Social care knowledge: a ‘fit for purpose’ classification

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The SCIE project

In June 2002 the Social Care Institute for Excellence commissioned an eight month, two stage study to devise a classification of types of social care knowledge, and develop standards for judging their quality. The research team includes members from Leeds University (Ray Pawson and Colin Barnes), Salford University (Andrew Long) and the ESRC UK Centre for Evidence Based Policy and Practice (Annette Boaz and Lesley Grayson). The project is led by Annette Boaz.

This paper is the third in a series of three ‘starter papers’ that describe stage one of the project. Primarily intended as working documents for the team, and as background briefings for SCIE on the progress of the project, they are reproduced here to illustrate the challenges faced in identifying the kinds of knowledge that might be of value as evidence in social care, and in categorising them in a way that is useful and useable both for those who organise knowledge, and for those who make use of it.

Abstract

This brief paper describes the practical testing of two possible approaches to classifying social care knowledge whose preliminary development is described in Working Papers 12 and 13. Members of the SCIE project team applied Route 1 (a matrix-style classification based on the purposes of knowledge) and Route 2 (a tree-style classification based on the sources of knowledge) to a sample of papers from the social care literature. The aim was discover both whether the classifications were useful in terms of representing the social care knowledge base, and useable by those responsible for organising, or those wishing to access, the knowledge base. Route 1 has both intellectual and practical attractions, given SCIE’s interest in knowledge that can be applied, but proved difficult to use. Route 2, superficially more mundane but capable of considerable elaboration, proved more practicable as well as sending a powerful message that all sources of social care knowledge are of potential value as sources of evidence.

Key words: social care; knowledge; classification

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Introduction

This third Starter Paper continues the process of documenting the development of a typology or classification of social care knowledge, and moves on to the process of testing, refinement and final choice of approach. Our efforts so far have been largely intellectual, based on the exploration of key readings about the range and types of knowledge. There has been no lack of attempts at classifying knowledge in the broad social work/social research field, and work has focused on adapting some of these approaches to our particular purposes. Two possibilities had emerged by the end of this process, documented in Starter Papers 1 and 2 (reproduced in this series as Working Papers 12 and 13):

- Route 1: a classification based on the purposes of knowledge
- Route 2: a classification based on the sources of knowledge

Classification, however, is not simply an intellectual exercise: its primary purpose is to produce a tool that others can employ to understand, organise or access knowledge. A classification may be useful in the sense that it has something valuable and/or interesting to say about the range and types of social care knowledge, but it will not be fit for purpose unless it is also straightforward to use. The SCIE brief has emphasised the need to produce something that is intellectually defensible but also useful and useable by practitioners and policy makers. Clarity and simplicity are equally important to those at SCIE who may be called upon to use the classification tool and associated quality standards when selecting and inputting material to the Electronic Library for Social Care (eLSC).

Thus the choice between Routes 1 and 2, and any further refinement of content, needed to be done in the context of their relevance and practicality when tested against real examples of social care literature.

The chosen method was the consensus classification of 50 recent papers selected from ASSIA and Planex, based on the detail provided by generally short and indicative abstracts. Two members of the team (AB and LG) had already attempted this exercise using the Route 1 classification, and had found the process to be both difficult and time consuming. The lack of informative and/or structured abstracts on which to base decisions was one hindrance and there were difficulties in arriving at single, conclusive classifications for many papers. The purpose of the second attempt, involving two more team members (RP and AL), was to see if their additional expertise would make decision making easier and, if necessary, to use the results of the exercise to refine Route 1. In addition, we began to explore the practical possibilities of Route 2.

