CWdc

Children's Workforce
Development Council

Providing intense support for families with multiple and complex needs

Manager guidance

Contents

Introduction

This document contains information and guidance to support family intervention managers to recruit the best key workers and ensure they receive the necessary training, support and supervision to perform their roles safely and effectively. The guidance draws heavily on the findings of the Department for Education (DfE) key worker training needs survey of managers from March 2010, practitioner consultation activity (March – June 2010), manager fora and feedback from the Family Delivery Team on their experience of supporting the development of family intervention projects.

For the purposes of this publication, family intervention managers refers to team leaders, senior practitioners, service managers and parenting commissioners, ie those with responsibility for overseeing the operational work of family intervention provision.
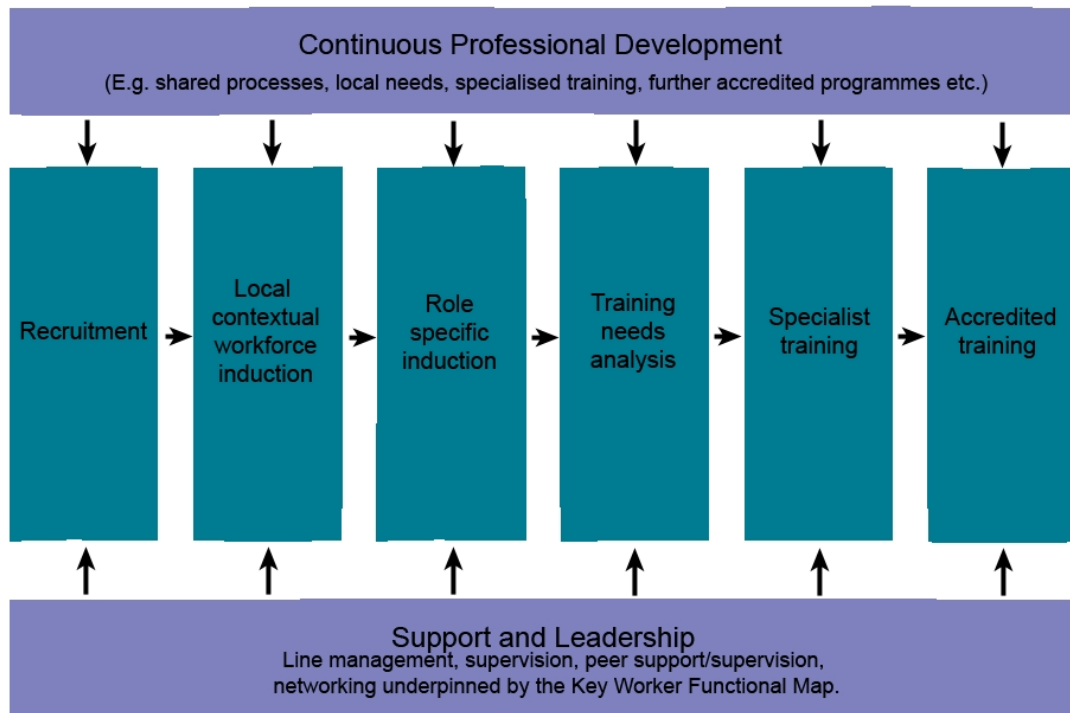
Part of the role of a line manager is to ensure that staff are competent, effective and safe workers who understand their purpose and focus in the context of broader priorities and strategies.

Line managers need access to tools and provision to help them with this function. This guidance aims to address some of those needs and it is intended to be complementary to existing human resources (HR) policies and procedures in addressing the support, development and training needs of the family intervention workforce. Much of the content is also applicable to managers of other support roles in the children, young people and families' workforce.

This publication specifically responds to requests from managers of family intervention services to:

- Establish a common understanding of the role and the training and support needs of family intervention key workers, acknowledging the unique and emerging understanding of the work.
- Respond to the complex and demanding nature of the working environment when supporting families with multiple and complex needs.
- Provide a strategy to identify and address training and support for key workers.

The family intervention training and support model

Continuous Professional Development
(E.g. shared processes, local needs, specialised training, further accredited programmes etc.)

Recruitment	Local contextual workforce induction	Role specific induction	Training needs analysis	Specialist training	Accredited training

Support and Leadership
Line management, supervision, peer support/supervision,
networking underpinned by the Key Worker Functional Map.

The family intervention training and support model illustrates a holistic approach to training and support provision, with a central core showing the journey from recruitment to accredited training.

This central core is reinforced through support and leadership functions, and continuous professional development activity.

The framework approach has been useful in responding to workforce expansion and in ensuring a level of consistency and understanding in developing approaches to recruitment, training and support. It also retains flexibility to cater for local provision and context.

