

Reflective Practice

STARTER KIT

Created in partnership
by Platform and Cymorth
Cymru with collaboration from
members of the housing and
homelessness sector.

Supported by
ACE Hub Wales.

PLATF **FORM**

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol



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Foreword

At ACE Hub Wales, we believe that Reflective Practice is essential to ensure that what we do and how we do it is continually thought about. With our partners across Wales, we strive to learn from what works and challenge ourselves to find ways to improve things that did not.

Every day we gain knowledge and wisdom and the time and space to consider what we know and what we do, which is imperative to good practice.

“ I am delighted that this Reflective Practice Starter Kit, developed in collaboration with the expertise of Platform and Cymorth Cymru, now forms a key part of the resources offered to support the Trauma and Adverse Childhood Experiences (TrACE) Toolkit. ”

The Toolkit ([Trace - ACE Hub Wales](#)) helps people, organisations, sectors and systems to develop their own trauma-informed and ACE aware approach. It focuses on building into existing good practice and identifying where improvements and changes can be made to policies, practice, culture and environment. It supports organisations to consider their culture, practice and process, including and the impact they can have on wellbeing, self-care and safety, and take action to strengthen their trauma and ACE awareness.

Organisations using the toolkit have increased ownership for transformational change within their setting, and this guide will help everyone involved to take steps to include reflective practice in their day to day operations. This vital element of the TrACE journey supports our ambition for Wales to become a Trauma-informed Nation. I would like to thank everyone involved in developing this excellent resource.

Dr Joanne Hopkins, Director of the ACE Hub Wales

Programme Director ACEs,
Criminal Justice and Violence Prevention,
Public Health Wales



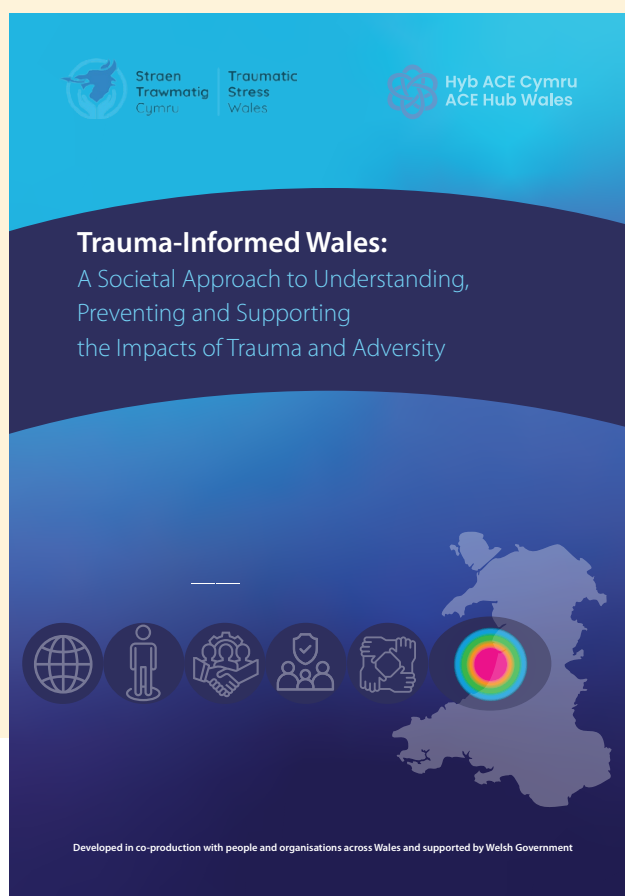
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Trauma-Informed Wales Framework

In 2022 ACE Hub Wales and Traumatic Stress Wales published the Trauma Informed Wales Framework²^[1], which aims to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales, providing the best possible support to those who need it most. The framework sets out a series of defined practice levels: trauma aware, trauma skilled, trauma enhance and specialist interventions.

The Framework establishes how individuals, families / other support networks, communities, organisations and systems take account of adversity and trauma, recognising and supporting the strengths of an individual to overcome this experience in their lives.

Reflective practice appears throughout the framework, with the different practice levels referencing about the importance of 'continuous reflection to develop and improve [...] trauma-informed practice', ensuring 'staff are given reflective spaces, regular supervision and support' and 'Regular supervision that allows practitioners to reflect on their practice, identify and receive support for vicarious trauma, and to work safely and effectively'. At a strategic level, the document also says that 'To be able to embed trauma-informed practice into an organisation requires good leadership,



continuous reflection on current culture, practice and process'.

As part of its implementation, ACE Hub Wales has asked Plattform and Cymorth to develop a reflective practice toolkit.

¹ [Trauma-Informed Wales \(traumaframeworkcymru.com\)](https://traumaframeworkcymru.com)

¹ ACE Hub Wales and Traumatic Stress Wales, [Trauma Informed Wales Framework](#), 2022

Setting the scene: public services and third sector context

Awareness and understanding of trauma and its impact on people's lives has grown significantly over the last seven years. The publication of the Public Health Wales research into Adverse Childhood Experiences^[2] in 2016 provided an important evidence base and a shared language for what many people instinctively recognised in their work to support people in a variety of public and third sector services.

This research led to the establishment of the ACE Hub Wales and inspired action from several different sectors, including housing, homelessness, youth justice, education, the police, and violence against women, domestic abuse and sexual violence (VAWDASV). This has taken the form of training, conferences, further research, and sharing of good practice, with the ACE Hub Wales helping to facilitate, coordinate and support this work.

Extensive work with education has been undertaken since the Hub was established, with training piloted and rolled out to schools, further and higher education. The substance misuse sector has developed a comprehensive training package and been working to implement the Trauma and ACE (TrACE) Informed Organisational Toolkit within substance misuse services. Youth Offending Teams have received training on trauma-informed approaches, and the Youth Justice Board Cymru developed an Enhanced Case Management approach that uses multi-agency case formulation to understand what happened to a child alongside their developmental needs, strengths and protective factors.

The homelessness and housing support sector embraced the Public Health Wales research, and Cymorth Cymru, working in partnership with the ACE Hub Wales and the local authority housing support network, developed Psychologically Informed Environments training for frontline workers, leaders and commissioners. This training aims to increase understanding of Adverse Childhood Experiences and trauma at an operational and strategic level. It encourages organisations to adopt a psychological framework and culture, take a trauma-informed approach to developing relationships with people using services, improve the social and physical environments in which they deliver services, provide staff training, support and reflection, and embed continuous learning and improvement. Since 2017, this training has been delivered to over 2,500 people and has been further supported by regular events that showcase the latest research and good practice from Wales, the UK and beyond.

² Public Health Wales, [Welsh Adverse Childhood Experiences Study](#), January 2016

Embedding in government policy and strategy

In addition to the research and practice developments led by the ACE Hub Wales and its sector partners, there have been sustained efforts to embed these principles in Welsh policy. A trauma-informed approach is reflected in the Welsh Government's Violence Against Women, Domestic Abuse and Sexual Violence Strategy³, the Youth Justice Blueprint for Wales⁴ and the Child Poverty Strategy for Wales⁵. It has also been highlighted as a cross-cutting principle for the new mental health and suicide prevention strategies.

The importance of psychologically-informed and trauma-informed approaches is referenced in the Welsh Government's Homelessness Strategy⁶, Housing Support Grant guidance⁷ and Ending Homelessness Action Plan⁸. Work to implement the Action Plan has led to recommendations on embedding psychological support for staff and reflective practice within services. In addition, the new Ending Homelessness Outcomes Framework⁸ includes several outcomes related to trauma-informed approaches, including a specific outcome focused on 'Homelessness and housing support staff have the support, time and are skilled and confident, in delivering person-centred trauma-informed support'.

Workforce pressures

Public and third sector services across Wales are experiencing unprecedented pressures. Health and social care services are under considerable strain, as they try to recover from the impact of the pandemic and meet the physical and mental health needs of the population. The homelessness and housing support sector has also reported increases

in demand for services and complexity of support needs, within a context of reducing resources. This is having a significant impact on frontline support workers, as illustrated by the following quotes:

"This job is harder and more emotionally draining - keeps you up at night."

"I don't want to be here so long that I don't care but I'm waking up at 3am because I'm worried about the people we are trying to support, it is a tremendous strain."

"I'm having some kind of therapy at the moment, because I'm having panic attacks, my work load is off the scale, I know I have the knowledge and skills to do the job, but not the resources."

"Case load has doubled since Covid, really stressful [...] I do enjoy the job, but the stressful side has caused the panic attacks."

"I don't feel I can cope with this job much longer- and I never thought I would say that- I want to do a bloody good job, but I'm drained, there are not enough resources to help people and we can't help people."

³ Welsh Government, [VAWDASV Strategy](#), 2022

⁴ Welsh Government and UK Government, [Youth Justice Blueprint for Wales](#), 2019

⁵ Welsh Government, [Child Poverty Strategy for Wales](#), 2024

⁶ Welsh Government, [Homelessness Strategy](#), 2019

⁶ Welsh Government, [Housing Support Grant guidance](#), 2020

⁷ Welsh Government, [Ending Homelessness Action Plan](#), 2021

⁸ Welsh Government, [Ending Homelessness Outcomes Framework](#), 2024

These stresses and strains are being felt by frontline workers across a range of public and third sector services. While factors such as pay are understandably a key concern for staff, it is clear that operational complexities and a lack of resources are having a significant impact on people's wellbeing and resilience. It is more important than ever that staff have access to support and reflective practice, to provide the support, time, space and cognitive bandwidth to cope with the stresses of their roles and deliver the best possible support to people using their services.