Route 1: the purpose-oriented classification

This approach is based on the work of Owen and Rogers (1999) and Mark et al (2000), with the addition of two further categories – ‘tacit knowledge’ and ‘knowledge development’. Tacit knowledge (or practice wisdom) is clearly an important element of the social care literature and is highly valued by practitioners, while a knowledge development category is
needed to encompass theoretical and conceptual literature. The Route 1 classification was as follows:

**Route 1 classification (pre-test)**

<table>
<thead>
<tr>
<th>Pro-active assessment and trouble shooting</th>
<th>Programme and organisational improvement</th>
<th>Emancipatory research and promoting user control</th>
<th>Oversight, monitoring and compliance</th>
<th>Evaluation of programme effectiveness</th>
<th>Circulating tacit wisdom for practical decisions</th>
<th>Testing social science theory for knowledge development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures to assess client needs, identify problem sources and chart existing best practice</td>
<td>Action approaches to clarify, improve and develop ongoing practice</td>
<td>Empowerment of users by adopting their values and changing oppressive structures</td>
<td>Information management for benchmarking, auditing and regulating provision</td>
<td>Formal research to discover what works, why, when and wherefore</td>
<td>Promoting skills, reflexive judgement and active decision making through experience and training</td>
<td>Generating concepts and general propositions to enlighten the policy community</td>
</tr>
</tbody>
</table>

In the time available to the team, it was not possible to assess all 50 papers – indeed, it took approaching two hours to come to conclusions (often tentative) on no more than a dozen, all from ASSIA. Some examples illustrate the problems.

**Example 1**


Evaluates the use of a support network measurement instrument (PANT) in social work practice, focusing primarily on a study of the introduction and use of the instrument with social work teams. The findings show how growth in familiarity with the new tool and support from managers overcame early resistance and contributed to both practitioners’ confidence and understanding of the situations of older people. It allowed them to tailor interventions appropriately. (Original abstract – amended)

The purpose of the work reported in this article seems to be *programme and organisational improvement*. It is concerned with an ‘action approach’ – the use of a tool, combined with management support, to help social workers improve their understanding of, and practice with, elderly people. However, the term ‘evaluates’ is also used, indicating that it might fit more appropriately into *evaluation of programme effectiveness* (with the caveat that this is an evaluation of an ‘instrument’ rather than a programme) if the article is the product of formal research. The use of the term ‘study’ suggests that this might be the case, but there is no conclusive proof in the abstract. The article could equally well fit into *circulating tacit wisdom for practical decisions* if it is a more informal description or commentary by those directly involved who want to share their experience of a promising practice innovation. Finally, it could fit into *oversight, monitoring and compliance* if the content is more in the nature of an organisational audit of the use of the new tool.
Example 2


On 1 April 1999 Somerset Health Authority and Somerset County Council established a Joint Commissioning Board (JCB) to commission mental health services. Simultaneously, the Somerset Partnerships Health and Social Care NHS Trust was set up as a combined health and social care services provider. For the first time in England, the majority of social services mental health staff transferred their employment to this Trust. The JCB commissioned an evaluation of the impact of these innovations on users and carers, staff and senior officers and members in the organisations concerned. One concept frequently occurred as a source of optimism and concern: ‘culture’. Reviews the conceptions of the culture in the literature on organisations and introduces a taxonomy for discussing culture. The taxonomy is deployed to explore the ways in which the notion of ‘culture’ is being applied to and within the combined Trust in Somerset. (Original abstract – amended)

This is a relatively long abstract for a social science bibliographic database, but two-thirds is largely irrelevant for the purposes of classification because it simply describes background. At first reading it seems to fit into evaluation of programme effectiveness because it talks of commissioning an evaluation, suggesting formal research to discover what works. However, later it becomes apparent that the central theme of the article is the concept of culture which seems to put it into the category of testing social science theory for knowledge development. Although it is reviewing rather than ‘generating’ a concept, it appears to develop a taxonomy which suggests that the main purpose is knowledge development. However, the taxonomy is discussed within the context of the Somerset ‘case study’ and it may be that the evaluation theme is uppermost.