The approach also enables the building of comprehensive and responsive packages which address the diverse and complex needs of individual workers.

National, regional and local provision can be mapped into the framework to ensure linkage and avoid duplication.

Recruitment

The family intervention key worker [functional map](#) provides a practical illustration of the key roles, tasks and responsibilities of a key worker and can be an effective reference tool when reviewing and revising job descriptions and person specifications.

Family intervention services are enhanced by teams that represent a wide range of professional backgrounds, stretching across family, parenting, young people and children's workforces. When recruiting key workers, practice shows the benefits of mapping current team skills collectively and seeking out individuals that will bring additional qualities and diversity to a service.

As described in [the role of the key worker](#) section, the job is complex and demanding. Recruitment and selection processes need to reflect this.

Recruitment procedures also provide a useful platform to promote existing induction, training and support packages for new staff and sets out expectations for their participation in these processes. Similar approaches and considerations need to be made if [volunteers](#) are undertaking family intervention activity.

Effective recruitment and selection methods rely on robust mechanisms and tools for making an in depth assessment of a candidate's skills and knowledge. Suggestions and examples outlined in this section should be used alongside your organisation's policies and procedures.

Some considerations and examples are described below:

- Written case study to be presented to the candidate for analysis, creating an intervention plan in response, assessing their ability to analyse data and interpret the multi-layered nature of family dynamics.
- Intervention plan presented as oral report (five minutes) to a panel to assess the candidate's ability to present a coherent report or professional discussion to cover this.
- Role play (with an experienced professional playing the role of a family member) assessing engagement, communication and problem solving skills. This can be videoed to reduce the sense of scrutiny under observation and could be replayed by the panel at a later point for assessment.
- The inclusion of a family representative interview or group discussion session ie a family member who has received family intervention support provides an informed opinion during a recruitment process.
- A video of an intervention (role played by professional) to assess the candidate's ability to pick up non-verbal clues and their awareness of potentially underlying issues (such as domestic violence, depression, substance misuse)
- Formal interview.
- Written test to assess report writing skills.

Local contextual workforce induction

Following recruitment, effective induction is a key stage for the newly appointed practitioner and their manager. It is an important mechanism for ensuring that people joining the workforce, or moving to work in a new area, have the skills and knowledge they need to be able to embark upon their roles. Common or multi-agency induction programmes which bring people together from different parts of the workforce can also help to promote integrated working, build relationships and develop shared understanding and language.

The key worker needs to work in partnership with a wide range of services and individuals operating across children and adult services, the voluntary and community sectors, housing, health and the justice system.

The majority of their induction needs will relate to the knowledge and understanding required of the local context and the players within. This will include demographic information as well as the support and development priorities of their own agency and partner agencies.

Local and contextual induction needs are often met through shared training programmes and support processes across local provision (such as Common induction). Approaches may vary from area to area. Some involve integrated programmes developed locally and others use materials developed at national level and adjusted to meet local needs (eg CWDC induction training and CWDC induction standards).

In all cases, this stage is incredibly important to new workers, as it helps them to see their work in the broader context of integrated working and the needs of local communities.

Managers should seek out their local policies and procedures in relation to common or integrated induction activity

Role specific induction: Family intervention

As well as addressing the shared skills, knowledge and understanding of the range of workers engaged in support activity across a local area, induction activity must also address role specific needs.

The newly appointed key worker will need to develop skills and knowledge directly related to the role, reflecting the eight critical features of family intervention provision (National Centre for Social Research 2008)[1] and the specific role of the key worker.

The role of the key worker is to:
- Act as the first point of contact for the family, planning that contact flexibly to meet the family needs.
- Build a relationship with each family member based on trust and respect, modelling effective communication and persistent support.
- Co-ordinate the multi-agency team around the family to participate in putting together a plan with the family, clearly outlining the sanctions and rewards that are associated with each goal.
- Work with the family to support and challenge them towards reaching the Support Plan goals.
- Advocate for the family with other agencies.
- Regularly review progress and address barriers to progress in partnership with the multi-agency team.
- Support the family to use universal services effectively gradually reducing the intensity of involvement as the family functioning strengthens.
- Plan an exit with the family, ensuring ongoing support from relevant services (as necessary) and build in post intervention contact.

Many local areas use induction checklists to support the process, to monitor progress and activity over a period of time. Once the induction period is complete, the longer term developmental and support needs of the worker need to be determined. .

---

[1] Family intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes, Research Report DCSF-RW047, National Centre for Social Research 2008

Training needs assessment: analysis and planning

A successful induction completes the first stage of training and support for the new worker and provides the starting point for ongoing learning and development for the key worker.

