**Emancipatory practice development in social welfare service evaluation – a worked example**

**ABSTRACT**

**Background**

This article presents a worked example, advocating for *Emancipatory Practice Development* in community-based social welfare practitioner research.

**Aims and objectives**

It is posited all *applied* disciplines are interconnected to health through provision of welfare-related services for individuals living in the UK, underpinned by public policy drivers: person-centred practice and service-user involvement.

This article recommends Emancipatory Practice Development as a cross-disciplinary framework for assisting all human service organisations providing welfare-related services; enabling organisations to *speak the same language*.

**Methods**

A worked example is presented, applying Emancipatory Practice Development with two community practitioners who shared views through a non-moderated focus group.

**Findings and conclusion**

It is posited that before seeking **any** stakeholder views, the first step in sustained transformation is practitioner reflections using Reflexivity. This enables practitioners firstly to reflect on whether their practice is authentically person-centred, within a safe physical and emotional space; and secondly to consider devising creative methodologies in service evaluation.

**Implications for Practice Development**

* Emancipatory Practice Development should be utilised as a cross-disciplinary framework in Applied Social Sciences.
* Before engaging with **any** stakeholders, practitioners should engage in Reflexivity to encourage authentic reflection and creative person-centred methodologies.
* Safe emotional **and** physical spaces are needed for authentic practitioner reflection.

Key words: Emancipatory Practice Development; Applied Social Sciences; holistic; cross-disciplinary; community practitioners; safe emotional space; Reflexivity

**INTRODUCTION**

Whilst the Practice Development Framework for improving services in Health began emerging in the 1970s (McCormack et al., 2013), there is no single agreed framework or methodology pertaining to Applied Social Science disciplines such as community work, criminal justice, education, social care or social work. Yet, there is crossover between these and health, concerning the wellbeing of individuals who access a range of human service organisations (social welfare). The author of this paper is a qualified social worker and positions herself as a practitioner researcher with expertise in teaching research-mindedness to practitioners. Whilst not a health professional, she was introduced to Practice Development by a nursing colleague in a multi-disciplinary university teaching team. In developing her Practice Development knowledge, it is this author’s contention that this, and in particular the Critical Social Sciences framework of Emancipatory Practice Development (EPD), can and should be used in all Applied Social Science disciplines to facilitate a holistic approach to service evaluation. People accessing social welfare services are interconnected through service provision across health, social care and criminal justice, for example, so to enable further expansion of holistic, person-centred services in service evaluation, EPD enables professionals across this variety of disciplines and agencies to *speak the same language*.

A worked example is presented applying EPD principles to the evaluation of service provision for families in a North-East Community with significant deprivation and relational child poverty. Additionally, an apparent disconnect exists between service provision and community members’ needs. The author argues that practitioner development (Manley et al., 2008) is crucial before collecting data from **any** stakeholders, as this offers the potential for more creative methodological approaches to be applied. Thus, practitioners must first be encouraged to focus on human flourishing and critical reflection through Reflexivity – ‘high challenge with high support’ environments (Clarke and Wilson, 2008, p 110). It is posited that EPD emphasises the disconnect between person-centred policy and practice, so practitioners must understand this before they can be truly creative in constructing methodologies for engaging service users in service evaluation. (As an Applied Social Science-inspired article, the term *service users* is used rather than *patients/clients*, meaning people who ‘use or are affected by ... services’ (HCPC, 2021).)

This article begins by setting out the difficulties in applying person-centred policy to service evaluation in Applied Social Science disciplines, thus necessitating the cultural change to an EPD framework.

**Person-centred public policy**

Public Policy in England is underpinned by a person-centred focus, evident in two policy paradigms: *personalisation* and *service user involvement*. From a social welfare perspective (underpinning many human service organisations), the present-day UK Personalisation Agenda began in 2007 with the Department of Health policy *Putting People First* (Department of Health, 2007), and is embedded in legislation such as the *Equality Act* (2010), the *Health and Social Care Act* (2012) and the *Care Act* (2014)*.* These are reinforced by the concept of seeing the person rather than just the service user (Goodrich and Cornwell (2008); CQC (2013); NICE Guidelines (NICE, 2012)). Human service organisations are usually hierarchical, so services received are ‘shaped by professional agendas’ (Dewing and Pritchard, 2004, p 177), i.e. top-down. Thus, in current public policy individual experience is at the forefront of these services.