Strategic enablers

Organisations recognise that reflective practice can bring real value to their both their workforce and the quality of their service delivery. This toolkit aims to support the delivery of the Trauma Informed Wales Framework by providing the information and tools to help organisations to embed reflective practice in their culture and service delivery. However, consistent and comprehensive implementation of reflective practice will require a strategic commitment from a range of individuals and organisations.

- **Leadership within organisations:**

Frontline workers can receive training and feel enthusiastic about reflective practice, but the system in which they work can be an enabler or a barrier to making it a reality. Considering trauma-informed approaches and reflective practice within budget-setting and service design are important steps to ensuring that staff have the time and resources to engage in reflective practice. Creating a culture where reflective practice is viewed as an essential part of service delivery is also vital to enable staff to feel empowered to engage in regular reflective practice. The practice of reflection should also be incorporated into management and strategic discussions.

- **Commissioning of services:**

Commissioners have a critical role to play in ensuring that services can be delivered in a trauma-informed way, and this includes the inclusion of reflective practice as a requirement when tendering for services. Importantly, the contract value needs to include paid time for staff to participate in reflective practice and the resources to pay for management and/or external facilitation.

- **Whole system approach:**

People who would benefit most from a trauma-informed approach are likely to be engaged with a variety of public and third sector services. It is crucial, therefore, that each of these services is trauma-informed and that reflective practice is viewed by every service as a critical part of delivering a high-quality service with well supported staff. While this toolkit has primarily been developed in partnership by organisations in the homelessness, housing support and mental health sectors, we hope it will be utilised by organisations working across a range of public service areas in Wales.

Purpose of this Starter Kit

In the public and voluntary sector, we often work with people in distress and in complex and challenging situations. Our work often takes place in traumatising and broken systems. If we are not careful this can mean that we act in ways that reflect that broken systems and become part of the problem.

We can get frustrated, tired, and overly harsh. We can feel hopeless and angry. This can impact on the way we work with people, and it can also impact on our own lives. One way we can look after each other and ourselves is by making space for thinking and reflecting on how and what we are doing.

This document is designed to help you do that. It is meant to be a practical starting point for these complex conversations and to support the development of a reflective and learning culture within your team, organisation or for yourself.

There is an appendix with practical resources for you to try out in your day-to-day work at the end of the document. This list is not exhaustive and there are many different ways to do reflection which we will address in the opening chapters of this starter kit.



Glossary of Terms and Key Definitions

'Being with':

A core part of trauma informed practice is about 'being with' people. If we are going to be trauma informed in our organisations and the way we work this means we support people when they need it, but in a way they choose. We don't step in to 'fix' people because we disagree with things in their life – but we do keep working with them, listening and building a trusting relationship at the pace of trust.

What it looks like:

"This sounds tough. Is there anything you would like to change or work on, and do you want any help with that?"

"When we met last time, we talked about you wanting to be more active. Would it be helpful for us to talk about that today?"

"I know you're not up to filling out these forms on your own today, so you've asked me to help. Do you feel up to watching me while we fill them in together?"

'Doing to':

This is something we want to move away from in services, except in crisis moments or times when people are feeling overwhelmed, and they need a short intervention. Often this sort of work can leave people feeling powerless and out of control and can be a short-term fix.

What it looks like:

"I've done all your applications for you, I've got that all set up, so you don't need to worry about a thing."

"You won't be able to do that, let's find something else you can do."

"That's too dangerous for you, I'll try to find someone who can offer a safer place."

Overwhelm:

This can happen in response to traumatic experiences, stressful life situations, or sensory overload. When we are in states of overwhelm our ability to engage with people, to understand situations and navigate systems is drastically reduced. When we are in a state of significant overwhelm, our ability to reason and process information is lowered to a basic fight/fright/freeze/fawn state (overwhelm). Using the neurosequential processing approach we can see that people can be brought out of overwhelm and into more relational, regulated spaces. This can also be described as entering survival mode.

Reflective Capacity:

This means how we use our ability, skill, experience and resilience to reflect on what we have seen, done and heard, and to learn from it.

Reflective Practice:

This is a way of describing all the practical ways we have of building our reflective capacity so that we have the circumstances to think, process and make sense of what is happening.

Relational Health:

The ability to form and maintain safe and secure nurturing relationships. It includes our sense of belonging, feeling safe and connected, having meaning and trust in our relationships with our family, friends, community and ourselves. These are key protective factors in reducing / preventing adverse childhood experiences and trauma. These things are needed across all interactions in our lives, including in policy, leadership and governance.

Glossary of Terms and Key Definitions

Secure Base:

A way of building resilience and the ability to regulate emotions, by creating trusting and trusted relationships. These provide a sense of security and stability that works to reduce or prevent overwhelm. It doesn't mean people never feel stressed or overwhelmed. It does mean that the more stable and secure people's relationships are with people and the wider world, the more resilient they can be in traumatic or stressful situations. Creating a secure base with the people we support is a crucial part of what many of our organisations do.

Trauma:

Different people find different things traumatic and there are a number of definitions of trauma, for example SAMHSA and Blueknot. For the purposes of this document, trauma is defined as any experience that is unpleasant and causes, or has the potential to cause, someone distress and/or anxiety. It is important to remember that trauma is not just about what happens to you, but the meaning you make of the events and then what happens inside you because of that (Mate, 2023). As well as events, for example, abuse, or an accident, it is as much about what didn't happen for you that should have.

Trauma-Informed Approach:

This approach recognises that everyone has a role in facilitating opportunities and life chances for people affected by trauma and adversity. It is an approach where a person, organisation, programme or system realises the widespread impact of trauma and understands potential paths for healing and overcoming adversity and trauma as an individual or with the support of others, including communities and services.

Psychologically Informed Environment (PIE):

A framework for developing and delivering services that considers the psychological and emotional needs of the people who use them. The goal of a PIE is to improve the psychological and emotional wellbeing of both the people accessing the service and the staff working in it.

Moral injury:

Following events that violate our moral or ethical code, we may experience strong cognitive and emotional responses. This is known as moral injury. Examples of potentially morally injurious events include our own or other people's acts of omission (not doing something we value) or commission (doing something we believe to be wrong or immoral), or betrayal by a trusted person in a high-stakes situation.

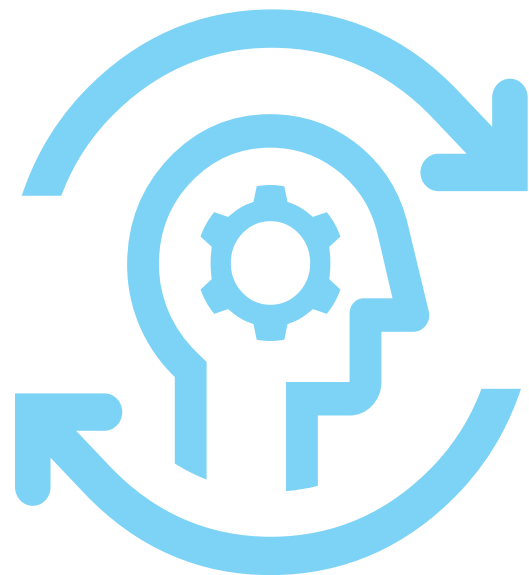
What is Reflective Practice?

Reflective practice is a way of describing all the practical ways we have of building our reflective capacity so that we have the circumstances to think, process and make sense of what is happening.

To put it simply, it is the way we can keep building our skills so we can move our way of working to “being with” someone, rather than “doing to”. It does involve hard work and effort, and it will also need some trial and error. It can be hard work to connect to emotions. Especially distressing ones. It takes bravery, vulnerability, and courage. Some models of reflective practice work better for some people, and vice versa. We are not telling you that you need to follow one specific and rigid way of reflecting – going back to the ecological systems model, you will need to find ways of reflecting that work for you, for your teams, and more widely for your organisation/setting.

We all do reflective practice every day. We just might not call it that. If you’ve ever played sports and missed an important goal, you might think about how you could have approached a game differently. If you’ve baked a cake, and it doesn’t meet with the Paul Hollywood handshake, you might look at the recipe again, think about the ingredients you used. We use it on simple things like baking a cake, but we use it as well on complex things like how we act in relationships in work and at home. Sometimes though we think we are reflecting but we are in fact ruminating. Which is a posh way of saying worrying. It is when you’re running through all the ‘what if...’ options in head. When we do this, we can miss important lessons because we’re not actually ‘thinking’ we’re just in a state of worry or if it’s really bad, panic.

That’s why we are suggesting some tools that you can use and test out in your work.



But remember these are not tools to beat yourself up with. They are not designed to catch you out or encourage you to start blaming. Blame is just the discharge of pain and it is the opposite of accountability.