Carrying out a training needs analysis (TNA) at this point will provide a "road map" for the planning of training and development opportunities for the worker. Completing a TNA is a process shared between the line manager and key worker and covers specialist training needs, continuing professional development opportunities and access to accredited training where appropriate. It can also be used as a gateway to further opportunities.

Local areas may have training needs analysis tools in place or can access them through corporate services or personnel provision within their organisations.

Specialist training for key workers

Key workers may have a variety of development and support needs. The local contextual workforce induction, role specific induction and training needs analysis processes should enable managers and key workers to identify where more specialised training is needed. This complements a successful induction, adding layers of skill, knowledge and understanding to develop practitioner practice and providing a cumulative growth in quality which will impact on outcomes for families.

In March 2010, family intervention managers identified the following categories of training (ranked in order of popularity) as being related to key worker activity:
- Mental health related training.
- Understanding of other agencies/services.
- Theoretical models.
- Therapeutic approaches.
- Motivational interviewing.
- Sexual health.
- Safeguarding and domestic violence.
- Assessment.
- Communication and participation skills.
- Challenging behaviour.
- Personal safety.
- Record keeping including IT systems.
- Multi-agency working.
- Assertive working.
- Housing protocol and legislation.
- Supervision and management.
- Youth crime and anti-social behaviour.

Local managers usually source and set up relevant, specialist training within their areas, sometimes with the support of learning and development teams and provide access to local continuous professional development opportunities.

Some training providers have built bespoke specialist training packages for key workers supporting families with complex and multiple needs. These include:
- Adfam (an organisation addressing drug issues and their effects on families, individuals and communities)
- Co-ordinated Action Against Domestic Abuse (CAADA).
- Child and Family Training.

Parenting programmes can be found in the Commissioning Toolkit, including a number of evidence based parenting programmes that are relevant in training key workers.

Accredited training considerations

The DfE Families at Risk Division surveyed managers' perceptions of the training and support needs of key workers (March 2010). This generated significant feedback about the need for recognised, accredited qualifications to support this work. Whilst key workers will come to the role with a variety of levels of experience and qualifications, the need for a baseline qualification to address the knowledge and competencies required in the role was identified.

The functional map has been used to underpin the development of unit accreditation for key workers. As a result, three level 4 units packaged as an Award (Qualifications and Credit Framework) are now available (October 2011) to support those working with families with multiple and complex need. The Level 4 Award in Work with Parents (Intense support to families with multiple and complex needs) is part of the Working with Parents qualification suite.

The level 4 Award provides a focused qualification for those working in this area, building on the Working wiUth Parents level 3 Diploma and other qualifications and training which key workers may have undertaken. As such it can act as a baseline qualification for this work, though it is clear that a range of higher level qualifications can also contribute to the development of practices and services.

A comprehensive learner resource pack has been developed to support key workers who may be working towards the level 4 award. It can also be used as a tool support non-accredited training and development.

## Continuing professional development (CPD): Support and leadership

Once Recruitment and induction (local and role specific) is complete, key workers will require access to opportunities that support the principles of continuous learning and development; demonstrating and encouraging a commitment to seeking improvement and lifelong learning.

This may relate to specialist and accredited training as well as alternative and practical learning opportunities, such as subscribing to workforce related publications, e-learning, shadowing colleagues, keeping abreast of policy and legislative changes and taking on additional responsibilities that will further career development in the future.

Support systems such as managerial and non-managerial supervision, reflective practice, peer support and networking, appraisals and other performance development frameworks are an essential aspect of CPD and therefore must run in parallel to induction and training processes.

A comprehensive learner resource pack has been developed to support key workers who may be working towards the level 4 award. It can also be used as a tool support non-accredited training and development.

The significant role of support and leadership in workforce development is illustrated in the training and support framework diagram. The next section of this guide provides supporting information and examples of tools available for managers to lead, support and develop key workers and teams.
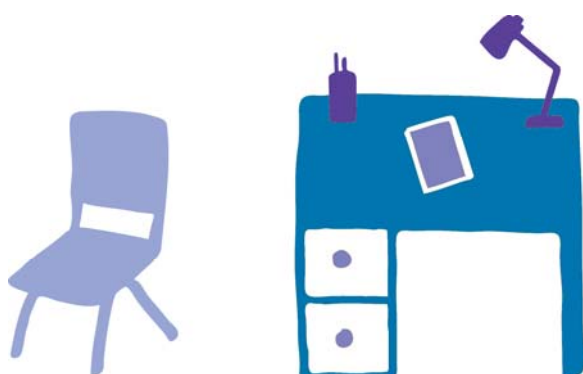
Annex and reference library

The role of the family intervention key worker

Supporting families with multiple needs is demanding and complex. Training and support provision needs to reflect this complex role.

