Reflective practice in homelessness services

Homeless Link

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Contents

Overview

Reflective practice describes an individual or team taking time to think about their role, including what is going well, what is difficult, how they are feeling, and the impact of their actions. It is the ability to reflect on one's actions to be able to engage in a process of continual learning.[1] For homelessness services, the term describes the process of thinking in-depth about work experiences, to make better sense of situations. This enables practitioners and organisations to learn and develop professionally which improves the responsiveness of the service and creates better client and organisational outcomes.[2]

There are a number of ways reflective practice can be used, including 1-2-1 meetings or in group settings, with an internal/external facilitator present. For example, after a challenging incident, the team might be asked to reflect on what their role was in the situation, how they felt, how their actions or words had an impact on the people around them, and how alternative approaches might achieve different outcomes in the future. This contrasts with a more traditional approach to an incident debrief, where the focus is on establishing what happened, and deciding what to do as a result.[3]

Frontline workers in the homelessness sector are often exposed to challenging situations so embedding reflective practice into organisations is essential to enable individuals to step back from their work and make sense of their experiences and responses in the workplace. It can also help workers to better understand the responses of others, including service users, staff, and organisations. Reflective practice should be embedded within the culture of an organisation. This means, not considering reflective practice as just being something which happens in a structured group session, but something which is integral every day to all people, in all roles, at all levels. Reflective Practice Groups, on the other hand, are a structured and facilitated way of enabling reflection. There are a range of different approaches to offering Reflective Practice Groups, and organisations should think carefully about what style suits the needs of their service and staff and where possible, gather feedback from staff about what they think would be the most helpful.[4]

Psychologically Informed Environments (PIE)

Reflective practice is a core element of PIE, both within service delivery and evaluation. PIEs are services that are designed and delivered in a way that takes into account the

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[1] Schön, Donald A. (1983). *The reflective practitioner: how professionals think in action.*

[2] H Keats et al (2012): *Psychologically informed services for homeless people* (Good Practice Guide). Available at: https://eprints.soton.ac.uk/340022/1/Good%2520practice%2520guide%2520-%2520%2520Psychologically%2520informed%2520services%2520for%2520homeless%2520people%2520.pdf

[3] See our resources on how to support and debrief staff following a death by suicide: https://homeless.org.uk/knowledge-hub/resources-for-organisations-developing-suicide-prevention-policies-and-procedures/

[4] Listen to our podcast episode on the importance of reflective practice (Series 2, Episode 6): https://homeless.org.uk/knowledge-hub/going-beyond-homeless-links-practice-podcast/

emotional and psychological needs of individuals using and working in them.[5] The PIE framework consists of:

1. **Developing a psychological framework:** allowing services to have a shared understanding of, and response to, the people they support.
2. **The physical environment and social spaces:** adapted to improve the space available to engage and support people in the service.
3. **Staff training and support:** enables workers to move away from crisis management and work in a more therapeutic and planned way.
4. **Managing relationships:** helping staff and clients to self-manage their emotional and behavioural responses to triggering events.
5. **Evaluation of outcomes:** Enabling staff and clients to evaluate their effectiveness, for ongoing development, and to evidence service impact.

For more information about PIE's, see our other resources[6] and the PIE Link website.[7]

Benefits

There are several benefits to introducing reflective practice within your organisation. Where it is embedded, and learning is used to influence service delivery, the support provided will improve. However, organisations will also see other benefits, that over the long-term may have positive impacts to their organisations. These include:

- Reduced levels of staff burnout and operational stress
- Reduced levels of staff absence
- Fewer incidents and evictions
- A more collaborative workplace culture, which enables co-production
- Increased engagement
- Increased positive outcomes
- Improved staff morale

