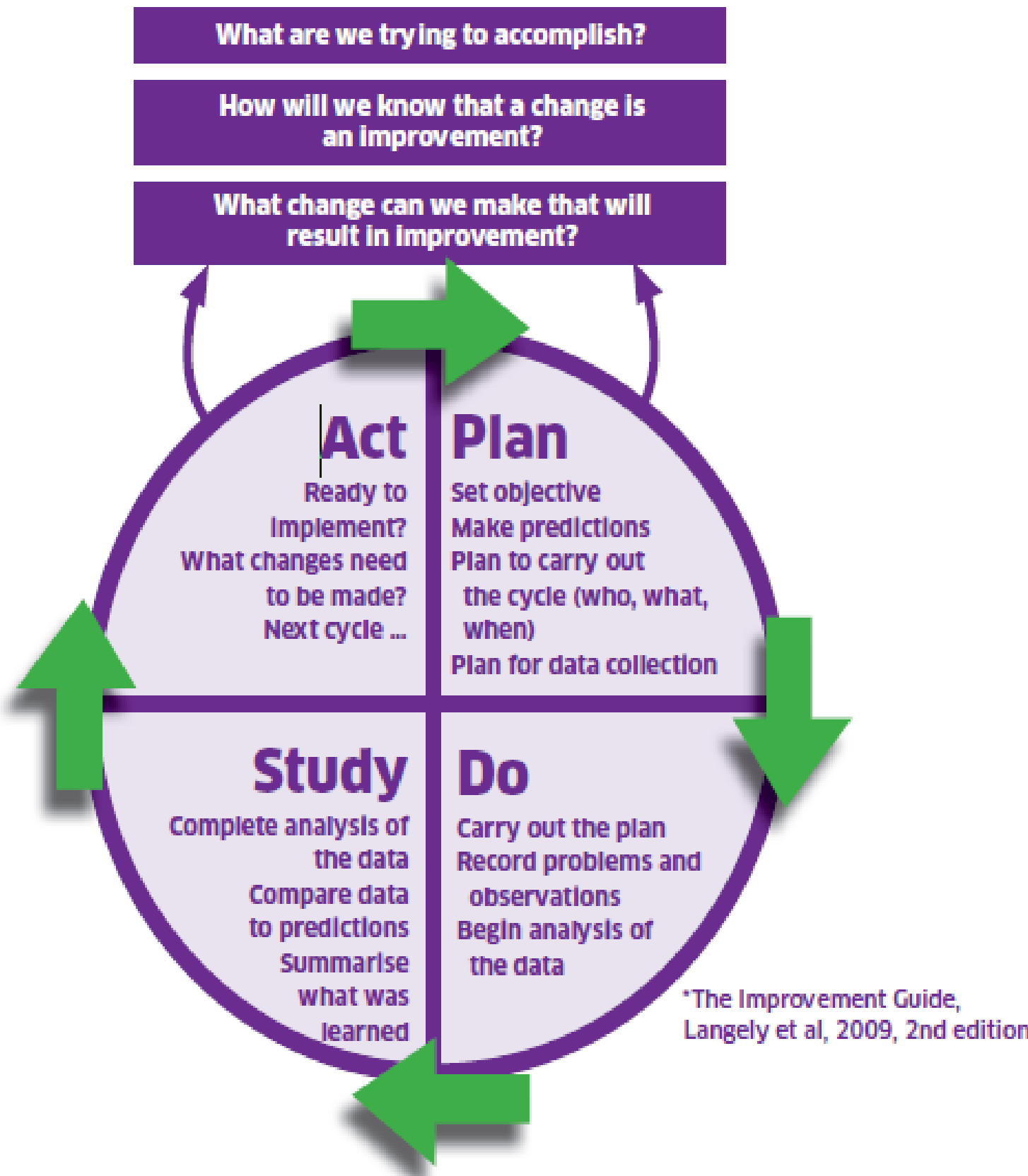
Figure 1: Model for Improvement

This presentation reports on the experience of an educational psychology service (EPS) in supporting a learning community to use the MFI to plan, implement and review the impact of MBI's on children's self regulation skills. The learning community focus on MBIs arose from discussions with the EPS regarding local data which highlighted concerning figures relating to long term mental health, and head teachers perceptions of low resilience and independence skills in their school populations. The EPS promoted the use of the MFI as an effective methodology to focus practitioners on sustainable change for improvement, in light of the small and emerging evidence base relating to using MBIs with young children in particular.