Example 3

Crompton, M (2001) Spirited children Community Care 29 Nov pp40-41

Argues that children’s spiritual well-being is an integral, essential aspect of their everyday lives, and a spiritual life need not mean a religious life. Looks at how spiritual refreshment can be provided through storytelling and reading, and suggests that all health and social care practitioners should be aware of the rights of children to speak about their beliefs, experiences, hopes and fears. (Original abstract – amended)

Given the source journal, this article probably fits into the circulating tacit wisdom for practical decisions category although it is not possible to tell from the abstract. It could be based on the author’s personal experience as a child care practitioner, but could equally well be a short piece disseminating findings from a formal research study or review to the practitioner world. As such, it might fit into proactive assessment and trouble shooting (which includes assessing client needs), programme and organisational improvement (it suggests an action approach to improve or develop ongoing practice) or, conceivably, emancipatory action and promoting user control (because of the reference to children’s rights).
Example 4

Payne, S; Kerr, C; Hawker, S; Hardey, M; Powell, J (2002) The communication of information about older people between health and social care practitioners *Age and Ageing* Mar 31(2) pp107-17

Reports the main findings of a systematic review of the research literature on the communication of information about older people between health and social care practitioners. Provides an evidence base of the strategies for, and the effectiveness of, the transfer of patient information between hospital and community for older people with physical illness. Two pathways were emphasized: inter-organizational (hospital to community) and interprofessional (nurses and social workers) communication of patient information. (Quotes from original text)

This article seems to be an unambiguous candidate for proactive assessment and trouble shooting in that a systematic review is a way of identifying existing best practice from the research literature. However, the purpose of the exercise is clearly programme and organisational improvement as reflected in the identification of two, presumably key, pathways for the communication of information.

Comments on the Route 1 test

The need for refinement
The application of the Route 1 classification to even a small sample of abstracts of social care literature forced reconsideration of the content of particular knowledge types, and the addition of descriptors as we discovered types of knowledge that did not fit easily into any category.

For example, within programme and organisational improvement ‘action approaches’ was modified to ‘approaches’ and ‘description of services’ was added, both changes designed to broaden the scope of the category. Emancipatory action and promoting user control also proved to be too narrow and was re-cast as user and user led research to broaden the scope from ‘empowerment’ to ‘empowering’ by, and on behalf of, carers as well as service users. The ‘blue skies’ category of testing social science theory for knowledge development was renamed generating/testing for knowledge development to encompass conceptual or policy-related ‘think pieces’ and general analyses or syntheses of ideas/trends as well as purely theoretical papers. The original description of this category as enlightening ‘the policy community’ was dropped in favour of more neutral wording to reflect the fact that this kind of literature is directed at, or is relevant to, a range of audiences.

The refined Route 1 classification is given below and would doubtless have changed further with the consideration of yet more examples from the literature. Even were the team to come up with a purpose-based classification that was an accurate reflection of the complete spectrum of social care literature, it would still not be a finished product. All classifications age and become outdated with the development of knowledge, and whatever framework is recommended and/or adopted by SCIE will need constant monitoring and refinement if it is to retain its value.
### Route 1 classification (post-test)

<table>
<thead>
<tr>
<th>Pro-active assessment</th>
<th>Programme/organisation improvement</th>
<th>User and user led research</th>
<th>Oversight, monitoring, compliance, trouble shooting</th>
<th>Evaluating programme effectiveness</th>
<th>Tacit wisdom for practical decisions</th>
<th>Generating/testing for knowledge development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying client needs, problems and best practice</td>
<td>Approaches to clarify, improve and develop ongoing practice, targets, procedural knowledge, results of enquiries</td>
<td>Empowering/advocating for and by users and carers</td>
<td>Information/performance management, benchmarking, audit, target compliance, outcomes monitoring, achievement of targets</td>
<td>Formal research to discover what works, why, when, how, how much it costs, costs effectiveness</td>
<td>Reflections on (best) practice by practitioners and/or users</td>
<td>Policy thinking, generating propositions to enlighten, analysis/synthesis of ideas/trends</td>
</tr>
<tr>
<td>Exploring potential risk factors or causes of a problem</td>
<td>Description of services</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Practicality
The decision not to pursue refinement beyond the dozen or so papers examined was driven by the all too obvious problems we faced in applying the purpose-oriented classification. Having two extra brains involved did not make the process any easier. It was still difficult to come to definitive conclusions about purpose on the basis of the short, indicative abstracts that are characteristic of many social science journals and bibliographic databases. They give too little detail (see particularly Example 1) and the loose, non-technical use of words like ‘evaluate’ and ‘study’ by authors or abstractors can be misleading. It will often be necessary to read the whole article – or at least do more than just skim headings – to arrive at a purpose-based classification, and even then it may require quite significant intellectual effort.