Reflection is about being accountable and taking appropriate responsibility for learning. They are designed so you can understand our ways of relating or reacting as well as situations, and our reactions to them, better. Crucially, they are designed so we can improve the way we work with people.

What is Reflective Capacity?

Reflective capacity can sound complicated – but at its simplest it means how we use our ability, skill, experience and resilience to reflect on what we have seen, done and heard, and to learn from it.

The good news is that it can be improved and developed, like any other skill. It does take work and effort though.

Often, people who have been in caring professions for a long time will talk a lot about their 'gut' instinct, or their common sense, or their natural empathy. These are feelings in the body sending us information. This information could come from any one of our three brains⁹: the social one in our heads, one in our heart and one in our gut. They each have a 'memory' and store responses to keep us safe. Years of experience and being able to tune into the information our body is giving us enhance this response. It is why building our reflective ability is so important. The key element here is that we all have this ability. It's just about tuning into it and paying attention to it.

Another form of reflection is called "critical analysis" which has been defined as critically thinking about our knowledge and experience to gain a deeper meaning and understanding of our work¹⁰.



There are many ways to develop our ability and experience to critically analyse how we work, and this document will provide tools to do just that. The most important thing first, is that we feel safe to be able to do this.

⁹ [Head, Heart, and Gut: How to Use the 3 Brains - Goodnet](#)

¹⁰ Mann K, Gordon J, MacLeod A. Reflection and reflective practice in health professions education: A systematic review. *Adv Health Sci Educ Theory Pract.* 2009;14:595–62, cited in: [Fostering and Evaluating Reflective Capacity in Medical Educ... : Academic Medicine \(lww.com\)](#)

Why is Reflection Important?

People aren't perfect. Organisations aren't either. Perfect doesn't exist. Instead, it's about asking ourselves: what am I doing? and what am I not doing yet? We will often feel like we could have done better. This is normal.

Maybe we've worked with someone and we feel like we didn't understand them fully. Maybe we felt we didn't listen as clearly as we could have done, or something just went

wrong. It is very easy in these situations to blame ourselves as individuals, to beat ourselves up and get stuck feeling failure.

Vicious Cycles: what are the patterns that we are getting stuck in?

If we do not address these challenges, we might experience distress at work and may eventually reach the point of burnout - a state of emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress.

This is why reflection is important. Reflection helps us make sense of the challenges we face and reduce the distress associated with them. Reflection means working at different levels to understand why and how we do things, and the impact it has on ourselves and others. Ultimately, it means wanting to change things and making improvements for the future. But before that, it means having the space to think. We call this reflective capacity. It is our capacity to understand ourselves and others in terms of our intentional mental states, such as feelings, desires, wishes, goals and attitudes. Sometimes this is called 'mentalisation'. In order to do this, we need to not be stressed out or in a state of threat.



The more stressed out we are the less able we are to think and therefore reflect. More on this in a bit.

There are two main reasons why we are aiming to be reflective, and both are linked to our need to make sense of the context or wider system we work in.

1 We're influenced by the world around us – outside our organisations

Services work best when we understand that we are part of a wider system and exist within a context that has an influence on our way of being and working. This is what is called “ecological systems theory” – but it basically means that we're all part of, and influenced by, the world around us.

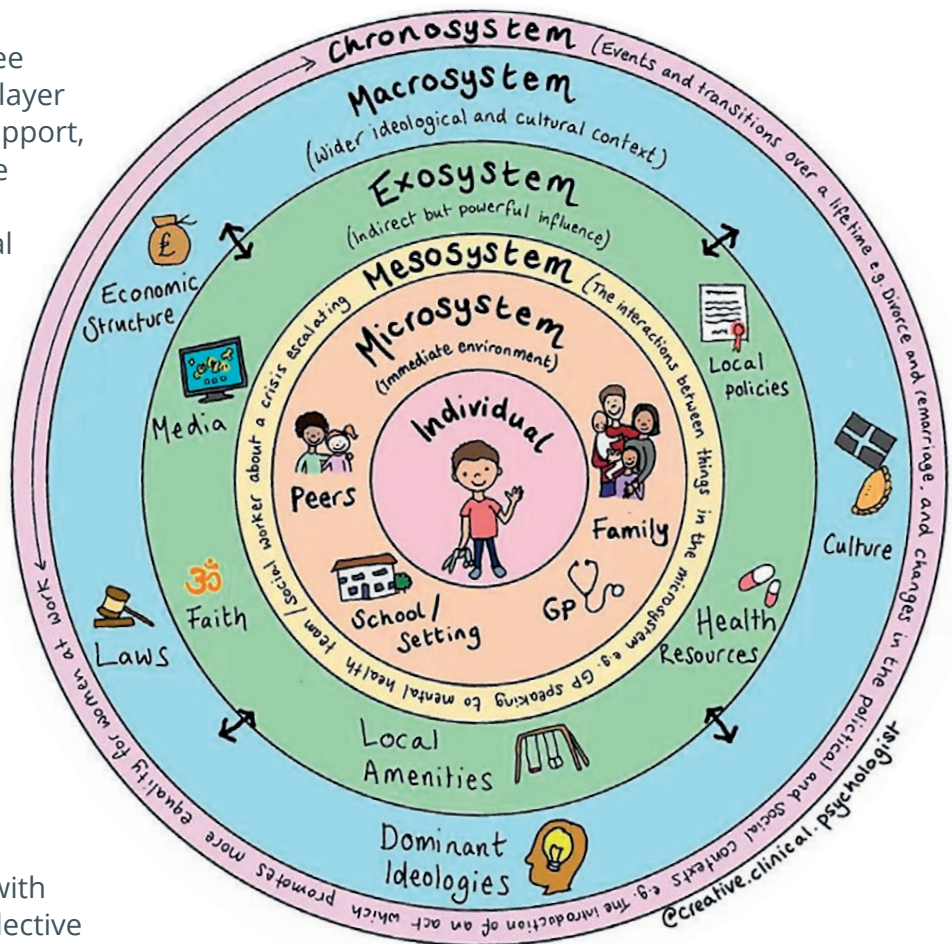
The way we often talk about this within services is from the perspective of the people we support. We see them as the individual in the centre, we see ourselves as part of the next layer (microsystem) giving them support, and sometimes managing the relationships they have with the other layer (welfare, social care, mental health services, and more).

It is helpful to use this approach to understand ours and others' circumstances, because it demonstrates that whilst we can have a significant impact, there are wider influences such as poverty, government policy, external events, that we just can't control or even influence.

When we come up against resistance or defensiveness with people we support, being reflective helps us understand their behaviour as a communication of their context.

Ecological Systems Theory

(Bronfenbrenner 1979)



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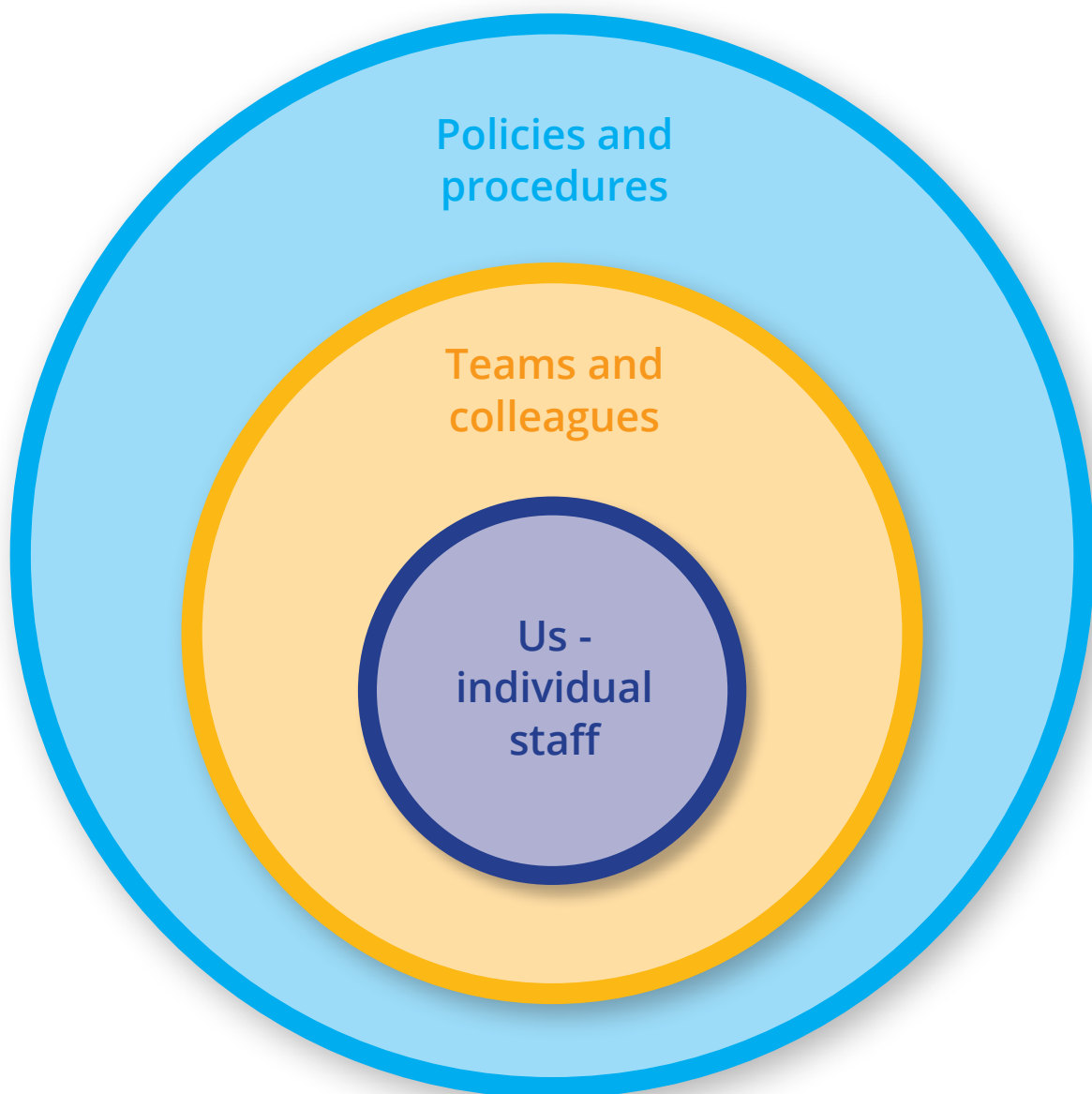
It can help us approach that relationship in a different way. One with compassion for them but also compassion for us. It is hard to see things differently though if we don't make space to reflect and make sense of these things.