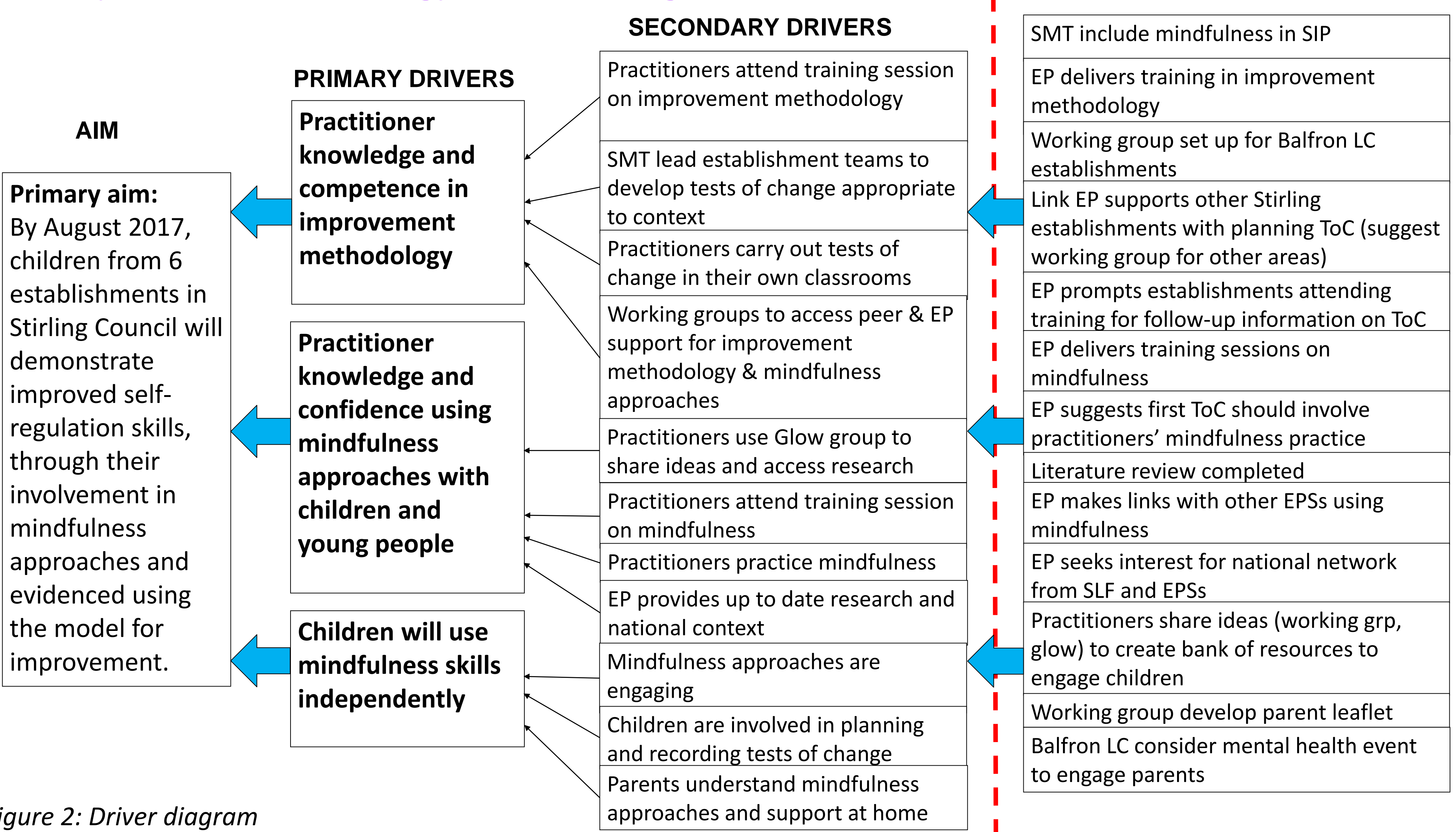## Primary aim & Methodology (the thinking part)