This could have major implications for SCIE if, as expected, the classification tool is to be used in association with the eLSC, including input to Caredata. In all of our examples, the abstracts have been created by editing an existing author abstract or by lifting quotes from the text and, in most cases, both abstracting and indexing will have been done on the basis of rapid skimming of the paper. This is normal practice in the world of abstracting and indexing for social science bibliographic databases, an activity often carried out by comparatively poorly paid contract workers who need to process large amounts of material relatively quickly in order to make a living. Caredata abstracting and indexing is presumably carried out in-house, but it appears from looking at the records that similar practices may apply here.

LG’s personal experience as a contract abstractor/indexer, currently for ASSIA, suggests that the average time of 15-20 minutes needed to create and input a record (including bibliographic detail, abstract and index terms) might double if articles needed to be read in more depth to allocate a purpose-based classification. The social care literature also includes many longer and/or multi-part works such as conference proceedings, report literature and books, and for these the time needed to arrive at a classification (or, more probably, classifications) is likely to be even greater.
Multiple classification

Many papers needed multiple classifications, often because of dilemmas surrounding the apparent overall purpose of the content and the way in which the knowledge had been arrived at. For instance, in Example 4, the aim of the endeavour reported in the article is clearly programme and organisational improvement (in communicating information about elderly people) but the approach used (systematic review) falls into proactive assessment and trouble shooting. Classification dilemmas arising from insufficient information provided by abstracts may be resolved by reading the paper in full but it is likely that multiple classifications will remain necessary for many documents. This is especially likely to be the case for books, reports, conference proceedings and other more substantial documents that cover a range of purposes.

Multiple classification is not necessarily problematic. From the viewpoint of eLSC/Caredata staff trying to organise and create access to social care knowledge, it would eliminate the difficult (perhaps often impossible) task of trying to arrive at a unique home for a given document and, in doing so, would reduce the chances of classification errors and inconsistencies. Attributing a document to a number of classification categories would, in essence, be a kind of expanded indexing that covered purposes as well as (at present) subjects.

However, the multiple approach is complicated. It may reflect some of the realities of the social care literature but it does not send simple messages to practitioners, policy makers and other users of the literature. To return to an earlier comment, multiple classification may be useful in that it says something valuable and/or interesting about social care knowledge, but it is not straightforward and therefore may not be fit for purpose, especially for users of that knowledge. The same point can be made about Route 1 in general. A purpose-based classification has both intellectual and practical attractions – for example, in the context of SCIE’s interest in knowledge that can be implemented – but these may be outweighed by the difficulties involved in applying and using it.

Route 2: the sources-oriented classification

This classification is an amended version of the model of ‘professional knowledge forms’ developed by Hudson (1997) which encompasses theoretical knowledge, personal knowledge, practice wisdom, procedural knowledge and empirical knowledge. Our version adds user knowledge, combines personal knowledge and practice wisdom, and renames the five categories as institutional sources of knowledge: organisational; practitioner; policy community; empirical research; and users.