Models for reflection

There are several different models which are used to support reflection. Organisations may decide on which model would work best for their staff, or this may be decided by the facilitator, based on their training and/or experience. The models below are not an exhaustive list but highlight some of the key approaches to guide reflection.
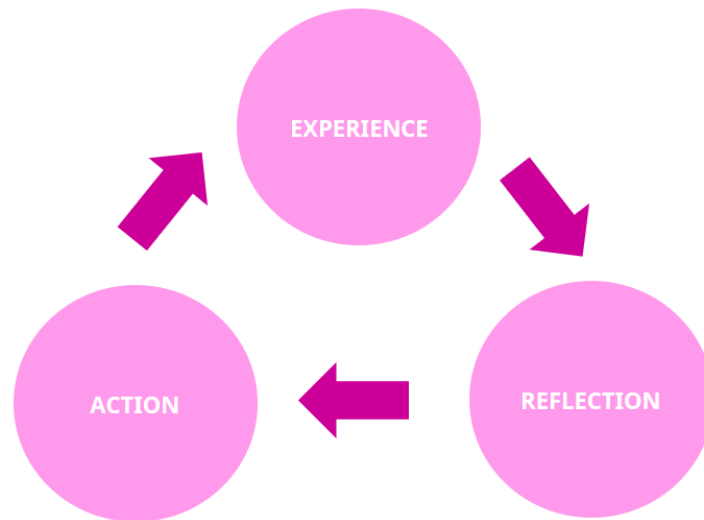
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[5] https://www.homelessnessimpact.org/intervention/psychologically-informed-environments
[6] https://homeless.org.uk/areas-of-expertise/improving-homelessness-services/psychologically-informed/
[7] http://pielink.net/

The ERA Cycle

The ERA Cycle[8] contains three stages:

The cycle indicates that we start with an experience, then reflect on what happened, which then leads to taking an action: thinking about what we will do as a result of the experience.[9]

What – so what – now what?

Rolfe et al.'s[10] reflective model focuses on 3 questions:

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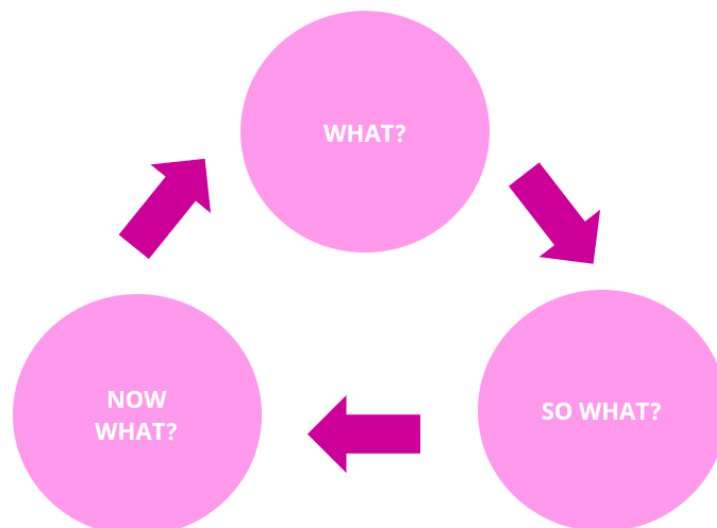
[8] M Jasper (2013): *Beginning reflective practice*

[9] https://libguides.cam.ac.uk/reflectivepracticetoolkit/models

[10] Rolfe., G et al. (2001): *Critical reflection in nursing and the helping professions: a user's guide.*

Similarly to the ERA Cycle, these questions aim promote an individual to think about a situation/event, then about the implications, and then consider future actions.

Kolb's Experiential Learning Cycle

Kolb's cycle of reflective practice model is designed to help people learn from their experiences.[11] Kolb's model is based on 4 stages:

1. **Concrete experience:** the individual experiences something.
2. **Reflective observation of new experience:** the individual reflects on their experience, with an emphasis on their feelings, and the links to their skills, knowledge, and any prior experience.
3. **Abstract conceptualisation:** learning from the experience – reflection provides learning.
4. **Active experimentation:** putting learning into practice.

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[11] https://libguides.hull.ac.uk/reflectivewriting/kolb
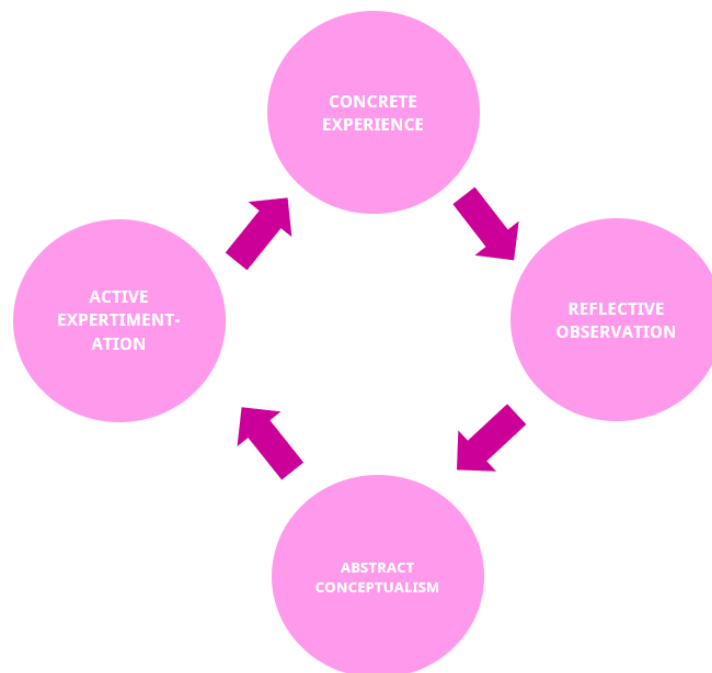
Gibbs' Reflective Cycle