Key workers provide intensive support to families with complex and multiple needs and in particular families facing statutory action including eviction and child protection proceedings. Supported families are often affected by a range of longstanding and complex problems, such as mental health and drug or alcohol dependency. The key worker approach uses multi-agency, whole family support plans and assertive working methods to engage with families who typically are reluctant to participate with services and show resistance when engaging with formal or statutory organisations. These techniques reduce the likelihood of legal sanctions and in the long term help families build resilience and the capacity to deal effectively with everyday life.

The package of support offered to vulnerable families is a direct and intensive intervention which includes parenting support and a co-ordinated programme of support from other services (such as health, housing, education) which responds to the needs of different family members as well as the family unit as a whole.

The Think Family Toolkit (Guidance Note 4, Family Intervention Projects (February 2010)) described the key worker role as follows:
- To manage or 'grip' the family's problems.
- To co-ordinate the delivery of services.
- To use a combination of support, rewards and sanctions.
- To motivate families to change their behaviour.
- To deliver direct support to families to develop parenting and life skills.
- To help build self confidence
- To motivate and set goals.
- To provide advocacy for family members when dealing with services.
- To have small caseloads of up to six at any one time. This enables the intensity of the intervention to reflect the level of need of the families (on average nine hours a week, including evenings and weekends).
- To stay involved for as long as necessary, the average length of involvement is just over twelve months.

As a result of the rapid growth of the workforce there was a need for a greater understanding of the role of the key worker. A functional map was created to define the role in more intimate detail than previously given.

The eight critical features of family intervention provisions describe the elements that the National Centre for Social Research (NCSR) attributed to the key ingredients of the approach.

Family intervention key worker functional map

Two versions of the functional map have been produced, one in a Power Point format and the other in PDF list format with supporting narrative. The functional map outlines the detail and range of significant functions undertaken by key workers. As such, it provides the blueprint for the key worker role and can be used by managers to:

- Support recruitment and selection processes by identifying the core skills required for key workers to become job ready.
- Assist with job design and evaluation including development of job descriptions and person specifications.
- Undertake skills audits and training needs analysis.
- Measure performance in staff reviews.

The key purpose statement (KPS) within the functional map defines the overarching function of the role of a key worker as:

To provide targeted and intensive support to families experiencing complex and multiple issues through sustained intervention using whole family assessment and utilising partner agencies to effect and sustain positive change for the family, individual members and the community around them.

The eight critical features of family intervention provisions[2]

1. **Recruitment and retention of high quality staff:** Staff need to have a range of experiences and backgrounds.

2. **Key worker model:** This is vital for ensuring engagement and trust and enables the family to feel responsible to the worker.

3. **Small case loads:** Working with around five or six families at one time reflects the intensity and complexity of the intervention. This also helps to build trust and rapport, enabling a persistent and tenacious approach to working with families and coordinating other agencies.

4. **A whole family approach:** Working collaboratively with the family through the development of an empathetic knowledge and understanding of their view of their world. This enables the key worker to get to the root of problems. It is necessary to change mindset and lifestyle of the families and can help prevent regressive influence.

5. **Stay involved as long as necessary:** The family intervention approach is able to take a long term approach. Practice indicates that is it not necessarily the intensity of the intervention but the length of time over which it is sustained. Working with families over a long period of time is essential for tackling deeply entrenched issues, because it takes time to unlearn attitudes and behaviours, learn new ones, and embed them into daily life.

6. **The use of sanctions with support:** Sanctions and consequences are key motivators to encourage families to agree to work with the family intervention service.

7. **Scope to use resources creatively:** The family intervention approach recognises that it may be necessary to buy in services and goods (such as beds for children, skips to take away refuse and damaged or broken household goods, cleaning equipment. specially organised rubbish collections, parenting and therapeutic support, etc.) because they will enable positive lifestyle change and reward engagement.

8. **Effective multi-agency relationships:** This is vital to ensure families get the services and interventions needed. It ensures a consistent message is given, and reduces the opportunity for families to play agencies off against one another.

---

[2] Monitoring and evaluation of family interventions (information on families supported to March 2010), DfE 2010, p54

Volunteers

Alongside paid team members, many organisations and services have recognised the valuable contribution that volunteers bring to a team. These benefits include:

- Increasing the capacity of services to support vulnerable families.
- Enabling the community to give something back.
- Potential for volunteers to have a route into paid work.
- Increasing the range of skills available to family intervention services.
- Embedding the service in the community.

Considerations for using volunteers

Volunteers can bring a rich and valuable addition of knowledge and skills to complement the core team. However, it is recognised that recruiting, managing and supervising volunteers can be resource intensive.