This person-centred approach also embraces service user involvement. This ‘increasing importance of the individual… is founded on a “customer care” model of consumerism that has developed’ within policy (Garbett and McCormack, 2004, p 17). It has been evident in human service organisations in the New Public Management of the 1980s, the Labour Party’s Third Way (from 1997), and into today’s Neoliberalist agenda (Deacon, 2017a). This ‘customer care’ model positions service users as ‘involved’ in services – consequently their opinion is needed to understand their choices in accessing services. As McPhail (2007) suggests, they are *experts by experience*. Involving service users and other stakeholders in evaluating services means they are more invested in the success of such services, and more likely to access them; otherwise the person-centred culture is not achieved (Smith, 2016).

**Disconnect between policy and practice**

Although government policy advocates a person-centred approach, ‘this has merely been, at worse, rhetoric, or at best, a simplistic idea based on providing service users and their families with more choices’ (McCormack et al., 2013, p 1). This has effectively been *stifled* by hierarchical bureaucracy in human service organisations. Bureaucratic approaches emphasise a focus on ‘efficient handling of clients… through methods of staffing and structure’ (Weinbach, 2008, p 54). The priority is on rules and functions, the intention being that all those in the organisation or accessing its services are treated fairly. However, in such hierarchical bureaucratic structures, service users are positioned at the bottom, and services addressing their needs are put *upon them*, rather than shaped *by them* (Deacon, 2017b). Indeed, bureaucratic structures aim to apply *fair* rules, free of human elements (Deacon, 2017b). McPhail (2007) emphasises, however, that this top-down focus presents challenges in applying the seemingly *good intentions* of public policy. Implementation is often ‘problematic’ as significant variation is identified in organisations’ and professionals’ commitments to person-centred approaches, and confusion remains about how to implement them in practice, due to complex hierarchical power dynamics (McPhail, 2007). Thus, the *good intentions* of public policy are not achieved. Instead, *creativity* and *innovation* are needed to consider how to realise this in practice with service users (Manley et al., 2008; McCormack et al., 2013).

**Practice Development: realisation of person-centred policy through creativity**

Practice Development rejects bureaucratic and task-based (top-down) approaches as they do not foster true person-centred culture in provision of services; instead a bottom-up approach is espoused, with the service user first (McCormack et al., 2013). This, in essence, is the application of person-centred policy in practice, providing a ‘collaboration’ framework, including service users and methods to address quality of care (Heyns et al., 2017). So rather than focusing on social action (e.g. action research approaches) the emphasis is on implementing social policy in a particular way (Newton, 2006).

To improve the practice of human service organisations, it is crucial that all aspects of *practice* be considered – not just what and how service is *provided*, but also how it is *received*. As McPhail (2007) suggests, it is service users who are the experts. Practice Development therefore provides a conceptual framework and methodology for achieving this; taking a particular perspective on *how* to achieve improvement.

*Since its origins in the late 1970s, practice development has been aware of the pitfalls of top-down change alone, and so it pays attention to… local practices… whilst focusing on the need for a systems-wide focus on person-centredness and the development of person-centred cultures. In particular, practice development pays attention to what are increasingly acknowledged as ‘the human factors’...*

McCormack et al., 2013, p 2

EPD suits cross-disciplinarity as it utilises a critical social science approach to facilitate the application of a service evaluation framework by positioning the service user at the centre (Manley et al., 2008). It emphasises the need for critical reflection of values and beliefs by practitioners to identify contradictions between these and the actual practice received, along with potential barriers (Manley et al., 2008). So, the *good intentions* of person-centred policy can be reflected upon to understand whether they are, in fact, achieved in practice environments and how services are received by service users. The outcome intended is the removal of barriers so that values and beliefs can be congruent with practice *given* and practice *received* by service users (Manley and McCormack, 2004). So, EPD argues that ‘enlightenment in itself creates change through raised awareness’ (Manley and McCormack, 2004, p 43), illustrating the important recognition of those receiving services as stakeholders in the process – equal to any other stakeholder; thus, challenging the top-down approach. The intention of EPD is to nurture ‘a culture which enables individuals and the group to act’ (Manley and McCormack, 2004, p 41).