Gibbs' (1988) reflective cycle was developed to give structure to learning from experiences.[12] It covers 6 stages:

DESCRIPTION
Describe the situation/event.

FEELINGS
Describe feelings and emotions during situation.

EVALUATION
What was good or bad about the experience?

ANALYSIS
Why did things go well? Why didn't they go well?

CONCLUSIONS
What did I learn from the situation?

ACTION PLAN
What would I do differently next time?

This model offers a more comprehensive and holistic approach to reflection, encouraging people to consider both the facts and personal experience, and how these can lead to appropriate and thoughtful actions. It may be preferred by some staff who are looking for a more structured approach, with an emphasis on considering next steps.

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[12] https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle

Reflection in action/on action

Schön's (1991) reflection in action/reflection on action provides a distinction between reflection during the event, and reflection after the event.[13] This is an approach that individuals can use by themselves.
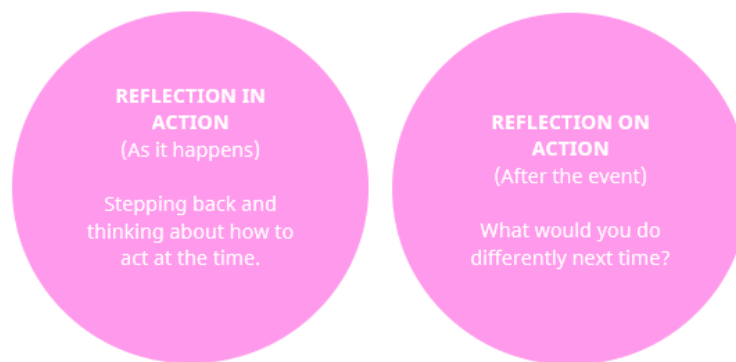
Due to the person-centred nature of reflective practice, facilitators can use different models at different times, depending on the objectives of the group. Some facilitators may not use any particular model of reflection and be purely guided by the voices of the participants, and some may use a combination of a few/all of them.

It is also important to note that reflective practice does not necessarily need to be 'action' orientated. Rather, it is an important process of internal learning and processing, and a way of developing capacity for thoughtful, reflective ways of working.

Implementing reflective practice

Reflecting individually

Staff in the homelessness sector should aim to be reflective in all areas of their work. To be psychologically and trauma informed, individuals should adopt professional curiosity. This curiosity refers both to the importance of seeking to understand an individual's journey into homelessness but also, being reflective about any assumptions, pre-judgments and bias that may influence how they respond.[14] Staff should take time to reflect on why someone might behave in a certain way, for example, thinking about how experiences of trauma may impact communication and behaviours.[15] Individuals should also reflect on their own thoughts, feelings, and actions experienced in different situations.

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[13] https://libguides.hull.ac.uk/reflectivewriting/schon

[14] https://www.local.gov.uk/sites/default/files/documents/25.188_Adult_Safeguarding_and_Homelessness_05%20final.pdf

[15] See our resources on trauma informed care: https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments/

Allocating time to reflect on an individual basis may work better for some people. Some individuals may prefer structured reflection, for example, using a reflective diary, writing answers to a set of questions, or using a structured tool.[16] Alternatively, a more flexible approach to reflection could be adopted.

Benefits

Staff who participate in reflective practice become more conscious of how they work, and how they feel about work. This awareness enables them to try different approaches to support, based on the needs of the person they're working with, and accept that they might not always get things right first time. This helps to improve morale, by giving people more conscious control over how they interact with others and encouraging them to explore their emotions (both positive and negative) in response to these interactions.

When staff are reflecting on their own practice, they will also reflect on the actions, responses, and emotions of the people they work with (colleagues and clients). They become more aware of their impact on others and the impact of others on them. This is crucial for supporting people, especially people who have experienced complex trauma and who might find it harder to build trust and safety within a relationship.