The recruitment, training and support needs of volunteers are not dissimilar to those of paid members of staff. Therefore the principles outlined throughout this guide are also pertinent to volunteers. However, there are some subtle differences to consider:

- The capacity of service and management to recruit, train, supervise and support volunteers.
- The financial contributions for the costs associated with travel expenses and subsistence for volunteers.
- Whether volunteers covered by existing public liability and employers' liability insurance.
- The appropriateness of the volunteers deployment considering the services' and volunteers' needs (determined by effective supervision, management and training of the volunteer and a clear understanding of the service's objectives and purpose of utilising volunteering).

Services that actively promote the use of volunteers recommend that someone has the lead role as a volunteer coordinator. This can help to ensure that robust systems are in place to manage and supervise volunteers within the service.

Safeguarding

When working in family intervention it is essential for managers and key workers to have an understanding of legislation, statutory guidance (Working Together to Safeguard Children 2010) as well as local policies and procedures for working with vulnerable adults and children. Safeguarding needs to be covered through local induction, training and support arrangements. It should also be regularly reviewed through, and reflected within continuous professional development.

Key workers should be equipped with the skills to ensure they understand the context of safeguarding within their role. If working in family intervention at an intensive level due to families having multiple needs it is essential that an appropriate level of training is provided (if necessary) during induction. The training should be commensurate with the level of the key worker's post, decision making responsibility and accountability.

Key workers should ensure they have appropriate training and understanding of local processes currently available through the Local Children's Safeguarding Board (LCSB), including how and where to make referrals and an awareness of current policies and procedures.

If key workers have not completed safeguarding training when appointed, managers should ensure they can access relevant courses via their Local Authority's Safeguarding Unit. Courses will be variable in complexity so a decision will need to be made about the appropriate level of training required, according to the needs of the service and the level of competency required. A discussion with safeguarding teams will provide a clearer perspective on the most suitable courses available and recommendations for updating training.

If a manager does not have the qualifications/training and/or direct experience of working within the field of safeguarding, then arrangements for access to appropriate formal supervision from a qualified practitioner should made for all key workers working with cases where children or young people are on Child Protection Plans or are on the edge of care.

It is good practice to have a nominated link within the team to liaise directly with the local area Safeguarding Board This ensures that the manager is kept informed and are aware of any local or national changes.

Supervision

There are many different styles and approaches to supervision and most organisations will have a policy outlining their supervision practice which sets out their approach, frequency and preferred model of supervision and the roles and responsibilities of the supervisor and supervisee. These policies may also make reference to different types of supervision such as managerial and non-managerial, peer and group and clinical approaches.

Supervision is an essential element of the support system that should be in place to support continuous professional development. Key workers may find themselves working within challenging environments, managing complex and chaotic family situations. The capacity for reflection is an essential element of supervision, alongside considerations for key workers to reflect on their personal positions, activity and communication within interventions.

Key workers frequently work with families where blame, denial and legality issues lie beneath and between presenting problems. It is important that they are given the opportunity to engage in support processes to promote self- awareness, ethical practice, and meaningful engagement with families, which in turn will improve the likelihood of interventions being successful and sustainable, whilst upholding the professional integrity of the worker.

This section provides some useful examples of supervision (including Morrison and Kadushin's models) and the relationship and practical application they have to induction, training and the wider CPD agenda for key workers.

Reflective practice

Reflective practice has three basic components (ERA):

- **Experiences:** Things that happen to a person – the doing or feeling of something, rather than any thoughts about it.
- **Reflective:** Processes that enable the person to learn from those experiences or stages of thoughtful activity that we go through when we consciously decide to explore an experience.
- **Action:** Results from the new perspectives that are taken.

Experiences may be anything that has happened to you in the past or present. It may be professional experience or not, but it has to be an experience which can be consciously and knowingly considered. Everything that happens to us can be seen as an experience that can be reflected on and learned from. We can transfer our learning from one experience into others. We need to consciously use our experiences as the starting point of our learning. However, some experiences can be painful and this can make reflection a very difficult and complex process.

For example, a practitioner with personal experience of domestic violence may find it difficult to be reflective when working with a famliy where domestic violence is a feature.

The reflective process helps the key worker to see the world in alternative ways by focusing on different aspects of experiences. Reflective processes are the stages of thoughtful activity which is used when a conscious decision to explore an experience is made.

The action is the result of the reflective process. Whilst reflecting, the key worker may decide that the way an experience in the past was managed could have been done differently. Through reflection, a new path of action is considered, and implemented, based on the experience of the past. In this way, the key worker learns and acts by reflecting on our experiences.

More detail covering reflective practice models is provided later in this pack.

Peer support and networking

Family intervention key workers often work alone in the field and the flexible nature of their work means that the hours can include evening and weekend work. Effective line management and supervision are an essential part of their support, but the support of others carrying out the same role is extremely valuable.