2 We're Influenced by the world around us – **inside** our organisations

Just as there's a wider context outside our organisations, there's also one within. We can use the same ecological systems theory to explain and understand that too.

To keep it simple, we are describing it in three circles: us - individual staff, the team around them, and then the wider organisational systems e.g. policies and procedures.

When we want to understand what is happening with ourselves and others when we do difficult work, we need to think of both: outside our organisations, and inside. To do that, we need to be reflective, and open to understanding the way we work.



How to be reflective – what conditions do we need?

If we want to be reflective, we need to be able to use our thinking brain. If we are in state of distress our thinking brains are offline and instinct takes over. Our decisions are fast and emotion-based, rather than considered and logical. This is a survival strategy, but sometimes it isn't helpful. To be able to fully access our thinking brains we must feel safe. Before we can reason and reflect, we must first relate and regulate.

Regulate



Relate



Reason

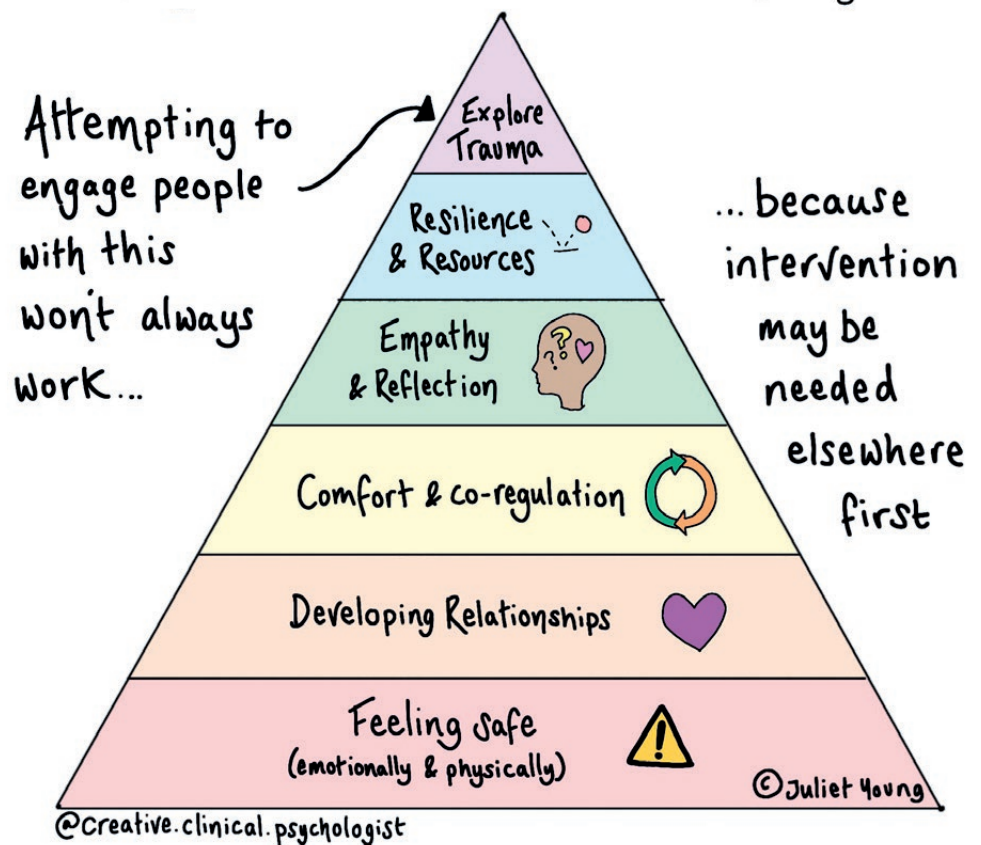


Reflect



Pyramid of Need

Golding, 2015

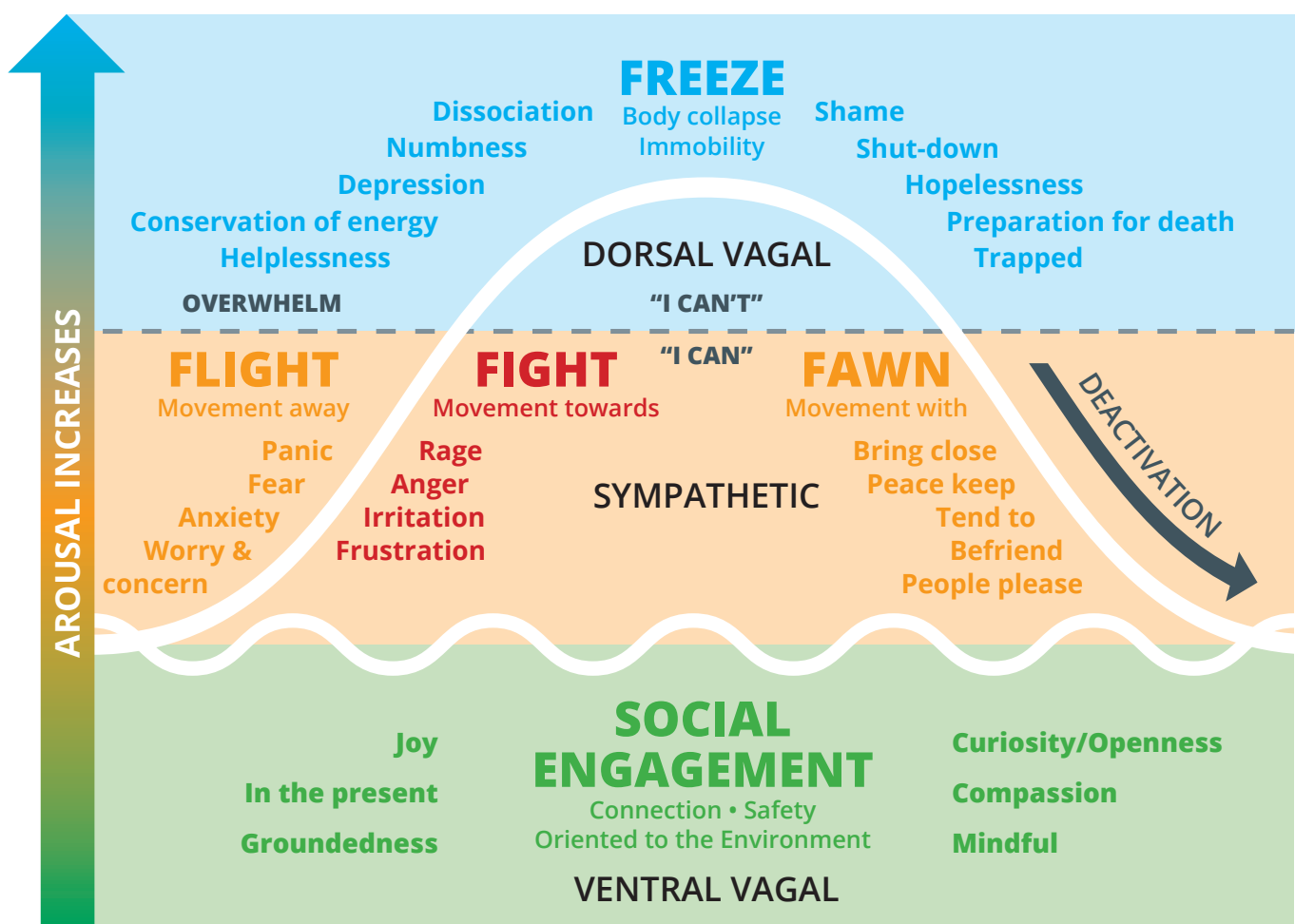


As we strive to create conditions for reflection, it is therefore important that we also think about mental health. Our understanding of mental health has evolved. Traditionally, mental health has been viewed as a biological problem, but The World Health Organisation now sees mental health as existing on a complex continuum, with experiences ranging from an optimal state of well-being to debilitating states of great suffering and emotional pain (WHO, 2022). At its simplest mental health is about nervous system regulation and connection to ourselves, others and our world. It is a complex interaction between our mind, body, soul and circumstances.