**Emancipatory Practice Development for the Applied Social Sciences**

To achieve Practice Development, McCormack and Garbett (2003) emphasise the important role of those now known as *Practice Development Facilitators* (Heyns et al., 2017). Their function is identifying and applying appropriate methods to facilitate gathering of data from **different stakeholders** and feeding back into how services can be improved; ensuring the person-centred focus in this process throughout. This positions them firmly in the middle between governance, organisations, practitioners and community – emphasising the need for them to engage with all stakeholders (McCormack and Garbett, 2003), not just service users as in action research (Newton 2006). Whilst these specific roles exist within healthcare environments, this author contends that this role shares similarities with community practitioners within Applied Social Science disciplines; such as improving services for people who experience loneliness and isolation (Macdonald et al., 2018a; Macdonald et al., 2018b; Deacon et al., 2020). In essence, community practitioners fulfil similar tasks to Practice Development Facilitators who must be adept at working with the full range of stakeholders to recognise how organisational structures impact on practice development (Handy, 1993; Deacon, 2017c). They make recommendations following the gathering of data, but it is not their responsibility alone to improve practice, so those in these roles must be effective in engaging all stakeholders to invest authentically in the process; thus, flexibility, responsiveness and adaptability are essential (Heyns et al., 2017). (Differing from community practitioners implementing action research, where the focus is on the relationship between the researcher and the researched (Newton 2006).)

The overall objective of Practice Development Facilitators’ application of EPD is not just to achieve the project’s goal using the bottom-up approach, but to facilitate the development of skills and self-reliance in *all* stakeholders so the process of developing and evaluating person-centred practice continues to flourish within a community. This paper thus posits that whilst the roles may have different names, these are essentially the same, as engaging all stakeholders is key; in referring to them as Practice Development Facilitators, health and Applied Social Science disciplines are *speaking the same language.*

The application of EPD by community practitioners ultimately requires them to take a critical social science focus; to critically reflect on their values and beliefs and identify *contradictions* between these and the actual practice *received*, as well as potential barriers (McCormack et. al., 2013). Part of this reflection necessitates a focus on facilitating ‘human-flourishing’ (Heyns et al., 2017, p 106), i.e. considering the service user as a human first and foremost (Deacon, 2017d). This focus thus requires them to engage with ‘authentic moral and ethical recognition of the rights of the individual’ (Smith, 2016, p 2).

This holistic, co-operative focus is essential for implementing an EPD framework. Considering Practice Development as something co-operative and concerned with sharing power means all those involved are invested in its success, so it is more likely to achieve the *good intentions* of public policy.

**METHOD: A WORKED EXAMPLE**

In North-East England, where this service evaluation was completed, there are concerns because relative child poverty has seen an increase from 20% to 23% in recent years (Department of Work and Pensions, 2021), meaning families are unable to meet the national average standard of living. This is a particular concern in North-East England, where the impact has been higher than anywhere else (North-East Child Poverty Commission, 2021). Community Practitioners at a local charity were hired to complete a service evaluation to understand why, despite service availability, they were not being accessed as expected considering the relative poverty experienced by families in the area.

The author devised and implemented a short Research Training Programme to introduce the two community practitioners, the project manager and the service manager to the concept of EPD and the role of Practice Development Facilitators. The aim was to support the community practitioners to critically reflect on their values and beliefs and to seek out creative means of engaging with and understanding the experiences of people in the community. Reflection, as a concept, can be seen as a static process during or after an event, whereas Reflexivity is a sociological concept that is circular and constant (Bradley, 2017). Bourdieu and Wacquant (1992) emphasise the purpose of Reflexivity is to encourage us to understand our position within society to develop more understanding of the position of others. To understand others, we must *step into their shoes* for a time, to walk in their life and try to see from their perspective (Wright Mills, 1959). Thus, practitioners should be sceptical of their own values and beliefs, to acknowledge them before trying to understand the experiences of others (Bradley, 2017). Clarke and Wilson (2004) refer to this as ‘high challenge with high support’ (p 110) whereby practitioners are challenged on their views and deeply held beliefs, but in a supportive way. So, whilst this is a critical element of EPD, it is essential that practitioners feel safe to do this, as they may not be comfortable sharing all their values and beliefs, particularly if they contradict with professional values. However, acknowledging these values is important to minimise their impact in understanding others. This author argues that this ‘safe space’ is therefore not only somewhere physical but also ‘internal’, as found by Fuss and Daniel (2020). They emphasise the need for creating ‘emotionally safe space[s]’ (Fuss and Daniel, 2020, p 46), not just by the person but also by the facilitator. Therefore those facilitating the reflection process (such as this author) must possess and display appropriate attributes and open attitude to create such safe emotional spaces. In this example, whilst the physical safe space changed from their offices to online discussions and phone calls (due to Covid), the emotional space remained the same, i.e. the author as facilitator. The author began by getting to know the community practitioners over the course of the training programme and development of the project. Opportunities to challenge the community practitioners’ views were continually sought throughout, with emphasis on being non-judgemental and emotionally safe. The community practitioners’ comfort with this was evidenced in them actively contacting the author and sharing their views whenever they needed to discuss their observations, i.e. they sought out challenges to their beliefs.

