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## CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

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

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#### Abstract

*Background:* People accessing social welfare services are connected by service provision across health and social care, so there is a crossover in the work of practitioners in those fields. It would be beneficial for these professionals to share a language when it comes to evaluating the services they provide.

*Aim:* This article sought to address the need to improve service evaluation across all health and social science disciplines, which are interconnected through provision of welfare-related services for individuals living in the UK. It aimed to highlight the value of a shared language across organisations that provide these services.

*Methods:* A worked example is presented, applying emancipatory practice development as a cross-disciplinary framework with community practitioners, who shared views through a non-moderated focus group.

*Conclusion:* Before any stakeholder views are sought, the first step in sustained transformation is practitioner reflections using reflexivity within a safe physical and emotional space. This enables practitioners first to reflect on whether their practice is authentically person-centred and second to consider how to devise creative methodologies for service evaluation.

*Implications for practice:*

- Emancipatory practice development could be beneficial as a cross-disciplinary framework in applied social science contexts to develop a shared approach to service evaluation with healthcare colleagues
- Before engaging with any stakeholders, practitioners could benefit from engaging in reflexivity to encourage authentic reflection and creative person-centred methodologies
- Safe emotional and physical spaces are needed for authentic practitioner reflection

**Keywords:** Emancipatory practice development, applied social sciences, holistic, cross-disciplinary, community practitioners, safe emotional space, reflexivity

## **Introduction**

While the practice development framework for improving services in healthcare 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 healthcare, concerning the wellbeing of people who access a range of human service organisations (social welfare). I am a qualified social worker and position myself as a practitioner researcher with expertise in teaching research-mindedness to other practitioners. Although I'm not a healthcare professional, I was introduced to practice development by a nursing colleague in a multidisciplinary university teaching team. It is my contention that practice development, 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, and EPD could enable professionals across this variety of disciplines and agencies to speak the same language, promoting expansion of holistic, person-centred service evaluation.

This article presents a worked example that applies EPD principles to the evaluation of service provision for families in a community in the North East of England with significant deprivation and relational child poverty. Additionally, an apparent disconnect exists between service provision and community members' needs. In this article, I argue that practitioner development (Manley et al., 2008) is crucial before collecting data from any stakeholders, as it allows the potential for more creative methodological approaches to be applied. Thus, practitioners who are planning research can benefit from first focusing on human flourishing and critical reflection through reflexivity in a 'high challenge with high support' environment (Clarke and Wilson, 2008, p 110). I suggest that EPD emphasises the disconnect between person-centred policy and practice, and practitioners must understand this disconnect before they can be truly creative in constructing methodologies for engaging service users in service evaluation. Since this is an applied social science-inspired article, the term 'service users' is used here rather than patients/clients, to mean people who 'use or are affected by ... services' (Health and Care Professions Council, 2021).

This article begins by setting out the difficulties in applying person-centred policy to service evaluation in applied social science disciplines, highlighting the potential need for a cultural change to an EPD framework.

### ***Person-centred public sector policy***

Public sector policy in England is underpinned by a person-centred focus, evident in two policy paradigms: personalisation and service-user involvement. From the social welfare perspective, which underpins many human service organisations, the current UK personalisation agenda began in 2007 with the Putting People First protocol (Department of Health, 2007), and is embedded in legislation such as the Equality Act (UK Government, 2010), the Health and Social Care Act (UK Government, 2012) and the Care Act (UK Government, 2014). These are reinforced by the concept of seeing the person rather than just the service user (Goodrich and Cornwell, 2008; NICE, 2012; Care Quality Commission, 2013). Human service organisations are usually hierarchical, so services received are 'shaped by professional agendas' (Dewing and Pritchard, 2004, p 177) – that is, they use a top-down approach. Thus, public policy purports to put individual experience at the forefront of 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). This has been evident in human service organisations in the New Public Management of the 1980s, the Labour Party's Third Way (from 1997), and today's neoliberalist agenda (Deacon, 2017a; Deacon et al., 2020b). This 'customer care' model positions service users as 'involved' in services – consequently their opinion is needed to understand their

choices when accessing services. As McPhail (2007) suggests, service users are experts by experience, and involving them and other stakeholders in evaluating services means they are more invested in the success of such services and more likely to access them. Without this involvement, the person-centred culture will not be achieved (Smith, 2016).

### ***Disconnect between policy and practice***

Although government policy advocates a person-centred approach, 'this has merely been, at worst, rhetoric, or at best, a simplistic idea based on providing service users and their families with more choices' (McCormack et al., 2013, p 1). The policy 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, with the intention that all those in an 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 to the seemingly good intentions of public policy. Implementation is often 'problematic' as significant variation is identified in the commitment of organisations and professionals to person-centred approaches, and confusion remains about how best to implement these due to complex hierarchical power dynamics (McPhail, 2007). Creativity and innovation are needed to consider how to realise these good intentions 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 cultures in service provision; instead a bottom-up approach is espoused, which puts 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 (for example, 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 services are provided, but also how they are received. As McPhail (2007) suggests, it is service users who are the experts in this respect. 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-disciplinary methods as it uses 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 on 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 on to understand whether they are, in fact, achieved in practice environments and how services are received by service users. The intended outcome 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). 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 equal stakeholders in the process. 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 promote 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 the gathering of data from different stakeholders and feeding back into how services can be improved, ensuring a person-centred focus is sustained 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 with service users, as in action research (Newton 2006). While the specific facilitator role exists within healthcare environments, I contend that it has similar elements to the role of community practitioners within applied social science disciplines, such as improving services for people who experience loneliness and isolation (Macdonald et al., 2018a,b; Deacon et al., 2020a). 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). Community practitioners make recommendations following the gathering of data but it is not their responsibility alone to improve practice, so those holding these roles must be effective in engaging all stakeholders to invest authentically in the process. Flexibility, responsiveness and adaptability are therefore essential (Heyns et al., 2017). This differs from community practitioners implementing action research, where the focus is solely 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 a 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 can continue to flourish within a community. I therefore suggest that while the two roles may have different names, they are essentially the same, as engaging all stakeholders is key; referring to community practitioners as practice development facilitators moves health and applied social science disciplines towards 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 with 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), that is, considering the service user as a human first and foremost (Deacon, 2017d). This 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, meaning the good intentions of public policy are more likely to be achieved.