Figure 2: Driver diagram

ACTIONS TO PROMOTE MINDFULNESS

- SMT include mindfulness in SIP
- EP delivers training in improvement methodology
- Working group set up for Balfron LC establishments
- Link EP supports other Stirling establishments with planning ToC (suggest working group for other areas)
- EP prompts establishments attending training for follow-up information on ToC
- EP delivers training sessions on mindfulness
- EP suggests first ToC should involve practitioners' mindfulness practice
- Literature review completed
- EP makes links with other EPSs using mindfulness
- EP seeks interest for national network from SLF and EPSs
- Practitioners share ideas (working grp, glow) to create bank of resources to engage children
- Working group develop parent leaflet
- Balfron LC consider mental health event to engage parents

The EPS used a number of tools to structure their thinking about the three fundamental questions, including a driver diagram (see figure 2) and measurement grid. The driver diagram sets out the primary aim of the EPS and theories of drivers and change ideas which would impact the aim and can be tested out. The measurement grid outlines the specific process, outcome and balancing measures which will be recorded to answer the question 'how will we know a change is an improvement?'. The methodology of the EPS in supporting establishments to develop skills in using the MFI and introducing use of MBIs with their children is set out in the driver diagram. The progression of this EPS-led project is detailed in figure 3. Establishments taking part in the MBI work were encouraged to use the MFI tools to think about their aims and actions they would take to impact their aims. Both the aims and methods varied widely across establishments, according to priorities within each establishment or classroom context. Practitioners used tests of change (ToC) to track impact of MBIs in their context in relation to their stated aim.
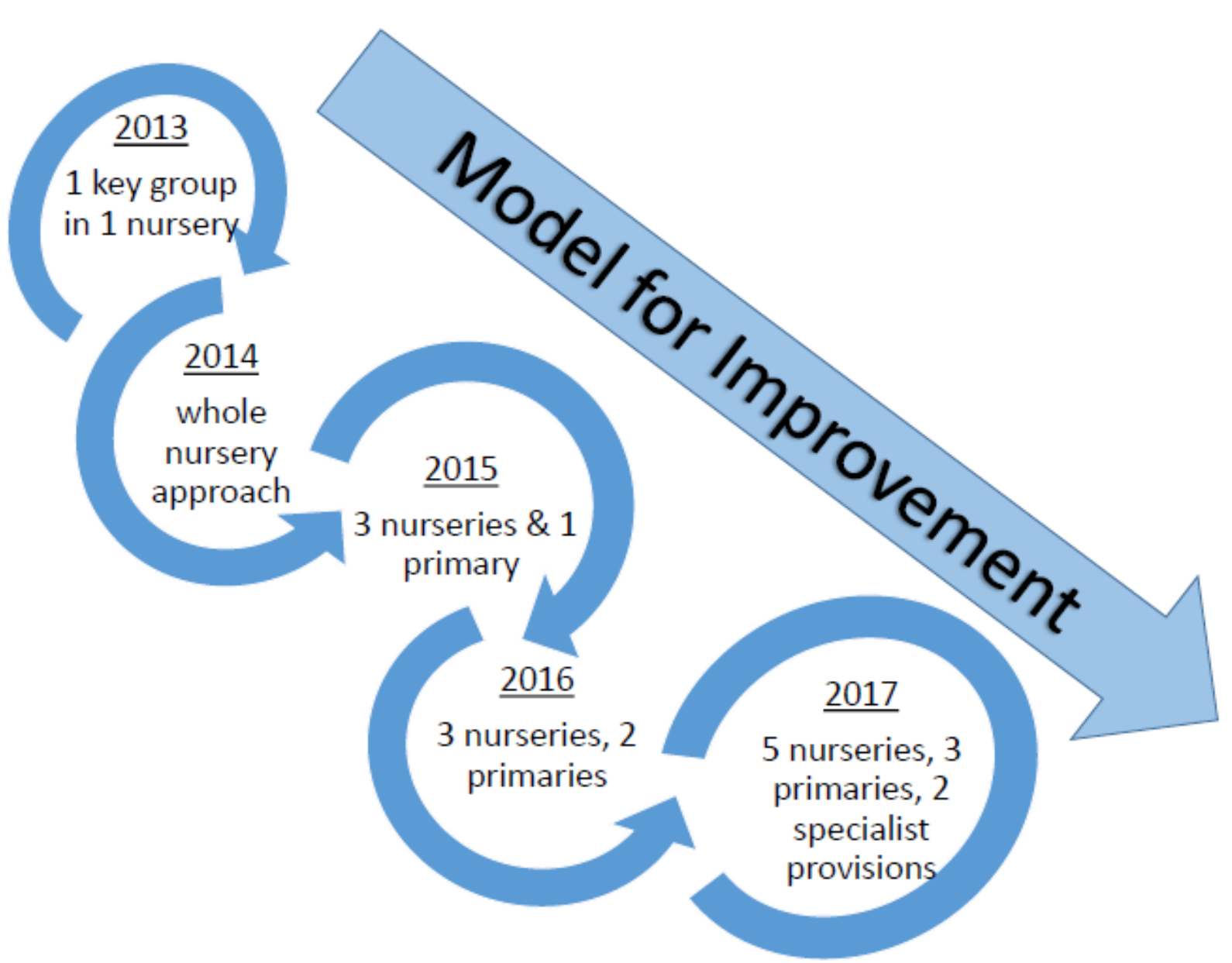
Figure 3: Progression of use of MFI to plan and implement MBIs