Informal opportunities to discuss cases and the pressures of work, alongside more formal practitioner meetings, networking and development sessions can be a very effective way of developing practice and supporting the resilience of workers. Follow the link for a model of peer group supervision.

Line managers are encouraged to facilitate such opportunities, including the attendance of key workers at network meetings and development sessions and to promote the value of such interactions.

Peer group supervision model

A six stage model for peer group supervision can work well for groups of key workers of varying abilities, roles or positions in an organisation. It also provides a clear structure which is supportive of the supervision process, especially for workers who are unfamiliar with clinical supervision.

Stage one – Casting

The following roles allocated:
- **The moderator** keeps the time, facilitates the process as outlined here, guides the group and holds focus of the key question.
- **The case presenter** presents their client, family or issue they want to work on.
- **The note taker** keeps notes of the session.
- **Consultants** make up the rest of the group. They provide the consultancy to the case presenter.

Stage two – Case presentation

- **The case presenter** has five to seven minutes to present their case.

Stage three – Key question

- **The case presenter** asks one question that they want answered by the consultants.

Stage four – Method choice

- **The case presenter** states the way in which they would like the consultants to offer their help. This could be:
  - Brainstorming.
  - Providing advice.
  - Providing a sounding board.
  - Role play of client and worker.
  - Fact gathering.
  - Exploration of issues through discussion.

Stage five – Consultation

- **The consultants** offer their help in answering the key question by the chosen method. Everyone participates.

Stage six – Conclusions

- **The case presenter** has time to reflect on what they have got from the session in answer to their question.
- **The note taker** follows up after the session with a written record of the session for everyone who participated.

Supervision models and references

Tony Morrison's approach

"He was perhaps best known for his work on improving the quality of supervision. His book Staff Supervision in Social Care (1993) has become the standard text on the subject. Recently, he had developed a national training programme for the Children's Workforce Development Council for England, aimed at improving the quality of supervision received by newly qualified social workers. This was a direct governmental response to the recommendations of Lord Laming following the death in 2007 of 17-month-old Peter Connelly (Baby P)."
The Guardian, 29 April 2010

The Supervision outcome chain (See page 24 of linked document)

The 4x4x4 Integrated Model of Supervision (See page 70 of linked document)

The 4x4x4 Model addresses the following key elements:
- The impact of and links between supervision, practice and outcomes.
- The four stakeholders for supervision.
- The four functions of supervision; negotiating a viable supervision agreement.
- The four parts of the Kolb supervision cycle; facilitating a reflective conversation.
- The impact of anxiety and organisational culture on supervision.
- The role of emotion and emotional intelligence in supervision.

Kadushin

Kadushin's model of supervision (1992) is a well known approach comprising of three key elements that create recognisable cornerstones for effective supervision practice. The Educational and Supportive elements of Kadushin's model fit neatly within the Training and Support Framework that underpins this guide. The key elements can be described as follows;

Administrative (normative): To oversee and ensure the correct, effective and appropriate implementation of an organisation's policies and procedures. This aspect of supervision will ensure that the Supervisee's work is ethical, professional and operating within the agencies codes of conduct and practice.

Educational (formative): To provide feedback and direction that will enable the supervisee to develop skills and knowledge to enhance professional development.

Supportive (restorative): To listen and support the supervisee to encourage open communication, relieving work pressures and boosting morale.

Reflective practice models and references

Reflective practice has three basic components (ERA):

- **Experiences:** Things that happen to a person – the doing or feeling of something, rather than any thoughts about it.
- **Reflective:** Processes that enable the person to learn from those experiences or stages of thoughtful activity that we go through when we consciously decide to explore an experience.
- **Action:** Results from the new perspectives that are taken.

Experiences may be anything that has happened in the past or present. It may be professional experience or not, but it has to be an experience which can be consciously and knowingly considered. Everything that happens to a person can be seen as an experience thatcan be reflected on and learned from. People can transfer learning from one experience into others. It is helpful to consciously use experiences as the starting point of learning. However, some experiences can be painful and this can make reflection a very difficult and complex process.

For example, a practitioner with personal experience of domestic violence may find it difficult to be reflective when working with a family where domestic violence is a feature.

The reflective process helps the key worker to see the world in alternative ways by focusing on different aspects of experiences. Reflective processes are the stages of thoughtful activity which is used when a conscious decision to explore an experience is made.

The action is the result of the reflective process. Whilst reflecting, the key worker may decide that the way an experience in the past was managed could have been done differently. Through reflection, a new path of action is considered, and implemented, based on the experience of the past. In this way, the key worker learns and acts by reflecting on our experiences.

The steps of the reflective process[3]

Individuals reflect in different ways and there are many different models of reflective practice. Some people prefer one to another, although each follows the same basic principles of evaluating experiences and making decisions based on what has happened and how a person can learn from experience.