Staff who work in a reactive way are more likely to resort to rules-based responses in the face of challenging behaviour or disengagement e.g., issuing a warning, closing a case, or using phrases such as 'hard to reach' and 'non-engager'. A reflective practitioner considers what causes might be underlying a situation and if there are things they are doing which are unhelpful. They will consult with others to aid this reflection, and test new approaches. This leads to improved outcomes for the people receiving support, as the worker takes greater responsibility for their role in the relationship and has greater confidence in their ability to solve problems.

Challenges

In many homelessness services, frontline workers often operate in 'crisis mode' and may unknowingly be driven by emotions and unconscious processes. Taking a moment to step back from a situation, and reflect, can therefore be difficult. Individuals who are used to taking a rules-based approach might struggle to be more reflective at first. Where there is a culture of responding to challenging behaviour and complex needs by following procedures, being asked to pause and consider reasons behind behaviours instead, as well as their own role in an incident (and to accept that they might have contributed to the problem), can be met with resistance. It is also important to note that without managers/organisations supporting reflective practice, it is impossible for staff to dedicate time to learn to be reflective, so there needs to be buy in from all levels of the organisation.

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[16] An example tool can be found here: https://www.hcpc-uk.org/globalassets/standards/meeting-our-standards/reflective-practice/templates/reflective-practice-template.pdf

Group sessions

Regular group reflective practice is increasingly common in homelessness services as a way of bringing staff together to share challenges, reflections, and build collective wisdom through the sharing of ideas and knowledge.[17]

Groups may be inclusive of frontline staff and management, and in other cases it may be decided that there is a need for separate groups. This will depend on a number of factors, such as the size of the service/organisation and resources available. However, it is recommended that staff are asked for their preference, as some individuals may feel they are unable to be fully open in a group where their manager is present. Whilst resources may be a barrier, it would be considered good practice for Reflective Practice Groups to operate at multiple levels in the organisation – including within senior management.

Reflective Practice Groups can be led by internal or external facilitators. The table below outlines the pros and cons of having an external facilitator, and further information about both options is provided later in the guidance.

Pros of having an external facilitator	Cons of having an external facilitator
Greater objectivity; a more neutral approach. They are not ingrained in the organisational culture or dynamics, so they can observe things that employees may not see.	Limited knowledge of the organisational culture, internal structures, and team dynamics – staff may have to spend time explaining.
Less vested interests in a particular outcome.	Incurs costs to the organisation – requires financial investment.
The reliability, distance, & external feature of an external facilitator offers new perspectives for participants while minimising internal, organisational power dynamics from the leadership of the group.	May be difficult for staff to trust the facilitator as no prior relationship – with an internal facilitator, existing good relationships with people in the group can facilitate trust and openness.
Allows all staff to be participants, rather than attempting to deliver on multiple roles.	
External facilitators often bring different training/expertise that can be shared which could enable new insights.	

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[17] https://www.hcpc-uk.org/standards/meeting-our-standards/reflective-practice/types-of-reflective-practice/

It is recommended that organisations ask staff their preference of having an internal or external facilitator.

Benefits of group reflective practice
Reflection in groups provides an opportunity for individuals to share their thoughts and feelings with others and to learn from the group. It can also give an awareness of the experiences of others in the service, to enable teams to think about how their work may impact each other, and how to work more collectively.

Group sessions can improve a sense of togetherness and team cohesion and can provide a framework for questioning organisational or structural processes. It can also help staff to become more aware of shared experiences within the team and identify that they are not alone in their experiences or feelings. Bringing staff together and sharing common challenges provides an opportunity to bring about change.

Challenges of group reflective practice
Group reflective practice, where full staff teams are present, can often be de-prioritised in busy services, as attendance requires staff to take time away from their tasks. It is therefore important that managers carve out the time for reflective practice in service delivery, to act as a role model by attending sessions and play a part in shaping cultures and responses to work. If it decided that managers are not invited into the space, they could advocate for the importance of engaging by taking on a duty role whilst the meeting occurs.

Reflecting as a group can be uncomfortable for some people, as admitting to challenges in front of peers can be difficult. Despite this, after some 'settling in' time, the group should enable a culture of sharing and openness.