Our mental health is largely determined by the conditions in which we are born, grow, work, live, age along with the wider set of

forces shaping the conditions of our daily lives (WHO, 2014). It's therefore not about what's wrong with us. It's about what's happened to us, what relational needs we didn't or aren't getting met, what did we do to survive this and what impact it then has on our mind, body, and soul (Perry & Oprah, 2021; Johnstone & Boyle, 2018).

What this means is we need to consider our emotional health as individuals, as a society and in work too. The interdependent social nature of being humans means this is not an individual issue. Instead, it means this is a social issue and one about the quality of our relationships, to our self, each other, and our world. Thus, in order to create reflective workplaces, we must first create relationally healthy workplaces.



Adapted by Dr Jen Daffin from: Ruby Jo Walkers representation of Polyvagal theory, developed by Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine.

What is Relational Health and why is it important?

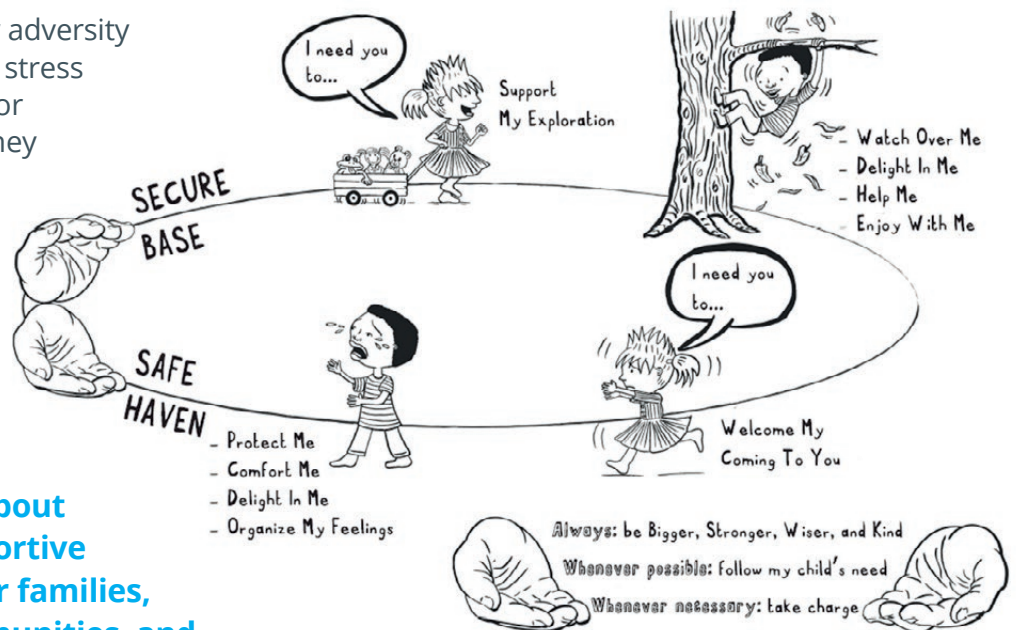
Relational health refers to the capacity to develop and sustain safe, stable and nurturing relationships (SSNR's), which in turn prevent the extreme or prolonged activation of the body's stress response systems (Garner, 2021).

Not only do SSNRs buffer adversity and turn potentially toxic stress responses into tolerable or positive responses, but they are also the primary vehicle for building the foundational resilience skills that allow children to cope with future adversity in an adaptive, healthy manner.

Relational health is about having safe and supportive relationships with our families, our friends, our communities, and ourselves. It's about having our core needs of agency, security, connection, love, belonging, meaning, and trust met (PSC, 2015).

We also need predictability, consistency, acceptance, empathic responses, and opportunity for repair when there are ruptures or breakdowns in our relationships.

We are not born with the ability to meet these needs ourselves. We first learn how to make sense of our emotions through our primary attachment figure tending to our needs. Through them tending to our cries and voicing back to us or 'organising our feelings' we learn to make sense of our emotional world and develop a sense of trust in others, ourselves and the world. What we are also learning here is how to feel safe and secure. A core need for happy healthy children and parents too. We call this developing a 'secure base' and it is



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how we learn to regulate our emotions as well as how we learn to do relationships.

It gives us the blueprint for how we will respond in relationships with other people, as well as how we relate to ourselves, throughout the rest of our life. This is called our relational patterns.

Emotional regulation is a term generally used to describe a person's ability to effectively manage and respond to an emotional experience. It is normal for all of us to feel overwhelmed and dysregulated throughout the day and periods of our lives. We unconsciously use emotion regulation strategies to cope with stressful situations many times over throughout our day. But we are not islands and we can only ever be as regulated as the people around us (Porges, 2011). This is why our circumstances are so important but also deterministic of our mental health.

Becoming a Reflective and Relationally Healthy Organisation

Becoming a reflective and relationally healthy society is multi-layered. It sits at an individual, family, societal, policy and organisational level. We therefore need to ensure all these layers are culturally, adversity, trauma, and relationally informed, infused, and responsive for all of us to have a chance at good mental health.

As organisations we must recognise, we have a part too. We need to focus on humanising our systems and making them healthier, more relational, more integrated, more reflective, and more connected. These changes can feel overwhelming and some are beyond our control. But we believe

that change starts with self. It starts with understanding and becoming aware of our own relational health needs, learning to tune into these. It is about being aware of what are we doing and what are we not doing yet. This way we can become active agents in the broader systemic change required.

Creating Relationally Healthy and Trauma Informed Organisations

Daffin, 2019



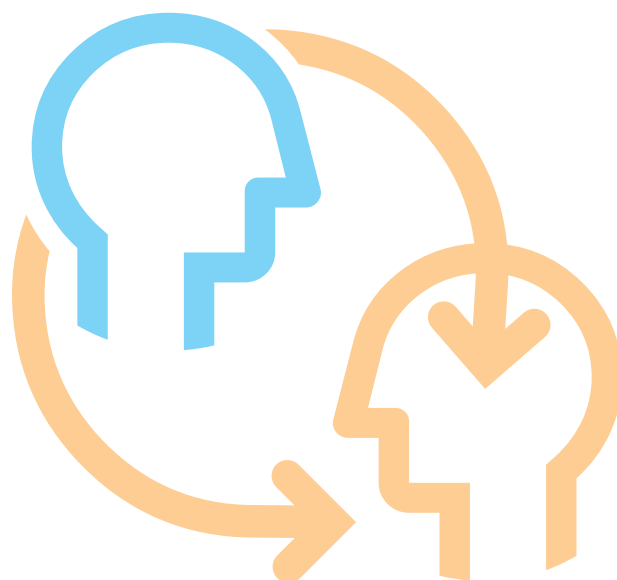
© Juliet Young

Change Starts with Us

It is without doubt that we need policy change but there is no time to wait for the system around us to change. This does not mean we should be without hope because change starts with self.

“ *The real change comes when you move away from blame and attack to understanding and accountability. If you want to change the other, change yourself. Because once you do something systemically different, sooner or later, the other person must adapt. They can't continue to do their thing. And the whole dance changes.* ”

Esther Perel, 2023



It's tiring constantly not having the things you need to do your job well and waiting for the system around you to change. It is draining, exhausting and robs us of our own agency when we are stuck saying "if only the system would change, it would all be better."

The good news is we can have agency and in taking agency we can be the change. One step at a time we can create new patterns and responses by being curious and compassionate.

Reflective Practice Case Study

Examples: Putting Theory into Practice

Two organisations have kindly shared their experiences of trying to incorporate reflective practice into their services, including the approaches they have used, barriers they have encountered and learning that can help others.

Taff Housing Association



Taff Housing Association started to use reflective practice within their supported housing services after staff received Psychologically Informed Environments training in 2018.

The organisation began by trying to incorporate reflection into their team meetings. They did this in a variety of ways, such as asking colleagues at the beginning or end of the meeting to share one word about how they were feeling. On other occasions, they would participate in a more structured reflective exercise. This included action learning sets; reflecting on specific quotes and how their service is delivered; reflecting on specific incidents; thinking about organisational values and how they impact every day delivery; and reflecting on “the uncomfortable truth” diversity training and their practice.

As an organisation a number of managers across the whole business have completed restorative approaches training, and regularly do circle check-ins at meetings. Their aim is to create a reflective culture where colleagues practice reflection throughout their working day and begin to reflect in action about their

work and their practice. The feeling is that co-ordinated intentional activities will help support this culture.

Taff encourages line managers working within support services to use a critical reflection tool in supervision with colleagues. This tool was identified to support line managers to guide their supervision in a reflective way. Understandably, line managers can feel some anxiety about their own abilities to deliver reflective work, and some colleagues have found this style of supervision easier to facilitate than others. There can also be a tendency for managers find a solution for colleagues, rather than coaching others to reach their own conclusions. In order to overcome these anxieties and to build confidence in delivering reflective practice, Taff carried out group sessions during a support managers’ away day. The organisation has also said that it is aiming to create a space where colleagues can model vulnerability and learning for those that may not feel as comfortable with the approach.