The stages are:
- Selecting a critical incident to reflect on.
- Observing and describing the experience.
- Analysing the experience.
- Interpreting the experience.

---

[3] Based on Jasper M (2003). Beginning reflective practice. Cheltenham: Nelson thorn

- Exploring alternatives.
- Framing action.
- Taking action.

A critical incident is an event which has significance for learning (Flanagan 1954[4]). For a key worker, a critical incident is usually something which makes them feel good (because it has gone well) or makes them feel bad (because it has not gone well). In both cases, is it very important to go through the next six stages in order to learn what happened either to be able to do 'it' again, or do 'it' differently.

Observing and describing the experience: This stage of reflection is best done close to the event as this will enable the emotional reactions to be recorded. Observing and describing only needs to be brief.

Analysing the experience means asking the question why? Analysis means breaking experiences down into their constituent parts.

Helpful questions to ask are:
- How effective was I in achieving my goal?
- Who made me feel the way I feel?
- Why did I do that?
- When did I realise that?
- How did it feel to…?
- What lead me to…?

Using a framework such as who, what, when, why, how (sometimes known as the 'five wise men') can be helpful.

At this stage the key worker may begin to see the experience in a different way.

Interpreting the experience involves considering the experience in the light of other knowledge which the key worker may not have thought of at the time the incident occurred.

During the analysis and the interpreting stages, the key worker will be involved in seeking, identifying and resolving problems.

This will begin to provide an explanation of the experience.

Exploring alternatives is a challenging process as it requires the key worker to:
- Keep an open mind.
- Explore different perspectives on the incident. This will involve giving the matter lots of thought, but sometimes it means talking to other people.

---

[4] Flanagan, J.C. 1954. The critical incident technique. Psychological bulletin, 51(4), 327-358.

- Think creatively and outside the box because anything can be explored.
- Ask questions like 'what if?...'
- Think about the consequences of different alternatives in order to decide on their suitability.
- Test alternatives and ideas by comparing and contrasting them.

Framing action enables the key worker to decide and plan future actions arising from the incident and its reflective analysis.
Framing action takes place when all the ideas produced from previous stages are synthesised (combined) into a plan for action.
Taking action is the final part of reflective practice, closing the gap between theory and practice, where action is carried out which has been decided upon. This needs careful planning.

Evaluation as part of reflective practice

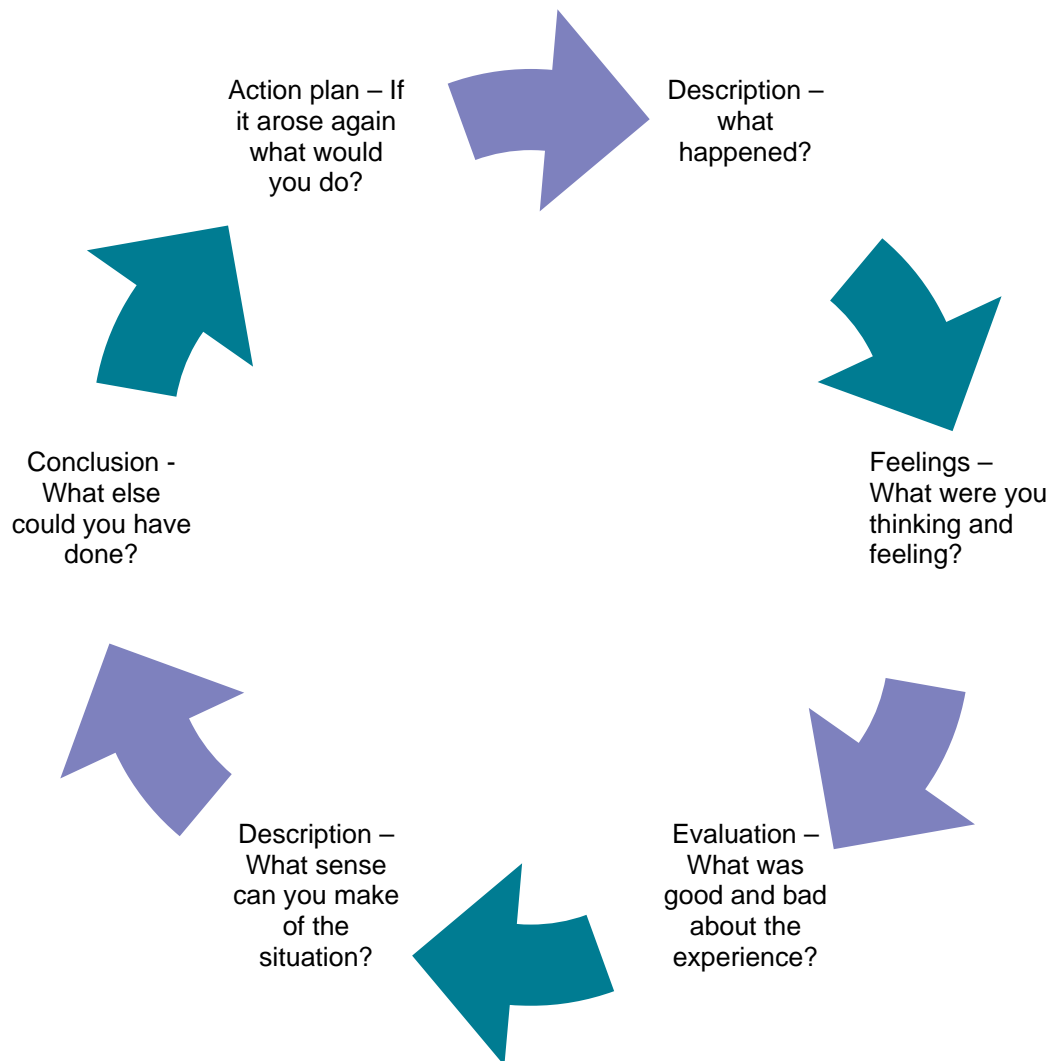The process of reflective practice will, if done effectively, always incorporate an element of evaluation.