1-2-1 facilitated sessions

Some individuals may prefer to engage in reflective practice in a 1-2-1 session with a facilitator. These sessions may be used to discuss specific challenges in the workplace or think about opportunities for development. Managers may opt to use reflective practice as part of their regular supervision with staff.[18]

Coaching is also an option to consider. Coaching provides a confidential and non-judgemental space for individuals to explore their thoughts and feelings about their role, building confidence and resilience.[19]

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[18] See our resource on things to consider to have a psychologically informed 1-2-1 meeting: https://homelesslink-1b54.kxcdn.com/media/documents/Psychologically_Informed_121_Meetings_7_Minute_Briefing_69bfS0y.pdf
[19] Find out more about Homeless Link's coaching service: https://homeless.org.uk/what-we-do/developing-the-workforce/coaching/

Benefits of 1-2-1 reflective practice

For individuals who may struggle to open up in group settings, or who may have specialist or more independent (as opposed to team-based) roles, 1-2-1 reflective practice sessions provide a safe place to share thoughts, feelings, and challenges. Sessions can purely focus on that individual's experience, providing dedicated time to process and take positive steps forward.

Challenges of 1-2-1 reflective practice

If using an external facilitator, or opting to use a coach, this can incur greater costs to services. Depending on budget, organisations may need to consider the affordability of 1-2-1 sessions or whether an alternative could be used, for example, having a 'mentor' from another team.

Choosing a facilitator

Staff facilitators

It is not always feasible, or necessary, to bring in an external professional. Some organisations train their managers (or in some cases, frontline staff) in reflective practice, so that the process can be embedded within team meetings and line management. There have also been cases where managers have been trained in facilitating group reflective practice and deliver this to other teams across the organisation (instead of their own, to overcome some of the challenges outlined in the table above).

There are a number of reflective practice facilitator trainings that vary in depth and cost. Homeless Link offers introductory training for managers who are considering setting up reflective practice groups in their teams/organisations, or for those who are reviewing their existing provision[20]. It is recommended that internal facilitators are also trained and experienced in staff supervision[21]. More advanced training may be sought through organisations like the Institute Of Group Analysis and the Tavistock and Portman NHS Trust.

It is essential that internal facilitators have knowledge about psychologically informed environments and trauma-informed care. Training and resources can be found on Homeless Link's website.[22]

Clinical/therapeutic facilitators

If you are considering bringing in external expertise to deliver group reflective practice, it is important to consider the training and experience of the person(s) that will work

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[20] Reflective Practice for managers: an introduction | Homeless Link
[21] Staff supervision skills | Homeless Link
[22] https://homeless.org.uk/what-we-do/developing-the-workforce/training-for-organisations/trauma-informed-training-and-consultancy/

with you. Many homelessness providers now also directly contract or employ clinically and therapeutically trained staff, who may deliver individual and group reflective practice as well as advising on, or directly working with, a caseload of clients. If using a clinician or therapist, it is recommended that they are registered with a professional body.

There may be benefits to having a facilitator who is trained in a certain discipline and information about commonly used therapeutic approaches are outlined below.

- **Psychodynamic Therapy:** a psychological approach which focusses on the unconscious processes observed in a person's current state. It focuses on the effects of past events on present mental and emotional behaviour.[23]
- **Cognitive Behavioural Therapy:** an intervention which enables someone to learn more helpful ways of thinking and reacting in everyday situations by identifying thoughts, feelings, and behaviours.[24] CBT focuses on current challenges, rather than past experiences.
- **Cognitive Analytical Therapy:** combines both psychodynamic and cognitive approaches and commonly involves letters/diagrams to develop an understanding of someone's problems.[25]
- **Interpersonal Therapy:** an approach which enables people to understand how the problems they experience may be connected to, and improved by, the relationships they have with others.
- **Counselling:** an approach which aims to enable someone to gain clarity about problems and identify their own answers. It is often used to help someone cope with a recent challenging event/change.
- **Integrative Counselling:** a combined approach to psychotherapy (talking therapies) that brings together different elements and enables a person-centred approach as techniques are tailored according to the individual's needs.
- **Clinical Psychology:** integrates science, theory, and practice in order to understand, predict and relieve problems. It promotes adaption, adjustment, and personal development.[26] Psychologists undertake research and make clinical diagnoses. Clinical psychologists will be trained in at least two psychological models, and can often apply an integrative approach.
- **Humanistic Psychology:** a holistic approach which focuses on the whole person. Humanists believe that a person is 'in the process of becoming': it is understanding behaviour by means of human experience.[27]
- **Acceptance and Commitment Therapy:** an action-orientated approach which involves enabling people to accept and acknowledge their thoughts and emotions, distance themselves/change reactions to distressing thoughts and