In addition, it uses a different form of presentation – a ‘tree’ or a ‘lineage’ approach rather than the matrix – and begins to map some of the sub-levels of the classification, namely the different ‘knowledge strategies’ through which particular types of knowledge are created, and then the outputs or practical manifestations of those strategies.
Route 2 classification

Level I
- Organisational: Procedural knowledge and management governing social care
- Practitioner: Knowledge gained from conduct of social care
- Policy Community: Grand policy themes, exhortative and explanatory ideas and concepts
- Empirical Research: Evidence gathered systematically, process and outcome
- Users: Knowledge gained from experience of service use and reflection

Level II
- Inspection
- Audit
- Legal

Level III
- Best-value
- Cost-benefit

Practice wisdom
- Training
- Tacit
- Counselling
- Groupwork
- Community
- Cognitive
- Anti-oppressive

Political
- Theoretical
- Thought pieces
- Manifestos

Evaluation
- Descriptive
- Action Research
- RCTs
- Process
- Single case
- Theory-driven

Empirical
- Ideological
- Emancipatory
- Co-opted
Comments on the Route 2 test

Practicality
The Route 2 classification (applied only at Level I) was much simpler to use than Route 1. Most of the examples above fell into the empirical research category, and in all the papers we tested it was possible to arrive at a single classification. Nonetheless, the inadequacies of abstracts were still evident, and full papers would be needed to make sure that the allocation to a particular source (practitioner, organisational, user etc.) was correct.

The simplicity and clarity of Route 2 has significant advantages in terms of fitness for purpose. The primary categories are clearly defined and easy to understand and apply both by those approaching the knowledge base, and by those who organise and provide access to that knowledge. For the second group (eLSC/Caredata staff) further classification at lower levels could be more problematic in the sense that many sub- and sub-sub-categories could emerge. However, it seems likely that deciding on a ‘knowledge strategy’ (inspection, practice wisdom etc.) or on a ‘practical manifestation’ (RCT, manifesto etc.) would be easier than trying to second guess the piece of a particular category of knowledge. Judgements – based on the full paper – will still be required but they will be judgements about fact rather than intent.

Relevance
In comparison with Route 1 the sources-based approach may seem rather mundane, at least at Level I, and some may question whether it is meaningful (or intellectually defensible) to divide up knowledge on the basis of who has produced it. In answer to this charge, it is perhaps worth remembering that the original ‘forms of knowledge’ model on which it is based (Hudson, 1997) was devised as part of the PhD thesis of a practising social worker. As such it is reasonable to suppose that the intrinsic advantages of Route 2 (clarity and simplicity) are further enhanced by a closer fit with the ways of thinking of practitioners (SCIE’s major constituency) than classifications originating from the academic research community.

Hudson argued that social work is influenced by a range of knowledge forms, but that the balance of power between them shifts as different cultural and professional influences prevail. Her model was designed to make explicit the full range of knowledge forms and to encourage social workers to shift between them according to the needs of the problem, situation or client.

In particular, Hudson favoured a greater use by practitioners of theoretical and empirical research knowledge, and this is clearly part of today’s evidence based practice agenda. However, it is also true that the merits of tacit knowledge/practice wisdom, or user knowledge, or the output of the policy community may need greater exposure. All of the sources of social care knowledge identified in the Route 2 classification are also potential users of that knowledge, and all may need to be made more aware of the full range of what is available. Thus practitioners may need encouragement to pay greater attention to formal research knowledge, but equally the research community (including those involved in systematic or other kinds of research review) may need prompting to consider the value of practice wisdom or user knowledge. The same could be true of the policy community who may currently place particular reliance on organisational or research-based sources of knowledge.

The Route 2 classification, by placing all these sources of knowledge side by side at the entry point to the social care knowledge base, sends a powerful message that all have potential
value depending on information need. These needs may be of the ‘what works?’ variety that
tend to be linked with decision making, but they could also include ‘what’s going on?’ or
‘what new ideas are there?’ which may be linked to professional development or longer term
planning. All of these, and other, questions can contribute to improved policy and practice
either directly in a more or less instrumental way, or indirectly by stimulating thinking and
broadening horizons. A classification that makes clear all the potential sources of information,
combined with standards (or principles or exemplars) to enable quality judgements about
individual pieces of information within each source, will help to ensure that those questions
are answered as effectively as possible.

References

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