In the analysis stage, key workers need to ask themselves "how effective was I in achieving my goal?"

Evaluation and feedback needs to be presented or undertaken using the following guidelines if it is to be helpful:
- Be clear, direct and specific.
- Be constructive.
- Be descriptive of what has been experienced/observed/thought rather than judgmental.
- Be helpful and supportive.
- Time feedback well: give feedback as soon as is practical or as soon as the person is receptive.

On the following pages there are examples of models of reflective practice. They may help in framing a clearer picture of how the process works.

Gibbs' reflective cycle (1988)[5]

Action plan – If it arose again what would you do?

Description – what happened?

Feelings – What were you thinking and feeling?

Evaluation – What was good and bad about the experience?

Description – What sense can you make of the situation?

Conclusion - What else could you have done?

---

[5] Gibbs G (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit. Oxford Polytechnic: Oxford

Example reflective log (using Gibbs' reflective cycle)

Describe what you did

Reflect on and analyse what you did, its impact and its effectiveness

What was I trying to achieve?

What was the impact/effect of what I did?

How effective was I in achieving what I set out to?

What were the reasons for this?

What worked well?

What else could I have done?

Plan how you will implement learning in your practice

What skills, tools and insights would I take from this exercise to help parents?

What might get in the way?

How would I overcome these problems?

What would I need?

John's model of structured reflection (1994)[6]

Core question: "What information do I need to access in order to learn from this experience?"

Cue questions

1. Description of the experience
- Phenomenon: Describe the here and now experience.
- Casual: What essential factors contributed to this experience?
- Context: What are the significant background factors to this experience?
- Clarifying: What are the key processes for reflection in this experience?

2. Reflection
- What was I trying to achieve?
- Why did I intervene as I did?
- What were the consequences of my actions for:
  - Myself?
  - The parent/family?
  - The people I work with?
  - How did I feel about this experience when it was happening?
  - How did the parent/family feel about it?
  - How do I know how the parent/family felt about it?

3. Influencing factors
- What internal factors influenced my decision making?
- What external factors influenced my decision making?
- What sources of knowledge did / should have influenced my decision – making?

4. Could I have dealt with the situation better?
- What other choices did I have?
- What would be the consequences of these choices?

5. Learning
- How do I now feel about this experience?
- How have I made sense of this experience in light of past experiences and future practice?
- How has this experience changed my ways of knowing:
  - Empirics: Scientific.
  - Ethics: Moral knowledge.
  - Personal: Self-awareness.
  - Aesthetics: the art of what we do, our own experiences.

---

[6] Johns, C. 1994. Nuances of reflection. Journal of Clinical Nursing. Vol. 3, Pt. 2. pp. 71-74

There are other models of reflective practice. An internet search will show a range, and the key worker may wish to compare similarities and differences between them.

The Children's Workforce Development Council (CWDC) supports local areas to drive sector-led improvements so the millions of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children, young people and families' workforce to be respected and valued for the positive difference it makes to children, young people and their families.

We work in partnership with lots of different organisations and support workers and employers who want the lives of all children and young people to be healthy, happy and fulfilling.

For more information please call 0300 123 1033
or visit www.cwdcouncil.org.uk

Or write to CWDC, 2nd Floor, City Exchange
11 Albion Street, Leeds LS1 5ES
email info@cwdcouncil.org.uk

Contact us to receive this information in a different language
or format, such as large print or audio tape.

SP213/0311