At this away day, Taff also carried out a social GRACES exercise to support colleagues to reflect on their social identity and how this may impact on the way that we relate with colleagues and people using their services. Managers were also encouraged to consider privilege, disadvantage and the impact of biases.

Since 2018, Taff supported housing staff have access to clinical supervision with a clinical psychologist or psychotherapy clinicians. This has been delivered in a variety of group and 1:1 sessions. They have employed an external facilitator to lead a series of trauma principles reflective workshops - asking colleagues to think about what they are bringing to the work and how they can translate their understanding of trauma impact into their everyday practice.

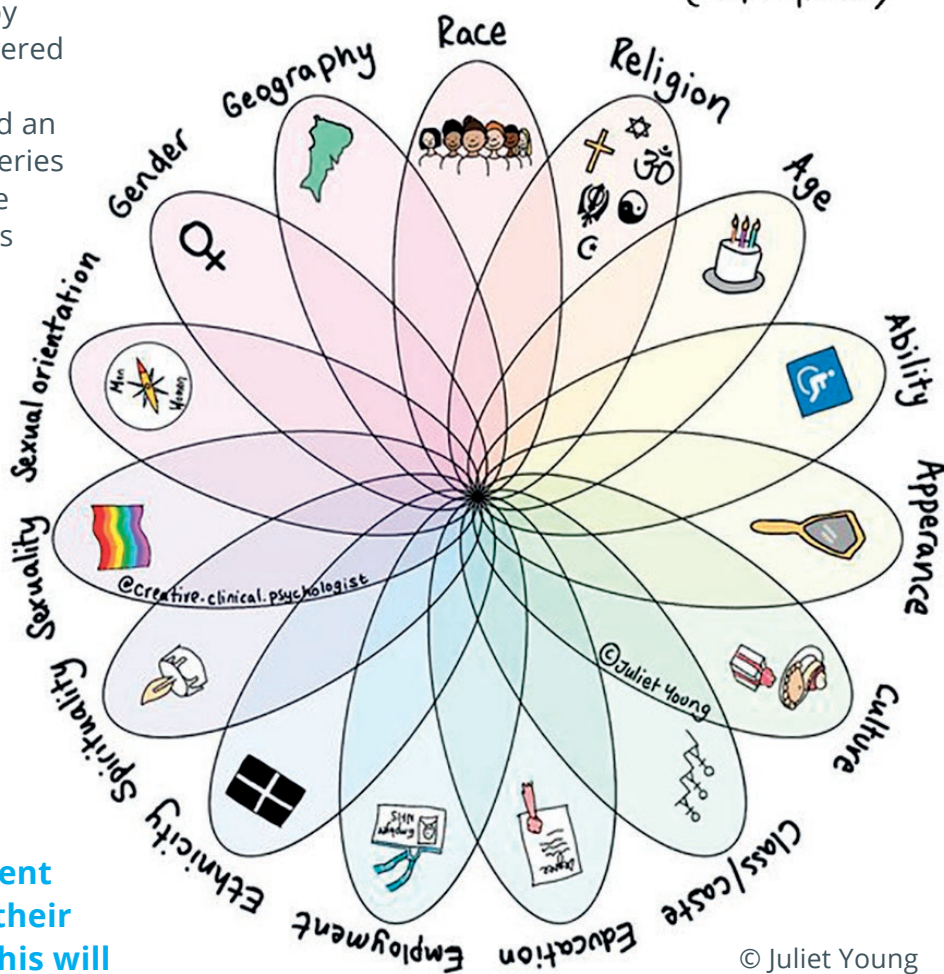
Taff has also built reflection into their response to incidents, including through their lessons learned meetings. Their incident reporting form asks colleagues to scale the impact that the incident has had on them and/or their colleagues, stating that this will help the organisation to ensure that follow up support is appropriate and available.

The organisation is acutely aware of the impact of vicarious trauma on supported housing colleagues and want to ensure they are offering adequate follow up support to colleagues that have managed difficult incidents. This scale also encourages colleagues to think about them and the role they played in the incident.

Colleagues will meet with managers from outside of the supported housing setting following difficult incidents. This allows colleagues space to process the incident outside of the supported housing setting and creates spaces for senior management to support frontline colleagues and to further support the reflective culture.

Social GRRRAACCCEESSS

(Burnham, 2012)



Following larger incidents where resilience may be at its lowest point, the aim is for the system as a whole to be reactive to that and support colleague resilience.

Taff have taken really positive steps to incorporate a reflective culture and reflective practice within their organisation, particularly within support services. However, they are still on the journey and want to continue to make progress. They are in the process of completing a PIE framework with colleagues and aim to carry out a PIE audit of their services annually to help close the gap between where they are, and where they aim to be.

Taff has also shared some of the barriers they have encountered, which will be familiar to many other organisations on this journey.

- Colleagues (line managers) feeling like they are not experts in reflective practice - lack of confidence to try an approach that is different.
- Colleagues feeling that there isn't time to take out of the day - supported housing settings specifically can be very busy reactive environments - colleagues can feel that the pressure to respond to ongoing need.
- Some colleagues have identified that a barrier is collective understanding of the importance of reflection across the business.
- There is some resistance to displaying vulnerability. Some colleagues feel more comfortable with this than others. Worries about admitting flaws can prevent colleagues from sharing openly with others. There is a potential of colleagues feeling defensive about their position following an incident.
- Disjointed shift patterns and disjointed teams. 24 hours services and access to colleague groups in one space affects group reflective practice.

The Wallich



The Wallich has been committed to embedding psychologically informed approaches for a number of years and now has two members of staff dedicated to coordinating this work. Their PIE Operations Facilitator, Sharron Harries, has shared their approach to embedding reflective practice within the organisation.

Reflective practice was introduced as part of the Wallich strategic direction to become a truly PIE organisation. In August 2021 I started in my role, which aimed to set up regular reflective practice sessions and encourage staff to buy into the concept of being reflective.

My research into reflective practice seemed to explain how not to run sessions. Literature – mostly focussing on health care settings such as the NHS – talked about failures to embed and poor attendance and eventual abandonment of sessions altogether. The theories were varied with

differing perspectives on what reflective practice was, and what it should look like.

My first few sessions were therefore experimental. In one session, I played a song on my laptop, walked out of the session to make a cup of tea, and behaved deliberately unlike my experience of facilitators of training sessions. It worked in terms of opening discussion around what was reflection. Furthermore, it broke down staff pre-conceptions of what the sessions might be about and what they might expect from it, and from me. Staff were encouraged to voice their judgements of my behaviour, and we discussed how such judgements are natural, and where they originate from as a theme to then link into our (unconscious) judgements of others, predominantly clients.

It seemed to me that the best way to encourage the embedding of reflective practice was not to try to explain what it was, but to have an experience of it that would be memorable, and hopefully enjoyable.

Human nature is such that our enjoyment, and therefore our motivation to continue to partake in something, is based on how we feel about what we have experienced.

It was important that staff felt some personal benefit from reflective practice if I hoped to have them continue to attend with me.

In the initial stages as I tried to find my feet, the sessions were quite open to encourage discussion. Building relationships is key to creating a positive environment, so it was important to find ways for staff to trust and connect to me, so that they would feel confident to speak up. The discussions in the sessions were quite open, with the emphasis on staff being able to raise issues that affected them, rather than me bringing a set theme. In that sense, staff had some initial control over the sessions, which I hoped would then translate to a staff “buy in” that would ensure continued attendance.

My role was then to introduce themes to the discussions that came up. For example, conversations around staff frustrations with new software became discussions around the importance of communication and understanding our own learning styles. I found that the difference between a successful reflective practice and a so-called “moan-fest”, is the facilitators ability to direct the learning process; to introduce a different perspective that changes the narrative; to draw attention to underlying issues such as unconscious bias, personal judgements, encourage self-awareness, and to link discussion to the themes promoted by the organisation you work for. A skilled facilitator should always look to structure conversations and link them to themes and concepts, no matter where the discussion originates, or leads.

I was building relationships with staff and a reputation of trust and confidence. This was evidenced by frequent requests for 1:1 and team reflections and requests to have ongoing sessions. Staff were very much open to conversing and listening to soft guidance and challenges to perceptions, thus creating greater self-awareness that I think is essential to becoming truly reflective.

Sometimes issues would come up that seemed to blur the lines between reflecting, employee mediation, and counselling. I had to identify and acknowledge the correlation between reflecting and counselling, as the two are not always easy to distinguish. This is borne out in the literature that I have studied around reflective practice. This then led to discussion around the need for more structure and clearer guidance around what is and is not reflective practice.

How would I preserve the sanctity of the “safe space” guaranteed by the facilitator, but also ensure that organisational issues could be addressed appropriately when staff wanted to approach me for support and use reflection as an option. How would I preserve the relationships I had built where staff felt they could trust me, when I might have to take issues outside of the session or shut conversations down in the future. I did not want staff to feel like reflective practice was an organisational training tool that held no value to them, and I was fearful that it would become just that, and my sessions would become another example of how reflective practice failed to become established in our organisation.