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[23] https://www.hiwellapp.com/en/blog/psychoanalytic-and-psychodynamic-therapies-differences-and-commonalities
[24] https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/cognitive-behavioural-therapy-(cbt)
[25] https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/psychotherapies
[26] https://www.medicalnewstoday.com/articles/154874#branches
[27] https://positivepsychology.com/humanistic-psychology/

feelings and be present. It also focuses on using personal values to set goals for change.[28]

- **Group Analysis/Group Analytic Psychotherapy:** a form of personal therapy which takes place in a group setting. This approach suggests that many of our beliefs are outside our conscious awareness so using a group setting will promote insight and deepen understanding of our difficulties.[29]
- **Systemic Therapy:** a form of therapy which considers challenges and behaviours through looking at the relationships between a group of people, rather than just the individual's thoughts and feelings.

Regardless of the therapeutic and clinical disciplines an external facilitator may bring, it would be beneficial that they have also had training in group facilitation/supervision, including group dynamics. Whether the facilitator is external or internal to the organisation, it is recommended that they have experience of working with the client group, and preferably in the setting within which staff work. Reflective practice facilitators need empathy, to be person-centred and be good communicators. They need to be able to foster a spirit of enquiry, and to support staff to make sense and meaning from their experiences, some of which will be distressing and difficult.

Costs of reflective practice

Reflective practice can be introduced into an organisation at no financial cost if staff already have the relevant skills. It is recommended that at least one manager is trained in reflective practice in order to oversee and evaluate the organisational approach.

Even without financial cost, resources of time and space will be required. Most homelessness services are busy environments, with high staff caseloads and a lot of reactive work, so managers must ensure that time and space is created for reflection: it may not feel like a priority in the moment, but it will impact the organisation's effectiveness. Existing structures can be used, such as supervision or team meetings, as long as care is taken to allocate and protect time for reflective practice so that teams aren't drawn back into reactive work (which may well feel more comfortable and useful for them in the early stages).

Commissioning an external facilitator for reflective practice is a relatively low cost, with Homeless Link hearing about current charges in the range of £60-100 per hourly session. Alternatively, services can choose to train a group of staff and managers to lead reflective practice groups internally.

Organisations introducing a psychological framework in their approach, alongside external supervision and training, will need to budget for higher costs according to size of staff team and use of external expertise.

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[28] https://www.psychologytoday.com/gb/therapy-types/acceptance-and-commitment-therapy
[29] https://www.igas.ie/what-is-group-analytic-psychotherapy

Other forms of external support

Organisational 'process consultancy'

Some organisations that are seeking to embed a new approach, or improve their processes or culture, may seek a Process Consultant to support them in their development.[30] Unlike Expert Consultants (who use their knowledge to provide a solution to a specific problem), Process Consultants create spaces for reflection, and work alongside organisations to identify a series of solutions and devise plans for implementing change.[31]

Clinical Supervision

Clinical supervision, whilst also encouraging reflection, is not the same as facilitated reflective practice. Reflective practice helps staff to reflect and analyse their experiences, actions, and decisions, so they can gain new insights on their work and experience. Clinical supervisors will guide and support the development of practice and case management through offering their knowledge, insights, and expertise. Clinical supervisors should be trained to offer supervision, and may come from a range of disciplines such as psychology or psychotherapy.

If seeking support from an external provider, understanding whether they offer clinical supervision, reflective practice, or a combination of the two will be helpful in understanding what they can bring to your service. It is important to be clear in the setting up of these resources what the space is or isn't (i.e., reflective practice vs clinical supervision) and what staff can expect from the different opportunities.

Related resources

Psychologically and trauma informed practice: https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments/

PIE and young people's services: https://homeless.org.uk/knowledge-hub/psychologically-informed-approaches-with-young-people-experiencing-homelessness-/

Psychologically informed management: https://homeless.org.uk/knowledge-hub/psychologically-informed-management/

Podcast episodes on staff wellbeing and support (series 2): https://homeless.org.uk/knowledge-hub/going-beyond-homeless-links-practice-podcast/

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[30] Find out more about Homeless Link's consultancy service: https://homeless.org.uk/what-we-do/developing-the-workforce/training-for-organisations/trauma-informed-training-and-consultancy/
[31] http://www.philipatkinson.com/process-consultation.html

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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Let's End Homelessness Together

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