Whilst this may appear to be a step back from service-user engagement, it is actually a precursor to it. This author argues that to begin to understand what creative methodologies may be appropriate for service-user engagement, the initial step that must be completed first is practitioner reflection. This is not a quick process, but as Heyns et al. (2017) emphasise, EPD is about sustainable transformation – not a *quick fix*. Thus, to sustain transformation in this charity organisation, true critical reflection was needed before the community practitioners tried to understand the service users in the community, and before they began gathering data from them or engaged with any other stakeholders.

Following the training, participants were invited to a non-moderated dialogical focus group (Acocella and Cataldi, 2021) to reflect on:

* their views on the Research Training Programme;
* applying EPD; and
* their role in the process.

Ethical approval was sought and received from University of Sunderland Ethics Review Committee: for conducting the research project as a whole (Reference: 008601, approved 05/02/2021) and for the focus group (Reference: 008747, approved 22/02/2021).

**FINDINGS: REFLEXIVITY AND SAFE SPACES TO ENABLE CREATIVE METHODOLOGY**

When considering service evaluation there is a danger of going straight to traditional methods like interviews or surveys – *asking questions* (Clarke et al., 2021). However, this suggests a top-down approach whereby we ‘know’ the right questions already, and is thus not compatible with EPD – if we do not understand the community members, how do we know the right questions? And if the same questions are always asked, how can services be tailored to community needs? This project emerged because stakeholders, such as service providers, were unsure why community members were not accessing available services. Thus, applying Reflexivity from an EPD perspective enables practitioners to reflect on this.

As stated, this was achieved by first creating physical and emotional safe spaces for community practitioners to reflect on what they thought they knew and, more importantly, did not know (Fuss and Daniel, 2020). This helped them realise they did not ‘know’ the community, and prompted them to start the process with a community walkabout to ‘see’ the community in real life. Whilst one of the community practitioners had grown up in the general area, she was not part of the community being researched. The other community practitioners grew up in an area of deprivation elsewhere in the country. So walking around the community enabled them to observe the people, the houses and streets and the resources and services available to families. Following each walkabout, they discussed their observations and, through the creation of a safe emotional space where views could be challenged, questioned each other on their observations.

They followed this by accessing twelve venues which advertised family services. Whilst it is not possible to fully understand another’s lived experience, it is possible to take steps outside a practitioner’s own reality to gain a better insight into that experience (Wright Mills, 1959). They continued to safely challenge and question each other on their observations and beliefs, enabling further critical reflection. They then participated in the services provided for families in the community. One community practitioner was a mother with a young child and another was a grandmother. They therefore took these children with them into the community to engage with community members and observe the services being accessed. They wrote up ‘day sheets’ (their terminology) of their observations in each venue, which were shared with the author who then further challenged any value-laden assumptions made, asking them to reflect on these, having already established an emotionally safe space for this process (Fuss and Daniel, 2020). For example, they were asked to explain what they meant by terms such as ‘good value’, or ‘healthy’, and reminded to try positioning themselves from the perspective of other people at the venue. This enabled them to reconsider their observations and whether their own values influenced them. The process of Reflexivity was therefore crucial for continual reflection throughout the initial stage of this project, enabling the community practitioners to begin to understand the community. In essence these tasks formed part of the pre-engagement reflection needed before creative methodologies were considered to engage community members.