In my own thoughts was the correlation between how we treat our staff, and how we treat our clients. We actively encourage open and honest discussion around issues and incidents that affect our client's behaviour and show elastic tolerance to mistakes they may make because of their past. An organisation can build elastic tolerance into policy and procedure with a PIE approach but is still constrained by the punitive nature of the law as it stands, and there is an understandable reluctance to step outside of the law and its protection from potential litigation. However, if reflective practice is about challenging thought processes, and changing perspectives, then there is the potential for it to be truly transformative to the way in which organisations support their staff if it is carefully planned and structured.

As a Wallich employee, I am bound by the same policies and procedures as the staff in the sessions and this may appear to cause conflict in the role. However, neutrality sits within the individual, and how that individual is perceived; it is subjective and objective. Support for the neutrality of the facilitator is possible, and very much depends on the organisation to first understand then accurately define the role and its parameters clearly to avoid unnecessary conflict. I have found this to be the case in The Wallich, with the support and guidance I received in my role.

An information sheet has been created to be sent to participants ahead of sessions. This advises the participants of what they can expect from a session, what reflective practice aims to achieve, and what behaviours are appropriate. The information sheet also indicates that the facilitator may shut down conversations that are felt to be outside the parameters of reflective practice which has provided some clarity, and protection, around the role. The information sheet is a new introduction. Its effectiveness yet to be fully evaluated. It is hoped that the information sheet will help to address some of the issues that have arisen in the role and provide some clarity for the facilitator, the participants and the organisation.

My experience of setting up reflective practice has been challenging and rewarding. Building effective relationships with staff is the foundation of PIE and necessary to facilitate effective reflective practice. When conversations are allowed to flow naturally, and are accepted without judgement or unnecessarily stifled, that trust and faith is asserted, and this is the solid foundation needed.

When the foundations are laid in this way, and the relationship is strong, it can adapt

to challenge and change more easily. Had I not established that relationship firstly – difficult and challenging as that sometimes was – my ability to influence people's perceptions would have been far more limited. Challenging someone's perceptions, which is how I see reflective practice in its purest, most basic form, requires a strong connection to the people you work with, otherwise it simply becomes seen as criticism and undermining.

I see my first two years of reflective practice as laying the solid foundation for the future. The next phase will really be determined by the direction the organisation decides to take. Will reflective practice become a staff support tool, purely a learning tool, or a combination of both? I look forward to exploring where the role takes me, the staff, and the organisation.

Tools for you to try:



When doing reflective practice it can be useful for there to be a facilitator.

The skills needed to facilitate effective reflective practice revolve around support: listening, encouraging reflection, recognising achievements, offering help, providing motivational feedback and challenge: questioning, promoting different ways of doing things, providing developmental feedback, seeking improvement. But don't worry, reflective practice does not have to be complicated. One of the simplest ways of doing reflective practice is to ask your teams the following questions:

- **What?** What is the event/situation/period you wish to reflect on?
- **So what?** What did/does this mean? What were the outcomes? How did it make you feel? How did it impact the team?
- **Now what?** What do we need to do about it? How can we get more of/less of this?

There are also other structured reflective practice tools available that you might find useful.

Reproduced from [Borton, T. \(1970\). Reach, touch and teach. Hutchinson.](#)

Solution focused model

Solution focused models are aimed at reducing the focus on problems and barriers that people face.

When people come to your project / service / organisation in distress and in a state of overwhelm, our natural instinct is to hear their pain and then move quickly to fix the situations that caused that pain. At its best, it only works to make us feel better and provides a temporary relief to the person. At its worst, it can mean we're not responding to someone's actual needs, and it can make them feel powerless and reinforce negative views of themselves as being unable to solve their own problems.

A solution focused model does allow people to offload negative feelings to case workers, as that is sometimes needed. But it also requires case workers to then ask questions and develop responses based on the strengths that someone has. The key element is that this model looks at an imagined future.

"If you had a time machine and could go ten years into a positive future for yourself, how would you feel," we might ask.

This allows the person we are working with to imagine that future without worrying about practicalities of how. Practical questions are then asked, about how they could step towards that future tomorrow, and what they might need or want help with to do that.

This solution focused model can also be used within teams, by managers and peers, to unlock challenging or difficult situations. All too often we can get "stuck" in cycles of negativity or as managers we can get locked into fixing. Our teams might have an issue, so we might step in and fix it for them – but it may not address underlying issues, it may not be the "fix" our team wanted.

Using this approach can change the way our teams think and work together, because it recognises that most of the time, we know what we need to succeed.

We have included a practical example in the appendices.

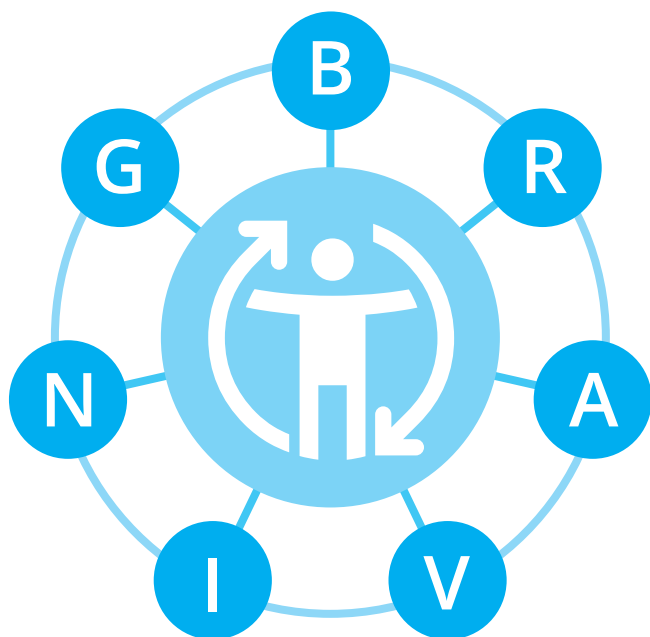
BRAVING tool

The BRAVING tool is useful in helping organisations/teams create the conditions needed for reflections. Understanding our own values as people can help us build supportive team environments where we can feel safe to learn and reflect.

Understanding values can also help us identify areas where we feel we could improve or further strengthen the way we live those values.

The BRAVING tool sets out seven values that are critical in developing positive and safe relationships both within a team and beyond. There is a copy of a checklist tool in the back of this document. We would encourage teams to fill in this checklist for themselves, honestly, and use it with conversations one-to-one that will identify how we can work more closely aligned with our values.

A final reminder that the BRAVING values, when followed, are the ingredients for a safe and supportive environment – which is critical to foster a reflective environment in turn.



The values are¹¹:

- **Boundaries**
Setting boundaries is making clear what's okay and what's not okay, and why.
- **Reliability**
You do what you say you'll do. At work, this means staying aware of your competencies and limitations, so you don't overpromise and are able to deliver on commitments and balance competing priorities.
- **Accountability**
You own your mistakes, apologise, and make amends.
- **Vault**
You don't share information or experiences that are not yours to share. I need to know that my confidences are kept, and that you're not sharing with me any information about other people that should be confidential.
- **Integrity**
Choosing courage over comfort; choosing what's right over what's fun, fast, or easy; and practicing your values, not just professing them.
- **Non-judgment**
I can ask for what I need, and you can ask for what you need. We can talk about how we feel without judgment.
- **Generosity**
Extending the most generous interpretation to the intentions, words, and actions of others.

¹¹ Reproduced from [Dare to Lead | The BRAVING Inventory - Brené Brown \(brenebrown.com\)](#)

Post-event Prompt Sheet

Sometimes in our roles or work, there will be a specific “event” or “issue” that arises, and we will want to explore what happened and how we and the systems around us responded to it.

This is a solutions-focused approach as discussed above, but it is different because it is responding to a situation that may not have been positive. Rather than running away from the feelings we might have about failure, or letting people down, this is the exact time when reflective practice is needed.

Firstly, it can help us recover from the secondary trauma of the situation, if we give ourselves space to make sense of what happened. It can also help us avoid

it happening again – or at least reduce the likelihood. It can help us learn more widely, to see what our service / our organisation and our partners can do differently too.

This form is not designed to be used as if following it box by box. Ask the questions that are useful, and if you need to skip some, do. However, the first few times you use it you may find it helpful to stick to the questions as set out – it can identify some thoughts and reflections that you are surprised by.

Formulation: Making Sense / Thinking Together

Formulation means making sense of ours and others’ experiences and backgrounds to understand and develop better understanding. This can be described like putting together a jigsaw, and at its best, is a collaborative process with people.

Formulation can work well to foster understanding of someone’s experiences and can support services to work in a more person-centred way that puts their needs and wishes first. It means as well that we spend less time trying to force people to conform to a service they won’t benefit from, with all the traumatic experience that creates.

Formulation can also work well in use with teams¹². Sometimes we can feel stuck with an individual we are supporting, for many different reasons. Getting a team together means we can have different insights and pieces of information into why a person might be acting in the way they are. It can also help us understand whether we are

impacting them negatively as well. As it explores team feelings as well, it can also help us address unspoken worries or judgements we have, which may be unconscious barriers to working positively with people.