### **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), leaving families below the national average standard of living. The impact of this in the North-East 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 good availability, the services were not being accessed as would be expected given the relative poverty experienced by families in the area.

I 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 people in the community and understanding their experiences. 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 that the purpose of reflexivity is to encourage us to understand our position within society in order to develop a greater 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 (2008, p 110) refer to a process of ‘high challenge with high support’, whereby practitioners are challenged on their views and deeply held beliefs, but in a supportive way. While this is a critical element of EPD, it is essential that practitioners have a safe space to do it as they may not be comfortable sharing all their values and beliefs, particularly if they contradict their professional values. However, acknowledging these values is important to minimise their impact in hindering the understanding of others. I would argue that such a ‘safe space’ is therefore not only somewhere physical but also ‘internal’, as found by Fuss and Daniel (2020), who emphasise the need to create ‘emotionally safe space[s]’ (p 46), not just by the person but also by the facilitator. Therefore those facilitating the reflection process (such as myself) must possess and display appropriate attributes and an open attitude to create such spaces. In this example, while the physical safe space changed from the practitioners’ offices to online discussions and phone calls due to Covid, the emotional space – myself as facilitator – remained the same. I began by getting to know the community practitioners over the course of the training programme and development of the project. Opportunities to challenge their views were continually sought throughout, with emphasis on being non-judgemental and emotionally safe. The community practitioners’ comfort with this was evidenced in their actively contacting me and sharing their views whenever they needed to discuss their observations – they sought out challenges to their beliefs.

This may appear to be a step back from service-user engagement but it is actually a precursor to it. I would argue that to begin to understand what creative methodologies may be appropriate for service-user engagement, the initial step to be completed is practitioner reflection. This is not a quick process, but as Heyns and colleagues (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
- Their role in the process

Ethical approval was sought and received from the University of Sunderland Ethics Review Committee for conducting the research project as a whole and for the focus group.

### **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. 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 walkabout to 'see' the community in real life. One of the community practitioners had grown up in the general area but was not part of the community being researched, and the other 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 visiting 12 venues that advertised family services. While it is not possible to fully understand another's lived experience, it is possible to take steps outside one's own reality to gain a better insight into that experience (Wright Mills, 1959). The practitioners 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 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 at each venue, which were shared with me, and I then further challenged any value-laden assumptions made, asking them to reflect on these in the already established emotionally safe space (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 to view things from the perspective of other people at the venue. They reconsidered their observations and the influence of their own values. The process of reflexivity was therefore crucial for continual reflection throughout the initial stage of the project, as the practitioners began 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 it in the project. A key theme was that they found the training encouraged them to stop and think first rather than just go out and start asking questions, which is what they'd expected to do. This led them at each stage to think about what they needed to find out, such as the points they had recorded in their day sheets, and they were encouraged to think back on their observations and consider why they wrote them as they did.

Unfamiliarity with the terms 'emancipatory practice development' and '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. So, while I would contend that community practitioners can fill the same role as practice development facilitators, the absence of a common language can make it difficult for practitioners to see the similarities.

While this article does not address the findings per se, by using EPD and reflexivity the community practitioners were able to note that none of the venues was completely free of charge, because of entry fees or the cost of food and drink. In an area with high levels of deprivation this was a concern and something they had not expected. Although they initially thought what they were accessing was 'value' for money, they realised this would not be the case for someone with less surplus funds, such as members of the community they were trying to understand. Critical reflection on their observations helped them to conceptualise this lack of understanding and devise creative ways to engage in the community to start the process of understanding it.

## Discussion and conclusion

As Heyns and colleagues (2017) suggest, EPD is about sustainable transformation rather than a quick solution. I argue here that it benefits everyone working together towards the wellbeing of others to speak the same language through application of the EPD framework. The worked example demonstrated the first step in the process of creating different ways of engaging with and understanding the community, their needs and why they were not accessing services provided. This first step is the need for practitioners to engage in reflexivity at the outset 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 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 such spaces is critical, and not something that happens in one session but over time. They enable practitioners to feel comfortable with challenges, which then become a habit in the process. In the worked example, this 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 process is not without its challenges for the practitioners or the person facilitating. Building rapport is not straightforward, but I would suggest that if the facilitator shares the perspective of promoting human flourishing that they are encouraging in the practitioners, this creates a common ground with mutual trust and respect.

## Implications for practice development

The intention of this article is to present a conceptual argument for the utility of EPD in the applied social science disciplines within welfare. With similar bureaucratic structures to healthcare, applied welfare services can benefit from rejecting a top-down approach in favour of the practice development bottom-up approach. I argue that problems in partnership working between human service organisations could be alleviated to some extent by practitioners across the services 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, a common framework such as EPD can act as a step towards bridging these gaps and enabling a more holistic approach to welfare services evaluation.

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