Evidence for the effectiveness of this approach is found in feedback and data gathered from community practitioners about the process. They completed a focus group discussing the EPD training they received and how they applied this in the project. A key theme was that they found the training encouraged them to stop and think first, and not to just go out and start asking questions, which is what they expected to do. This led them at each stage to think about what they needed to find out, such as what they had seen in their day sheet recordings, and they were encouraged to think back on their observations and consider why they wrote them as they did.

Not being used to the terms ‘Emancipatory Practice Development’ or ‘Practice Development Facilitator’ was something highlighted by the participants, but on reminding themselves of their meaning it was evident from their discussion that they were applying the concepts in practice, even if they could not name them. So, whilst it the author contends that community practitioners can fill the same role as Practice Development Facilitators, by not using the *same language* it can be confusing for practitioners to see the similarities.

Whilst this article is not about the findings *per se*, by using EPD and reflexivity the community practitioners were able to note that none of the venues were completely free of charge, either through entry fees or food/drink costs. In an area with high levels of deprivation this was concerning to them, and something they had not expected to see. They realised that whilst they initially thought what they were accessing was ‘value’ for money, this would not be the case for someone with less surplus funds, such as members of the community they were trying to understand. Thus, by continually critically reflecting on their observations, they could conceptualise their lack of understanding of people’s lived experiences and devise creative ways to engage in the community to start the process of understanding it.

**DISCUSSION AND CONCLUSION**

As Heyns et al. (2017) suggest, EPD is not a quick fix but about sustainable transformation. It has been posited that it benefits everyone working towards the wellbeing of others to speak the same language through application of this framework. The worked example demonstrated the first step in the process of creating different ways of engaging with and understanding the community, to conceptualise their needs and why they were not accessing services provided. This first step is the need for practitioners to engage in Reflexivity at the very start of the process to challenge existing values, beliefs and assumptions before they can safely consider the best way to engage with the community to gather data.

This was the community practitioners’ first introduction to Reflexivity, a continual process requiring a cultural change to flourish – practitioners must therefore learn to become comfortable with being uncomfortable in acknowledging how they see things, through creation of physical and emotional safe spaces (Fuss and Daniel, 2020). Creating safe emotional spaces is critical, and not something that happens in one session but over time. This then enables practitioners to feel comfortable with challenges which then become habit in the process. In the worked example, this ultimately led the community practitioners to make different decisions around how to understand the community they were evaluating., and then to further challenge their perceptions of community members’ lived experiences. This is not without its challenges for community practitioners or the person facilitating this (such as the author). Building rapport is not straightforward, but this author posits that if the facilitator shares the perspective of promoting human flourishing, as they are encouraging community practitioners to do, then this creates a common ground where all are respected.

**IMPLICATIONS FOR PRACTICE DEVELOPMENT**

The intention of this article is to present a conceptual argument for applying EPD to the Applied Social Science disciplines within welfare. In sharing similar working bureaucratic structures to health, it is argued that applied welfare services must also look to reject this top-down approach in favour of the Practice Development bottom-up approach. In doing so, it is argued that problems in partnership working between human service organisations could be alleviated to some extent by those concerned with human welfare speaking the same language when evaluating and developing person-centred services. As Handy (1993) suggests, different professions operate different organisational cultures and thus have different values, beliefs and norms. So, in finding a common framework such as EPD, this is a step towards bridging these gaps and enabling a much more holistic approach to welfare evaluation.

Understanding lived experiences of others is challenging, however, so it is important that, before any evaluative data is sought, practitioners start by challenging themselves and their own beliefs. In applying the concept of Reflexivity (Bradley, 2017) at the start of the EPD process, practitioners can reflect in-depth on those values and thus begin to conceptualise differences, not just in the lives of service users but also in their understanding of other stakeholders across the evaluation process – seen in the *walkabout* completed by community practitioners in the worked example. Creating safe spaces (emotional and physical) for these reflections is essential, to enable creative thinking (Fuss and Daniel, 2020). Acknowledging our own values when they are not necessarily congruent with expected professional codes of conduct can be challenging, and not something practitioners necessarily want to admit. However, creating safe spaces where they can share their honest beliefs is important. Spaces where they do not feel judged but understood and encouraged to work through uncomfortable incompatibilities so they do not impact on their practice.

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