Getting into the habit of team formulation more regularly is helpful in building team culture, but also in practicing and developing our reflective capacity. The more we do it, the more we can see patterns in the way we and our teams work.

You can see an example of a Team Formulation series of questions in the appendix.

¹² https://acpuk.org.uk/team_formulation/

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APPENDIX 1: POST-EVENT PROMPT SHEET

Date completing sheet on:	Date of the event:
Name of person completing sheet:	Names of people involved in event:

What was happening before the event?

Describe the Event + what did you do:

What happened after the event?

What were the consequences because of the event?

What were the slow triggers (things like poor sleep, drugs or alcohol use, prior disagreement or lack of trust)

What were the fast triggers? (Being told no, having to wait, not being able to do something)

Thinking about our role and that we all play a part in events, as well as being 'bigger, wiser, stronger, kinder, what could you have done differently?

How did you feel?

What is your role in any resolution or repair? Or next steps?

What changes to your practice or the way things are done will help the event not happen in the future? And/or What wisdom/learning have you gained?

What did you do well or what were your strengths that you brought to this?

What do you need from others to help this happen? (Managers, the wider organisation, external partners etc.)

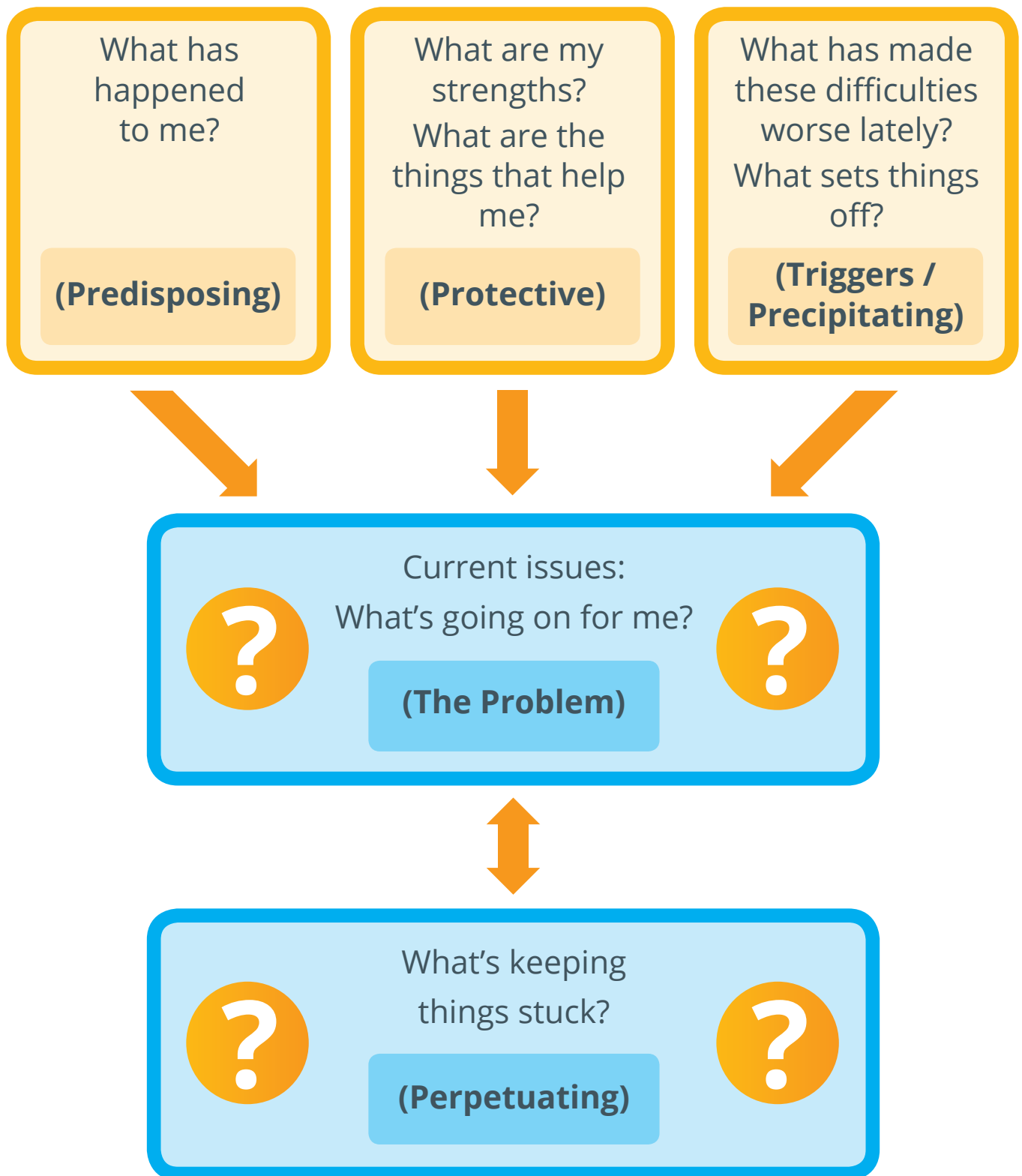
APPENDIX 2: BRAVING INVENTORY



Tick your areas of strength. Where do you have opportunities for growth? Focus on one area you will develop over the next week with an arrow. What will you do? How will you recognise growth? Who can support you on this journey? How?

COMPONENTS OF TRUST	Always	Often	Sometimes	Rarely	Never	Focus Area
	5	4	3	2	1	
Boundaries I respect personal boundaries, and when not sure where they are, I ask. I will say "no" when necessary. I ask for help when needed.						
Reliability I am dependable over and over again. I don't promise something if it is beyond my skill or limit.						
Accountability I take ownership of my mistakes. I apologise, and I make amends, and hope others do the same. I don't blame others for my mistakes. When I need to hold someone else accountable, I do so respectfully.						
Vault I keep another person's story safe. What I share about myself or hear from my friend is held in confidence. I don't tell what isn't mine to tell.						
Integrity I choose courage over comfort. I choose what is right over what is fun, fast or easy. I choose to practice my values rather than simply professing them.						
Non judgement I ask for what I need, including asking for help. I don't judge myself or others who ask for what they really need.						
Generosity I extend the most generous interpretation possible to the intentions, words, and actions of others.						

APPENDIX 3: FORMULATION MODEL ¹³



¹³ Based on the Five Ps Formulation model. This is a type of framework utilising five factors developed by Macneil et al. (2012). They conceptualized a way to look at clients and their problems, systematically and holistically taking into consideration the (1) Presenting problem, (2) Predisposing factors, (3) Precipitating factors, (4) Perpetuating factors, and (5) Protective factors.

APPENDIX 4: SOLUTION FOCUSED TEMPLATE

- Identify who wants to bring the case/issue.
- Identify a timekeeper/facilitator to ensure you keep to time, everyone gets a turn and that there is no one person taking the burden of speaking all the time.
- Bring a stopwatch and notepad.
- Theoretically can be done with a minimum of 3 or 4 people, but to be really effective and efficient, maximum of 6 people.

PHASE	CASE-PRESENTER AND HELPING TEAM ACTIVITIES	RULES FOR SPEAKING AND LISTENING
Preparing (optional – 5 mins)	Ideally each person attending the meeting prepares in advance and is clear about what they hope to gain from the meeting.	
Presenting (4 mins)	The person receiving help (the case-presenter) describes the situation they would like some help with.	Only the case-presenter speaks. Their team may want to take their own notes at this stage.
Clarifying (10 mins)	The helping team asks questions to clarify the case-presenter's story. Anyone asks questions to clarify what's been done, what the case-presenter wants, no leading questions.	The helping team asks questions in any order, but only one question each time, the consultee can speak. If no-one has a question it's fine to move onto the next stage.
Affirming (2 mins)	Each member of the helping team tells the case-presenter briefly what they are most impressed with about the approach taken.	The helping team members speak in any order. The case-presenter remains silent.
Reflecting (10 mins)	The helping team members take it in turns to say one thing at a time in response to the case-presenter's presentation. If one person has nothing to offer they say "Pass" and this cycle continues until everyone has said all they want to say, or they run out of time.	The helping team members speak in sequence. The case-presenter/consultee may want to take notes in this phase.
Closing (4 mins)	The case-presenter responds briefly to what was said in the Reflecting Phase, usually stating what they feel is most applicable.	Only the case-presenter speaks.

Suggested questions:

It can feel intimidating to take part in these sessions, but after time they will become more natural.

To help with the first few times, we've suggested sample questions you can ask, either as the facilitator or as participants:

- What are you hoping to get out of today's meeting?
- What are your best hopes for today?
- What is going well for you?
- What did you notice about the situation?
- What were your feelings about the situation?
- What else would you like to share about this situation?

Reflective Practice

STARTER KIT

Created in partnership by
Platform and Cymorth Cymru
with collaboration from
members of the housing
and homelessness sector.

Supported by ACE Hub Wales.

PLATF **FORM**

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol

 **Hyb ACE Cymru**
ACE Hub Wales

 **cymorth**
cymru
connect • strengthen • influence