Findings (Outcomes of the 'doing part')

Primary Drivers

Practitioners self-ratings of knowledge of the MFI and MBIs increased by 97% following EP led staff development sessions (n=82). 76% of attendees intended to use ToC to measure impact of MBIs following the sessions. In practice, the number of practitioners using the MFI to implement MBIs was lower than anticipated. Feedback from the working group indicated that practitioners valued this forum to share and develop ideas and access EP support to continue to develop their confidence using the MFI and MBIs. Practitioners involved in the working group made more progress in implementing ToC than practitioners who did not opt in to the group.

Children who had participated in MBIs in their establishments demonstrated some ability to use the skills independently (finding based on anecdotal feedback recorded by practitioners and children's feedback from a focus group led by EPS).

> "I was thinking about how to do a tree, breathing out and in a bit slow…I thinked about it and closed my eyes and cuddled my teddies because that's what I do at bedtime" (nursery child)

> "This is when belly breathing is really useful" (P7 waiting to go onstage, sharing idea with peers)

> "If people are calling you names and not including you and you're getting really angry, you can just do some mindfulness to calm you down and not get too angry so it goes to something dangerous" (P7 child)

Did we meet our aim?

By August 2017, 4 establishments had completed at least one ToC in relation to MBIs and 6 more establishments were at the 'thinking part' of the process.

The completed ToCs have indicated a positive impact of MBIs on self-regulation skills in relation to:

- Attainment in 'Big maths' challenges across a whole school population
- Concentration of pre school children during practical tasks (measured by number of interruptions/talking during task)
- Attention of P1 & 2 children to instructions given in relation to handwriting tasks (measured by no. of times children asked for repetition of instructions during task & no. of times children did not follow instructions given)
- Detail of preschool children's drawings

Other ToCs have looked at methods of parental engagement in MBIs and impact on P7's self-reported worry ratings before going to sleep (mixed outcomes). Some barriers and unintended negative impacts of practicing MBIs have been identified (e.g. using MBIs before bed made some children think *more* about their worries, and took longer to fall asleep as a result).

Adopt, Adapt or Abandon?

MBIs may not be useful for all children in the same circumstances, however, practicing MBIs in school leads to benefits for *most* children involved so far. The use of the MFI has supported practitioners to evidence outcomes for children within their context, and to focus on where adaptations and improvements to their approach can be made.

The demand from establishments across the local authority for support from the EPS to develop MBIs has been significant. The experience of the EPS in implementing this project has been valuable, and aspects of the approach will be adopted (continued emphasis on use of MFI, value of practitioner networks), whilst others will be adapted to enable a more sustainable, practitioner led approach to developing MBIs in establishments (emphasis on 'champions', use of existing practitioner enquiry programme, links with external CPD opportunities).